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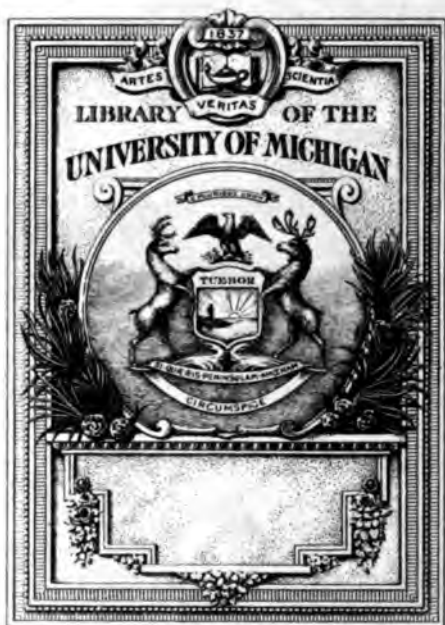
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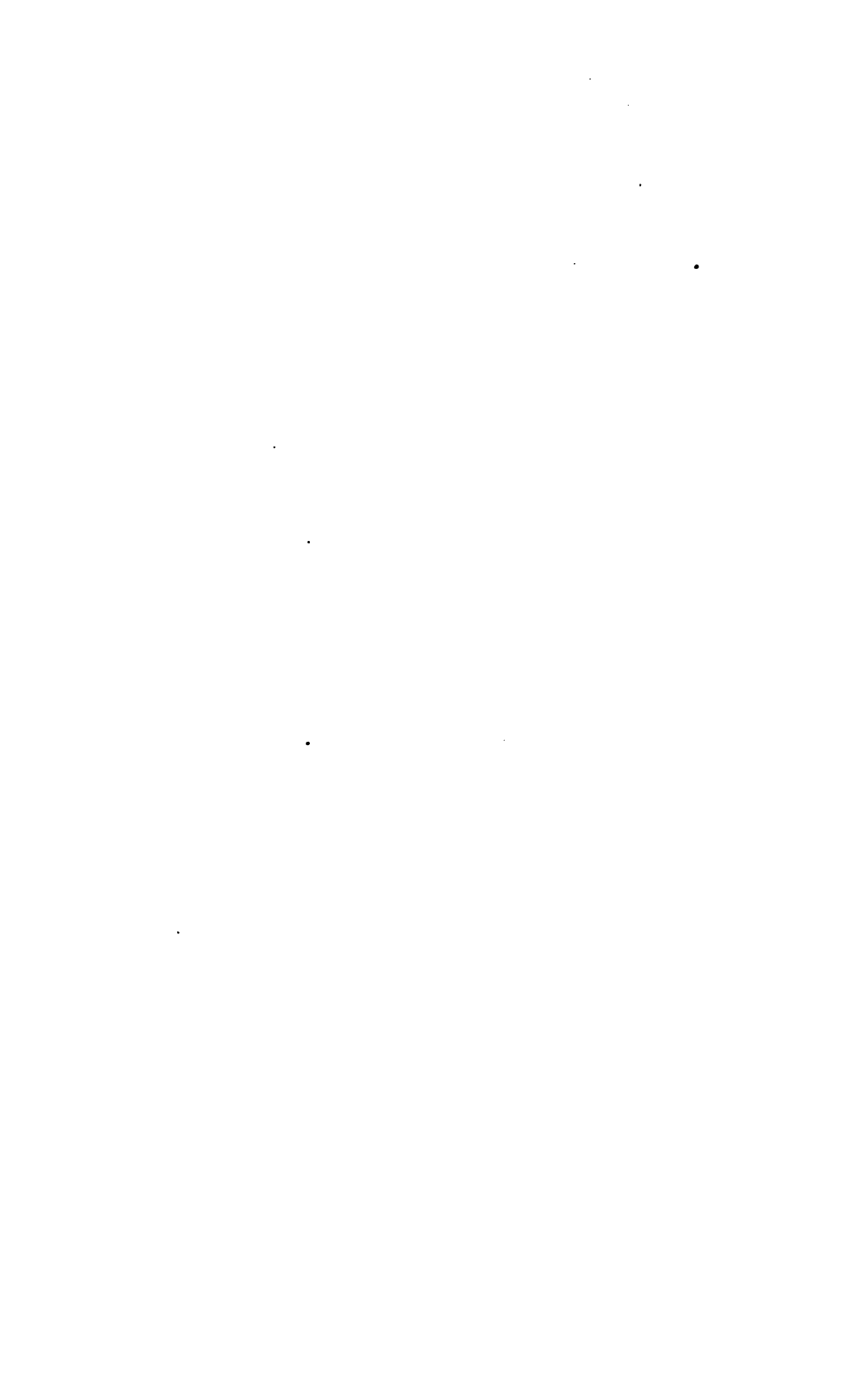


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Cincinnati Lancet & Observer.



EDITED BY

EDWARD B. STEVENS, M.D. . . JOHN A. MURPHY, M.D.



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THE
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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. VII.

JANUARY, 1864.

No. 1.

Original Communications.

ARTICLE I.

A Chemico-Pathological Classification of Fevers, and Hints at Treatment Based Thereon.

BY ALEX. MCBRIDE, M.D., BEREA, OHIO.

To PROF. J. P. KIRTLAND:

Had it not been for your request that I would write out in full the views upon fever which I some time before partially explained to you, it might have been a long time before I should have had the fortitude to publish to the world, in full, a subject which, though very dear to myself, might not be received in a cordial manner by many readers. But when a man of your extensive research and candor could ask for my views, and, after reading them, confess yourself edified thereby, and recommend their publication, I could no longer fear the handling they might receive at the hands of less intelligent and less candid critics.

If I have brought to light a medical subject valuable to the profession or to mankind, I must award much of the credit of it to yourself; for, besides much other valuable information and many useful hints which I have obtained from conversations with you through many years, one hint dropped by yourself a few years ago concerning diuretics has been of much value to me in quickening my observation upon the subject of the following article.

This publication may be premature, and I know full well that the subject is treated very imperfectly; but what of truth it contains is now the property of the profession, and it will be their duty for the future, as well as my own, to purge it of its errors and supply its deficiencies.

I am, with grateful respect,

BEREA, December 8, 1863.

ALEX. MCBRIDE.

Definition of Fever.—The definitions of fever which have generally been given, have proposed some one or more of the prominent symptoms of fever as the disease *per se*, thus making no material improvement since the time of Galen.

Pathologists of the present age have presented structural lesions, not only as causes, but pathognomonic of the different kinds of fever. But if these lesions were the causes, they ought to be found to exist



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Pathologists of the present age have presented structural lesions, not only as causes, but pathognomonic of the different kinds of fever. But if these lesions were the causes, they ought to be found to exist

universally ; that is, any given lesion which is the cause of, or pathognomonic of any particular fever, ought never to be absent when that fever exists. To illustrate the fallacy to which this structural explanation of fever is liable, consider typhus one of the best characterized, perhaps, of all the severer fevers. Various morbid appearances and structural changes are found to exist in subjects who die of this fever, such as congestions, inflammations, softenings, etc., but no one of these is constant. The same may be said of typhoid fever ; for, notwithstanding that ulceration of the intestinal glands is very commonly found in the subjects who die of it, yet it is well known that we see continued fevers of typhoid type in which these ulcerations are not found after death, neither have we any warrant for supposing that they exist in many who recover. It seems to me more compatible with our present state of knowledge to consider the lesions of both typhus and typhoid as contingent consequences of the fever, than as essential to it.

A definition of fever, it appears to me, ought, in order to rank with scientific definitions generally, to comprehend the essence of the object defined, and not merely some of its appearances or symptoms. It is not true that increase of heat is always present in every stage of fever, and that therefore it should be set forth as the proximate cause or essence of that disease. It is not true that the pulse is always increased in frequency. Otherwise it might be said of intermittent fever, of some forms of congestive fever, and of yellow fever, during their intermissions, that the patient has no fever. But this statement could not be true, for the patient as verily has the fever or the disease during the intermission as during the paroxysm. Besides these fevers, every physician who has had large experience for several years has seen cases that have passed through all the phenomena of fever with the pulse, nearly or quite the entire time, at or below natural frequency.

I propose, then, the following definition as an expression of the fact of fever : *Fever is that disturbed state of the functions which is caused by acute disintegration of matter in the whole or in a part of the organic elements of the body.*

I assume that it will be generally admitted that acute disintegration (by which I mean more rapid disintegration than in health,) takes place in fevers, and that this is the chief or sole cause of increase of heat, and the chief source of the several evacuations.

It may be objected that the above definition would necessitate the including of cholera and cholera-morbus among the fevers. I am not sure but these might with propriety be called fevers, their chief difference from other fevers appearing to be that they in a few hours effect

as much waste of the body as the fevers proper accomplish in as many days or weeks. I have for several years been in the habit of telling students of medicine that cholera-morbus appeared to me to be a rapid evolution of bilious fever. The definition here given includes not only all fevers commonly so called, but all traumatic, symptomatic and eruptive fevers, whether regular or irregular.

When a late author impresses upon his class and his readers the maxim "that fever is not inflammation," he utters a common truism; but there can be no doubt that inflammation may be the cause of fever, and that inflammation may be caused by fever, or by the retention in the system of that detritus of the organic elements which it is the office of the fever process to discharge. Witness the variety of inflammatory complications which are liable to supervene upon a case of typhoid fever. But it was no part of my design to write a criticism or a review.

I now propose the following simple classification of fevers, which I conceive to be founded in nature and upon a chemico-pathological basis, and from which is deducible important hints toward correct treatment.

CLASS I.—Nitrogenous Fevers,—in which the nitrogenous elements are chiefly concerned, and in which elimination of effete matters must take place chiefly through the kidneys, also by mucous and serous discharge, suppuration and hæmorrhage.

CLASS II.—Carboniferous Fevers,—in which the carboniferous elements are chiefly concerned, and in which the chief eliminations must take place through the liver.

CLASS III.—Compound or Mixed Fevers,—which partake of the characters of those of Classes I. and II.

These three classes for purposes of convenience, or to suit the fancy of writers and teachers, may be subdivided into orders, genera and species, but this I do not propose now to do systematically.

Class I. embraces the continued fevers proper and the inflammatory fevers, including the erysipelatous, diphtheritic, eruptive, syphilitic, gonorrhœal, and hectic.

Class II. embraces the marsh miasmatic or bilious fevers proper. The miasmatic intermittent fevers, or agues, probably belong to this class, and perhaps some others.

Class III.—All fevers of this class must necessarily be somewhat irregular in their characters, being composed of the elements of, or acted upon, by the causes of both the other classes. The concep-

tion is natural, which we find to be true by observation, that the two sets of causes combined, operate in different degrees, thus producing a great variety of effect. Hence we have a proper typho-malarial or malario-typhoid fever, the bilious-typhoid of some regions. This is the autumnal fever which so often baulks the practitioner in its early stage to decide whether the case be one of intermittent, remittent or continued, and which sometimes puts on a very typhus aspect. (It seems to have been from the contemplation of fevers of this kind that the illustrious Cullen was led to suppose that fevers were transferable from one type to another without any change of their nature.) Gastro-enteric fever, or that variety of bilious-remittent in which more or less irritation or inflammation is the cause of its obstinacy, belongs to this class. Inflammatory dysentery and diarrhoea and rheumatism of miasmatic regions, belong to the mixed fevers. It appears to me that yellow fever is compound also, and its protean character is well accounted for by the supposition that it is formed by the varying proportions of the elements or causes of Classes I. and II. This view is confirmed by the very different kinds of treatment to which it yields in different localities and different seasons, and sometimes in different localities in the same season.

Whoever has carefully observed the progress, termination and sequelæ of fevers, and noted the characters of the excretions which occur during their progress, will perceive by a little reflection that this system of classification is not without a substantial basis. Let us now consider a case of typhoid fever. What are the excretions? What are the contingencies? And what are the sequelæ? The chief excretion from day to day, and from week to week, till its termination, is dense urine loaded with nitrogenous salts, the detritus of the nitrogenous elements; or if the urine does not continue of this quality, becoming limpid or very small in quantity, the patient becomes delirious, local inflammations and congestions arise, and if the density or quantity is not restored in a few days, he dies. The discharge of bile is at no time a marked feature in the progress of pure typhoid fever. A considerable quantity is sometimes discharged during the first few days, while the patient takes little or no food, but when a moderate amount of food is digested, the accomplishment of which should always be sought for in this disease, the bile discharged will not be a notable quantity. Those green, brown, or pitchy stools, called bile, which sometimes follow the use of mercury in this fever, can hardly be called a natural evacuation, and have consequently no place in an estimate of its nature. The other evacuations are mucus,

serum, pus and blood, of one or more of which there is sometimes a considerable quantity. All these are nitrogenous, from the decomposition of the tissues and from the blood. The contingencies of the disease are local congestions, inflammations, hæmorrhages, suppurations. These are liable to occur in various parts of the body, wherever nitrogenous tissue exists, and without the accession of one or more of these contingencies, death rarely occurs. The nitrogenous tissues alone are concerned in these changes, and their repair does not take place without the evacuation of nitrogenous matter. The sequelæ are, wasting of muscular tissue, sometimes permanent, wasting of cellular tissue, caries and necrosis of bones, ankylosis of joints, destruction of more or less of the lungs, rigidity of muscles, enfeeblement of the nervous system, cicatrization of the bowels, affecting more or less their functions, alopecia, more or less permanent. To effect these changes the wasting of nitrogenous elements is necessary; and to effect their repair, the addition of nitrogenous food is essential.

From a consideration of these facts the error is palpable which some time ago prevailed, of trying to sustain and recuperate all fever patients by means of a sloppy farinaceous diet, gum water, etc.,—food which did not contain the elements which could possibly accomplish the object. The necessity of animal and other nitrogenous food also becomes apparent, the good effects of which have of late years been amply proven by practice. In the purely inflammatory fevers, such as pneumonia, pleurisy and erysipelas, the nitrogenous character of the excretion becomes still more apparent, and the amount of urea and the urates discharged bears strict proportion to the extent and intensity of the inflammation and the amount of disintegration that takes place. The bilious evacuation in these cases is of small amount, nor does it demand our attention except in some cases which occur in malarious districts, where they become properly compound.

The depressing and fatal character of typhus fever seems to be owing to the fact that the urine does not carry off sufficient of these compounds; witness the pale, limpid urine of some of the worst cases of typhus at their onset, and the uniformly fatal termination of those cases in which this condition of the urine does not improve. There is not a compensatory discharge of bile, nor will the discharge of any quantity whatever, either spontaneously or by the action of medicine, compensate for the retention of nitrogenous compounds. Uræmia will follow in every such case, and uræmia means nothing but the effects of poisoning by urea and the urates.

When these compounds are not duly discharged, there is no organ of the body exempt from the danger of destructive inflammation, and it is not unreasonable to suppose that Peyer's and the solitary glands, instead of becoming diseased *per se* and acting as a cause, become inflamed in consequence of the retained nitrogenous compounds attempting a lodgment in, or escape through them. That these inflammations are thus produced seems the more reasonable when we reflect that neither chemistry nor the microscope has detected in the blood or tissues of the body any subtle poison which has been supposed to be the cause of fever.

Why the intestinal glands do not so constantly become inflamed in typhus fever, may be in consequence of its greater depression and shorter duration, or because of the more general action of the original cause of the disease and the different distribution of nerve force.

Recovery is always slow in these fevers, and is not always complete till a long time after the body has attained to, or above, its natural bulk, for the reason that more time is required to recuperate the nitrogenous tissues, than simply the adipose, as in Class II. ; and in too many cases recovery is never complete, from the inability of nature to restore parts which have been destroyed.

We come, then, to this conclusion, that *the essence of a continued fever is a process of acute disintegration and elimination of matter from the nitrogenous tissues.*

This view is similar to that of the ancients, that fever was an effort of the system to cast off some noxious agent. It is not at variance with the septic, putrefactive and fermentative doctrines of a hundred years ago, which last differs in no essential from zymosis, so much talked about of late. The present view defines what classes of tissues are being disintegrated and the channels through which the detritus must be evacuated, and chemistry and rational observation prove that there is but one chief outlet for the harmless discharge of the matter in the class of fevers now under consideration ; and that if it is discharged, or its discharge attempted elsewhere, local disease is the consequence—and if it be retained, congestion, inflammation and nerve poisoning and death must be the result.

Any attempt to cure this class of fevers by active purgation, or by action of cholagogue alteratives, 'as a tendency to enfeeble the patient and to precipitate that very difficulty which of all things should be avoided—inflammation of the intestinal glands, because the bile and intestinal secretions contain but little effete nitrogen, and that which is contained in the mucus which is forced by the cathartics is not wh

the system is laboring to discharge. And if the alterative aids in the general disintegration, without at the same time largely enhancing the amount of solid matters discharged through the kidneys, it is obvious that the danger to the intestinal glands and other organs must be proportionately greater. Because patients sometimes recover after this kind of treatment proves nothing but the large amount of their vital force; and that the alterative sometimes acts favorably upon the renal function. The employment of occasional mild purges to empty the bowels of their irritating contents does not fall under this censure.*

To illustrate Class II. or the carboniferous fevers, we will take a plain case of bilious fever, or bilious-remittent, as some prefer to call it. In simple bilious fever we find no local inflammation, and it is of extreme rarity that any inflammation supervenes upon this disease, neither do we have any kind of ulceration or suppuration. The entire distress of this fever, after the head-ache and back-ache have disappeared, and chiefly from the beginning, is referable to the region of the stomach and associated organs. The patient has no appetite, and even loathes food, especially animal food, constantly till the fever is subdued; his only desire seeming to be to get relief from a weight that oppresses the epigastric and hypochondriac regions; and as often as he freely vomits or purges bile, either spontaneously or by the proper action of medicine, he experiences relief and the fever and distress are mitigated. Nature prompts even the vulgar how to treat this

* NOTE.—We are well aware that carefully conducted mercurialization in these fevers sometimes seems to aid their favorable termination; but a close observer will call to mind that in such cases an improved density of urine was coincident with the improved moisture of the mouth and relaxation of surface and pulse; but when the urine does not improve, by its action, the other symptoms do not improve.

Dr. will some claim the operation of a principle recognized before the days of Hahnemann, "*Similia similibus curantur*," and say that fever is a disintegrating process, and mercurial action is a disintegrating process, therefore it is rational, because like cures like? This would be good argument for a Homoeopathist, for fever disintegrates organic elements, and so does mercury. But it appears to be a fact in these fevers generally that nature's effort disintegrates as fast or faster than the emunctories can carry off; therefore anything that would cause a larger amount of disintegration (more active fermentation or *symosis*) must increase the evil, unless it at the same time in equal or greater proportion increased the discharge.

There should always be a broad distinction made between that kind and amount of alterative action which helps out of the economy peccant matters already formed or forming, and that which effects the formation of such matter.

disease, and there is hardly a farm or well-ordered house but contains some one or more of the simple nauseants or purgatives, to which they instinctively resort. Bile is generally vomited in considerable quantity spontaneously, and relief is never obtained till this is freely discharged or purging or both, successively for several days, and besides this and sweat, which is common to all fevers, there is no notable evacuation. The urine contains urea and uric acid in proportion similar to that of health. It sometimes contains bile in addition to its natural constituents. When it is small in quantity and dense, it is in consequence of the watery portion having been discharged by sweat. When the bile has been in a proper manner evacuated at successive intervals for a week, the patient is ordinarily found to be convalescent on the eighth day, the fever having terminated at the end of the seventh. Some cases terminate at a later period, but they will seldom go beyond a week with good management, unless they are more or less compound.

Whether these fevers generally would spontaneously terminate in this manner without any treatment, we have not much data from which to determine. I have no doubt that some modes of treatment are beneficial, but it is well known to careful physicians who have seen much bilious fever that harsh or too much purgation is liable to transform a case of this fever to one of a continued form, resembling typhoid, but more intractable. If this is effected in the beginning, before the bile is evacuated, the case becomes one of our Class III., and is an artificial malario-typhoid.

Mercurial action beyond what is barely sufficient to aid the evacuation of bile, initiates general disintegration, which also transforms the case to one of Class III. and of an irritative kind. There will be in both these cases before convalescence an increase of the nitrogenous salts in the urine. By either of these methods of spoiling the case, it is liable to be made double or triple its usual length of duration, and the convalescence will be similar to that of the continued fevers proper.

In the natural course of this fever, as stated above, convalescence is apt to commence on the eighth day, the patient's appetite becoming good almost immediately, he regaining his strength and returning to his business in a week or less. The reason of this rapid return of strength is, that the nitrogenous tissues (organs of motion) have not been attacked; the muscles and organs generally are neither wasted nor in any manner enfeebled, except from the fast which has been endured. It seems in many cases that the convalescent does not suffer so much weakness as would have resulted from fasting a similar

length of time without fever. The substances that have been acted upon mainly in this fever are the adipose tissues and the carboniferous matter in the blood, and it actually happens, as might be supposed from these facts, that lean persons are not the usual subjects of this fever. It seems highly probable that the chief pabulum of the fever is the carboniferous matter in the blood, and that the adipose tissue is not much concerned in it, for neither the duration nor the force of the fever are wholly in proportion to the amount of the patient's fat,—furthermore, that the patient recovers frequently without extensive loss of this substance.

In what has been said upon the nature of continued fevers no mention was made concerning the consumption of fat. The fact with regard to it seems to be that the fat undergoes natural consumption as in health; it does not waste in a few days, but is employed gradually for the supply of respiration, calorification, and for the production of vital force.

It is a common opinion in regions where bilious fevers prevail that the too free use of pork (carbo-hydrogenous food), especially in warm weather, is favorable to the development of this fever. This idea, which is corroborated by the observation of many physicians, is in harmony with the carboniferous view of the disease.

The following facts illustrate in part the different remote causes of fevers of our Classes I. and II., as illustrative of their different natures. The carboniferous or bilious fevers abound most in rural districts, and especially in marshy regions, either in the country or in the suburbs of cities where the ground is not improved, or in elevated situations exposed to the miasms which arise from such sources. Now in these situations there is a greater evolution of carburetted hydrogen and carbonic acid than in those which are more dry and improved. It is notorious that the inhabitants of such localities live more upon a cheap and farinaceous diet, together with pork, than the people of cities. On the other hand, it is now well known that when any section of country becomes well improved and the inhabitants wealthy, and consequently live luxuriously on rich animal and other nitrogenous kinds of food, in short, approach in their style of living to that of the cities, that the bilious class of fevers become rare, and continued fevers become prevalent. The cities of London and Edinburgh and the adjacent country afford good illustrations of this, for the bilious diseases prevailed at both these places for ages, up to comparatively a recent date. Now since the cities are improved, the streets drained and paved, and the surrounding country drained and highly cultivated, the continued

or nitrogenous fevers prevail. The same is the history of many cities and rural districts of this country, with this difference, however, that the change takes place in this country with great rapidity, for the reason that the country, both cities and rural districts, more rapidly emerge from their primary crudeness, and the population in one lifetime arise from poverty and simplicity to wealth and luxury, so that one generation which has suffered from agues and bilious fevers live sometimes to see their progeny die of continued fevers.

Class III. is well illustrated in the autumnal fevers of many parts of this and other countries. We have no fevers more irregular in their onset and course than these, nor which more tax the discriminative ability of the practitioner and his tact at managing. A case which to-day is prescribed for as ague, is to-morrow pronounced remittent, and the next day typhoid, and perhaps a few days later it presents a black crust on the tongue and the coma of typhus. It was no doubt from the observation of cases of this sort, which abounded in the vicinity of Edinburgh a hundred years ago, that the great Cullen drew his conclusions that intermittent, remittent and continued fevers were not essentially different in their nature. (*First Lines, Part 1st, Book 1st, Chapter iii.*) But it is difficult to understand how he conceived the notion that the large amount of bile evacuated so constantly in the intermittent and remittent fevers which he describes, marked no essential difference of the disease, for he mentions this circumstance particularly and attributes it to the accidental circumstance that these fevers happen to occur in that season of the year when bile abounds in the system. (*First Lines, Aph. 51.*) This was a singular error for so great a man; but his remarks on the bilious accompaniment, or contingent of the continued fevers, of typhus even, (*First Lines, Aph. 71.*) afford a rich mine of observation upon this part of our subject. If space permitted, we might quote largely and profitably in this place.

In the course of a fever of the kind now under consideration, autumnal or typho-malarial, two facts will be observed: First, that there will be no abatement of the distress till bile is removed in considerable quantity, neither will food be regularly borne till this has taken place; second, that after the bile has been evacuated, which takes a week or more, the case runs on like a true continued fever. In purging the bile, it requires the greatest of caution to avoid irritating the bowels, to which they are frequently very prone. After this evacuation has been accomplished properly, the patient takes food and the disease is eventually cured by the evacuation through the kidneys.

I am of the opinion that the employment of mercury in the treatment of continued fevers by some, (Wood,) has arisen from the fact of its tolerance in this form of fever; for during the first week, or bilious stage of the disease, mercury can frequently be used with apparent advantage, at least without obvious harm. It is, perhaps, not essential that the carboniferous evacuation, bile, should take place wholly before that of the nitrogenous, urine, begins; but the fact that the patient can take little or no food till this is effected, affords a good reason for its accomplishment without unnecessary delay. At the same time it should be borne in mind that over hasty means of purgation are liable to cause that amount of irritation in the bowels, or chylopoietic viscera, which effectually locks up the bile. It will be perceived that the evacuations here procured are of two kinds, one carboniferous, the bile, and the other nitrogenous, the urine; and that the retention of either in the system produces its own set of consequences. The retention of bile causing nausea, heaviness at the stomach and hypochondrium, loathing of food, loaded tongue icterus, and sometimes coma. Congestions also sometimes ensue in the primary stage of this fever. The retention of the nitrogenous compounds causing inflammation of various parts; congestions, especially in the later stages of the fever; ulcerations and purulent deposits; subsultus tendinum, uræmic intoxication, coma, insensibility.

This difference will generally be observed between bilious fever and continued fever proper,—that the congestions which occur in a bilious fever and the worst distress of various kinds are at its onset, or the first or second day, or, to use a vulgar illustration, it comes like a wedge, with the large end foremost. The continued fevers, and especially that variety called typhoid, on the other hand, come on like the wedge point, or small end foremost. In the continued or mixed fever now under consideration, the mode of attack is subject to almost infinite variation, depending, probably, upon the amount of each operative cause. This further difference is observable, which of itself is almost pathognomonic, that bilious fever destroys entirely the appetite or the digestive function at the onset, whereas in continued fevers proper there is, generally, a relish for food, a toleration at least, through its whole course.

It will not be necessary to particularize other fevers of this class, but merely to state that it embraces all those fevers which have the elements of continuance, or wasting of the tissues, combined with the bilious element. The following are probably included: Gastro-enteric fevers of miasmatic regions, yellow fever, bilious pneumonia, bilious

pleurisy,¹ bilious dysentery, some cases of phlegmonous erysipelas, rheumatism of miasmatic regions, and sometimes camp fever. The mixed or compound character of camp fever will be seen to abound in those regiments which have been encamped in malarious localities and are at the same time or soon after exposed to the causes proper of camp or scorbutic fever. These cases resemble typhus so closely that it is not strange that they have by some observers been confounded with it.

I have placed intermittent fevers among the carboniferous, or in Class II., in consequence of its analogy to the bilious fevers; that is, it occurs in the same regions with the bilious fevers proper, and there is in it frequently, if not generally, manifest disturbance of the biliary organs, and a considerable discharge of bile also. It lacks every appearance and character of the continued fevers, except that in intermittents, as in many cases of continued fever, the patient relishes food through the entire course, wherein they both differ from the bilious or bilious remittent. It differs from the bilious and continued fevers in the fact that it *has no natural limit*, whereas they have; also in the fact that *emaciation* is not a necessary consequence. Further, the intermittent is not curable by ordinary means of elimination or the stimulating of any particular secretion, or secretions generally; the other fevers are more or less thus curable. Still I am inclined to regard it as a carboniferous fever, but *sui generis*. The fact that ague sometimes seems to glide into a remittent fever, and remittent to blend off into an ague, certainly seems to show a strong analogy between them; but, nevertheless, the particulars above stated mark a particular difference. It seems that in this, more than any other fever, the offending cause operates upon the nervous system, both spinal and organic.

Hectic fever is regarded as similar to miasmatic intermittent in its obvious behavior, but I think it is an error to call hectic intermittent, for in all the cases of hectic that I have ever seen, there has not been one case in which the pulse indicated an intermission,—that is, the pulse did not come down to the standard of health; and I think if this was always made the test as to intermission—and it is the only reliable one—many supposed intermittents which have eventuated in remittents and continued fevers, would have been found to be remittents from the beginning. I am constrained to think that Cullen, with all his erudition, commits an oversight on this point.

Some of the most important indications of the differential treatment of fevers follow directly from this view of their differences, and these indications must inevitably be correct if this classification be based upon fact. For the truth of the statements made and opinions ad-

vanced I appeal to chemistry, to the history of fevers and to the experience and observation of every practitioner.

I do not mean to announce that all we have to do to cure fevers is to hasten the elimination of carbon and nitrogen by administering diuretics and cholagogues, but it follows from the pathological view here advanced that the elimination of these substances should be held as a *sine qua non* to successful treatment, and that in each class of fevers, that class of evacnants and stimulants, if any, should be employed which the particular element to be discharged demands. The evil effects of the retention of these elements in the system have frequently supervened before the case falls into our hands, such as inflammation or congestion, or the patient may have become exhausted by a diarrhœa which has not aided in the proper elimination, so that there may be more to do than to administer these classes of remedies ; nor is it always necessary to urge these remedies in the onset, or even later, for the eliminations will not unfrequently take place spontaneously, if proper hygienic measures be adopted.

I think, however, that the process of cure may be said to consist in maintaining, or restoring, if lost, the equilibrium of tonicity of the arterial and capillary systems, and maintaining the vital force ;* which are to be accomplished mainly, after proper hygiene, by tonics and stimulants ; allaying pain and irritability by means of proper anodynes ; and *aiding, when necessary*, the secretion which must carry off the morbid product. If the tonics and stimulants can be made to serve also as excretants, there is a point gained. If an anodyne can be made to have a tonic effect and to serve as an excretant, the effect will be excellent ; and when we come upon diuretics and cholagogues, if we can make these serve also the purpose of tonic, stimulant and anodyne, we have all that can be desired. Most of these combinations can generally be consummated. I can hardly conceive any thing to go amiss in the case if the tonic equilibrium of the vascular system be maintained.† When inflammation, congestion, ulceration, diarrhœa, or other contingency to which fevers are liable, supervenes, or exists when we first see the case, or subsequently, it must be treated for what it is, not neglecting in our choice of remedies the channel through which elimination must take place.

It is not my purpose at this time to treat minutely of the cure of

* "Obviate the tendency to death."—CULLEN, and many other authors.

† "Pathological anatomy shows us what a remarkable tendency there is in this disease to the disturbance of the equilibrium of the circulation, and the determination of an inordinate quantity of blood to the serous and mucous surfaces of the abdomen."—LYONS. He might have added: To all the serous and mucous surfaces, and some of the viscera.

fever, but a few illustrative remarks upon certain remedies and their application are necessary in this place.

There is probably no remedy which has received higher praise in the treatment of typhoid and typhus fevers than oil of turpentine, (see Wood's Practice, volume i., page 357; Lyons, pages 136 *et sequiter*, and page 220.) It has been spoken of as peculiarly adapted to that stage of the fever in which the intestinal glands are supposed to undergo ulceration. Wood seems to think it has some local healing virtue. Others also give it when the tongue is dry in this fever without reference to ulceration. A peculiar curative effect is attributed to it. That its good effect does not result from local action on the diseased bowels is shown by the fact that its effect is the same upon the state of the fever when applied externally in such manner as to secure its absorption. Salts of ammonia and many other salts, and recently cider, and the sour wines, have been given with similar results. What are all these but different kinds of diuretics. There was a time when cantharides was given in the advanced stages of fever for its rousing or stimulating action, and this practice has been recently revived (see *Lancet*, Jan., 1862.) Have we not in this remedy a powerful diuretic. Whisky is much used of late in the sustaining treatment of fever, and is justly preferred to brandy. Is not this preference owing to its greater diuretic effect? Tincture of iron has lately been used with good results in the treatment of typhoid and camp fever, also in erysipelas. Here we have a most powerful diuretic as well as tonic, with sometimes anodyne and diaphoretic effect. What is more common than the occasional use of nitras æther as a temporary expedient for heat of skin, dry mouth and headache, and have we not in this a quick diuretic?

Who ever expects to cure a case of typhus without restoring density to the urine? Who ever cured a case of this disease by the discharge of bile, or any means whatever, if the urine did not become charged with its proper salts? The same may be said of camp fever, with this difference usually, that the urine is sufficiently dense, but very small in quantity at first. The quantity must be materially increased before the patient improves. This condition of paucity or levity of urine in these diseases explains why the patients will bear, and be benefitted, by such large quantities of the sour wines and cider; also why bitartrate of potash and other salts of the same alkali, are so beneficial in scurvy, which has such close affinity with these fevers. Food of ordinary kinds, and medicine and tender care

will be administered in vain, unless the condition of the urine is improved.*

On the other hand, it may be asked, who ever saw a case of bilious fever recover before the frequent and copious discharge of bile,—a compound which contains a large amount of carbon, and but a trace, or very small amount, of nitrogen. The dark color of the urine in this fever is chiefly owing to the bile which it contains, and which should pass by the liver, and sometimes to its natural density being increased by copious draughts of sweat. The profession are aware that neither increased density nor quantity of urine are sought for in this disease. In short, that if the liver discharge freely, whether by nature or the proper action of medicine, there is but little or no further interference demanded in the case.

(I would not have it supposed that I sympathize with those physicians, and they are now too numerous, who prate to you about not giving much medicine. Such talk betrays infidelity to the healing art or to one's own ability, which is equivalent to a confession of ignorance. There is a right amount as well as kind of medication, proper for every case of disease, and he who administers less or more than this does not perform his duty. When the physician does not know what to do—which too often happens to us all—then is the time for placebos or exputation.)

There are few cases of disease in which the prudent physician can do more towards bringing his patient to a comfortable, at least tolerable condition, than one of bilious fever. I may also say there are few cases in which the bungler is liable to do his patient more harm. Harsh purging may inflict damage upon the bowels, and hyperemesis may derange the functions of the stomach and liver, from either of which the patient is liable to not recover. But the prudent physician carefully excites vomiting after one or more gentle nauseating doses; or he gently excites catharses by repeated mild doses of cathartic medicine, after exciting the secretion by a mild alterative or a gentle nauseant. By this process bile is discharged, and after a few such operations the patient is convalescent with almost a mathematical certainty. Tonics may or may not be given, according to the circumstances of the case.

Further to illustrate the subject, I adduce a case of bilious gastro-

* Lyons, in his late treatise on fever, repudiates their treatment by diuretics, (the continued,) yet whoever carefully reads what he has written concerning the treatment of typhus and typhoid fevers, will perceive that turpentine is the medicine of which he speaks with more assurance than any other for the cure of the most dangerous complications of these fevers.

enteric fever, or one of those cases of obstinate remittent fever in which the ordinary course of emulging bile, etc., will have little or no curative effect, and in which cathartics and emetics must be given with extreme caution. What is the course here necessary for a cure? Emulsion of turpentine, with a suitable amount of an opiate, is perhaps the best means. After this we have an increase of urine with its salts. This part of the treatment is precisely such as belongs to the continued fevers.

Let any one who has successfully treated typhoid fever—by which I mean cured most of his patients—call to mind the remedies he has used with the greatest success to meet the particular emergencies of the disease, or those remedies which have obviously caused the disease to progress through its difficulties, and he will find that they favored or caused directly or indirectly the evacuation of nitrogenous matter, and generally through the kidneys. Tonics, stimuli and anodynes are adjuncts to the natural efforts of the system, but in many cases very necessary and beneficial. When these alone prove sufficient for a cure without other remedies, it is because they maintain a just balance of the vascular system, in which case the secretions are performed, and no direct diuretic is necessary. But it is a fact that most of the stimuli used are diuretics, such as the wines, whisky and the others, and the tincture of iron. Some of the best expectorants used are diuretics. I have elsewhere shown that the most important effect of blistering with the fly plaster results from the absorption of the cantharadin,—here we get a powerful stimulant, diuretic effect, one which causes the flow of dense urine. Urinary crisis, which occurs oftener than is taken notice of, is the result of a powerful effort of the system to clear itself of nitrogen.*

One further illustration before closing this part. What are our means of discussing threatened abscess? Turpentine is perhaps our most potent remedy. This and alkalies and neutral salts are chiefly used. For the discussion of chronic swellings and tumors, we use iodides and alkalies. To discuss hepatization of the lungs, we use similar means. These medicines are diuretics, and the substances to be discharged are nitrogenous chiefly. Mercury has been used successfully for similar purposes, and especially when combined with

* The benefits of blood-letting are so generally discredited in this country in all kinds of fevers, that I do not deem it necessary to discuss this mode of elimination. I do not know as any writer at the present time claims seriously that it has a curative effect in fevers proper. I have said but little about excretion by sweating because I believe the practice of forced sweating is generally considered now-a-days a hazardous one. Nor do I know the particular difference in the sweat of the different classes of fevers, if there be any.

diuretics or expectorants, but its beneficial effects are measured not by the amount of bile discharged in such cases, but by the amount of solid matters dissolved in the urine, and sometimes by expectoration.

Inflammatory Fevers.—I shall not attempt lengthy remarks upon the application of this classification to the phlegmasia, but make this observation,—that after the abortive treatment of inflammation has failed, or the time for its attempt gone by, there remain only the following modes of its cure and discharge: Evacuation of mucus, serum, pus, blood and urine, the latter of which is the chief. Cathartics do not effect these evacuations, for they, unless urged to the effect of irritating the bowels, which would be the creation of a new disease, do not carry off nitrogenous matter. The salines employed mostly or all favor the urinary discharge. The cathartic effect of antimonials is not generally salutary,—excretion by the lungs and the kidneys are the final results of their proper action.

Take an example of inflammations of the chest. Turpentine is given in nearly all stages of pneumonia, pleurisy and bronchitis; also squills, colchicum and senega are given in the different stages. Cantharides is given in large doses (Wood and Bache, also *Lancet*, Jan., 1862,) in the advanced stage of engorgement, or in typhoid engorgement, and blisters of the same are extensively used in the advanced stages, and when the type is typhoid, they are used in any stage. The action of mercury is very much discredited now-a-days in these diseases, except in pleurisy. The long-established use of digitalis, nitre and colchicum in the cardiac inflammations, which are frequently of rheumatic nature, is too familiar to require comment. The effects of turpentine and blistering, in the treatment of both peritonitis and enteritis, after abortive efforts fail, are also well known. The inflammations within the cranium are treated with the greatest success by the remedies above mentioned. Inflammation of the liver is the only one of the phlegmasia that is wholly and almost indisputably given over to the domain of mercurial alteratives and purgatives, and there seems some reason in this, for it is the great thoroughfare of the bile. Erysipelas, wherever located, especially the phlegmonous and gangrenous, is now treated mainly with tincture of chloride of iron, one of our most thorough diuretics, and diphtheria is treated in the same way: the urine in both of these becoming dense and copious.

The application of these principles of classifying and treating fevers will be better understood if we call to mind an idea or view which very much guided practice a hundred years ago. In the writers of that time, and earlier, frequent mention is made of the *concoction* of the

disease, or concoction of the humors, with the advice that the chief evacuations should not be attempted till coction had taken place. This idea and practice should be deeply graven in the memory of every practitioner; nay, it might with profit be graven on a marble tablet and fixed to the door-post, or upon the table, of every doctor's office. It means, simply, that we should not try to expurgate the body of bile nor urine till they are separated or ready to be separated from the blood, nor force the patient to sweat, against a natural tendency.

ART. II.

A Case of Strychnine Poisoning.

BY ISAAC MENDENHALL, M.D., NEWCASTLE, IND.

I was called on the 20th day of September to see Ann Lowe, *æt.* 21 years. Her general health had been somewhat indifferent for the last three months. She had been afflicted with chills and fever, occasionally accompanied with biliary derangement. She was taken unwell on yesterday morning, the 19th, with vomiting and general malaise, (according to her statements,) and continued quite sick. Dr. Joel Reed was summoned to see her on the next morning, the 20th, and in the evening I was called in consultation. She continued to vomit everything she had taken until I saw her. Trismus, contractions of all the voluntary muscles, occurred occasionally to such an extent that the attendants could hardly keep her on the bed. Tongue red around the edge and tip, but little fur on the dorsum; extreme tenderness over the scrobiculus cordis and bowels; bowels had not been moved for the last four days; pulse 130 beats to the minute; also dilatation of the pupils and spasmodic breathing.

Diagnosis.—Tetanus, or strychnine poisoning; inflammation of the stomach and bowels; congestion of the brain and lungs. The prescription agreed upon was to give ten grains of calomel, followed by oleum ricini in four hours, and use the inhalation of chloroform when the spasms were present. These seemed to quiet her vomiting and nervous and muscular system partially; but she continued to gradually sink, and died on the evening of the 23d, four days after taking sick.

Post-Mortem Twenty Hours after Death.—Drs. Reed, Ferris, Rea and Benedict, Wheeler and Zimmerman, medical students, were present. Notes taken at the time by Mr. Wheeler. The subject was small in size, pale, but not much emaciated, rigor mortis present. I made an incision from the ensiform cartilage to the symphysis pubes,

and another at right angles. Two cords were tied around the cardiac and two around the pyloric orifice, the parts divided, and connections broken up; the stomach with its contents was placed in a clean glass jar. Uterus was found normal; bowels were found to be inflamed and congested more or less their full length. The stomach was brought to my office, and contents tested. We took eight ounces of pure rain water and put it in a clean new tin cup, put it over the fire and raised it to a boiling heat, then poured the water into the stomach, agitated it briskly, then turned the stomach inside out and washed it with the fluids carefully and thoroughly. This was the fluid tested. We first tested for arsenic, but found none. We then put some of the fluid in a test-tube, added sulph. acid and bichromate of potassa. We found that the fluid changed to a bright red color, and in a short time to a deep blue. We took a solution of strychnia and added to another test-tube sulph. acid and bichromate of potassa, and we got the same tint of colors in about the same time. This we considered sufficient, as far as color was concerned.

We then took a portion of the fluid, about two ounces, and added sulph. acid, and inserted the test-tube into a water-bath and boiled it for an hour, then strained the fluids through a fine clean linen cloth, washed the residue with water and alcohol, and strained them, washed the tube again, re-added the fluids, and boiled for half an hour more, in a water-bath. The fluids were then filtered through white bibulous paper. We then added bicarbonate potassa, q. s. to render the fluids alkaline, then added two volume of washed sub-ether to one volume of the fluids, agitated briskly, and poured them out into watch-glasses. This was left in the open air until next day, and evaporation of all the fluids had taken place. These glasses were placed in the microscope, and transparent octahedral crystals were plainly to be seen. A solution of strychnia was treated in the same way, with the exception of the boiling, and crystals were found analogous to those found in the fluids of the stomach. Those were considered conclusive. Many other experiments were performed, but these are the ones we relied on.

After the community found that we had got through with the experiments and found strychnia, a neighbor woman said that Ann Lowe told her the day before she died that she "had taken strychnine with her own hands." I do not know of any case on record that lived so long after taking strychnine, and no thoroughly reported case where the poison was detected. It is supposed that she took the poison on account of love affairs.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. Brown, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, October 5, 1863.

Popliteal Aneurism.—Dr. Goode reported the following case of popliteal aneurism: On the 16th of August, 1863, I was called to see a child with scarlet fever. At my third visit, the mother directed my attention to a tumor in the popliteal space, which she said she had discovered a few weeks before. The child first complained that it was painful. The patient was a little girl of eight years. The mother could assign no cause for the tumor, except that the child might have sustained some injury, from falling from a pile of lumber a short time before. The surface over the tumor was of the same appearance as the surrounding parts. It corresponded to the direction of the artery, was about three inches long, with a transverse oval surface of two and a half inches. On taking the tumor in the hand, pulsation could be felt distinctly all over its surface. I pronounced it an aneurism. On account of the child's health, treatment was not commenced until the 31st of August. I directed the mother to compress the artery above and below the aneurism, for two hours, morning and evening. On the 7th of September saw her again. Could find no pulsation. The mother said she thought there had been none since the third after my last visit. The tumor was a firm mass. It has decreased in size regularly, and at the present time is not more than three-eighths of an inch in diameter.

Prof. Baker remarked that in an aneurismal tumor the pulsation is due to the rush of blood in and through the aneurismal sac. He would like to ask the Doctor, if this was an aneurismal tumor, and as large as he mentioned, what became of the blood? He stated the tumor became indurated. Now if it was filled with blood, would it not act as a foreign body? or would it be absorbed, or would cause suppuration?

Dr. Goode replied that he presumed the contents of the tumor became fibrinous, or absorption would not occur, but he would like Dr. Fries to give his views on the subject.

Dr. Fries said it was a question not easily answered. He presumed the contents of the tumor to be fibrinous, or absorption would not

take place. Compression as a means of curing aneurisms had been quite successful, and in cases of popliteal aneurisms flexion of the leg upon the thigh has been tried successfully. The compression as applied in the case reported is somewhat novel, and deserves to be remembered.

Prof. Baker asked Dr. Fries, if he would open a pulsating aneurismal tumor, what he would expect to find?

Dr. Fries said he would answer this question by reporting a case. Some years ago, he was attending a patient with fever. One day, as he was leaving the house, the patient called his attention to a small tumor behind his ear. Examining it hurriedly, he thought he detected fluctuation, and immediately plunged his bistoury into it, and found much to his surprise, he had opened an aneurism of a branch of the occipital artery. He made use of compression, and the sac closed up, but the rush of blood at first was very great.

Obstetrical.—Dr. Bramble reported the following case: Last Tuesday a week ago, he was called to see a German woman, 26 years of age, the mother of two children, and then in the sixth month of pregnancy. He was informed by her friends that at the third month she was as large as a woman at full term. Four weeks before he was called, she had been attended by two other physicians, who told her she would die. When he saw her, her abdomen was very large. She could neither lie, sit nor stand with any comfort, breathing exceedingly difficult. Upon making an examination per vaginam, he found the os as large as a quarter-dollar. Thursday morning at one o'clock, he was again called to see her. He found she was in actual labor. After watching the case some time, he ruptured the membranes. Her bed was made as follows: first a straw, then a feather bed, covering this was a blanket and sheet. The waters saturated all and filled a wooden bucket within one inch of the top. She was pregnant with twins. The first child was born in a short time. He then ruptured the membranes of the second child, but there was not near so much water in the membranes of this child. Both children, males, lived a few minutes and died. He found the placenta completely adherent. He endeavored as long as he dared to remove it, but on account of the hemorrhage, had to desist and commence stimulating her. She rallied. He gave her no medicine, only a good nourishing diet. On Tuesday last, at 1 p. m., he was again called. She had been bled. He removed the clots from the uterus and also the aft uterus contracted well. He ordered stimulants and she rallied and lived until *this morning*

Typhoid Fever in Children.—Dr. Mendenhall reported two cases of typhoid fever, occurring in children aged respectively nine and five years. The usual symptoms were manifested and began to subside, there was less fever, tongue moist, etc. About this time the youngest child had a diphtheritic effusion covering the tongue, fauces, and roof of mouth. She sank rapidly, and died. In the older child there is less effusion, and she will, probably, recover. This seemed to him a very unusual complication of typhoid fever.

Scarlatina.—Dr. M. also stated he had noticed an unusual amount of sequelæ of scarlet fever; dropsical effusions, and in some cases swelling of the joints. He inquired if the diphtheritic complication had been observed by others.

Dr. Richardson remarked in regard to sequelæ that he had never noticed so many instances. Most of his cases gave him a great deal of trouble, but he had not noticed very many cases of dropsical effusion in the joints. He related a case that progressed well for a time, but the sequelæ was ascites, pulse small, bowels torpid, etc. He gave him blue mass for a short time, then put him on muriate tincture of iron and quinine. Under this treatment the patient recovered. The Doctor also reported two other cases that were very slight at first. About the tenth day one of them became anasarca. The respirations were very frequent. There was torpidity of the bowels, and an almost entire want of secretion of urine. This patient died. The second case died from effusion in the brain. In several cases he had noticed a decided exasperation every evening, instead of subsidence.

Dr. B. P. Goode stated that he had had fifty cases of scarlet fever, and in some of these cases dropsy occurred as a sequelæ. It was manifested in various ways from simple puffiness about the face to general anasarca. Convulsions also occurred in several cases. In one little girl the disease was well marked, and she passed through it kindly. On the 16th or 17th day she went out doors and sat down on the ground, though not more than two minutes, yet in two days after general œdema commenced. He noticed that she appeared rather more stupid than usual, and that her pupils were dilated. He acted upon her bowels, applied cantharidal collodion behind her ears and revulsives to her feet, but in a short time she was seized with a convulsion. Fearing meningeal trouble, and as it was some distance from a leecher, he tied up her arm and bled her to the amount of six ounces. She then came out of the convulsion, and in two hours she spoke. At the time he bled her she was quite livid. He then put her on jalap and cream of tartar, squills and nitrate of potash, afterwards prescrib-

ed muriate tincture of iron. She recovered. A little boy in the same family had a slight attack, dropsy ensued. He recovered speedily. Another child, only eighteen months old, had the disease. On the third day vomiting came on. She rejected everything; her pupils were contracted. There was nothing to account for this vomiting. Anticipating meningeal trouble, he prescribed two grains of calomel, acted well on her bowels, then prescribed muriate tincture of iron. She recovered. The Doctor also reported meeting with rheumatic complications. He treated these cases in a similar way, giving muriate tincture of iron, and they recovered.

Dr. Fries said he must congratulate his old friend Dr. Carroll, upon the addition to his army. A few months ago if any one would have advocated blood-letting or the administration of mercurials in such cases as reported this evening, he would have been excommunicated. But now his progressive friend Richardson reports that he gave with benefit blue mass in a case of anasarca, with disease of the kidneys. And his young friend Dr. Goode reports having bled a patient after scarlet-fever. He now desired to report a case in point. He had treated six cases of scarlet fever in one family. One of the cases terminated in anasarca, accompanied with bloody urine. He prescribed squills and nitrate of potash, also muriate tincture of iron, but the case progressed. He concluded he would return to the old plan of treatment, and prescribed calomel, nitrate of potash and squills. Epithelial cells were plainly seen in the urine, and albumen was present in large amount. Modern pathologists would tell us in such cases mercurials would destroy the patient, but in this case in twenty-four hours the urine was increased, the amount of albumen diminished, and the general swelling reduced. This treatment he continued for three days, then rested one day and prescribed muriate tincture of iron. His patient recovered. The use of mercurials in some cases where the anasarca depends on a morbid action of the kidneys will do good in a certain stage. He had not noticed in his practice an unusual number of dropsical cases.

Dr. Richardson was of the opinion that sequelæ of scarlet fever occurred just as often where the best of care was taken of the patients. That exposure was not at all necessary to occasion dropsical effusions, though it may be the exciting cause, particularly about the tenth day after the subsidence of the eruption. In most cases he would have great hesitancy about giving mercurials. He frequently found cases very obscure as to pathology. During the eruptive stage the kidneys act vicariously; an unusual amount of urine is secreted; local inflam-

matory lesions often occur. If the patients are not anæmic, mercurials may be beneficial, but chlorotic patients are more liable to these local difficulties.

Dr. Carroll remarked that great men differ in their opinions, and the gentleman who had just taken his seat differs from all the best authors. Watson considers the dropsy following scarlet fever an inflammatory difficulty. The gentlemen who adopt the stimulating treatment have no good authority for it. Young Physic, as they have been pleased to term themselves, have been of more injury to the profession than war, pestilence and famine. The Doctor said he had six cases in one family. In one case dropsy and convulsions ensued. He knew that bleeding was the only safe remedy, and he bled the patient to the amount of six ounces, gave purgatives and prescribed calomel, digitalis and squills. His patient got well. He had tried such treatment over and over again, and he had the best authority for doing so. When the liver is disordered, and the kidneys are deficient in their action, you give mercurials to act upon the secretions. It is not necessary to salivate the patient. Young Physic must bring authority and experience to convince us they are right.

Dr. Comegys spoke of the benefits derived from the use of elaterin in the dropsy following scarlet fever. It never fails in producing an active hydragogue effect. Dropsy is due to an impaired function of the skin, and whatever interferes with the healthy action of the skin must be mischievous on the system. Urate of ammonia, which escapes largely by the skin in health, is voided with the urine after the patient has undergone exposure. He made it a rule always to direct parents to dress their children in flannel during the desquamative stage of scarlet fever. The Doctor also reported the case of a little boy living on Eighth Street. He was recovering from an attack of scarlet fever. One fine day he went out on the back porch, and though he was not there more than a quarter or half hour, general œdema was manifested in less than two days. The patient recovered under the use of elaterin. He never had any fear of using mercury to act on the portal system, but did not think it had any effect on the kidneys. Elaterin he prescribed for a child six or seven years old, one-sixteenth of a grain; for an adult, one-twelfth to one-sixth of a grain. In old drinkers with hob-nailed liver, it surpasses everything he had used.

Dr. B. S. Lawson inquired of Dr. Comegys if by purging alone he cured dropsy.

Dr. Comegys said sometimes he depleted generally and locally, and afterwards gave iron. The elaterin he never prescribed oftener than

once a day, and sometimes not more than once in two or three days. The elaterin is the alkaloid of elaterium, and will produce copious, watery evacuations.

Dr. Lawson thought the gentleman drew unfair deductions from the use of elaterin, because he used other articles at the same time, and using elaterin so seldom he thought it could have no more effect than any other active hydragogue cathartic.

Correspondence.

Letters from New Mexico.

EXCHANGE HOTEL, SANTA FE, NEW MEXICO, NOV. 7, 1863.

DEAR DOCTOR:—You will please send my journal to my address at Fort Sumner, New Mexico. I am to be stationed at the above-named Fort in this Department. It is situated about one hundred and ten (110) miles south-east of this town, and about the same distance south-west of Fort Union, and Fort Union is about the same distance, by the road we travel, north-east of Santa Fe. We came through the last named Fort on our way here, and will have to return on the same road for some distance on our way to Fort Sumner. This Fort is also known as what is called the Basque Redondo, on the Pecos River. It is considered an important post, as all the Indians that are captured are sent there. I am informed there are over five hundred there at this time.

My trip out was very pleasant for about half of the way, when a snow storm struck us on the prairie about one hundred miles from Fort Lyon. It was very severe, and we were fearful part of our mules would perish. But we brought them into the Fort alive. One of the drivers had his feet frozen and one of the passengers his nose. Otherwise we escaped without any accident.

I confess I am disappointed in regard to New Mexico, and especially the city of Santa Fe. The houses are all built of adobes or mud, and resemble a collection of negro huts rather than a city of some note. There is no enterprise, no industry, no manufacturing establishments; in fact, they have nothing *except what is brought from the States.*

The only redeeming quality is the climate, which is delightful. There has been no rain here for four months.

But I will close. I should be pleased to hear from you at any time.

FORT SUMNER, NEW MEXICO, Nov. 23d, 1863.

* * * * I have but little to do ; having from two to five patients at surgeon's call in the morning and from three to six in the hospital ; beside, I have some Indians each day. The disease with them is chicken-pox and catarrhs. I have one very interesting case of the former in an Indian woman about seventeen years of age. The eruption is extending from the neck down over the chest and arms, accompanied with fever and some debility of the system. She has lately been married to one of the tribe. There are at present near six hundred Indians at this post, and we expect about two hundred and fifty more within ten days. They are mostly Apache Indians, with some few Navajoes, but they live separate. The former are considered better, but I see but little difference among them. I have the medical supervision of them, and but few, if any, have ever been vaccinated.

The weather has been pleasant most of the time, although we have had two or three small snow-storms, but the snow soon disappears. We are on the east side of the Pecos River, from which we get our supply, and it is impregnated with sulphate of soda, or "glauber salt." I can not say that I fancy it, as I do not like it, and its effects are unpleasant to me. We are about one hundred and forty miles south of Fort Union, at what is known as the Basque Redondo.

I am yours, etc.,

GEO. S. COURTRIGHT, Assist.-Surg. U.S.V.

The Late Sir Benjamin Brodie, Bart.—An admirable bust of this distinguished surgeon has just been placed in the council-room of the Royal College of Surgeons. It has been executed by Mr. Weekes, R. A., and although evidently posthumous, is a most excellent likeness of the distinguished original, and a worthy companion of those other great men now adorning the hall of that institution, as Hunter, whose pupil he became, Sir Astley and Samuel Cooper, Pott, Bell, Travers, Cline, Dalrymple, Liston, etc. Mr. Weekes is making rapid progress with the statue of John Hunter, toward the expense of which from our American friends, who, notwithstanding the unhappy state of that quarter of the world, still remember the old country, as their handsome subscription list to the Hunter Statue will shortly testify.

—*London Lancet.*

Special Selections.

The Civil War in America.

[From a Correspondent of the "London Medical Times and Gazette."]

IN CAMP NORTH OF THE RAPPAHANNOCK, VA., Aug. 27.

My last communication to you was written on the evening previous to the departure of the operative Surgeons from the Gettysburg Hospitals to rejoin their commands. The work they had been left to perform was accomplished, and they, however unwilling to lose sight of the cases over which they had for so long watched, had to leave, as rumor spoke of impending battles between the opposing forces, and as in such cases their services would be of infinitely more value near the scene of strife than on the then comparatively deserted field of Gettysburg. The wounded they left behind them in the care of contract Surgeons were capital operations, and severe cases, such as were as yet unable to undertake without great risk the fatigues of traveling, and those in whose cases the prognosis was regarded as unfavorable; their number, however, was lessening rapidly; one or two hundred of the former classes were daily dispatched to the railway station, and every morning saw a few of the latter, each enveloped in his blanket, deposited in a neighboring field. During the first fortnight after the battle the weather was remarkably cool, on account of the continued rains, but after this two or three days of intense heat developed so fœtid, so sickly an atmosphere around these Hospitals, that it became necessary to shift ground in order to avert the occurrence of fever and diarrhœa.

Well! the wounded did suffer severely after the battle, more so than after any of the previous actions of the war. To look back upon those scenes in calmness, now that the excitement of marching, of expected battle, of actual conflict and its consequences, has passed away, one wonders that wounded men could have survived the exposures and sufferings of the six days immediately succeeding the fight. Many of those with flesh wounds have now returned to their regiments for duty, and, as reclining in the shade they tell their more fortunate comrades the story of their Hospital experiences, they shake their heads and smile, and say, "Well, these *were* hard times." They were indeed.

Since then we have had no general engagement, but our energies have been exhausted by heavy marching and arduous picket duty in the hot sun, and by the feverish anxiety to which the continual expectation of a battle gives rise. The rocky defiles and eastern slopes of the Blue Ridge Mountains put the finishing stroke to us, so that it became a military necessity, as it already was a medical one, for the men to have rest to recruit their physical powers. After leaving the mountain passes, the proportion of men requiring transportation in the ambulances increased to a *great extent*. Many fell behind the

column, and were, I have no doubt, picked up by the guerillas that hovered in our rear, while others fell down in the line of march exhausted, or from the effects of the sun, and died. The army could not march much longer and be effective in case of a struggle with the enemy. Representations were made by the medical officers. Official answers were returned to a series of questions, such as: "What number of men in your command rode in ambulance yesterday? How many men died from exhaustion on yesterday's march? How many from sunstroke? How many days do you think it necessary for the troops to rest in order to render them capable of performing efficient service in the event of an engagement?" and so on.

In the commencement of August active operations were for a time suspended, and the Army went into summer quarters, much to the satisfaction, I presume, of every one in it; for campaigning in such weather as we now experience is enough to perspire patriotism out of the most patriotic. Our summer camp is a very comfortable and healthy arrangement; plenty of room is allowed to each command—one grand point in a sanitary view of the matter, for hence the streets are wide, the tents well separated, and the stables and latrines are permitted to be at a wholesome number of yards from where the men pass their hours. The foot of each tent is raised at least a foot and a half from the ground, so that whatever breath of air there may be may permeate every nook and secret corner of the camp. The men have built bedsteads for themselves at a height of twelve inches or more from the surface of the ground, that the damp dews which occasionally fall at night, or the rain storm, may not sow in them the germs of disease. To shelter them from the solar rays a vast parasol is thrown over their heads; a large number of forked stakes, twelve or fourteen feet high, are driven into the ground, and these supported a plexus of slender spars, on which is strewn so thick a layer of brushwood and branches that the sun can rarely find a crevice through which to intrude into the cool and shady camp below. Wells are sunk in favorable localities. The sinks are readily attended to, and police duties generally well performed. The consequence is, that we are all in perfect health, although relaxed and languid from excess of heat. But this was far from being the case during the first few days after our arrival here, for then circumstances the reverse of those enumerated contributed to the generation and propagation of disease. We were crowded together, men and horses, wagons and mules, with but little shelter, with surface water muddy and lukewarm, with fresh meat which a few hours' exposure tainted, and with the refuse of camps everywhere around. Every other man had an attack of diarrhoea, but it did not continue long; the removal to the new grounds stifled the disease on its onset.

We see by the papers that sunstroke is killing large numbers in the cities. Among the troops we have now no such cases, for in camp we are well sheltered, and in performing almost the only duty required of us—picket duty every fourth or fifth day—we are not much exposed, since the march to the picket-station is usually made in the early morning or in the cool of the evening. The teamsters in the Quar-

termaster's Department, whose duty occasions them to be much more exposed, furnish the very few cases which are to be seen in this part of Virginia.

Regimental surgeons have nothing whatever to do at present. One reason, because few cases of sickness occur; another, the principal one, because when a man does get so ill as to be unfit for duty, he is immediately sent to the Hospital of Division by order of the medical authorities. This hospital is established near the camping grounds of the Ambulance Corps. It consists of a dozen hospital tents under the shade of a huge arbor, which the ambulance men have constructed over them. It is a very quiet place, and the patients seem comfortable and clean; they have plenty of attendants, plenty of supplies. There are no iron bedsteads, such as are common in military hospitals farther from the front, but the stretcher makes a useful substitute in the field. A surgeon with one assistant is detailed in charge. This plan of collecting the sick of a division near the ambulances has proved very useful in the late campaign. There is not a sick soldier in the camp of any regiment; all are inmates of this hospital. If, then, an order arrived directing us to march immediately, we would have no trouble with our sick. The regiments fall in and march off, and by the time they are in motion the men unfit for duty are lodged in the ambulances, which then bring up the rear of the column, so as to pick up those who fall out exhausted or footsore. At evening the tired men rejoin their regiments, and a night's sleep prepares them for the march next morning, while the sick men, if the movement is to be resumed on the morrow, pass the night in the wagons; but if a halt of a day or two is anticipated the tents are pitched, the stretchers made to do duty as beds, and an impromptu hospital is formed. The regimental surgeons have thus nothing whatever to do except when a man gets sick to see him safely dispatched to hospital. The plan answers very well now when we have but two or three thousand men in our decimated divisions; but when the conscription has filled up our ranks to their normal strength of fifteen or twenty thousand men, every surgeon shall have, I presume, to attend to his own men. Regimental hospitals will be reestablished, and that of the division broken up, on account of being then too large an affair to work smoothly in the field. Just now in these hospitals there are but few patients, and the number of those affected with acute diseases is very small; the majority are men who, as the expression is here, have got "used up" on the late marches, and who are now regaining strength on good diet, quinine, and whisky.

When one puts the question to himself—Why have the medical authorities, by the establishment of these hospitals in each division, taken the direction of the cases of disease entirely out of the hands of the surgeons in charge of regiments? it is difficult to arrive at a satisfactory answer. Is it on account of the utility of the arrangement when the army is in motion? Perhaps the idea was originated with that end in view; but why continue the institution now that the troops are quiet in camp? The patients can not have better attention paid them by nurses, strangers to them perhaps, in hospital, than by

men, their comrades, detailed to the hospital department of their own regiment. They can not be better sheltered, better furnished with supplies than they would be if in charge of their own medical men, since division and regimental hospitals are equally distant from the base from which those supplies are derived. They would have the same air, the same water, and an equally salubrious camping ground in the one case as in the other. It is not to prevent the spread of disease among us by contagion that the sick are in some measure removed from us, for we have no contagious diseases; and the smallness of the percentage of sick negatives the supposition that their removal was intended to prevent any depressing influence their presence might occasion among the troops. Dare we look, then, to the regimental medical officers themselves for an explanation? Is it that the authorities, who, by the recent suppression of the use of calomel and tartar emetic, showed the distrust they had of the capabilities of these gentlemen, have come to the conclusion that it would be of more benefit to the service for them to lock their medicine chests and turn over their sick for tendance to a man of tried professional qualifications—the surgeon in charge of the division hospital. This is an ugly view to take of the matter, but one is at liberty to look so at it when, knowing that there are men sick, one sees, and has seen for four weeks past, regimental hospitals deserted, their stewards unoccupied, their attendants drawing rations from their companions instead of on surgeon's requisition, and their medical men seating themselves quietly to breakfast while sick call is being beat, aware that it is now but an empty sound. The arrival of the conscripts will, I think, as I said before, put an end to this state of matters. These unwilling patriots, or their substitutes, are already joining us, although as yet but in small detachments. An order has been issued requiring surgeons to examine and report on the physical condition of every man sent to join their commands. If this order be rigidly carried out, it will save an immense amount of expense to Government, and of subsequent trouble to the surgeons themselves. When this army was first organized, examining surgeons were very careless, or duped perhaps by roguish recruiting officers. Almost every one who volunteered was accepted, and the consequence was when active service commenced a heavy bill of sickness and mortality. The surgeons then in the field felt sorely the necessity for a strict examination of recruits, and now, having themselves that duty to perform, it may safely be augured that the *physique* of the conscript will be far superior to that of the volunteer army when it first entered the field.

In a late number of the *Medical Times* which reached me, I observed some remarks of yours on the volunteer surgeons of America, *apropos* of the proscription of calomel and tartar emetic by the Surgeon-General. I have not the article beside me, but I think you jocularly predict that the next edict will be that no more field instruments are to be issued, and that those already in the possession of army surgeons are herewith ordered to be turned in, since the Surgeon-General believes that the country has derived more harm than benefit from the indiscriminate use of these edged tools. Well, the majority of surgeons

in this army since the battle of Antietam in September, 1862, have been as thoroughly cut off from the use of the amputating knife as if such an order had actually been published and stringently insisted upon. Previous to that time it was the duty of the senior medical officer of a regiment to decide upon all the cases occurring in his command, and should his decision be operation, to operate; but the evils arising from this license, this want of supervision, became plainly apparent, and to prevent in a great measure in future ill-timed, ill-judged, and badly-executed interference, a staff of officers in whom confidence could be placed was commissioned, in the event of a battle, to examine, decide, and operate, the duty of the others being restricted simply to dressing. That this plan works admirably the experiences of Fredericksburg, Chancellorsville, and Gettysburg have fully demonstrated. Not only do the patients receive the best professional skill which the division can afford, but the surgical history of the battle is better preserved. One officer in the hospital does nothing but record in full the histories of the various cases, whereas formerly every regiment had a record to hand in, although every one did not furnish it. Some surgeons, through ignorance of the routine of military duty, and others through neglect, did not comply. It is not unusual also for papers in the field to get lost during their transmission from one official to another.

Since this civil war has lasted now two years and a half, since so many great battles have been fought, and since time and opportunity have been afforded the surgeons for familiarizing themselves with the diseases common in camp, it might be said that surely they now ought to be able to treat skilfully most of the cases which fall under their observation; and, undoubtedly, those who have had those advantages are so. But men who have been in the field since the first outbreak of the rebellion are rarities in camp. There is a continual change going on in the constituents of the medical force, which prevents it from improving as a body, although the members of it are daily being taught lessons by experience. It is very unfortunate that the army can not retain in its service the surgeons it has made. The force, I think, during the last six months has deteriorated, the skill and attainments lost to it by men leaving the ranks have been greater than the additions brought by those to fill the vacancies. Many medical men come out, and after a few months trial of soldiering, get tired of it, just at the time, perhaps, when experience has begun to render their services valuable. Others spend a longer or shorter period with the army, when they become prostrated by sickness; they obtain a short leave of absence to recruit their health, and the home comforts they then experience contrasts so strongly with the fatigues and privations of camps and campaigns, that when recovered they have not moral courage sufficient to enable them to undertake a return to the field. Others enter the service with the intention of leaving it again after a short time, their object being simply the possession of the commission, which they intend using as a reputation trap to snare patients. It was only the other day that, in looking over the advertisement sheet of the *Herald*, I observed a notification to the public of New

York city that So-and-so, late surgeon of the Such-and-Such regiment, had resumed the practice of his profession, etc. Again, a number of the surgeons attached to the nine months' and two years' regiments did not return to the army when mustered out, in consequence of the disbandment of their commands at the expiring of their term of service. But the greatest loss the surgical force in the field has suffered has been caused by the institution of the United States Corps of Volunteer Surgeons. The members of this body are commissioned by the President, and are employed as Surgeons of Divisions, Medical Directors of Army Corps, or are attached to the various military hospitals now so common throughout the country. No inefficient men belong to this corps—that of the U.S.V., as it is termed,—the searching examination to which they are subjected before being commissioned obviates all chance of the admission of any but those possessed of superior talents. The surgeons in charge of regiments hold their commissions from the Governor of that State which has furnished the troops to which they are attached, and their duty is to be with their commands wherever stationed. Now, although the pay in both services is the same, the superiority of the position attracts the best talent in the field to the ranks of the U.S.V. corps. The men who come from civil life to fill the vacancies are but poor substitutes for those we lose. Good men come, as may be supposed, but the proportion of indifferent practitioners is very large. They are young men of no experience, and of superficial education from the schools; men good, bad, and indifferent from the cities, who, having but poor practices, attempt to better their fortunes by going a-soldiering; men from the country, whose duty for years previously had been to attend mid-wifery cases. A few creep into the service, too, possessed of no papers but the commission which by some means they have managed to obtain, such as dentists and druggists who have read perhaps a little. But the purest example of ignorance commissioned in the American Medical Service that I have yet met was in the person of one who might have been styled a political surgeon. The case, I believe and hope, is *unique*. He had been a politician. He had represented a County in a certain State during the previous session, and to reward him for party services, probably, he had received the appointment. He knew nothing of medical science, nor of any other science whatever. He was very illiterate. It amused me to look over the books of the regiment, as kept by him. From his Register I learned that *diorhe*, *rheumatism*, and *chills* and *fever* were the only diseases of which he was cognizant, with the exception of one case of *sore leg*. His prescription-book showed that, in his opinion, the compound cathartic pill of the U. S. Pharmacopœia, or, as he ordered it, *pil cat. co.*, iii., was a specific for all the diseases to which the soldier is liable. His ignorance was too gross for him to keep up appearances for any time, and on a gentle hint having been dropped him concerning the existence of a Board of Examiners at Washington, he took sick, and found not the least difficulty in having his resignation—based upon his ill-health—accepted.

To tell now a more agreeable tale of the service, I shall mention to

ron the establishment of a Medical Society in one at least of the divisions of this army. Its meetings are weekly, when they can conveniently be held, and are well attended, and there matters interesting to the military surgeon may be heard discussed with a freshness that smells of the field and the vigor which experience gives.

Having been in Washington a few days ago, and having a spare hour, I paid a visit to the Army Medical Museum, feeling an interest in it from having seen so many specimens preserved after the late battle to enrich it. Its formation was commenced in August, 1862, and the proportions which it has now assumed at the end of its first year of existence speak strongly in testimony of the energy and enthusiastic zeal displayed by its curator, Dr. J. H. Brinton. It numbers about two thousand objects. The majority of them are cases of surgical interest, but there is a goodly nucleus of medical preparations, and which is daily increasing in magnitude. There is quite a number of missiles of all sorts—grape, spherical, case, and buck shot, rifle and round bullets, and pieces of shells, even Indian arrows, most of them extracted from the body. There is, in addition, a complete set of projectiles for small arms and field guns, presented by the Ordnance Department of the army. The collection is at present in a room in the building used by the Surgeon-General as an office, but it will not remain long there. A house is being fitted up for it—a sombre brick building it is, that seems as if it had been built with a view to its one day becoming a museum. It is small somewhat, on account of the funds voted for the purchase of a house having been small, and then probably because the collection was not expected to grow so rapidly as it has grown. I dare say that in the course of a short time, if it succeeds so well as it has been doing—and as there is every reason to expect that it will—a mansion will be assigned worthy of it. The room on the ground floor of the house in preparation is being fitted up as a class room. By and by the student of military surgery will here have opportunities which, if taken due advantage of, will place the American surgeon on a higher professional footing than he holds at present.—*London Lancet.*

Liquor Calcis in Diarrhœa.—In a note from Thos. May, L.P.F.S., of Glasgow, to the *London Lancet*, he says: "Now that diarrhœa is to very prevalent, and when it attacks infants, so frequently fatal, its violence resisting all the routine treatment, may I inquire if any gentleman had tried that very old-fashioned remedy, liquor calcis? Amongst a very poor class of patients, living in ill-ventilated apartments in close, confined localities, I have found it act like a charm; giving at the same time one-grain doses of compound ipecacuanha powder with two grains of mercury-with-chalk. The vomiting and purgation cease, and the child gradually recovers from what seemed to be a fatal attack. I have found it particularly serviceable to infants at the breast, and it has frequently done good service to adults in combination with castor oil and tincture of opium in full doses."

Reviews and Notices.

A Manual on Extracting Teeth: By АВВАНАМ ROBERTSON, D.D.S., M.D., author of Prize Essay on Extracting Teeth, etc. Philadelphia: Lindsay & Blakiston 1868.

As the author of this useful little book very truly remarks, The operation of extracting teeth is at best a painful one, yet it is one to which almost every individual is obliged at some time or other to submit. It is therefore very manifest that "the comfort of humanity demand that those who perform the operation should be so instructed as to be able to do it in the most skillful manner." Dr. Robertson's Manual is founded on the anatomy of the parts involved in the operation, and embraces in its contents the kinds and proper construction of the instruments to be used, the accidents liable to occur from the operation, and the proper remedies to retrieve such accidents.

We believe our author has very satisfactorily carried out the plan he announces in his title and preface, and has produced a book that will be of good service not only to dentists proper, but to most physicians, for there is still the requirement of physicians more or less frequently to extract teeth, and we know of no operation in minor surgery wherein so much awkwardness and want of ordinary tact and skill is displayed as in that of extracting teeth, simple as it is sometimes regarded.

After giving a brief chapter on the anatomy of the jaws and teeth, our author proceeds to treat briefly on the pathology of toothache, in which we observe very judicious suggestions as to the effect of the health, the condition of the stomach, the action of various articles, medicinal and otherwise, taken into the mouth, the character of the saliva, etc., in their reactions upon the condition of the teeth, especially in their tendency to decay, which of course is the most frequent cause of toothache.

We next have a careful, and as it appears to our meagre knowledge of dentistry, a very judicious description of the instruments concerned in extracting, and the value and special application of each. With most all dentists Dr. Robertson rejects the old-fashioned turnkey, depending on a few well selected forceps, elevators and the gouge.

A chapter is devoted to lancing the gums, which while considered in many cases absolutely necessary and important, yet "as a general rule, ought to be entirely omitted." He proceeds at some length to

give his reasons for this opinion, and to give special directions for the manner of proceeding when necessary.

We have finally two important chapters: one treating on the accidents attendant upon the extraction of teeth and their remedies; the other on the use of anæsthetics. On the latter topic the author, in the whole tenor of his remarks, decidedly discourages the use of anæsthetics in the extracting of teeth. He has but little faith in the availability of local anæsthesia for this purpose. The local application of chloroform, the use of freezing mixtures, electricity, etc., all have their objections in his opinion seriously overbalancing the utility of each.

Dr. Robertson's Manual is a small book, but as we think, embraces the whole substance of the matter, and we heartily commend it to physicians who are compelled to regard this part of surgery amongst their requirements or acquirements.

For sale by Robt. Clarke & Co. Price \$1.50.

Synopsis of the Course of Lectures on Materia Medica and Pharmacy: Delivered in the University of Pennsylvania; with Three Lectures on the Modus Operandi of Medicines. By JOSEPH CARSON, M.D. Third Edition Revised. Philadelphia: Blanchard & Lea. 1863.

We have placed on our table this new edition of a work already known somewhat familiarly to the profession. It is exactly what it professes to be, a synopsis of the course of instruction given by the Professor of Materia Medica and Pharmacy in the University of Pennsylvania. No one would buy Dr. Carson's book as a text-book or work of reference in Materia Medica, and yet it is a most useful book, and especially to any student who desires to have at hand a framework of the study, it is most acceptable and convenient. Of course, it is more particularly intended for the class who follow Dr. Carson's course of instruction. For them this condensed outline is a most capital thing, which may be either filled up by notes taken by the student while the course progresses, or by reference to the text-books specified.

In the classification adopted we observe that essentially the same tabular form is retained as was adopted by Dr. Carson's distinguished predecessor in the same chair—Dr. George B. Wood. Students of Materia Medica will remember this as based upon the physiological action of remedies. There are objections to the classification of Dr. Wood, but so there is to any arbitrary arrangement, and perhaps this is its as convenient as any other.

In the present edition the nomenclature of the various articles and

preparations are made to conform to the United States Pharmacopœa of 1863.

The volume concludes with three lectures on the *modus operandi* of medicines ; three carefully prepared lectures which very amply repay their careful reading. As we have already said, this is not a work of reference, but a work of arrangement, "a synopsis." Nevertheless, the student will always find it a desirable book to own, and most convenient for refreshing the memory in all the outline and framework of the study.

For sale by Robert Clarke & Co. Price \$2.25.

Outlines of the Chief Camp Diseases of the United States Armies, as observed during the Present War. A Practical Contribution to Military Medicine By JOSEPH J. WOODWARD, M.D., Assistant-Surgeon U.S.A., etc., etc. Philadelphia: J. B. Lippincott & Co. 1868.

This is another contribution to military medicine, and will be regarded as a very excellent one by every one who has had any observation in the treatment of the diseases of soldiers during the present war. It must serve also as a book of reference and consultation for the future. We are sorry in some respects that Dr. Woodward did not postpone its publication until he could use all the material in the Surgeon-General's office. He has had charge of the reports and classification of the medical diseases proper sent into the Surgeon-General, and has not felt at liberty to use them in advance of their publication by the Surgeon-General. Again, we think he would have written with more authority and usefulness if he had waited longer.

Dr. Woodward's position, however, in the Surgeon-General's office, that of curator of the medical and microscopical departments of the army Medical Museum entitles him to respect, and with the reserve we have already expressed, we must accord our good opinion to his book.

We are right glad to have a work on military medicine. Surgery, surgery, surgery,—the lopping off of arms and legs,—the resection of this joint and that joint has been the great topic with men entering the army. The people too have estimated the army surgeon for his skill as an operator. The medical student, sitting on the benches, looking forward anxiously to the hour when he might be able to pass an examining board as assistant-surgeon, has been unable to see any interest in any lecture unless it had reference to operative surgery. No man can be a good surgeon unless he is a good practical physician. The knowledge of external pathology is a barren acquisition, unless it be accompanied with an intimate and thorough knowledge of internal

pathology, etiology and therapeutics. This book will at least remove the delusion under which many have been laboring—that the chief duties of the medical man in the army are surgical.

The contents of the work are considered in Chapter I. as an introductory; Chapter II. Conditions determining the character of camp diseases. Section 1. Malarial Influence. Section 2. Crowd Poisoning. Section 3. The Scorbutic Taint; Chapter III. Camp Fevers. Section 1. Typho-Malarial Fever. Section 2. Diseases which may be confounded with Typho-Malarial Fever; Chapter IV. Intermittent Fevers. Section 1. Simple Intermittent Fever. Section 2. Congestive or Pernicious Intermittent. Section 3. Chronic Malarial Poisoning; Chapter V. Jaundice; Chapter VI. Camp Diarrhœa. Section 1. Simple Diarrhœa. Section 2. Acute Enteritis. Section 3. Acute Dysentery. Section 4. Chronic Diarrhœa; Chapter VIII. Catarrh; Chapter IX. Pneumonia; Chapter X. Pseudo-Rheumatism Affections.

There are many points in the book which we would be glad to present to our readers, did space permit. The chapter on typho-malarial fever is by all odds the best as it is the longest. The subject of camp fever has commanded much attention from Dr. Woodward as from every reflecting army surgeon. Great confusion and misunderstanding existed for the first year of the war in regard to the nature of camp fever. Every case of low fever was regarded and called typhoid, having for its pathological anatomy the ulceration of Peyer's glands. No one can read the chapters on fever without giving assent to the views of the author.

— The book is for sale by Robert Clarke & Co.,

The Physician's Hand-Book of Practice for 1864. By WM. ELMER, M.D.

This is one of the convenient labor-saving little manuals, already well known to the profession, for recording daily business and as a book of ready reference. Its arrangement is entirely different from that of the Visiting List, in use by a great many physicians. The Hand-Book contains the usual blank pages for daily visits, and the various memoranda of case book, obstetric records, etc., etc. There is also a large space devoted to a classification of diseases, ready method, poisons and antidotes, examination of the urine, list of incompatibles, a complete materia medica, together with considerable more, all valuable in itself, but as it appears to us, scarcely valuable in such a book. Our own experience is that the physician wants in a Visiting List but little more than the tabulated daily visiting diary,

and perhaps a moderate space for miscellaneous memoranda. Beyond this is mostly cumbersome lumber, inconveniently bulky and unpleasant in the pocket.

For sale by Robert Clarke & Co. Price \$1.25.

Editor's Table.

Another New Year has dawned upon us with its living cares, anxieties and responsibilities. Entering upon the labors which go with these, we extend once more to our readers the sincere greetings of the season. In the midst of this terrible civil war, which has carried mourning to every American hearthstone, this journal has pursued the regular tenor of its way, yet constantly sympathizing with the earnest struggle which surrounds us. While this struggle is for a continued national existence, it has at the same time been of the saddest interest to our profession from its first incipiency. The surgeon on the battle-field and in the prolonged tedious days of the hospital, is the one above all others who has been brought into constant painful contact with the suffering results of conflict, disease and privation. And when this great rebellion shall be crushed out, there will be nothing more worthy of an enduring remembrance than its medical history. We are glad to have it to record in this connection that this medical history is in good hands, and that the fair name and honor of the profession will be carefully protected and sustained.

As we enter upon this new year let us hope that the trials of this struggle are well nigh past; and that the blessed Messiah, whose birth day we have so recently celebrated, will speedily come down amongst us, and restore to this land once more peace and good-will amongst men. Let us hope that long before another New Year's greeting shall come, we shall be permitted to unite in the general shout of jubilee that will go up all over this land, when it shall be flashed from one end to the other that we are again one united people.

Medical Officers Released from Richmond Prisons.—It is already known that a large number of surgeons and assistant-surgeons have recently been released from the rebel prisons at Richmond. Of these notice quite a number of familiar names, friends and subscribers to

this journal. Thus we find Assistant-Surgeon R. P. McCandless, 110th O.V.I.; Assistant-Surgeon Spencer, 73d Ind.; Surgeon J. L. Wooden, 68th Ind.; Surgeon Daniel Meeker, U.S.V.; Surgeon Geo. P. Ashmun, 93d O.V.I.; Assist.-Surgeon J. K. Moore, 13th O.V.I.; Assistant-Surgeon R. H. Fallis, 7th O.V.C.; Assistant-Surgeon C. P. O. Hanlon, 90th O.V.C.; Assistant-Surgeon W. A. Carmichael, 2d O.V.I.; and doubtless others, if we should look over the lists carefully. We take this opportunity to express our sympathy for these worthy gentlemen in their late privations, and our congratulations in their return to their homes and regiments.

Our Terms.—Our Prospectus, with terms for 1864, will be found elsewhere. It will be seen that we have made no change. We expect, however, a prompt and strict adherence to our rates. We can sustain ourselves in no other way. Especially we desire all our friends who wish to subscribe for the *London Lancet* or other publications in connection with the *Lancet and Observer*, to remit as soon as practicable, that we may forward names in one list.

Death of Dr. Gans.—It becomes our painful duty to announce the death of Dr. D. S. Gans, of Cincinnati. He was one of the most industrious members of the profession in our city—in every way ready to do his full share of professional drudgery. In the Academy of Medicine he was one of the most constant attendants and most frequent participants in its exercises and discussions—in all of which he was ever listened to with respect and attention. He was well known to the readers of this journal as one of its most frequent and voluminous contributors. One of his most recent papers published in the *Lancet and Observer*, on the hæmorrhagic diathesis, has elicited considerable interest and has already called out two papers from other contributors on the same subject. This was one of the peculiarities of his essays, reports and debates—the faculty of being suggestive.

Dr. Gans was a native of Hanover, Germany, and received his medical education at the University of —, before his emigration to this country. He practiced variously in this city, in Dayton in this State, in New Orleans, Havana, and finally returning here, remained in Cincinnati until his decease.

Dr. Gans died emphatically in the harness, and not only so, his death was the result of one of those labors of charity so often and so unhesitatingly imposed upon the medical profession. On the evening of the 2d of December, he was called to attend an obstetrical case

where he was obliged to sit in a very cold room for several hours without fire. He returned to his home chilled through, indisposition followed, developing speedily in double pneumonia, of which he rapidly sunk, departing this life Monday evening, December 14.

At the special meeting of the Academy held Tuesday evening, Dec. 15, the following resolutions, presented by Dr. Williams, chairman of the committee, were read and adopted :

“ *Whereas*, It has pleased Almighty God in the inscrutable dispensations of his Providence, to call from among us our highly esteemed friend and co-associate in the Academy of Medicine, D. S. Gans, M.D. Therefore,

“ *Resolved*, That in the death of Dr. D. S. Gans, Cincinnati has lost a valuable and patriotic citizen, and the profession one of its brightest ornaments.

“ *Resolved*, That in his demise the Academy of Medicine especially feels that it has been deprived of one of its most useful and active members; who, by the constancy of his devotion to his academic duties, afforded a bright example for the younger members of the profession.

“ *Resolved*, That we offer to the family and relations of our deceased brother and friend, our sincere sympathy in their sad bereavement.

“ *Resolved*, That these proceedings be published in the daily papers and in the Cincinnati *Lancet and Observer*, and that the Secretary of the Academy be instructed to transmit copies to the family of the deceased.

DR. E. WILLIAMS,	} Com.
DR. CHAS. WOODWARD,	
DR. A. ROSENFELD,	
DR. W. B. DAVIS,	
DR. E. H. JOHNSON,	

To Contributors.—The following articles are on file for insertion : A Report of Operations after the Battle of Chickamauga, in Field Hospitals; Exercise, its Physiology, etc.; Anti-Periodic Properties of the bark of *Fraxinus Nigra*, or Swamp Ash; Two Articles on the Hæmorrhagic Diathesis; The History of Bloodletting; Case of *Purpura Hæmorrhagica*. The authors will please accept our sincere thanks.

Chicago Medical College.—This school (organized as the Medical Department of Lind University,) is enjoying in common with other medical schools of the country, a good degree of prosperity. Some time since we noticed the fact that the energetic Faculty of this College has entered into the occupancy of a new edifice. We learn that the school has a class this winter of about one hundred. We have not learned the number in attendance on Rush Medical College.

Indianapolis Medical Association.—The Indianapolis Medical Association was organized in October last. The plan of organization was drawn from that of the Cincinnati Academy of Medicine. Dr. Jas. S. Athon, President, Wm. B. Fletcher, Secretary, and Dr. Willey, Treasurer. The meetings have been well attended, and a spirit of good fellowship and a desire for advancement in medical knowledge has sprung up in a degree unknown before in that city. The Association have rented rooms and furnished them comfortably, where they hold their meetings, and it is hoped will soon add a medical reading room.

We have already received one contribution from this Association, and shall hope to have regular reports of its papers and discussions. The medical profession of Indianapolis is abundant in ability to sustain one of the most useful medical associations in the country, and its members will find its meetings a source of professional and social pleasure far beyond even their own highest anticipations.

Iridectomy.—We have had our attention called to the following ingenious suggestions in a contribution by Dr. Homberger, editor of the *American Journal of Ophthalmology*, in the *American Medical Times*. Coming as it does from so respectable an authority, the proposed plan of operating will doubtless attract the attention of eye surgeons, but we apprehend they will find serious objections to its practical operation. It will be observed that Dr. Homberger does not detail the results of actual operations, and we are left to presume that his plan is theoretical, and it doubtless remains for time and “numerous experiments on living subjects” to test the practical value and convenience of the plan suggested.

A great difficulty in performing iridectomy for the purpose of diminishing intra-ocular pressure, consists in the removal of the iris to its ciliary insertion. Another necessity, which is also not easily accomplished in many cases, is the excision of a large piece of the iris. As it is necessary to go far beyond the margin of a dilated pupil with a lanceolar knife, in order to get a large corneal wound, the danger arises of injuring the lens, which is considerably pressed forward in glaucoma. Again, the instances are not rare where even experienced assistants fail to cut off the iris to the edge, and thus cause a negative result of the operation.

It is not my intention to analyze or to criticize the different modifications which have been invented by Von Graefe, Arlt, Froebelius, Bowman, and others, with a view to do away with these difficulties. No practical eye-surgeon will deny that, in spite of all modern propositions, the execution of iridectomy is still attended by the above-

named inconveniences. Therefore, though the method which I am going to describe has not yet stood the test of numerous experiments on living subjects, I do not hesitate to recommend it to the readers of this journal for further trial, confiding in the easiness of its performance and the certain results which it seems to promise.

With a cataract knife, the point of which, directed toward the centre of the globe, is pushed into the sclerotic at a distance of half a line from the margin of the cornea, a linear opening is made, which, by mere pushing forwards of the knife, is lengthened in a radial direction, until the cut reaches three-quarters of a line beyond the edge of the cornea. During the performance of this cut the back of the knife does not for one moment leave its direction toward the centre of the eyeball. The knife is then gradually withdrawn, so that the aqueous humor is slowly evacuated. By this first act of the operation the anterior chamber is opened, and the iris fissured, from its ciliary insertion, up to a point about half a line distant from its periphery.

The second act of the operation consists in the introduction into the wound of one branch of a fine, but strong pair of scissors, slightly curved laterally. The point of one branch of the scissors is introduced along the posterior surface of the cornea into the anterior chamber, and its cutting edge laid into the angle formed by the junction of the iris and cornea. By one or two movements of the scissors, a wound is produced corresponding with the size of the piece of the iris which is intended to be removed. It will be necessary, in order to introduce the scissors far enough, to enter first but a little way into the wound made by the knife, and to enlarge it by a small, almost rectangular incision.

In the third act, a common iris-forceps is introduced into the anterior chamber, but not in a diagonal direction, as usually. With its points the operator takes hold of that part of the iris next to the angle of the wound, and, by a slight traction (in the direction of a tangent touching the margin of the cornea in the wound), he tears the already fissured iris up to the pupillar margin, and then, by continued pulling, he severs it from its ciliary insertion. As soon as the iris is torn off up to the opposite angle of the corneal wound, the operator himself, or an assistant, removes the separated segment of the iris, with either knife or scissors.

The advantages of this method I wish to condense in the following points, and would be glad if by my proposition of a more convenient way of performing iridectomy, I had contributed a mite to the universal diffusion of this important operation.

1. The opening in the anterior chamber is made in such a way that the instruments do not in any way come in contact with the pupillary region, and there is therefore no danger of injuring the lens.

2. The inner edge of the corneal wound is made with much more certainty in the junction of iris and cornea than with either knife or lance.

3. The tearing of the iris from its insertion loses by the previously made fissure of that membrane the danger of an accidental dialysis, while it insures a peripheral pupil with more certainty than if the iris

is cut off after having been dragged out in the manner hitherto practised.

4. The cutting off of the iris may be performed by assistants of little experience, because, even if not well executed, it does not, as in the usual methods, make it dangerous or even impossible to resume hold of the iris.

Finally, I may be permitted to remark that I do not consider the division of some fibres of the ciliary muscle (Hancock) of great therapeutical importance, but that I think, that the angular opening, which allows a part, at least, of the aqueous humor to escape for some time, is very favorable to a gradual diminution of intra-ocular pressure. The importance of a compressive bandage during the after-treatment, may, by this circumstance, be considerably lessened, or even totally annulled.

Medical Department, University of Michigan.—The medical class this winter at Ann Arbor is near three hundred and fifty. With such a large class, and with its independent position by virtue of its endowment as a State institution, it occupies the place to achieve a great deal for the advancement and interests of the medical profession.

Missing Numbers.—We take great pleasure in supplying any lost or missing numbers of the *Lancet and Observer* when we have them on hand. Of the last year, however, we now have left no complete set. Our issue for January, February and October being entirely exhausted, any one having either or all of these numbers, who do not wish to preserve their files, will confer a favor on subscribers who have lost these numbers, by forwarding them to this office. New subscribers are coming in with pleasant frequency, but we start off with an edition that we expect will meet all demands.

Omission.—By an accident the meeting and resolutions of the medical profession of this city on the death of Dr. Orr, failed to appear in our last issue.

The Union Washing Machine.—We do our readers—particularly doctors' wives—a favor by calling attention to the card of Van Name & Co. in our advertising department. Some of the military hospitals in this city are using the Union machines with great satisfaction. Recently the Woodward Hospital commenced its use, and the laundry department find it a wonderful labor-saving machine—the work of three persons being done quite as well by one—not forgetting the saving in wear and tear of clothing. This is certainly the long-desired desideratum in this field of invention. We shall watch this matter, and report further in due time.

Bedford's Obstetrics.—The third edition of this excellent text-book is issued within the space of thirteen months, and as we notice is in the course of translation in *Berlin*. Such success is very gratifying to the author, and is pleasant to the national pride of all of us. In the proper place is an advertisement embracing the favorable criticisms of English and French journals.

Blanchard & Lea's Illustrated Catalogue.—We spoke of this catalogue last month, but by some oversight omitted to give the publishing house.

Medical Schools.—Some of the colleges of the country continue to give a Spring course of instruction. The announcements of two schools will be found in the proper department. We call attention to the announcement of the Long Island College Hospital. In its present organization it embraces some of the most prominent teachers of this country.

Berkshire Medical College Commencement.—The Annual Commencement of Berkshire Medical College occurred on Tuesday, the 24th of November, and was an occasion of much interest. The following gentlemen received the degree of Doctor of Medicine, and read the theses, the titles of which are printed opposite their names.

- Kirk H. Bancroft, Lowell, "Pneumonia."
 Maurice K. Bennett, Burlington, Ct., "Gonorrhœa."
 Charles F. Couch, Pittsfield, "Etiology."
 A. P. Folsom, Oldtown, Me., "Exercise."
 V. H. Gaskill, Pancoast-borough, Ohio, "Physiology of Circulation."
 Wm. H. Graves, New Milford, Ct., "Death."
 Wm. H. Gray, Acton, "Scorbutus."
 E. W. Loveland, South Hartford, N. Y., "Importance of a Correct Diagnosis."
 J. F. Niver, Cedar Hill, N. Y., "Fractures."
 C. A. Osborn, Oneida Lake, N. Y., "Puerperal Fever."
 Ralph Sherwood, Fairfield, Vt., "Intra Capsular Fracture of Cervix Femoris."
 David Stephens, Addison, N. Y., "Shock."
 R. S. Turner, Morristown, N. Y., "The Human-Skin."
 Frank Whitman, Bernardston, "Coxalgia."
 J. J. Woodbury, North Dana, "Dyspepsia."
 J. K. Draper, U.S.A., "Quinia."

The venerable H. H. Childs, President of the Institution, addressed the graduating class with much feeling, complimenting them highly upon their proficiency. The usual Commencement address was made by Dr. Pliny Earle, Professor of *Materia Medica*, Hygiene and Psychological Medicine. At the close of the public exercises, the usual

annual dinner was given to the graduating class and invited guests at the Berkshire Hotel, and was an occasion of much social enjoyment.

The following is a list of the Faculty of the Institution as at present constituted:—Henry H. Childs, M.D., President; William Warren Greene, M.D., Dean; Henry H. Childs, M.D., Emeritus Professor of the Theory and Practice of Medicine; Timothy Childs, M.D., Prof. of Military Surgery; Corydon L. Ford, M.D., Prof. of Anatomy and Physiology; William P. Seymour, M.D., Prof. of Obstetrics and Diseases of Women and Children; Wm. Warren Greene, M.D., Prof. of Principles and Practice of Surgery and Clinical Surgery; Paul A. Chadbourne, M.D., Prof. of Chemistry and Natural History; Alonzo B. Palmer, M.D., Prof. of Pathology and Practice of Medicine; Pliny Earle, M.D., Prof. of Materia Medica, Hygiene and Psychological Medicine; E. B. Lyon, M.D., Demonstrator of Anatomy and Prosector of Surgery; A. J. Bigelow, Prosector to the Prof. of Military Surgery; Edward H. Sexton, A.M., Clerk of Clinique.

Huxley versus Owen.—The following burlesque, first published in the London *Times*, respecting the ethnological controversy which is at present attracting so much of the attention of the scientific men of Europe, and of which we have spoken in former numbers, is so very amusing that we copy it for the entertainment of those who may not have already seen it.

A Sad Case—Mansion House—April 23, 1863—(Before the Lord Mayor).

T. H. Huxley, well known about the town in connection with monkeys, and Richard Owen, in the old bone and bird-stuffing line, were charged by policeman X. with causing a disturbance in the streets.

The prisoners exchanged glances of such a character that it was thought prudent to keep them separated in the dock.

Policeman X., being sworn, stated as follows:—My attention was called to the prisoners by a crowd of persons, who seemed much excited—they appeared to take sides, and some were for Owen and some for Huxley. On coming near I saw Huxley snapping his fingers at Owen, and telling him he was only a little better than an ape; he seemed very angry, and would have done Owen some bodily harm if I had not been near. He told Owen he had quite as much brains as he had, and he called him some awful names. Must I repeat the bad words, your worship?

Lord Mayor—Certainly. You *must* state what he said.

Policeman X.—Well, your worship, Huxley called Owen a lying *Orthognathus Brachycephalic Bimanous Pithecus*; and Owen told him he was nothing else but a thorough *Archencephalic Primate*.

Lord Mayor—Are you sure you heard this awful language?

Policeman X.—Yes, your worship, and some more I could not exactly understand.

Lord Mayor—Did you see any violence used?

Policeman X.—Yes, your worship. Huxley had got a beast of a monkey, and he tried to make it tread on Owen's heels—and said 'twas his grandfather—and like him—and just the same breed and all that ; and some gentleman cheered and said " Bravo."

Lord Mayor—Did you see the man Huxley actually put the monkey on the other prisoner—was there no interval between them ?

Policeman X.—He put the beast so near as ever he could ; he tried to make him go quite close, but he could not, and he kept singing out, " Look at 'em, a'n't they like as peas ? "

Lord Mayor—Did Owen appear much annoyed by this outrage ?

Policeman X.—He behaved uncommon plucky, though his heart seemed broke. He tried to give Huxley as good as he gave, but he could not, and some people cried " Shame," and " He's had enough," and so on. Never saw a man so mauled before. 'Twas the monkey that worried him, and Huxley's crying out, " There they are—bone for bone, tooth for tooth, foot for foot, and their brains one as good as t'other."

Lord Mayor—That was certainly a great insult.

Huxley—So they are, my lord, I can show—

Here a scene of indescribable confusion occurred. Owen loudly contradicted Huxley ; the lie was given from one to the other ; each tried to talk the other down ; the order " Silence ! " was unheeded ; and for a time nothing could be heard but intemperate language, mingled with shouts of " Posterior Cornu," " Hippocampus," " Third Lobe," etc., etc. When order was restored, the Lord Mayor stated that, in all his experience, he had never witnessed such virulent animosity among costermongers.

The Lord Mayor here asked whether either party were known to the police.

Policeman X.—Huxley, your worship, I take to be a young hand, but very vicious ; but Owen I have seen before. He got into trouble with an old bone man, called Mantell, who never could be off complaining as Owen prigged his bones. People did say that the old man never got over it, and Owen worried him to death ; but I don't think it was so bad as that. Hears as Owen takes the chair at a crib in Bloomsbury. I don't think it be a harmonic meeting altogether. And Huxley hangs out in Jermyn street.

Lord Mayor—Do you know any of their associates ?

Policeman X.—I have heard that Hooker, who travels in the green and vegetable line, pats Huxley on the back a good deal ; and Lyell, the resurrectionist, and some others who keep dark at present, are pals of Huxley's.

Lord Mayor—Lyell, Lyell ; surely I have heard that name before.

Policeman X.—Very like you may, your worship ; there's a fight getting up between him an' Falconer, the old bone man, with Preat- witch, the gravel sifter, for backer.

Owen—He's as bad as any of 'em, my lord. I thought he was a friend of mine, but he's been saying things of me as I don't like ; but I'll be even with him some day.

Lord Mayor—Silence ! Have you seen the prisoners in the company of any ticket-of-leave men ?

Policeman X.—No, your worship ; but from information I have received, I believe Huxley is one of the same set with John William Natal, or some such a name, for he is one of those chaps as has got a lot of aliases, who has lately returned from abroad. John's been kicking up a pretty row, he has.

Lord Mayor—I desire you to bring him before me if you detect him in creating any disturbances.

Policeman X.—Oh ! your worship, there's plenty trying to catch him, but he's so artful they can't trap him no how. They wanted to take his ticket from him, but they could not ; then they tried to coax him to give it up, but he would not ; not he. You see when he was across the water, he took to the bush and got in with the savages, and tried to come over them, but one of the Kaffirs gave him such a topper that he's never been the same man since.

Lord Mayor—You have not seen them together ?

Policeman X.—No, your worship ; but I believe they are both tarred with the same brush.

As there appeared to be no case against Owen, he was allowed to be sworn. Hereupon Huxley demanded be to sworn likewise, but Owen objected, declaring it impossible to swear a man who did not believe in anything, and Huxley declared it was equally impossible to swear Owen. Owen, however, was directed to take the book in his hand, whereupon Huxley vociferated, " He does not know a hand from a foot." An angry altercation ensued between the parties, amidst the din of which the words " peronæus longus," " movable toe," " thumb," " astragalus," and " short flexor," could be distinguished. The Lord Mayor addressed both parties, and declared such violent conduct was scarcely human, at which Huxley laughed and Owen looked grave. He then gave his evidence as follows :

I knew the prisoner in former years. We were both in the same business, and I looked upon him as a quiet, well-meaning man. But since he has risen in the world, he has become highly dangerous, so much so, that I am willing to believe his conduct proceeds from diseased brain.

[Here the Mayor called upon Dick Owen to come to the point.]

Owen proceeded—For the last two years my life has been a burden to me. That fellow Huxley has got new pals, Charlie Darwin, the pigeon-fancier, and Rollstone, and others of that awful lot ; and he waylays me in public, and throws dirt at me. Indeed, he has hit me very much about the head, very hard indeed ; and he tries to make believe that I don't know my trade ; and that he can teach me ; and he tries to make me ridiculous in the eyes of the public, and I can't bear it. And lately I went down to Cambridge, and who should I see there but that Tom Huxley and his low set, and they all attacked me at once—

[Here the Mayor directed the witness to keep to the point.]

Owen continued—I could live well enough, if you could only keep that beastly monkey away from me, and make Huxley hold his tongue

about comparing our brains. Indeed, continued Owen, how would you like to be told in public that physically, morally and intellectually you were only a little better than a gorilla ?

Huxley was now called upon, and said as follows ;—

Me and Dick is in the same line—old bones, bird-skins, offal, and what not.

“ Do you mean the marine store line ? ”

Huxley—No, your worship ; that's Bowerband and Woodward's business. Well, as I was saying, we was in the same line, and comfortable as long as Dick Owen was top-sawyer, and could keep over my head, and throw his dust down in my eyes. There was only two or three in our trade, and it was not very profitable ; but that was no reason why I should be called a liar by an improved gorilla, like that fellow.

[Here the Mayor cautioned the prisoner.]

Well, in my business I put up monkeys, and the last monkey I put up was Dick Owen's

[Here the Mayor declared, on the repetition of such language, he would at once commit Huxley.]

Well, as I was saying, Owen and me is in the same trade ; and we both cuts up monkeys, and I finds something in the brains of 'em. Hallo ! says I, here's a hippocampus. No, there ain't, says Owen. Look here, says I. I can't see it, says he ; and he sets to worritting and haggling about it, and goes and tells everybody as what I finds ain't there, and what he finds is, and that's what no tradesman will stand. So when we meets we has words. He will stick to his story, your worship, he won't be right himself, nor let any body else be right. As to this here monkey business, I can't help the brutes treading on his heels. If he was to go forward more, why you see he'd be further off from the beast ; but he's one of these here standstill Tories, what they call the orthodox lot, as never moves forward. If he'll keep his tongue in his head, why I'll keep mine ; but he shan't have the last word, or my name's not Tom Huxley.

[The Lord Mayor having tendered advice to the disputants, they were liberated.]

The Nobility of Medicine.—It is told of Abernethy that, years since, fulfilling the functions which Mr. Paget so eloquently discharged when he stood as the orator inaugurating the medical session at St. Bartholomew's Medical School, he looked round, as he entered, on the clustered heads, and noticing the young, eager and expectant faces that crowded the amphitheatre, began his address with the words—“ God help you all ? what will become of you ? ” A recent medical author—Mr. Edwin Canton—admirably illustrates Abernethy's thought by quoting a striking passage from the writings of Dr. Johnson. In the course of his life of Akenside, that great moralist writes : “ A physician in a great city seems to be the mere plaything of Fortune. His degree of reputation is for the most part totally casual : they that employ him know not his excellence ; they that reject him know not his deficiency.” By an acute observer who had looked on

the transactions of the medical world for half a century, a very curious book might be written "on the fortunes of a physician." Mr. Paget took a more hopeful view; and though he, as well as every man who has opportunities of watching the way of the world and observing "good society," must know how much of bitter truth this sentence holds, yet he chose rightly, as we think, to show rather the silver lining to the cloud. Work, he told them, was the first thing and the second; and he maintained that if we may reckon as work all that which honestly makes us able to prolong and comfort human life, then there is no calling in life in which the true success is, on the whole, more fairly proportioned to the true work than it is in ours. He bade them not confound apparent success—the success of the quack, of the money-grubber, of the fashionable impostor—with the solid success which consists in a "competency of living, the society of educated men, blessings from the poor, recompense with gratitude from the rich, boundless fields for intellectual exercise, access to the richest stores of knowledge for 'the glory of the Creator and the relief of man's estate,' and daily inducements to the exercise of the highest Christian virtues." Herein Mr. Paget spoke loftily and well, and placed before his hearers those considerations on which the incentives to enter on the medical vocation chiefly rest. It is some evidence of the sufficiency of the medical profession to occupy and delight the highest class of mind that a man like Mr. Paget, gifted with an intellect so refined and comprehensive, can find in it enough to exercise his great power and satisfy his mental and moral activity, and, after years of labor and in the prime of a life already rich in experience, can commend his craft in language so eloquent, manly, and sincere to the rising youth of England. A distinguished surgeon, ripe pathologist, and singularly thoughtful author and eloquent speaker, Mr. Paget by word and deed, offers an example which all may be proud to keep before their eyes, and is one of those illustrations of our profession who dignify it in the eyes of the world.—*London Lancet*.

The British Treatment of Prisoners.—To the Editor of the *American Medical Times*:—In several late numbers of the *Medical Times* you have noticed the condition of the Federal prisoners at Richmond. As the *London Lancet* has complacently thanked God that English wars have never been marked by any of the barbarities reported in this country, I desire to call its attention to the following from "Lossing's Field Book of the Revolution." These extracts are almost a repetition of the reports from the Southern Prison House. The scene of these barbarities is New York, and the actors the British military authorities in the time of the revolution.

"The 'New Jail' was made a provost prison, where American officers and the most eminent Whigs, who fell into the hands of the British, were confined. Here was the theatre of Cunningham's (provost-marshal) brutal conduct toward the victims of his spite. The prisoners were formally introduced to him, and their name, age, size, and rank were recorded. They were then confined to the gloomy cells, or to the equally loathsome upper chamber, where the highest

officials in captivity were so closely crowded together that when, at night, they lay down to sleep upon the hard plank floor, they could change position only by all turning at once, at the words *right—left*. Their food was scanty, and of the poorest kind, often that which Cunningham had exchanged at a profit for better food received from their friends or the Commissaries. Little delicacies brought by friends of the captives seldom reached them, and the brutal Cunningham would sometimes devour or destroy such offerings of affection, in the presence of his victims, to gratify his cruel propensities. Thus for many months, gentlemen of fortune and education, who had lived in the enjoyment of the luxuries and the refined pleasures of elegant social life, were doomed to a miserable existence, embittered by the coarse insults of an ignorant, drunken Irish master, or to a speedy death caused by such treatment, the want of food and fresh air. . . . Still greater cruelties were practised upon the less conspicuous prisoners, and many were hanged in the gloom of night without trial or known cause for the foul murder."

"Next to the provost prison, the sugar-house in Liberty street was most noted for the sufferings of captive patriots. . . . Within this gloomy jail the healthy and the sick, white and black, were indiscriminately thrust; and there, during the summer of 1777, many died for want of exercise, cleanliness, and fresh air. 'In the suffocating heat of summer,' says Dunlap, 'I saw every aperture of those strong walls filled with human heads, face above face, seeking a portion of the external air.' At length, in July, 1777, a jail fever was created, and great numbers died. During its prevalence the prisoners were marched out in companies of twenty to breathe the fresh air for half an hour, while those within divided themselves into parties of six each, and then alternately enjoyed the privilege of standing ten minutes at the windows. They had no seats, and their beds of straw were filled with vermin. . . . In messes of six they received their daily food every morning, which generally consisted of mouldy biscuit filled with worms, damaged peas, condemned pork, sour flour and meal, rancid butter, sometimes a little filthy suet, but never any vegetables."

The condition of the prisoners on board the Jersey prison ship is thus described: "Every morning the prisoners brought up their bedding to be aired, and, after washing the decks, they were allowed to remain above till sunset, when they were ordered below with imprecations, and the savage cry 'Down, rebels, down!' The hatches were then closed, and in serried ranks they lay down to sleep, if possible, in the putrid air and stifling heat, amid the sighs of the acutely distressed and the groans of the dying. Each morning the harsh order came below, 'Rebels, turn out your dead.'"—T. D. in *Amer. Med. Times*.

A Desirable Location for Sale.—We desire to call attention to the following notice: A physician desires to retire from practice the present spring, and wishes to dispose of his property at a low figure to some trustworthy practitioner. The practice is worth \$2,000 a year,

the location is pleasant, and the property to be disposed of is in good condition. For terms or other particulars, address

DR. S. C. McCULLOUGH,
Kirkville, Wapello Co., Iowa.

The Unusual Delay in the issue of this number has been owing in part to the confusion incident to a change of proprietorship in our printing office, and in part to the extreme cold setting in about the usual time of working off the number which made press work almost a matter of impossibility.

Army Medical Intelligence.

Surgeon Daniel Meeker, U.S.V., recently released as prisoner of war from Richmond, Va., will report in person to Assistant Surgeon-General Wood at Louisville, Ky., for assignment to duty. Permission to delay reporting for twenty days is hereby granted him. (Dec. 8, 1863.)

Surgeon Charles E. Swasey, U.S.V., now on duty as Attending-Surgeon to sick and wounded officers at Frederick, Md., will report in person without delay, for duty, to the Commanding-General of the Department of the Missouri, and by letter to Assist. Surgeon-General R. C. Wood, U.S.V., at Louisville, Ky.

Assistant-Surgeon W. H. Park, 49th Ohio Vols., is hereby granted an extension of ten days to the time heretofore allowed him by Special Orders No. 528, Nov. 28, 1863, from the War Department.

Assistant-Surgeon C. O. Wright, 35th Ohio Vols., and Acting Assistant-Surgeon W. S. Hosack, 78th Pennsylvania Vols., recently released as prisoners of war from Richmond, Va., will join their regiments. Permission to delay reporting for twenty days is hereby granted them.

The Secretary of War has decided, on the recommendation of Col. E. D. Townsend, approved by Major-General Halleck, that Hospital Stewards are entitled to the same bounty (\$402) as other recruits for the Regular Army.

Surgeon John G. F. Holston, U.S.V., has been assigned to duty as Medical Inspector of Hospitals at Memphis, Tenn.

Surgeon Henry S. Hewit, U.S.V., is on surgical duty in the hospitals at Chattanooga, Tenn.

Surgeon S. B. Davis, U.S.V., has been relieved from General Hospital, Leavenworth city, Kansas, and assigned to duty as Medical Director S. W. Missouri, at Springfield, Mo.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Treatment of Delirium Tremens.*—Will you allow me, by means of your widely circulating journal, to draw attention to a plan of treating delirium tremens, which I have long employed and think deserves to be better known?

As far as I have observed, the natural duration of an acute attack, under favorable circumstances and ordinary treatment, is about three days, during which time the system seems quite insensible to large doses of opium, either swallowed or injected; but directly digitalis is combined with the opium, sleep is procured. May we not therefore regard it as a specific? Such, I believe, extended experience will prove it to be.

In the summer of 1836, being called, in the absence of my principal, to attend a master mariner, on the Suffolk coast, quite unmanageable from delirium tremens, and failing to procure sleep by opium, I was first induced to try the effect of adding digitalis in very full doses. The second dose was followed by thirty-six hours' sleep and perfect restoration. In two days he continued his voyage. Many months afterwards the same medicine was sent for from a distance, where he was suffering another attack, which baffled treatment. He was again speedily relieved. After that he got an attack at sea, when quite unprovided with medical aid, and died.

Of late years, a plan of treatment by half-ounce doses of tincture of digitalis has been commended, and has sometimes succeeded; but I still prefer a smaller quantity combined with opium, as in the following recent cases, where the plan was early adopted, without giving time for the disease to exhaust itself:

C. D—, a retailer of beer and wine, fell from steps whilst cleaning his window, and, being a very heavy man, severely injured his right ankle. Erysipelatous inflammation followed, with great swelling up to the knee, and constitutional disturbance of a gouty character. He then got delirium tremens, and, leaving his bed partially dressed, escaped from the house and attendants, pounding his unfortunate limb at every step. We got him back to bed, gave him half a drachm of Battley's sedative solution and the same quantity of tincture of digitalis directly, and repeated it in two hours, when he fell asleep: all symptoms of delirium vanished, and he required no further treatment than that applied to the injured limb.

E. F—, a clerk, working over hours, and living by suction, was brought home in what was called a fit. I found him with symptoms of delirium tremens, and treated him with smaller doses of the combination spoken of, with advantage. Next day he got up and went against orders, but was incoherent, apprehensive, and excited, with muscular tremors, and illusions optical and auditory. I directed him

to be walked about, and carefully watched for some hours; then got to bed, and given a draught containing tincture of digitalis one drachm, Battley's solution one drachm. This procured sleep and restored the mental equilibrium. It remained to treat him for hæmatemesis, and other hæmorrhagic tendencies, and he soon returned to business.

Hoping the plan now indicated may prove equally effective in the hands of my medical brethren, and that they will kindly inform me of the results in their practice—J. W. ROBINSON, M.R.C.S. in *London Lancet*.

2. Treatment of Rheumatic Fever.—In an able paper on rheumatic fever by Dr. Wade, he alludes to the infrequency of delirium in that disorder and the propriety of treating it with stimuli. As any additional evidence on this subject may be valuable, I beg to offer a remark or two in testimony of the efficacy of such treatment. I find by referring to my note-book particulars of a case of rheumatic fever which was under my care in 1854, and where symptoms of noisy delirium, with much nocturnal excitement, supervened. I prescribed sulphuric either in doses of fifteen minims every six hours, with most remarkable benefit. The note states:—"Delirium, with frequent starting in sleep; pulse soft and weak. The day following: pulse 110, full and soft. Slept better and was less noisy. An endocardial murmur loud at apex; the 'to-and-fro' sound audible, though not so loud."

At that period I had adopted the plan, which I have ever since followed, of treating rheumatic fever with potash salts; prescribing the nitrate and bicarbonate alone in camphor mixture. In nearly every case I commenced with calomel and jalap, and gave Dover's powder, in ten or fifteen grain doses, occasionally at bed-time.

The above case terminated favorably, though for a little while he was subject to startings in sleep, and had a diastolic, aortic, and a systolic mitral murmur at the period of convalescence. The special treatment of the heart affection I need not dwell upon. He was a strong laboring man, and had previously suffered from a similar attack, when his heart was likewise implicated. In all cases of delirium from irritability of the nervous system stimuli are indicated; the proportions and particular kind should be regulated by the patient's previous habits and constitution.

Rheumatic fever, with its too frequent accompaniment, heart disease, has been a favorite subject of study with myself as with Dr. Wade. But I must curtail my letter. No treatment is so reliable as with the potash salts: but as he alludes to the "distressing" action of colchicum, let me mention that this can be corrected by prescribing carbonate of magnesia in combination, as I witnessed in Dr. Burrows' hospital practice twelve years ago. I have also seen the lemon-juice treatment carried out steadily and perseveringly to the patient's death. The physician who acted thus has been some time dead. Quinine I have tried, but without any benefit in the acute stage; it seems, however, to promote recovery when employed in approaching convalescence. Dr. Wade justly remarks, "It is desirable to simplify and not to

complicate treatment or multiply drugs, else it becomes difficult to distinguish their effects." Nevertheless, we find a little further on that he prescribes this medicine (quinine) while giving the potash mixture also. From which of these two does he consider he derives advantage?—J. HAWKES, M.D. in *London Lancet*.

3. *Treatment of Spasmodic Asthma*.—Will some of your numerous readers inform me what is the best treatment for spasmodic asthma? I am a young medical man, and in the discharge of my professional duties I unfortunately got an attack of acute bronchitis, which left an emphysematous condition of both lungs, the result of which is I am a martyr to asthma. I have an attack about twice a week; in fact, I am no sooner rid of one than another begins, so that my life is a source of misery to me. I have tried all kinds of medicines, with but little relief. I have visited nearly every part of Great Britain, but with no benefit. I have been advised to go abroad; but as the only difference I find between warm and cold weather is that the attacks are a little shorter, I do not anticipate much benefit from this step.

Can it be possible that medicine, which has done so much for other diseases, can do nothing for one of the most distressing complaints that man is heir to?—*London Lancet*.

4. *Infantile Remittent Fever*.—Henry Oliver, M. D., in a letter to the editor of the *Medical Surgical Reporter*, says: What really is this misnamed infantile remittent fever with its white furred and dotted tongue, (strawberry tongue as some writers call it)? Nothing, I am convinced, but a scarlatina *sine eruptione*, the undeveloped poison of this producing the distress, gastric or otherwise, for which infantile remittent is so distinguished. In the epidemic of infantile remittent prevailing here this summer and spring, the characteristic strawberry tongue of scarlatina was presented in every case. The general symptoms and aspect of the patients were the same; the only perceptible difference lay into an internal localization of pain in the case of the infantile remittent. Sometimes the pain was referred to the head; sometimes to the stomach or sides, viz. right hypochondriac region, more frequently. In these cases of infantile remittent, the throat was flushed, erythematous and yellowish mucous was visible gurgling up into it; the nasal membrane was even plainly inflamed.

I attended three children in one family affected with infantile remittent, and a fourth with precisely the same general symptoms and in the same condition; but in this latter case a rash was superadded.

Surely we must admit convertibility or transmutation here, and must not, cannot, affirm coincidence of distant disorders. From the fact that adults take this infantile remittent, and that I have seen it assume in them a typhoid character, requiring the same treatment and rebellious to the same remedies, I am persuaded that a further transmutation does occur than would be at the present hour of investigation credited; in other words I believe that the poison of typhoid is analogous, if not identical with that of infantile remittent and scarlet fever.

That diphtheria is evidently a disease due to the same poison as scarlatina nobody would doubt who saw the complication of paralysis (a diphtheria symptom) in these cases of infantile remittent. The old theory of modification, according to impression of epidemic constitution, will not do any longer. The true solution is transmutation. Coincidence is not tenable. ■

5. *The Compound Cathartic Pills.*—This is one of the most important formulas in the *U. S. Pharmacopœia* and, like all others should be strictly adhered to. It is a most excellent antibilious purgative, never griping the patient; but is perfectly easy in its action. As a precedent to other remedies where an antibilious cathartic is indicated, it is employed by physicians more than any other remedy known to us. For mildness and efficiency it is unsurpassed. They are, however, from the nature of the ingredients (principally extracts) very liable to lose their shape and, to prevent this, they are too often made from false formulas, powders being substituted for extracts of the same substances, and which, if the pills be of the same strength, are increased in bulk, which it is always desirable to avoid; or, upon the other hand, they are more frequently made of the ordinary size, which not only weakens the power, but at the same time causes the physician to prescribe blindly; for he finds the medicine varies at the different apothecaries; consequently he is just as likely to prescribe too small a quantity, as well as an overdose, the action of the medicine depending solely upon where his patient purchases. This should not be, and, after sufficient experiment, I have adopted for some months past the following plan, by which the objections mentioned are obviated; and suggest it as worthy of a trial;—Reduce the extracts (if too hard) to the proper consistency, by heating them in a water-bath; then mix all the ingredients thoroughly together and add a small quantity of *magnesia calc.*, or a *q. s.* to make a mass, and to make into pills as quick as possible (as the mass hardens rapidly). The *magnesia* being a light, dry, and spongy powder, absorbs the moisture of the extracts, and solidifies the mass, and, being itself a laxative, does not weaken the power of preparation. This is the only reliable method known to me (except coating) by which we can retain the original form and size of the pill, without impairing its quality.—*Amer. Cir. and Chem. Gazette.*

6. *The Effects of Ipecacuanha in Dysentery.*—I will preface my statement by remarking that we have few, if any, of asthenic dysentery, whether endemic or otherwise; our mountainous regions, healthy invigorating air, and rugged habits, conduce in the absence of miasmatic influences to produce this result, I presume in every case, without regard to temperament, age or sex. I invariably rely upon *ipecacuanha*, in doses appropriate to the age only. There is such a sameness in the result in my hands that I am surprised at the discrepancies in the statements of others of the profession in its use. The most noticeable advantages are: 1st. The preservation of tone in the system; 2d. An almost invariable cutting-short of the disease; and 3d. Rapid convalescence; and as a sequence the easy manage-

ment of a relapse. All of which are so difficult on the old plan, *i. e.*, hyd. chlor. mite, terebinthina, etc. My plan of procedure is as follows: Immediately upon being warned, or made aware of the condition of my patient, I administer a pretty full dose of sulphate of magnesia, followed as soon as it has operated by from 20 to 60 grains of ipecac, using every exertion to have it retained as long as possible; it is expelled however generally in from three to seven minutes after its administration. From this time on I have seldom failed to find a convalescence established, the febrile symptoms abate, the tongue moistens and cleans, the stool assumes a natural fecal appearance, etc., etc. To trace the manner of its beneficial action we must keep in view the characteristics of the disease, and at the same time the presumed properties of this agent. In dysentery we have congestion of the bowels, mucous or bloody discharges, impaired secretions, tenesmus, etc. The properties claimed for ipecac. are briefly tonic, emetic and sudorific; it appears to me that its virtues rest mostly upon 1st. The powerful impression the heroic use of it makes upon the nervous system; 2d. Its anti-peristaltic action; and lastly, Its absorbent and astringent properties which are not inconsiderable. I may hereafter give a few cases in point to illustrate my *modus operandi*.—Z. W. THOMAS, M. D., in *Med. and Surg. Reporter*.

7. *Rheumatoid Arthritis*.—Mary Anne B—, aged thirty, was shown to John C. Thorowgood, M.D., at the dispensary, June 30th. For the last eighth months she has felt and heard a peculiar creaking, almost grating, noise in the right-knee joint, both on flexion and extension of the limb. The sound is loudest on extreme flexion, and comes from under the ligamentum patallæ. On comparing the two knees there is no marked difference in shape or feel between them. No other joint is, or has been, affected with a like creaking. General health feeble; no history of rheumatism. Blisters have been tried, iodine in various shapes and forms, also mercurials, but no benefit has resulted. Her general health has improved much. Citrate of iron and quinine was ordered, but the knee is noted on July 23d as being in no way improved.

About four years ago I saw a man about forty years of age who had a most unpleasant grating noise in both shoulders; he had this for two years, and it seemed connected with syphilis. The syrup of iodide of iron, in large doses, for two months seemed of some value in this case.

So far as my judgment goes there does not seem a better name for these joint affections than that of rheumatoid arthritis. Like rheumatism and general rheumatic affections they most certainly are, and that they originate in chronic or subacute inflammatory action in or about the joint is, I think, tolerably certain.—*London Lancet*.

8. *Trial of Woorara in Tetanus*.—Dr. Schuh, of Vienna, had recently under his care a man of twenty-six, whose hand had been shattered by the bursting of a gun. The lacerated wound gave rise to tetanus, and this serious complication was combated by subcutaneous injections with a solution of one grain of woorara in one hundred and forty

drops of spirit, the quantity of the injected fluid being gradually increased. Some alleviation was obtained after about three grains had been used, but the patient died ten days after the accident.—*Boston Med. and Surg. Journal.*

SURGICAL.

9. *Operations for Strangulated Hernia in very Aged Patients.*—Having read in the *Lond. Lancet.*, that Mr. Smith of King's College Hospital, has operated on a patient aged eighty-three, and that Mr. Partridge operated on another aged eighty. N. J. Mackintosh, M. D., forwards the following case, to show that the operation can be performed with success on patients close on ninety. Mr. Smith states—“ I believe that cases have been recorded where patients older than eighty-three have lived after the operation, but I cannot recollect any such.”

On the 5th of July last I was called to see Sarah M——, residing in this town, as she was suffering severely from pain in the left groin, and vomiting occasionally. I attended her previously, and knew she had a hernia for nine years. I found the hernia about the size of a large hen's egg, extremely hard and painful to the touch. I attempte to reduce it carefully, but could not produce the slightest effect. I recommended fomentations, and gave some medicine. I saw her again in the evening, and there was no improvement. Called again next morning, and found the symptoms of the worst aspect; stercoracons vomiting, chills, pulse very quick and weak, and she said she knew she was dying. I made another attempt at reducing the hernia, and adopted various means, but to no avail. The symptoms being so urgent, I called upon my friend, Mr. G. Wales, to assist me. He instantly applied the taxis, but without any effect. We then agreed to send for his father, whose judgement and extensive experience are always of the greatest value. He manipulated with it for some time, and failed likewise. Consequently, the only alternative had was to operate immediately. We could not venture to administer chloroform, from her exhausted condition. After drinking a little brandy and water she was taken to the end of the bed, when I made a pretty free incision about two and a half inches long. After dissecting the different layers of muscles carefully, I arrived at the hernial sac. That was opened, and one intestine, twisted upon itself, livid, but not devoid of its organic vitality. Instead of employing a grooved director I used the little finger of my left hand, and after a good deal of trouble, got it introduced between the intestine and abdominal ring. The fascia was stretched as hard and tight as possible. I slipped the the knife down to it, with its back to my finger, and got it divided at once. The intestine was easily returned afterwards. She recovered from the operation without a single bad symptom, and now she is able to walk about the house, with no appearance of hernia. She never wore a truss, and is now in her eighty-ninth year.

T. M. Kendall, F. R. C. S., Senior Surgeon of West Norfolk and Lynn Hospital, also contributes the following: Ann B——, aged

eighty-two, sent for me three miles to see her. I found she had strangulated inguinal hernia, which had existed for three days. She had never worn a truss. Stercoraceous vomiting, much pain on pressure and anxiety. This was on the 1st of December, 1855. At seven in the evening, by candle-light in a cottage, I operated. The bowels acted on the 12th naturally, and she recovered without a bad symptom. She died of old age on the 24th of June, 1863. I give you merely a rough outline of the case, as Mr. Smith remarks he had never before operated or seen an operation on a patient over seventy years of age.

10. *Use of Anæsthetics.*—Man, aged thirty. In this case not only the ankle joint proper is the seat of disease but also the tarsal bones, the limb is also enclosed by a broad cicatrix which interferes with the recuperative process; the veins are varicose. This disease has been going on for about 30 years. Our purpose to day is to amputate this man's leg at the junction of the middle with the lower third. If you saw any way of curing this disease, even at the expense of ankylosis of the ankle joint, the operation would not be expedient; but that is impossible. I shall perform the double flap operation, cutting from without inward. I generally prefer the circular operation as I think it makes a better stump. The tourniquet should be applied loosely until everything is ready, and then screwed up promptly, otherwise the limb becomes engorged with venous blood which gushes out at the first incision. This patient will not have the operation performed without chloroform, which I regret, as I never use that agent when the patient will do without it. I entertain the opinion that chloroform has done a thousand times more harm than good, and I have regretted that it was ever invented as an anæsthetic agent. There is only one thing that can be said in favor of it, that is, that it relieves pain. In all other respects it is injurious. It subdues the circulation and we have to wait a good while for reaction; produces rigidity of the muscles unless we use it to a dangerous extent. It tends to produce phlebitis, and in a great many cases it is a powerful poison. All anæsthetics are alike, as ether, etc. Chloroform is a better agent than ether, and its unpleasant effects are less. It is used to enable the patient to undergo the operation without pain, but the great thing is to cure the patient and I think it contributes to a fatal result. The wound was closed with the interrupted suture and adhesive strips, and a bandage applied.

Nov. 28.—Our patient whose leg we amputated perished from phlebitis; he did not die from the immediate effects of chloroform, but I have no doubt that the impression made by it on his enfeebled system contributed to the fatal result.—*Clinic of Prof. Nathan Smith, of Baltimore.—Medical and Surgical Reporter.*

11. *Fissure of the Anus and Rectum, twice treated by Caustics, twice by Operation.*—G. B., a thin, delicate-looking man, aged twenty-five, first came under Mr. Teevan's care at St. George's and St. James's Dispensary in March, 1862. He then stated that he worked in a pianoforte manufactory, and had enjoyed moderately good health till

about a year ago, when he noticed occasional pains in the lower part of the bowel after defecation. These pains gradually increased in frequency and severity till he was forced to give up work, and became an in-patient at one of the metropolitan hospitals. He was there told that he was suffering from a fissure in the anus, and was treated with an application of the nitric acid, followed by the occasional use of the nitrate of silver. After a residence of two months in the hospital, he was discharged cured. He now resumed his occupation and remained free from pain for about two months, when he again began to suffer from the former symptoms, and applied to Mr. Teevan for advice. He then stated that he suffered from the pain nearly every day for about six or eight hours; that it sometimes came on shortly after defecation; but at other times about evening, keeping him awake most of the night. His sensation of pain was "as if some one was boring a hole through the lower part of his backbone," and he always described it as "on the bone." He also stated that he never suffered pain during the act of defecation, and that he had not observed anything particular about his feces, except that they were sometimes small, and streaked with blood. There was no ascertainable evidences of phthisis or cancer either in himself or family. The introduction of the finger into the rectum caused great pain, but this ceased when the finger was held free and motionless in the gut. On pressing the rectum circularly, no pain was felt till the coccyx was pressed, when he flinched and cried out through the pain, and it was here that the finger detected a soft furrow, bounded on either side by an indurated edge. The introduction of the speculum caused even greater pain, and exhibited a dark granular slit at the upper and posterior part of the anus, and running into the rectum. This fissure was about two inches long by half an inch wide, with white cord-like edges. He was treated by the application of nitric acid freely to the part, and by the occasional use of the nitrate of silver, together with a liberal supply of tonics, porter, and soup. Under this treatment he greatly improved his health, lost his pain, and in about two months discontinued his attendance.

In October his pain gradually returned, and caused him again to seek advice. He was then transferred to the West London Hospital, and on November 19th, Mr. Teevan introduced a bistoury into the rectum, and divided the diseased structures longitudinally to the depth of about a quarter of an inch. This gave instant and perfect relief for three weeks, when the pain again returned.

On December 20th another incision was made through the structures, and the sphincter ani divided. This operation seemed to be quite successful; for he lost all pain, felt quite well, and returned to work.

Two months later he returned, saying that the pain had come on just as bad as ever. Mr. Quain now kindly examined him for Mr. Teevan, and advised him to be treated medically rather than surgically, as he considered there was incipient malignant disease in the part. After a trial of many kinds of suppositories of opium, alone and in combination with other remedies, it was found that the only suppository which gave him perfect relief was one composed of two grains of

opium and ten grains of the extract of henbane. By using one of these whenever the pain comes on, he is enabled to continue at his work with perfect ease to himself. He states that he can rarely go longer than two days without using a suppository.

It is worthy to remark that one grain of the extract of belladonna, given per rectum, sufficed in this man to produce all the well-known symptoms of a large dose of the drug.—*London Lancet*,

OPHTHALMOLOGICAL.

12. *Cases of Retinal and Choroidal Disease of the Eye, Demonstrated by the Ophthalmoscope.*—On Saturday last, in the course of an ophthalmoscopic demonstration to the pupils of the means of diagnosing "obscure diseases of the eye," Mr. Ernest Hart, of St. Mary's Hospital, took the opportunity of showing how much such examinations could now be facilitated by the respective use of atropine and the extract of the Calabar bean, carefully adjusted. The cases submitted to examination, and demonstrated to those around by the aid of a stand ophthalmoscope, included several which until lately must have been massed together under the conventional and uninteresting title of amaurosis.

One case was that of a laborer, sent for operation, as being believed to be the subject of cataract of the right eye. The left eye had been injured by an accident, and sight lost, fourteen years previously. On dilating the right pupil with atropine paper, and making ophthalmoscopic examination, it was seen that operation would be hopeless. The lens was very slightly opaque, though much discolored. Threads of cellular tissue floated about in the vitreous humor, which was partially disorganized. There was extensive and excessive staphyloma posteriorly, with atrophy of the nervous and vascular tissues of the eye. The optic nerve was greatly degenerated, and its vessels filamentous. Mr. Hart observed that in such a case no improvement could be expected from any operation or any form of treatment; but had the patient applied in a much earlier stage of the disease, its progress might have been arrested.

In another case of a patient, aged forty-two, a male, in whom the perception of even the largest objects was abolished, and who could only just discern the difference between light and darkness, requiring to be led about, although the eyes were to all external appearances healthy and bright, the ophthalmoscope showed an extreme degree of cupping of the optic nerve, with some degree of atrophy. This was a case of chronic glaucoma, with atrophy in an advancing stage. The patient, being put in full possession of the character of the disease, desired to take advantage of the faint chance of retaining the remnants of vision afforded in such a condition by the operation of iridectomy. Here also Mr. Hart said that it was to be regretted that the disease had not been recognized, and that iridectomy had not been performed at an earlier stage, so as to relieve the intra-ocular pressure before it had induced the present almost hopeless condition.

Among the other cases following were one of true lenticular

cataract, reserved for extraction on the ensuing Wednesday ; a strongly-marked case of conicity of the cornea, also reserved for operation by iridectomy ; and one of acute glaucoma.

In the cases in which it was desired to examine ophthalmoscopically as large a field as possible of the retina and choroid, Mr. Hart applied to the inner surface of the lower lid a small particle of paper imbued with atropine ; the paper, prepared according to the suggestion of Mr. Streatfield, being so made that a little morsel one-fifth of an inch square contains as much of the sulphate of atropine as a drop of the solution of two grains to an ounce of water commonly used. With one of these morsels, or a part of one, the pupil may be fully dilated in the course of a few minutes. Mr. Squire has now prepared paper, by soaking it in the tincture of the Calabar bean, so as perfectly to counteract this effect. Mr. Hart remarked that if the pupil be left dilated and the accommodation effected by atropine, as has hitherto been inevitably the case after its employment for ophthalmoscopic purposes, the patient suffers considerable inconvenience for a time from the inequality of the visual powers of the two eyes. Hence, too, he is often led to believe that the surgeon has inflicted some actual injury, and permanently damaged his sight, by the harmless process of dilatation ; and many a patient suffering from progressive amblyopia, absurdly enough, yet from a comprehensible error, ascribes the date of visible progress of his disease to the date of this temporary dilatation of the pupil, with its attendant obvious inconveniences. It was desirable to avoid misconceptions in practice, and especially in hospital practice, where the patients were commonly not sufficiently intelligent to understand long explanations, nor had the surgeon time to explain to each the theory of accommodation and the harmless nature of the temporary dilatation of the pupil by a drop of a weak solution of atropine. In private practice, also, it was desirable to avoid subjecting patients to this inconvenience. Mr. Hart observed that, by the use of a blue glass screen, through which the rays of light were made to pass, it was often possible in a number of cases to dispense with dilatation for the purpose of ophthalmoscopy ; but, on the other hand, a thorough and satisfactory examination of the retina and choroid, such as was often needed for a proper knowledge and conscientious treatment of diseases of the internal tissues and humors of the eyeball, could not be effected without dilating the pupil, so as to increase the number of rays which entered and illuminated the eyeball, and to enlarge the field of observation. It had very early been obvious that the Calabar bean might probably furnish an active principle which might be safely and innocently employed to counteract the dilatation artificially induced by atropine. The first beans which came to London were placed in his hands, and he employed them experimentally for this purpose. It was at once obvious from the first series of observations that the bean fully possessed the power ascribed to it ; but the best mode of employing it, the means of adjusting its application so as not to carry the effects too far, could not at once be determined. He had employed the bean in extract, and a solution of the extract in water and in glycerine ; Messrs. Bell & Co. supplying at his suggestion a sort of standard solution in glycerine, one drop

answering to four grains of the bean. The most convenient method, however, for ordinary purposes, was by saturating with the extract thin paper, so adjusting the strength of the solution that equal portions of the Calabar bean paper and atropine paper might be made to neutralize each other, and leave the eye, after ophthalmoscopic examination, as nearly as possible *in statu quo*. The nearest approach to this object was attained by some paper which had been prepared by Mr. Squire. It is prepared according to the following formula: one ounce of the white portion of the bean is exhausted by two ounces of rectified spirit; the solution is now evaporated to one-eighth of its bulk, and then the paper is soaked in it and dried.—*London Lancet*.

13. *Three Cases of Amaurosis Produced by Tobacco.*—By J. C. Wordsworth, Esq., F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital.—*Case 1.*—W. A., aged twenty-one, a clerk, residing at Liverpool, came to the Royal London Ophthalmic Hospital in 1861, on account of partial loss of sight in both eyes. He is a strong, healthy-looking, rather little man. Has always had excellent health, and never suffered from syphilis. His employment is principally in the open air, as he is engaged in clearing vessels at the Custom House, etc. For some years he has smoked, having gradually increased from two to three pipes per day, until he has reached the enormous amount of a pound to a pound and a half of strong tobacco in the week; and for some time has rarely been without his pipe half an hour in the day. For a long period his sight has gradually failed, till he can only see to read, for a short time, characters of one-third of an inch. Though he has had misgivings that his ailment proceeded from tobacco-smoking, he has continued the habit to the present time, and is now daily becoming more blind.

Both pupils are rather large, but the motions of the iridos are active. By means of the ophthalmoscope, both optic nerves appear of brilliant white color, their areas being enlarged, and their outlines irregularly defined.

Case 2.—J. M., aged thirty-six, a railway servant, came to the Ophthalmic Hospital, on account of dimness of sight in both eyes, about June, 1862. He is a tall, muscular, rather pale man, and says he has always had good health. He is employed as a signal-man, and has been accustomed to beguile his time by smoking all day long. For an uncertain time he has noticed his sight to be gradually failing, and attributed the defect to the use of tobacco. He has still continued to smoke to the present time, and his sight has now become so imperfect that he is unable to attend to his business. He has never had venereal disease of any kind, nor has he used his eyes much for close vision.

The pupils are considerably dilated, and not much influenced by light. The fundus of each eye seems quite normal, with the exception of the optic discs, which appear too large, and irregularly circular, the tissue being quite of tendinous whiteness.

Case 3.—G. A., aged twenty-eight, a butcher, residing in Essex, applied at the Royal London Ophthalmic Hospital, March 25th, 1863,

on account of failing sight in both eyes. He is a stout, strong, middle-sized man, having every appearance of health, and says he has had excellent health all his life. He began to smoke eight or nine years ago, moderately, but, gradually increasing, has now for some time been in the habit of smoking half an ounce of strong tobacco every day, apparently without any ill-effect. About nine months since his sight began gradually to fail, and has continued to get worse to the present time. He has always been temperate as to the quantity of beer, etc., which he has taken, and has never drunk spirit habitually. He is a married man, and has three healthy children. Has never suffered from syphilis, nor has he used his eyes much at any trying occupation. With the exception of both pupils being rather large, and the motions of the irides sluggish, he has no external appearance of any ailment of the eyes. He can only see to read No. 18 test-type (canon) with his left eye, and with the right No. 16 (two-line great primer), word by word; and distant objects are equally indistinct.

The ophthalmoscope demonstrates an atrophic condition of both optic nerves, the inner, (apparent) half of each, seen in the reversed image, being quite white and non-vascular; the outer part being redder, and more vascular than normal.

Within the last three years I have seen a considerable number of cases of amaurosis, apparently produced by the influence of tobacco. I admit (I need scarcely say) how difficult it is to reduce the etiology, of this obscure affection to a demonstration. For, in the first place, amaurosis is attributed to a vast variety of causes, many of which are always more or less in operation; then, again, the disease is dependent on a similar variety of pathological condition; and, lastly, our knowledge of the physiology as well as of the pathology of the retina and brain is so limited that we can ill appreciate or define the influence of physiological agents on their structures and functions.

No one can doubt that tobacco possesses properties that are capable of producing great effects on the nervous system at large nor that the habitual use of it has much influence, of an indirect nature, on the vital reactions. Our only wonder is that the almost universal employment of this powerful agent does not leave vestiges of its influence that are better known and recognized as signs of disease. This may be accounted for to some extent by the rapid cadaveric changes that occur in the nervous elements, thus obscuring or effacing diseased states before we have the opportunity of recognizing them.

All the classic writers attribute its full share of causation to tobacco as a source of amaurosis; yet I have not met many that are willing, individually, to allow that they have traced its influence. But it has often happened that the causes of disease are long unrecognized by many, after as full a proof has been made of their reality as possible. For instance, it is recorded of one of the causes of iritis (that every one now allows,) that for many years it was not admitted by men of vast experience that any closer relation than that of coincidence existed between it and syphilis; yet so great has been the revision of opinion that some eminent men now seem to think it never occurs except in connection with that contamination.

I have selected the cases above sketched to illustrate this subject, because they seem to be as free from the unavoidable fallacies that encircle this subject as possible. Many have come under my notice in which I could not find any other cause to account for the conditions; but few so typical of the atrophy of the optic nerve, or so advanced. It is obviously desirable to cite well-marked cases. Many of those observed gradually merged into less definite conditions, and were only corroborative, rather than conclusive. Again, many were so fettered with other complications that I consider them inapposite for my present purpose. All the cases that have come under my observation have (as might probably be expected) been in males. It will be noticed that only one pathological condition was seen in these three cases—namely, that of white atrophy of the optic nerves. I am not prepared to assert that tobacco produces blindness in this way only; but in all my cases I have recognized this condition in a great or small degree.

I may anticipate that I shall be asked, How can it be that of the hundreds of thousands of smokers, only so small a proportion are affected by amaurosis? I should reply, first, that few probably smoke to such excess the strongest tobacco; in the second place, we are not yet in a position to recognize the smaller degrees of tobacco-disease; and thirdly, as Dr. Mackenzie has aptly observed, only one of five hundred shall become amaurotic, in whom a stronger predisposition to the disease had existed.

Secondary syphilis affects the retina, and leads to amaurosis; but of the thousands affected how few become blind!

Then it has been suggested that I ought to show that amaurosis is most common where smoking is most general. To this I reply, it is impossible so to estimate and proportion the other recognised causes of amaurosis so as to enable us to compare them with the effects of tobacco, and thence reduce any relation. But so far as probability warrants, I think there may be some conclusion to this purpose deduced from the greater frequency of atrophy of the optic nerves in men than in women, (of which I suspect there is little doubt), though the other causes of amaurosis are more likely to affect the latter—for instance, needlework, etc.

Dr. Mackenzie, in his great work on Ophthalmology, expresses his belief that tobacco is a frequent cause of amaurosis, and adds that "one of the best proofs of tobacco being a cause of amaurosis is in the great improvement in vision—sometimes complete restoration—which ensues on giving up the use of this poison," and cites a very striking case in illustration. With him I agree also in the conviction that tobacco is a common cause of the cases of partial loss of sight that are daily to be found at our hospitals.—*London Lancet.*

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THE
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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

A Glance at the History of Bloodletting,

read before the Indianapolis Medical Association, and ordered to be sent to the *LANCET AND OBSERVER* for publication.]

BY WILLIAM E. FLETCHER, M.D.

In the interesting paper upon pneumonia read before this Association at the last meeting, I was surprised at the views of the author and of all the members, except two, upon the subject of bloodletting in acute inflammations; for with one voice it was condemned as a useless and abandoned practice. I therefore determined to inquire into the cause of the change of opinion on this subject, which has evidently come upon the profession in the last quarter of a century; and I venture to give a brief review of my research to this Association to-night, more with a view to drawing out further discussion than to presenting any new ideas of my own.

The very first record of bloodletting takes us back to the primitive period in the world's history, or about three thousand years ago, when it is written, "Podalirius, son of Esculapius, being cast away upon a island, was found by a shepherd, who, learning that Podalirius was a physician, conducted him to the king, whose daughter had fallen on a house-top and was lying insensible, supposed by her attendants to be dead. Podalirius bled her from both arms and she recovered." (Keenard's History of Medicine.) From the foregoing it is reasonable to suppose that bloodletting was resorted to in congestions, and perhaps most diseases even in that early period, but it is so early and so most mystical, that we get no further trace of this antiphlogistic remedy, until about five hundred years before the Christian era, or the
VII.—1.

philosophic period, when medicine was studied by old Hippocrates, who wrote so truly and so well upon many subjects, that to this day we have scarcely added or improved.

Some have doubted the ability of the old physicians to correctly diagnose internal inflammations. It is true Hippocrates had not the stethoscope or pleximeter, but he gives minute and accurate descriptions of disease from commencement to termination, and shows knowledge of objective and subjective symptoms, and records the whole in a manner so clear and simple, that it would do honor to any modern observer of medical phenomenon, but as to his treatment of pneumonia and pleurisy, he is as rational as any one could wish. We have a general impression that the old-time physicians were very ignorant, and killed the majority of their patients by drawing off the vital fluid. Hippocrates writes of pneumonia as follows: "If the fever be acute; if there is pain on one or both sides of the chest; if the patient suffer during expiration, if he coughs and the expectoration is rusty and livid, or thin and frothy, or blood red; the pain extending above and toward the clavicle or toward the arm, the internal vein on that side should be opened. The quantity of blood drawn should be proportional to the constitution of the body, the season of the year, the age and color of the patient; and if the pain be acute, the bleeding should be boldly pushed to syncope." (Renouard's History of Medicine.) The first stage of pneumonia is the only one in which he recommends the use of the lancet. His directions for the patient during convalescence are given with characteristic minuteness, and much to the same purpose, as would be pursued by our best practitioners of our own time.

After this truly great man and good physician, little was added to medical knowledge, except an occasional discovery in anatomy, or surgery until the time of Galen—or a period of about six hundred years—during which time the practice of Hippocrates was the plan adopted by all who wrote or taught the science.

Galen drew to himself all the medical knowledge of Hippocrates, added largely to the anatomical branch, and rewrote all that was written of medicine, and he left the treatment of acute inflammation just as he found it. In fact, little was added to the treatment of disease from the time of Galen, although the science passed into Egypt, and into the hands of the Arabs, yet we find it in the beginning of the fourteenth century, just struggling for memory and life in the dawn of European civilization. And now began that steady healthy growth of knowledge, which has been gradually increasing to the present day. But to return to bloodletting. After medicine fell into the

hands of the Arabs, the practice of Hippocrates and Galen, of bleeding largely from the arm, fell into disrepute, and was gradually abandoned, and instead they prescribed pricking slightly the vein of the foot, to let the blood flow drop by drop, and this method prevailed until about the year 1520. When a pleuritic epidemic prevailed in Paris, a physician named Pierre Bissot, sick of seeing his patients die, and encouraged by reading the Greek authors, dared revive the practice. The success astonished him, and he declared boldly the superiority of Hippocrates' method. And now followed a dispute between the Arabises and those who practiced this ancient heroic and phlogistic plan, but at length experience taught the latter plan was the best, and for a hundred years bloodletting is the great "stand-by" of the Doctor in combating acute inflammation.

About one hundred years from the time that Pierre Bissot revived bloodletting, one John Baptist von Helmont, who was educated for the church, but abandoned it for the study of medicine, declared that all bleeding was butchery. Although he was a learned chemist and botanist, he gives no reason for not bleeding. Nevertheless, bloodletting becomes unpopular, and is for a time abandoned, but soon was restored to its place among remedial agents, for this was a time when scientific men were not so easily robbed of their experience by bright new theories.

Harvey makes his discovery in 1619, and in 1693 Boerhaave, who was one of the greatest, the brightest and the best of men—whose writings I reread with renewed interest for the fresh, spring-like truthfulness and simplicity of expression. In his academical lectures, in speaking of "phlebotomy," (Dr. Boerhaave's Academical Lectures, vol. vi. p. 420) as he calls it, he gives the most common-sense and reasonable view of the subjects which I have found in any author, either ancient or modern.

1st. He gives the effects of "bloodletting within bounds"; 2d. When the "discharge is indicated to be necessary"; 3d. How it is best made, etc.

He says: "Bleeding is forbid" 1st. In most chronic diseases, in which many of the vessels are obstructed, and very little fluid blood remains in the vessels; 2d. From old age, or weakness of the patient; 3d. From the patient's temperature and habit; 4th. From the known nature of the disease, whether epidemical or endemical; 5th. From scarcity or small proportion of red color in the blood with a weakness of all the powers from thence proceeding; 6th. From a woman's having lately lain in.

“ From what has been said, it is evident how much benefit and how much damage may be offered to mankind from *never* having recourse to the use of this remedy, or else by applying it indifferently in all cases, according to *Helmont* and *Botallus*.”

Boerhaave remarks in a note that “ *Helmont* exclaims that all bleeding is butchery. *Botallus*, on the contrary, cries it up in every disease, and even in dropsy ; but one will be safer who takes the middle way, since these extremes are both equally extravagant.”

Thus we see bloodletting revived from the Arabs, and rescued from *Helmont*'s banishment, is once more practiced and taught by the most learned in Europe ; but let us see in this age of progress, when *Jenner* is confirming his discovery, and the Hunters are turning to light the secrets of anatomy, physiology and pathology, and *Wm. Cullen* is improving his Institutes and *Materia Medica*, let us see if with all this advance in knowledge, any thing is discovered to cause an overthrow of the great antiphlogistic, for about this time (1750) it had its third decline, and as far as advance in science goes, it does not account for it ; but happily History does, and it tells us that it was one *John Brown*, and truly his soul is marching on. While the names of *Jenner*, *Cullen* and the Hunters' live, why should that of their cotemporary be lost forever.

John Brown was born in *Berwickshire*, Scotland, of poor parents was educated for the Church, but left it to study medicine. He supported himself by giving instruction in Latin to medical students, and soon became known to the Professors. This was in *Edinburg*. (*New American Cyclopedia* in *Brown*.) *Dr. Wm. Cullen* employed him as a private tutor in his family, and gave *Brown* many advantages. But *Cullen* opposed his nomination to a professorship, and *Brown* left his friend and patron in anger, and soon began to attack *Dr. Cullen*'s medical views, and took a decidedly opposite course in every thing. He soon became a leader of a party of medical students who were called *Brownites* in distinction from *Cullenites*. *Brown* went to *London*, and taught some time, and his theory spread over *Germany*, *Italy* and *France*. *Brown* became a victim of his own plan of treatment ; he over-stimulated. His theory was, stimulus is life, the lack of it, death.

Thus from a domestic quarrel came division of opinion in the practice of medicine, and an excess of stimulation was urged to spite an alleged excess of depletion. Through the present century the practice of bloodletting again came into general favor until about twelve years, ago it began to be contested in Europe. Some contested that disease

had changed its type, and that bloodletting was not as necessary as of old. (Effects of bloodletting during the last four years. By Prof. Alison. *Edinburg Medical Journal*, March, 1856.) While Dr. Bennett contended that new pathology proved clearly that bloodletting in acute inflammation was now and ever had been a great error. Dr. Bennett maintains that the older writers could not know much of internal inflammations, and therefore were not authority on that point; that you can not cut short inflammatory action, that bloodletting does not diminish the amount of blood in an inflamed part, and that it is bad practice to diminish the flow of blood to the part. (*Edinburg Medical Journal*, March, 1857. Also Bennett's *Practice of Medicine*.)

Dr. Bennett tries to prove his theory by his success in treatment, but I must say after comparing the results of many physicians, blood letters and stimulators and narcotizers, I am at a loss to know which has proved his theory by practice. None of the tables give exactly the important information which is necessary to form correct conclusions, such as the age, sex, color, climate and constitution of the patient, nor the time when treatment began.

And now we are brought down to our own day. Let us review, and we will see that bloodletting for three thousand years has been used in acute inflammations, that at several periods it has become unpopular and fallen into disrepute, and has again revived in full force; really, so far as I can see, without the slightest physiological or pathological reasons. 1st. Abandoned by the Arabs; 2d. Rejected by Helmont; 3d. Opposed by Brown, to spite Cullen; 4th. Declared wrong by J. Hughes Bennett, M.D., F.R.S., on pathological grounds, seen very clearly by himself, but rather dimly by the rest of the world. These four periods of a hundred years each has certainly had no tendency to settle the question, and here we must leave it, giving only as example of the opinions of a few cotemporaries. M. Boulland bleeds in pneumonia on an average, four or five pounds, and goes as high as ten; and says his "patients recover with strength and vigor in a remarkably short time." (*Medico-Chirurgical Review*, p. 4. July, 1858.) While Dr. Bennett contends in a great many words that the whole thing is wrong; yet the same Dr. Bennett did in 1845, bleed, cup and give antimony, opium and colomel to ptyalism in a case of pneumonia, although there was little pain and fever, and almost no dyspnoea. (Remarks on Dr. Bennett's paper on bloodletting, etc., by W. T. Gardner, M.D. *Edinburg Journal*, June, 1857.) Query: Did such cases help him to his "advanced diagnosis and pathology." "The lancet is a weapon which slays annually more than the sword," says

Dr. Tulley. "It is probable that opium and its preparations have done seven times the injury they have rendered benefit, on the great scale of the world," says Dr. Gallup. (*Border Lines*, by O. W. Holmes.) "What is the meaning of this perpetual change," asks Dr. Holmes, who then answers with his usual fine sense, "Simply this, all methods of treatment end in disappointment of those extravagant expectations which men are wont to entertain of medical art. I have no doubt that the bills of mortality are more obviously effected by drainage than by this or that method of practice. The Insurance Companies do not charge a different percentage on the lives of this or that physician. In the course of a generation, more or less physicians themselves, are liable to get tired of a practice which has so little effect upon vital decomposition."

"Then they are ready for a change, even if it were back again to a method which has been tried and found wanting."

Thus we have seen that bloodletting, like most of our remedial agents, has had its rise and fall at various times. Also that it has not been carried to the mad extreme by the old fathers in medicine as is commonly supposed; and that the best medical men of our own period are those who take neither extreme, as may be seen by the practice and writings of Watson, Todd, Turner, and many of our own country.

ART. II.

A Report of Operations after the Battle of Chicamauga in Field Hospital.

BY W. H. MATCHETT, ASSISTANT-SURGEON FORTIETH O.V.I.

Camp of the 40th O. V. I., }
SHELL MOUND, Tenn., Dec. 18th, 1863. }

I herewith send a report of operations that came under my observation, while on duty in the field hospital, after the battle of Chicamauga, Ga., in September last, which I submit to your disposal.

The wounded after this great disaster were sent back to Chattanooga, and after filling all houses suitable for hospitals in the city, it was determined to establish a field hospital.

As an instance of the many unavoidable inconveniences that army surgeons meet with, I will state that the first thing furnished for this great undertaking, was about seven thousand wounded men. There were at hand but fifty hospital tents proper, intended for a field hospital, and no surgical appliances or medicines. So we were compelled to make shift the best we could, and sent to the regiments and

got their tents, tent flies, tarpaulin, "dorg-tents" and medical stores, that we might put the wounded under shelter. Even these, in the reserve corps, were "few and far between," for we were ordered up from Bridgeport under light marching trim; hence all baggage that could be dispensed with was left behind, the men having nothing with them but a *gum* blanket to protect from rain.

But by a degree of perseverance and creative ingenuity that can make "something out of nothing," certainly commendable on the part of our corps surgeons, and especially our division and brigade surgeons, Messrs. McPheeters and Beach, we had at the end of two days, a fair degree of *accommodation* for the unfortunate.

There were received in that portion of the field hospital, assigned to the reserve corps, under charge of Surgeon J. G. McPheeters, 33rd Indiana Medical Director, 1st Division, R. C., about seven hundred patients. There were twenty-two operations performed, eleven of which died during the first six weeks. The whole number of deaths during the same time was sixty-eight, or about ten per cent.

From the above-stated want of hospital accommodation and surgical appliances, it is evident these operations were performed under very unfavorable circumstances, and should not be classed as *strictly* primary operations. Again: *many* of the wounded of the R. C. were left on the field of battle, and fell into the enemy's hands, were not paroled and sent in to hospital for from four to ten days after the battle. It may be asked, why not defer, for a secondary operation? It was the understanding of all surgeons there, that that was but a temporary hospital to keep and prepare the wounded for transportation to hospital in the rear; and from the precarious conditions of our position about Chattanooga at that time, it was uncertain how soon we would be *compelled* to "light out;" and as it was impossible for these poor fellows to stand transportation in wagons and ambulances over the rough mountain road between Chattanooga and Bridgeport with their mangled extremities dangling about them, an operation at the earliest opportunity was imperative. [But see report on next page.]

In addition to the above were many wounds of the joints—as knee, ankle and foot, which were treated by simple dressing, but the result was not as favorable as could be wished.

All wounds, fracturing the long bones, but without much comminution or extensive fissuring, involving the joints, were treated by simple dressing, with fair prospect of favorable result.

There were three cases of gangrene following operations; notwithstanding the bromine was freely used, they all proved fatal.

Original Communications.

DATE.	NAME.	LOCALITY.	NATURE OF WOUND.	OPERATIONS.	RECOVERY.	OPERATOR.	REMARKS.
P.	John Becker,	40th Ohio,	G. S. in right humerus.	Flap amputation upper $\frac{1}{2}$	Sept. 23	Surge. J. N. Deach 4th Ohio.	Well. Gone home.
P.	Merrill Smith,	113th Ohio,	G. S. in left humerus.	Excision 2 inches middle $\frac{1}{2}$ shaft	Sept. 23	Surge. B. G. Pierce 96th Ill.	Died Tetanus, 3rd week.
Capt.	A. W. Smith,	22d Mich.	G. S. right leg.	Flap amputation upper $\frac{1}{2}$ of leg	Sept. 23	Surge. G. H. Banc 113th Ill.	Died Tetanus 3d wk.
P.	T. M. McMahon,	78th Ill.	G. S. left humerus upper $\frac{1}{2}$	Amputation of shoulder joint.	Sept. 23	Surge. Mach- ott 40th Ohio.	Well, gone home.
Corp.	Pruel Mitchell,	22d Mich.	G. S. elbow joint.	Flap amputation upper $\frac{1}{2}$ humerus.	Sept. 23	Surge. McConnell 23d Surg. Varian Med.	Well.
Corp.	Roberts,	22d Mich.	G. S. humerus upper $\frac{1}{2}$.	Excision of head and 2 inches of shaft.	Sept. 23	Surge. Varian Med.	Died gangrene.
Corp.	John Pollock,	96th Ohio	G. S. left humerus and elbow joint.	Flap amputation middle $\frac{1}{2}$.	Sept. 24	Surge. J. N. Deach 4th Ohio.	Died 21st day from suppuration, gangrene.
P.	John Burriel,	21st Ohio	G. S. head of left humerus.	Excision of head and 3 inches of shaft.	Sept. 4	Surge. G. H. Banc 4th Ohio.	Died Tetanus next day.
P.	Joehua Katz.	12st Ohio,	G. S. right leg, fracturing tibia.	Flap amputation middle $\frac{1}{2}$	Sept. 24	Surge. J. N. Deach	Died Tetanus next day.
P.	Wm. L. Hurst,	115th Ill.	G. S. right leg, fracturing tibia.	Flap amputation middle $\frac{1}{2}$	Sept. 25	Surge. G. H. Banc 25th Surg. Varian, Med.	Died Pleuris Sept. 28th.
P.	Jacob Linsky,	78th Ill.	G. S. left humerus upper $\frac{1}{2}$.	Excision of the joint.	Sept. 26	Surge. Varian Med.	Reduced to akole- ton, Dec. 8th.
P.	Robert Bivens,	115th Ill.	G. S. right elbow joint.	Excision of the joint.	Sept. 26	Surge. Varian Med.	Reduced to akole- ton, Dec. 8th.
P.	James Jones,	115th Ill.	G. S. left radius middle $\frac{1}{2}$	Removed by chain saw 2 inches.	Sept. 26	Surge. G. H. Banc	Doing well.
P.	James Swatrigen,	115th Ill.	G. S. right elbow joint.	Flap amputation middle $\frac{1}{2}$ humerus.	Sept. 26	Surge. G. H. Banc	Well, gone home.
P.	Wm. Duncan,	115th Ill.	G. S. left tibia middle $\frac{1}{2}$.	Removed 2 inches by pliers.	Sept. 26	Surge. Varian, Med.	Died Pleuris Sept. 30th.
1st Lt.	John Calder,	9d Ky. Cav	G. S. through right thigh.	Circular amputation upper $\frac{1}{2}$ femur.	Sept. 26	Surge. Varian, Med.	Well, gone home.
P.	Wm. A. Lee,	40th Ohio,	G. S. left humerus and shoulder.	Amputation at joint.	Sept. 26	Surge. Varian, Med.	Died of gangrene Sept. 30.
P.	Levi Cunningham	40th Ohio	Grave shot G. S., left leg, fracturing tibia and lodged behind tendo achilles where it was found 8 days after battle, $\frac{1}{2}$ the calf of leg uphacelus.	Removed by chain saw 4 inches of fibula, removed ball, cut out dead matter and left the wound open for ten days without bandage, used water dressing.	Sept. 28	Asst. Surg. Matchett Dirce. H. O.	Well, gone home.
—	Carters,	1. 1st Ohio	G. S. left arm comp. fracture.	Removed fragments, chain sawed excised tendons of bones, and left wound open without bandage for ten days, water dressing.	Sept. 28	Asst. Surg. Matchett	Doing well, gone to Nashville.
O. S.	Palmer,	22d Mich	G. S. right ankle joint.	Flap amputation upper $\frac{1}{2}$ leg.	Oct. 6	Surge. McConnell, 22d Mich.	Died gangrene.
P.	Andrew —	113th Ohio	G. S. right knee joint.	Flap amputation middle $\frac{1}{2}$ femur after trying to save the leg by conservative surgery.	Oct. 21	Surge. G. H. Banc 113th Ill.	Died 10th day Tetanus.
P.	Pickett,	4th Ind.	G. S. ankle joint.	Flap amputation middle $\frac{1}{2}$ leg after trying to save the foot by conservative means.	Oct 26	Surge. S. S. Boyd 4th Ind.	Died 5th day.

Erysipelas occurred in six cases—no deaths. This was controlled by the topical and internal use of muriate tincture of iron.

There appears to be a sort of mania among army surgeons to perform exsections, it being something new, and many simple operations, such as removing the rough and fissured extremities of fractured fibulas, or either one of the bones of the fore arm, which is frequently done by enlarging the track of the ball and using the bone forceps or chain saw; properly a *resection* of simple nature, amounting only to a *dressing*, is often reported as an *exsection* of great magnitude.

In the table of cases, are reported five operations of this nature; four got well or are doing well.

But what, in my judgment, *should* be called exsections, indeed do not result well, performed in the field or in hospitals where they are likely to be moved soon to other hospitals. Of this class there are four cases reported; two died, and the other two are so much reduced by suppuration and long suffering that the result is yet somewhat doubtful. While in amputations in cases of similar injuries, (as Mitchell to Bivins, and McMahon to Ruggles) *have got well and gone home.*

I am impressed with the idea of leaving gun-shot wounds freely open for the first ten or fifteen days, or even longer; and where it is practicable, to lay open by free incision the track of the ball in the flesh, then use simple water dressing, that a free exit of matter may be had. This cannot be where pledgets of lint and tight bandages are applied and continued. This must result, more or less, in absorption of matter and pyemia.

Since I left the field hospital (Nov. 1st) the wounded have nearly all been transported by steamboat to Bridgeport, and the field hospital has been removed from its temporary position, three miles north of the river and city to a *permanent* position on a beautiful plateau or elevation one mile south of the city on the road to Lookout Mountain, and filled up again with wounded soldiers who made such a glorious charge on Lookout Mountain and Mission Ridge, on the 24th and 25th November.

While on this thought of Lookout Mountain, I wish to correct a false impression which does great injustice to the surgeons of General Geary's command, and especially General Whitaker's brigade which made the charge on Lookout on that memorable day.

A correspondent of the Cincinnati Daily Gazette in second of December number says: "Far upon the mountain toward the city is a white frame house, a prominent and noted object. To this, after the

struggle of Tuesday and Tuesday night, our wounded were conveyed," "but there were no surgeons to wait upon them." "Colonel Scribner heard of their condition." "His noble nature was moved." "The toils of the day were disregarded." "He entered the hospital, and with a faithful *few* to assist, he labored until far into the small hours of the night, like an angel of mercy, in soothing the pains of the sufferer, and alleviating, as far as it was possible, their agony, and binding their bleeding wounds." (The italics are my own.)

Now I happened to be placed in position to *know* that this is all bosh, a mistake entirely. In the first place, this white house was *not* a hospital. No sensible surgeon would think of making a hospital of a house that was in possession of the enemy until near the close of the day, and at all times during the afternoon and night while in *our* possession, exposed to the enemies' fire.

The *facts* are, that before the charge on the mountain, at early morning, the brigade surgeons selected a house at the foot of the mountain, west, where the assault was made, and selected the corps of surgeons to remain, with directions to follow up as the army advanced, and they could get a suitable house. They also selected the field surgeons. I was one of the latter, and with Surgeon J. N. Beach, 40th O. V. I., brigade surgeon of the 2nd brigade 4th A. C., followed the regiment on that ever memorable day in their "battle among the clouds"—dressed the wounded as they occurred, and sent them to the *hospital* at the *foot* of the mountain. We were as much exposed to the rebel sharpshooters as any on the mount. We were with the brigade when the charge was made on said white house, when it, together with the breast-works and cannon near said house, were captured by the 40th. I cannot forget this, for the sharp crack of the rifle, the ping and zip of the bullet around my head that day has indelibly impressed it on my memory. There we saw our noble Major Acton, of the 40th, fall, shot through the lungs. This was about two o'clock P. M.—After this, Surgeon Beach established the depot for dressing the wounded behind the breast-works, *near* the white house, but not in it. Our advanced line was next formed at a stone fence not more than one hundred yards to the east of the house where it remained until one o'clock at night when the conflict ceased.

Surgeon Beach and myself remained at this post until evening, when our brigade was relieved from active duty by fresh troops, and ordered to take and hold a position for the night, on a ridge about three hundred yards to the west of the house. After we had learned the position of the brigade for the night, we returned to the house

again, where we remained on duty all night, not being absent but a short time at midnight, and then only to learn the position of our regiment. We were assisted in our labor of the night by an assistant surgeon of an Iowa regiment, and before daylight we had *all* the wounded safely conveyed to the *hospitals* at the foot of the mountain, for it was the impression of all that the battle would be renewed around said house in the morning; but in this we were mistaken, for the rebs had enough of Yankee daring, and had left the mountain in the after part of the night; and at morning dawn, instead of the sharp crack of the rifle startling us, our ears were deafened by the shout of the cold, shivering heroes, whose eyes overflowed at the sight of Whitaker's battle-flag and the Stars and Stripes boldly planted on the top and floating in the breeze of Lookout point.

If there were any manifestations of "mercy" in that house by any Colonel, more than by many other officers and assistants, it is strange I did not see it, for I know we were in every room in that house where wounded were taken, many times that night, notwithstanding the correspondent's declaration, "*there were no surgeons to wait upon them.*"

I cannot tell why it is that newspaper men who follow the army, are so often making such "digs" at the surgeons, unless it is because the "powers that be" have ordered the surgeon to take charge of the whiskey, and let those only have it whom he thinks requires it. This makes it frequently necessary to refuse the application of "Stoton bottles," or deny having any of the "critter" at hand.

Now look at this picture at the battle of Chicamauga. The Union force is estimated at forty thousand—perhaps one hundred regiments; then allow to each regiment its full quota of surgeons, (three—which is not likely to be the case,) and we have one hundred and fifty surgeons, one half of whom were *field* surgeons, (another large estimate,) and notwithstanding newspaper men inquire into the character, bravery and patriotism of surgeons, the statistics of Libby prison show fifty-three surgeons captured and now prisoners of war, a greater proportion than of any other officers of similar rank in the army. *They might have escaped*, but rather than neglect the wounded, were captured with them.

ARTICLE III.

Case of Constitutional Hemorrhage, or "Hemorrhagic Diathesis."

BY JAMES W. HUGHES, M. D., BERLIN, OHIO.

EDITOR OF THE "LANCET AND JOURNAL"—

Sir : Having read with deep interest the able article of Dr. Gans on the "Hemorrhagic Diathesis," which appeared in the November number of the Journal, I have thought a brief history of a case of that formidable but fortunately rare affection, existing in my own family, might not be devoid of interest to my professional brethren.

My youngest son, James B. Hughes, will be eighteen years old on the 5th day of January, 1864. He is five feet ten inches in height; weighs one hundred and forty-two pounds; was, until articular inflammation of the knee interfered with its mobility, very brisk and agile. His hair is dark and rather stiff; his eyes are dark blue, and his skin rather fair; his pulse is, at the time of writing this, just eighty; his temperament I would call *nervo-sanguine*; his mental faculties are well developed; quick to perceive; prompt to act; an ardent friend, and a social companion. He is a favorite among his associates.

With James, the hemorrhagic diathesis was without doubt congenital. My attention was first arrested by the long continued trickling of blood which followed the slightest scratch of a pin when he was but a few weeks old, frequently oozing away for hours. When three or four months old, his nose commenced bleeding from both nostrils without apparent cause, and continued slowly to bleed for several days, finally yielding to the pressure made by pushing dossils of lint up the nostrils. As he grew older, the sources of danger multiplied. A slight fall; a wound from the first sharp incisors; the scratch of a kitten; anything that caused the slightest abrasion of the cuticle, or the least solution of continuity, would be followed by continuous hemorrhage. Slight bruises, a pinch, a blow from a ball, or other trifling injury were followed by extensive ecchymosis, feeling as if some hard, round or oval substance were embedded beneath the skin. These thromboses were very slowly absorbed. Though subject at all times to troublesome or protracted bleeding from slight wounds, the tendency to spontaneous hemorrhage is more marked at irregular intervals, varying from one or two, to six or eight weeks. Those periods of increased tendency to bleeding are generally preceded by deeper and more diffused redness of the cheeks, an increase of temperature, more frequent and harder pulse, with other symptoms of

increased arterial excitement. The shedding of the first teeth was a process attended with constant peril. As one after another loosened, almost any moving of them would cause them to bleed; frequently half a dozen teeth would be bleeding at once, or rather the gums around them; some in the upper and some in the lower jaw, and nothing but continued pressure on and around them all, was of any avail in arresting the discharge. Fine lint applied dry, and kept in place by the thumb, and one or more fingers continuously applied, some times for hours, sometimes for days, controlled it when every other remedy failed. Night after night, his mother and myself have alternately held him, with finger and thumb applied, through the long and tedious hours, only removing them for a moment, when the lint became saturated, to apply fresh dry pledgets on what was already there, or to remove the saturated mass, and supply its place with fresh dry lint. When the teeth became so loose as to adhere only at one or two points slightly, I usually removed them quickly with forceps, while his mother stood ready with a compress of dry lint, to press it instantly on the bleeding surface, having found by experience that the sooner the means used for arresting the bleeding were applied the more promptly they succeeded. Frequently the discharge, when long continued or profuse, is followed by numerous irregularly-shaped petechiæ; some large, some small; some confluent, some distinct; some of a pinkish hue, and some purple. The trunk and limbs becoming bloated and dropsical; the heart's action being at the same time irregular, excited and tremulous; as is generally the case in extreme anemia. He is peculiarly subject to inflammatory affections, having had two or three severe attacks of tonsillitis; also several severe attacks of neuralgic rheumatism; usually, I believe, invariably attacking the right thigh and leg; the limb being swollen, colorless and shining, and excruciatingly painful; the pain being often intermittent or paroxysmal. Those rheumatic attacks have usually been alleviated and, I think, materially abridged by the internal use of large doses of dovers powder, or sulph. morphicæ, combined with colchicum, and the external application to the limb of a liniment composed of tincture aconite two parts, tincture iodine one part. When he has been very anemic, or the intermissions well marked, the addition of quinine and iron has proved beneficial. Spontaneous hemorrhage from the mucous surfaces, has so far been confined to the nose and mouth. Though equally subject with others to colds and cough, he has never had hemoptisis hematemesis or hematuria. If the observation of others coincides with my own, the fact above noted may aid in the differential

diagnoses, between idiopathic constitutional hemorrhage, and the acquired or symptomatic purpura hemorrhagica. So far as my experience with the latter affection extends, hemorrhage takes place from all the mucous surfaces, interchangeably or simultaneously. It may commence from the gums or nostrils, but sooner or later all the mucous surfaces participate in the abnormal action. Another difference of diagnostic value is found in the color of the blood. In the idiopathic hemorrhagic diathesis, the blood discharged is of a bright arterial red, in purpura it is dark and venous. Constitutional, hemorrhagic diathesis is generally considered hereditary, probably is so. Purpura hemorrhagica is perhaps always accidental or acquired. The former makes its appearance in early childhood, remains active to adult age, and the diathesis continues through life, modified it may be, but probably never entirely disappearing. The latter I have never seen appear under twenty-five or thirty years of age. It usually follows some protracted and debilitating affection, in which the organs of assimilation and nutrition have failed to elaborate a sufficient supply of healthy blood; it usually ends in a few weeks in recovery or death.

Treatment.—I proceed to give a brief sketch of the treatment that has in my hands been most satisfactory. Locally, I have exhausted the list of styptics and astringents: alum, sulph. cupri, tannin, kino, catechu have been applied to the bleeding surface, in powder, tincture and solution. Tincture ferri mur., creosote, nit., arg., ice, agaric have all been alike useless. Pledgets of finely scraped, dry, linen lint, applied to the bleeding surface and kept in place by firm pressure with the thumb and finger, or both, perseveringly used, has so far, always suppressed the hemorrhage at last. Sometimes it has required many days to arrest it entirely, but even under the most discouraging and alarming circumstances, it has restrained and kept the hemorrhage within bounds compatible with life until it gradually ceased. Other remedies may be locally applied, but pressure with fine dry lint, perseveringly used is the sheet anchor.

Internally I have administered sugar of lead, tannin, iron in various forms, gallic acid, turpentine, creosote, &c., with little or no benefit. Some five or six years since, I saw an article in Braithwaite's Retrospect highly recommending glaubers salts in large doses. I had seen it recommended before, by Liston & Mutter, perhaps others. I concluded to give it a trial. I had not the sulphate of soda by me, but the sulphate of magnesia was on hands. I had no doubt the benefit, if any, resulted from the copious serous discharges, and not from any specific virtue in the particular salts. My son was very low at the

time. The hemorrhage persisted, his pulse was feeble and unsteady, he was anemic and anasarous, and his body maculated with petechia. Baffled, foiled, almost despairing, I gave him a full dose of epsom salts; copious watery stools were induced; prompt and decided improvement followed, attended with an abatement of all the threatening symptoms. After an interval of thirty-six hours during which he took the tinct. ferri mur. in doses of twenty-five drops every eighth hour, another full dose of epsom salts was given, followed like the first by free catharsis and a still farther improvement. Since then he has had many threatening attacks of hemorrhage, but free purgation with saline purgatives, and iron during the intervals, has rendered the attacks less frequent and unmanageable. He continues the use of the salts followed by iron, whenever there are indications of an increased tendency to bleed. By pursuing the above prophylactic course, with out-of-door exercise, and the avoidance of whatever would be likely to encourage a tendency to hemorrhage, he has escaped any very alarming attacks, although he is admonished by slighter hæmorrhage from the nose or gums, every week or two, that the diathesis still exists.

ARTICLE IV.

Treatment of Trachoma.

[A Paper read before the Cincinnati Academy of Medicine.]

BY E. WILLIAMS, M.D., CINCINNATI.

[Continued from December.]

I come now to the most important part of my essay, the *treatment of trachoma*. In doing so, I shall confine myself mainly to those regulations and remedies which, in my own experience, I have found most efficacious. First, as to general treatment, a great many plans and modifications of plans, have had their day of triumph and their turn of reproach, running from one extreme of rigid antiphlogistics and rice-water regimen, to that of stall-feeding and stimulation. Among intelligent specialists, the reign of modern views of inflammation has caused general bleeding, blisters by the yard, unmitigated purgation, the *unconstitutional* use of mercury for its *constitutional* effects, and starvation ad libitum, to be abandoned or nearly so, in the treatment of trachoma. In the early stages of acute conjunctivitis, especially in robust subjects, moderate purging, some restriction of diet, leeches and temporary confinement to a moderately darkened, but well-ventilated room, are often beneficial. But the persistence in this course for more than a few days, debilitates the constitution,

favors local congestions, impairs healthy nutrition and tends to perpetuate the very trouble it is intended to remedy. I therefore advise my patients in all cases of chronic trachoma, and also in acute cases as soon as the violence of the symptoms has somewhat abated, to use nourishing, digestible diet and to take moderate exercise in the fresh air every day, regulating their clothing, of course, to suit the character of the weather. Very many cases that come under my observation are already much reduced in health and flesh by the severe general treatment to which they have been subjected, and the anxiety they have suffered about the condition of their eyes. All such are benefited by generous diet, tonics, stimulants even, fresh air, cheerful society and all that invigorates both physically and morally. If the bowels are habitually constipated, they should be regulated by laxatives combined with tonics. The general tonics which I use almost exclusively are quinine and iron combined or not with *nux vomica*, gentian and other simple bitter substances.

The administration of mercury with a view to its effect in cutting short the inflammatory process or causing the absorption of the granulations, is but to bring it into disrepute and do your patient injury and nothing but injury. Of course, I must be understood as speaking of its use in uncomplicated trachoma. In case of the occurrence of iritis in the course of granulations, it may be necessary, or at least excusable, to resort to very mild ptyalism; but even then the energetic local use of atropine and leeches if necessary, are vastly superior to every thing else. In abscess or ulceration of the cornea, a complication of granulations, so frequent and so disastrous, I never use mercury, but depend on atropine, paracentesis cornea, and, in the failure of those, iridectomy.

The treatment, whether general or local, of trachoma, must be directed first to the mitigation and reduction as far as possible, of the inflammation which precedes the development of the granulations and accompanies them throughout the whole period of their obstinate existence; and, secondly, to the removal of the granulations themselves. The well-established fact that the tendency in trachoma is to spontaneous absorption of the granulations, and that this process may be much facilitated by controlling the inflammatory element of the disease, or retarded by aggravating the inflammation with injudicious remedies, should always be remembered in the management of this affection. It is from losing sight of this leading truth, and firing immediately and continuously on the granulations themselves, with the heaviest artillery, without regard to the stage of the disease, the degree

of inflammation present or any of the numerous complications that may arise, that we see so much disaster to vision in the treatment or maltreatment of this affection by inexperienced or reckless persons; and so much hesitation on the part of the community in employing a doctor for sore eyes. If people would only give up the insane habit of resorting to nostrums and quacks and old women, from the same motive that deters them often from employing a physician, the effect in many instances would be salutary. But, unfortunately, they fly from the doctor to some or all of those *diabolical* substitutes, and if the *vis medicatrix* triumphs over them all and brings the patient through even "seeing darkly as through a glass," the last obstruction thrown in the way receives the palm of victory! One patient not long since informed me with an air of the greatest surprise and of the most stolid simplicity, that he had tried every thing that every body had told him and still his eyes would not get well!!

But I must return to the means, general and topical, best suited to the relief of the inflammation which precedes and attends the granulations. The general treatment most likely to contribute to this object has already been given in substance. In addition, I would say, when there is much annoyance from the feeling of sand in the eyes, soreness to the touch, and especially tenderness to the light, full doses of anodynes, particularly opiates, at night or even through the day, are often very useful in allaying irritation, promoting sleep and thus reducing inflammation. The patient should, as far as possible, avoid all sources of irritation to the eyes, such as dust, smoke, cinders, sharp winds, bright lights, etc., and refrain absolutely from all attempts to read, write or use the eyes in any work that requires accurate vision. After the acute symptoms of the first stage of trachoma, or of the relapses, of more or less severe inflammation that so often occur during the whole progress of the disease, have abated, and it is thought advisable that the patient should have moderate exercise and fresh air, the use of some kind of shades will be beneficial as well as very grateful to the eyes. A hat with a broad brim, or a pasteboard shade, or what is better than all, a pair of large, hollow glasses of a light smoked or bluish color, in spectacle frames, as they are now sold by almost all opticians. These shade sufficiently, soften the light, allow of fresh air to the eyes, while they break off the wind and dust, and obstruct the vision but very little. All goggles are objectionable, and green goggles absolutely horrible.

As to topical treatment purely for its effect in allaying inflammation, I would emphatically refrain from all irritating or stimulating appli-

cations used either as collyria or applied in any other way, during the early period of the disease, or at any time when there is severe inflammation and particularly pain, photophobia, lachrymation, with decided injection of the anterior ciliary vessels forming a pinkish zone around the cornea, and indicating actual or threatened corneitis, or it may be iritis. Under such circumstances, to use local astringents at all, and particularly to apply them in a concentrated form, is but to add fuel to the fire. It is the inconsiderate use of sulphate of copper in substance or of the nitrate of silver in strong solution, when there is too much local inflammation with more or less ciliary neurosis, that has brought these and other valuable remedies into disrepute. There is vastly more danger of being too heroic and doing too much in the early period of trachoma, than of erring on the side of expectancy. It is wiser to wait patiently under the use of the general treatment mentioned above, till the local symptoms will admit of the safe, but a first, very cautious trial of local astringents. In the employment of them we must *feel our way* as it were by using them at first very weak and carefully watching the effects. In simple uncomplicated conjunctivitis, mineral astringents in weak solutions used as collyria, are often very beneficial; but when granulations have appeared, I place but little reliance on their action, and when there is much irritability of the eyes, they may be decidedly pernicious.

Therefore, in the local treatment of the inflammatory element of trachoma, particularly in the earlier stages of the disease, I depend almost exclusively on soothing collyria, such as aqueous solutions of opium, or what is better, sulphate of morphia dissolved in water, or mucilage in the proportion of from two to six grains to the ounce dropped well into the eyes three or four times a day. If the condition of the eyes will tolerate astringents, they may be added to the solution of morphia in the proportion of half a grain or a grain of sulphate of zinc or sulphate of copper to the ounce. Whenever abrasions of the cornea, ulcerations or opacities with decided intolerance of light and lachrymation occur, I abandon all local irritants, and confine myself to the general medication already described, with topical anodynes sulphate of morphia in mild cases and sulphate of atropia when there is more severe implication of the cornea with a high degree of photophobia. Where dangerous ulceration of the cornea supervenes, sulphate of atropia in solution—two to four grains to the ounce of water—is the only collyrium which is admissible. The same is true of iritis deep seated inflammations that are liable to arise as complications of trachoma.

Cold water applications are sometimes beneficial in acute trachoma, but frequently they are disagreeable to the patient, and by giving rise to coryza they may even increase the inflammation. In the later stages of the disease, when the granulations come up, to complicate and perpetuate the inflammation, cold water is generally not well borne.

As has been said before, inflammation in a greater or less degree, precedes, accompanies, and often, unfortunately, continues long after the granulations have disappeared. The careful management, therefore, of this element of trachoma is the most important point in the treatment of that disease. What I have said of the general and local agents to be employed to keep it in subordination, is applicable to all the stages of this affection. But there is one fact of great practical importance which should always be borne in mind, and that is, that local irritants in the early periods of the disease, especially within the first few weeks during the acute inflammation attending the formative stage of the granulations, are very apt to aggravate the inflammatory action and increase the tendency to dangerous corneitis or iritis; while in the later periods when the affection has become more chronic and the eyes tougher and more tolerant, even the very concentrated use of astringents and caustics may act as antiphlogistics. But the relapses of acute inflammation so frequent and characteristic of granulations, during the entire time of their existence, revive to a greater or less degree, this early intolerance to local irritants, and we have to suspend their use and fall back upon the soothing treatment till the acute symptoms have begun to subside.

I come now to the treatment to be directed to the granulations themselves. By their mechanical action, as well as by the inflammation which constantly attends them, they are a continual source of danger to the integrity of the eye, and should be gotten rid of by the most *expeditious means* that are *compatible with safety* and the *permanent restoration of the conjunctiva to its normal condition*.

In the outset I will state that this object is accomplished most effectually, not by *destroying* the granulations either with mechanical contrivances or chemical substances, but by *inducing their absorption*. Furthermore, in exciting their absorption we should, as a general rule, strive to attain our object by the use of those applications which produce the *least inflammatory reaction*. The tendency to spontaneous disappearance of granulations, when the patient is placed in favorable circumstances as to diet, exercise, fresh air and suitable clothing; and is warned to avoid reading, writing, winds, dust, smoke, brilliant

lights and all causes internal and external, that aggravate the inflammation of the eyes, should always serve us as a guide in the treatment, and keep us from using too violent remedies. No doubt granulations can be destroyed by the action of powerful caustics, such as nitric acid, chloride of zinc, solid nitrate of silver, etc., very rapidly. But then their use in this way, exposes the patient, in the first place, to an intense reaction which may destroy the eyes in short order; and in the second place the conjunctival mucous membrane is destroyed at the same time, so that rough, incurable cicatrices follow, the secreting power of the conjunctiva is annulled and the eye placed in a condition vastly worse than that caused by the granulations. The disorganization of the conjunctiva produced by the deposit of granulations, especially in severe cases, is bad enough without being aided by destructive treatment. All ophthalmologists of the present day, are therefore agreed in the following recommendation—stimulate the absorption of granulations by medicines which neither cause dangerous reaction, nor impair the integrity of the conjunctiva.

Of the numerous agents recommended at different times and by different authors, in the treatment of granulations, but few according to my experience, are of any great value. And here I must say that, the beneficial effect of any article, depends as much upon *how* and *when it is applied*, as it does upon the *substance* used. Nitrate of silver, for instance, is always nitrate of silver, but the effect of a solution of three or five grains to the ounce brushed on the everted lids and washed off with water before letting them return, is very different from the *insane* use of the solid substance let down without washing. In the immense majority of cases, all that can be accomplished with any substance, can be achieved by the skillful employment of nitrate of silver or sulphate of copper, the frequency and the manner of the applications being adapted as far as possible to the individual peculiarities of each separate case. I do not at all mean to assert by this, that other agents, such as tannin in mucilage, neutral acetate of lead, chloride of zinc and a few others, possess no efficacy; but that nitrate of silver and sulphate of copper varied, as they can be, to suit the stage and the complications of the disease, produce more certain and better results. The objection to the tannin mucilage, so highly recommended by M. Hairion, of Belgium, is that it acts too slowly. The acetate of lead, in all diseases of the eye where abrasion or ulceration of the cornea exists or is liable to occur at any time, is decidedly objectionable on account of the risk of indelible precipitates in that membrane.

I never use it in the treatment of granulations, and very seldom in simple conjunctivitis, in consequence of that risk.

In commencing the treatment of granulations by topical means, it is always wise to begin *cautiously* and *feel your way*. Let the application be light and watch carefully the effect before it is repeated. If even a slight touching causes increased irritation for several hours, and the eyes are not as well the following day, it is better to return to the soothing and *expectant* treatment for a while longer and then try local stimulants again. It is very difficult sometimes to decide when the acute symptoms have sufficiently abated to allow of the safe use of astringent applications to the granulations, and it is only by careful tentatives that we can ascertain. In making these trials, and in all touchings of the granulations, so long as the cornea is not involved, it is very desirable to *confine the action of the medicine to the granulations themselves*. The less you irritate the cornea and the conjunctiva of the sclerotic, the less likely you are to excite corneitis with abrasions of the epithelium, ulceration, opacity, vascularity, etc., and a state of things that sets you back in the treatment for weeks or months and makes the final result much more precarious.

The indications for the preference of nitrate of silver over sulphate of copper, or *vice versa*, in any given case of trachoma, can not, I think, be very categorically laid down, in the present uncertain state of our knowledge on that subject. Contributions to the healing art, in the form of careful, unbiassed, long-continued observations of the action of remedies already in general use, so as to establish more precise indications for their employment, are more needed, in my judgment, than pilgrimages to all the kingdoms of nature, in search of something *new* to add to our already immensely superfluous stock of uncertain therapeutic agents. In the department of ophthalmology, this effort at precision in the indications for the use of a comparatively few remedies, long since recommended on more or less vague claims, has been crowned with encouraging success within the last few years. While we do not discard *new* remedies because they are new, neither do we adopt *old* ones, simply because they are old. All are subjected to the rigid test of *scientific empiricism*, every source of error being, as far as possible, excluded.

The well-established beneficial action of solutions of nitrate of silver in arresting the violent inflammation and suppuration of purulent conjunctivitis, has led to its employment in those cases of granulations where there is considerable purulent secretion, in preference to sulphate of copper; but even in these the result is often attained quite as well

by the use of the latter article. Where the granulations are large and callous, with no very high degree of irritation, the nitrate of silver acts more powerfully in exciting that degree of swelling and softening necessary to facilitate their absorption. Also in chronic trachoma complicated with obstinate panniform inflammation of the cornea and marked intolerance of light with profuse lachrymation, I have generally found the nitrate to act better than any other substance in allaying the irritation. My manner of using it under such circumstances, I shall mention hereafter. With these exceptions, I do not think that either one of these valuable substances is greatly superior to the other. As a general rule, I prefer the sulphate of copper because the reaction caused by its use is not so prolonged, and no *indelible staining* of the conjunctiva, as it is very liable to occur from the long-continued use of nitrate of silver, ever takes place. I alternate them, however very often, in the treatment of the same case, and that with good results.

In trachoma I never apply nitrate of silver in substance, and very seldom in solutions stronger than that of ten grains to the ounce. For several years past I have been in the habit of using almost exclusively the compound nitrate of silver as recommended by Desmarres in preference to the pure article. It is made by fusing together equal parts of nitrate of silver and nitrate of potassa, and running them into a stick. The action of the caustic is, in this way, very much mitigated and much safer. Of this compound stick I use generally three strengths—six, ten and twenty grains to the ounce of water, according to the degree of toleration in each case, going nearly always cautiously from the weaker to the stronger. Where the granulations are large and callous, and a higher degree of reaction is desired, I apply the compound stick in substance, rapidly passed over them and then washed off with water before the lid is let down. Sometimes it does better to use the powder, formed by shaving it down on a piece of glass with a sharp knife, and applying it with a moistened brush. These touchings, however; should not generally be repeated more than once a week, and that only for a limited time, the weaker preparations being applied in the intervals once a day. In the treatment of granulations by topical applications, they should seldom be made more than once a day, even the weakest. Is the cornea still intact; is its invasion threatened, as indicated by injection of the anterior ciliary vessels with ciliary neurosis; or is it actually attacked by panniform inflammation in its early period; then I avoid any contact of the medicine with that membrane, with the greatest care. The best way of shielding the cornea and confining the medication to the region o

the granulations, is to direct the patient to close the eyes and keep them shut, after one has everted the lids and holds them secure with the thumb and index finger of the left hand, sitting in front of the patient. In this manner the contraction of the orbicularis approximates the back edges of the tarsal cartilages and covers the eye from view. A camel's hair brush, dipped in the solution, is passed two or three times over the everted surfaces, washed off with simple water after a few seconds, and the lids allowed to assume their normal position.

When the pannus is of longer standing, more extensive and the eye more tolerant, the passage of the medicine over the cornea may contribute to the absorption of the deposits and the removal of the vascularity. In such cases washing off may be omitted. Even then, however, the veil usually clears away from the cornea in proportion as the granulations subside, without any medicine coming directly upon it. Hence, as long as I see any decided improvement in the vision, I continue the cautious method of treatment, reserving the direct medication of the cornea for the contingency of no further advancement.

In adopting local applications, I begin with the mild and advance if need be, step by step, to the more energetic. If mild treatment will accomplish the removal of the granulations in any reasonable time, it is useless, and sometimes very unsafe, to resort to violent measures. *Slow and sure* is my maxim in combatting trachoma. A restless desire to make greater speed, has caused many a terrible railroad disaster; and the same spirit has run bushels of sore eyes *off the track*, producing inexcusable delay, and often irreparable injury. In the adoption of the compound stick, it is only to overcome obstinate resistance to the weaker solutions, that a forty-grain solution or even the powder, may be resorted to at intervals of a week or more, daily lighter touchings being kept up in the meantime. In concentrated solutions and especially in substance, it produces a very sharp burning sensation, but if kept from the ball and well washed off, the severe reaction does not last more than a few hours. If it does, harm rather than good is likely to follow. The very pungent feeling, caused by the nitrate of potassa, induces sudden, free lachrymation which assists in curtailing the period of excitement.

The *sulphate of copper* in substance or solution—varying from ten to forty grains to the ounce—should be used with the same precautions above recommended. I am in the habit of using a solution of twenty grains to the ounce, rather than the crystal, because it enters into the folds and fissures more promptly and thoroughly. But it is best to try it in different ways and adopt that which seems to act best in each

individual case. In chronic cases, especially with pannus of some weeks or months duration, this substance need not be washed off at all. Indeed in obstinate pannus, I have often found that even the *compound stick*, in strong solution or in powder, may be brushed on the lids and let quickly down without washing, or touched directly on the upper part of the cornea, with rapid improvement. The powder however should not be applied often, on account of its escharotic effect and the anatomical lesions induced by it.

As a vehicle for the convenient application of the sulphate of copper and other articles, to the conjunctiva, when there is no necessity of shielding the cornea; I have been in the habit for several years, of using the *amylum glycerine paste*. It is called *Simon's Paste* or *salve*, from the Berlin apothecary who first successfully combined these two substances in a perfect amalgam, and published an account of it in 1859. As a menstruum for the local use to the eyes, of various medicines, such as morphia, atropine, sulphate and chloride of zinc, red precipitate, and especially sulphate of copper, it can not be excelled. The first specimens of this paste were made for me some years ago, by Mr. A. Fennel, an intelligent German apothecary of this city. More recently Prof. E. L. Wayne, chemist and apothecary in the large drug store of Suire, Eckstein & Co., has modified the original method of preparing it so as to produce a much nicer substance. It is homogeneous, semitransparent, free from lumps and odor, and little liable to alter by keeping. At my solicitation, he has furnished the following directions for its preparation, which I give in his own words. "I take: \mathcal{R} . Glycerine (Price's) \mathfrak{zj} .; Bermuda arrow-root, gr. xl.; Aquæ q. s. I place the arrow-root in a mortar and triturate it well; then add to it as much water as the arrow-root will absorb without becoming pasty. The glycerine is then placed in a dish and heated up to about two hundred and twenty-five degrees Fahrenheit and the arrow-root then stirred in. The combination is at once effected and a smooth uniform mass the result. I prefer arrow-root, as it is a starch having less odor than that from any other substance. Ordinary starch always makes a rank-smelling *amylum glycerine*." In the treatment of granulated lids, I use a solution of sulphate of copper in this paste, in different strengths, from half a grain to two grains to each drachm of the *amylum glycerine*. With a probe or small spatula a good drop of this is applied once a day to the everted upper lid and let down upon the eye. It smarts quite sharply for a few seconds, but the irritation, where it is well borne, passes off in fifteen or twenty minutes. For the past year or so I

have generally combined one or two grains of sulphate of morphia to each drachm of the cuprum paste, and find that it shortens the period of reaction produced by the copper. Indeed, I combine morphia in variable quantities, with most astringent collyria for the different forms of conjunctivitis and for opacities of the cornea. Trachoma is a disease of long duration, and patients from a distance, even when not set back every few weeks by a relapse, can seldom remain with the physician till they are well. As a prescription to be used at home by the patient himself, there is nothing equal to the cuprum and morphine paste.

As adjuvants that may be used in the treatment of trachoma to soothe the eyes, but especially to obviate the annoyance caused by a glutination of the eyelids during sleep, *unguents* are very beneficial. In the acute stage, I prescribe one or two grains of sulphate of morphia rubbed up with a drachm of lard and a few drops of glycerine, to be applied to the lids at bed time. In the chronic forms, I use the *brown citrine ointment* for this purpose. It melts almost instantly when applied to the eyes, is tenacious and produces very little irritation. This salve is valuable in trachoma, but it is particularly in *phlyctenular conjunctivitis* and *keratitis* as they occur in children and strumous subjects, and in *blepharitis marginalis*, that I have found it to act so like a charm that I have abandoned all other mercurial preparations in its favor. In eruptions of the nose, face, ears and scalp, so common in the same class of cases it is equally efficacious. I have it applied every night by rubbing it on; and in phlyctenular affections of the eye, by putting a portion of it, of the size of a grain of wheat, from the end of a probe or knitting-needle, on the inside of the lower lid. It melts almost as soon as it touches the eye, and by pulling the lids apart a time or two, it is spread over the entire cornea. The preparation is not officinal and I have never seen any account of its use, except in the book of Mr. Wilde on the ear, where he gives in a note, the formula for making it, and recommends its use in the ear in chronic inflammation of the dermoid lining of the meatus auditorius. I first tried it for that, and finding how quickly it dissolved by the natural heat of the body, I was led to try it in the above affections of the eye, and it has more than justified my expectations. I have constantly prescribed it and carefully watched its effects for four or five years, in different forms of disease of the eye, and in the class of cases above mentioned I deem it almost a specific. The formula is the same as that of the U. S. Pharmacopœa for making common citrine ointment, except that twelve ounces of *cod liver oil* are substi-

tuted for the nine ounces of neat's foot oil and the three ounces of lard. After cooling, Mr. Wayne directs that it be *heated* again, and then stirred till it is cold. That makes it softer, tougher and more homogeneous. It is of a dark brown color, has the *fishy* smell and keeps a long time when well made, without decomposition.

In obstinate cases of trachoma where no topical application to excite absorption, is tolerated, Dr. A. von Græfe recommends the use, for a few days, of warm water compresses and warm poultices to the eyes. In this way the granulations seem to be favorably affected by the hyperæmia and swelling of the conjunctiva, with increased mucous secretion, induced by the warmth and moisture. Toleration to topical medication of the granulations is sometimes secured by this course, but it must not be kept up too long. The same author recommends division of the eyelids for half an inch, at the external canthus, to relieve pressure upon the eye caused by the granulations, thickening of the lids and spasmodic action of the orbicularis. In some cases I have resorted to this elongation of the palpebral commissure with decided benefit—in others it did no good, and I had to wait for the toleration to be established by nature, or resort to inoculation. The remarks of Dr. Græfe on the use of warm poultices, to induce toleration, and the excision of a horizontal fold of skin from the upper lid as well as the division of the lid commissure may be consulted with much advantage in the *Archiv. fur Ophthalmologie* for 1860.

Euthusiastic Farewell to an Army Surgeon.—A very graphic and spirited account is given in the *Delhi Gazette* of one of the most gratifying occurrences that has lately taken place respecting a member of our profession in India. It records the departure of Dr. Chambers from the Thirty-Fifth Regiment, to which he had been attached for sixteen years. On the 2d of June, a dinner was given to him by the officers, when his health was drunk with the most marked demonstrations of respect, the cheers being reëchoed by nearly the whole of the men of the regiment, who had assembled outside the mess-house. His health was then drunk by the non-commissioned officers, who were called in, as well as by the soldiers, one from each company being present. On the 4th, after a farewell dinner with the colonel, Dr. Chambers left the cantonment, his carriage being drawn by a large party of soldiers; and when he got into his "palky" he was borne by as many of the officers as could find room under the poles. An escort was also formed of the officers, civilians, and ladies.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. Brown, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, November 23, 1863.

Dr. Richardson reported the following case :

Diphtheria.—Half past eight o'clock Sunday morning, Nov. 1st, was called to see a boy of Mr. F.'s on Eighth Street, about five years old, *nervo-bilious* temperament, of good constitution, usually enjoying good health. He was breathing with considerable difficulty, the sound of both inspiration and expiration being decidedly croupy. On inquiry, I learned that he had not been well for some eight or ten days, as evidenced by loss of appetite, evening recurrence of fever, occasional cough, and nocturnal restlessness. Friday evening, (thirty-six hours anterior to my first visit,) the cough became croupous, and during the night respiration also became so, with several paroxysms of suffocative cough. During the forenoon of the following day (Saturday) there was mitigation of symptoms, although the cough and respiratory sound continued croupous. During the night, however, the condition of the previous night recurred with increased severity, two or three times threatening suffocation. On examination, I found the throat reddened, with slight exudation on posterior part of fauces, which did not cover the tonsils, the latter being but little enlarged. The tongue was coated, but in no degree furred. Aphonia had supervened, and when speaking was attempted, an indistinguishable whisper was forced. Pulse feeble, heart's action labored, and but little above normal frequency. There was doubt as to the correct diagnosis. Was it croup or was it diphtheria? The prodromic manifestations inclined unto the latter opinion. The invasion of croup is usually more abrupt, and its progress more rapid than in this case; and although nearly five years old, he had never had an attack of croup. On the other hand, from what I could learn, there had been much more cough than usually characterizes the developing period of diphtheria; for it is usually so slight as not to attract attention. The appearance of the fauces was not such as is generally found in an undoubted case of diphtheria thus far advanced. Under either diagnosis or by any plan of treatment I viewed the case as unmanageable, and so expressed myself to the parents. Viewed and treated as croup, however, the chance for a favorable event of the case was better, never having

known of recovery under diphtheritic attack, where continuous, croupy breathing had been fully established. I therefore determined upon the following course of treatment: \mathcal{R} . Hydrarg. chlo. mit., grs. v .j.; pulv. ipecac, grs. ij .; pulv. Doveri, grs. j .; \mathcal{M} . ft. pulv. No. 6. The first two an hour apart, the balance every two hours.

Saw him again at 5 o'clock P. M. No appreciable change in respiratory movements or croupous sound. Pulse more feeble and expression of face dull. Had vomited two or three times; bowels freely evacuated. Had taken all the powders. Same prescription renewed, omitting the Dover's powder. One to be given every two hours, with teaspoonfull doses of the following mixture intermediately. \mathcal{R} . Chlorate potassa, \mathfrak{z} j.; syrup rhubarb and aqua menth. pipu aa. \mathfrak{z} ss.

Monday, $8\frac{1}{2}$ o'clock A. M.—Found him lying down, lips and face puffy and pale, free secretion of mucous in the mouth, tongue more coated, stupid expression, pulse more feeble and frequent, croupous sound the same with increased mechanical difficulty in respiratory movement. Had vomited two or three times during night, bowels freely moved. As he was evidently worse in every particular, and a continuance of like treatment could result in nothing but injury, I determined upon a reversal of it. I therefore prescribed the following: \mathcal{R} . Tinct. ferri chlorid. \mathfrak{z} ss.; quinia sulph. grs. vii .j.; syrup simplex \mathfrak{z} j. Mix. A teaspoonful every two hours, which by misunderstanding of the mother, was given every hour.

5 o'clock P. M.—Had taken all the medicine, was sitting up. Marked improvement both in sound and character of respiration. Countenance better, pulse slower and fuller. Same prescription renewed, and ordered every two hours, with the following to be given in like doses, a teaspoonfull on the intermediate hours: \mathcal{R} . Chlorate of potassa, \mathfrak{z} i.; Syrup rhei. and water aa. \mathfrak{z} ss. Mix.

Tuesday morning, $8\frac{1}{2}$ o'clock.—Had passed a good night. No suffocative cough. Breathing scarcely to be heard. But little labor in respiratory movement. Croupous cough, however, and aphonia still persist. Tongue cleaning, and pulse improving in tone and frequency, bowels open. No exudation in the throat. Same treatment to be continued; the period being for each four hours instead of two, making a dose alternating every two hours.

5 o'clock P. M.—Continued improvement in every respect. Appetite returning. Respiration and pulse natural. Cough somewhat muffled, but not markedly croupy. Tongue still coated on posterior half, bowels open. Treatment continued, to be given at intervals of six hours each, a dose every three hours. Saw him next morning,

Wednesday, still improving, voice returning, cough slightly rough, but not croupy. Appetite very good, sleeps well. The treatment was continued, lessening the doses of each one half, time same. Saw him next day, Thursday, doing well, stopped quinine mixture. Continued chlorate of potassa mixture three times a day.

Monday, November 9th.—Apparently well in every respect, but posterior third of tongue heavily coated, appetite not so good. Gave him one drachm of aromatic sulphuric acid in two ounces of syrup, a teaspoonfull three times a day. Saw him November 17th. Tongue clean, appetite good, well in every respect.

Dr. Bramble said he was called yesterday to visit a woman who had been delivered by a midwife one week ago last Thursday. The patient previous to her confinement had often expressed herself fearful as to the results. There was a moderate lochial discharge, also a good secretion of milk. There had been no operation from her bowels for several days. Friday she became delirious. She had not slept for a week, and her throat became sore. When he saw her on Sunday morning, she was talking all the while, pulse 80, no natural heat of skin, throat covered with a white exudation. He prescribed chlorate of potassa and a Dover's powder to make her rest; the latter she rejected. In the evening, there being no heat of skin, he prescribed morphia in half grain doses every two hours, until she slept. This morning the white exudation was removed, leaving only a small deposit on each side of the throat. Continued chlorate of potassa and morphia, also applied cantharidal collodion behind her ears, and mustard cataplasms to her extremities. This evening pulse 100, gave her oil, after it operates directed that the morphia be continued. The Doctor said he reported this case to get some light on its management.

Dr. Davis reported the following: On Friday morning, Nov. 13th, Mr. H. called at my office, and asked me to go as soon as possible to see his child, aged six months who, he said, was seized with a severe attack of croup, and he was fearful it would suffocate. I went as desired, and as I approached the room in which the child was, heard the sonorous inspiration, difficult breathing, and the rough, brassy cough of cynanche trachealis. I found the child in its mother's arms, with a flushed countenance, and a rapid, thready, but compressible pulse. The soft palate, velum, and tonsils were slightly inflamed, but there was no exudation visible. Having recently treated a number of cases of laryngeal diphtheria, and having attended the same child a month previous, through an attack of diphtheria, I concluded that the present attack was not croup, but laryngeal diphtheria. Accord-

ingly, I ordered the following : ℞. Potass. chlorat. ʒj. ; Tinct. ferri muriat. ʒj. ; Syrup scillæ. ʒij. ; Syrup ipecac ʒij. Mix. Sig. A teaspoonful every hour, also a tablespoonful of castor oil.

Called on the 14th, and found the febrile symptoms somewhat abated, but the cough still distressing and croupy, and the breathing difficult. I continued the same treatment.

Called on the 15th, and finding the breathing still obstructed, and the cough frequent and sharp, I ordered : ℞. Argent. nit. ʒj. ; Aq. distil. ʒj. Mix. Directed the parents to swab its throat every three hours. I continued the first prescription, and directed brandy to be freely given it in a solution of gum Arabic.

Called on the 16th, and found the child much better, its breathing was easy and natural, and the cough loose and less frequent. Upon an examination of the throat, I observed for the first time, the characteristic exudation upon the soft palate. Continued treatment.

Called on the 17th and found it still improving. The cough having subsided and the exudation disappeared, I omitted the nitrate of silver, and gave the first prescription but three times per day. I now put it on the following : ℞. Ferri citratis. ʒss. ; Vin Maderi. ʒiss. ; Simple syrup ʒss. Mix. S.—A teaspoonful three times per day ; and saw it every two or three days until the 30th, when I dismissed it as well.

On November 30th, by request of Dr. John Davis, saw a patient of his residing on Mt. Auburn, wife of Rev. E. H., aged thirty-five years. She was seized on the 27th inst. with great prostration of the entire system, severe pain in the left side of throat, accompanied with a sense of rawness, difficulty of breathing, a sharp, short, gruff cough, and entire loss of voice. Severe diarrhœa and vomiting also attended the attack. An examination of the throat revealed nothing but a slight redness of the tonsils and the neighboring parts. No exudation was visible. Dr. John Davis diagnosed the case as laryngeal diphtheria with ulceration on left side of larynx. He gave morphine, chlorate of potash, compound tincture of cinchona and brandy, the latter very freely, and swabbed the throat as near into the larynx as he could reach, with a strong solution of nitrate of silver. Immediately after the first swabbing she vomited, and threw up false membranes mingled with blood. She improved from the first application of the nitrate of silver, so that when I saw her on the 30th, she was convalescent.

I have found diarrhœa and dysentery attending all the cases of diphtheria I have treated this winter. Often they are very obstinate, baffling every remedy. Last Fall we had diarrhœa and dysentery prevailing throughout our city, which proved the precursor of typhoid fevers

Correspondence.

Letter from Boston.

BOSTON, MASS., January 9, 1864.

Messrs. Editors:—On a former occasion, I alluded to physical training, or gymnastic exercise, in our public schools. The rules of our School Board require that the pupils shall have some kind of physical or gymnastic exercise twice a day, forenoon and afternoon. This regulation is pretty generally carried out, in our High and Grammar Departments, and in many of the Primary Schools. The subject of introducing military gymnastics and drill into schools for boys is now under consideration, and will be tested in some of the schools by a thorough military instructor. The teachers are to be instructed, so that hereafter they may be competent to drill their pupils according to the best system of military tactics. If this method of training pupils should become universal in our commonwealth, we shall have regiments and brigades, and I might say, an army of boys, thoroughly disciplined in all the requirements necessary for a good soldier.

I believe it is a well settled fact with educators that the children of our public schools, especially in our larger cities, need to be more thoroughly developed in their physical natures, and that the training of the mind and body, should go on, hand in hand, if we would raise up a generation of healthy and robust men and women. In this communication, one important question arises; and that is, the liability of taxing the physical energies too much, aside from the mental. We believe that this is often done when the exercises are out of proportion to the natural strength of the child, who rather loses in nervous and muscular force, than gains in development and strength, so will too violent and ill-timed gymnastic exercise so exhaust the motive power of the body, that the mental faculties suffer as well as the vital forces.

Hence the necessity of a just discrimination in the adaptation of such exercises of gymnastics to the various classes of pupils as their peculiar wants demand. As many physicians in cities and towns are largely interested in the education of the youth of our country, by being selected as the proper persons to serve as committees and supervisors of the public schools, it becomes them to see that a wise and judicious system of physical instruction be adopted; one that will best promote the health of the pupils, thereby indirectly increasing the intellectual capacity. Children of feeble constitutions are often

greatly benefitted by a proper course of calisthenic training. But this class should be subjected to a milder form of gymnastics than the robust and vigorous. It appears that in the recent pugilistic encounter between Heenan and King, the former had been overtaken by too severe physical training. The physiological observations made by Dr. Clark and others, as reported in the *London Lancet*, seem to confirm this view of the case. The following is the substance of the article in the *Lancet* :

“ Four or five hours after the termination of the fight on the 10th inst., Heenan arrived at a friend's house in London. Mr. J. F. Clarke saw him immediately. He was then suffering from great exhaustion. His face was considerably disfigured, and there was a cut on the right side of the upper lip about half an inch in length, which required a stitch. There were no bruises of any consequence about the body, but there were a few scratches on the chest. The action of the heart was very feeble, and the pulse scarcely perceptible. Suitable medicines were resorted to, under the influence of which he gradually improved until the 13th. On the evening of that day he had a fainting fit. On the 14th Dr. Tanner saw him in consultation with Mr. Clarke. He was then weak; his nights had been restless, and there was considerable uneasiness on taking a deep respiration.

“ On examining him, all marks about the chest had nearly disappeared, while the bruises on the face were quickly fading. The cut in his upper lip had healed. The right nasal bone was loosened from its articulations; but there was no fracture. On carefully practicing auscultation, the heart's action was found to be feeble, though there was no bruit, the valves acting efficiently. The pulse was weak, very compressible, and rather above 100. The left lung was healthy; but over the apex of the right there was dullness, with evident signs of congestion. On either side at the back of the neck there was considerable stiffness, which was ascertained to exist chiefly in the tendinous attachments of the trapezius muscle to the occipital bone, ligamentum nuchæ, dorsal vertebræ, and spine of the scapula.

“ The immense development of the muscles about the shoulders and chest was very remarkable. They stood out prominently, and as little encumbered with fat as if they had been cleaned by the scalpel. In firmness they resembled cartilage. The same conditions were also apparent in the recti muscles of the abdominal wall, the tendinous intersections (*lineæ transversæ*) of which were strongly marked. But with all this splendid development it was evident that Heenan had received a shock from which his system was only slowly recovering; though whether the loss of power was due to the punishment received in the fight or to the hard training which he had previously undergone, may be a disputed point.

“ As physiologists, it may seem to us highly probable that his training had been too prolonged and too severe. When Heenan went into training, on Wednesday, the 23d of September—just eleven weeks before the match—his weight was 15st. 7lb. As he stepped

into the ring on the 10th inst. he was exactly 14st. At the same time King weighed 13st., though he was three-quarters of an inch taller than Heenan, whose height is 6 feet 1½ inch. Those who know what severe training means will, perhaps, agree with us that Heenan was probably in better condition five weeks before meeting his antagonist than on the morning of his defeat, although, when he stripped for fighting, the lookers-on all agreed that he seemed to promise himself an easy victory, while exulting in his fine proportions and splendid muscular development.

“It is now clearly proved that Heenan went into the contest with much more muscular than vital power. Long before he had met with any severe punishment—indeed, as he states, at the close of the third round—he felt faint, breathed with much difficulty, and as he described it, his respiration was ‘roaring.’ He declares that he received more severe treatment at the hands of Sayers than he did from King; yet at the termination of the former fight, which lasted over two hours, he was so fresh as to leap over two or three hurdles, and distance many of his friends in the race. It was noticed on the present occasion that his *physique* had deteriorated, and that he looked much older than at his last appearance in the ring.

“Without offering any opinion as to the merits of the combatants, it is certain that Heenan was in a state of very deteriorated health when he faced his opponent, and it is fair to conclude that deterioration was due in a great measure to the severity of the training which he had undergone. As with the mind, so with the body, undue and protracted exertion must end in depression of power. In the process of the physical education of the young, in the training of our recruits, or in the sports of the athlete, the case of Heenan suggests a striking commentary of great interest in a physiological point of view. While exercise, properly so called, tends to development and health, excessive exertion produces debility and decay. In these times of over-enthusiasm and over-competition in the race of life, the case we now mention on record may be studied with advantage.”

do not quote the above as an approval of the use of man's powers and endurance, in such a barbarous way; but as having an important bearing on the subject of physical culture, which is receiving much attention from our public educators.

B.

Quinine in Puerperal Convulsions.

Should you would ask the readers of the journal in what way sulphate of quinia arrests the paroxysms in puerperal convulsions. I used it in several cases within the last four years, with very satisfactory results in each case. I was led to use it first by observing paroxysms occurring periodically; once every thirty-five or forty days.—3.

minutes. I had previously to using the sulphate of quinine abstracted blood very freely ; gave chloroform, chloroform and ether, and every thing else that would naturally suggest itself to my mind, and perhaps some things that had no natural common sense connected with it, probably not very unlike a certain Eclectic who called upon a Regular in this County, and wished him to visit a patient of his. It was a very strange case. He had given her lobelia, May apple, boneset, Culver's root, rattle root, but all to no purpose. Finally, he "gave her a —— of a dose of *Materia Medica*," but the disease hadn't yielded and he became alarmed.

Very respectfully,

S. DAY.

Harrisonville, Meigs Co., O., Jan., 1864.

Special Selections.

On the Injurious Effects of Chloroform During Labor.

By ROBERT JOHNS, M.B., F.R.C.S.I., Chairman of the Midwifery Court, and Examiner in diseases of Women and Children, Royal College of Surgeons, Ireland, &c.

As, at the present, the subject of chloroform inhalation is again *sub judice*, I feel it incumbent upon me to raise my voice against its employment in midwifery, and to lay before my professional brethren my reasons for the adoption of such a course, which I sincerely trust shall have some weight with the unprejudiced, and which may, perchance, call the more serious attention of some, if not of all, of those now too deeply wedded to its use, to the dangerous, and too often fatal results consequent thereon ; in which, if I but even partially succeed, I shall consider myself well repaid.

From experience, repeated observation, and the published, also the otherwise expressed opinions of those who agree, as well as of those who disagree with me upon the subject, I am firmly convinced that chloroform, when inhaled during labor, very fruitfully predisposes to hæmorrhage, puerperal inflammation, chest affections, and to other diseases detrimental to health and life, which it aggravates if given during their presence. It also lays the foundation of diseases to arise at a more distant period, and thus increases the mortality in childbed, and subsequent thereto. I have known puerperal inflammation frequently to have followed its inhalation, and too often with a fatal result ; in fact, some years since, when it was more fashionable, and was given with a more lavish hand, a great mortality obtained amongst the patients of some few men who administered it—so much so that a popular outcry was raised against its employment. In the majority of those cases, puerperal fever was the cause of death, which when thus raised, being, as I firmly believe, always infectious or otherwise communicable, became epidemicized, after which even those who wisely refused the drug, "charmed it never so sweetly," were thus inadvertently, and, in some instances, hopelessly poisoned.

In support of these positions, I shall first refer to the several published Reports of the Dublin Lying-in Hospital. We find, on reference thereto, during the masterships of Drs. Collins and Johnson, when chloroform was not inhaled, that the mortality was much less than during that of Dr. Shekleton, when this pernicious drug was used—as thus:—In the first report are recorded out of 16,414 deliveries but 164 deaths, or 1 in 100; in the second, out of 6,634 deliveries but 65 deaths, or 1 in 102; whereas in the third, 13,748 deliveries are given, and 163 deaths, or 1 in 84!! But of these last cases 13,406 of them were not chloroformed, of which only 133 died, or 1 in 100, but of the remaining 342, who took the drug, 30 died, or 1 in 11!!! If, again, we examine the reported cases of chloroform administration by Simpson and Denham, we shall find that of 245 cases mentioned by the former, 5 died, or 1 in 49; and of 56 by the latter, 5 died, or 1 in 11!! And, by adding all these recorded cases together, we have a mortality on the whole of 1 in 16!!! By again consulting those reports, we perceive that in Dr. Collins' mastership there occurred 79 cases of post partum inflammation, or 1 in 169; in Dr. Johnson's, 62 cases, or 1 in 107; but in Dr. Shekleton's, 150 cases, or 1 in 91. Of those 150 cases, 20 followed upon chloroform inhalation, or 1 in 17!!! and in the remaining 130 cases, in which it was not employed, the average mortality was only 1 in 103. In Denham's report we find 4 cases, or 1 in 14; which, with all the recorded cases, strikes an average of 1 death for every 16½ persons who took chloroform!!!

We also find that during Dr. Collins' mastership, puerperal convulsions proved fatal in the proportion of 1 in 6; whereas in that of Dr. Shekleton, when under chloroform, it amounted to 1 in 3!!! and in Denham's cases to 2 in 3!!! or, on the whole, to 1 in 2½!!!

It appears that, during Dr. Shekleton's tenure of office, post partum hæmorrhage occurred but once in every 257 cases when chloroform was not used; yet after its inhalation this complication was present in 1 of every 49 cases. In Dr. Denham's report it was present in 1 of 19 cases; making, on the whole an average occurrence of 1 case of flooding in every 39 4-5 cases that had taken chloroform.

With respect to the mortality after perforation, the report of Drs. Hardy and M'Clintock shows 1 fatal case in every 6, and that of Drs. Sinclair and Johnston 1 in every 5; but if we go a little below the surface in the latter report, and examine into 99 cases of perforation, all of equal severity and danger, we shall discover that of the 29 cases in which chloroform was inhaled 9 died, or 1 in 3½; puerperal inflammation occurred 10 times, or 1 in every 3 cases; and hæmorrhage followed in 3 cases, or 1 in every 10; whereas, of the 70 cases in which this drug was not employed, only 6 women died, or 1 in every 12; puerperal inflammation arose only in 3 cases, or 1 in every 23; and in no case did hæmorrhage occur.

Many have testified to the fact that uterine action has been lessened, and even caused to cease, by anæsthetics; as also that their effect on some is not commensurate with the quantity of the drug employed—thus: a very large amount not having any effect upon some, whereas the inhalation of a very small dose, even of a few drops, has produ-

ed almost deep coma in others. Dr. Denham says :—" In some, if left to nature, the labor would probably have been completed in a somewhat shorter space of time. The advantages to be gained by chloroform in some cases will not be found an adequate compensation for the loss of power sustained in the muscles of animal and organic life ; and, were we to continue its use, I do believe that the patients would remain undelivered for hours, or even days. The cases that apparently require it most—tedious and difficult labors—are those where it often appears to be injurious, by weakening the pains or relaxing the muscles of animal life." Rigby says :—" We meet with cases, every now and then, where chloroform undoubtedly retards labor, and in some cases likely to call for the use of the forceps."

Dr. Robert Lee mentions cases in which " uterine contractions were arrested, requiring the use of the forceps, and the destruction of the child by the perforator."

Tyler Smith " has seen chloroform stop labor midway."

In some of the cases recorded by Sinclair and Johnston, uterine action was impaired.

My friend Dr. Young, of Monaghan, says, in a letter to me :—" I believe chloroform in many instances to delay the labor, by causing the pains to come at longer intervals, and rendering the expulsive efforts of the patient less efficient, owing to her insensibility to suffering."

Merriman has mentioned a case in which the uterus was so paralyzed that it failed to act afterwards.

Snow says :—" It is true that a full dose would, at any time suspend uterine action for a few minutes, or as long as it might be kept up."

On looking into Drs. Sinclair and Johnston's report, we find " two cases in which version was very difficult ; and two others, in which that operation was impossible, where chloroform had been inhaled."

Murphy thus speaks :—" In a case of version, I never experienced so much difficulty, in consequence of the strong contractions of the uterine fibres about the child."

Barnes remarks :—" In many cases it does not facilitate the operation of version, the uterus resisting the introduction of the hand."

Puerperal, hysterical, and epileptic convulsions, mania, paralysis, and insanity have followed on its use. Cases are recorded by Montgomery, Sinclair, and Denham, in which puerperal convulsions occurred after its employment, Sinclair gives two cases of hysterical convulsions, in one of which violent muscular action was induced and restlessness continued for a considerable time after the inhaler was removed.

Murphy states that, " in dentistry, hysterical women have been seized with fits when under its influence."

Snow asserts that " hysterical patients, as soon as they lose their consciousness from the effects of the vapor, are sometimes attacked with a paroxysm of hysteria."

Dr. R. Lee says :—" Epilepsy has been so induced."

Sinclair records one case of epilepsy.

Snow and M. Fix have stated "that persons subject to epilepsy are likely to have a fit brought on by inhaling chloroform."

Ramsbotham "saw three cases of puerperal mania so caused. A friend of his also saw one similar case."

Sutherland "met three other cases similarly produced."

Tyler Smith stated "that he had seen mania from its use."

Parks relates the case of a lady who had chloroform in her third labor. "She, after delivery, complained of violent pain in the head, became delirious, tore the nurse's gown and the bedclothes into pieces, and was perfectly maniacal."

Mr. Banner thus speaks:—"A patient became delirious, and continued so during the day and greater part of the night, after its use."

Haartman "saw a case of headache terminating in paralysis, caused by this drug."

In one of Dubois' published cases, numbness of the fingers, and in another the same condition of the legs, supervened, and had not subsided at the end of twenty-four hour.

In Denham's report I find one case of coma after chloroformic inhalation.

Dr. R. Lee says "that insanity has followed on its employment; that dangerous and fatal peritonitis and phlebitis have been caused by its inhalation."

Two or three of Denham's cases were seized with rigors; and Lee mentions others with dangerous fits of syncope; and in this he is borne out by the following, which I find recorded amongst Denham's cases:—"While inhaling, the pulse became very weak, and she gave no signs of consciousness; and immediately on the birth of the child the respiration of the patient ceased, and the pulse became imperceptible; the application of cold water to the face soon revived her, and she went on favorably for some days; but diarrhœa, with extensive inflammation of the mucous membrane of the ileum set in, and she died on the fourteenth day."

Sinclair and Johnston record nearly a similar case, as thus:—"The pulse suddenly became imperceptible, and respiration appeared to have ceased. She subsequently died of phlebitis." And they give another in which collapse occurred, and she also died with symptoms of phlebitis.

Dr. Barnes stated—"That he had himself given chloroform to facilitate the extraction of an adherent placenta, and had witnessed such exceeding prostration for eight hours afterward, as to make him, and another practitioner who assisted him, apprehensive of the instant death of the patient."

Macy and of the opinion that the inhalation of chloroform predisposes to laceration of the perineum; indeed, some of the published cases would tend to favor this idea. In Sinclair and Johnston's report we find that, in the recorded cases, it occurred once in 27 cases; and when not employed, the accident happened only once in 93 cases. In the same work we find three cases of chest affection aggravated by this means, two of which succumbed.

Dr. Ringland in reply to a letter from me, writes:—"I have seen

chloroform frequently used in puerperal convulsions, and have used it myself in connection with the practice of the Coombe Lying-in Hospital; and the conclusion I have come to is, that I will never again use it, or sanction its use, in puerperal convulsions. I have observed that, however satisfactory its employment may appear at the time, it has been almost invariably followed by bronchitis within about 48 hours, and that the patients have sunk rapidly under the latter affection. I have seen this so frequently that I cannot but look on chloroform and bronchitis, under the circumstances I have named, as cause and effect; and the mortality from the subsequent bronchitis, as the actual result of the employment of chloroform."

Ramsbotham relates the case of "a lady who was seized with dyspnoea, with excessive lividity of the face, and all the signs of engorgement of the lungs and heart, and died in convulsions six hours after."

Murphy has published a case nearly similar; he also admits "that vomiting, nausea and headache sometimes follow on its use." Nausea and vomiting were also present in one of Denham's cases.

Rigby states, "that intense headache, and even vomiting, are consequences of its use."

Parks gives the case of a lady, in whom, after chloroform inhalation, flooding came on to a fearful extent, and incessant sickness. He managed to extract the placenta; and, owing to the feeble contractions of the uterus (and this latter condition, he is confident, it often produces), he has kept grasping it for four or five hours; the vomiting continued for eight hours without intermission; the headache remained for weeks.

Tyler Smith "believed that post partum hemorrhage and retention of the placenta occurred more frequently after its use than without it."

Montgomery was of opinion "that it predisposes to retained placenta and hemorrhage."

My friend Dr. Young, before alluded to, says:—"I have blamed it for causing a longer detention of the placenta, and for occasional after-hemorrhage, owing to the lazy and inefficient contraction of the uterus. After its use opiates have very little effect; even very decided doses, in any form, have not been followed by that tranquility I have hoped for, in that violent pain which I have so often found to follow operations when chloroform had been used."

Murphy speaks of being obliged to press upon the uterus to expel the placenta, in two cases, after chloroform.

Some of the loudest advocates for chloroform inhalation in labor have, in order to counteract its deleterious effects upon uterine action, recommended the co-administration of ergot of rye; which practice reminds me of the astute physician who, to be sure to hit his patient's disease, prescribed for him the combination of a stimulant with a sedative.

Cusack and others have also testified to the deleterious effects of this drug upon the cerebro-spinal system of that infant.

Dr. Aveling speaks of "a lady who had chloroform in three labors, all of whose children, when unwell, had for years afterwards the small distinctly off their breaths. This lady would never take it again."

Dr. Jackson (an American) thus writes upon the subject :—"When chloroform is inhaled into the lungs, the oxygen is abstracted from the blood, and, combining with the formyle, makes formic acid, while the chlorine combines with the blood as a substitute for oxygen. Thus a portion of the blood becomes chemically changed, disorganized, and rendered unfit for its vital functions.

Denham says :—"There are cases in which chloroform appeared to be not only useless, but, when persevered in, positively injurious." And again :—"In giving chloroform we incur a certain amount of present danger, and perchance of remote ill effects."

Dr. Robert Lee, in reply to a letter from me, says :—"I could give you a great number of cases in which chloroform was not only injurious, but fatal."

Dr. Gream said :—"He agreed with Dr. Lee in saying that we were unacquainted with *one-tenth* of the evil effects which had resulted from the use of chloroform, particularly in Scotland."

Dr. Duncan, in a letter to Dr. Lee, thus writes :—"Your case of chloroform death in midwifery is, to the best of my belief, not the only one in Scotland. I was called, too late, to a case which died suddenly while taking it in *small quantity*."

Dr. Campbell, of Ayrshire, records another case of death in labor from its use. Mr. Carter says "that in two cases its effects would appear to have been pernicious."

Prof. Faye, of Christiana, has also recorded a fatal case of labor after its use.

Dr. Rogers said "he knew of a case where death took place apparently in consequence of its use in midwifery."

Dr. Barnes says :—"In ordinary forceps cases chloroform certainly is not required, either to facilitate the operation or to allay pain. Indeed by its use in such cases we lose one very valuable indication in the loss of our patient's sense of feeling.

Dr. Chas. Kidd does not consider its use devoid of danger, as he advises the physician who administers it "always to carry in his pocket a portable galvanic chain or battery.

Drs. Kidd and Richardson are reported as having seen many deaths after its employment; and the former gentleman "to have seen about 300 cases restored to life or rescued after they had been pronounced dead.

I would ask, in the name of common sense, is it within the bounds of reason to believe that a medicine can be employed innocuously with the pregnant female, when confessedly its use has often been followed, not only by dangerous, but even fatal results under other circumstances, as testified to by Drs. Kidd and Richardson, amongst many others, as also by almost every periodical we take up.

We have been told that across the Tweed death has not, in any instance, followed upon the inhalation of chloroform in labor, whereas some have been since recorded; and not very long ago I was informed, by more than one physician practising in Scotland, that many have so occurred there, but not made public, yet well known to the profession."

It is also a fact that some who have written favorably on its use have since changed their opinions, but have not said so publicly. Some give it only in name, or as has been styled *a la Reine*, making their patients believe that they are saved from a vast amount of pain, when in reality they have scarcely inhaled a single breath of it.

We very frequently see better and safer recoveries after tedious and painful than after rapid and painless labors, and the latter are not the less likely to be seriously complicated: indeed in former days, when, happy for the perturient female, chloroform was unknown, and when meddling midwifery was strongly reprobated, such an opinion was entertained.

Even though it were possible to divest chloroform of its dangers, it does not, as has been already shown, always produce the advantages expected from its use, as in version; for indeed not a few instances have been recorded of its having been an impediment to this operation, which in some cases could not be overcome. I cannot see any advantage derivable from the inhalation of this poisonous drug in cases of retained placentas, as generally such a complication is caused by inaction of the uterus; and our object, therefore, surely not further to paralyze it.

Every practical man hails after-pains as salutary, especially after quick and painless labors, and would not dream of interfering with their wholesome action, unless very severe, for some hours after delivery; yet those misguided chloroformists think nothing of interfering with that safe action at times when the advent of hemorrhage would complicate matters more seriously. The other objections to its use at other times, under certain circumstances, are equally admissible here. I think I have now demonstrated not only by my own experience but also by some of the highest obstetrical authorities in the land, that chloroform inhalation is far from being a safe remedy in childbed, and should not then be employed.—*Dublin Quarterly Journal of Medical Science.*

Reviews and Notices.

On Asthma: Its Pathology and Treatment. By HENRY HYDE SALTER, M.D., F.R.S., Fellow of the Royal College of Physicians, etc., etc., etc. Philadelphia: Blanchard & Lea. 1864.

The present handsome volume of 260 pages has been publishing in the *Medical News and Library* during the past year, and the readers of that publication have been thus made already familiar with the excellence of this reprint.

In his prefatory remarks Dr. Salter says, "For many years past my attention has been specially directed to the subject of asthma, and from an enforced and very close observation of it, I have become acquainted with many facts, both with regard to its clinical history and

treatment, for any notice of which I have vainly searched the literature of the subject. To communicate these facts to others has been the principal motive that has induced me to commit the following pages to the press."

The book divided into fifteen chapters, treats of the theories of asthma, its pathology, its clinical history, varieties, etiology, consequences, etc., etc. Five chapters are devoted to a consideration of the various treatment of asthma. Finally, we have chapters on the therapeutical influence of locality, hygienic treatment of asthma, its prognosis.

In the appendix the interest and value of the book is increased by the narrative of a number of cases under the observation of the author. Scattered indeed throughout the work are fragmentary cases, partial histories only. This appendix gives the careful history, and each will be found readable.

The book of Dr. Salter is an important addition to our literature of asthma, and will be sought after by the profession, to whom we cheerfully commend it.

For sale by Rickey & Carroll. Price \$2.00.

The Medical Formulary: Being a collection of prescriptions, derived from the writings and practice of many of the most eminent physicians in America and Europe, etc., etc., etc. By BENJAMIN ELLIS, M.D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Eleventh edition, carefully revised and much extended. By ROBERT P. THOMAS, M.D., Professor of Materia Medica in the Philadelphia College of Pharmacy. "Morbus autem, non elequentia sed remedis curari."—Cels. De Med. Lib. 1. Philadelphia: Blanchard & Lea. 1864.

The style and appearance of the prescriptions of a large number of the medical men of the present day, are a reproach upon us as a profession, claiming to be one of learning and culture. With some there is at once evidence of familiarity with the value and proper therapeutic use of remedies, while at the same time there is exhibited a disregard for neatness and exactness, that is repulsive to the eye of taste. Others manifest in their mode of prescribing both their ignorance of remedies and their lack of culture. An elegant prescription is grateful to the cultivated physician as an evidence of the character of his brother physician, and becomes elegant precisely and simply in proportion to its exactness, its correctness.

Unfortunately the art of prescribing is not made prominent in the employments of the student. It is regarded as one of those minor points which may be safely postponed until the young physician shall have entered upon the real practical duties of his profession. And

then it is that the young doctor realizes the embarrassment of making up a judicious prescription.

It is to obviate in some degree, the inconvenience which the graduate first experiences, that the volume before us was first undertaken and executed. That it has so long sustained itself in the public demand as to run through ten editions—having now passed to this the eleventh—is very good evidence of the success of the undertaking proposed.

“It contains in a condensed form, and we think advantageously arranged, many of the most important prescriptions employed in modern practice.”

“The application of remedies to diseases has been generally left to the judgment of the practitioner, and therapeutical detail as much as possible avoided, as it would have been inconsistent with the nature and design of the work.”

The whole book is arranged after a regular systematic order, Chapman's old classification being used as the basis; so that we not only have instructions and models for the elegant and judicious formulæ furnished to us, but these models presented in groups or classes which are of themselves a sort of suggestive system of materia medica.

The introductory chapters contain much valuable matter for the inexperienced practitioner and prescriber; a table of drops, of abbreviations, doses for children, table of doses of medicines, tabular view of the doses of the principal articles of the materia medica.

The body of the volume however is made up of a vast collection of prescriptions, arranged under the subdivisions of emetics, cathartics, expectorants, narcotics, etc., of caustics, injections, gargles, ointments, lotions, etc. We also have several pages devoted to dietetic preparations for the sick; and a chapter on poisons, with the proper antidotes and mode of treatment. Finally, in the form of two appendices, we have a chapter on the endemic use and application of medicines, and a chapter on the use of ether and chloroform.

We have thus hastily given an outline of the plan of Ellis' *Formulary*. It has been a long time known to the profession, and a more minute notice would scarcely be proper. We endorse the favorable opinion which the book has so long established for itself, and take this occasion to commend it to our readers, as one of the convenient handbooks of the office and library.

For sale by Robert Clarke & Co. Price \$2.25.

Editor's Table.

Death of Leonidas M. Lawson, M.D.

It is our sad duty once more to record the decease of one of our most prominent professional brothers. Dr. L. M. Lawson—late Prof. of the Theory and Practice of Medicine in the Medical College of Ohio—died at his residence in this city at one o'clock on Thursday morning, January 21st, at the early age of fifty-one.

Dr. Lawson was throughout his professional life identified with the interests of the profession of Cincinnati and medical teaching in our city, nevertheless he had occupied various positions of honor in neighboring cities at different periods of time. Very early in his career he was elected to a professorship in the medical department of Transylvania University at Lexington, Ky. Subsequently he held a professorship in Louisville for two or three winters, and for a single winter, (1859-60), he was Prof. of Clinical Medicine in the University of Louisiana at New Orleans. Still with these honorable appointments we find his heart regularly returning its best affections to this city of his early adoption. Here he has done his best work; here he has closed his labors.

In the spring of the year 1842, Dr. Lawson established the *Western Lancet*, and continued at its head, with various associates, until the winter of 1854-55, when his absence in Louisville made it necessary for him to withdraw from his editorial duties here. The subsequent merging of the *Medical Observer* with the *Lancet* as *Lancet and Observer* of course renders this the regular successor of Dr. Lawson's founding in 1842. A present tribute of respect, therefore, comes from no one with more propriety, certainly with no greater sincerity and esteem for his professional industry and scholarship, and for his many social and domestic virtues, than from us.

Immediately after returning from New Orleans, Dr. Lawson brought out his work on Phthisis Pulmonalis, the labor of his life. We quote the following closing paragraph of the *critique* of the *British and Foreign Medico-Chirurgical Review* in its notice of Dr. Lawson's book, April, 1863.

"For acuteness of observation, for sober discrimination and sound judgment, and fair criticism of the writings of others, and especially of cotemporaries, and for the wide knowledge which it displays of

the literature of his subject, we know few books superior to it. We bestow our praise the more readily, our author being an American, of Anglo-Saxon race, as his name implies, and one who, we trust, will, with all his right-minded countrymen, still cherish a love of the old stock from which he sprang, abhorrent of the vulgar clamor sadly now prevailing against England, as if the American States, whether united or separated, Federal or Confederate, had not, with our country, a common interest, apart from the community of blood—that of language, of literature, and of laws."

Dr. Lawson continued in the regular performance of his professional and college duties up to the time of the Christmas holidays, though it was well known that his health was feeble and that study and close attention to duty was telling upon him. He then went to the country for a brief relaxation, but returned after a few days to take his sick couch, from which he was destined never more to return to the labors of earth.

Dr. W. H. Taylor, who conducted the post-mortem examination, has handed us the following notes, which will be read with interest.

Examination Thirty-Six Hours after Death.—Body emaciated, anæmic, slight post-mortem rigidity. Extensive adhesions of the pleura were found, which in the upper part of the thorax were very firm, in the lower lateral portions of left were indications of recent inflammation. The lungs presented extensive vesicular emphysema predominating in the right. In the apex of right lung were several tubercular cavities each about the size of a hazel nut. Throughout the entire parenchyma of both lungs were small yellow tubercles in all stages, some hard, some softening, some cretified. The surrounding lung structure was engorged and in some portions hepatized. The pericardium was healthy. It contained rather more than the usual amount of fluid which was tinged with blood. The walls of the heart were not more than half their usual thickness, and were so soft as to be easily penetrated by the finger. The small intestines were healthy. In the head of the colon were numerous small oval and round ulcers penetrating the mucus and muscular coats. The mucus membrane surrounding the ulcers was of a dark color. Several patches of chronic engorgement were found in the mucus membrane of the rectum. The liver was so soft as to tear by its own weight when but partially raised. The spleen was twice its usual size and very soft. The kidneys were about normal size, dark colored, very flabby, and the fascia propria easily detached. On section the junction of the cortical and medullary portions was scarcely distinguishable. A considerable quantity of thin dark fluid with oil globules flowed from the cut surface. The calices were lined by a yellow deposit of cheesy consistence about a line in thickness, and contained a milky fluid.

The following is the tribute of the profession on this occasion :

IN MEMORIAM.—At a meeting of the Regular Medical Profession, held at the Medical College of Ohio, on Saturday, 23d inst., the fol-

lowing resolutions were, after appropriate remarks, unanimously adopted.

J. L. VATTIER, M.D., President.

J. P. WALKER, M.D., Secretary.

"Whereas, It has pleased God, in his good providence, to remove from our midst our professional brother, Dr. L. M. Lawson, late Professor of Theory and Practice in the Medical College of Ohio; therefore be it

"Resolved, That in the death of Dr. Lawson, the profession of this city and whole country, has lost an accomplished member, and one wholly devoted to scientific pursuits.

"Resolved, further, That in his death the profession has lost a member whose labors in behalf of medical science have given additional luster to the American profession of medicine at home and abroad.

"Resolved, That in him we lose the well-bred gentleman, of amiable manners, wholly directed during his entire life, to the advancement of his profession, and the welfare of its members.

"Resolved, That a copy of these resolutions be sent to the family of the deceased, and published in the daily papers, and in the Cincinnati *Lancet and Observer*."

The funeral took place from the First Presbyterian Church of this city, the discourse being delivered by the Rev. Mr. Worrall, of Covington, and the remains were followed to the cemetery by the Freemasons, of which body he was a Knight Templar, by the Profession, and the students of the Medical College of Ohio. His memory and teachings will long remain with the profession of this Great Valley. His body rests in the tomb 'till the beauty of the Resurrection morn.

Prevention of Sea-Sickness.—Mr. Ashe, of Birkenhead, has taken out a patent for a couch, which, by means of a ball and socket, and other apparatus, is constantly suspended in the same position whatever may be the motion of the vessel. It is said that a patient reclining upon this will be free from sickness.—*London Lancet*.

New American Pharmacopœia.—The January number of the *London Lancet* contains a very appreciative review of the last edition of our Pharmacopœia. The notice concludes with the following paragraph: "Upon the whole, we consider the New United States Pharmacopœia a work highly creditable to its compilers and the profession. It bears the impress of an honest and earnest endeavor to advance the science and art of healing, to render available to all the experience and information obtainable from every quarter, and without favor or prejudice to adopt whatever may be practically useful from any source."

Gov. Tod.—It is not often that we feel a regret at the retirement of a public officer, occupying the first office in the State. We heartily regret that Gov. Tod has retired to private life. In our knowledge he is one of the few men who entertains a high respect and regard for the regular profession and its members. It is to him that the profession owes the appointment of a State Medical Board for the examination of all applicants for Surgeon and Assistant-Surgeon of the various regiments raised in the State. His predecessor appointed the Surgeons of the regiments in the same way he appointed the staff officers—on his own judgment, influenced of course by political considerations. This Gov. Tod refused to do. He sent all applicants before the Medical Board, and if they were successful in their examination, he appointed them. On assuming the duties of his office, he strengthened himself by the appointment of a highly accomplished gentleman as Surgeon-General—Dr. Gustav C. E. Weber. In every thing concerning the welfare of the soldiers in the field, he consulted Dr. Weber. His opposition to quacks and quackery of all kinds was so decided that he refused to listen to them for one moment.

As a result of all this the medical men appointed from Ohio occupy a high place in the army. They compare favorably with those appointed from other States.

In some of the States, as for instance Indiana, the Governors have appointed any and everybody. Gov. Morton has said we are informed, that a physician is better known in his own neighborhood than in any other place, and that if he has letters from the people with whom he has practiced, they are sufficient to entitle him to an appointment. In carrying out this view, Gov. Morton has commissioned several notorious quacks.

Governor Tod maintained that as the soldier in the field has no choice of Surgeons, he was determined that he would send none but the best. He has demonstrated to the Legislature and the people of the State, the necessity and importance of a State Medical Board.

On account of the decided course of Governor Tod against appointing quacks, the Legislature attempted to cripple him and force him into recognizing quack physicians. It met however with a signal failure, and now for the first time in many years, the regular medical profession holds a strong place in the public estimation. The various quack systems and their blatant advocates have received from Governor Tod's course, a blow more severe than could have been given from any other source.

The profession, we repeat, lose in Governor Tod a warm friend.

He has in every respect proved himself to be one of the best Governors the State has ever had.

Loyal and devoted above all party prejudices, to the interests of our beloved but distracted country, generous and kind to the soldier and officer, he has proved himself to be one of the few men who honor the place from which he retires.

We hope that the members of the regular profession will not forget his good offices in their behalf. We sincerely hope that the people will not permit so good a man to remain long out of public service.

Apologetic.—We regretted very much the necessity of sending out our January number so late, which was unavoidable; and also for sending out an untrimmed number, which was owing to an accident in the bindery just as we were issuing. Press of work in every department of printing renders it very difficult to be as prompt as we could desire, and we must ask our friends to exercise as much patience in these matters as possible.

Personal.—Dr. W. H. Mussey has resigned his position as Medical Inspector in the United States Army, and returned to the practice of his profession in this city. His friends will greet him amongst us again with a great deal of very sincere pleasure.

Braithwaite's Retrospect—Part XLVIII—January, 1864.—Mr. W. A. Townsend, of New York, continues the regular issue of this invaluable *resume* of Practical Medicine and Surgery. The number before us completes twenty-four annual volumes, its publication having commenced in the year 1840. The present part fully sustains the well known and established reputation of the *Retrospect*, as a mirror of the progress of medical science. The price is \$1.25 each Part, or \$4.00 a year for *Braithwaite with Lancet and Observer*.

Surgeon General W. A. Hammond, U.S.A.—Although we did not approve of the mode in which Surg. Gen. Hammond secured the preferment to his present responsible position, we were nevertheless of those who desired his success, and expressed ourselves decidedly in his behalf. We knew that he possessed more than ordinary scientific scholarship and energy of character; he entered upon the duties of his new office at a critical time in the affairs of our nation. It was evidently no time to dwell upon personal preferences, it certainly was a time to stand by every man who manifested earnestness of purpose and heartiness in the execution of any public trust. When it became

erident, as we believed, that Surg. General Hammond was not endowed with those elements of character, and just appreciation of the honor of his profession, that fit him for so exalted a place, as our readers very well know, we reluctantly took grounds against him—we did so under a full conviction of public duty—we did so fully and frankly—if perhaps harshly, we certainly intended no discourtesy. For several months past we have not introduced the subject in our columns, from the fact that it was understood that his official conduct was undergoing an examination, which, as we thought, made it improper in us to attempt any forestalling of professional opinion. So much has of late however, been remarked in the newspapers of the day, concerning the Surgeon General, that it is perhaps proper to make the following statement. Several months ago Surgeon General Hammond was temporarily relieved from the duties of his office in Washington—Surgeon Joseph K. Barnes, U.S.A. being ordered on duty as acting Surgeon General—while Dr. Hammond was ordered on various tours of inspection, down the coast to New Orleans, Nashville, Chattanooga, &c. &c. In the meantime a special commission was appointed to examine the papers and records of the office; and by way of parenthesis, it is perhaps right that we express our very serious doubts of the propriety of this system of espionage of official papers and documents in the constrained absence of an officer under suspicion, we think Dr. Hammond should have been present throughout this entire preliminary investigation. The result of this commission, however, has been the preferment, if we are to regard newspaper reports, of most grave and serious charges against the administration of the Surgeon General, and as we write (Jan. 25th.) a court martial has commenced its sittings in the city of Washington, which will doubtless carefully and thoroughly investigate those charges. It is improper that we make any reflections or anticipations; perhaps quite as soon as this number of our Journal reaches our readers, the verdict will be given to the world in the newspapers, and with that verdict we shall doubtless have given to us sufficient of the evidence to enable us to form for ourselves a fair opinion of its righteousness.

In the meantime Dr. Hammond has met with a serious accident which will probably in any event unfit him for any active service for a long time under the most favorable circumstances. "In stepping into his carriage at Nashville, Tenn., on the point of departing thence to Knoxville, he slipped on the steps and fell, severely injuring his spine, He was confined to his bed when last heard from, his lower limbs being partially paralyzed."

The new Ambulance Bill.—Senator Wilson, of Massachusetts, has before Congress a very important bill providing for a complete reorganization of the ambulance system of our army. There is perhaps nothing in our army more faulty than the ambulance system as it has been carried out hitherto. In our most hardly fought battles, ambulances have been sadly and terribly deficient in the performance of their legitimate duties. This matter has elicited the attention of Surgeons in and out of the army, all over the country, and at length as we hope with a fair prospect of reform; we clip a paragraph from a telegraphic message in a recent daily:—"Mr. Wilson's bill provides that the number of two-horse ambulances attached to army corps shall be three to an infantry regiment of five hundred; two to a regiment of two-hundred; one to a regiment of one hundred or more; two to a cavalry regiment of five hundred; one to a regiment of less number; one to a battery of artillery. All persons are prohibited from using ambulances for other purposes than the care of the sick and wounded."

A new Editorial Arrangement.—Hereafter Dr. Wm. B. Fletcher, of Indianapolis, will have charge of the entire department of "Editorial abstracts and selections" and arrange and condense them for this Journal. Old readers of the *Lancet* and *Observer* will remember the attractive character of this department while under the control of the lamented Hartmann; and our friends in Indiana who know Dr. Fletcher, will congratulate us in securing so worthy a successor. Exchanges will do us a favor, and at the same time secure for themselves regular notice and prominence, by forwarding to Dr. Fletcher a duplicate, for which courtesy we shall always be happy to reciprocate.

Gossip—New mode of Preparing Beef Tea.—A Medical friend had occasion not long since to order "beef tea" for a patient, and at a subsequent visit happened to inquire of the nurse if she understood the art of making beef tea correctly: Oh yes she replied—but for fear she might be mistaken she had consulted another lady friend learned in the duties of the sick room; and between us, said she, we succeeded beautifully. I took a nice piece of beef—cut it in very fine pieces—put them in a bottle, corked it carefully, and then put it in a kettle of water and boiled for two hours: we then took out the bottle and fed the patient a spoonful of the water from the kettle every two hours!

Light for Homeopathic Globules.—And while we are in the way of it here is another humorous item that will bear repeating. Every body

in the Miami valley knows Rev. Sam. Clayton. He is a genial, sunny fellow, and a worthy member of the Methodist traveling connection; and furthermore, he is not one of your Methodist clergymen who is to be trapped or seduced into any endorsement of quacks—"mellifluous" or otherwise, simply because they treat him courteously or send him a box of pills *via* the Book Concern. Clayton happened "once on a time" to be enjoying the hospitalities of a homeopathic doctor, and it also happened that he was somewhat unwell: of course the host was anxious to do all in his power to make his guest comfortable, and bringing a few globules in his hand was very certain they would relieve his ailments; "very well, says Sam, all right, only hold on a little my good brother, while I go out and catch a handful of lightning bugs to show them little pills the right way—they'll never find the track themselves."

The Trumpet-Rat.—Buckland, in his *Curiosities of Natural History*, gives the following account of a lawsuit in France about a rat:

Pliny, Buffon and Lacepede have made us acquainted with the races of animals which inhabit the two hemispheres, but none of these savants, any more than the naturalists, their successors, have made mention of the "trumpet-rat," and a search for it among the antediluvian animals discovered by science will be equally unsuccessful. The "trumpet-rat" is modern; its existence dates from the time the Zouaves were in Africa. The action at law brought by M. Triguel against Girome, a retired Zouave, makes us believe that this is the animal in question.

The Plaintiff.—"Gentlemen, this individual has cheated me out of a hundred francs (\$20), and has, at the same time, wilfully abused my confidence. He knows that I am much interested in geology, antiquities, natural sciences. I have collections of fossils, of medals, of rare animals, of curious plants. One day he called upon me, and said: 'Sir, I have a kind of animal which has never been mentioned by any naturalist.' 'What is it, sir?' 'It is a trumpet-rat.' 'What do you call the trumpet-rat?' 'Sir, as the name indicates, it is a rat which has a trumpet.' 'Where is it?' 'On his nose like a rhinoceros.' 'And you have it alive?' 'Alive and well; if you wish to see it, you have only to come to my house.' 'Directly; come along.'

"I was very anxious to see this strange animal. We arrived at his house, and he shows me in a cage an enormous rat, very lively and in a good condition, and which really had on its nose a sort of slender excrescence about two centimetres long (two-thirds of an inch), covered with hair like the body of the animal, with vertebrae in it, and, a most extraordinary thing, larger at the summit than at the base, the

contrary to what it ought to be in the usual course of things. I ask to examine this phenomenon; he puts it in my hand, and hold its paws and head that I might examine at my ease this extraordinary trumpet. I ask him if it were not a dupe, and mystification, and to convince myself I take a pin and force it into the trumpet. The animal cried out, winced, and a drop of blood came from the prick. The experiment was conclusive—it was really a trumpet forming a part of the rat.

“I wonder. I ask this man if he would sell his rat. He answers in the affirmative. I ask his price. Fifty francs. I pay it without any bargaining, and I bring the animal home. I invite my friends and servants to see it; the cry of admiration was universal—I was enchanted.

“Some one says to me, ‘You ought to procure a female (this was a male).’ I had thought of that, but having seen but one rat at the house of the person who sold it to me, I concluded that he had no more. I determined, therefore, to go directly to see, and I ask him if it were possible to get a female. ‘Nothing easier,’ he answered me; ‘I have written to Africa, and they have sent me many trumpet-rats, of which I have two females.’ With these words, he brings out a cage full of rats like that which he had sold me. He chooses me a female, for which I pay him fifty francs (\$10.) I carry it off more enchanted than ever. Some months afterward the female has young; I look at them, they had not trumpets. I say to myself, ‘Without doubt they will sprout hereafter like elephants’ tusks.’ I wait one month, two months, six months; every day I look at the nose of my rats, but the trumpet never appeared.

“In a house where I go frequently I make the acquaintance of an officer who had served a long time in Africa. ‘Tell me,’ I says to him one day—‘you have been in Africa—do you know the trumpet-rats?’ ‘Perfectly,’ he answers me. ‘Ah! then you can inform me.’ I then tell him my story. Then this gentleman began to laugh, as though his sides would split. I say to myself, ‘Certainly then I have been duped.’ When he was calm I beg him to explain the motive of his hilarity. Then he tells me what follows: ‘The trumpet-rat, he tells me, is not a supernatural thing—it is an invention due to the leisure moments of the Zouaves. This is how they make them: you take two rats, you tie their paws firmly on a board, the nose of one close to the end of the tail of the other; with a pen-knife or a lancet you make an incision into the nose of the rat which is hindermost, and you graft the tail of the first into the nose; you tie firmly the muzzle to the tail, and you leave the two rats in this position for forty-eight hours. At the end of the time the union has taken place, and the two parts have grown together; then you cut off the tail of the rat which is in front to the required length, and let him go, but still keep the other tied to the board, but with his head loose, and you give him something to eat. At the end of a month or more the wound is perfectly healed, and the eyes of the most curious spectators would not see a trace of the grafting. This is what these Zouaves do;

the rats have no trumpet—you have been deceived (les rats n'ont pas de trompe ; vous avez été trompé).

“ On the part of the defendant, it was urged that he had certainly made up the rats as has been stated, but he affirms that he had not sold them to the plaintiff as rats ‘born’ with a trumpet.

The President—“ ‘Is this true, M. Triguel?’

M. Triguel—“ ‘You understand, sir, after the experiment which I made with the prick of the pin, which bled and made the animal cry, I ought to believe that the trumpet was natural.’

The President—“ ‘Then the defendant told you that it was a particular kind of rat?’

The Plaintiff—“ ‘Yes, without doubt.’

The Defendant—“ ‘In fact, it is a particular kind of rat.’ ”

Verdict for the Zouave—the trumpet-rat maker.

A Medical Reformer in Spain—The Spanish medical journals, one and all, announce with profound regret the death of Dr. Asensio, one of the warmest supporters of medical Reform. The deceased always defended with great energy the rights of medical men, and was conspicuous for his activity on behalf of the welfare of his medical brethren.—*London Lancet*.

Two New Cases of Syphilis Conveyed by Vaccination.—Besides the case of M. Devergie, lately mentioned, we have now one alluded to by M. Chassaingnac before the Surgical Society of Paris; and another observed by M. Herard, and brought before the Medical Society of Hospitals. The parents, in both cases, have not suffered from syphilis, and the specific ulcers became apparent in the children at the spot where vaccination had been performed. The symptoms of syphilis were verified by the members of both the above-mentioned Societies.—*London Lancet*.

Nyctalopia.—Prof. Hind, of Toronto, has published some curious details concerning the nyctalopia, or night-blindness, prevalent among the Montagnais or Nashquapee Indians. The sufferers from this affliction can see perfectly as long as the sun is up, but become nearly or wholly sightless from sunset until dawn. No artificial light is of the least service.—*London Lancet*.

The Medical Staff of England.—From the last census it appears that there are, in England and Wales, one surgeon or general practitioner to about 1712 of the population, one physician to 5552, and one dentist to 3505.—*London Lancet*.

Medical Prices Current.—A correspondent wishes to know why we do not insert Druggist circulars in our Journal; complaining that dealers in the country impose a heavy advance on their former charges, and they desire a guide as to proper rates. We reply that Mr. W. J. M. Gordon & Brother, and other advertisers in our Journal have been in the habit of furnishing such a Price Current to our subscribers, but they have for a while delayed the usual issue of such a circular on account of the unusual advances and great changes which have been constantly taking place, so that such Price Current of to-day might, in many prominent articles, be materially changed before it would reach our subscribers. We presume however the circular of Messrs. Gordon will appear with this number of the *Lancet* and *Observer*, and answer as an approximate guide.

LITERARY EXCHANGES.—*Harper's Magazine* for February, 1864, is already on our table. It is for sale by all book and periodical dealers at twenty-five cents a number. *Harper* sustains in the numbers thus far of the current year the well-earned reputation so well established as one of the best family magazines extant.

Godey's Lady's Book.—We have neglected to notice this old favorite of the ladies until reminded by the appearance of the February number which is before us, filled to repletion with its usual *melange* of engravings, model cottages, patterns, and fashions and furbelows, with a letter-press of pleasant and safe light reading. *Godey* is now passing into its *thirty-fourth* year of publication, which is perhaps as good a testimonial of its character, stability and excellence as any words of ours. Price \$3.00 for single copy. Address L. A. Godey, Phil. or the *Lancet* and *Observer* and *Godey* sent one year for \$4.50.

Atlantic Monthly for February, 1864. The contributors for the number before us present the following brilliant array of names: Oliver W. Holmes, Harriet Beecher Stowe, Robt. Dale Owen, Trowbridge, Hilliard, Alice Carey, Louis Agassiz, Mrs. Waterston, Hale, Cabot, Akers and Wasson. The regular readers of the *Atlantic* will regard our repeated assertion that the *Atlantic* is the ablest conducted periodical in this country as entirely within bounds. It is furnished by the publishers, Ticknor & Fields, Boston, and by all news dealers at \$3.00 a year. We send the *Lancet* and *Observer* and *Atlantic* for \$4.50 a year.

St. Louis Medical and Surgical Journal:—This old and valued exchange, yielded to the pressure of the times three years ago, and suspended its issue. We are pleased to learn by a prospectus which has

just reached us that the Journal will at once resume its publication, to be under the Editorial charge of its former able and well known chief Prof. M. L. Linton, of the St. Louis Medical College, and Prof. Frank M. White, of the same Institution. We wish our old *confreres* prosperity and success. The Journal in its new series will be issued every alternate month, with ninety-six pages, at \$2 a year, invariably in advance.

PAMPHLETS RECEIVED—*To Know, its Source, its Mode, and its Power.*—An Introductory Address, Delivered at the St. Louis Medical College, November 2nd, 1863, by Frank M. White, A.M., M.D., Professor of Materia Medica, and Therapeutics.

Transactions of the Illinois State Medical Society.—Eleventh Annual meeting, for the years 1861-2-3, held at Jacksonville, May 5th, 1863.

Medical Logic.—An Introductory Lecture to the Medical Department of the University Michigan, session of 1863-4, by S. G. Armor M.D., Prof. of Institutes of Medicine and Materia Medica.

The Vascular Connection between the Mother and Fetus in Utero.—By John O'Reilly, M.D., F.R.C.S.I., etc., New York.

We have not had time to read or notice these pamphlets as we could wish, we hope to do so, and place them in our pigeon hole for that reservation.

Authority of Military Commanders over General Hospitals.—The case of Assistant-Surgeon Warren Webster, U.S.A., tried for disobedience and conduct prejudicial to military discipline, embraces the following facts: Gen. Canby, commanding the city and harbor of New York, ordered Gen. Brown, commanding the post at Fort Schuyler, to arrest and send to Governor's Island a soldier represented to be at that post. The man being not at the post, but in the McDougall General Hospital, General Brown ordered Dr. Webster, of the regular service, in charge of hospital, to arrest the soldier and send him as before mentioned. The man was at the time confined to his ward by the results of a severe surgical operation just performed, and could not be removed with safety. The surgeon-in-charge reported to Gen. Brown that since General Hospitals were under the control of the Surgeon-General he considered it his duty to remove patients only when orders came through the Medical Director; and for this report he was put on trial.

Orders heretofore given had been through the Medical Director or the Surgeon-General. The court-martial found Surgeon Webster guilty, and sentenced him to "be confined to the limits of his post

for six months, and to be reprimanded in General Orders by the General commanding the Department." Gen. Dix modified the sentence, confining him to his post for sixty days. This case raises some nice points affecting the position of surgeons in charge of hospitals. We shall notice them more at length at some future day.—*Amer. Medical Times.*

The Value of Lunatic Life.—Some time ago a lunatic named Ashmore, confined in the Richmond Asylum, was killed in the night by another patient, not previously supposed to be dangerous. His widow brought an action against Dr. Lalor, the superintendent, which, after a two days' trial, was decided in his favor, the jury not considering that she sustained any damage by losing an insane husband.—*Ibid.*

The Discoverer of the Circulation.—It is universally believed that Harvey, the eminent physician of Charles I., was the first who made that great physiological discovery—viz., the circulation of the blood. On the other hand, it is maintained by some—and Dr. Woden, in a work written and published some two hundred years ago declares—that Michael Servetus, the French physician and victim of Calvinistic intolerance, who was burnt at Geneva in the year 1553, was the first discoverer of the distribution and circulation of the blood through the human frame.—*Ibid.*

Triplets.—The wife of a medical man at Fuentemajor (Spain), has just been delivered of three girls, all strong and healthy. The mother is forty-three years of age, and this is the thirteenth time she has been confined of triplets. It would be interesting to learn how many of these thirty-nine children our professional brother is now blessed with. (We extract this paragraph from the *Gazette Medicale de Lyon*, with all due reserve.)—*Ibid.*

The Action of Oxygen on Wine.—At the last meeting of the Academy of Sciences M. Berthelot showed that ten cubic centimetres of oxygen are sufficient to destroy the bouquet of a litre of wine in a few minutes. Hence the importance of corking bottles carefully. Yet a small quantity of oxygen in a diluted state, as in atmospheric air, does not seem to spoil the bouquet, owing to the presence of carbonic acid in wine. The cause of the loss of bouquet in wine after long keeping appears to be the gradual absorption of oxygen, which affects it as would the addition of a mineral water, such as that of Vichy.—

Munificent Bequest.—The late James H. Roosevelt has bequeathed about \$900,000 for the establishment and endowment of a hospital in New York. The testator gives this fund in trust to certain designated persons. No restrictions are placed upon the trustees in regard to the locality or character of the hospital. A fine opportunity is thus afforded, of which we trust advantage will be taken, to erect a model hospital, one which will fulfil all the requirements of the science of the day.—*Med. News and Library.*

Surgeon-General Hammond.—We are glad to learn that the severe injury which this gentleman received by a fall at Nashville, is not likely to produce permanent ill effects. At first he was deprived of the use of his lower limbs, but the most serious symptom has in some measure disappeared. It is now confidently anticipated that his recovery will finally be complete.—*Amer. Med. Times.*

American Medical Association.—There are abundant indications that the next meeting to be held in New York, in June, will be one of the largest ever held. From all parts of the country we hear the note of preparation. The profession of New York have for some time been making arrangements to render the meeting in the highest degree a success. Societies throughout the country should appoint delegates at an early day, to give ample time for preparation.—*Ibid.*

Died, in Baltimore, Dec. 25, 1863, of pneumonia, SAMUEL CHEW, M.D., Professor of the Principles and Practice of Medicine in the University of Maryland.

Died, in Boston, on the 8th of January, from rupture of left kidney caused by a fall on the ice, JOHN C. DALTON, aged 68 years.



Army Medical Intelligence.

Special Orders, No. 24.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, D. C., Jan. 16, 1864. }

19. By direction of the President, a General Court-Martial is hereby appointed to meet in this city at 12 o'clock m. on the 19th day of January, 1864, or as soon thereafter as practicable, for the trial of Brig.-Gen. W. A. Hammond, Surgeon-General U.S.A., and such other prisoners as may be brought before it.

Detail for the Court.—Major Gen. Rr J. Oglesby, U.S.V. ; Brig.-Gen. W. S. Harney, U.S.A. ; Brig.-Gen. W. S. Ketchum, U.S.V. ; Brig.-Gen. G. S. Green, U.S.V. ; Brevet Brig.-Gen. W. W. Morris,

Colonel 2d. U. S. Artillery ; Brig.-Gen. A. P. Howe, U.S.V. ; Brig.-Gen. J. P. Slough, U.S.V. ; Brig.-Gen. H. E. Paine, U.S.V. ; Brig.-Gen. J. C. Starkweather, U.S.V. ; Major John A. Bingham, Judge Advocate of the Court.

No other officers than those named can be assembled without manifest injury to the service.

By order of the Secretary of War :

E. D. TOWNSEND, Assist.-Adjt.-Gen.

General Orders, No. 2.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE, }
WASHINGTON, D. C., Jan. 2, 1864. }

The percentage of men allowed to be absent at one time under the authority given in General Orders, No. 391, of 1863, to grant furloughs to enlisted men in hospitals, is changed from five to twenty per cent.

By order of the Secretary of War :

E. D. TOWNSEND, Assist.-Adjt.-Gen.

General Orders, No. 9.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE, }
WASHINGTON, D. C., Jan. 4, 1864. }

The Hospital and Ambulance Flags of the Army are established as follows : For General Hospitals, yellow bunting 9 by 5 feet, with the letter H, 24 inches long, of green bunting, in centre.

For Post and Field Hospitals, yellow bunting 6 by 4 feet, with letter H, 24 inches long, of green bunting, in centre.

For ambulances and guidons to mark the way to field hospitals, yellow bunting 14 by 28 inches, with a border, one inch deep, of green.

By order of the Secretary of War :

E. D. TOWNSEND, Assist.-Adjt.-Gen.

Circular Letter.

SURGEON-GENERAL'S OFFICE, }
WASHINGTON, D. C., Jan. 14, 1864. }

The Board of Medical Officers, assembled at the city of Philadelphia, for the purpose of examining the different models submitted to them for an artificial arm, having reported in favor of Selpho's Model for cases of amputation below, and the Lincoln Model above the elbow joint, you are authorized to order artificial arms, from these manufacturers, for soldiers who may be entitled to receive them, under the same instructions as heretofore published for artificial limbs, the price not to exceed fifty dollars (\$50.)

In compliance with the recommendation of the Board, when a soldier may desire to purchase "the more elegant and expensive arm of Palmer," fifty dollars will be allowed toward payment for the same, upon a written application to that effect to a Medical Director, who shall satisfy himself that the transaction has been carried out in good faith.

By order of the Acting Surgeon-General.

C. H. CRANE, Surgeon U.S.A.

The resignation of Lieut.-Col. Wm. H. Mussey, Medical Inspector U.S.A., has been accepted by the President, to take effect Jan. 1, 1864.

Surgeon L. H. Holden, U.S.A., has been ordered to proceed without delay to Wilmington, Del., and report in person for examination to Major-General McDowell, President of the Retiring Board, convened by Special Orders No. 807, July 11, 1863, from the War Department.

Medical Inspector R. H. Coolidge, U.S.A., will at once repair to Knoxville, Tenn., and examine into and report upon the sanitary condition of the United States troops, at or near Knoxville. Upon the completion of this duty, Medical Inspector Coolidge will at once return to New York, and report in person to the Surg.-Gen. of the Army.

So much of Special Orders, No. 564, current series, from the War Department, as discharged Surgeon John J. Marks, 18th Pennsylvania Cavalry, for physical disability and absence without leave, is so amended as to omit the charge of absence without leave.

Surgeon Henry A. Martin, U.S.V., is relieved from duty at Pilot Knob, Mo., and will proceed without delay to Fort Monroe, Va., and report in person for duty to Major-General Butler, U.S.V., commanding Department of Virginia and North Carolina.

Upon the recommendation of a Board of Officers, convened by Special Orders No. 285, June 27, 1863, from the War Department, Acting Assist.-Surgeon Alexander B. Tadlock, 4th Tennessee Vols., is honorably discharged the service of the United States, on account of physical disability.

In addition to his duties as Health Officer, Surgeon H. J. Churchman, U.S.V., has been assigned to duty as Post-Surgeon at Vicksburg, Mo.

Assistant-Surgeon Samuel Hart, U.S.V., has been relieved from duty with the 16th U. S. Infantry, and placed in charge of the 11th Division, General Hospital, Murfreesboro', Tenn.

Surgeon Howard Culbertson, U.S.V., has assumed charge of the Harvey General Hospital at Madison, Wis., Assistant-Surgeon Francis L. Town, U.S.A., recently in charge, has been ordered to report in person at the Office of the Assistant Surgeon-General, at Louisville, Ky.

Surgeon F. N. Burke, U.S.V., has been transferred from Jefferson Hospital to Gayoso Hospital at Memphis, Tenn.

Surgeon Enoch Pearce, U.S.V., absent on sick leave, has been ordered before the Board in session at Cincinnati, Ohio, for the examination of sick officers.

A. P. Esselhorn, of Cincinnati, Ohio, and Charles E. Sanborn, of Boston, Mass., have been appointed Medical Cadets, U.S.A.

Surgeon George S. Courtright, U.S.V., has been assigned to duty at Fort Sumner, N. M.

Surgeon D. W. Hartshorn, U.S.V., has been ordered to report to the Medical Director at Louisville, Ky., for temporary duty while awaiting acceptance of his resignation.

Surgeon A. C. Schwarzwelder, U.S.V., has been directed to report to the Medical Director, Louisville, Ky.

Surgeon D. G. Brinton, U.S.V., has been assigned to duty as Medical Director, 11th Army Corps, Army of the Cumberland.

Surgeon L. O. Rice, U.S.V., has been ordered to report to the Assistant Surgeon-General at Louisville, Ky.

Surgeon Thomas McMillin, U.S.A., will report in person without delay to the Commanding General, Army of the Potomac.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Fatal Case of Poisoning by Oil of Bitter Almonds.*—Edward Ellis, M.D. was called about a quarter to eleven on Monday evening, August 3d, to a person "who, it was feared was in a fit; only there was a strong smell of the oil of bitter almonds in the room." In less than ten minutes he was at the house, taking with him some aromatic spirit of ammonia, etc., in case he should find the suspicion of bitter-almond-oil poisoning to be true. He found the patient, a lady aged thirty-six, lying on the bed, motionless and insensible. Her friends stated that they had found her lying on the floor, and had lifted her upon the bed; and that she had not spoken or shown any token of consciousness. This must have been about four minutes after taking the poison. When Dr. Ellis saw her, about fourteen minutes had elapsed. Her breathing was then stertorous and at long intervals; her mouth was open; the breath smelling most powerfully of oil of bitter almonds, as also the air of the room; her lips were pale and bluish; the surface cold and clammy. There was no distortion of the features or convulsion up to the time she died. Her pulse was slow and flickering, and the heart's beat correspondingly feeble, sometimes intermittent. The eyes were fixed and glassy; the pupils moderately dilated and quite insensible to light. In seven minutes after Dr. E. first saw her she was dead.

He had the windows thrown open and her chest bared, and kept up artificial respiration, moistening the lips with ammonia; but it was evident from the outset that all efforts would be unavailing.

At the post-mortem examination made forty-four hours after death (the weather being warm) there was no notable smell of bitter almonds at the mouth; the discoloration of the surface, especially of the more depending parts of the body, was very marked; there was no drawing or distortion of the features; the color of the muscles was not much changed, but on the whole rather darker than natural. On opening the chest an intense odor of bitter almonds became perceptible. The lungs were gorged with black blood, and smelt strongly on section. The heart was nearly empty; the left ventricle firmly contracted. The liver was slightly congested; the spleen and kidneys

healthy. The stomach was removed in a pot for after-examination, he examined it on the following day. It was opened along the lesser curvature, and the contents were found to be about four ounces, consisting mainly of undigesting food, smelling intensely of the oil, and, on being tested, giving abundant evidence of the presence of prussic acid. The mucous membrane was black and softened, with one or two red patches of inflammation toward the cardiac end.

At the inquest it appeared that the deceased had purchased a shilling's worth of the essential oil of bitter almonds at a chemist's in the neighborhood, and that his assistant had sold her two drachms.

I should add that at the time of the occurrence she had been, owing to improved health, for about a month out of Bethlehem Hospital; and during that time her friends declare that she acted quite rationally, and exhibited no tendency to insanity, for which she had been previously placed under restraint.—*London Lancet*.

MATERIA MEDICA.

2. *Perchloride of Iron as a Hemostatic.*—The *Antwerp Journal* states that perchloride of iron combined with collodion is a good hæmostatic in the case of wounds, the bites of leeches, etc. To prepare it, one part of crystallized perchloride of iron is mixed with six parts of collodion. The perchloride of iron should be added gradually and with care, otherwise such a quantity of heat will be generated as to cause the collodion to boil. The composition when well made is of a yellowish red color, perfectly limpid, and produces on the skin a yellow pellicle, which retains great elasticity.—*London Lancet*.

3. *On the Preparation of Aconitine.*—By MM. Liegeois and Hotot.—The process for preparing the valuable alkaloid aconitine, given by the authors above named, is, we believe, of English origin, and will, with a slight difference, be incorporated in the forthcoming British Pharmacopœia: we therefore extract it:—

“The bruised root of the *Aconitum napellus* is digested for eight days in alcohol slightly acidulated with sulphuric acid. The alcohol solution is then pressed out, and the alcohol distilled off. A small quantity of green oil and an aqueous extract are thus obtained. The green oil is separated, and the extract further evaporated to the consistency of a syrup. It is now dissolved in water and neutralized with magnesia, and then shaken up with ether. The ethereal solution on evaporation yields the rough aconitine. This is again dissolved in water acidulated with sulphuric acid, and decolorised by means of animal charcoal. Ammonia is then added to precipitate the aconitine, and the mixture boiled, after which the alkaloid is collected on a filter and dried. This part of the process is repeated once, or twice if necessary, in order to obtain the alkaloid with as little color as possible. It is eventually precipitated with a very slight excess of ammonia, and dried at a low temperature.”

Aconitine so obtained is of course completely soluble in ether, and possesses remarkable activity. The alkaloid received from the Con-

tinent, and commonly sold in England, is, as was recently shown by a correspondent of this Journal, of very inferior quality. Our correspondent administered three grains to a dog without producing the smallest discomfort to the animal. Two milligrammes, or little more than three hundredths of a grain, prepared by MM. Liegeois and Hotot by the above process, killed a frog in four minutes, while it required a grain and a half of the most active they could find in commerce to produce the same effect.

What foreign aconitine is we have no means of knowing. It may be, as M. Barreswill supposes (*Repertoire de Chimie Appliquée*, September, 1863, p. 353), "some peculiar principle, such as asparagine, or perhaps, in some instances, for the most part, sulphate of lime." The latter was not the case with two samples we have examined, which possessed no more activity than that mentioned by our correspondent.

The British Pharmacopœia, we have been informed, makes considerable use of alkaloids, and as, in consequence of their greater cheapness, most of these will be imported from abroad, it will be incumbent on pharmacutists to test their activity by experiments on living animals, or procure the alkaloids from reliable English sources.—*Chem. News, London, Oct. 24, 1863, from Journ. de Pharmacie, August 1863.*

4. *On Phloridzine and its Use.*—By Dr. De Ricci.—Phloridzine is a neutral principle existing in considerable quantities in the bark of the root of the apple, plum, and cherry trees, but principally in the root of the apple tree. It appears in the market in the form of a dirty-white powder, consisting of broken-up, silky needles, somewhat resembling quinine which has not been well bleached, and when rubbed between the fingers it has a soft, velvety feel, very like that of French chalk. When crystallized by slow cooling from a dilute solution, previously treated with freshly prepared animal charcoal, phloridzine may be obtained perfectly white, and in the form of long silk needles. Its taste is peculiar, being bitter at first, but afterwards somewhat sweetish, with a flavor of apples. Phloridzine differs from quinine by containing no nitrogen in its chemical composition, but in this respect it resembles salicine, to which it is much allied. Like salicine, it does not combine with acids, to form salts, is very soluble in alcohol, ether, or boiling water, but requires one thousand parts of cold water for solution.

The cases in which Dr. De Ricci has employed phloridzine with most success have been certain forms of atonic dyspepsia occurring in delicate females, to whom it was impossible to administer either bark, quinine, or salicine in any shape, without bringing on serious nervous excitement. He has also found it extremely well adapted for the treatment of young children of delicate constitutional habit, or when recovering from whooping-cough, infantine fever, or any other disease. The doses he has employed are five grains three or four times a day for adults, and proportionately smaller doses for young children. In prescribing phloridzine it must be borne in mind that it is almost insoluble in cold water, but the addition of a very small quantity of ammonia instantly dissolves it; thus, by adding to an eight ounce mix-

ture, containing a drachm of phloridzine, a few drachms of aromatic spirit of ammonia, the fluid which was previously milky becomes perfectly clear, and the addition of the aromatic spirit rather improves the mixture than otherwise, Dr. De Ricci relates the case of a young lady of a strumous constitution, suffering from chlorosis, in which the effects of phloridzine were manifestly favorable. The patient was unable to take iron in any shape, and both quinine and salicine equally disagreed with her; but phloridzine agreed perfectly well, and her constitution improved so much under its use that she was subsequently able to take citrate of iron and strychnia in grain doses, which ultimately effected a perfect cure. Dr. De Ricci thus recapitulates the advantages of this drug; it is tolerated in cases where neither quinine, nor salicine, nor bark, can be administered with impunity; it is particularly adapted to young children, it is not expensive, and it is abundantly supplied in Great Britain, thus rendering us independent of the rapidly diminishing cinchona forests of South America.—*Dublin Quar. Jour. of Medical Science, August, 1863.*

5. *Piconitrate of Potash as a Vermifuge*.—Some months ago Dr. Friedrich, of Heidelberg, described, in Virchow's *Archiv*, the beneficial effects of piconitrate of potash in cases of trichnia. The remedy has also been employed in tania. Dr. Walter, of Offenbach, relates the case of a woman aged 30, who had *taenia solium* for several years. During fifteen months he had employed all known remedies for tapeworm, including the bark of the root of the pomegranate, considered by some as infallible. On November 15, 1862, he gave the patient five pills, each containing five *centigrammes* of piconitrate of potash. On the 20th, an entire worm was expelled with the head. Four days after taking the medicine, the patient presented a jaundiced appearance.—*Dublin Med. Press, May 27, 1863, from Archiv fur Pathol. Anat. und Phys.*

6. *Note on Formosa Camphor*.—(By Robert Swinhoe, F.G.S. etc., H. M. Consul at Talwin.)—The manufacture of this article has for some years been monopolized by the taotai (or head Mandarin) of the island, and its sale farmed out to wealthy natives. In former years, a good deal of the drug was clandestinely produced, and smuggled across to China, where it was largely brought up by foreign speculators, and carried to Hongkong for shipment to Calcutta, at which place it finds the readiest market, being used by the natives of Hindostan for lubricating the body and other domestic purposes. But now its monopoly is so closely watched that almost the entire trade in it falls to the lucky individual whose Chinese agents can secure the monopoly. This bad system has occasioned the price of the article in Hongkong to increase considerably in value, and to make the profits accruing to the fortunate monopolist almost fabulous. The cost of the drug, I learn, amounts to only six dollars at its place of manufacture. The monopolist buys it from the Madarin at 16 dollars the pecul, and sells it in Hongkong at 28 dollars. The gigantic laurel (*Laurus camphora*) that yields the camphor, covers the whole line of high mountains extending north and south throughout Formosa. But

as the greater part of this range is in the hands of the aborigines, the Chinese are able to gain access only to those parts of the mountains contiguous to their own territories that are possessed by the more docile tribes. The trees, as they are required, are selected for the abundance of their sap, as many are too dry to repay the labor and trouble of the undertaking. A present is then made to the chief of the tribe to gain permission to cut down the selected trees. The best part of the tree is secured for timber, and the refuse cut up into chips. The chips are boiled in iron pots, one inverted on another, and the sublimated vapor is the desired result. The camphor is then conveyed down in carts of rude construction, and stowed in large vats, with escape-holes at the bottom, whence exudes an oil, known as *camphor-oil*, and used by Chinese practitioners for its medicinal properties in rheumatic diseases. Samples of this oil have been sent home, and it may eventually become a desideratum in Europe. From the vats the camphor is stowed in bags to contain about a peck each, and is thus exported. The Chinese government has empowered the Formosan authorities to claim on its account all the timber produced by the island for ship-building purposes; and it is on this plea the Taotai appropriated the prescriptive right of dealing in camphor. About 6000 pecks of the drug are annually produced in the neighborhood of Tam-say.—*Am. Jour. of Pharmacy, from London Pharmaceutical Journal, Dec. 1863, Extracted from paper read before the British Association at Newcastle.*

OPHTHALMOLOGICAL.

7. *On the Use of Tannin in Inflammatory Affections of the Conjunctiva.*—By G. R. Sheraton, I.R.C.H.E., M.R.C.S.—In consequence of the great discrepancy of opinion that seems to exist respecting the relative value of local and general treatment of ophthalmia, each of which has been extolled and variously estimated from time to time, I submit for the consideration of my professional brethren the result of my experience in this class of disorders, in which I shall attempt to show the vast superiority of the local over the antiphlogistic treatment, of the value of astringents generally, and of tannin in particular. But in the treatment of this, as in that of other diseases, there must necessarily be considerable modification made dependent upon its cause, for if arising from constitutional causes, that state of constitution must be remedied, whilst the local treatment is merely palliative and of secondary import; but local affections dependent upon local causes obviously require local treatment. Inflammatory affections of the "conjunctiva" usually belong to the latter class. Nowhere do we find the inflammatory process so admirably shown, or the effect of remedies so easily and accurately observed; the slightest change in the congested membrane towards resolution, or increased congestion, the most casual observer cannot fail to perceive.

How frequently have we seen the antiphlogistic treatment persevered in till the system has been drained of its blood, without producing the least beneficial effect, otherwise than relieving the co-existing

symptomatic fever, with a succession of blisters only to increase the vexation and disappointment. If we look over the list of local remedies that have been successfully employed in the treatment of the ophthalmia we will find them to be astringents, as plumb. acet., argent. nit., zinci sulph., &c., and that their beneficial results are in proportion to the amount of astringency which they possess.

Astringents are also indicated on theoretical grounds, the *modus operandi* of which upon the living tissues is to a considerable extent mechanical by contracting the fibres and capillary vessels of the part to which they are applied, by which less fluid is admitted into them. But the astringents ordinarily in use, and derived from the mineral kingdom, are inadmissible during the acute stages, in consequence of the violent irritation they produce if applied directly to the membrane, except in a very ineffectual degree of dilution.

On these grounds, then, I have been led to employ tannin, which is probably one of the most powerful astringents, while its comparative freedom from irritation renders it a safe and effectual remedy for the class of cases which I have proposed. The manner in which I employ it is in the form of solution of tannin, ℞ i.—℥ ij. to ap. distil. ℥ i.

A small portion of this is dropped into the eye, which at first causes a smarting sensation, with a gush of tears, and which is succeeded by dryness and a feeling of comfort. This is to be repeated three, four, or a dozen times a day as circumstances require. The effect produced is soon made apparent; the distended capillaries seem to become unloaded of their stagnant contents, increased lachrymation and muco-purulent discharge, if present, is checked, the organ becomes more fitted to perform its office, and the dependent constitutional symptoms are mitigated and disappear. I have now treated a great number of cases most satisfactorily in this manner, without ever having had occasion to deviate from that source in the slightest degree when the result of external causes and unconnected with constitutional diathesis; though chemosis, when present, seem to retard the progress somewhat, probably in consequence of the effused fluid for a time preventing its full constrictive influence upon the capillary vessels. Since I have been thoroughly convinced of the utility of tannin as a remedial agent in this class of cases. I have modified the mode of application to suit the exigencies of the various cases, *e. g.*, by its combination with some aqueous extract of a sedative drug, as solution of morphia, belladonna, opium, &c., to relieve the distressing pain, heat and smarting that always to a greater or less extent accompany this disorder. I have also found it to be extremely useful during the acute stage of strumous, phlyctenular corneitis, removing the vascularity more expeditely than any other remedy that I have hitherto employed, and probably tending to contraction of the resulting ulcer, and by its combination with the aqueous solution of belladonna, etc., soothes and relieves the intolerance of light; though it has usually been my practice to employ the stimulating mode of treatment as soon as the fasciculi of vessels had disappeared. I have also been careful to secure a suitable regimen, and a dose of aperient medicine when such was deemed necessary.—*Medical Times and Gazette.*

MARCH, 1864.

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WARD B. STEVENS, M.D. . . JOHN A. MURPHY, M.D.



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Created by Andrew J. ...

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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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No. 3.

Original Communications.

ARTICLE I.

Lecture on Gunshot Wounds.*

BY B. HOWARD, M.D., ASSISTANT-SURGEON, U.S.A.†

The invitation to meet you, gentlemen, having been received at my hotel only a few hours ago, I can not pretend to treat the subject under consideration at all exhaustively, but will proceed to speak to you in a very informal manner on the treatment of gunshot wounds of the chest in general, directing your attention more particularly to a special mode of treatment recently pursued, that, viz., by hermetically sealing.

* If you have consulted the authors on this subject to any extent, you have probably observed that they treat very fully on ordinary penetrating and incised wounds, but on coming to gunshot wounds, they leave us on the very threshold of inquiry, stating evasively, that as these wounds differ so much in their nature from simple penetrating, or incised wounds, all that has been said respecting the former is not applicable, of course, in the local treatment of the latter. They then usually proceed to recommend that the wound be covered up with a simple dressing, and that otherwise the general indications be carefully met as they may arise.

By the sketch upon the Blackboard you will perceive that the lung is suspended in a closed chamber, of which the ribs and soft parts form respectively the lath and plaster. This red line represents a serous membrane called the pleura, which coils the entire wall. On reaching the root of the lung, it is continued by reflection uninterruptedly, just

*This lecture was delivered at request of Prof. Blackman to the class of the Medical College of Ohio.

as I am continuing this red line over the entire surface of the lung ; that part lining the ribs is called the pleura-costalis—that covering the surface of the lung, pleura-pulmonalis. It is thus you see, we have in the chest, an elastic air-tight chamber.

The air, being excluded from this chamber, it follows, that motion of the ribs upwards and outwards, by enlarging it, tends to produce a vacuum ; this necessitates a rush of air down the trachea, just as raising the side of a pair of bellows causes a current of air to rush in through its valve. The air thus entering entirely inflates the elastic lung, causing an expansion corresponding to the increased size of the chamber. This is breathing. When a ball passes through the lung, it breaks through the chest wall, integument, soft parts of rib perhaps ; tears through the pleura-costalis ; pleura-pulmonalis ; the lung substance, consisting as I have shown you, of air-tubes and cells, arteries, veins, nerves, connective tissue, etc. ; and continuing, passes on through pleura-pulmonalis, costalis, and out again through the chest wall at the opposite side.

The most alarming symptoms in a patient thus wounded, are as we might suppose, dyspnœa and hæmorrhage. The patient breathes hard, for there is a rent in the side of the bellows ; and the air which should be expanding the lung and decarbonizing the blood, is audibly whistled through this hole out into space. This air-tight chamber, the pleural cavity, being now open, the whole surface of the lung is subjected to an atmospheric pressure of nearly fifteen pounds to the square inch. The lung is compressed against the posterior wall of the cavity, the organ is laid up, its ability to perform its functions having temporarily been nearly overcome or destroyed.

The mediastinum is more or less subject to the pressure also which diminishes the capacity of the sound side. Bleeding is apt to be very profuse ; for as we have seen, this organ is exceedingly vascular, as it is the depot where all the blood in the body comes to obtain its supply of oxygen. The hæmorrhage, together with the dyspnœa, induces a leaden pallor of countenance ; there is labored respiration ; the patient with dilated nostril gasps for breath, and he wears an appealing, anxious, apprehensive expression, looking as if he had lost something which might perhaps never be recovered.

The treatment urged by most authors for these *local* difficulties are *constitutional* in their nature. For the hæmorrhage, bleeding to syncope, use of opium, etc. For the dyspncea, nothing that I know of except position, which indeed the patient will always best attend to himself. I am happy to say, that during the war I have seen neither

phlebotomy nor opium resorted to, for by the time the surgeon sees the patient, he has usually lost more blood than a wounded man can conveniently spare, and the toxæmia resulting from insufficient respiration is very manifest. The treatment as practised in our army, has been to leave entirely alone, covering up the wound with a rag wet with cold water, as if to hide our shame from view, and endeavoring to meet subsequent constitutional indications as they might present themselves. Until recently, no attempt whatever has been successfully made to arrest the chief *cause* of trouble; which is first, local; afterwards both local and constitutional.

The wound being left open, the full force of atmospheric pressure upon the lung is constantly kept up. The blood springing from its source, wells upward, and passes outward by overflow. A current is thus kept up, which is exceedingly favorable to the continuance of hæmorrhage. Should it be arrested by formation of clot, it is likely to become loosened, and the bleeding may recur at any moment.

The air in the pleural cavity is a foreign body, which acts not only mechanically, but chemically. The clotted blood becomes diffuent, and by the oxygen of renewed currents of atmospheric air passing over it, and through it, is soon reduced to a state of putrescence; so that this also in addition to its action as a foreign body, has its chemical character so changed as to make it a distinct cause of vital depression. The pleura too, from similar exposure to air, becomes universally inflamed, and with extensive pneumonia, there is also profuse supuration of the pleura of the most fœtid description, sometimes making an entire ward intolerable. While all these evils may be caused and kept up by keeping the wound open, the only advantage from it ever suggested, that I know of, is, that it affords an outlet for the collecting fluids. This, however, is rarely the case except to a small extent, as it only occasionally happens that the wound is low enough to afford good drainage, but simply to allow of overflow of that which would otherwise rise above the level of the wound.

So long as the wound remains open, the chief *causæ* of the original symptoms, dyspnoea and hæmorrhage remain, and new ones are commencing, accumulating, and strengthening for a reduction of the constitution by further means. Suppuration, toxæmia, hectic, death, when occurring soon after reception of the wound, is usually from one or both of the former superadded to shock. When it takes place after a considerable period, it is more generally the result of one or more of the latter causes.

There is another mode of treatment, one which I have recently in-

roduced into practice, and which may perhaps more readily commend itself to your judgment. It consists in reducing the gunshot wound to a simple incised wound, and securing healing by first intention. It is conducted thus : Introduce the point of a sharp-pointed bistoury perpendicularly to the surface, about a quarter of an inch above the wound, and with a sawing motion, pare away all the contused margin, converting the wound into one of an elliptical shape, then dissect away all the injured portion down to the ribs. Remove all foreign bodies, speculæ of bone, etc., make the wound perfectly clean, and bring the edges together with silver sutures deeply inserted, and made secure by twisting. Cut them off short and turn down the ends out of the way. Now dry the surface carefully, and apply a free coating of collodion over the wound. This may be repeated several times at discretion.

In order to increase the security of the dressing during transportation, arrange shreds of charpie crosswise, in addition, over the wound, and saturate it with collodion. By repeating this a few times, a very firm hard dressing is obtained. Cold water dressing may be applied over it, and if deemed desirable, to prevent tension on the sutures, a body bandage, also a many-tailed one of adhesive plaster will be best if convenient.

We have now restored the parts as nearly as possible to their normal condition. The lung is again in an air-tight cavity, an întegument of collodion having sealed the wound hermetically, and thus entirely removed the atmospheric pressure from the surface of this organ. This disposes of the primary *cause* of dyspnœa. The outflowing current of blood has been stopped. Thus dammed up, only a little more can possibly be poured forth from the bleeding vessels. This soon stagnates, and forms a clot whose elastic pressure is the best possible styptic to the open vessels of the yielding lung. We have thus provided against death from hæmorrhage.

You will now perhaps enquire, what becomes of the clotted blood enclosed in the pleural cavity ? Being free from any liability to decomposition, it may become absorbed. The same may be said respecting pus, should it happen that notwithstanding our preventive measures some degree of suppuration takes place. It can not be absorbed as pus however, but only by a previous transposition of its component parts. Should fluid be present so as to occasion inconvenience, it should be immediately removed by introducing the trochar at the most dependent point, so as to afford complete drainage ; taking special care to avoid the admission of air during the operation.

Respecting the track of the ball through the lung. You remember that a clot has already formed in it, all the wounded vessels opening into it have become securely plugged, and thus you see the parts are in a very favorable condition for the formation of a cicatrix.

In reply to the question of Prof. Blackman I would state that I have not seen more than four or five cases of hernia of the lung. This mode of treatment is certainly the best preventive of such a complication, and after it has occurred, I can say from experience that it is certainly the most effective and satisfactory, placing its recurrence entirely out of question. When satisfied that union is complete, remove the sutures. I have been able to do this on the fourth and fifth days, though it is safer to wait a longer period. The proper time for this operation is before any suppuration has taken place. I have operated on more than thirty cases within the first forty-eight hours after the reception of the wound; the result being uniformly all I could anticipate, and in some cases truly marvellous. As in the most settled method of treatment of any disease, so also in this, will modification be indicated as a matter of course by exceptional and varying conditions.

It is interesting on looking back, to note how many years this treatment has appeared to be just about to dawn. Successive authors have recommended the closing of all incised and penetrating, but have directed exactly the opposite course in gunshot wounds of the chest. Now the conditions are precisely the same in each case except as regards the nature of the wound, which has always precluded the idea of pursuing in gunshot wounds the indications common to both. By removing the difference in the conditions, the fatal obstacle is overcome, and we are enabled to pursue the indications alike in both cases.

This mode of treatment, gentlemen, is not to be considered in contrast with some other method. It is simply a question between this and nothing . . . of leaving the patient to die if he must; to recover if he can; or, the adoption of a course which promises promptly to remove the chief cause of danger, and avert the tendencies to death.

Marriages of Consanguinity.—M. De Cinq Cassaux, with a view to refute the arguments lately brought forward to prove the danger of marriages amongst relations, quoted, at the last sitting of the Academy of Sciences, the example of the ancient kings, who, since the time of Cambyses, had been in the habit of marrying their sisters, and even their daughters, and yet produced a very fine race.—*Lancet.*

ART. II.

Hæmorrhagic Diathesis.

BY F. WAGNER, M.D., KELSEO, IND.

EDITORS LANCET AND OBSERVER :—After reading Dr. Gans' article in the November number of the *Lancet and Observer*, on the hæmorrhagic diathesis, which by the way, is a very excellent production, I am convinced that a great apathy has held in the profession regarding the statistics, or reporting of cases, of this disorder. I am certain that twenty-one families or fifty-eight individuals afflicted with hæmophily could be found in almost any one of the larger States of the Union, leaving the British Provinces out of the question. In a very limited field of observation, and in the course of but a few years, I became cognizant of three hæmophilic families with five members affected, in my immediate neighborhood. One, a young lady of seventeen years, otherwise healthy, bleeds from the nose as often as four or five times in the course of the year, generally after periods of excitement, produced by fast walking or running up stairs in a hurry. Menstruation regular as to time and rather profuse in quantity. More than once, I found her with a large wash-basin full of pure blood before her, pallid, cold, faint and almost pulseless, the blood still flowing, almost colorless from the nose. Plugging had never done much good, the bleeding generally recommencing when the plugs were withdrawn, so I never had recourse to it myself. I generally succeeded in arresting the flow in a very short time, by giving her half drachm doses of gallic or tannic acid, frequently repeated, and injecting up the nostrils a strong solution of acetate of lead, very cold, or diluted tincture of chloride of iron, once or twice I had to use the perchloride, which preparation I do not fancy, and never used it, if I could get along without it, on account of the unsightly plug it produces with coagulated blood, and which generally remains in the nostrils several days, compelling the patient to breathe through the mouth. This is the only well developed case in that family, consisting of five children, though even the others have trouble with slight cuts and scratches.

In another family of three sons and four daughters, two of the boys are affected, one of them, being on a visit about four miles from home, picked his teeth after dinner with a pin and slightly wounded his gums. Profuse bleeding followed. Domestic remedies were used by his relations, such as salt, alum, etc., but to no purpose. After two

hours bleeding and endeavors to stop it, he had to be hauled home in a spring-wagon, being unable, from faintness, to ride his horse. I found but a very slight scratch, not more than a half line in length, yet several applications of perchloride of iron were necessary to arrest the hæmorrhage. This young man's brother was known by me to be hæmophilic, yet I was not prepared for the exhibition he made of it last summer. Being accidentally thrown out of a wagon, he struck the calf of his left leg against the wheel, and the small of his back against a fence rail on the ground. He felt but little soreness, and was able to walk to the house without difficulty. But in a short time, extensive ecchymosis came on, with but slight swelling in the spots where he was struck. In the course of three hours, ecchymosis extended from the eighth rib on each side, and the whole breadth of the posterior surface of his body down to his heels. This alarmed the family and I was sent for; ice applications were made, and the spreading of the discoloration arrested, yet it took several weeks to get rid of it, by the use of discutients, and stimulating liniments afterwards.

Two brothers of another family have to send for a physician every time one receives a slight wound, before they can get the hæmorrhage stopped, which will generally recommence if the dressing is removed in less than a week's time.

While I have the pen in hand I wish to inform you of an instance where symptoms of narcotic poisoning came on after minute doses of creosote. The case was one of vomiting dependent on pregnancy, and almost all the ordinary remedies had been employed without benefit, when I determined to try creosote as recommended by a distinguished gentleman about two years ago, (the formula was published in the *Lancet and Observer*) creosote m. ij., water ft. ℥ij. Ten drops to be given at short intervals. I directed it to be given every hour. After taking the first dose, her husband informed me next day, her feet and hands got cold and clammy, while the head and face were hot. She became delirious, "complaining of an awful headache." These symptoms passed off in about half an hour. Her husband, thinking that they were merely accidental, administered the next dose when the time came. The same symptoms were repeated, excepting that she did not become delirious, but in place of it was affected with roaring in the ears, dizziness and vertigo. Her husband, a tall stout man, standing alongside of her bed, she believed to be half a mile off, and "not bigger than a baby," while her children in the room appeared to her not larger than "good-sized rats." It was more than an hour before she got better. On being informed of these circumstances next

day, I was astonished and doubted considerably the correctness of the report, but the husband of the lady was very willing to repeat the experiment; which, however, I prevented him from doing, notwithstanding my own curiosity. After using a variety of remedies, she finally got well on pills made from very hard opium, and a diet of lime water and milk, excluding every thing else.

Last spring I had a somewhat rare case. A discharged soldier, engaged in hauling wood to Indianapolis, got thoroughly wet coming home. Next day he had a severe chill, and when the fever came up was taken with pain in his bowels. This passed off with the fever in an hour after it had begun. The day following, the chill came on again, afterwards the fever and pain, the latter much more severe, as it did not subside with the fever, but lasted till the next paroxysm came on, on the third day, when it became agonizing. Being sent for I found the patient in bed, with an anxious countenance, coated tongue, quick, sharp pulse, 124 per minute, hurried breathing, knees drawn up, abdomen very tender, abdominal muscles contracted and stiff as board, with numerous knots, the size of a walnut, dispersed through them. He was groaning with pain, and the perspiration was pouring through every pore. He was put upon quinine and opium, two grains of each, every two hours, with hop fomentations to the abdomen. Next day I found him sitting up, and but slight soreness remained. A cathartic and a few more doses of quinine with small portions of morphia completed the cure. He has had no relapse of ague or peritonitis to the present time.

ARTICLE III.

Case of Purpura Hæmorrhagica: Treatment followed with Radical Cure

BY J. BOWMAN, M.D., SISTERVILLE, WEST VA.

Was called on July 2d, 1863, to visit Mrs. Harriet Williams, aged about twenty-seven years, had borne three children, the youngest being about twenty months old. She was covered with purple spots, irregularly scattered over the thighs, arms and trunk; was afflicted with hæmorrhage from the mouth, particularly in the roof, large blisters forming. After being ruptured, the blood would ooze out freely, attended with yellow skin and great loss of flesh.

I gave at first a mild cathartic of rhei. grs. xii.; hydrarg. sub. m. grs. viii.; followed it in ten hours with castor oil and turpentine. While for the local application to the mouth gave pulv. borax, alc

and loaf sugar, alternating with a wash of acetate of lead, sulphate of zinc and water.

July 4th.—Could not discover much change. Gave twenty drops tincture ferri chlor. every five hours, advised as a local application in place of the acetate of lead wash, solution of sulphate of iron, twenty grains to the fluid ounce of water.

July 10th.—Patient still bleeding from mouth, and occasionally from nose, and failing very fast. Gave: \mathcal{R} . Quinine sulph; ferri sulph. aa. grs. xij.; M. ft. pulv. iv.; S. Give one every four hours.

July 15th.—Found patient laboring under great depression of spirits, loss of appetite, and unable to sit up. There was considerable hæmorrhage from the viscera. The urine was about one-fourth blood, attended with painful micturation. Gave \mathcal{R} . Uva ursi. and buchu, aa. \mathfrak{z} i hot water \mathcal{O} ; steep three hours, strain and add nitrate potassa \mathfrak{z} iii; take fl. \mathfrak{z} every three hours; gallic acid grs. iij.; acetate of lead grs. i. and opium gr. $\frac{1}{4}$ every three hours.

July 16th.—Found patient bleeding so profusely from os uteri and vagina, that I became alarmed. Upon examination with the speculum found the whole surface of the vaginal walls was oozing out blood, also profuse hæmorrhage from the region of the os. Ordered an injection of alum and tannic acid every two hours, to be alternated with a strong solution of sulphate of iron. The strength failing so fast I advised free use of best rye liquor and brandy.

From the fact that in thirteen years practice I had met with but two cases of purpura hæmorrhagica, I requested a consultation. During the day of the 17th, the patient sinking very fast, I added to treatment: \mathcal{R} . Camphor pulv. grs. xii.; ammonia. carb. grs. viii.; sulph. quinine vi.; M. ft. chart. iv.; S. One every two hours. Also administered of the best alcoholic stimulants, all that she in her weakened state could bear. The hæmorrhage from the bladder, uterus and vagina ceased during the day gradually.

Dr. Boyce, after a very careful examination, said that in seventeen years practice he had never met with so serious a case, and but three of a like nature. Said he could add but little, if any thing to the treatment. Spoke of native wine, and encouraged me to persevere in my plan of remedies. He told the patient's husband that there was scarcely a hope for her recovery. In a few hours after the Doctor left hæmorrhage commenced in the alimentary canal attended with severe pain and great prostration. I should state here, that up to this period the bowels had been in a favorable condition.

The patient during the night of 17th July frequently informed me

that she could sensibly feel the blood trickle down the bowels. I now resorted to wine of ergot f3. ; morphia sulph. gr. $\frac{1}{4}$ every three hours, alternating with increased doses of tincture ferri chlor. and injections both per rectum and vagina, of infusion of the secale cornutum, made very strong, calculating if I did not succeed with these to use the tampon. But to my relief, I did succeed with these agents in checking the hæmorrhage in a few hours.

During the 18th and 19th she became much more feeble, with some little bleeding from parts before mentioned. Was obliged to frequently fill the nose with powdered alum and perchloride of iron, to stop bleeding. From this time she began to slowly improve. Continued most of treatment to 23d, when I gradually changed to vegetable tonics, and increasing the diet, keeping bowels regulated during the time with castor oil and turpentine. The purple spots continued for fifteen or twenty days. I am happy to record that Mrs. Williamson has been since convalescence much more hearty than she had been for many, many years previous to the attack of this truly alarming disease.

Permit me to say in conclusion, that as a member of the Medical Profession I am thankful that this fearful disease is of so rare occurrence. I have given this case at some length with its treatment, in the hope that it may aid some one who like myself, is unacquainted with the disease ; for I very often meet with cases in the *Lancet and Observer* that truly aid me along the rugged path.

Proceedings of Societies.

Abstract of the Proceedings of the Indianapolis Medical Association.

Reported by W. B. FLETCHER, M.D., Secretary.

MONDAY EVENING, Jan. 4th, 1864.

Dr. Jas. S. Athon, President, called the Association to order.

The ordinary business being transacted, Dr. Clippinger reported a case of gunshot wound occurring at the battle of Greenbrier, Western Virginia. It was caused by a six pound spherical case striking near the outer condyle of the femur, and passing upward became imbedded in the glutei muscles, near the left ischium. The ball was removed by Dr. C. ten hours after the accident, the patient being in a state of collapse, from which he did not rally, but died at 9 o'clock next morning. Dr. Clippinger presented the ball to the Association.

Dr. Gall read an interesting and very complete dissertation upon the use of emetics, in which he sketched their history, modes of action, their effects local and general, the circumstances modifying their effect, the conditions of the system favorable or unfavorable and their uses, rules observed in their administration, and their applications in various diseases.

Dr. Athon said he agreed with the paper just read in regarding emetics as most valuable agents in the treatment of insanity. Among the Eastern physicians who have charge of such cases, there was not much reliance placed upon emetics, but the experience of Western physicians was quite different.

Dr. Willey finds emetics give relief to and cut short our autumnal fevers, and always gives them in preference to purgatives. Thinks tartrate of antimony too irritating, and uses ipecacuanha.

Dr. Gaston uses emetics with caution, finding great difference in the ability of persons to tolerate them, uses salt, mustard and water as a simple evacuant of the stomach, and finds it to act without much subsequent nausea or depression. Finds emetics decidedly beneficial in scierotic inflammations when given daily.

Dr. Harvey said that from personal experience he could testify to the good effects of emetics in sick headache, with which he was sometimes troubled; found nothing would remove it so quickly. He gives emetics in diphtheria and croup, following it up with quinine and stimulants, almost always arresting the disease. He uses emetics in fevers; thinks they do good not only by evacuating the stomach, but by their remote effect upon the brain; therefore their action should be closely watched.

Dr. Smelser uses emetics in diphtheria, followed by purgatives, quinine and chlorate of potash. In intermittents they are good; in croup, in first stages, good; but doubts their effects being beneficial in the later stages, as with great difficulty you get them to act, because the nervous influence between the brain and stomach is impeded or lost.

Dr. Clippinger is partial to the use of the agents spoken of in the paper, and it so thoroughly covered the subject it left nothing to be added. He would only refer to the use of mustard as a simple, ever ready and efficient emetic. In a case where a young man had taken six ounces of tincture of opium, and the stomach would not respond to any of the means used, he then poured down large quantities of warm water and mustard which caused the patient to vomit freely, and recover.

Dr. Barns thought the paper the best one read before the Associa-

tion, thinks emetics the most reliable agents in disease. His manner of giving emetics was : ipecacuanha grs. xv. ; tartrate antimony, grs. iij. ; in a teacupful of warm water. He then gave the patient half this quantity, and if it did not produce emesis, filled the cup and gave the second portion, and so with the third if the second did not act.

MONDAY EVENING, Jan. 18th.

Dr. Clippinger reported the following case :

Fistulous Communication of the Neck of the Bladder with the Rectum—

—On the 5th inst. Henry Carles, late a private of Co. G. Sixty-eighth Regiment, Ind. Vols., presented himself for an examination with the view of obtaining a pension. He was twenty-five years old, had never had venereal disease, nor any urethral trouble. Six months ago, at Hoover's Gap in Tennessee, was engaged two days heavily in driving the enemy out of that position, and at the close of the engagement found some difficulty in urinating. Next day discharged urine from the rectum and has never since voided his bladder in any other way. He at this date suffers excruciating pain in the scrotum and testes, while the penis is much contracted and shrivelled. The perineum is so tender, though without much tumefaction or any abscesses, as not to allow the slightest pressure without exciting an agony of pain and spasms in the surrounding parts. The patient said that at times the pain excited spasms in all the adjacent muscles, requiring him to flex the body and limbs to their utmost capacity. He voided his urine about four times each twenty-four hours, and was not troubled by dribbling, or its involuntary escape. Though cathartics were repeatedly passed into the bladder, no urine had since the date of the fistulous opening been evacuated through them. The patient retained his flesh, could eat sufficiently, but the constant pain so long endured added to sleepless nights, had given his features an expression of sharpness and anxiety. He remarked that death would be preferable to his then condition.

Dr. Gaston read a paper upon rheumatism, in which he reviewed the principal modes of treatment, and related cases in which he had used propylamin with success, using it in doses of from two to six drops every two hours.

Dr. Harvey had used propylamin, thinks it is only a concentrated alkali, and no better than the alkaline treatment. Would like to ask why it is that rheumatic inflammation attacks first the joints most used, as the walking man's knees, the wood chopper's wrist and back and the excited heart, etc.

Dr. Pearson has used most of the remedies spoken of in the paper, and thinks the alkaline preferable.

Dr. Willey finds the use of chloroform locally, and the acetate and iodide of potassa internally, about the best treatment in his experience, but finds all of them deficient in some cases.

Dr. Smelser says he has not had much experience in this disease, but looks upon it as neuropathic in character, and gives opium, quinine, etc.

Dr. Clippinger used to think nitrate of potash the best remedy, but was deceived. Next the iodide was a favorite, but had to give that up. Has used propylamin in two cases with good results. His attention had been called to the use of the poke root (*phytolacca decandra*.) in rheumatic conjunctivitis, and used it, thought it a good agent. He uses opium in the fibrous, and colchicum in the synovial forms of the disease, but thinks there is no specific.

Dr. Parvin has used the *phytolacca*, but does not think much of its powers in combatting rheumatic inflammation, uses alkalies and thinks it the best treatment.

Dr. Todd thinks the acetate of potassa the best remedy in this case. While in Missouri he saw a great number of cases under this treatment. It produced a marked effect upon the urine. He gave large doses of Dover's powder at night to produce rest.

Dr. Barns asked what effect it produced on the duration of the disease.

Dr. Todd thought it was about its usual time.

Dr. Clippinger wanted to know what quantity was given.

Dr. Todd gives a tablespoonful of the acetate of potassa in a tumblerful of water, and gave it three times a day. It was usually well tolerated.

MONDAY EVENING, Feb. 1st, 1864.

The usual business having been transacted, Dr. Smelser read the following case :

Scrofulous Adenitis.—Dr. J. H. Moore, aged thirty, of a sanguine-nervous temperament; was a man that was not possessed of any known habits that would particularly jeopardize the laws of health. In the spring of 1858 he directed my attention to a tumor in the left inguinal region, which, upon examination, appeared to be hypertrophy of the inguinal gland, and without discoloration of the cuticle, and attended with little or no pain at any time. Some two or three months, subsequently, he began to complain with a slight pain on the outside

of the fibula of the right leg, near the insertion of the biceps muscle. The pain continued more or less until the middle of August, when it became severe and assumed a periodical type, coming on regularly every morning, continuing from two to four hours, and then ceasing. In the meantime, the foot and leg had become edematous. No discoloration of the skin at any point except at the seat of the pain, which for a short time was inflamed. Subsequently suppurated and discharged pus for thirty-six or forty hours, after which the ulcer healed kindly. The pain still continued, but at longer intermissions, having only a paroxysm every four or six hours, and even longer. By this time he had almost lost the use of his leg. The edema had subsided; no swelling at any point except at the seat of the pain, which was not only swelled, but indurated. A short time after this he was taken with a pain in the umbilical region, which was severe and lacerating, and continued about thirty hours, not yielding to any remedies used, until he vomited; after which he became entirely easy, having no pain either in bowels or leg. About ten days afterward he was again attacked with pain in his bowels. I was called, and found him suffering intensely. The pain seemed to be located directly posterior to the umbilicus, and occupied apparently a space of two or three inches in diameter. When I arrived he said he was suffering intolerable pain. His extremities were cold and bathed in a clammy perspiration, no pulse perceptible at the wrist. I ordered friction and hot applications to the surface, and used morphia and diffusible stimulants internally, after which reaction came up, and he became tranquil. After this he had occasionally a slight paroxysm of pain in the bowels, not returning oftener than every eight or ten days. About this time he had occasional attacks of pain in the thorax below the region of the heart, but not of so severe a character as was in the bowels. Also about the time that he had the first paroxysm of pain in his bowels a number of tumors made their appearance, being seated in the cellular tissue and located upon the sternum, intercostal spaces, arms, legs, etc., no discoloration of the skin over any of them until a week before dissolution. Some of them were lobulated, others not; a few of them passed away by absorption. By this time our patient had become very much emaciated, and the leg above spoken of had at the joint where the pain formerly was a circumscribed tumor which was supposed to be of the same nature as those that had recently appeared upon the breast, etc. Patient had no cough at any time, except about two weeks, which yielded readily to medicinal agents. The digestive apparatus was generally good; appetite voracious, except when

he had a paroxysm of pain ; tongue natural ; pulse usually about 100 to 110 ; urine normal in appearance, no lateritious sediment ; bowels regular, but marasmus still continued ; and, finally, some five or six weeks before death, he had occasional chills and hectic fever with colliquative sweats ; no pains now complained of, until about one week before dissolution, when he had some pains in the bowels, also a convulsion, which I was informed lasted two or three minutes ; and, lastly, he was taken with convulsions which lasted six or seven hours, when he departed. With regard to treatment, he at first used quinine and other antiperiodics, but all to no effect. After I was called to see him, my treatment during the paroxysms was only palliative. Between them I recommended and had used cod liver oil, the ferri toxics, colchicum, stimulants and nourishing diet, none of which seemed to have any influence. In the meantime, Drs. Fishback, Day and Green, of Shelbyville, visited him and gave their counsel, but all to no avail. In short, none of us could satisfactorily diagnose the case.

A post-mortem examination was made eight hours after death by Drs. Leavitt, Green and myself. We examined first some of the tumors above described, which were bedded in the cellular tissue. Some of them had a nucleus of pus in the centre, others had none. Some had tubercles studded through them, others not. One or more had suppurated, and burrowed through the walls of the chest. These tumors when dissected and where they contained no pus were opaque and cheesy, did not have the appearance of a perfect organization. One of them which was situated upon the anterior superior half of the sternum had produced complete absorption of the ossific tissue, so that the bone was found upon its removal to be in two distinct pieces. Upon opening the chest, the left lung was sound. The right lung had tubercles upon both lobes and some adhesion posteriorly. In breaking up the adhesions, some pus was found. The pericardium was studded with small tumors from base to apex ; the valves of the heart normal. The heart proper was atrophied, weight five ounces. The tumors upon the pericardium were the same in appearance and character as those situated in the cellular tissue. Diaphragm healthy. Upon examining the abdominal region, the mesentery was completely covered with tumors of the size of a hazel nut and less, and of the same character. Many of them had tubercles, some of which were softened, others not. Liver healthy except at the anterior inferior part of the great lobe was situated a large tumor. There was also one large lobulated tumor, immediately posterior to the umbilicus, it was

adhered to the ilium had a number of tubercles in it, some of which were softened. Also a large tumor of the same character occupying the place of the renal capsule being adhered to the liver above and to the kidney below. The inguinal gland was next examined, which was found to have been converted into the same morbid structure ; and lastly, the tumor over the head of the fistula was examined and was found to be a solid mass containing neither tubercle nor pus, but there was a complete absorption of about three inches of that bone. After making this examination, our conclusion was that the constitutional vice was scrofula, and the tumors occupied perhaps a middle place between benign and malignant formations, and the peculiar deposit was of a tubercular nature, being at first perhaps interstitial, but subsequently accumulating by apposition in mass.

Dr. Athon had seen two cases like the one reported by Dr. Smelser. He looked upon them as syphilitic.

Dr. Clippinger related three cases of what he was inclined to think was paralysis of the bowels. In the first case there was great distention from eating beans ; the second from eating raspberries. In neither case could he produce an action upon the bowels, and both cases were fatal. In a third case, that of a young man, there was total paralysis of the sphincter and perineum. A catheter pushed up into the bowels was not retained. The case proved fatal. In another case where the same conditions existed, he used the electric current, passing one electrode into the rectum, the other over the abdomen. This was followed by a free evacuation, and the patient recovered.

Dr. Parvin thinks paralysis of the bowels not unusual. Often meets with cases where persons go from four to fourteen days without an evacuation, and has cured such by combining extract nux vomica with Lady Webster's pills.

Dr. Ware said he had a case of obstinate constipation, on account of which it was feared the patient would not recover. He gave him a pill composed of rhubarb, podophyllin and leptandrin. He took this for two weeks, and recovered entirely.

Dr. Athon said he had known persons who frequently go six weeks without a passage from the bowels. He thinks nux vomica the best remedy in such cases. Insane persons suffer with prolapsus of the bowels ; in melancholia frequently found the colon fallen. Such cases were always benefitted by the use of strychnia. He is of the opinion that constipation depends, in the more obstinate forms, upon a prolapse or crowding together of the bowels. This was particularly the case in epileptics.

Dr. Fletcher said he had just returned from West Newton where he had been to see a patient in consultation with Dr. Allen, and while there he visited eleven other cases, all having the same form, and there known as spotted fever. Dr. Allen informed him that about sixty cases had occurred in that township. Three or four only proved fatal, and those were very sudden; from the outset to the termination not more than twelve to thirty-six hours elapsed.

The symptoms were :

1st Stage.—Rigors, lasting from one to four hours, nausea, pain in head, stinging pains in the ears, or throat, pulse from 40 to 90.

2nd Stage.—Swelling of the neck or some part of the face, pain increases in back of the neck, pupils dilated, countenance anxious, delirium, and death.

Most of the cases had a slight eruption like that of typhoid fever. In others, there seemed diphtheritic exudations; the bowels were easily controlled. After the first thirty-six hours had passed, the patients seemed perfectly exhausted and recovered slowly. They had a pale anæmic look, and in several cases there was a distinct anæmic murmur heard over the heart.

From what he had seen of the disease he was not prepared to give it a name. It resembled a mixed condition of typhoid, diphtheria, and cerebro-spinal meningitis. Drs. Allen and Mendenhall, of West Newton, have promised to furnish statistics in full, when it is hoped the subject will be more fully discussed before the Association.

Editorial Translations.

A Historical Review of Bronzed Diseases in Connection with a Case Reported by M. Fauvet, of Constantinople; by M. Jaquod.

Among the different pathological conditions which may coincide with a black, persistent pigmentation of the external tegument, Melanæmia and Addison's disease hold the first rank, and the interest which attaches itself to these two morbid states, as much from a clinical point of view as from a physiological aspect, is sufficiently shown by the numerous works they have inspired.

For this reason I can not pass unnoticed the remarkable history that M. Fauvet has just published in the *Gazette Medicale D' Orient*, after having read it before the Imperial Medical Society of Constantinople. The observation in itself is worthy of serious attention, and it ac-

quires more value still, thanks to the judicious remarks with which the skillful professor has followed it. From this motive alone, the fact merits notice, and it offers us beside an excellent opportunity to examine slightly our position touching the cutaneous melanopathies. Let us recall in the first place, in a few words, the fundamental characteristics of Melanemia and Addison's disease, and we shall thus be able more easily to appreciate in its true light, the observation of M. Fauvet. Melanemia is formed by the presence of pigmentary corpuscles in the blood in considerable proportion, whose focus of formation is in the spleen ; exceptionally in the liver. As long as these productions circulate without obstruction in the capillary vessels, no anomalous phenomena happens to awaken attention, unless it is a coloration of grayish-brown, which occupies the external tegument. This coloration is so characteristic, that it is sufficient in itself alone, according to Frerichs, to suggest the existence of Melanemia. If later, the pigmentary granulations, arrested in their free course, should reunite in collections more or less considerable, we see serious troubles arise in the general nutrition, and in the functions of those organs directly concerned. Thus, the modifications undergone by the liver may extend even to atrophy ; the injury of the kidneys, extending under the tubuli, and the accumulation of corpuscles in the small vessels of the brain may lead to their rupture, and may be the point of commencement of a persistent albuminuria.

But I lay aside this order of symptoms. It offers but a secondary interest in the question that occupies me. The black coloration due to Melanemia is general and uniform, without spots or stains. It coincides constantly with the presence of pigmentary corpuscles in the blood, which the microscope renders easily discernible. This morbid state is characterized, in almost the total number of cases, by a tumor of the spleen, and it appears in individuals attacked with paludal cachexia. And in our opinion, these points are the most useful to notice. As for the disease of Addison, it presents also its pathological triad, and the author whose name it bears has thus classed the three elements which compose it, according to the rank of their relative importance, viz. : profound asthenia, alteration of the suprarenal capsules, a bronzed coloring of the skin. This color is always more intense in the same points of the tegument which have in the normal state the deepest tint. Contrary to a too general opinion, this color is not characteristic. When it assumes the form of isolated spots, it should be uniformly spread over all the exterior surface of the body ; and then, to employ the comparison of which Addison makes use, the

patient resembles completely a mulatto, often even to an individual of the black race. In a more recent work on this subject, Wilks has particularly and correctly insisted on this fact, for the error has often been committed, and some have very wrongfully recorded, under the name of the disease of Addison, the account of patients in whom the bronzed or black color presented itself, under the form of stains or disseminated spots on some particular parts only of the external tegument. These being the facts, let us examine now the observation of M. Farvet.

The patient was an Armenian, aged about twenty-eight years, who worked, by turns, at husbandry in his own country and at brick-making at Constantinople. This man, who had never been seriously ill up to 1861, was then taken with a daily intermittent fever, which disappeared, without treatment, at the end of two months. A month later, the fever reappeared, without regularity, and again lasted two months, after which the paroxysms ceased spontaneously. Dating from this moment, the patient commenced to experience a pain in the left hypochondrium. This pain, which grew worse after eating, and whilst walking, continued. The fever had ceased during three months when it reappeared again, without regular type. At the end of a time, which is not exactly stated, these febrile paroxysms were accompanied by a real jaundice, which disappeared at the end of five days, with the fever itself. Our Armenian considered himself cured in a fortnight, when at the beginning of March, 1862, after a day's work in the fields, he noticed that his skin took a blackish color, that it had never had until then. This color appeared first on the face and limbs, then in the course of two or three weeks, it spread over the whole body, without assuming the form of spots or stains. From that time the fever has not returned, the left hypochondrium is large and painful, but on the whole, aside from painful digestion, want of appetite, and weakness, there has been no considerable trouble in the health of this man. In the meantime, he came to Constantinople, to work in the brick yard, but at the end of two weeks, he was forced to quit work, and some days after, presented himself at the *Clinique de l'école*, where he was admitted the 13th of July, 1863. The black color has spread over all his body, but in different shades. In the face, neck and limbs, also in the genital parts, it attained its maximum of intensity. Upon the body, it is less intense, and presents a yellow tinge as in mulattoes. For the rest, the coloring does not vary suddenly. It is not disposed in spots, but passes from one shade to another by insensible gradations. At a certain distance, the black color seems of

uniform intensity as upon the healthy skin of a negro. On closer inspection, we see that it is not so everywhere. The skin is more or less reddish, and we observe upon it, here and there, some spots of very deep black, some of which present in the centre, a point almost white, which corresponds to the cicatrices, more or less superficial, of pustules, furuncles and excoriations. Moreover, there are parts where upon the yellow background, there exists a black speck without any appreciable injury of the epidermis. These little spots vary from the size of a large pin head to an almost imperceptible point. It is in the face especially, that they are found in the greatest number. Around the eyes, there are little intervals where the white tissue of the skin is visible. This arrangement of the pigment gives to the face, seen at a little distance, the appearance it would have if the individual had been daubed with imperfectly powdered charcoal. This exists to such a degree that it would seem that in rubbing the skin, the black color would detach itself from it. This is not the case, however. Neither friction nor soap suds has brought away any of the coloring, nor does the perspiration take away any black particles. On the outside, the lips are uniformly black as those of negroes. On the inside, presents blackish spots, formed as by a very fine stick. Upon all the internal part of the cheeks, the black color is general and uniform. There are some spots on the outside of the gums where the teeth are wanting; some black exist in the arch of the palate, especially in the anterior part. Except some light violet spots on its lateral parts, the tongue is pale, its upper surface is covered with a thin, whitish coating. The ocular conjunctiva presents, in the part which corresponds to the separation of the eyelids, some brown, vascular arborisations, and some little spots of a yellow color in the neighborhood of the cornea. Every where else, the coloring of the conjunctiva is natural. In the eyelids it is a pale rose. The interior of the eyes offers no alteration; vision is not troubled. The hair is of a deep black, and dull as if dyed. It is straight, stiff, and has not a woolly appearance. The skin at the root of the beard has a tinge much less than the face. As for the limbs, we remark that the coloring of the skin is much clearer here than elsewhere. It is the same at the ankles. The rest of the limbs have a black and almost uniform tinge, except the spots owing to excoriation. The finger-nails have an almost natural color, unless on the outside, where they are colored brown. The spleen, hard and very large, extends beyond the ribs to the width of a hand, and obliquely towards the median line almost to the umbilicus. Pressure was painful. The liver was

not sensitive to pressure. Its free edge extended beyond the ribs to the width of a finger. It was hard to the touch. The impulse of the heart is scarcely sensible; the sounds are feeble; the first muffled and a little ploughed. There is a light souffle at the right in the vessels of the neck. Aside from the general weakness, no symptom attracts particular attention. The chest is healthy; the abdomen presents neither flatulency nor dropsy. The urine limpid, and of a citron color, precipitates neither by acids nor by heat; but it contains much urea and phosphates, and a large proportion of coloring matter. Three days after his entrance into the hospital, the patient was submitted to the quinine treatment, and took, up to the 25th of July, 160 grains of sulphate of quinine. On the 21st of July, after 100 grains of quinine had been administered, it could be stated that the spleen descended less than formerly by the width of a finger. But from that time, there was no more perceptible diminution. At the same time that the use of sulphate of quinia was begun, a blister was applied in the region of the spleen. In the morning, the skin being raised, showed a red surface, scarcely marbled with some small brown spots, then little by little, in proportion as dessication took place, these spots showed themselves more, and new ones were formed. Starting from the 15th of July, the dessication being complete, the pigmentary secretion generalized itself rapidly, so much so that on the first of August, the surface of the blister had become of an as intense black as the adjoining parts.

The patient was photographed on the 23d of July. Already, at this time, it seemed to those who observed him each day that the general tinge of the skin was a shade more clear. This appreciation was more fully confirmed in the following days. Then it appeared that the coloring remained stationary, after having experienced, on the whole, a very slight modification, which might even be only the result of the unaccustomed sojourn of the patient, from exposure to the sun. At the end of some time, under the influence of substantial diet, strength returned. The appetite was good, the digestive functions natural, and the patient feeling himself strong enough to recommence work, left the service on the 8th of August, in a much more satisfactory condition than at his entrance; but the coloring of his skin presented no other change than that already indicated above.

M. Favet had the opportunity of seeing this man again on the 3d, 15th and 18th of September. His general condition was good. On the 15th of September, the spleen descended less by the width of three fingers, than at the time of leaving the hospital. The liver had also

become smaller. Its hard and free edge was no longer felt extending beyond the false ribs. On the 18th of September, M. Fauvet had his Armenian photographed anew, and it seemed to him, as also to all those persons who had seen the patient during his stay at the Clinique, that the black color had considerably cleared, in a general way, especially upon the body, and that the blackish spots of the bucal cavity had begun to die out.

In the commentary full of interest, which follows this observation, M. Fauvet has sought to what known form of black pigmentation he should attach the history of his patient. The antecedents, the tumor of the spleen, the anæmic state, suggested the idea of Melanemia. In the latter case, however, the coloring is never so deep as it was in the Armenian; and, moreover, the examination of the blood has shown one time more, the danger of a diagnosis *a priori*. The pigmentary corpuscles were absolutely deficient. The microscopic examination of the blood was made at three different times: the 23d of July, the 5th and 15th of July. On the last day, M. Fauvet, desirous of having his own observations confirmed by a not less competent person, desired Dr. Mullug to examine the blood of the Armenian himself, and each time the results were perfectly negative. It was not a question of a case of Melanemia.

Melanemia being thus well and duly set aside, it is a question of considering this morbid state under the name of Addison's disease. But for reasons I am going to make known, M. Fauvet has not believed himself authorized in assimilating his case to those which have been published under this head; and he has concluded by reserving this fact as exceptional. It is upon this point that I am not entirely of his opinion. Before arriving at this conclusion, the author has taken pains to compile a certain number of observations, and it is after having compared them to his own, that he has rejected the similarity; but I believe that if he had had at his disposal the works on the subject which we have at our disposal, he would have attached a less absolute value to the different characteristics that he has noted. The engorgement of the spleen and liver, the previous paludal poisoning, the absence of leucocytes in the blood, and lastly, the gradual amelioration which comes over the patient, are the reasons which have prevented M. Fauvet from seeing in his observation, an example of Addison's disease, and because that these facts, according to him, have not been noted among known facts at the present time. But the engorgement of the spleen and liver, without being the rule, are far from being rare in Addison's disease. Thus, among the observations

published from 1857 to 1860 inclusive, (and I cite only those which have been accompanied by affirmative autopsies,) I find fourteen cases, in which the liver has been found more or less tumefied. In the case of Bakewell, it was large and hard; in that of Thompson, it was large and painful to pressure. The same thing in the patients of Cazeneuve, Taylor, Cotton, Ball, Buhl and also of others. The tumefaction of the spleen is not exceptional. In the same period, I find ten observations, in which a tumor of the spleen more or less voluminous, has been formed, either during life or during the autopsy. Several of these facts, it is conceded, are the same which have offered us a proof of the intumescence of the liver. However, that of Troussseau, of Mettenheimer, of Hochgesandt, form no part of the first group cited. The paludal poisoning, antecedent or present, is much less frequent, it is true, yet it does not suffice to imprint upon an observation an exceptional character, for it has been positively noticed in the cases of Taylor, of Gromier, of Schmidt (of Rotterdam). The latter finds even, a great analogy between cachexie bronzed and cachexie miasmatic. The patients of Fresne and Perroton had not had intermittent fevers, but they had lived a long time in a country of fevers. The increase of white globules in the blood of individuals attacked with Addison's disease, is not a general fact, (M. Fauvet has taken care to say so himself,) and if this phenomena has not been present in his patient as in one of those observed by Hartly, although the spleen was equally large, there is nothing in that which should surprise us. As to the amelioration, which came over the patient of M. Fauvet, it does not seem to me that it is of a nature to make us hesitate in the interpretation of the fact. On the one hand, it may be that this amelioration was only temporary, and on the other, cases of cure have been cited by observers, whose names are sufficient guarantee of the truth of the diagnosis. The patients of Thompson and Litz were completely cured; that of Chevandier experienced such an amelioration, that it was almost equivalent to a cure. Let us add that the latter also justifies the comparison with a negro, and that in the patient of Litz, the cure was not contradicted at the end of three years.

This rapid glance is sufficient, I think, to show that the case of M. Fauvet is not altogether exceptional. For myself, at least, I can not partake of the reservations of the learned author of the observation, and I see in his patient, a remarkable example of that state, which is described since 1855, under the name of diseases of Addison or bronzed skin. Does it follow from this, that in this individual the suprarenal capsules should waste away?

The numerous facts which have been published* under the name of the bronzed disease, or malady of Addison, (troublesome synonym in all respects,) far from being similar, are not even at all comparable. One single phenomenon approximates them, an *æsthenia* more or less profound. It is found in all the observations. But as for what there is of black coloring, and of injury to the suprarenal capsules, it is another thing. And the facts known in this respect are classed under three heads, viz. : simultaneous existence of black coloring and suprarenal injury ; coloring without lesion, even microscopic ; suprarenal lesion, without coloring. Are data desired ? In 1857, Virchow noted in his report on the bronzed skin, nine cases of black coloring, without lesion of the capsules ; and fourteen of lesion, without pigmentation. In 1858, the same author found eight facts pertaining to the first of these groups, and fourteen bearing on the second. In 1848, Harley and Parkes made known a case of black coloring, and found no lesion of the capsules, carefully examined under the microscope. The same year, Professors Moneret and Davey each observed a case of complete wasting of the capsules without unnatural pigmentation. And in 1860, Buhl uniting fourteen new facts to those already compiled by Virchow, for his reports of 1857 and 1858, arrived at this result, viz. : coincidence of the black coloring and of the lesion forty times ; coloring without lesion, ten times ; lesion without coloring, twenty-four times ; which amounts to saying, that in seventy-four cases, the relation noticed by Addison has failed thirty-four times. Let us admit, now, with Wilks, (1.) who has devoted two dissertations to the defense of this idea, that many observations have been accredited to the charge of Addison, which do not answer to his description, and for which he can not be responsible. Let us recollect, in the second place, that profound *æsthenia* holds the first place in the morbid state he has noted, and that the black should be imputed to this state, only when it is general and uniform. Let us strictly admit that a special lesion is necessary (*scrofulous material*) and not any lesion whatever of the capsules to constitute the disease of Addison, Yet admitting all this, making all these concessions, we should have still some refractory cases, when there would be only one of Addison

* Virchow (Constat's Yearly Report for 1857 and 1858.) Harley and Parkes, bronzed skin and healthy suprarenal capsules. (Medical Times and Gazette, November and December, 1858.) Moneret, Study on the Complex Wasting of the Spleen, (Union Medicale, 1859.) Norris Davey, Complete Disorganization of Both Suprarenal Capsules without Discoloration of the Skin, (Medical Times and Gazette, 1859.) Compare, Lebert, Essential Anæmia (Wiener Medicinal Weekly, 1858,) Charcot and Velpéan, Bronze Coloring of the Skin, Fatty Disorganization of the Suprarenal Capsules, (Medical Gazette of Paris, 1858.)

himself, one of the facts of the second dissertation of Wilks, and one which has been so recently published in the English *Lancet*. Here a lesion existed; the true lesion closed up, and nevertheless, the coloring was totally wanting. Finally, for these rebellious cases, and to save the theory in peril, Wilks has devised this explanation, viz.: the lesion of the capsules was produced so quickly, and the development of the disease so rapid, that the black coloring had not time to appear.

Thus, then, after all our concessions, we find ourselves brought back to the conclusion, that in a certain number of cases, the lesion of Addison, in the suprarenal capsules is observed in connection with profound *æsthenia* and a general coloring. This, in my judgment, is the only possible conclusion; but at least, in those typical cases, which shall represent, if so desired, the disease of Addison, properly called, separated by pathological anatomy, from the vague group of bronzed diseases in these cases, I ask, does there exist between the phenomena the relation that the English physician wished to establish? Is it then, necessary, to confine ourselves to the lesion of the suprarenal capsules, to *æsthenia*, to the cutaneous pigmentation? I can not consent to it, for I see nothing which justifies this pathogenic interpretation. And firstly, in the most of cases where the lesion of the suprarenal capsules has been found with Melanodermic coloring, (this is a very happy expression of M. Fauvet,) the patients were tuberculous or cancerous. They had arrived at the cachetic period of their disease, and I confess that in all the cases of this *nature* it seemed to me the lesion of the suprarenal capsules ought to be attributed to the last. It is only a very small corner of the pathological table, and I attribute the wasting of the pigmentary secretion to the terminal *cachexie* of the diathesis. In the last stage of the disease, this secretion as all others, is deranged and nothing more. I should say that this opinion, with which I entirely agree, is not my own. It was put forth in the early parts of this account by Gubler and Bonchut, at least, for phthisis; and very recently it was reproduced by Demme, in regard to the patient of Hirzel. This way of viewing is applicable to a large number of cases. In fact, by adding to the eleven primitive cases of Addison, sixty-four facts borrowed from various authors, I arrive at a total of seventy-five cases (with autopsy) among which I find seventeen tuberculous and eight cancerous. The proportion as is seen, is very respectable.

But, finally, it will be said there remains a certain number of facts well vouched for and very clear, in which in the absence of all tubercularization, in the absence of cancer, the principal lesion was seated in

the capsules. And among these facts, there are some even (Addison, Wilks,) which have shown the capsules very much altered, and all the other organs healthy. Should we not, at least, for such cases, accept the relation noticed by Addison, between the lesion and the symptoms? Very well! Even here I would not go so far; nor can I see any coincidence. The following are the reasons for my reservations:

In the great majority of facts related, no mention is made of the condition of the intestinal glands, and of the abdominal lymphatic ganglions; on the other hand, in those cases, of which the autopsy has been completed, and accompanied by a satisfactory microscopical examination, those organs were found altered. Without speaking of the tubercles and the cancer which had been formed when the patients were phthisical or cancerous, I would call to mind that Page and Hochgesand have noticed a tumefaction and a general infiltration of the isolated and agminated follicles of the intestines, with a seeming alteration in the mesenteric glands. Schmidt (of Rotterdam) has made the same observation. Vogel found in a tuberculous person all the intestinal glands attacked with a considerable pigmentary infiltration. Lesions of the same kind were seen in the mesenteric ganglions by Buhl, Bacon, McKenzie and Sanderson. It is not then proven to me that the disorganization of the suprarenal capsules were really singular in the cases where it was reported as such; and then in those very cases, the intestinal glands and mesenteric ganglions have not sustained a satisfactory examination. This entirely legitimate doubt from my point of view, strikes the foregoing observations with nullity; as for those where the lesions of the glands and of the ganglions have coexisted with alterations of the capsules, I seek vainly in what way they could prove the pathogenic influence of these latter organs. The principal thing here is not in fact the lesion of the suprarenals, but alteration of a whole series of hæmatopoietic glands, an alteration which reacts in the first place, upon the blood, then upon the secretions, in a word, upon the general nutrition. I should have noticed, beside, that the relation proposed by Addison is founded on a physiological error. He assumes that the suprarenal capsules take part in the formation of the pigment and that they assist by proper action in the regular accomplishment of the functions of nutrition. Experiment shows that these propositions are so many hypothesis, and that two functions can not be attributed to an organ in a morbid state, which do not belong to it in a healthy condition.

There is one last fact which I can not pass over in silence, for if

is wanting to develop my argument, I wish at least to state them. before thinking of the lesion of the suprarenal capsules and of influence it may exert, there is an alteration very differently significant which we must consider. It is the atrophy of the abdominal, splanchnic nerve. It has been found only twice, it is true ; but how many times has it been looked for ? Strange to say, the first observation was reported by Addison himself. The microscopic examination was made by Quecket, who established the atrophy of the semi-ganglion, and of the branches of the solar plexus. The second belongs to Schmidt (of Rotterdam.) It was the case of a young man aged sixteen, who died of profound *æsthenia*, with almost general pigmentation, and in whom the capsules were infiltrated with blood. Boogart who made the microscopic examination, found a considerable atrophy of the sympathetic around the abdominal aorta. When being decided, the question is re-examined anew from this point of view, and this argument, were it the only one, seems to me sufficient to combat the interpretation of Addison.

In sum up, I see clearly that under the name of Addison's disease have been described, which do not agree with symptoms presented by Addison, and I agree that they must be laid aside and not accredited to its charge. But I see also, that the individuality of the symptoms established by the English physician, can not yet be admitted. That in the complete and typical cases, nothing absolutely nothing is a pathogenic relation between the condition of suprarenal capsules and the symptoms observed. I see, finally, that before any conclusions, researches should be recommenced from the point of view, of the function of the hæmatopoietic glands, and of the alteration of the sympathetic. We must then wait. But is it not a progress to renounce a false assumption, and to establish our ignorance. For if, had I to seek in the present state of science, a classification of different morbid states characterized by a deposition of black pigment, I would begin by renouncing the word disease which is not justified and I would unite in a large class all the melanopathics. This class would admit, naturally, two kinds : the visceral melanopathics with which I do not concern myself, and the cutaneous melanopathics or melanodermics. Here we should find some kinds well defined. I would commence by them, and I should thus have the physiological melanodermic of the fat ; that which is produced by sunstroke ; by exposure to a centre of heat (*ephelis ignealis*) ; that which accompanies dermatoses (*pytiasis* for example) ; finally, that which follows absorption of salts of silver, etc., etc.

After having divided these various forms of pigmentation which are of importance only in a diagnostic point of view, I would write in my table, first melanemia, then melanoderm, (tubercules—cancer) and lastly, I would admit under the name of æsthenic melanoderm, (a fully established qualification and one which prejudices nothing), a last group where should be ranged provisionally all those facts which do not enter into the preceding classes, that is to say, all those cases of pretended suprarenal melasma. This last group will be modified. It is possible that it will disappear when we shall be more enlightened on the lesions of the sympathetic and of the organs engaged in blood-making. But it seems to me difficult at this time, to go further, and I do not see that we gain by introducing into terms, a precision which does not yet exist in the facts. In the condition they are in I do not see that we can do better than associate ourselves in the wish presented on the 3d of November last before the Pathological Society of London, by Dr. Crisp, who demanded the creation of a new committee to judge and examine the so-called Addison's disease. I wish that this demand may be taken into consideration; but until the whole matter may be decided without appeal, I hold without any reserve to the opinion put forth by Schmidt (of Rotterdam) in 1859. The morbid condition known under the name of Addison's disease, is in all cases the result of an affection of the sympathetic abdominal nerve. Here is the principal, the primitive fact. As to the lesion of the suprarenals, it is secondary. It may be wanting without that the symptoms shall be otherwise modified. It is only an accessory question.

New Mode of Retaining the Anæsthesia of Chloroform.

The Medicinal Hall of Vienna contains the following important notice of a new mode of retaining for several hours the Anæsthesia of Chloroform through hypodermatic application of narcotica.

TRANSLATED BY DR. HOMBURG, (CINCINNATI.)

The following observations of Professor Nupbaum, of Munich, are likely to prove of vast importance not only in surgical, but also for internal medical treatment, for instance, in reference to the therapy of the tetanus, various neuroses, etc., yea, even in experimental physiology. Since it appears to us desirable that the valuable experiments in question should be confirmed by other surgeons and physicians so that experiments may be had in the most varied manner, we hasten to communicate them briefly, even without waiting for a greater number of cases bearing thereon.

Professor Nupbaum removed about three weeks ago from a patient aged forty, a miller, residing in Foelz, a great sarcomatous tumor on the neck, using chloroform in the usual manner. To silence pains after the operation, which required a complete preparation of plexus cervicalis, he injected beneath his skin, while still under the influence of chloroform, one grain of acetate of morphine. The person operated upon did not subsequently as usual awaken from his narcotism, but slept on, breathing regularly and calmly, uninterruptedly, for twelve hours. He endured during this sleep the deepest stitches of the needle, incisions into the skin, and the application of red hot iron, etc., without even the slightest reaction against the same. Finally, he awoke from deep slumber exactly, as if he had just passed through a chloroform narcotism.

A few days later, Prof. Nupbaum most pleasingly surprised at this exhibition, and the effect just stated of subcutaneous application of morphine on a second patient, a Mr. M. in Swabia, upon whom, in consequence of a cancer, he had just executed the resection of the upper maxillary bone without removing the alveolar process during the chloroform narcotism, and had finally on account of cancerous irritation in the facial skin, undertaken a transplantation in the neighborhood of the temples and forehead by closing the wound. This patient too slept with complete absence of all feeling during eight hours amidst the most quiet breathing. His pulse remained in rhythm and number perfectly regular. The effect of the narcotic appears the more surprising in this case, because the same dose of acetate of morphine had a few days previous been injected hypodermetically without producing sleep and still less anæsthesia.

Two other cases embrace a woman fifty years old and a seven year old boy, upon both of whom only about half a grain of morphine had been subcutaneously injected; and both slept from five to six hours the same quiet sleep and enjoyed an equal anæsthetic condition. Another case, in which the experiment in question failed has up to now not been observed by Professor Nupbaum.

From the preceding observations appears to arise a physiological experimental point, that must on further use tend doubtlessly to most gratifying results. Obviously it appears as if the hypodermetic application of morphine, and perhaps of other narcotics, for instance, of atropia, might during the chloroform narcose preserve for several (six to twelve) hours, that peculiar condition of the central nervous system, of which we know it is to be lamented, as yet so little, and which is temporarily produced by the effect of inhaled chloroform, and to do

this by greater or lesser doses of morphine; as long at least as the effect of morphine is maintained; and of course also the arracoothary which to produce through the inhalation of chloroform is, as well known, one of the most beneficent inventions in aid of suffering humanity.

Correspondence.

Ergot in Mydriasis.

Miss M., aged eighteen years, had diphtheria early in September last. Under the usual treatment, the inflammation subsided in the course of eight or ten days. Two or three weeks afterward, in attempting to use her hymn-book at church, she discovered some defect of vision. She could not distinguish words or letters of ordinary sized type. The next day she could not sew, every thing appearing blurred and indistinct. This imperfection of vision continued about two weeks, when I was called. The pupils were dilated and sluggish. It was with difficulty that she could read characters of a quarter of an inch. But by means of a card perforated with a pin hole, or a magnifying glass of three and a quarter inches focal distance, she could read ordinary print readily.

Having read the report of a similar case (*Cincinnati Lancet and Observer* for September, 1863, page 543,) treated by Dr. Williams with ergot, I determined to try it in this case. She was accordingly put upon the following: \mathfrak{R} Pulv. ergot, grs. iij.; Quinia sulph. gr. i. *M. ter die*. Also: \mathfrak{R} . W. fer. mur., grs. x. *bis die*.

On the fifth day after commencing this treatment, she could read and write as well as ever without the aid of glasses. Treatment was then discontinued. There was considerable hoarseness left by the diphtheritic inflammation, and this disappeared almost as rapidly and completely as the ophthalmic trouble.

The dose of the ergot in this case was much smaller, in proportion to the age of the patient, than in Dr. Williams' case, yet the result was fully as satisfactory.

J. O. MARSH, M.D.

Bantam, Ohio, Feb., 1863.

Monument to Dr. Lawson.

Editors Lancet and Observer:—Permit me through the *Lancet*, to call the attention of its readers to a matter that has suggested itself to my mind.

In the death of Prof. J. M. Lawson, we have lost *one* of the brightest ornaments of the profession west of the mountains. I suppose I speak but the sentiment of a united profession, when I say that in his department Prof. Lawson had no superior in this country, if in any country.

Lawson on "Phthisis Pulmonalis," I doubt not is the most complete work that has been published from the West. It has commanded the attention of the men best qualified to judge it, not only in this country, but in Europe. But this is not all that he accomplished. In 1842, he projected and edited the journal now so ably conducted by his successors. Those of us who began with the first number remember his article upon "Phlogosis of the Mucous Membrane" with pleasure. I suppose he was among the first that pointed out the nature of that affection and the correct method of medication.

But he is gone! Shall the Profession in no way bear testimony to his worth? I propose that the readers of the *Lancet and Observer* (and all others favorable,) manifest their appreciation of Prof. Lawson's worth, by contributing one dollar (and upward) to be appropriated to the erection of a monument to his memory. Let a committee of medical gentlemen be appointed by the Academy, who will take this thing in charge, and see to it that a suitable monument be erected. I do not doubt that each reader of the *Lancet and Observer* will at once forward a small sum for an object so noble. Let the many young men scattered over the West and South have an opportunity of manifesting their grateful remembrance of his worth as a teacher. Let the many who have been instructed by his immortal work, have an opportunity of manifesting their appreciation of his worth as an author. Let the profession abroad see that Western talent is appreciated by Western men. In short, let a monument be erected to the memory of Prof. L. M. Lawson. By this medical brethren will do honor to themselves, and perpetuate the memory of one ever regarded as a Christian gentleman, a medical scholar and philanthropist.

I am, sir yours

W. H. SCOBEY.

Hamilton, Feb. 10th, 1864.

[It is proper enough perhaps, to say that the suggestion of Dr. Scobey has already been acted upon. It is proposed to erect a suitable monument to the memory of Dr. Lawson, and many of the Profession of this city have entered with liberal generosity into the movement.—
Eds. L. & O.]

Reviews and Notices.

Lectures on Orthopædic Surgery: Delivered at the Brooklyn Medical and Surgical Institute. With numerous illustrations. By LOUIS BAUER, M.D., M.R.C.S., Eng., Professor of Anatomy and Clinical Surgery, etc., etc., etc. (Reprinted from the Philadelphia *Medical and Surgical Reporter*.) Philadelphia: Lindsay & Blackiston. 1864.

The author of the little volume before us is not altogether unknown to the readers of the *Lancet and Observer*. As one of our occasional and very acceptable contributors Dr. Louis Bauer has in times past materially added to the value of our pages. This volume of collected lectures on orthopædic surgery first appeared in various consecutive numbers of the Philadelphia *Reporter* is now given to the public in a handsome volume of a hundred pages or more, well illustrated.

Orthopædic surgery is comparatively a new field of professional enterprise in this country, though cultivated with success as a speciality in Europe for many years. Our author very pleasantly traces, in his Introductory Lecture, the history of this favorite branch of surgery, showing how Andry of Paris, and Venel of Switzerland, first gathered up its scattered fragments into something like definite system a hundred years ago; and how Scarpa, and Soemmering and Delpech and finally Stromeyer, each in turn contributed their part to the present proportions of the stately edifice.

In the United States many circumstances have tended to embarrass the progress of orthopædic surgery. Dr. Bauer very candidly alludes to these particularly growing out of the professional feeling against all specialties. He says: "The objections of the profession to specialties are based partly on wrong premises, partly on mere notions. The country abounds with quacks and pretenders, who victimize and fleece the community at a fearful rate. They gather around themselves sufferers by the hundred, and are inexhaustible in their promises and schemes to delude the ignorant and credulous portion of the people. What medical art is impotent to achieve the quacks arrogantly claim as their divine secret." Still Dr. Bauer argues that all this infamous business proves nothing against the scientific and legitimate pursuit of specialties. That specialties legitimately established in Europe especially, and to a degree even in this country, have not degenerated in quackery. Indeed, on general principles it would appear that medical science and art during the present century owes much of its rapid advancement to the division of labor, as exhibited in the results of the investigations of Laennec and Scoda in diseases of the chest

of Cramer in the hearing apparatus ; of Von Graefe in ophthalmology ; and Marion Sims in surgical diseases of women.

Our author brings up these historical reminiscences in very graceful style, and concludes by a tribute to the labors of Mott and a recognition of a full course of instruction in this department now given in the Bellevue Medical School by Prof. Sayre.

The topics embraced in the present series of lectures are conveniently grouped under the following heads : I. Deformities of the feet ; II. Deformities of the knee-joint ; III. Deformities of the hip-joint ; IV. Deformities of the spine ; V. Deformities of the neck.

A very large space is occupied in the consideration of the nature and treatment of club foot in its various forms, in the course of which the necessary apparatus is fully illustrated, embracing several things introduced and modified by Dr. Bauer himself, as for instance his "dorsal screw" and his "orthopædic shoe."

Under the third head we have the views of Dr. Bauer as to the management of that very important disease, morbus coxarius or hip joint disease. The most important element of therapeutics accordingly is rest—"absolute rest of the implicated articulation." For this purpose Dr. Bauer uses his wire splints of peculiar construction—the model resembling after a fashion "wire breeches." He has considerable to say of the mechanism of the Davis, Sayre and Veddel splints, and points out the particular value and indication of each.

We can not at this time follow out the details of the book before us. It is full of practical teachings upon a most important series of morbid conditions, heretofore in great part poorly understood or neglected by practitioners. We therefore can best advise our readers to get this interesting book and read it carefully.

Transactions of the Illinois State Medical Society for 1863.

The eleventh annual meeting of the Illinois State Medical Society was held in Jacksonville, May 5th and 6th, 1863. The volume of Transactions is before us, and presents a valuable contribution to the current periodical literature of the profession. The papers published consist of a Report on Typhoid Fever by Dr. Noble, of Heyworth ; on Diseases of the Eye by Dr. Holmes ; Minor Mental Maladies by Dr. McFarlane ; Report on Surgery by Prof. Andrews ; Treatment of delayed union of Fractures by Dr. Prince.

The Report on Surgery by Prof. Andrews contains much that will be read with general interest ; for example, the Report places on per-

manent record the history of the admission of surgeons and assistant to appointments in Illinois regiments. It appears, on the first call for troops, Drs. N. S. Davis, C. Ryan, G. W. Stipp, Wm. Chamberlain and Dr. Carpenter constituted the Board of Medical Examiners—fair voucher that applicants would be subjected to a full test of their qualifications. At a subsequent call, a new Board was appointed, and as several changes have occurred, we find the following gentlemen have from time to time served: Prof. Johnson, Dr. H. W. Davis, Prof. Wing, Dr. Bryan, Dr. Roskotten, Prof. Brainard, Dr. Green, Prof. McArthur.

Up to Jan. 1st, 1863, five hundred and ninety-five candidates have been examined by the Board. Of these, two hundred and fifty-nine were recommended for surgeons and two hundred and sixty-six for assistant-surgeons; and seventy were rejected.

The report also embraces considerable military surgery drawn from the personal experience of Prof. Andrew while in the field.

The Society adjourned to meet in Chicago on the first Tuesday in May, 1864.

Proceedings of the American Pharmaceutical Association at its Eleventh Annual Meeting: Held in Baltimore, Maryland, September, 1863.

The Transactions of the American Pharmaceutical Association for 1863, which have just reached us, makes a handsome volume of about three hundred pages, containing a large amount of valuable matter in the shape of regular reports and special essays. Of these, the report on the Progress of Pharmacy occupies a large space, and is from Prof. Ferd. F. Mayer, of the New York College of Pharmacy. It is prepared with a great deal of evident care and labor. Of the special essays, W. Proctor, Jr., contributes three, one on Aconite Root, one on Still for Apothecaries, (illustrated) on Fluid Extracts. J. M. Maisch contributes two articles, on Solutions of Tartaric Acid, on Contamination of Sulphuric Acid with Arsenic. Edward Parrish gives two essays. Other contributions are by Geo. C. Close, Thos Wiegand, P. W. Bedford, R. P. Thomas, F. F. Mayer, G. J. Scattergood and F. Stearns. It will thus be seen that the members take a lively interest in their Association, affording a large amount of earnest labor to promote its progress and the success of its meetings. The result is easy enough to foresee. The position of the American pharmacist is steadily advancing in honor, and worthy sharers in the honor of the great temple of medicine.

As further evidence of the spirit of the Association, prizes are offered

ed for essays upon the two following subjects : On *Cimicifuga Racemosa* in its chemical and pharmaceutical relations and medicinal uses.

An essay based on a practical and successful experiment on the culture and preparation of elaterium in the United States, accompanied by a specimen of the product of not less than one hundred and twenty grains.

The Association adjourned to meet in Cincinnati on the afternoon of the third Wednesday of September, 1864.

Parrish's Practical Pharmacy: Designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmacist. With many Formulas and Prescriptions. Third edition, greatly improved. In one handsome octavo volume, of nearly 850 pages, with several hundred illustrations. Extra cloth, \$5.00.

This work is so well known by all who have to do with medicine whether he be pharmacist, student or physician, that it scarcely needs further mention. The simple announcement that Edward Parrish has come out in a new edition being sufficient to draw large orders from booksellers, and an immediate demand from those who would be well informed upon the latest and best improvements in this department of science.

There is no work upon this subject so readable or instructive. The syllabus, in the scientific portion of the work, Parts III. and IV., has been extended, and furnishes the most compact method of displaying the composition, doses, and other important facts in regard to the inorganic chemical products and the proximate principles of organic substances used in medicine.

To the country physician who is obliged to dispense his own medicines, this work is invaluable, for it tells exactly how every thing should be done, from preparing the most difficult medical, chemical or pharmaceutical compounds to tying a package or pasting a label.

An appendix to this work gives a most valuable chapter upon the "Management of a Sick Chamber," which we recommend to the careful perusal and practice of both doctors and nurses.

A list of articles of diet and mode of preparation for the sick and convalescent, is as necessary as the medical formulas, and physicians will do well to become as familiar with it.

After this comes a chapter of "Recipes for some of the more Important and Popular Medicines." All of which is followed by a most complete Index, which saves many valuable moments in referring to so large a book.

W. B. F.

Editor's Table.

"Hermetically Sealing" Gunshot Wounds of the Chest.—In the original department of this number we print a Lecture by Dr. Howard on this important subject. Our readers will be glad to read in this connection the following criticism on the suggestions of Dr. Howard by Dr. Longmore, being part of a Lecture on this subject before the Army Medical School, delivered last December :

"A plan of treating chest wounds has been lately brought to notice in the *American Medical Times* by Dr. B. Howard, of the United States Army, which is called by its author the 'treatment by hermetically sealing;' and the editor states it to be understood that at the next engagement of the Army of the Potomac a hospital is to be organized, under charge of Dr. Howard, for the sole purpose of treating gunshot wounds of the chest by the sealing process. Dr. Howard advocates the propriety of this treatment for all penetrating wounds of the chest by gunshot. He also describes it to be applicable to penetrating wounds of the abdomen, whether made by gunshot or stabbing instruments.

"The following is a description, in Dr. Howard's own words, of the manner in which the operation of hermetically sealing is to be practised :

"All accessible foreign bodies having been removed, introduce the point of a sharp-pointed bistoury perpendicularly to the surface just beyond the contused portion, and, with a sawing motion, pare the entire circumference of the wound, converting it into a simple incised wound of an elliptical form. Dissect away all the injured parts down to the ribs, then bring the edges of the wound together with silver sutures, deeply inserted, at not more than a quarter of an inch apart; secure them by twisting the ends, which are then cut off short and turned down out of the way. Carefully dry the surface, and with a camel's hair pencil apply a free coating of collodion over the wound; let it dry, and repeat it at discretion.

"For greater security, shreds of charpie may now be arranged crosswise over the wound, after the manner of warp and woof; saturate it with collodion, and when dry repeat the process, until the wound is securely cemented over. As a still greater protection, a fossil of lint may then be placed over the part and retained with adhesive straps.

"If there be a tendency to undue heat in the part, it may be kept

down with cold affusion ; should any loosening of the dressing occur, an additional coating of collodion may be applied. The sutures must not be removed until healing by first intention is complete.

“ ‘ Should suppuration occur, so as to occasion distressing dyspnoea, proceed to treat it in all respects as a case of empyema, introducing the trocar at the most dependent point, and taking special care to avoid the admission of air.’ ”

“ Dr. Howard describes particularly three advantages which are gained by this perfect closure of the wound. 1st. Hæmorrhage is controlled. At the worst, he says, the amount of blood lost after the operation can not be more than would suffice to fill up the unoccupied space remaining in the pleural cavity ; the elastic clot resulting furnishing a styptic *par excellence* for the wounded vessels of the yielding lung. 2d. Dyspnoea is immediately relieved upon removal of the atmospheric pressure. 3d. Suppuration, if not prevented, is greatly diminished by shutting out the constantly renewed currents of atmospheric air, and its character is very favorably modified. ‘ Indeed, if the wound were closed soon enough,’ says Dr. Howard, ‘ I deem it possible that the slough of the track through the lung, with the limited amount of attendant pus, might be entirely disposed of by absorption and expectoration.’ ”

“ As a proof of the successful results of the sealing plan of treatment, Dr. Howard mentions that some cases upon which he operated were six days in the ambulances before reaching a General Hospital, part of the road travelled over being of the worst description ; on the fifth day all but one of these so treated were able to walk comfortably.

“ In considering the proposed treatment, what first attracts notice is the absence of any limitations in its application, and the assumption that healing of the wound by the first intention can be secured in all such cases. It is the unqualified manner in which this plan of treatment is put forth that makes me think it important to notice it ; for if put into practice as described, I feel certain it must lead not only to much disappointment, but occasionally do considerable harm. The wounds of the chest to which it is to be applied are simply designated ‘ penetrating wounds,’ but it is obvious from Dr. Howard’s remarks that he includes perforating wounds, and indeed all wounds in which the cavity of the chest is opened by gunshot, with or without wound of the lung. As I have already explained, the variations which are constantly found in the accompanying circumstances of a number of wounds of the chest by gunshot involve corresponding variations in their degrees of gravity and probable issues. The difference between

an ordinary penetrating wound by gunshot, and a perforating one, is immense; in the one case the projectile is probably lodged; in the other it has passed out. Again, in either a penetrating or a perforating wound, most important differences arise in the nature of the injury and the effects of the treatment, according as the lung is penetrated or not; and serious differences also depend upon the part of the lung penetrated or traversed by the ball. All these circumstances should be noted and taken into account in estimating the value of a special plan of treatment in a given number of cases. If a ball passes through or near the root of the lung, it is scarcely possible to prevent a fatal result by any plan of treatment; if the track of the ball has been limited to the periphery of the lung, and the constitution of the patient and opportunities of treatment be favorable, we have a right to expect a favorable cure in a considerable proportion of cases under the mode of treatment which has hitherto been in ordinary use of late years, and which I have already described to you.

“The surgeon's efforts to secure healing by the first intention in the way named in gunshot wounds will, I think, be attended with success in only a very small proportion of exceptional cases. It is the rule of practice among army surgeons to close completely, by sutures, compresses, adhesive plasters, and bandages, all wounds of the chest—such as incised and stabbing wounds—in which there is thought to be a probability of union by the first intention being obtained. Not only the relief to the breathing by rendering more complete inflation of the lungs practicable—which is the immediate effect of this operation in an incised wound of the soft parietes of the chest and periphery of the lung—but the arrest of the hæmorrhage (if this complication exist,) together with the prevention of subsequent extended pleuritis and pleuro-pneumonia, are sought to be obtained by these means. And as in many cases the urgent symptoms have gradually abated under this treatment, and eventually respiration in the wounded lung being re-established, it has been rendered evident that the wounds had become closed by the adhesive process. You will find such cases fully recorded in the works of Guthrie, Larrey, Hennen, and others. But in treating cases of incised wounds we can no rely upon obtaining healing by adhesion even of the external orifice although this may be uncomplicated with injury or cartilage; and we should be prepared to meet these abortive attempts by other definite plans of treatment. The restlessness of the patient, the natural movements of the chest in respiration, inflammatory action, cough, weakened health, habits of life, and special conditions of the tissues, ma-

thwart our attempts to effect this object. When to these sources of failure we add continued hæmorrhage at the seat of injury in the parietes, and torn cartilage or divided ribs—such frequent concomitants of these injuries,—the difficulty of obtaining healing by the first intention is still further increased.

“When we leave incised wounds and approach those of penetrating gunshot wounds—at least those inflicted by projectiles as large as ordinary musket-balls,—the probability of obtaining healing by the first intention seems to be altogether absent. Here not only all the ordinary sources of prevention of this desired result which I have just mentioned exist in an aggravated degree, but, in addition, a rib, when struck, is not simply divided as by a sword, but is contused and splintered, and the soft parts around the opening made by the ball, for a distance varying according to the size and shape of the projectile, and its amount of momentum, are bruised, and their vitality and reparative tendency proportionately diminished. To remove this spherulated surface and surrounding bruised structures by incision, and then to force the edges of this enlarged opening together by sutures (for it is to be remembered, even in cases where ribs and their cartilages have escaped, the intercostal muscular tissues and pleura—not merely the integument—are contused and torn,) appears to involve the necessity of such a strain as would prevent all probability of cohesion by first intention, even if such further impediments as costal movements, sudden impulses by coughing, and symptoms of inflammation arising, were not in existence. Experience has hitherto taught that in these injuries provision must be allowed for the escape of clots and suppurative discharges from the parietal wounds—not to mention other circumstances; and that to pen them up by close compresses is to thwart nature's plan of attempting cure, and to aggravate the evils which have been already inflicted. Hence the rule has arisen in all cases of *incised wounds* of the chest, whether hæmorrhage be present or not, to close the wound by suture and compress as early as possible, and to seek for union by adhesion; but in *gunshot wounds*, not to close by suture, and only to make accurate closure a matter of necessity where they are accompanied by active hæmorrhage.

“Baron Larrey, in his memoirs of the Egyptian campaign, (*Mémoires de Chirurgie Militaire*, tome ii. p. 155. Paris, 1812,) has given an excellent explanation of the manner in which the urgent symptoms of an incised wound of the lung with hæmorrhage, when the hæmorrhage arises wholly from the pulmonary vessels, are frequently caused to cease, if the wound in the chest be accurately closed. While the

wound is open, the inspired air, finding a ready way of exit by the opening in the lung, constantly opposes the cohesion of the margins of this opening, at the same time that its escape in this way prevents the distension of the air-cells of the surrounding lung-structure, which would lessen the arterial flow, and accelerate the return of the blood by the pulmonic veins. When the wound in the chest has been accurately closed, after allowing the blood already effused in the pleura to escape through the opening by favorable position, the air introduced into the lung by breathing, not finding the same way of issue, fills more completely the small bronchial tubes and air-cells, facilitates the return of blood to the heart, causes the divided lung surfaces to approach each other, favors the contraction of the orifices of the wounded vessels, and assists by these means, as a consequence, the adhesive process. But in the case of a contused and ragged canal being opened through the lung by a projectile passing into or through it, all the circumstances are manifestly changed. If bleeding is going on from its surface, neither the passage of the air through the wound in the chest-wall nor its restraint can exert influence upon it, for the track of the ball will remain patulous under all circumstances, so far as the act of respiration is concerned.

“Let me briefly consider the three advantages which Dr. Howard advocates for the hermetically sealing treatment in gunshot wounds. Dr. Howard states the causes of fatality in gunshot wounds of the lungs to be hæmorrhage, dyspnœa, and suppuration; and that these may be restrained and modified, if not prevented or removed, by the simple operation already described.

“*Hæmorrhage*, Dr. Howard rightly places first amongst the causes of fatality. It is the symptom which of all others alarms the surgeon; for he can not but feel how much the power of nature to arrest the flow of blood, and how much the result of his own endeavors to aid nature in her efforts, must depend upon accidental circumstances connected with the course of the projectile and the injuries it has inflicted, which is entirely out of his power to control. The track of the bullet is out of sight; the injury it has done to the lung is out of reach. It may be judged that vessels of the largest size have not been divided as it traversed the viscus, or death would have been nearly instantaneous: a surmise may even be made of the part of the lung wounded by the situation of the aperture of entrance, or, if two openings exist, by a supposed line connecting them. But such surmises are often proved to be erroneous by post-mortem inspection; even the source of the hæmorrhage, whether it be wholly pulmonic or wholly parietal, or

the two combined, can not be diagnosed with certainty in these complicated wounds. It is not to be wondered at then, that under such circumstances of doubt and consciousness of helplessness, surgeons, though recognizing the differences between a gunshot and an incised wound of a lung, should, nevertheless, almost instinctively, stop the gap through which the life-blood of the patient is seen to be flowing. Although the surfaces of the wound in the lung can not be brought into contact and coaptation, there is still the hope that as the blood accumulates within the pleura, it may exert such a pressure upon the wounded lung, and, perhaps, so plug up the mouths of the open vessels, as to stay the flow of blood, and procure time for the saving processes of nature and the application of remedial measures on the part of the surgeon that may lead to the recovery of the patient. And the most experienced army surgeons have long recommended this course under circumstances of gunshot wounds with profuse hæmorrhage. 'Hermetically sealing,' thus applied, is only a new term: the practice is not new. Immediate closure of the wound is, at the present day, the general practice of all surgeons in such cases. The difference in the treatment between the practice of closure and hermetically sealing is, that in the one no attempt is made to obtain healing of the wound by the first intention, which it is not expected can be obtained in openings made by gunshot; and, secondly, that the continuation of the closure is made subject to other contingencies which are not unlikely to follow the injury. It frequently happens in such cases that the flow of blood, after the closure is not arrested until the accumulation on the wounded side is so great that the pressure exerted upon the heart and sound lung is strong enough to threaten death from asphyxia. It is manifest under such circumstances that the wound can not be kept hermetically sealed; it must be reopened, some of the effused blood allowed to escape, and there still remains the hope that the weakened state of the circulation, and the usual condition consequent on loss of much blood, with the aid of proper remedial measures, may favor the prevention of further hæmorrhage. If we persist, under these circumstances, in maintaining the hermetically sealing of the chest,—if Dr. Howard's injunction that the sutures are not to be removed until healing by the first intention is complete, is attempted to be carried out,—I fear the risk will be run of causing the death of the patient by suffocation.

"*Dyspnoea* is a symptom which may depend on several causes. It may be induced by the very circumstance I have just described, after closure of the wound—viz., continued hæmorrhage and accumulation

of blood in the cavity of the chest, and sealing will not then afford relief: if it depend upon the interference with natural respiration such as has been described to exist in incised wounds of the lung, hermetically sealing might afford relief if there were no complication, and the sealing could be maintained long enough. This continued sealing, however, it is believed, the circumstances connected with the discharges, and other consequences of gunshot wounds, will not admit of. But supposing that for the relief of this symptom the chest has been hermetically sealed, an irregularly torn lung, or a lung with the open track of a ball through it, will almost certainly give rise to pneumothorax, and the continued escape of air into the cavity will cause such compression on all the contents of the chest as to aggravate the dyspnoea extremely, and cause imminent danger to life from suffocation. In such a case, again, the wound must be reopened, or another opening practised by the trocar, to afford relief.

“Lastly, Dr. Howard advances that suppuration is greatly diminished, if not prevented, by shutting out external air. This is doubtless the case with incised wounds, but can we expect it to be with penetrating gunshot wounds? An uncomplicated wound of this kind, without hæmorrhage, without lodgment of foreign bodies, is unfortunately rare indeed, and such complications can scarcely fail but lead to pleuritic effusion and empyema. If the hæmorrhage be slight, the blood may be absorbed; but if it be in its usual quantity, and not evacuated, it will irritate the serous sac, and produce the same effects as other foreign bodies. Mr. Guthrie's experience in the Peninsular War led him to state, that in cases in which there was not a free communication between the wound in the parietes and the cavity of the chest, pleuritic effusion was the principal danger to be feared. ‘When the external wound,’ Mr. Guthrie says, ‘has been closed, or is so partially closed as not to allow the escape of the effused fluid, it is commonly the immediate cause of the death of the patient. Its secretion and early evacuation are, therefore, the most important points to be attended to in wounds of the chest.’ (*Commentaries on Surgery*, 5th edition, p. 382.)

“I have thought it right to consider this subject at some length because I fear, if penetrating gunshot wounds of the chest are treated indiscriminately by hermetically sealing the external wound or wounds, a fatal termination will be induced in some cases which might terminate otherwise under the more ordinary methods of treatment. But if my fears in this respect should be proved to be groundless, and practice shall bring to light an improved method of treating these

serious injuries, military surgery will be greatly indebted to its author for it is undoubtedly unhappily most true that hitherto, in all campaigns, the proportion of fatality in really penetrating and perforating wounds of the chest has always been excessively large. I believe the proportion of fatality would even appear greater than it does in some tables if the diagnosis were more accurately made in the various hospitals from the combined returns of which such tables have been composed. Easy as one might at first suppose to be the diagnosis of a musket-ball wound of the chest, whether penetrating or non-penetrating, experience shows that it is not so. Partial circuits of balls beneath the integuments and the muscles of this region, beneath the scapula, perhaps complicated with great bruising, fracture, hæmorrhage, and attended with dyspnoea, hæmoptysis, and faintness, deceive the unwary at once into the belief that the chest must have been opened and traversed by the ball when the pleura has escaped entire. The circumstances of field hospitals for some time after a battle too often add to the chances of inaccurate diagnosis of particular wounds, and errors, once made, are not likely to be changed in the tabular returns, although the nature of each case may be more truly arrived at in the secondary or general hospitals, through which the patients subsequently pass. I have repeatedly seen cases returned as penetrating wounds, in which I have been able to demonstrate satisfactorily that the cavity of the chest has not been exposed at all. You will find several such cases described by me in the last volume of *Army Medical Reports*, under Wounds of the Chest. If, as has been stated, a field hospital should be established in America for the reception of gunshot wounds of the chest, and the cases be submitted to the treatment I have been commenting upon, it is especially to be hoped that the diagnosis in each case shall be in the first instance established and defined as accurately as possible, so that the value of the observations made on the effects of this treatment, and of the tabular deductions as to its final results, may not be impaired by any doubts as to the nature of the series of cases which have been subjected to it.

“ No pains appear to be spared by the authorities in America to encourage professional investigations of this nature ; and under the able direction of the energetic Surgeon-General, Dr. Hammond, and from the observations of the hundreds of medical officers who are laboring in the immense field of campaigning practice which is now afforded in that country, we have every right to expect that great advances will be made there in the science of military surgery.

To CORRESPONDENTS.—Our *Grumbling Friend* will be glad to know that his strictures are accepted; and we hope he will not hereafter have occasion to repeat them. The fault complained of, however, was not altogether our own.

Vaccine Virus.—Many of our correspondents write to us to send them vaccine matter. We comply with the request when we are able to do so, but just now the demand is so great that it is very difficult to do so. We take this occasion consequently to say that Mr. Gordon, corner Eighth and Central Avenue, generally keeps a supply of fresh on hand at \$1.00 a scab.

Union Washing Machine.—To save replying individually to quite a number of our friends who have written to us for our opinion of this washing machine, (advertised on our cover sheet), we state that the machine has been in weekly use in our family for several months, and fully meets the promise made by the proprietors. The work is done in half the time, with less expense of labor, less soap, and the work is more thoroughly done, *better done*. This is the verdict of our women folks, and that corresponds to the experience of a large number of families using this machine in our city.

Acceptable Articles are on file from Dr. A. McMahon, Surgeon Sixty-fourth O. V. I., on duty at Chattanooga, and from Dr. William Commons, Assistant-Surgeon, U.S.N., on duty on Flag Ship Hartford, Farragut's Fleet off New Orleans, and from Dr. Boynton, Secretary of Trippler Military Medical Society, Knoxville, Tenn.

Many Correspondents write to us on items of business occurring incidentally. We attend to these with pleasure when we can do so and as promptly as we can; but we are often requested to do so by "return mail," and perhaps to write a letter relative thereto. We must ask our friends to be patient with us, and as a general thing, not expect a response by mail, unless in special cases or where there is a special necessity. Our correspondence is necessarily already quite as extended as we can do justice to.

Sydenham Association.—The physicians of Oldham, Henry and Shelby Counties, Ky., have organized a Medical Association with the foregoing title, for mutual improvement and the advancement of the interests of the profession in that region. We have received a copy of the Bill of Prices adopted by the Sydenham Society and which the members pledge themselves to observe and carry out. The rates agreed upon are certainly very moderate, considering the times, and surely afford no temptation to any member to undercharge. Thus,

for visit in village, \$1.00, 50 cents each additional mile out of town; office prescriptions, \$1.00; vaccination, 50 cents to \$1.00; services in attendance on variola, double rates; obstetrical attendance, exclusive of visits, \$8.00; placental delivery, \$5.00; reducing simple fracture, \$5.00-10.00; compound fracture and first dressing, \$10.00-20.00; amputations, \$5.00-10.00, etc., etc.

We think there is a disposition in the profession more generally to cultivate social relations. Vigorous associations are springing up, and we feel confident they will bear abundant and pleasant fruit. Our present issue contains the abstract of Proceedings of the Indianapolis Association. It will be seen that our friends there have entered upon the duties of their Society with an energy that is refreshing. They will not be sorry if they persevere in their present excellent relations.

New York Academy of Medicine.—The annual oration before the Academy of Medicine was delivered on Thursday evening, December 10th, at the hall of the University College, by Prof. John W. Draper. The subject was the Influence of History upon the Medical Profession, and it was treated by the distinguished orator with the most consummate ability. His studies of history enabled him to illustrate his subject with many exquisite sketches, and enrich it with many philosophical deductions. The audience was large and select, and received the address with great favor.—*Medical Times.*

Women's Hospital, New York.—At the late annual meeting, Dr. Thomas Addis Emmett reported that 110 patients have been under treatment in the institution during the past year. Eighty-five surgical operations have been performed during the year, mostly of a severe character. The number of out-patients was 610, all of whom could have been better treated in the hospital, had there been room for them. The receipts during the year were \$7,619.—*Boston Med. and Surg. Journal.*

MEDICAL COMMENCEMENTS.—*Rush Medical College* at Chicago, held its twenty-first annual commencement on the evening of the 27th of January, on which occasion seventy-nine gentlemen received diplomas. Prof. Brainard, President of the Faculty, delivered the diplomas and pronounced the valedictory.

The San Francisco Medical Press.—Prof. L. C. Lane who has so ably conducted this journal since the decease of the late Prof. Cooper,

withdraws from the editorial management and is succeeded by Drs. R. B. Cole and H. Gibbons.

New Works.—Prof. Austin Flint is engaged in the preparation of a new treatise on the Principles and Practice of Medicine, which cannot fail to be an important contribution to medical literature.

Prof. W. H. Byford, of Chicago has, as we are pleased to learn, a new work in course of preparation and will soon be issued on "Chronic Diseases and Displacements of the Uterus."

A State Board for the Examination of Candidates for Graduation.—The University of Buffalo Medical Department has taken a step in the right direction in this matter. We observe that at the recent meeting of the New York State Society at Albany, the following communication was presented and on motion adopted :

"UNIVERSITY OF BUFFALO, MEDICAL DEPARTMENT.

"On motion of Prof. Chas. A. Lee, seconded by Prof. James P. White, it was

"Resolved, That the New York State Medical Society be requested to appoint a committee to consider the expediency of and to report a plan for the appointment of a State Board of Examiners for the degree of Doctor of Medicine, and to report at the next meeting of the Society.

"Resolved, That the same committee be instructed to bring the subject before the next meeting of the American Medical Association, and that the delegates of this Society be instructed to urge the general adoption of the same plan in other States of the Union. Carried unanimously."

THOS. F. ROCHESTER, Chairman.

SANFORD EASTMAN, Dean of the Faculty.

Buffalo, Feb. 2d, 1864.

In commenting upon this action of the Buffalo School, and the New York State Society, the Buffalo *Medical Journal* makes the following remark that has a terrible significance and we fear too much truth : "There is no doubt that an impartial Board of Examiners would reject, as unprepared for the duties of the medical profession, from one-quarter to one-third of the young men who, under the present system of graduation, are yearly admitted to the practice of medicine."

Marsh, Cortiss & Co.—By some oversight, the card of this old establishment at No. 3 West Fourth St., was omitted from our advertising department. Our friends will find this the same reliable place for procuring trusses, and apparatus for deformities, and all goods in this department.

St. Louis Medical and Surgical Journal.—We have received No. 1 of the new series of this Journal. It is gotten up with great care and excellence in every department, exhibiting an unusual amount of painstaking, editorial labor. The paper is good and the printing well executed. It contains ninety-six pages published every alternate month, at \$3.00 a year. It deserves the patronage which we doubt not it will receive from the physicians of the West, especially the Valley of the Missouri.

Married, at the residence of the bride's father in this city, on the evening of February 11th, by Rev. Dr. M. L. P. Thompson, CHAS. P. WILSON, M.D., and Miss MARIE F. COFFIN.

Long life, happiness and prosperity attend our esteemed young friend in his new relation.

Gov. Tod.—*Prof. Blackman.*—The following communication is received from Prof. Blackman just as we are going to press, and too late to find a place in the usual department of Correspondence. We therefore give place to his strictures in our Editorial Table :

CINCINNATI, Feb. 27th, 1864.

EDITORS LANCET AND OBSERVER :—Your number for February contains a complimentary notice of Gov. Tod, in which I find the following extraordinary statement. "It is to him that the profession owes the appointment of a State Medical Board. . . . His predecessor appointed the surgeons . . . on his own judgment, influenced of course by political considerations. This Gov. Tod refused to do. He sent all applicants before the Medical Board, and if successful in their examination, he appointed them." Again, "As a result of all this the medical men appointed from Ohio occupy a high place in the army. . . . On account of the decided course of Governor Tod against appointing quacks, the Legislature attempted to cripple him and force him into recognizing quack physicians."

"Without calling in question this last statement, let us look for a moment at the real facts of the case. Some months before the expiration of Governor Dennison's term, the Legislature passed a bill requiring the Governor to appoint a State Medical Board for the army. Dr. Whiting, of Canton, Ohio, Prof. Hamilton, of Columbus and myself were appointed. Governor Dennison told us to fix our own standard of qualifications, and assured us no one should be commissioned who had not been examined and recommended by us. For two sessions, during which I was on the Board, the applicants were subjected to a severe examination, so severe that a large number had to be rejected. No irregular practitioner was admitted to an examination. One of these carried the matter before the Legislature, and certain prominent members were unsparing in their denunciation of the Board, and used every effort to *compel* us to examine irregular

practitioners, but I have yet to learn of the first instance, after the organization of the Board, in which Governor Dennison commissioned an irregular practitioner. For my own part, I am not willing silently to submit to the injustice of your reflections on the State Medical Board first organized after the passage of the bill through the Legislature, and it is due to Governor Dennison and the members of that Board, that the misstatements contained in your last number should be corrected.

Respectfully yours,

GEO. C. BLACKMAN.

Surgeon-General's Notice.—We call attention to the following notice issued by Dr. Barr, Surgeon-General of Ohio, for a meeting of the State Board of MEDICAL EXAMINERS convene Tuesday, March 15.

OFFICE SURGEON-GENERAL OF OHIO,
COLUMBUS, Feb. 4, 1864. }

A meeting of the State Board of Medical Examiners will be held in the city of Columbus, on Tuesday, the 15th day of March, commencing at 10 o'clock A. M.

Requisite qualifications: Graduation in a regular Medical College, evidenced by diploma, and certificates of good moral standing.

R. N. BARR, Surgeon-General of Ohio.

Army Medical Intelligence.

Assistant-Surgeon Samuel Adams, U.S.A., has been relieved from duty with Surgeon-General William A. Hammond, U.S.A., and will report in person to the Acting Surgeon-General, Washington, D. C.

Surgeon Burkitt Cloak, U.S.V., is relieved from duty at Camp Dennison, Cincinnati, Ohio, and will report in person without delay to Assistant Surgeon-General Wood, U.S.A., at Louisville, Ky., for assignment to duty.

Assistant-Surgeon Henry Eversman, U.S.V., is on duty in the Office of the Medical Director, Louisville, Ky.

Surgeon E. B. Dalton, U.S.V., has returned from leave of absence, and resumed his duties as Surgeon-in-charge, Balfour Hospital, Portsmouth, Va.

General Hospital No. 5, Nashville, Tenn., has been closed. In consequence of the want of fuel at Nashville, all the patients whose condition warranted it, have been sent North for the winter.

Surgeon S. A. Holman, U.S.V., has relieved Surgeon Charles O'Leary, U.S.V., as Medical Director, 6th Army Corps, Army of the Potomac.

General Hospitals Nos. 1, 2, and 3, New Albany, Indiana, Branch 12 of General Hospital No. 1, and Branch 10 of General Hospital No. 2, at Louisville, Ky., have been closed.

Surgeon Thomas A. Worrall, U.S.V., now on duty at Depot for

Drafted Men, Riker's Island, New York, to report to Assistant Surgeon-General R. O. Wood, U.S.A., at Louisville, Ky., for assignment to duty.

Surgeon Alexander H. Hoff, U.S.V., now on duty in charge of Hospital Steamer Charles McDongall, at Louisville, Ky., to report to the Commanding-General, Department of the East, for assignment to duty, as soon as his presence before a Court Martial now in session in New York can be dispensed with.

Several of the large General Hospitals at Memphis, Tenn., are being evacuated.

A new General Hospital has been established at Pulaski, Tenn.

Surgeon Levi H. Holden, U.S.A., will at once resume his duties in the Department of the Monongahela.

Surgeon William Estep, 126th Ohio Vols., has been honorably discharged the service of the United States on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

Assistant-Surgeon George S. Rose, U.S.V., has been assigned to duty as Attending Surgeon at Fort Bascom, N. M.

Surgeon George S. Courtright, U.S.V., has been assigned to duty at Fort Sumner, N. M. This post is situated on the Pecos River, and is generally known as the "Basque Redondo."

Assistant-Surgeon G. M. Sternberg, U.S.A., Assistant Medical Director, Department of the Gulf, has received a leave of absence for twenty days.

Surgeon D. B. Sturgeon, U.S.V., has been assigned to duty at Fort Craig, N. M.

Surgeon F. H. Gross, U.S.V., Medical Director, 14th Corps, on sick leave at Pittsburg, Pa., has been ordered before the Board for the examination of sick officers, at Cincinnati, Ohio.

Surgeon George F. Woodward, 13th New York Cavalry, having tendered his resignation, is honorably discharged the service of the United States, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

Surgeon E. W. Thurm, U.S.V., has been transferred as Surgeon-in-Chief from the 1st to the 8th Brigade, 3d Division, 11th Corps, Army of the Cumberland.

Assistant-Surgeon William Carroll, U.S.V., has reported for duty at the Headquarters Army of the Potomac, and has been assigned to duty with Artillery Brigade, 2d Army Corps.

Surgeon D. P. Smith, U.S.V., has returned from leave of absence, and resumed charge of the General Hospital, Fairfax Seminary, Va.

Assistant-Surgeon R. W. Pease, U.S.V., has reported for duty at Headquarters, Army of the Potomac, and is assigned as Medical Director, Cavalry Corps.

Circular, No. 2.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., January 19, 1864. }

The attention of Medical Officers in charge of U. S. Hospitals is called to the imperative necessity for more strict compliance with Paragraph 1286, Revised Army Regulations, 1863, regarding Descriptive Lists of soldiers leaving hospitals. Whether a soldier be transferred from one hospital to another, to his regiment, or to any other point, his complete and certified descriptive list must be at once transmitted to the proper officer.

Hereafter, failure to comply with this regulation will be considered disobedience of orders, and as such reported to the Secretary of War for his action.

JOS. K. BARNES, Acting Surgeon-General.

Duty of Medical Inspectors.

Medical Inspectors are authorized to inspect, condemn, and recommend for final disposition, such articles of medical and hospital property as may be regarded as useless and unfit for issue. They are the "Authorized Inspectors" for such property, under Paragraphs 1022 and 1023, General Regulations for the Army.

By order of the Secretary of War:

Circular in Regard to Invalid Soldiers.

All invalid soldiers mustered on invalid transfer rolls by surgeons in charge of hospitals, and all men of the 2d battalion companies who can be spared from the hospital, and who have so far recovered from their wounds or disease as to be thought fit for duty in the 1st battalion, will be sent to the invalid camp or depot nearest to the hospital; and they will be there examined by a board, consisting of a field officer of the Invalid Corps and a medical officer of the regular or volunteer service, who shall have power to confirm their transfer to the corps, and to decide to which battalion they shall be assigned; to send those judged fit for field duty to their regiments, and to discharge those whose infirmities unfit them for any duty.

By order of the Secretary of War.

Circular in Regard to Ice.

Ice provided from the appropriation for the Medical Department, is exclusively for the use of the sick in General and Post Hospitals, and will not under any circumstances be issued, or otherwise disposed of, to officers or soldiers not actually under treatment in them. The most rigid economy must be observed in the issue and use of ice so supplied. Issues to hospitals will be made upon the estimate of one pound daily, per patient, at Washington and points south of it; half a pound daily, per patient, at all points north of Washington, which, with proper care, will be found an ample allowance. Medical Directors will give such orders as will insure compliance with these instructions.

By order of the Acting Surgeon-General.

Special Selections.

Cerebro-Spinal Meningitis.

Letter from a Correspondent—Clinical Remarks in Reply ; Being the Substance of a Lecture to the Class in the Chicago Medical College.

By N. S. DAVIS, M.D., Prof. of Practical and Clinical Medicine.

By cerebro-spinal meningitis, we mean an inflammation of the membranes and surface of the base of the brain, medulla oblongata, and upper part of the spinal cord. Ordinary inflammation of this portion of the nervous system is not of frequent occurrence in general practice, although occasionally met with, both in adults and children. When it does occur it is always dangerous, and often speedily fatal to the patient. This arises from the direct connection of this portion of the nervous centres, with the most important functions of animal life, such as respiration, circulation, and deglutition. An attack is generally ushered in by chilliness, followed by general febrile reaction ; pain in the occipital region, often extending to the back of the neck and shoulders ; stiffness or rigidity of the muscles of the neck and jaws ; sometimes cramps in the muscles of the arms, with difficulty of deglutition ; a contracted, frequent, and variable pulse ; hurried respiration, and, as the disease advances, delirium ending in coma. While sporadic cases of this inflammation are not of frequent occurrence, a modified form of it has often occurred as an epidemic, in circumscribed localities. When thus occurring epidemically, it has been found to have been either closely associated with the prevalence of erysipelas, or connected with the same circumstances that usually originate typhus and pyæmia, namely, close and ill-ventilated rooms, over-crowded and uncleanly camps, etc.

We are occasionally informed of its occurrence and alarming fatality in very limited country districts.

Close inquiry, in most of such cases, will reveal the fact that those attacked have been sleeping in very small, or altogether over-crowded rooms, without any ventilation whatever. Such was found to be the case with some families in a neighborhood near Valparaiso, Indiana, in which the disease appeared and proved rapidly fatal, soon after the intense cold weather that ushered in the present month.

Only two days since, I received the following letter from a medical friend at Manckport, Harrison County, Indiana :

“ PROF. N. S. DAVIS,

“ *Dear Sir* :—Knowing that you have the opportunity to inform yourself concerning all forms of disease, I drop you a letter to ask your views in regard to a disease that is prevailing in this county, to an alarming extent. So far as my knowledge extends, every case that has occurred, up to the present time, has proved fatal. The person attacked, complains of a slight cold for about twenty-four hours, when a moderate chill occurs, lasting from one to two hours.

“ This is immediately followed by pain in the back of the neck,

spine and limbs ; stiffness or rigidity of the muscles of the neck and jaws ; and soreness or morbid sensibility of the surface, even to the ends of the fingers and toes.

"In half an hour the jaws become closed, with loss of speech, followed in a short time more, by complete unconsciousness. Death usually follows the coma, in from two to three hours. Please give me some information concerning this disease, if your time will permit, and greatly oblige,
Yours truly,
H. K. DEEN."

'The description here given, though brief, is sufficient to identify the disease as a cerebro-spinal meningitis.

The pain extending from the occipital region down the spine, with rigidity of the muscles of the neck and jaws, morbid sensibility or soreness of the flesh, especially of the extremities ; followed so speedily by unconsciousness and death, point unmistakably to the cerebro-spinal axis as the seat of the disease. The rapidity with which the disease progresses to its final termination, is one of its most striking features. Thus the distinct chill or chilliness that marks the onset of severe symptoms is often followed by death in from six to twelve hours. But the *post-mortem* examinations made by Dr. Upham and others, reveal not only the appearances of inflammation in the membranes enveloping the medulla and base of the brain, but more or less purulent or sero-purulent effusion. The rapid progress of the disease ; the exceedingly brief period in which the suppurative process is established ; with the sudden and generally fatal exhaustion of the patient ; all indicate that the inflammation is of a strongly asthenic or septic character. This view of its nature is further indicated by the fact that the disease has often been associated with epidemic erysipelas ; with the foul air of crowded military camps ; and with small, unventilated lodging rooms in country districts.

If this view of the special character of the inflammation in epidemic cerebro-spinal meningitis is correct, it enables us readily to understand why the treatment by antiphlogistic and sedative measures on the one hand, or by simple stimulants and tonics, on the other, very generally fails to exert an appreciable control over the progress of the disease. It is well known that bleeding, general and local, cathartics ; and sedatives, have been used without any apparent benefit.

When the disease has occurred in districts naturally malarious, quinine and stimulants have been freely used ; and if I remember correctly, both were used in most of the cases reported by Dr. Upham, but with no apparent influence over the progress of the disease. Calomel has also been used, both in cathartic and alterative doses ; but with no more success. Indeed the rapid progress of the disease affords not sufficient time to gain any important alterative influence from the mercurial preparations. And if the special character of the inflammation in these cases is asthenic or allied in nature to pyæmia, as I have already suggested, mercurialization as well as depletion, is directly contra-indicated. The clear indications for treatment in such a grade of inflammation, are to increase the contraction of the capillaries of the inflamed part for the purpose of retarding the accumulation of

blood in them ; and to change the aplastic or septic condition of the blood, thereby preventing if possible, the rapid development of the suppurative process with effusion. Being satisfied, from much clinical observation, that the views of Brown Sequard, in relation to the action of belladonna on the cerebro-spinal centre, are correct ; we should regard that agent as one of the most efficient for accomplishing the first indication named ; while to meet the second indication we must rely on those remedies found most efficient in erysipelatos and pyæmic inflammations, such as the tincture of the chloride of iron and the sulphites of soda and lime.

During the last six months, five cases of cerebro-spinal meningitis have come under my care. The first was a boy, about twelve years of age. He had complained of headache and weakness for one or two days ; but the severe characteristic symptoms did not commence until Saturday evening, and he died the following day in the afternoon. I saw him first, late on Saturday evening. I directed ice to his occipital and cervical regions ; opened the bowels freely by a mercurial purge, and followed it with iodide of potassa. The next morning, he was visited by my colleagues, Professors Andrews and Johnson, who advised the use of quinine. The loss of consciousness and difficulty of deglutition, however, prevented the exhibition of more than a single dose.

The second case was an adult, female, and the mother of several children. After having felt some lassitude and indisposition for one or two days, she had a moderate chill, followed by some febrile reaction ; severe pain in the back of the head, neck, and shoulders ; with some convulsive movements and rigidity of the extremities. Alarmed at these symptoms, I was sent for in great haste, but did not reach the patient until about three hours had elapsed. I found her with moderate heat of the skin ; an anxious expression of countenance ; a small and frequent pulse ; rigidly contracted condition of the muscles on the posterior part of the neck, causing the head to be drawn a little back, the jaws stiff, and deglutition difficult. The muscles of the arms were in a similar state of rigid contraction. All attempts to move the head and shoulders greatly aggravated the sufferings of the patient. The death of the boy, only a few days previously, had caused me to reflect much on the nature of the supposed inflammation in these cases, and I determined to put this patient directly on the use of the sulphites with belladonna. I accordingly directed fifteen drops of the tincture of belladonna and half a drachm of sulphite of lime to be given at once, and repeated in half an hour, after which they were to be taken every hour, until the muscular rigidity ceased, or the specific effects of the belladonna were visible on the pupils of the eyes ; after which the interval was to be extended to four hours. Ice was applied to the neck and occiput.

Under this treatment the muscular rigidity, pain and fever soon began to abate, and in twenty-four hours all the severe symptoms were relieved, except stiffness of the neck and giddiness, with some pain whenever attempts were made to move the head. Under the moderate use of the same remedies, she continued to improve ; and in four or

five days was able to sit up. Her limbs, however, remained weak, and she was troubled with some unsteadiness in walking for ten or twelve days.

The third case was a boy, only two years old, in the same neighborhood with the second case, and was under treatment at the same time. The symptoms of cerebro-spinal inflammation were well marked, and the treatment the same as in the preceding case, only adapting the doses to the age of the patient. The relief was prompt and permanent, the child recovering fully in a week.

The fourth case was an adult, male, naturally athletic and healthy. He had been employed for some time as tender of a bridge, over the North Branch of the Chicago River : and that stream was at the time in a very foul and offensive condition. He was attacked in the night with a well-marked chill, followed by pain in the back of the head; neck, and shoulders ; stiffness of the muscles of the neck, and frequent severe cramps in the muscles of the legs and forearms. When I was called to see him in the morning, his expression of countenance was haggard and anxious ; his pulse small, frequent, and compressible ; tongue moist ; skin covered with moisture ; mind depressed and taciturn ; with considerable pain and stiffness in the neck, but, at that time, no cramps in the extremities. Learning that the patient had had a well-marked chill, followed by fever and pain, while he was then perspiring, I too hastily inferred that the case was one of irregular and severe malarious fever ; an inference which would have been corrected readily had I given due attention to the locality of the pains and the condition of the muscles of the neck and extremities. As it was, however, I ordered the patient six powders, each containing sulphate of quinine, 3 grs., sulphate of morphia, $\frac{1}{2}$ gr., and calomel, 2 grs., one to be given every three hours.

Before they were all taken, he became so furiously delirious that no treatment could be continued, and he died in little more than forty-eight hours after the commencement of the attack.

The fifth case occurred about two weeks since. The patient was a well-known citizen, aged about fifty years. On going out to his business in the morning, he felt some stiffness of the back of his neck, with an approach to vertigo or a slight sense of unsteadiness in walking. These symptoms were too slight to attract much attention during the day. About 5 o'clock P. M., he stepped into the office of a friend, when he suddenly became so affected with a sense of vertigo and exhaustion, that he came near falling. He recovered his steadiness in a few minutes, and, accompanied by his friend, returned to his residence. During the evening he was chilly, and complained of severe pain in the back of his head, neck, and shoulders, with constant rigidity of the muscles of the neck.

These symptoms so rapidly increased in severity, that at 3 o'clock in the morning I was called out of bed to visit him. I found him with a countenance expressive of extreme anxiety and suffering ; skin hot, but covered with perspiration ; pulse small, frequent, and firm under pressure ; tongue slightly coated ; head drawn back and fixed firmly in its position by a rigid contraction of the muscles of the neck

and jaws. He complained of intense pain in the back of the head and neck, extending in sharp paroxysms to the shoulders and right side of his chest. Every attempt to move the head or shoulders so aggravated these paroxysms of pain as to literally terrify the patient.

The skin being covered with perspiration, caused, as the patient alleged, by the severity of his pains, I did not deem it prudent to apply ice to the neck and occiput; but on the contrary ordered the application of cloths, kept constantly wet in a tepid infusion of aconite leaves. Internally, I directed 20 grs. of sulphite of soda, dissolved in a dessert spoonful of mint water, with 12 drops of the tincture of belladonna, every half-hour, until three doses were taken, and then once an hour, until my next visit. I also directed a powder containing 8 grs. of calomel and 6 grs. of Dover's powder, to be given every three hours. I visited the patient again in five hours. All my directions had been faithfully executed.

The second dose of calomel and Dover's powder caused slight vomiting, by which a part of it was rejected. On this account no more of them were given.

The only important changes in the condition of the patient were, a slower pulse; a more cheerful state of mind; and a subsidence of those severe paroxysms of pain through the shoulders and chest. The head was still firmly retracted, with pain in the neck, greatly aggravated by the slightest motion. I directed the sulphite of soda and belladonna to be continued every hour and a-half, and also, the narcotic fomentations to the neck. The patient continued to improve gradually through the day; and at night I directed the interval between the doses of the sulphite of soda and belladonna to be increased to two hours; and give three compound cathartic pills to move the bowels. On the following morning, I found the patient cheerful; the skin natural; pulse 85 per minute and soft; no pain while entirely still; or when slowly and cautiously rotating the head; but still inability to bring the head forward, or to indulge in any active movements without suffering. The pupils were moderately dilated by the belladonna, but there had been no movement of the bowels. I ordered a bottle of liquid citrate of magnesia to be taken in divided doses until it should operate, while the sulphite of soda and belladonna were continued every three hours. During the succeeding twenty-four hours, the bowels moved freely three times, and the patient continued steadily to improve; though he complained of much lassitude and general weakness.

I continued the sulphite of soda and belladonna every six hours for two days longer, with nourishment; at which time the patient was able to leave his bed, though still feeling difficulty in bending the head forward, and some unsteadiness in walking.

I then directed a prescription consisting of bromide of ammonium, dissolved in syrup of wild cherry bark, to be taken three times a day; and the recovery has since been complete. It must be remembered that during the time that these cases were occurring, erysipelas was unusually prevalent in the city; and the general sanitary condition of the whole city bad. The treatment of those few cases is not sufficient

to test the value of any of the remedies used. But if the inflammation, in these epidemic and rapidly fatal cases of of cerebro-spinal meningitis, is of that specific character, which renders it analogous to erysipelas or pyæmia, as we have already suggested, then certainly, we must look for remedies chiefly to such articles as will counteract the septic or suppurative tendency, with such narcotics as diminish the morbid sensibility, by contracting the cerebro-spinal capillaries. Of the first class of articles, we know of none more reliable, or capable of being more rapidly introduced into the system than the tincture of chloride of iron, and the sulphites of soda and lime, and the chlorates. Of the latter class, the preparations of belladonna and stramonium are doubtless most efficient. But for any class of remedies to be efficient in a disease so rapid in its progress as cerebro-spinal meningitis, they must be administered early and efficiently.

Editorial Abstracts and Selections.

PREPARED BY WM. B. FLETCHER, M.D., INDIANAPOLIS, INDIANA.

PRACTICAL MEDICINE.

1. *Cold Applications in Croup.*—The editor of the *Canada Lancet*, aroused we suppose, by the newspaper paragraphs which declared the application of cold was “a new and French remedy,” says he is “reminded of the truth of the remark, that our profession are constantly bringing forward old forms of treatment, and that our knowledge of them is increased by the attention.” He then gives the history of the use of cold applications in this disease. Dr. Harden, of St. Petersburg, in 1822 commenced the use of it upon his own child, (when everything else had failed) with success, and introduced it into general practice, and from that time to the present it has never fallen entirely into disuse. He has rarely omitted their employment for years past, and thinks he has never witnessed a single instance where they have not produced a marked good effect upon the breathing.

2. Dr. M. K. Taylor, of Iowa, writes upon the same subject as follows: “The mode with which I have been most favorably impressed, after some five years trial, is that of external application to the throat. I have used it in both inflammatory and spasmodic croup, in diphtheria, tonsillitis, laryngitis, and œdema of the glottis, and I assure you of my belief that we possess no remedy so effective, and at the same time so manageable, as the external applications of ice to the larynx, or parts higher up, when thus inflamed. Its powerful sedative impression is observed in a very short time, directly upon the morbid process; while there is a general sedation, seen in the diminished action of the heart, and loss of temperature, with a corresponding modification of febrile excitement, upon the continuance of the application of the remedy.

“In infants, I have seen it control the croupy respiration in a very

few minutes, and that too when time is of the utmost importance, as in the severe forms of the spasmodic variety. In diphtheria, it does not always arrest the exudation of false membrane, but the ice will diminish the amount thrown out, and assuage the local pain and swelling very much. In the earlier stage of tonsillitis it will often arrest the disease, always modifies and lessens the inflammatory action, and prevents, to a very considerable extent, the suppurative process. In some cases, however, when repeated suppurative inflammations have occurred in the tonsils before, it has not always arrested the formation of an abscess—perhaps it might have done so had it been applied in an earlier stage of the disease.

“My mode has been to secure a piece of ice, the size of a hen’s egg, so shapen as to adapt itself to the form of the neck, upon each side of the larynx, or as near the seat of inflammation as practicable; and for tonsillitis, immediately to the submaxillary region, upon one or both sides, as the case might require. I have generally adjusted the ice by enveloping it in a single thickness of oiled silk so that it could not slip from its proper place, then placing it saddlewise over the larynx, I next envelop the whole neck with several thicknesses of flannel, with the view of preventing the temperature of the surrounding air from contributing to any extent in dissolving it. When the ice seems to be no longer required, the moderate application of cold water will prevent too great reaction, and the lighting up anew of the morbid action.

“It does not, or at least I have not relied upon it solely with that view, do away with the necessity of other treatment; but I have generally employed such medication as the circumstances seemed to demand for the arrest of the disease, with only this precaution; that antimony and veratrum be administered sparingly, lest too great depression be obtained.

“It will be recollected that the ice lies closely upon the larger vessels of the neck, and that the greater part of all the blood sent to and returning from the brain, comes more or less under its influence; and that the sedative effect of the small quantities thus employed is much more marked than when a considerably larger quantity is applied to the whole cerebrum.

“I have not employed it in those anginous affections of the throat connected with scarlatina, lest it might interfere with the appearance of the eruption; though in a desperate case, when other remedies had failed, I should do so, and seek to counteract any unpleasant effect by friction to the surface, and artificial heat to the remote parts. I have seen no unpleasant effects from its use, though I can readily conceive that on young infants, without proper care, its action might be carried too far.—*Canada Lancet.*

3. *Expulsion of Tape Worm.*—Mrs. ———, married lady, age 22 years, has been troubled with tape worm since Sept., 1862. Her medical attendant prescribed turpentine and castor oil aa. $\bar{3}$ js., non of the worms followed; subsequently Sanative pills were taken; same result. A few months afterward she took an ounce of turpentine in

without any material effect. She then took pumpkin seeds, but no worms followed their use. In Nov. 1863, she again took pumpkin seeds as follows: Saturday morning, fasting, took three tablespoonfuls of seeds previously dried, peeled and pulverized, and mixed with sugar; half an hour after took castor oil, 3 js.; on Monday repeated the dose of seeds and oil. On Monday evening she passed at one stool the entire worm, measuring eighteen feet nine inches. She took in all six tea spoonfulls of seeds, five ounces of castor oil, and fasted fifty hours—*Amer. Med. Times*.

4. *Urine in Typhoid Fever*.—M. Primavera, of Naples, has for some time been observing the constituents of the urine in various diseases, and in reference to typhoid fever, makes the following statements:

a. The complete absence of the chlorides from the urine, is a pathognomonic diagnostic sign of typhoid fever. This valuable sign will serve to distinguish this fever from a simple and benignant fever, continuous or intermittent, in which the urine always contains an appreciable quantity of salts of this nature.

b. Urine passed during the ascending period, or even during the whole course of typhoid fever, when this has a fatal issue, shows not only an entire absence of the chlorides, but even a very considerable diminution of the phosphates and urates.

c. The first step towards convalescence is indicated, better than by any other sign, by a rapid and very sensible increase of the phosphites.

d. The second phase of amelioration is shown by an analogous increase of the urates.

e. Finally, the re-appearance of the chlorides in the urine, however tardy, definitely indicates the recovery of the patient.

Ocular inspection is not always enough to calculate the quantity of the urates; although when in excess, reveal their presence by making the urine turbid, or by throwing down a brickdust deposit. It very often happens, also, that they remain in solution, owing to the presence of an alkaline bibasic phosphate which accompanies them. In this case it is sufficient, after cooling, to pour a few drops of acid into the urine, to see a large quantity of this liquid rendered turbid and thick from a copious precipitate of urates. Now as this precipitate resembles very much that which nitric acid produces in albuminous wine, M. Primavera advises in this case to employ acetic acid and not nitric, which precipitates both urates albumen. It is also very probable, he adds, that the albumen often found in the urine of typhoid patients by certain practitioners who use nitric acid to the exclusion of all other re-agents, is in reality nothing but urates.—*Lancet*.

5. *Internal administration of Belladonna in case of Severe Burn*.—Experimental physiologists have recommended belladonna for use in the treatment of burns, in the belief that it diminishes that state of the nervous functions under which reflex inflammations are likely to be originated. They assert, on the one hand, that of all remedies opium is the one most powerful in increasing this peculiar state, and that it ought consequently to be avoided. In clinical practice, how-

ever, we believe that this opinion is wholly disregarded, and that opium is the form of anodyne most commonly resorted to in these cases. Yet it is generally suspected that the causes of death after burns are, in a majority of instances, connected with reflex inflammations, *e. g.*, ulcers of the intestines, pneumonia, &c. In a series of cases under Mr. Hutchinson's care in the London Hospital during the last six months, the belladonna treatment has been tried. In some remarks at the bedside of a patient the other day, Mr. Hutchinson stated that he considered the general results to have been fairly satisfactory. He adverted to the extreme difficulty of forming a trustworthy conclusion on such a matter, since these cases are, in their nature, never stationary, but always tend either to improvement or the reverse, and often with great rapidity. If, therefore, the remedy were commenced when the patient was very ill, it might chance to be just at the time when the improvement was about to set in; and if, on the other hand, the patient got worse, it might fairly be alleged that the remedy was used too late. If, on the other hand, we should give it in cases in which, as yet, no serious symptoms had appeared, we might again be much led astray, since a great majority of burn cases do well without any special plan of medication. Mr. Hutchinson stated that the cases in which the remedy had seemed to be most useful, were those of children in whom general febrile symptoms, attended with restlessness, loss of appetite, &c., had set in without any local complications. In several of these, there could be no mistake that the feverish state had passed away quickly and very satisfactorily under the use of belladonna. In no cases had he witnessed any ill results. If the burn itself was very painful, and the patient unable to get sleep on account of the pain, then the belladonna seemed comparatively inefficacious to procure ease, and morphia was far more efficient. As a rule, no opium had been given to the cases treated by belladonna; but in a few, and those chiefly in adults, it had been found requisite to give an occasional night dose. Possibly more benefit might have been obtained had the administration of the belladonna been pushed to larger doses. The usual dose given had been a third of a grain three times a day. In speaking of the less frequent results of burns, Mr. Hutchinson mentioned a recent case in which acute inflammation of one hip-joint, followed rapidly by dislocation, had occurred in a child who had been severely burnt on the arm and chest. He was in doubt whether to regard it as a reflex inflammation, or as a consequence of pyæmia.—*Med. Times and Gaz.*, Jan. 2, 1864.

SURGICAL.

6. *Gunshot wound of Intestines and Bladder.*—Private W. E., belonging to the 5th Mass. Battery, was admitted into the Hospital July 13, 1863. Patient states that on July 2, 1863, at the battle of Gettysburg, he was wounded, and was obliged to remain on the field several hours without attention. When received here, his wants were properly attended to, and his wounds thoroughly examined. It was ascertained that a musket ball (probably conical) had penetrated the

soft parts of the right gluteal region, at a point that was midway between the right great trochanter and the corresponding sacro-iliac symphysis. Its course was then upward and across, making its exit just above Poupart's ligament, and near the external abdominal ring on the left side.

The abdomen was found greatly distended, tympanitic, and tender to the touch. His knees were drawn up, and his breathing difficult, and mostly carried on by the muscles of the chest, and not in the least was it aided by the diaphragm. Gentle pressure over the abdomen caused gas and fæces to escape freely out of the anterior wound, showing that the ball had perforated the intestines. A catheter was introduced into the bladder, when a slight quantity of very offensive urine oozed out, mingled with liquidated fæces. The pressure of the instrument caused intense pain and irritation, and on removing it the canal was found charged with the fæces, thereby proving the bladder was also complicated in the injury. The patient was fast reaching a typhoid condition, had a quick wiry pulse, ranging at about 100, while his expression was anxious, and his teeth and gums were commencing to be covered with sordes. Altogether his case was thought to be hopeless, and I so informed him, as I thought peritonitis of an aggravated form had set in.

The treatment consisted in applying emollient poultices to the abdomen, injecting small quantities of flax seed tea into the bladder, allowing him the same to drink, administering enemata as they were required, and giving him full doses of opium until he was well under its influence, when it was lessened in quantity and kept up at regular intervals.

The patient was ordered for his diet, concentrated beef-tea and nut-ton broth, and afterwards, as he improved, a more mixed diet. He was kept very quiet, and most faithfully nursed. At first, the contents of the bowels escaped from time to time through the artificial anus, and were received by the dressings which were changed frequently. It was under the above system of treatment, with the precaution of persisting in keeping the patient in a recumbent position for a long time after his bad symptoms had left him, that his wounds were closed, and the functions of the intestines and bladder were completely restored. He was allowed a furlough to visit his home, Sept. 18, 1863, and was by us then considered almost a well man. Since that date, nothing has been heard of his condition, and it is presumed he is still recovering from his severe injury.—*Amer. Med. Times.*

7. *Wound of the Intestines.*—The following case is one of some interest, showing what nature will do towards prolonging life :

August 5th, was sent for in haste to go eight miles into the country to see Christopher Howard, who had been stabbed in an affray with a neighbor.

I arrived three hours after the injury, and found a wound on the left side, commencing a half inch from the median line of abdomen, and one and a half above Poupart's ligament, running upwards and outwards four and a-half inches, and penetrating completely through, so that the bowels protruded when he was carried to the house. The

intestines were replaced, however, before my arrival. From personal examination, and report of those who assisted in replacing the bowels, I concluded the intestines could not have been wounded, though the omentum was dark and congested, and had been slightly cut or torn. I brought the wound together with several interrupted sutures and adhesive plaster, and applied cold water as a dressing. Thinking it not desirable to disturb the bowels with a cathartic, I put him under the influence of opium, sufficient to keep the bowels quiet, and relieve him from all restlessness, and kept him on beef-tea, or fluids, exclusively. Everything progressed favorably up to the ninth day, no constitutional disturbance indicating there was extravasation of feculent matter, or inflammation of peritoneum. The external wound had healed by first intention, except the outer angle for half an inch.

On the morning of the ninth day, very unexpectedly, feces began to pass from the small opening, portions of indigested corn and black-berry seeds, eaten the day of the injury, now came away with other material. As the bowels had not been moved since the injury, I now thought it advisable to unload the lower portion and give room for that above to pass down, if so inclined. I ordered an enema, and superintended its administration, and before half a pint had been thrown up it began to pour out of the opening above, thus showing the descending colon to be wounded.

With this state of affairs, there were no constitutional symptoms indicating infiltration into the peritoneum.

Still, I thought it best to keep him fully under the influence of opium, so as to perfectly control the bowels, giving nothing but fluids for nourishment, and trust to nature. In three weeks the external wound healed by granulation, and without an unfavorable constitutional symptom from the beginning.

The wound was inflicted with a large jack-knife, of not very sharp pointed blade. I think the outer coats of the colon must have been divided at the time of the injury, and the mucous coat must have given way afterwards, allowing the contents to pass out; but during the nine days, nature had prepared the parts by adhesion, so that no extravasation into the peritorium took place, thus saving life.—*Amer. Med. Times,*

8. *Simple dressing for Recent Burns.*—Dr. John H. Packard, of Philadelphia, in speaking of dressings for recent burns, gives his decided preference to fresh lard, as the one most easily obtained, and even the best under all circumstances.

1. It can be had at short notice in any quantity.
2. It is easily applied, without paining the patient.
3. It protects the parts from all irritation; it is soft, unirritating, air-proof.

If the lard be salted, it is easily washed in pure water, and then applied thickly upon old linen, and nicely adapted to the surface.

In very warm weather it is sometimes deficient in body, and may then require a small portion of simple cerate, one part of cerate to four of lard.—*Amer. Med. Times — Canada Lancet.*

9. *Paracentesis Thoracis*.—As there is considerable difference of opinion in regard to the influence of admission of air into the pleural cavity; the following cases will show that it is not as injurious as has usually been supposed. Dr. E. P. Bennet, of Danberry, Conn. says: "I punctured the chest in a boy about eight years old, who had suffered from pleuro-pneumonia, and about two pints of pus was discharged. No precautions were taken to prevent the admission of air into the cavity, and it entered fully." A second puncture was made a week later, and another pint of pus was drawn off. The opening remained, and for several days the air passed freely out and in at each inspiration or expiration, and no evil consequences followed, the patient making a good recovery.

The second, a child eighteen months old; the case a severe one. I punctured the chest, and discharged a pint of thick pus. The puncture did not close, and the air passed fully out and in for several days. The child immediately improved, and finally recovered, to the utter astonishment of many who saw him. I have often punctured the chest, and have always found when the air was admitted freely into the pleural cavity the patient did best. Hence I am led to believe that the fears of the profession upon this subject are groundless, and instruments for withdrawing the fluid without admitting the air, superfluous.—*Amer. Med. Times*.

10. *Superiority of Vulcanized Caoutchouc over any other Substances for the Fabrication of Bougies*.—Professor Nelaton has recently shown the superiority of vulcanized india rubber for catheters and bougies over the instruments in common use made of tissue coated with tissue mixed with litharge. The latter are rigid, liable to give rise to false passages, cause pain, and when permanently left in the urethra, exercise a degree of pressure which may induce mortification and perforation. In a few days, moreover, they are deteriorated by humidity. Vulcanized india-rubber sounds, on the contrary, are perfectly flexible and unchangeable. They are inserted with greater ease, and cause little distress, that they may be preserved in the urethra during a journey without inconvenience. They are not affected by moisture, and one of these instruments which remained in the urethra twelve days in one of M. Nelaton's cases, when withdrawn presented no sign of outward injury, and was as smooth as before its introduction.—*Journal de Med. et Chir.*—*Dublin Med. Press*, June 24, 1863, p. 627.

11. *On Nitrate of Silver to Prevent the Pitting of Small-Pox*.—John Higginbottom, Esq., Nottingham. — Having observed many years ago, that the nitrate of silver had been used on the Continent by MM. Velpeau, Bretonneau, and Serres for the purpose of preventing pits and scars consequent on small-pox, I was induced to apply it as they directed, by puncturing the centre of each vesicle with a needle, and then applying the solid stick of the nitrate of silver. I found it effectual in preventing any further progress of the pox.

The next patient on whom I used the nitrate of silver was a stout healthy young man, about twenty years of age, with confluent small-

pox. I punctured a few of the vesicles on the face, but these being very numerous, I satisfied myself with applying the concentrated solution over the whole surface of the face, where they were most confluent, without making any punctures. The solution answered as well as where the punctures had been made in arresting the progress of the eruption. The next case of confluent small-pox was one where no punctures were made,—Mr. P., a young man, nineteen years of age, and of delicate constitution. From the confluent state of the pox I should have expected deep pits and scars on his face. I applied the concentrated solution on the whole of the face and the ears in the same manner as recommended in erysipelas.

The vesicles of the pox were immediately arrested in their progress, and in four days presented small hardened eschars, free from inflammation, whilst the pustules on the body were gradually proceeding to suppuration. In about nine days the eschar had come away from the face without leaving pits. In this case the nitrate of silver not only prevented the pits, but the inflammation, irritation, and offensive suppuration which are so distressing to the patient. If thought necessary, the nitrate of silver might be applied all over the scalp, as in erysipelas, to prevent cerebral inflammation. It might be applied on and within the cavity of the ear to prevent otitis, and on the conjunctiva to prevent ophthalmia. I have used as a gargle to the throat in small-pox, with great benefit, a solution of a scruple of nitrate of silver in three ounces of distilled water.

For the remedy to be successful in preventing pitting, it should be applied on the fourth or fifth day of the eruption. The concentrated solution being used, composed of the old stick nitrate of silver, four scruples, to four drachms of distilled water.—*Med. Times and Gazette*, July 11, 1863, p. 54.

OPHTHALMOLOGICAL.

12. *Prof. James Syme on Iridectomy.*—Sir—As you ask my opinion on iridectomy, I have no hesitation in saying that it has always seemed to me an entire delusion accepted for the cure of blindness, on the same principle which leads drowning men to catch at straws. Glaucoma has been regarded as so hopeless a disease, that it was peculiarly well suited for the proposal of an operation which promised merely to afford some chance of relief. Such being its modest profession, the destructive inflammation, lenticular opacity, and collapse of the eye-ball, which too frequently result from opening the cornea and cutting out a portion of the iris, were not held to counterbalance the benefit claimed by patients who had been so fortunate as to escape these dangers. But this alleged benefit, from what has come under my observation, does not appear to be at all different from that which every one labouring under incurable deafness may believe for a time he has received from the use of remedial means, whatever they may have been. The truth is, that any man who has paid money, and suffered pain, does not like to confess that his object in doing so has

not been accomplished; while his attention and imagination being at the same time excited, he is apt to regard the feeblest glimmer of light, or the faintest perception of sound, as a favorable symptom of improvement. Iridectomy will, therefore, I trust, soon disappear, not only from surgical practice, but from surgical language.—*Brit. Med. Jour.*, Oct. 24. 1863.

MATERIA MEDICA.

13. *Sarracenia Purpurea*.—The Committee on Intelligence of the New York County Medical Society, after giving the history of this plant, examines its virtues as a remedial agent in small pox, for which disease it has been highly lauded by some foreign physicians. They sum up their labors in the following report:

“1st, That the analysis already made of the plant do not give any active principle or element which would indicate any great medicinal potency; 2d, That the discoverers and advocates of the specific remedial power of the *sarracenia purpurea* over *variola* have given too great credit to the *post hoc* circumstances, as being *propter hoc* influences. one reason for this latter inference being suggested by the loose, unscientific and eulogistic style of the communications; and 3d, That the reliable recorded experience thus far appears to preponderate against the remedial efficiency of this plant in those forms of the disease which do not generally recover under the administration of ordinary remedies.”—*Amer. Med. Times*.

14. *Iodide of Lime a Substitute for Iodide of Potassium*.—The “iodide of lime” is rapidly gaining favor among English practitioners, as a remedy of great value. It is used in those cases where iodide of potassium is indicated, with more marked effects than usually, attend the use of that salt. The lime and iodine are held together by a very feeble affinity, and the salt will not admit of exposure without evolving free iodine. The solution is a colorless, and almost tasteless liquid, and remains permanent, although long kept and exposed to the air.

Each drachm of the salt contains eight and a half grains of iodine; each fluid ounce of the solution contains half a grain of iodine.

The iodide of lime is superior to the iodide of potassium in several particulars: 1st. Smallness of the dose; 2d. In not passing off so quickly by the kidneys; 3d. In its ready combination with the blood and tissues, manifested by its alterative effects; 4th. Its being nearly tasteless, therefore readily taken by children; 5th. It is less expensive; 6th. In not producing gastro-enteritis, or vesical irritation.

Iodide of potassium is ten times as expensive as the iodide of lime.

Dose: About one-fourth of a grain in solution two or three times a day. The solution should always be used in preference to the salt.—*Buffalo Med. and Surg. Journal*.

APRIL, 1884.

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EDWARD B. STEVENS, M.D. . . JOHN A. MURPHY, M.D.



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THE
CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. VII.

APRIL, 1864.

No. 4.

Original Communications.

ARTICLE I.

Obstruction of Bowels.

BY WILL. COMMONS, M.D., ASSISTANT-SURGEON, U.S.N.

William Devereux, seaman, aged twenty-two, native of Boston, Mass. Was called to see him at one o'clock A. M., Jan. 12th, 1864. Found him suffering severely with pain in abdomen, referred to region below the umbilicus, and mostly to the left side; abdomen flat, hard, not tympanitic, and upon percussion, emitted a sound of high pitch; navel retracted and recti muscles so contracted as to render it impossible for him to assume an erect position; pain slightly increased by pressure; pulse 70 per minute; tongue natural and skin moist; occasional attempts at vomiting, without being able to eject anything; countenance pale and anxious; bowels moved yesterday. Examined him carefully, but could detect no *hernia*. Thinking I had a case of "spasmodic colic" to deal with, I gave morph. sulph. grs. ss. and in twenty minutes the dose was repeated, which seemed to relieve the pain, and he was left until morning.

Jan. 12, 9 A. M.—Not any better condition, about the same as when first seen. I now learned that he had, by direction of Surgeon Gibson, taken four compound cathartic pills in the afternoon of yesterday, but no motion of the bowels had followed. As yet there were no indications of inflammation. Gave him mag. sulph. ʒj., and left him, with orders that he should be reported to me in a short time, if not better.

4 P. M.—Was called to him again, and found him worse. Pain increased, extending from left side, along the track of the colon, to right hypochondriac region; pulse increased in frequency, small and

VII.—13.

quick ; frequent and violent attempts at vomiting ; countenance and pinched and expressive of great suffering ; abdomen somewhat distended, but not tympanitic—on the contrary, percussion was and the colon could be felt as if filled with fecal matter ; pain increased by pressure, more over the course of the colon. Salts had produced no operation. I now suspected that it was a case of obstruction of the bowels. Directed injections of sea water. Saw him an hour afterward. Three injections had been given, which came away all immediately, but brought no fecal matter. Retching continued, pain so great as to imperatively demand anodynes. Gave sulphate of morphia in half grain doses, and as there were indications of spasm each dose was given in half an ounce of whisky. Used warm fomentations to abdomen, and continued injections, but without benefit. By 10 P. M. he had swallowed grs. v. of morphia, and as many ounces of whisky. Pain continued, and in every way he had grown worse. My principal, Dr. Gibson, now saw him, and directed sulphate of morphia, and injections, anodynes and stimulants were continued. At midnight gave croton oil grs. ii., at one o'clock gave grs. iii. injected infusion of tobacco. He grew rapidly worse, and died 3.30 A. M. January 15. During the last four hours he complained of no pain.

Post-Mortem Appearance.—Abdomen greatly distended ; peritoneal sac contained about a pint of dark, red, serous fluid. The whole of the intestines were of a rich purple color, deepened on the colon to almost black. The small intestines were moderately filled with fluid matter. The large bowel was very tense, and filled with fecal matter and gas. In lower portion of descending colon, above the sigmoid flexure, was a dense, fibrous band, encircling completely obstructing the bowel. No other lesion discovered.

The above case is not devoid of interest, and upon the whole, I deemed it worthy of being reported. I make no comment on the course pursued in the treatment. The violence and rapidity of the symptoms were not in my opinion, altogether in keeping with the previous good health of the patient. He said he had suffered with an attack of colic four years ago, which was quickly relieved, and which could not possibly have any connection with his last sickness. He then he had been uniformly healthy. By the most rigid inquiry could learn nothing that gave me reason to believe that he had suffered from peritonitis, or any disease of the bowels. Neither had he been troubled with constipation. He assured me that he had been quite well until the afternoon of Monday, Jan. 11th, and when I

show him he was "on watch," doing the duty of a seaman. He passed rapidly from bad to worse, until relieved by death, fifteen hours after the appearance of the first symptoms, and the *autopsy* revealed an impassable stricture of colon, doubtless of inflammatory origin. The bowel seemed to be twisted once upon itself, and above the stricture it was of natural size, and distended almost to bursting, but at the seat of stricture it was contracted and scarcely larger than the quill with which I am writing. Granting that the motion from his bowels on Monday was only matter contained in the bowel *below* the stricture, there is still a wonder that he should have experienced so little difficulty until within so short a time of his death.

Reg Ship "Hartford" off Key West, Jan. 15, 1864.

ART. II.

Reports of Cases in Military Surgery.

BY A. McMAHON, M.D.,

Surgeon Sixty-Fourth Regiment, O.V.L., on duty at Chattanooga.

CASE I.—*Ligation of Primitive and External Carotids for Gunshot Wound of Face; Recovery.*—Daniel Cox, aged twenty-five, private in Co. F. Fifteenth Ind. Vols., wounded November 25th, at the storming of Mission Ridge. Ball entered anterior to angle of left lower maxilla fracturing the bone, making a ragged opening nearly one inch long, passing downwards under the tongue, cutting the floor of the mouth, coming out on opposite side to the right and a little below the great cornua of hyoid bone.

On the evening of November 29th, I was called by the Assistant-Surgeon Thirty-Fourth Illinois to see this man, as he was bleeding profusely from wounds. The distance was about one square to the building in which he was lying. On arriving, I found him bleeding from the right side, the blood rushing from his mouth and the point of aperture of escape of ball in neck in a continuous stream, which was bright arterial, and as was supposed, coming from the sublingual artery. At this time he had lost at least between three and four pints of blood, as the hæmorrhage had continued without any intermission for several minutes, and without any attempt having been made to arrest it.

The patient was placed in the semi-recumbent position, his back well supported by one of the nurses, and it was at once decided to ligate the common carotid of right side. It was utterly impossible

for him to lie down ; as it was, the blood flowed into his mouth with such rapidity as almost to cause strangulation. The administration of chloroform could not be entertained, and with the assistance of Surgeon Lytle, Thirty-Sixth Illinois, an incision was made from the point of exit of ball down the neck on inside of sterno mastoid, dividing the superficial structures and deep fascia, working with handle of scalpel succeeded in exposing the sheath of the vessels with descending noni nerve, opened the sheath, passed the artery needle armed with ligature from without inwards and secured the vessel just above the thyro-hyoid muscle. As soon as the ligature was brought home, all hæmorrhage instantly ceased.

If I had seen the patient sooner, the proper course to have pursued would have been the ligature of the external carotid, but in finding this vessel so much time would have been consumed that it would have been unnecessary to have applied the ligature after the vessel was found. Under the circumstances, no other course was left me, as the danger of his dying was imminent, but ligate at the most available point, at the position that would soonest arrest the hæmorrhagè, where I could do so with the possibility of saving the man's life, even at the risk of violating one of the established rules of Surgery, viz. : " In wounds of its (the external carotid) deep seated branches, ligate the external carotid."

In dividing the tissues not a single arterial or venous branch was cut which would have rendered the operation very simple were it not for the continual flow of blood through the wound completely deluging and obscuring the parts, but this was remedied to a considerable extent by the judicious use of the sponge by my assistant. The time consumed was extremely short, as the operation to be at all successful had to be expeditious to save life. The pressure applied to carotid in the neck preparatory to the operation had very little effect on the hæmorrhage, as the difficulty of breathing was very great at best, without compressing the parts about the trachea. During the operation, an assistant had to introduce his finger into the man's mouth to free it from the clots of blood which interfered with respiration. In tightening the ligature, I watched the patient's face to see if any effect would be produced, but none was visible except an expression of relief from the pain incidental to the operation.

This upon the whole, has been the most frightful case it has been my province to witness. The blanched appearance of the face, the anxious expression of his eyes, the almost absence of pulse at the wrist, the stream of blood from wound arching out as if being driven

by a force pump, his shirt and bed clothing saturated with blood rendered it a sight to appal the strongest nerve. He stood the operation well, never complained till it was over. Whisky and water were freely administered, and to be continued during the night with beef tea. He rallied pretty well, considering the vast quantity of blood he had lost; pulse small and rapid, complained of being very weak. We were fearful hæmorrhage might occur from opposite side, and he was closely watched during the night.

Nov. 30th.—No further return of hæmorrhage during the night; had rested tolerably well; pulse still rapid and weak; very much prostrated. Stimulants to be continued during the day; takes quite large quantities of beef tea, of which he is very fond.

Evening.—No hæmorrhage; more cheerful; has taken a good deal of nourishment to-day; pulse small, but has a little more volume and about 100; general appearance improved.

Dec. 1st.—Slight hæmorrhage occurred from wound on left side during night, controlled by *liq. ferri per sulphatis*.

Dec. 2d.—Hæmorrhage occurred again this morning from left side, appeared to come up out of lower maxilla between the ends of fractured bone as if coming from inferior dental artery. Plugs of lint saturated with *liq. ferri per sulphatis* were inserted with temporary relief from hæmorrhage.

Evening.—Hæmorrhage again occurred from wound, the patient losing scarcely any blood during this or previous hæmorrhages from this side, as he was continually under the supervision of a medical officer. This was again controlled by the iron. Finally, it was resolved that the only course to be pursued in the event of the recurrence of hæmorrhage during the night to any alarming extent would be ligation of the external carotid.

Dec. 3d.—Last night about 12 m. hæmorrhage occurred again with considerable force, which necessitated the ligation of the external carotid of left side without any further return of hæmorrhage.

Dec. 4th.—Patient very weak; pulse 100, small and weak; appetite not good, can not take any solid food, has to live on fluids, beef tea, farina, thin gruel, coffee, tea and whisky toddy. Milk punch he can not bear.

Dec. 6th.—General condition somewhat improved; more cheerful; appetite better; inclined to doze a good deal; rather drowsy; muscæ volitantes floating in the field of vision; can not sit up in bed without causing a feeling of faintness and dizziness. Pulsation can be felt on supra-orbital ridge of left side, more in right. Face blanched.

Dec. 9th.—Doing well ; pulse 90, tolerably strong, with considerable volume ; appetite good. Expresses himself as doing well.

Dec. 11th.—Patient improving rapidly ; pulse 84, with considerable force ; appetite good, still takes a large quantity of beef tea daily ; thinks he will soon be able to go home. The ligature from external carotid separated on yesterday ; that from primitive to-day. That condition of drowsiness has almost left ; wounds in neck granulating kindly, discharging healthy pus.

Dec. 16th.—Face still blanched ; appetite not good ; complains of a great deal of pain and soreness in neck ; pulse full, but somewhat gaseous ; no return of drowsiness ; stimulants with general diet continued.

Dec. 20th.—General condition improved ; pulse 90, pretty full. Fluids pass out from mouth through wounds in neck. He is quite lively and cheerful. The ends of fractured bone are still quite visible, no evidence of any attempt having been by nature to repair the injury.

Dec. 24th.—Hæmorrhage from small vessel on right side lying quite superficial, controlled by iron, without any recurrence.

Jan. 22, '64.—Patient says he feels as well and strong as ever ; no muscæ volitantes in field of vision. He walks about the city every day when the weather is fine. Union has not taken place in the fractured maxilla. Through a small external opening the ends of the bone can be seen perfectly white and bare, no callus whatever visible.

Jan. 28th.—This man left Chattanooga on furlough for his home in Indiana, to all appearance as well as ever, except the inconvenience of being unable to masticate his food.

CASE II.—*Ligation of Brachial Artery for Hæmorrhage from Gun-shot Wounds ; Recovery.*—Robert Hebker, aged twenty-five, private in Co. G., Sixty-Fifth Regiment, O.V.I., wounded November 23, at the taking of Orchard Knob in front of Mission Ridge. Ball passed through upper third of left arm immediately under brachial artery, not touching the bone. I examined the wound shortly after its reception, and felt the vessel pulsating distinctly, as if its sheath was cut. The prognosis made at the time was that secondary hæmorrhage would most likely occur in ten or twelve days from ulceration into its coats and recommended he be closely watched.

Dec. 6th.—The prognosis was verified by a sudden and copious hæmorrhage which occurred to-day, which was arrested by compression after the loss of at least one quart of arterial blood. The artery being compressed by the fingers of an assistant, I enlarged the point

of exit of ball, cut down to the vessel and found a ragged opening in brachial artery and tied the vessel at its distal and proximal sides. Considerable difficulty was experienced in detaching the vessel from the surrounding structures on account of the matting together of the parts by the fibro-albuminous deposit, the result of the previous inflammation. The ligatures were applied from the opening in vessel about one and one-half inches on each side, thus securing healthy parts of vessel for the ligatures. Between these two points the superior profunda artery gave off. The brachial artery was divided over the seat of injury by the knife. The median nerve was also imbedded in this matted mass from which I freed it by some dissection and using the handle of scalpel. Before closing the wound a slight hæmorrhage was observed from bottom of wound caused by the anastomosis of profunda. This vessel was at once ligated just where it was given off from main vessel without any further evidence of hæmorrhage. During the operation no chloroform was administered as I was fearful injury might be produced owing to the extreme weakness of the circulation. He bore the operation well. Stimulants with a little morphine were given, which enable him to have considerable rest during the day.

Dec. 7th.—Quite cheerful; pulse small and frequent; appetite good; no return of hæmorrhage; sensation in arm a good deal better than previous to operation, the numbness of which he had complained in his hand and fingers, except little finger, has almost disappeared. This is no doubt owing to the freeing of the median nerve from the parts around the seat of injury. Heat of arm good; bandages at seat of wound applied very loosely; no œdema or swelling of the arm indicative of sluggishness in the venous circulation.

Dec. 8th.—Pulsation distinctly felt at radial of left wrist, also in a small vessel passing over the external condyloid ridge. The pulsation here is more easily distinguished than at wrist. It is short, forcible and quick as if the vessel's calibre was too small for the quantity of blood forced through it. General condition of patient good, better than could have been expected after the quantity of blood lost.

Dec. 16th.—Ligatures separated from vessels to-day; wound granulating kindly; fore-arm and hand somewhat shrivelled; the skin dry and scaly; pulsation not increased; temperature good; sensation good. Sits up a little daily.

Dec. 29th.—Complains of severe pain in hand during the night and every other day. Condition otherwise good. Ordered quinine and iron grs. v. three times daily.

Jan. 22, '64.—In spite of all treatment both local and general, the pain in hand and arm would recur periodically, giving rise to intense suffering, causing him to wear a very haggard expression of countenance.

Jan. 28th.—Sent North to his home, without any relief from pain

ARTICLE III.

Exercise: Its Physiology, Utility as a Means of Health, and Influence in Counteracting Pulmonary Tuberculosis.

BY A. P. DUTCHER, M.D., OF ENON VALLEY, LAWRENCE CO., PENN.

I.—Physiology of Exercise.

To rightly understand and appreciate the importance of exercise as a means of health, it will be necessary to take a brief glance at its physiology. All the motions of the human body are accomplished by muscles, they are very numerous embracing several hundred pairs, and constitute more than one-half of the bulk of the body, and consequently a very large portion of the whole quantity of the blood is devoted to supply them with nourishment. By continued exertions, their energy and materials become rapidly impaired and reduced, and can only be restored by an increased activity in the circulation. The manner in which this is accomplished will be readily understood by examining the movements of the blood vessels of any of the limbs. Take for example the arm.

By inspecting the arm, you will see that its blood vessels are covered and protected throughout their whole course by the adjacent muscles, which they furnish with blood by their numerous branches. In consequence of this position, the muscles can not contract without at the same time compressing the blood vessels and propelling their contents forward. The assistance afforded to the blood by this arrangement is very great, and may be familiarly exemplified in the simple operation of bleeding. Thus when the blood stops or flows slowly, it is customary to put a hard body in the hand of the patient, and desire him to squeeze it by opening and shutting his hand rapidly. The success of this action depends on the muscles of the arm compressing the blood vessels and forcing onward the current of the blood by their successive contractions.

The increased activity of the circulation, thus induced by general muscular action, is not confined to the circulation of the blood vessels of the muscular system, but the whole frame partakes, and every organ and texture feels its good influence. Not only is the circulation

invigorated, but a greater quantity of blood is required to supply the demand. It passes through the lungs more rapidly and in larger quantities, which urge the respiratory organs to more active operations in order to purify the blood with sufficient rapidity; while to supply the demand for quantity of blood, the appetite is excited, more food is eaten, and the digestive organs partake of the excitement. Thus, directly or indirectly, almost every function is impelled to increased activity and the whole system receives a healthy impulse.

Illustrations of these facts as well as the reverse, may be daily met with, especially in our large towns and cities. We find that those who lead active and even laborious lives are, generally, in possession of good, vigorous constitutions, healthy looks, and frames that will endure an almost incredible amount of labor; while we see others equally well prepared in early life for a state of body so very desirable, but who, by a course of sedentary and inactive pursuits, are thin, pale, without muscular strength, and subject to a variety of diseases. The difference between these two opposite conditions is justly attributable mainly to the non-employment, in one case, of the muscular system, and its regular and continued exercise in the other.

It is a well-established fact that moderate and uniform exercise of individual muscles, will greatly increase their size and strength. This is exemplified in the case of various artisans who have occasion to employ different sets of muscles. With the blacksmith, who is daily in the habit of striking with a heavy hammer or in lifting massive bars of iron, we shall find the muscles of the arms so large as to appear almost deformed from their size, and possessing proportionate strength and hardness, while the muscles of the lower limbs, used for but little else than to keep him in an erect posture, present nothing remarkable. On the contrary, we find the muscles of the legs of the dancing master, which are used to throw his body into a thousand different attitudes, and with great force and rapidity, large and firm, while the muscles of his arm, having but little to do, are small and weak.

To increase the size and strength of a muscle, therefore, to its greatest degree, its exercise must be uniform and not excessive. The intervals of relaxations from labor should be frequent, in order to give the muscles and the nerves opportunity to recruit their powers. It is very easy to propel the action of a set of muscles beyond their strength, a circumstance which every individual has made known to him, when it occurs, by the production of painful sensations in the organs, called fatigue; and if this occurrence is not regarded, and the

muscles are still continued in action without rest, their energies may at last become so far exhausted as to cause unpleasant results, requiring at least a long period of inaction to recover them, and their contractile power may become permanently impaired. For nearly the same reason, a muscle should never be exerted to excess. A strenuous effort, especially of a muscle unaccustomed to work, will oftentimes exhaust it completely.

Exercise of the muscular system, to be beneficial, ought, in the *first* place, always to be proportionate to the strength of the constitution, and not carried beyond the point, easily discernable by experience, at which waste begins to succeed nutrition, and exhaustion to take the place of strength. And *secondly*, that it ought to be regularly resumed after a sufficient interval of rest, in order to insure the permanence of healthy impulse given to the vital powers of the muscular system; and in the *last* place, that it is of the utmost consequence to join with it a mental or nervous stimulant.

Exercise is the natural food of the muscles, upon it they will increase and strengthen; they will be more able to do their required work; the spinal column will then be kept straight; an upright figure and a graceful carriage, but, above all, a free and easily dilated chest, and an exemption from many pulmonary disorders, and other complaints, will insure to the individual a happier and longer life.

“Exercise is life! 'tis the still water faileth;
 Idleness ever despaireth, bewaileth;
 Keep the watch wound, for the dark rust assaileth;
 Flowers droop and die in the stillness of noon.
 Exercise is glorious! the flying cloud lightens;
 Only the waving wing changes and brightens;
 Idle hearts only the dark future frightens;
 Play the sweet keys would you keep them in tune.”

II.—Walking.

There are two modes of exercise which contribute, very materially to the health and strength of the body, namely, walking and riding; but they will not produce these happy effects unless they are properly employed. Walking is an exercise in which all must to a certain extent engage, it is therefore a matter of considerable importance that the circumstances connected with it are such as not to render it a burden or an inconvenience. The wants of the system compel us to exercise all our limbs, and the laws of health imperiously demand that we perform locomotion. To take pleasure in this mode of exercise, it is necessary that the body should be free and unrestrained in all its motions, that the respiration be not impeded by a tight dress,

that the arms be at liberty, and that the feet are not confined by tight shoes.

We know from experience that just in proportion to the activity of exercise the circulation of the blood and respiration are increased in man and all inferior animals, and in proportion as the motions of the chest are restrained will be the difficulty of breathing. We see these facts exemplified in the horse daily. Who has not noticed his perspiration and panting after a fast drive? and who that has been much in the habit of riding on horseback, has not more than once seen the saddle girth broken by the violent expansion of the chest in a deep inspiration? Nature thus makes known her wants by her great efforts to supply them. Besides the great obstacle that a tight dress opposes to respiration, it hinders the action of the muscles in walking. The muscles which keep the body erect and move the limbs forward are confined and compressed by the corset, so that their function is not half performed, and hence the unsteady, vacillating movements of those who little deem that they display any other than a graceful form, and equally graceful gifts.

In walking nothing is so uncomfortable as a tight boot or shoe. The best article in our judgment for this purpose, is a light gaiter boot, made of elastic materials, and laced so that it shall exactly fit the foot and ankle, without being tight; the sole should be just so thick as to prevent injury to the foot from irregularities in the ground on which we walk. The best material used in the manufacture of the gaiter is buckskin, which in all cases, notwithstanding a desire to show a small foot, should be so large as not to confine the natural and necessary action of the foot and toes. In all ancient paintings and statues we look in vain for a modern foot, the toes in them are spread so that each one presses the ball upon the ground; but in three feet out of four of those of the present generation, we shall find one or two toes squeezed in such a manner as to be riding upon the others. But this malposition is not the only evil, for who is there who is not suffering from corns, or growing of the nails into the flesh, or both? And when an inquiry is made as to the cause of these painful affections, you never hear any other answer than *tight boots or tight shoes*.

III.—Riding.

But of all the various modes of exercise, riding is the most conducive to health and to vigor of constitution; but as a good thing may be improperly used, so riding sometimes produces an effect contrary

to what is intended. Those who are not accustomed to riding are most apt to suffer, the pleasure and exhilaration being so great that fatigue or exhaustion are induced when they are least expected. In cold weather, people unused to carriage exercise are apt to think that the same quantity of clothing necessary in walking, will be an adequate protection when riding. Often, a person will not experience a sensation of cold, he will not be aware that his body is becoming chilled, till he alights from his carriage, or till he approaches the fire, when he becomes fully sensible that his ride has been too protracted. Those who are in good health do not often experience any thing more than a temporary inconvenience from this cause, but in the delicate it is sufficient to be followed by serious illness. When this form of exercise, therefore, is selected as a means of health, the individual should be very careful to put on clothing sufficient to defend himself from the cold; if this be neglected, injury instead of benefit will be the legitimate consequences. I have known several individuals to suffer from pneumonia and bronchitis, produced by riding in a carriage in a damp and chilly air, with a thin dress that afforded but little protection from the cold.

Riding on horseback, is quite a different exercise from the preceding; and fast riding is not only active exercise, but severe labor. This is one of the most noble, manly, and healthful exercises that can be imagined; and as it formed a part of the education of the Spartan youth, so ought it to be made a part of the education of the young, of both sexes, in our own country. Riding on horseback exercises every muscle and every organ in the body; and it causes the blood to circulate so freely that in cold weather this is one of the most comfortable ways in which a person can travel, provided he can bear the exercise without fatigue. This may seem strange to those who have never made the experiment; but the evidence of those who have tested it for several successive years, in all weathers and at all seasons, have established the fact to their satisfaction, that, at a speed of seven or eight miles an hour, no person would feel the cold in unusually severe winter weather. During my medical experience, I have frequently arose from my bed at midnight, when the thermometer was some degrees below zero, mounted my horse, and rode five or six miles in forty minutes, and at the end of the ride, I have been much warmer than at the commencement. The stimulating influence of the keen sharp air, the rapid motion of the horse, and the active labor of riding, will send the blood bounding through all parts of the body, and produce an extra amount of animal heat, for the especial emer-

gency, which will preserve the normal temperature of the body. When I commenced the practice of medicine I was in very feeble health, having threatening symptoms of phthisis. I have for several years enjoyed most excellent health, which I attribute mainly to horseback exercise. This at times is very extensive, amounting to as many as thirty and forty miles a day, in a sickly season, for days in succession. And I have long observed that those physicians who do the most of their riding on horseback, usually, enjoy the best health.

When we recommend horseback exercise to an individual, in ill health who is not accustomed to it, he frequently desists before making a fair trial to ascertain whether or not he will receive benefit by the exercise: the reason for not persevering is that he becomes fatigued and discouraged. In riding on horseback, a new set of muscles are called into action, or they are required to perform a service which they are unused to; too much is demanded of them at first, and hence the consequent soreness and lameness of the limbs and back. Besides, the exercise is pushed too far at the commencement, induces a free perspiration, which is generally suddenly checked when the exercise is discontinued. If an organ has been suffering from an affection, its derangement is most certainly aggravated, and the person believes that the remedy is not suited to his case. One who is unaccustomed to this exercise should ride at first but a short distance, and make himself at the outset acquainted with the gait and disposition of his horse, and habituate himself to his seat in the saddle; the next day the ride may be extended, and thus gradually the distance may be prolonged, until an individual may be able to ride forty and fifty miles in a day without suffering very much fatigue.

IV.—Swimming.

But there are other modes of exercise besides walking and riding, that are useful means of health, such as sailing, rowing, swimming and gymnastics. Swimming is a very healthy exercise. What is more delightful on a beautiful summer evening than a plunge and a swim in the pure and running stream. Few know its pleasures or comprehend its physiology. In swimming we have the combined advantages of bathing and exercise. There is no exercise, excepting riding on horseback, that calls into action a greater number of muscles than this, and there is none that fatigues and exhausts the vital powers more rapidly. There are very few men, although they may be expert swimmers, who have the physical endurance to swim a mile without resting. It is, therefore, an exercise ill adapted to those in feeble

health, and those whose constitutional powers are weakened by disease. Even those in robust health and with strong physical powers, may carry it too far and greatly injure themselves thereby. In our climate swimming can only be practised in the summer season. It is not safe to indulge in it at any other. Although uncivilized men, in the extreme North, may without injury, at every season of the year, plunge into the coldest stream, yet the health, if not the life of an individual, reared in civilized society, would be endangered were he to attempt a similar course. Some caution is, therefore, necessary in selecting the time best adapted for this exercise. The best time for swimming is about two hours before sunset. We select this period because the water is then much warmer than at any other time during the day, and the individual's stomach will not be apt to be burdened with the digestion of food; it is an important law of health that no person should engage in very active exercise immediately after eating, and in this case it should be imperative.

V.—Gymnastics.

The gymnasium was the war school of the ancient Greeks and Romans. It was in them that their youth were trained to feats of activity and strength; and hence they were also considered schools of health. In these establishments, there were five principal exercises practised, running, wrestling, boxing, leaping, and throwing the quoit. By these means, not only were the muscular powers increased in flexibility and strength, but the senses were also rendered more acute, and the facility for acquiring knowledge through them greatly increased. The connection between the efforts of the mind, and feats of bodily strength and agility, was formally acknowledged, not only in the practices of many of the most distinguished statesmen and philosophers of antiquity, but also in the fact of prizes being disputed, as well for the exercises already mentioned. Consequently, some modern author has defined gymnastics to be "the art of regulating the movements of the body, in order to develop its strength, to improve its agility, its pliancy, and its powers; to preserve or re-establish health; it is intended, in fact, to enlarge the moral and physical faculties." That gymnastic exercises will produce all these effects, when properly regulated, can not be doubted by any one who has been in the habit of engaging in them. I have seen in several instances, the most beneficial effects produced by the *dumb-bell exercise*. This alone is a very healthy exercise, particularly when varied according to the plan recommended by Dr. Lewis, in his "New Gymnastics;" a book that should be

carefully studied by every physician and teacher. Indeed, every individual who wants health and strength should read it. The author is a practical physiologist, who has faithfully studied the adaptation of exercise to the human frame, and has in his book exposed many of the errors of the old system. In our judgment, he has devised a series of gymnastic exercises, which if properly attended to, can not fail to strengthen and invigorate every organ of the human body.

VI.—*Exercise in Phthisis.*

Individuals predisposed to pulmonary tuberculosis, can not pay too much attention to the subject of exercise. In addition to general exercise, they should adopt such local exercise of the chest and subsidiary organs, as is calculated to expand the lungs, and increase the strength and power of the muscles of respiration. The following we consider a very good plan to accomplish this end. While the individual is standing, let him throw his arms and shoulders back. While in this position let him inhale slowly as much air as he can, and repeat this exercise at shorter intervals several times in succession. This exercise should be adopted daily by all young persons whose chests are narrow or deformed, and should be slowly and gradually increased. Persons whose lungs are naturally weak, will derive great benefit from this exercise, after a very short trial. Marked changes soon take place in the external appearance of the chest; for not only are the lungs themselves expanded by means of the dilation of their cells, formerly compressed, but the ribs become elevated, and the muscles concerned in respiration acquire a greater degree of power and volume by this increased action of their parts. If pulmonary tuberculosis be the result of *defective respiration*, as maintained by some writers, the local exercise of the muscles of the chest can not be too highly recommended to those who have a proclivity to this disease.

When phthisis becomes fully established in an individual who has been in the habit of leading a sedentary life, if he desires to live long, overcome his disorder, and enjoy health, he must **EXERCISE**. If he does not change his habits, all medication will be in vain. Those who sit down and nurse their disease will fall a sure prey to it. I always despair of a listless, inactive patient. It is emphatically true in this case that *action is life* and *repose is death*. The records of medicine abound with instances of recovery from this malady, under the influence of active vigorous exertion. And thousands more would be added to the list, if physicians would be more positive in their directions on this subject. There should be no timidity here. If the

individual is able to walk or ride at all, he should take daily exercise. "Nor should the weather be scrupulously studied. Though I would not advise the consumptive patient to expose himself recklessly to the severest inclemencies of the weather, I would, nevertheless, warn him against allowing the dread of taking cold to confine him on every occasion when the temperature may be low or the skies overcast. I may be told that the patient is often too feeble to be able to bear exertion; but except in the last stage, when every remedy must prove unavailing, I believe there are few who can not use exercise out of doors; and it sometimes happens that those who are exceedingly debilitated find, upon making the trial, that their strength is increased by the effort, and that the more they exert themselves the better able they are to support the exertion."—Richardson's *Hygienic Treatment of Pulmonary Consumption*, p. 52.

ARTICLE IV.

On the Antiperiodic Properties of the Bark of *Fraxinus Nigra*, or Swamp Ash.

BY D. W. C. DENNY, M.D., ALBION, IND.

As no notice of the medicinal properties of this bark have ever been publicly given to the profession, allow me, through the medium of your invaluable journal, to call attention thereto.

The tree on which the bark is found, grows abundantly throughout Canada and the northern and middle States of the Union, in low moist grounds, as well as swamps, from which it derives the popular name of *Swamp Ash*. The wood is used for making hoops and bottoms for chairs of domestic manufacture. In the spring of 1854, I accidentally chewed a small piece of the bark, which I found possessed an intense bitter,—allied to that of sulphate of magnesia,—also leaving an astringent or styptic feeling of the mouth for several minutes after chewing it. I immediately determined to try a strong decoction in the treatment of some cases of simple intermittents I then had on hand.

The bark was first divested of its outer covering, then stripped from the tree, and cut into small pieces, which were placed in a small iron kettle, until nearly full, to which was added rain water sufficient to cover. The bottle was then placed over a good fire, and allowed to boil until half evaporated. The liquor was then strained through a coarse cloth, returned to the vessel and allowed to slowly evaporate to the consistence of molasses. I commenced ten hours previous to the

effected paroxysm, and administered a tablespoonful every hour until nine had been given, always adding a full dose of opium or morphia to the last dose.

Ever since 1854, all my cases of intermittents—which have been numerous—have been thus treated, and I candidly aver has never failed to arrest the disease. Now, I believe from years of experience, and also from the testimony of several highly respectable practitioners of my acquaintance—whom I induced to try it—that it may be profitably and satisfactorily substituted for quinine, in all simple and uncomplicated intermittents. It is certainly superior to quinine in this, that the paroxysms are not nearly so apt to return. I can confidently assure those who may desire to try it, that they need not fear being disappointed as to its results.

Proceedings of Societies.

Proceedings of Trippler Military Medical Society.

Reported by DANIEL T. BOYNTON, M.D., Secretary.

Meeting of Members of the Medical Staff of the Department of the Ohio, Knoxville, Tenn.

At the request of the Medical Director of the Department of the Ohio, members of the Medical Staff in and about this city assembled at Masonic Hall at 7 o'clock p. m., on the 13th inst. (Feb.)

Surgeon L. D. Griswold, of the One Hundred and Third Regiment, O.V.I., was called to the chair, and Daniel T. Boynton, Assistant-Surgeon One Hundred and Fourth Regiment, O.V.I., requested to act as Secretary.

Surgeon Hunt then being called upon, stated that the effect he had in view in appointing the meeting was to elicit from the Staff an expression of opinion in regard to the policy of organizing a Military Medical Association, the chief aim of which should be the elevation of science, and the maintenance of the dignity and honor of the Medical Profession. After stating in a clear and concise manner the advantages which in his belief would accrue from such an organization, he concluded by expressing the hope that he might hear from other gentlemen present upon the subject.

L. D. Griswold, Surgeon One Hundred and Third Regiment, O.V.I., Edward Shippen, U.S.V., Post Medical Director, J. G. Hatch, U.S.V., Medical Director Twenty-Third A. C. and other gentlemen followed, all heartily endorsing the views of Surgeon Hewit..

On motion of Surgeon Hatchet, a Committee was appointed with instructions to draft a constitution under which to form a permanent organization and report at a future meeting.

There being no further business, the meeting adjourned to meet again at 7 o'clock, P. M., Wednesday the 17th inst.

WEDNESDAY, Feb. 17th, 1884.

The meeting of the Medical Staff assembled this evening pursuant to adjournment, and was called to order by the Chairman. The minutes of the last meeting were then read and adopted. The report of the Committee being next in order, the following Constitution was read and submitted by the Chairman of the Committee.

CONSTITUTION.

"We the undersigned medical officers of the army on duty in this place and Department, hereby associate ourselves into a Medical and Surgical Society under the following Constitution and By-Laws, and pledge ourselves each according to his ability, to promote and carry out the interests and objects of this Association.

"1st. This Society shall be called the Tripler Military Medical Society, in honor of Surgeon Chas. S. Tripler of the U. S. Army.

"2d. Its object shall be mutual improvement in scientific attainments; the collection and preservation of facts and comparison of experience with reference to their bearing on professional duty in the field and hospital; the advancement of the honor and interests of the Profession; contributing to the historical records of the war and enriching the National Museum of Pathology.

"3d. Its officers shall be a President, Secretary, and Executive Committee, consisting of three.

"The President and Secretary shall be chosen by ballot; the Executive Committee shall be appointed by the President; the President shall be chosen from the Surgeons of hospitals or regiments; the Secretary shall be an Assistant-Surgeon or Acting Assistant-Surgeon. The term of office shall be three months.

"4th. The duty of the Executive Committee shall be to prepare and present subjects of discussion, and to propose by-laws and amendments to by-laws. The President may call a special meeting whenever it may be his pleasure, by and with consent of two of the Executive Committee. One Assistant-Surgeon or Acting Assistant-Surgeon at least, shall be a member of this Committee. It shall also be arbiter in all questions of ethics.

"5th. The ethics of this Society shall be the ethics of the American Medical Association.

"6th. All Medical Officers of the Army and Contract Physicians, serving in the Department, are members of this Society. All physicians of the community and those engaged in a semi-official capacity are eligible as honorary members and are respectfully invited to attend the scientific meetings. Hospital Stewards who are *bona fide* students of medicine are invited to be present at the meetings, but will be expected to retire at the commencement of the Executive Session. The Medical Director may at any time request the President to adjourn the meeting for the purpose of calling an official meeting of the Staff for military purposes.

"7th. The records and papers of this Society shall be carefully preserved by the Secretary, handed over to his successor, and in its expiration become the property of the Surgeon General's office. The weekly reports of the meetings shall be sent to the *American Medical Times* for publication. This Constitution and By-Laws shall be published in two medical periodicals, one western and one eastern.

"8th. The Medical Officers of the different Army Corps in the Department, when separated from the headquarters of the Department, are recommended to form sub-societies in correspondence with this body, and to forward their records for incorporation and final transmissal to the Medical Bureau of the Army. Meetings shall be weekly or more frequent, as the Society may direct. All official papers received from Headquarters of the Army, Surgeon-General and Assistant Surgeon-General, affecting the common duty and interests, will be read at each meeting."

On motion of Surgeon Ashman of the Ninety-Third Regiment, U.V.I., in charge of General Hospital No. 2, the Constitution was accepted and adopted by sections.

On motion of Surgeon Wolff, Acting Assistant-Surgeon, U.S.A., the Constitution and preamble were then adopted as a whole and the Committee discharged.

The names of the following gentlemen were then enrolled as members of the Society :

Surgeons.—Geo. W. McMillen, Fifth East Tennessee; L. D. Griswold, One Hundred and Third Ohio; Geo. P. Ashman, Ninety-Third Ohio; Alfred Nash, Ninth Michigan Cavalry; John Wright, One Hundred and Seventh Illinois; John Mills, Sixth East Tennessee; P. H. Bailbache, Fourteenth Illinois Cavalry; C. W. McMillin, First East Tennessee; Geo. A. Collamore, One Hundredth Ohio; Hamil-

ton E. Smith, Twenty-Seventh Michigan ; Edward Shippen, U.S.V. and Post Medical Director ; James G. Hatchet, U.S.V. and Medical Director Twenty-Third A. C. ; A. M. Wilder, U.S.V. ; A. J. Phelps U.S.V. ; A. L. Carrick, Second East Tennessee Cavalry.

Assistant-Surgeons.—Henry L. U. Barritt, U.S.V. ; David Markay Seventy-Ninth New York ; W. W. Moss, Twenty-Fourth Kentucky R. McGowan, U.S.V. ; W. R. Welman, Eightieth Indiana.

Acting Assistant-Surgeons.—S. Wolff, U.S.A. ; S. Darling Jr. U.S.A. ; Ralph W. Cummings, Twenty-Third Michigan ; S. E. Shelton, One Hundred and Fourth Ohio ; C. S. Frink, U.S.V.

Surgeon.—H. S. Hewitt, U.S.V. and Medical Director of the Department.

Assistant-Surgeons.—Daniel T. Boynton, One Hundred and Fourth Ohio ; John J. Wilkins, Fourteenth Illinois Cavalry ; G. A. Wilson, Fourteenth Illinois Cavalry ; M. L. Lick, Ninth Michigan Cavalry. Wm. W. Wythers, U.S.V. ; W. McMillan, Ninth Ohio Cavalry. Edwin Truman, U.S.V. ; C. M. Chalfant, One Hundred and Eleventh Ohio ; A. J. Larey, Second East Tennessee.

The election of officers resulted as follows, viz. : L. D. Griswold, Surgeon One Hundred and Third Regiment, O.V.I., President ; Daniel I. Boynton, Assistant-Surgeon One Hundred and Fourth Regiment, O.V.I., Secretary.

The President then briefly addressed the Society, thanking the gentlemen for the high honor they had been pleased to confer upon him. And while he felt that a more competent person might have been selected, yet he yielded to none in point of proportionate zeal and in the earnestness of his desire to promote the interests and carry out the aims of the Association.

The appointing of the Executive Committee being next in order, at the request of the President it was agreed that he have until the next meeting to make the selections.

On motion of Surgeon Hewitt, the President was instructed to request the Secretary to address a letter to Surgeon Charles S. Tripler, informing him that he has been made an honorary member of this Society.

There being as yet no Executive Committee, the President was requested to announce some subjects for discussion at the next meeting. Excision resection or excision, was the subject proposed, and Surgeon Shippen invited to open the discussion.

After the reading of official papers from headquarters of the Army and conversation upon various topics pertaining to the Medical Depart-

ment, on motion of Surgeon Ashman, Ninety-Third Regiment O.V.I. Saturday evening was fixed upon as the time for the weekly meeting, of the Society, and the meeting adjourned to meet again Saturday at 7 o'clock, P. M., on the 20th inst. L. D. GRISWOLD, President.
DANIEL T. BOYNTON, Secretary.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. BROWN, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, December 7, 1863.

Interesting Pathological Specimens.—*Dr. Taylor* said he had a pathological specimen to exhibit to the academy; and as *Dr. Thomas*, of Covington, was present he would like him to give a history of the case.

Dr. Thomas—Said he had only seen the patient in consultation a short time previous to his death, and was unable to give a complete history of the case.

Dr. Fries—Said he saw the case six or eight weeks ago. The patient complained for many months of pain in the region of the kidneys, running down to the scrotum, producing violent action of the cremaster muscles. There was ~~no~~ hematuria; not quite the usual amount of urine was passed being normal in appearance. He had the usual symptoms of renal calculus. They had him cupped over the region of the kidneys, and gave him opiates, diuretics and laxatives. Other physicians thought these paroxysms of pain due to an excess of lithic acid. The man was able to walk about the house until a short time before his death, which took place during one of his violent paroxysms of pain.

Dr. Taylor then reported the autopsy, as follows:

Mr. G., aged 51; autopsy thirty-six hours after death. Slight post mortem rigidity. Moderate degree of emaciation.

Upon opening the abdomen the small intestines were found in a healthy condition. The external surface of the stomach was dark colored; the mucous surface was of a deep slate color, and in the vicinity of the pylorus some portions were black.

The descending colon at the sigmoid flexure turned at an acute angle, and passed obliquely upwards nearly to the umbilicus, from which point it descended in a direct line to the anus.

The liver and spleen were healthy. The kidneys were larger and

softer than natural, with an unusual amount of fat surrounding them. The pelvis of the right kidney was engorged, and contained a great number of oil globules, a lesser amount of oil was found in the pelvis of the left. Both ureters were dilated; within the walls of the right one for a distance of about three inches from the kidney was an extravasation of blood.

Beneath the peritoneum, and extending from the spinal column to the middle of the left side, and from the diaphragm to the pelvis, was an extravasation of blood, the coagulation of which was, in some portions, an inch in thickness. Within the layers of the descending meso colon, throughout its entire length, was extravasated blood also.

Upon removing the intestines, a tumor, about two and a half inches in diameter, and about one inch in depth, was found lying upon the aorta, over the upper lumbar vertebræ. The tumor consisted of very firm, white fibrin and coagulated blood. Upon removing the mass, a rupture of the aorta was found, commencing an inch above the bifurcation into the iliacs, and extending upwards seven-eighths of an inch, involving two-thirds of the circumference of the vessel. On inspection of the adjacent portions of the vessel, atheromatous deposits were found. The left side of one of the lumbar vertebræ was entirely denuded and carious.

Dr. Fries—Said in regard to the diagnosis of this case, he had never seen a case of renal calculi where all the symptoms were better marked. What produced these paroxysms of pain he could not tell. Possibly the abnormal condition of the urine, the excess of lithic acid. Yet it is difficult to imagine how this could be the cause. The presumption would be, that the paroxysms would occur oftener, and last longer. How the conditions presented by the autopsy could cause the paroxysms of pain, it is difficult to imagine.

Dr. Thomas—Said the urine was thoroughly acid. With the microscope you could see the lithic acid crystals. There was no pus or blood globules. Purpurin gave the urine its dark color. The patient could take but very little food, everything turned acid.

There seemed a periodicity about the recurrence of the pains. Opium would not relieve him, he gave him chloroform; after coming from under its influence he would be easy for a while. In 1000 parts of his urine, there was one grain and fifty-nine thousandths more lithic acid than was normal.

Case of Cataract.—*Dr. Williams* reported the following:—The patient was an old man, sixty-three years of age, and had had paralysis agitans for years. Five weeks ago, Dr. W. made an iridectomy of

the left eye, and on last Thursday he operated by extraction. Having placed the patient under the influence of chloroform, he made a lower flap. The eyes being very deep-seated, rendered the operation more difficult. Immediately after making the flap the cornea fell into wrinkles. In healthy eyes the cornea does not fall in or wrinkle, after such an operation. He looked upon this as an unfavorable indication, thinking it showed that the cornea did not possess sufficient vitality. Yesterday he found some mucus and pus in the inner angle of the eye; and to day, on removing the dressings, he found the anterior chamber full of pus. The eye will shrink. If he goes blind in the other eye, the only safe operation will be conching.

Bursal Inflammation.—*Dr. Woodward* said that inasmuch as his friend on the left, *Dr. Bruin*, had recently been afflicted in an unusual way, he would be pleased to hear the Doctor report his case to the Society.

Dr. Bruin—Said he had suffered occasionally for a number of years much pain in the left foot, at the junction of the great toe with the metatarsal bone, at the place called the bunion. Two months since, in the evening, after having walked considerably during the day, he was attacked with great pain in the foot; so great was the pain as to compel him to remain in bed for 24 hours. The skin being very much thickened at this place, he pulled off, with his knife, a thin lamella when a thick, glairy fluid escaped, and continued discharging until it amounted to two ounces. Then a severe inflammation set in, which was subdued by cold applications. A month afterward he had another similar attack: he made use of the cold applications all night; in the morning there was much swelling, and the tumor being very elastic, he punctured. A small quantity of thin, glairy fluid was discharged, when severe pain and inflammation again commenced.

He sent for *Prof. Blackman*, but before he arrived, he was seized with severe spasms of the voluntary muscles of the neck and jaws, they becoming stiff and rigid.

He was in so much pain, that he took three grains of morphine and two ounces of *McMunn's Elixir of Opium* within 24 hours. Warm cataplasms were also employed.

The Doctor said he had asked *Prof. Blackman* what was the cause of his sudden seizure. Whether he had opened a mucous bursa, or whether there had been a direct communication between the atmosphere and the synovial membrane of the joint. *Prof. B.* said he was unable to give a cause, he had never had a case of this kind before, and had only read of one, reported by *Mr. Skey*, of London. *Dr.*

Bruin said, the books teach us to open inflamed bursa, but the cause of his affection was to him inexplicable. He did not think there was direct communication between the atmosphere and synovial membrane.

Dr. Woodward—Said his own treatment of inflamed bursa, was to use iodine and pressure; never to open them. A lady, some time since, whom he had been in the habit of attending, had a large number of them. She became dissatisfied with his treatment, and sent for a surgeon, who opened one of them, thereby inducing a great degree of inflammation, which came near destroying her life. The Dr. said he would like to hear the opinion of Dr. Taylor, as he had devoted considerable time to pathological anatomy, as to whether Dr. Bruin's case was connected with the joint, or whether it was an inflamed bursa.

Dr. Taylor—Said he looked upon it as occasioned by pressure on the foot, and reported the following case in illustration of this view. A man came to him who, two weeks previously, had been injured by a bank of earth falling in, and burying him to the waist. Some two days afterwards, he noticed a slight swelling on the right hip. When the patient came to him, there was a large, fluctuating tumor extending downwards from the trochanter seven inches, and three inches across, apparently containing a watery fluid. Upon consultation with Dr. Wood, he opened it, making a free incision. It discharged over a pint of thin, glairy fluid. He then closed the opening and applied pressure. This case he looked upon as having been produced by the contusion, and not connected with the joint.

Epidemic Diarrhœa.—*Dr. Woodward* suggested the inquiry whether the diarrhœa and dysentery now prevailing, was produced by the use of the water. There is a report prevalent that the water of the Ohio has been poisoned by the filth poured in at Deer Creek.

Dr. J. F. White—Said there was no doubt about the people having this idea. He had seen a good many cases of diarrhœa and dysentery, but we had the same thing last year. Then the people thought it was due to the condition of the reservoir. He could not see any legitimate connection between the waters of Deer Creek and the Ohio river. He had no faith in the water being the cause of the disease. These diarrhœas, though sudden and severe, yield readily to treatment and to very simple remedies.

Hiram Smith—Said he was of the opinion, inasmuch as we have this diarrhœa every year, that it was due more to the change in diet, people using more pork which is not very well salted, than to the water.

Dr. Carrol—Was also of the same opinion that the diarrhœa and dysentery now prevailing, was due, not to the water, but more to the change in diet, and to the poisons following Scarlatina and Diphtheria. The Doctor said he had vaccinated, during the fall and winter, nine or ten children after the small pox had broken out, and thereby saved them all. One child had an eruption out for ten days when he was called. There was an infant in the family that had not been vaccinated. He vaccinated the child, and it took, but varioloid appeared on the seventh day, very much modified. The vaccination went on and was perfectly developed. He mentioned these cases to show the importance of vaccinating, no matter how late.

Dr. Carson—Said he had a great deal of this diarrhœa in his practice last winter—it was easily treated, but often recurred. This winter the same disease prevails. There has been no satisfactory cause assigned. It is not surprising that the cause is referred to the water. He had seen livers, small pigs and the like, floating near the entrance of the main water tube. It is the popular belief that the water is the cause, though he did not thus attribute it. He hoped that a committee would be appointed to investigate this whole subject.

Dr. H. Smith—Thought it right to investigate this whole subject, and to get a chemist to analyze the water.

Dr. Carson—Moved that a committee be appointed to investigate the cause of the diarrhœa and dysentery now prevailing in the city.

Dr. Woodward—Moved that Dr. Carson be appointed as that committee. Carried.

Dr. Carson—Suggested that two be added to that committee.

The Chair appointed Drs. White and H. Smith.

REPORTS OF COMMITTEES.

At a subsequent meeting of the Academy, Jan. 11, 1864, Dr. Carson, Chairman of the committee appointed to investigate and report upon the cause of the diarrhœa and dysentery now prevalent in the city, presented the following report :

Abstract of Report on Diarrhœa and Dysentery :—

The great prevalence of diarrhœa and dysentery in winter, in all parts of the city, and among all classes, ages and sexes is, in its etiological, pathological and practical relations, an important subject of investigation for the Academy.

That it is so prevalent, is proven by the reports of practitioners,

and the examination of Druggists' prescription files in the different parts of the city.

The symptoms are, in most cases, those of simple diarrhœa, with a tendency, in the severer cases, to dysentery.

In the middle cases, there is no constitutional or unusual derangement of secretions, as evidenced by the tongue. The severer attacks are attended, in many instances, with unusual prostration, and obstinacy to treatment. A frequent symptom in the latter cases, is the light colored discharge, indicating the absence of proper secretion from the liver.

The treatment seems to vary; some practitioners relieving the mucous membrane of the bowels by gentle laxatives, combined, in many cases, with a mercurial, and then administering opiates and astringents. Others preferring to begin with opiates.

This point would be an interesting practical matter for discussion before the Academy.

In defining the etiological character of this disease, the prevalence of other diseases should be taken into consideration. We have had, last winter and this, a great deal of typhoid fever, erysipelas, measles, scarlatina, diphtheritic, and other sore throats, jaundice, and skin diseases. A glance at these will show a class of diseases in which there is an unusual tendency to affections of the mucous membranes. It is probable that there is a point of connection.

A comparison of the above list of diseases with those prevalent in the army, will show a close correspondence. The type of disease amongst us is the army type. The camp diarrhœa has been principally a summer disease, differing in that respect from that which we are discussing. How, and to what extent the diseases prevailing in civil practice, have been affected by the causes in operation in the army, is another interesting relation of the subject.

The most prominent local cause that has been suggested is the water supply. That we are using an impure water, is undoubtedly true. The sources of contamination are obvious to any one. The amount of impurity has been shown by Mr. Wayne's analysis, proving that of the solids of a gallon of water, a little over fifty per cent. is organic matter. This is an enormous amount of impurity, and such impurity as is likely to develop severe and extensive diarrhœa, in systems already made susceptible by what are commonly considered atmospheric causes of disease.

To ascertain how far this cause is operative, requires an investigation of our whole city and vicinity.

A. W. WAYNE'S ANALYSIS

Communications from physicians in Columbia, Pendleton, Newport and Walnut Hills report none of this diarrhoea. Dr. Mount, of Cumminsville, more than usual in his range, reaching College Hill. Dr. D. Judkins reports being consulted by persons living on Mount Auburn for treatment. No report could be obtained from Covington. Partial examination of districts within the city limits, where the city water supply does not reach, produced the impression that the disease is aggravated when the reservoir water is used.

There are striking instances of the effects produced by the use of impure water. Most of them are to be found in English literature. Diarrhoea and typhoid fever are considered by English sanitarians as the best tests of the sanitary condition of any locality. A series of extensive inquiries into the unusual prevalence of diarrhoea in six towns in England, by Dr. Greenhow, indicates, besides a general influence, two important local cases, atmospheric contamination, by exposure of large amounts of decomposing animal matter, and the use of an impure water.

The well-known negligence in proper street cleaning and sewerage, may also be supposed to have an influence with us.

On referring to the Meteorology of the winter months of 1861-'62 and '63, nothing unusual is discovered. We are indebted to Mr. Harper of Woodward High School, for a complete record of the weather. It is appended to this report for reference.

We hope to be able to develop this subject more fully hereafter.

(Signed)

Prof. Wayne—Also very kindly presented to the Academy an analysis of the water with which the city is supplied, showing at the present season, a much greater amount of organic matter than is contained in pure water.

The Chairman—of the committee stated that their time had been somewhat limited, and in order to make a complete report, the surrounding country should be canvassed to ascertain the nature of the prevailing diseases.

Correspondence.

Letter from Boston.

BOSTON, MASS., March 12th, 1864.

MEASRS. EDITORS :—The annual commencement of the Harvard Medical School took place on Wednesday last, at the Medical College in North Grove Street. The exercises were witnessed by a large number of medical gentlemen and laymen ; and gave general satisfaction. President Hill presided, and opened the exercises with prayer. Selections from the following Dissertations were read by members of the graduating class : Brights' Disease, Gangrene of the Lungs, Anatomical Symmetry, Criticism on the Nature of Tubercle as treated of in " Wood's Theory and Practice of Medicine," and " Jones' and Sieveking's Pathological Anatomy," Peritonitis, Our Native *Materia*. These productions of the young gentlemen evinced considerable research on their part, and gave evidence that they had been judiciously trained in the preliminary branches of study.

President Hill conferred the degrees on forty-one gentlemen ; beside this number, eleven received their degrees in July. His Excellency, Gov. Andrew, conducted the exercises by an address. After some felicitating remarks to the graduating class, upon the strength and honor they would add to the State, he announced as his theme, " The Physician regarded as Citizen in a free commonwealth." The address was mostly devoted to the consideration of the subject as developed by the wants of the present war. The Governor said that Massachusetts had sent into the medical service 103 surgeons and 200 assistant surgeons ; " comprising men of eminent merit, noble patriotism, and distinguished professional acquirements unsurpassed elsewhere by a similar number in any army." He paid a high and noble tribute to Surgeon General Dale, for his administration of the medical affairs of the State. The merited compliment was well deserved, for Surgeon Dale has been indefatigable in the performance of his duties ; always accessible, courteous to strangers, obliging to friends, and prompt in the execution of all business transactions. He deserves much credit for his efforts in sustaining the regular profession amid the influence brought to bear to secure the appointment of irregular practitioners in the army. The Governor also spoke of the services of the surgeons from this state, in the different departments, and especially of Dr. L. V. Bell. He said that thirteen had laid down their lives during the last three years, giving to their country and mankind the

highest pledge of patriotism, valor, and conscientious devotion to the behests of duty. The patriotic and glowing words of the Governor were frequently applauded.

The annual report of the Trustees of the Massachusetts General Hospital has been received. The past year has been one of marked interest in the annals of the institution. The change in many departments from resignations, deaths, and transfer of duties have been more numerous than usual. The increased prices of everything needed for the hospital, without a corresponding increase of the receipts, and a more than usual demand upon its resources, have caused some anxiety.

From Dr. Shaw's report, the resident physician, it appears that there were admitted to the hospital during the year 1863 1648 persons; of whom 648 were Americans, and 1000 foreigners. The whole number treated during the year was 1798. The admissions exceed those of any year except 1862 by 232, and that year by 37. No applicant has been refused admission for inability to pay board.

Dr. Abbott, the physician to out patients, reports that the whole number of applicants has been 5214, all of whom were treated except 227, while 1590 prescriptions were furnished without charge. All the private rooms in the hospital were in constant use, and many more would be sought for, if the hospital contained them.

Dr. Tyler, of the McLean Asylum in Somerville, reports that 94 patients were received during the year, and that the whole number under treatment was 270. 69 patients were discharged during the year; of whom 36 were considered recovered, 6 were much improved, 9 were improved, 5 were not improved, and 13 died. A new building for the accommodation of the more excited and hopeless class of male patients is in the process of construction. The sum of \$10,000 have been received from bequests and donations.

The expenditures for the hospital and asylum last year amounted to \$116,722, while the income was \$102,877, leaving a deficiency of \$13,845.

There is much other interesting matter in these reports, but I will not trespass on your space. Our new Free City Hospital has not yet gone into operation. The homeopaths are still persisting in their efforts to be represented in the medical and surgical corps. B.

Special Selections.

On the Employment of Anæsthetics in Obstetric Medicine and Surgery.

BY HORATIO B. STORER, M. D., OF BOSTON, SURGEON TO THE PLEASANT STREET HOSPITAL FOR WOMEN.

[*The Employment of Anæsthetic Medicines and Surgery*: In a former number we published an article on this subject from Dr. Johns, taken from the *Dublin Quarterly Journal of Medical Science*; as an additional contribution to this department of literature we print a paper from Dr. Storer, setting forth, however, somewhat different views.—Eds. *Lancet and Observer*.]

In ordinary surgical practice it would be viewed as cruel, if not decidedly wrong, to perform an operation without the previous induction of anæsthesia. This, however, is as yet often considered unsafe, unnecessary or unadvisable in obstetric practice, and in midwifery especially its aid is in this region, as a general thing, still withheld. In behalf, therefore, of those whose sufferings in the imperfect or abnormal performance of their peculiar function are doubtless far more exquisite and agonizing than we as men can possibly realize, I would claim precisely the same propriety and the same necessity for the use of anæsthetics in obstetrics as is now acknowledged in other and general practice.

The subject is one with which I happen to have been brought into peculiarly close relations; for the past eight years, and by a large circle of medical friends, I have been often importuned to state my convictions regarding it. I am satisfied that there exist several important and very prevalent errors, and in speaking decidedly it will be from extended personal experience.

Various objections have been brought against the employment of anæsthetics, but it will be found that their use has been advanced by the very arguments relied upon by their opponents. Many of these being upon their very face absurd, I shall notice only those that are in any degree plausible.

It has been asserted—

- 1.—That anæsthetics are hazardous to life;
- 2.—That they have a tendency to develop immortalities, alike in operator and patient;
- 3.—That it is unnecessary to abrogate pain, a natural phenomenon.
- 4.—That their use is to produce subsequent ill effects upon the immediate or remote health of the patient.

Of these objections, two apply to the general use of anæsthesia, and the last three more especially to its employment in midwifery; though the last of them all, that involving a subsequent delirious influence, to a certain extent has a general bearing. As to the first of them, which, with the exception of the last, is really the only one deserving serious consideration, it will be noticed that the argument applies with different force to ether and chloroform, the two anæsthetics generally employed; and to these again, with still other degree, as they

may be resorted to in midwifery or for the other purposes of obstetric medicine or surgery.

I shall return to these points, and now merely state in answer to, first; the general objection that anæsthesia are hazardous to life ;

a.—That anæsthesia is no more hazardous than other measures acknowledged by the profession to be not merely justifiable, but absolutely necessary ; and

b.—That its use is often less hazardous than its absence.

To the second objection no more weight attaches than as regards the use of any narcotic or stimulant.

To the third, which covers the use of anæsthetics in labor, we reply that pain is of itself an evil, and of itself depresses the vital powers ; that delays are here always dangerous to the life of either mother or child ; that a naturally painless labor is almost never seen, and that to shorten the average duration of labor is to annually save tens of thousands of lives now sacrificed.

The fourth objection applies equally to the whole practice of obstetric medicine and surgery, and therefore though it could be logically disproved, it needs no further reply.

The last objection to which we have referred, is based upon a belief that the use of an anæsthetic renders the patient, in general practice, more liable to affections of the circulation or nervous system, and in labor predisposes her to post-partum hemorrhage, ect. There is no doubt of this liability when the agent is an improper one or unskillfully administered, and it is to the frequency of such instances that we may fairly attribute the prevalent opinion. On the other hand, I do not hesitate to assert that, under other circumstances, no such fear need be entertained. As far as regards the possible sequelæ of child-bed, it will be seen that anæsthetics, when properly exhibited, increase the force of the uterine contractions, and probably, also, the very uterine contractility, so that in such cases liability to post-partum hemorrhage, for instance, would be decidedly lessened ; and in abnormal labor, where the uterus itself, for operative measures, is purposely put to sleep, rapid delivery would be hardly likely to occur, unless by design, allowing the uterus, therefore, sufficient time to awaken again, as it would be sure to do. Should, however, hemorrhage take place under these circumstances, it would probably have occurred without the anæsthetic—for this agent does not separate the placenta from the uterine wall, any more than it produces, as has been gravely asserted of it in more than one instance, an hydrocephalic or an encephalous fœtus.

On the other hand, the obstetric advantages of anæsthesia are decided—giving the patient relief from pain and saving of her vital powers—and to the operator increased facilities for action from muscular relaxation, and absence of disturbing elements, emotional and intellectual.

The indications for its use in obstetrics are—general and special.

1.—It is useful for purposes of diagnosis—both in cases puerperal and non-*puerperal*. It stops spasmodic and reflex muscular action, as in the various forms of hysteria, subduing general convulsive disturb-

ances, quieting the abnormal muscles where their movement, regular or irregular, would suggest those of a fetus in utero, flattening the surface in so-called spurious pregnancy, straightening joints supposed ankylosed or otherwise diseased, checking the extreme tenesmus of vagina or rectum, by which prolapsus uteri, cystocele or rectocele are at times stimulated; and in other cases it prevents the involuntary shrinking from pain, and consequent almost involuntary muscular action, during a severe examination.

2.—It relieves pain, anxiety and restlessness during disease, as dysmenorrhœa, carcinoma, etc.; operations, non-puerperal and puerperal; and especially during labor—thereby shortening it and lessening its mortality and dangers, to mother and child.

3.—It is indicated in labor, not merely because

a. it relieves pain, anxiety and restlessness, and so saves the vital powers, as already said; but because

b. it dilates the os and vaginal passage—often relieving rigidity where such exists;

c. it relaxes the voluntary muscles, preternaturally excited by reflex action, preventing their interference and undue effect;

d. it excites the uterine fibres, producing greater uterine contraction and thereby preventing inertia and hemorrhage;

e. it prevents puerperal convulsions where threatened, and where they are present it abates them;

f. it facilitates manual or instrumental assistance where such is required.

As to the relative value of the two anæsthetics for obstetric purposes:

Between ether and chloroform, putting aside all local prejudices, which both in Europe and America have been allowed altogether too much weight, there are certain differences noticed, worthy of grave consideration. That I may not be misunderstood, I shall express myself very plainly, and in view of the circumstances under which I have experimented with each of these agents.* I trust the profession will feel inclined to look fairly at my views of the subject, even if in some respects they run counter to the generally received opinion.

I think I may state the following as rules for practice:

1.—Ether alone, and never chloroform, should be used for purposes of diagnosis and in all cases of operative surgery, capital or minor, general or obstetric, except those immediately pertaining to labor.

2. Chloroform alone should be used in midwifery, to the entire exclusion of ether.

That deaths have taken place in general practice from the use of chloroform, I freely admit. It is remarkable, however, that many of

* My first impressions and estimate of ether were formed in Boston, from direct observation of its effects in the hands of those who first applied it to practice, and who have ever since kept its best interests in view. I refer to these sources in connection with my own private experience with the agent, now by no means inconsiderable, inasmuch as they have all led me to a single conclusion. My first impressions and estimate of chloroform, against which I had been decidedly prejudiced, were formed from daily, I might say hourly, familiarity with it during my sojourn in Edinburgh with Prof. Simpson, who, while he was the first ever to use ether in midwifery, was only led to discover the anæsthetic properties of chloroform, at deliberate and repeated risk to his own life, by experience of the disadvantages of ether for the purposes of labor.

these cases have been of the simplest operations, as in dentistry, and that often occurred before the operation had commenced, the agent having been exhibited not to lessen but to prevent pain, the nervous system being in a quiescent condition.

For the ordinary purposes of surgery, therefore, it is plain that as less risk in such cases does not pertain to ether, it should be used in preference to chloroform. With regard to the practice of midwifery, however it is far different. To the present date, so far as I am aware, there does not exist on record, from the thousands of obstetric cases in which chloroform has been used, a single instance where death can be legitimately attributed to its influence. With certain allegations to the contrary I am of course familiar, but in the cases upon which these are based, the fatal result seems in every instance to have been directly dependent, not upon chloroform, but upon one or other of the following causes :

The agent was impure, or was administered by an incompetent attendant, whether physician or nurse ; the patient without other care or supervision, herself induced the anæsthesia, either during the labor or subsequently—or there existed some previous disease or unavoidable complication, that of itself must necessarily have produced death.

Such being the fact, the objection falls. It cannot be said that if not on record, unfortunate cases, directly depending upon chloroform, must yet have occurred ; for there are too many opponents of anæsthesia, who would at once seize upon and publish them did they exist.

If such immunity in child-bed be granted to chloroform, as I conceive must be done, upon what grounds can it be explained ? Upon several.

Firstly : labor, though so often treated and spoken of to the contrary, is essentially a normal and strictly physiological action—the great end for which, sexually and anatomically speaking women are formed. The shock, therefore, to the system which she undergoes during child-bed, though in the simplest cases so tremendous, is one of which, to a great extent, provision has already been made. There is at that time a greater tolerance of nervous shock, for want of a better expression, than we find in ordinary surgical cases of apparently much less proportionate severity, especially if these be in disease of long standing, or after severe accident, where the vital powers have been in consequence undermined, or an important organ has been structurally disorganized. In these cases the vitality of the patient may be considered as below par ; in labor, on the contrary, it is decidedly exalted, and above par.

Upon this point, the obstetric tolerance of chloroform, other elements seem to bear, as

Secondly : the excitability of the reflex system in the female is notorious ; and that this is enhanced not merely by abnormal processes, as of various uterine or ovarian disease, but even by the perfectly healthy performance of natural functions, as of menstruation, copulation and conception. This influence is very evident during the whole term of gestation, and it is undoubtedly as powerful during labor. If

it were granted that the liability to fatal depression or collapse from the use of chloroform existed during parturition to so great a degree as at other times, against which, however, we have other reasoning and direct negative evidence besides, it is probable that in the very exaltation of the whole reflex system to which I refer, we have a sufficient safeguard and cure.

But still further :

Thirdly : It is now generally believed that in the female, during the period of menstruation, a large elimination of carbon from the sanguinous system takes place through the medium of the uterus, and that at these times, accordingly, the lungs are relieved of a portion of their usual work. If this be true, and there is certainly strong evidence in its favor, then it follows, normal labor taking place almost precisely at the time of the periodical menstrual molimen,* that a certain amount of adverse impression might be produced at this time upon the general system through the lungs, which could not safely be induced by the same channel at another.

By the three theories I have propounded, namely (1) the gradual preparation of the system for the shock of parturition, (2) the existence of an unusual, and for the time tonic, stimulus to the nervous system, by which cardiac paralysis may be averted, and (3) an unusual, and for the time tonic, depuration and decarbonization of the blood through the uterine sinuses, by which the ordinary tendency to asphyxia from the use of chloroform may be prevented—do we not have a satisfactory explanation of the immunity from accident that has been observed in the exhibition of this agent during childbirth?*

I have dwelt at length upon this point in my brief summary, the immunity of chloroform during labor, because its apparent inexplicability has been to many a sufficient reason to decide them at once against its use. "We grant that a death may never yet have occurred from chloroform in childbed," has more than once been said to me by friends of high authority, "but you may possibly lose your next patient, and are therefore not justified in such hazard." I confess that early in practice I shared these fears, but since the arguments now urged have suggested themselves, such scruples have gone, and of late I have not hesitated to administer chloroform to parturient patients far gone in cardiac and pulmonary disease.

The arguments above advanced have not, I think, been hitherto as distinctly presented by any writer or teacher, though in part they may have been foreshadowed.† Do they not explain certain other intricate obsteric problems? As, for instance, the alledged improvement of phthisical women during pregnancy ; the apparent relief to pulmonary disease sometimes seen, when complicated with amenorrhœa, during

*This molimen undoubtedly occurs to a certain extent, though perhaps almost imperceptibly, at its regular interval throughout gestation, rendering the patient much more liable to abort at some times than others upon slight provocation.

† It might be thought that the last of the theories proposed would apply with equal force to the case of purely venous hemorrhage from any ordinary source. I conceive, however, that even were we to allow a certain amount of influence in such cases, which have not as yet in this connection been at all investigated, it is the fact of the occurrences as a regular and normal physiological phenomenon during labor, no matter how small in extent, that furnishes the key to the whole question.

vicarious menstruation; and also the rapid decline in consumptive patients, occasionally occurring after parturition. I would call the attention of thoracists to these several points.

To return—

The use of chloroform in midwifery, granting, as I have claimed, its safety for this purpose, has certain positive advantages over ether; sufficient, I consider, to entitle it to decided preference.†

1.—The vapor of chloroform is much more agreeable to the patient and to the physician.

2.—It is less likely to occasion any unpleasant or depressing concomitant, as nausea, vomiting, etc.

3.—Being more powerful than ether, it induces anæsthesia with much more rapidity—a matter of great importance in labor, where it is always necessary, except where operative interference is required, that the effect of the anæsthetic should be confined to the pains, and not pass over into the interval.

4.—Its effects are much more transient than those of ether, a characteristic of equal value with the last, and for precisely the same reason, namely, that

5.—It does not, as is frequently the case, with ether,* prevent the recurrence of the pains, and so stop the progress of the labor.

6.—It is more efficacious than ether for restraining or preventing puerperal convulsions and puerperal mania.

It has been suggested to me by a close observer, Dr. McIntire, now of Concord, N. H., whose use of chloroform in childbed has been very extensive and dates from its first suggestion to the profession, that when resorted to there is much less danger of puerperal fever, if the patient, as is often the case, has been directly exposed to contagion or any other exciting cause. From the facts communicated to me by Dr. McIntire, I am inclined to think there are good grounds for his opinion. There is no doubt, at any rate, of the efficacy of chloroform in preventing exhaustion, nervous irritation and other predisposing causes.

As to the time of its administration, a point upon which there has been much difference of opinion:

Generally, its use is hardly required till the completion of the first stage of labor, when the os uteri has become fairly dilated. Should there exist, however, sufficient suffering at an earlier period, the agent should certainly then be resorted to. It should be given only during the pains, except a complication exist requiring manual or instrumen-

†I frankly acknowledge that my attention was first riveted upon this question some thirteen years ago by my friend Dr. Walter Channing, to whose philosophical remarks upon the subject in his excellent treatise upon Etherization in Childbirth I would refer my readers.

†To these I called the attention of the profession several years since, at a meeting of the Suffolk District Medical Society, at which it had been proposed that the physicians of this city should once for all stamp their emphatic and general condemnation upon the inhalation of chloroform. I then claimed that whatever objections might be urged against the drug for ordinary practice, an exception must be made in its favor for cases of midwifery, promising that at a future day I would revert to the subject. I accordingly now redeem this pledge.

*The ability of ether in this respect is notorious. For a single admission to the point, and being many times repeated, I will refer to editorial articles in the *Boston Med. and Surg. Journal* for August of the present year, (pp. 63 and 67,) published after the above paper was publicly read.

tal interference, when its use should be continued through the interval; and in this lies one of the chief advantages of chloroform in midwifery, that whereas given during the pains alone, and properly, it not only does not interfere with the uterine contractions but regulates if inconstant, and enhances them, on the other hand, if a cessation of that action be required to enable us safely to pursue any measures within the cavity of the uterus, as for turning or applying forceps above the brim, we can obtain it by extending the use of the agent through the interval. In a large proportion of cases it will not be necessary, at any time during the labor, to induce complete insensibility; a very few breaths of chloroform, sometimes indeed a single one, sufficing to annul the sensation of pain.

The absolute amount given is usually too small and with too sparing a hand. Somewhat like opinion, we get from minute doses a period of excitement and perhaps of delirium that is escaped by more decided application. The great secret is to produce the narcotism as rapidly as possible, and yet gradually obtain our mastery over the respiratory organs. This remark applies with equal force to the administration of ether in ordinary surgical practice, though its importance is too often lost sight of or not fully appreciated.

At first, and throughout, atmospheric air should be freely admitted with the vapor applied; and therefore I would condemn any form of artificial inhaler, however constructed. The simplest form is the best, and a mere handkerchief or napkin will answer every indication if it be only borne in mind that the vapor of chloroform is much heavier than air, and if properly applied will descend about the face of its own weight.* Attention to this fact will also prevent the possibility of vesicating or unduly irritating the mucous or cutaneous surfaces. The patient should be told from the outset to inspire very deeply; the motion soon becomes automatic, and the vapor, by penetrating every pulmonary vesicle, produces a much more profound and instantaneous effect. Throughout the inhalation and as a matter of course, due attention should be given to the pulse, and more especially to the respiration of the patient.

I have referred to the necessity of the agent being perfectly pure and reliable. In this matter perhaps I may be overcautious; but upon personally inhaling many specimens of chloroform; procured from different sources, there has apparently been evident a diversity of effect, and I therefore still confine myself to what from long experience I have every reason to be satisfied with—the manufacture of Messrs. Duncan & Flockhart, of Edinburgh procuring it either through friends or responsible parties in the trade.*

* A suggestion has been made to me by Dr. Sutherland, the well-known Professor of Chemistry at Montreal, that may prove of extreme value in preventing the occurrence of from accident from chloroform in ordinary surgical practice. It is that the face and body of the patient during inhalation should be turned more to one side than is generally the case. The weight of the vapor being such as after a few inspirations to fill and almost hermetically seal the lungs by its mere gravity, the position I have indicated would evidently allow more perfect expiration and a much more complete entrance and admixture of atmospheric air than is otherwise possible.

* Messrs. Metcalf & Co. and Leopold Babo, of Boston, are prepared, I believe, to furnish chloroform directly from Messrs. Duncan & Flockhart.

The above rules one would suppose to be simple enough. With reference to the objection

loric ether I have had much less experience than of sulphuric and chloroform; knowing no reason to prefer it to either of these while there are several decided objections to its use, I omit its mention.

sometimes asked, if a patient should be urged to the use of anæsthetic, when timid or prejudiced against it. This is a question personally, I have no hesitation in answering affirmatively.—ears, as already said, are perfectly groundless, when the agent is properly given and its use duly restricted. The risk to life is rather in the absence of an anæsthetic than in its administration and so does the liability to a tedious recovery. Few, if any, die, and this remark applies also to cases of general surgery, but they do not bear an anæsthetic, and come kindly under its influence, if it is properly exhibited; and every additional example of this kind may be able to present in practice, is so far a refutation of the contrary that so generally obtains. For this reason I advise its use under the circumstances we are now considering, for this alone. Since entering obstetrical practice, it has been a matter of conscience, this abolishing the last and most agony of all, save dissolution, to which, in one respect, the asunder of two distinct natures during childbirth, it bears no resemblance.

I recall not one single case of labor among several hundred have given chloroform, in which, however simple or complicated case, I have noticed the slightest ill effect from the anæsthetic. In all, I am satisfied, its use was attended with benefit to the patient.

I refer to this personal experience for the same reason that controlled my practice—that I believe that in the advancement of medicine, individual influence but *begins* with the cases, be they few or many, under a physician's care. It is the example and the encouragement that avail.

In this Journal for October 15th, page 238 that ignorance of these plain and reliable facts as to the administration of chloroform, because, common, is sufficient argument against its use. It applies equally to every drug of any power used by medical men. Because accidents have happened, in the hands of the ignorant, from their exhibition in surgery, the blame is to be laid on the ignorant, and not on the drug; that accidents have happened from their exhibition in the hands of the wise and skillful, who were yet on an important point or points careless or forgetful, should no more be laid to the agent's discredit.

Reviews and Notices.

Lectures on Medical Education, or on the Proper Method of Studying Medicine:
By SAMUEL CHEW, M D., Professor of the Practice and Principles of Medicine, and of Clinical Medicine in the University of Maryland. Philadelphia: Lindsay & Blakiston. 1864.

The preface to the interesting little volume before us begins with a resume of the queries which naturally arise in the mind of the medical student just entering upon his labors. Thus he inquires of books—of time to be devoted to study—and the manner—of the order of medical studies—of the taking of notes—of clinical instruction—dissections—auscultation—medical schools. Upon all these topics a variety of questions are naturally suggested, and form the basis, the necessity for this little volume of lectures.

Dr. Chew was an eminent member of, the medical profession, and a well known teacher of medicine in the University of Maryland; he was therefore well fitted for the judicious performance of the task thus self allotted, and upon which he entered with interest and pleasure. He had devoted his leisure time during the past summer and autumn to the preparation of this volume, with the expectation of having it ready for the use of students during the winter sessions of our medical colleges just closed. Alas for the uncertainty of all human purposes and expectations! "On the morning of the 25th of December, 1863, shortly after the last proof sheets of the work had been received from the publishers, he was removed from this world, after an illness of one week with pneumonia."

The topics discussed in the Five Lectures of this book are much in the character and order of the queries already noted above as suggestive of the undertaking, it will therefore be scarcely necessary to repeat them at length.

Lecture Fourth is mainly occupied in the consideration of the importance of clinical experience and instruction. Well and truly does Dr. Chew appreciate and enforce the importance of chemical instruction and hospital advantages as a necessary part of the apparatus of medical instruction; "a part so necessary that without it no school of medicine can be even moderately well qualified to do justice to its pupils." Says Dr. Chew, "There are many things in the natural history of diseases which you can learn more easily and more perfectly by seeing them than by any other means. No verbal description, however accurate and faithful, of the symptoms of typhus and typhoid fever, of the agitated muscles of delirium tremens or chorea, or the fine

crepitation of pneumonia, or the bellows-murmer of endocarditis, can give you so correct an idea of those symptoms as you can obtain in a few moments from observing them as you stand by the bedside. "The knowledge of things" says Julius Scaliger, "cometh from things themselves—*renun ipsarum cognitio vera a rebus ipsis est.*"

Lecture V. discusses the great field of medical schools—what necessity there may be for reforms—what reforms are needed—the comparative superiority of European and American schools; these together with the usual suggestive complaints against the schools of this country, are well and pleasantly considered.

Take it in all, it is a well timed book, and will serve as a most excellent manual for the student, as well as refreshing and suggestive to the old practitioners of our time honored art.

For sale by Robt. Clarke & Co. Price \$1.00.

Transactions of the Medical Society of the State of New York, for the year 1863.

The New York State Medical Society met pursuant to statute in the city of Albany on Tuesday, February 3d, 1863, and was called to order by the President, Dr. Thomas Hun.

The book before us is the result of the deliberations of the society with its papers and contributions, making a volume of over 400 pages—certainly a large amount of valuable matter to be compressed within the limits of a three days' session.

Not having time to do better we must content ourselves with the briefest notice of the contributions to the transactions; and first we have the usual annual address by the President, Dr. Hun—"Influence of Progress of Medical Science over Medical Art." Next in order a very interesting and timely paper by Dr. Charles A. Lee on "Hospital Construction, Notices of Foreign Military Hospitals." Dr. Lee's paper is chiefly the result of his observations during an European visit during the year 1862, and is illustrated with ground plans of several European hospitals, as that of L'Hospital De Lariboisiere, at Paris—arranged for 612 beds; the Military Hospital at Vincennes, for 637 beds; the Naval Hospital, Yarmouth, for 310 beds; the Herbert Hospital at Woolwich, intended for 650 beds; etc., etc. The Mechanical Treatment of Pott's Disease of the Spine, is the subject of a paper by Dr. C. F. Taylor—A remarkable case of Deception, a woman professing to secrete nothing but charcoal and stone, the natural functions being arrested, by Dr. Lewis A. Sayre—together with a large number of other papers by distinguished members of the Society in all making nearly forty essays and reports. Toward the conclusion of the volume we

notice an important report compiled by the secretary, Dr. S. D. Willard, embracing a list of all the medical officers of all the New York regiments—their age—place and year of graduation—what service since graduation—to what regiment appointed—and the changes—such as dismissions, resignations, transfers and promotions. This although necessarily somewhat imperfect, is prepared with a great deal of care, and will be a valuable table of statistical reference in the future for materials in the history of the great rebellion. We should be glad to see every State Medical Society carefully treasuring in its archives a like record.

The officers for the ensuing year, now closed, were Dr. Daniel P. Bissell, of Utica, for President; Dr. Joel Foster, of New York, Vice President; Dr. Sylvester D. Willard, of Albany, Secretary; and Dr. J. V. P. Quackenbush, of Albany, Treasurer. The Society is certainly under great obligations to its Secretary, Dr. Willard, for the self-imposed labor performed by that officer, whereby much of the great usefulness and success of the Society is secured.

Treatise on Human Physiology: Designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, JR., M.D. Prof. of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, etc., etc. Third Edition Revised and Enlarged, with two hundred and seventy-three illustrations. Philadelphia: Blanchard & Lea.

It is wholly unnecessary for us to say one word as to the merits of this third edition of Dalton's *Physiology*. In the preface the author tells us that he has introduced into the "text certain new facts and discoveries, relating mainly to details which have made their appearance within the last three years. Such are the experiments of the author with regard to the secretion and properties of the parotid saliva in the human subject, and the quantitative analysis of this fluid by Mr. Perkins; the valuable observations of Prof. Austin Flint, Jr., on stercorine, cholestrin, and the effects of permanent biliary fistula, and those of Prof. Jeffries Wyman on Fissure of Hare-lips in the median line, from arrest of development.

The work is certainly the best for the every day practitioner and student. For sale by Robt. Clarke & Co.

Twenty First Annual Report of the Managers of the State Lunatic Asylum of New York for the year 1863.

The report of the lunatic asylum at Utica, New York, for the last year, exhibits a very satisfactory condition of its affairs and working in every respect. There were 514 patients in the asylum on the 18th

of December, 1862; 287 were admitted during the year, ending November 31, 1863; the whole number under treatment, therefore, during the year was 801; 80 were discharged recovered, 38 improved, 101 unimproved, 6 not insane, 42 died, leaving 534 patients in the asylum at the end of the year. The daily average number under treatment has been 528, which is stated to exceed the average of any former year.

According to the Treasurers' Report the total expenditures during the year were \$116,506.51—with a balance in the treasury to start upon the current outlays of the new year of \$17,442.41.

The institution is under the charge of Dr. John P. Gray, assisted by Drs. Cleveland, Kellogg and Shantz, and the report of the superintendent incorporated in the annual report before us is a suggestive and sensible contribution to the literature of insanity and its best management.

Fourth Annual Report of the Board of Director and Officers of Long View Asylum, to the Governor of the State of Ohio, for the year 1863.

Fifth Annual Report of the Northern Ohio Lunatic Asylum for the year 1863.

Ninth Annual Report of the Southern Ohio Lunatic Asylum for the year 1863.

We have not received the report of the Central Asylum. The reports of the above named institutions, show that they are in a flourishing condition. The management seems to be working out an increased number of cures each year. The usual tables of statistics are given, to which we refer our readers.

Editor's Table.

Unpaid Subscriptions.—By reference to our Prospectus and Terms it will be noticed that the price of the *Lancet and Observer* is \$2.00 a year if payment be made in advance or before the *first of April*, otherwise the price is \$3.00. A very large list of our subscribers have availed themselves of the terms, and all payments made during this month will be accepted at these rates. We shall make out bills early in the year and forward in the Journal, when in all cases the accounts will be for \$3.

The price of materials and labor concerned in printing books and magazines being still on the advance, it is possible we may be obliged at an early day to make a small temporary advance on these rates, to obviate loss—if so we doubt not our friends will divide the burden with us cheerfully for the common good.

Chicago Medical Journal.—The editorial control of this old medical monthly has been transferred to Drs. De Laskie Miller and Epriam Ingals, Drs. Brainard and Allen retiring. We wish our new compeers every success, and welcome them to the ranks of the fraternity.

Messrs. Balliere, Publishers of the American Medical Times, have removed from 440 Broadway, to 520 Broadway, N. Y., up stairs.

Dr. L. C. Lane, late editor of the *San Francisco Med. Press,* having retired from editorial life, writes to place himself on the regular subscription list of this journal; but we do not dare to repeat the clever things he says of the *Lancet and Observer,* nevertheless, he has our hearty acknowledgment of the compliment; many other correspondents take occasion to give us hearty greetings—to all of whom we must simply content ourselves with saying we shall try to make the journal worthy of such good cheer and kind regards.

"Trippler Military Med. Society."—In the transactions of medical societies, we give the organization of what promises to be an efficient association, amongst the surgeons on duty in and near Knoxville, Tenn. We observe the "organic law," provides for the publication of its transactions in the *Amer. Med. Times.* We do not wish to incite any infractions of established law, but as a large proportion of the gentlemen acting in this society are western men—and many of them surgeons of Ohio regiments, we respectfully suggest the propriety of so far waiving that rule, as to give a fair proportion of the discussions and papers of the *Trippler Military Med. Society* to the *Lancet and Observer,* especially as we dwell, just now, in the immediate neighborhood of the patron of the society, Surgeon Trippler himself.

Breast-Plates of armor—Promotive of Cowardice.—In the course of a recent lecture on gun-shot injuries of the chest, Prof. Hamilton, of New York, made the following remarks concerning those ingenious pieces of mechanism which have been devised as protectors for the chest, to be worn in time of battle

In connection with this subject, gentlemen, I think it proper to speak of those metallic corselets or breastplates, and complete cuirasses, which have been furnished occasionally to the army by ingenious and humane artisans, and of which I am happy to say, but few have ever been worn by either officers or men—at least so far as my experience goes. Some have been made of wire, I believe, and are composed of links, resembling the linked or chain armor worn by the knights and soldiers of olden time, before powder and guns were invented. These I have never seen in use. I show you, however, two,

made of plates of iron, hinged and bolted, which were worn in battle by officers during the present war; and, so far as I know, these are all that have ever been worn by persons of my acquaintance. One of them never felt a bullet until it was tried by me as a target, after the owner had thrown it aside. The other was worn by a captain, and he was killed in the first severe action in which he was engaged. The ball—a conical ball—entered the breastplate, near its upper and anterior margin, and perforating it, passed through the chest, severing some of the larger vessels. He was found upon the field dead. In this instance the ball having struck the armor at a right angle with the surface, and at a short range, no protection was afforded.

Surgeon David Prince, the able and indefatigable Medical Director of Couch's Division of the 4th Corps, Army of the Potomac, reported to me, after the battle of Fair Oaks, that "in several instances bullets were arrested by breastplates." In one case a breastplate was penetrated by a minie-rifle ball, but its force was so nearly expended after perforating the metallic plate, that it merely entered beneath the skin; and then, passing along superficially over the muscular walls of the abdomen, it was found lying beneath the integument upon the opposite side. This was on the person of Capt. —, 1st Long Island Vols.

No doubt, these plates have firmness enough to turn aside missiles whose force is partially arrested, or which strike obliquely; but some of them protect nothing but the chest and a small portion of the abdomen, leaving many vital parts wholly exposed and their little value, therefore, as a means of defence, is more than counterbalanced by their weight, which is not less than eight or ten pounds; and so long as swiftness of movement is the prime element of successful tactics and strategy, such cumbrous and imperfect armor can have nothing to recommend it to soldiers—certainly not to infantry.

Further than this, I am of opinion that it demoralizes a soldier very much in the same way that too much fighting under cover of breastworks is known to do. Troops accustomed for a long while to lie behind raised lines of defence, do not stand or charge well upon an open field. They exaggerate the danger; and an officer or soldier, one portion of whose body is securely protected, must be constantly reminded of those parts which are not at all covered. He will say to himself, "My breast is safe, but alas! my poor head, and my poor belly." He never can acquire in battle that enthusiasm and perfect *abandon* which characterize the true soldier, and inspire courage and confidence into all about him. In short, I think, it will make him a coward, if he was not one before.

"*Spotted Fever.*"—Concerning this epidemic Dr. Cleland, of Fulton Co., Indiana, writes: "The prevailing diseases in this part of Indiana during the month of January, February, and so far in March, (17th) are billious pneumonia and what many of our practitioners call *spotted fever*, but which I think is malignant typhus fever of our standard authors. It has been very fatal in some locations many dy-

ing in the cold stage, or the chill which precedes the fever. I wish some of your correspondents who have had experience in the treatment of this fever would publish some medical intelligence for the general benefit of the profession."

Clubbing with other Journals.—We have again and again given notice that we have no account current with such publications as we offer to club with; we send the cash for every copy ordered for our subscribers as ordered; hence the request of some forty or fifty of our patrons to send on to their address one or more of those publications, with the assurance that they will speedily remit the amount to us is exceedingly unreasonable. All such friends failing to receive their requested club journal will understand the reason why—we can not spare the money.

Department of the North—Army Medical Changes.—The State of Ohio is detached from the Department of the Ohio; and the States of Ohio, Indiana, Illinois, and Iowa are constituted in a new department known as the Department of the North, and is under the command of Gen. Heintzleman, with head quarters at Columbus. Surgeon Charles S. Trippler, U.S.A., at the request of Gen. Heintzleman is made Medical Director of the Department. Surgeon Hewitt, U.S.V., is made Medical Director of the Department of the Ohio, with headquarters, at present, at Knoxville. Surgeon W. S. King, U.S.A., late Medical Director Department of the Ohio, becomes Superintendent of Hospitals at Cincinnati, and President of the Army Medical Board in this city; Surgeon John T. Carpenter, U.S.V., being relieved by Surgeon King, is ordered to report to the Assistant Surgeon General, at Louisville, Ky., and is assigned to duty as Inspector of Hospitals for the Western Dept.

A New Remedy for Boils, etc.—Dr. Hoffman states that in the San Francisco *Medical Press*, that the tincture of iodine, double strength, of the formula given in the United States Dispensary, applied thoroughly to boils, bunions, and carbuncles, will cut short the superative stages more than one-half, as well as relieve the patient of all pain. All of the feverish systems, with alternate agues, chills, and unpleasant feelings in the same, that are met with in delicate females and other persons, are relieved almost entirely by the first application. The quantity of matter is also much smaller when this remedy is used than under other treatment.

Quack Medical Literature in Religious Family Newspapers.—We have heretofore entered our protest against the iniquity of a large portion of the religious press of the day, in advertising quack nostrums.

Without further comment at present we quote a very appropriate and truthful article which we find in the *Round Table* of a recent date :

A SHORT WORD WITH THE RELIGIOUS PRESS.—It is not a matter of especial wonder when a traveler writes that he saw emblazoned, in huge letters, upon some of the old ruins of Greece, the advertising cards of quack medicines. As Americans we are pretty thoroughly educated to a point of resignation, and indifference, when we find huge bulletins despoiling monuments of art and beauty, and even when they stare us in the face on rocks and hillsides during our summer tours of respite and recreation. Nor does it disturb the exquisite as it once did to be obliged to read a daily mixture of criminal news and the disgusting advertisements of the medicine venders. All this we are becoming inured to as a people. But there is one medium of publicity where we look for something higher, purer, better. There is one source of power whence we look to see only healthful streams departing. If the religious press of the country fails to stem the tide, how can we hope to see any effort at restraint in other quarters. If the Christian editors and publishers of the land are false to their high calling and duty, what shall prevent the lifting up of the flood-gates, and the outpouring of a deluge of filth and pollution ?

The facts of the case are apparent to every pure-minded man who reads the weekly religious press. Before us are recent issues of two leading religious journals, the *Independent* and the *Observer*. We find in each broad columns staring us in the face, full-freighted with the disgusting details of the properties of certain medicines. "Helm-bold's Buchu," "Constitution Water," and "Cherokee Injections" are instances of the most revolting. And these are spread out through long columns, and sent forth under the name and with the sanction and influence of the religious press. They go into the best families of the land, to be read in the pure atmosphere of the family circle and about peaceful and wholesome Christian firesides. They carry disgust to the modest, and tend to aggravate and increase vice and crime.

We protest against these growing indecencies of our religious journalism. And in doing this it is but simple justice to say that all the weekly religious papers do not thus prostitute their columns. There are several worthy exceptions. But it is a matter of regret that any journals which have attained to a great circulation and influence should go forth from week to week, professedly the religious exponents of the hour, but practically mere money-making sheets, laden with purchased puffs and shameless advertisements. Perhaps if less attention was paid to financial success and more to the possible good to be done in the way of a stronger and healthier Christian literature, they might find quite as many friends, and surely more nearly accomplish the supposed object of their existence.

This we say with a heart in sympathy with every effort that may tend to make men better, purer, happier. We say it not merely inspired by disgust at the presentation of such indecent advertisements at our own counter, making us doubly ashamed when assured that cer-

tain religious papers made no objection to their publication, but rather actuated by a desire to see these great mediums of power and influence working from a higher motive than mere money success, and looking to a grander end to be accomplished than the pleasing and tickling and puffing of men. Christianity can need no help bought with the profits of such indecency. The cause of humanity demands a literature which shall inspire a truer, purer life.

Old Journals Wanted.—To complete our file of the *Western Lancet*, we desire to obtain the following back volumes: for 1843-'44-'45-'46-'47-'48-'49.

A medical friend also desires to complete broken sets of various Western medical periodicals, and has made out the following list. Any person having any of these volumes or parts of volumes, who will dispose of them, will confer a favor by communicating with Dr. E. B. Stevens, at this office.

"Western Quarterly Medical Reporter." Edited by Dr. John D. Godman: Cincinnati, 1822—2 Vols.

"Ohio Medical Repository." Drs. Guy W. Wright and James M. Mason, Editors: Cincinnati, 1826—1 Vol.

"Western Medical and Physical Journal." Drs. Guy W. Wright and Daniel Drake, Editors: Cincinnati, 1827—1 Vol. Continued, as "Western Journal of Medical Sciences by Dr. Drake, till 1839.

"Louisville Journal of Medicine and Surgery," by Profs. Miller, Yandell and Bell: 2 numbers issued.

"Semi-Monthly Medical News," Louisville Ky. Want Vol. 1, No 8.

"Louisville Medical Gazette." Want Vol. No 1, 6, 7, 8, 9, 10, 11, and 12.

"Nashville Monthly Record." Want, Vol. 1, No. 8; Vol. 2, No. 1, 3, 5, 6, 9, 10, 12; Vol. 3, all after No. 3.

"The Western Medical Gazette." Edited by Drs. Eberle, Mitchel, Smith and Gross. Cincinnati, 1832-35—2 Vols.

"Ohio Medical Repository," (second of the name.) Cincinnati, 1835—1 Vol.

"Western Lancet." Dr. L. M. Lawson. Cincinnati, 1842. Want Vol. 1, Nos. 1, 2, 3, 11, 12, or whole volume; Vol. 2, Nos. 10, 12, or whole volume; Vol. 11, No. 1; Vol. 15, No. 1; Vol. 17, No. 11.

"Transylvania Journal of Medicine and the associate Sciences." Edited by Drs. John E. Cooke and Charles W. Short. Lexington, Ky., 1828. Want Vols. 1, 6, 7, 8, 9, 11 and 12 entire, or the entire set.

The American Medical Association.—We have received the following announcement of the forthcoming meeting of the National Association in New York city, to which we urge the special attention of the profession. and all bodies and associations desiring representation. We also trust that the several special and standing committees will be reminded hereby to mature their reports in good time :

The 15th Annual Meeting of the " American Medical Association," will be held in the city of New York, commencing, Tuesday, June 7, 1864, at 10 o'clock A. M. Proprietors of Medical Journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issues

GUIDO FURMAN, M. D. Secretary.

New York City, March, 1864.

We also append the following extract from the constitution, showing the proportion of representation to which various medical organizations are entitled. Lists of delegates, properly authenticated, should be forwarded to the Secretary at New York as early as possible, to enable him to make due arrangements :

Every permanently organized Society, College, Hospital, Lunatic Asylum, and other medical institutions of good standing in the United States. and from the American Medical Society of Paris, have the privilege of sending delegates to the Association, as follows : Every local society, one delegate for every ten of its regular resident members ; one for every additional fraction of more than half this number. The faculty of every regular constituted college or chartered school of medicine, two delegates. The medical staff of any municipal hospital, containing one hundred inmates or more, two delegates ; and any other permanently organized medical institution of good standing, one delegate."

"The Chiefs of the Army and Navy Bureau of the United States, each four delegates, to represent the medical staff of their respective departments."

And in this connection we give the following card from the Treasurer, Dr. Wistar of Philadelphia :

PHILADELPHIA, March 1, 1864.

DEAR SIR :—The Transactions of the American Medical Association, Vol. XIV., are published, and now ready for delivery.

Should you desire a copy, please remit three dollars to my address.

As there are various methods by which the volume may be sent, inform me which you prefer. If by mail, please forward thirty-two cents in post-office stamps, that your postage may be prepaid.

Very Respectfully,

CASPAR WISTER,

Treasurer American Med. Association,
No. 1303 Arch Street.

The following volumes are for sale:—

Proceedings of the Meeting of Organization, 50 cents. (Vols. I., II., III., IV., and VI. are out of print.) Vols. V., VII., VIII., and IX, if taken collectively, \$5 the set; if singly, \$2 apiece; Vol. X. at \$2; Vol. XI. \$2; Vol. XII. \$2; Vol. XIII. \$3; Vol. XIV. \$3.

MEDICAL COLLEGES.

The Medical College of Ohio held its Annual Commencement in the Amphitheatre of the college on Tuesday evening March 1st ult. The valedictory address in behalf of the Faculty was delivered by Dr. M. B. Wright, and Flamen Ball Esq., President of the Board of Trustees conferred the degree of Doctor in Medicine upon the following gentlemen, thirty-one in number: Abram W. Blackburn, Oliver L. Gaines, Albert P. Esselborn, Benj. H. Fisher, Wm. H. Saley, Patrick T. Gillane, James E. Finley, Theodore D. Brooks, George W. Chime, George P. Daly, Albert G. Brown, Stephen C. Ayres, George A. Hais, Phillip Kennedy, Johnson Lofland, John L. Middleton, John C. Miller, Harrison Phillips, Daniel W. Humphreyville, Albert H. Hoy, Solomon B. Hiner, John W. Reed, Alfred L. Wood Joseph Shugant, Royal Stuble, Charles P. Simons, Wm. R. Hamilton, Oliver P. Briinker, R. J. Curtiss, Wm. H. Barker, Massillon Cassatt.

The Starling Medical College at Columbus, held its Commencement on the evening of March 18th. The graduating class numbered thirty-two.

The Commencement Exercises of the Buffalo Medical College are represented as being of an unusually interesting character. It was held on the evening of February 23d, the graduating class numbering forty-one. A valedictory on behalf of the class was delivered by Edwin B. Tefft; and the charge to the graduates by Prof. Chas. A. Lee. A supper at the American Hotel, with speeches, sentiment and good cheer closed what is claimed as one of the most prosperous sessions the Buffalo school has heretofore known.

The Massachusetts Medical College held its commencement on the 9th of March, thirty-eight graduates receiving the degree. In connection with the exercises of the occasion Governor Andrew delivered an address to the class which is spoken of as abounding in eloquence and happy allusions appropriate to the occasion.

Commencement of the Bellevue Hospital Medical College.—The third Annual Commencement of the Bellevue Hospital Medical College was held March 3d, at the Academy of Music. The interest which the public take in this institution was evinced by an unusually crowded house. Prayer was offered by the Rev. Dr. Beach. The President of the Faculty, Prof. Isaac E. Taylor, conferred the degree of Doctor of Medicine upon the members of the graduating class. The Hippocratic oath, containing the usual injunctions of professional ethics and etiquette, was first administered, after which the students who were to receive the grade passed upon the stage, applause greeting the representatives of the various States as their names were announced.

Two members of the class, Eugene O. Rowe, N. Y., and Chas. E. Harris, N. S., deceased, having passed examinations and amply earned the honor, received the degree as a testimonial of respect, in a very impressive ceremony, in which Dr. Taylor made a most honorable and touching allusion to their worth and merit. The addresses to the graduates were delivered by Prof. Flint, who reminded the gentlemen just presented with the evidence of their acquisitions in the lecture room, of the several aims which should actuate them in the profession of which they had now become members. They should use the proper means for securing favor; they should keep pace with the advancement of medical knowledge; they should even aspire to contribute themselves to that advancement; and above all, should remember that not talent so much as attention and timely adoption of proper methods and habits is the most essential condition of success. Wm. T. Lusk, of the Graduating Class, delivered an eloquent valedictory, in which he held up Jenner as the model physician. Addresses were delivered by the Hon. Simeon Draper, President of Commissioners of Public Charities and Correction, and of the Board of Trustees; and George F. Tallman, Esq., of the Board of Trustees.

Commencement of the University Medical College.—The Annual Commencement of the Medical Department of the New York University was held March 4th, in the chapel of the University Building, in the presence of a large assemblage. The members of the Faculty, among whom were Dr. Valentine Mott and Dr. Paine, occupied the platform. The venerable Chancellor Ferris presided, and opened the exercises with a selection from the Scripture and prayer, after which he conferred the degree of M.D. upon the members of the graduating class, numbering 59.

The following prizes were then awarded; Prof. Mott's bronze medal,

to Dr. Charles M. McLaurie; Prof. Medcalf's 1st prize, a pocket case of instruments, to Dr. James Moore; 2d prize, a case of instruments for post-mortem examinations, to Mr. Wm. H. B. Post. An excellent address was delivered by Dr. Charles A. Budd, and the exercises were closed with a benediction.

Dr. HOMER O. HITCHCOCK, of Kalamazoo, Mich., is preparing a paper on the Entrance of Air into the Uterine Veins in forced Abortion, to be read at the meeting of the American Medical Association.

Dr. Robert P. Thomas, Prof. of Materia Medica, in the Philadelphia College of Pharmacy, died on the 3d of February, 1864, aged 43 years.

Dr. Thomas has been generally recognized as one of the most zealous pharmacutists in this country. "He was elected to the chair of Materia Medica in the year 1850. His abilities as a teacher of that branch have been constantly in the ascendant, and at the period of his decease he was undoubtedly one of the ablest lecturers on Materia Medica in the United States."—*Am. Jour. of Phar.*

Army Medical Intelligence.

CIRCULAR No. 5.—Surgeons in charge of General Hospitals are hereby positively instructed that when a soldier is discharged from service on account of *wounds received in action*, that fact will be entered both on the Discharge and Final Statement of the soldier.

By order of the Acting Surgeon-General.

Surgeon William Clendenin, U.S.V., has been relieved from duty as Acting Medical Inspector, and is assigned to the position of Assistant Medical Director, Department of the Cumberland, at Nashville, Tenn., relieving Surgeon A. H. Thurston, U.S.V., who has relieved Surgeon John McNulty, as Medical Director, 12th Army Corps.

Surgeon McNulty is at Tullahoma, Tenn., slowly convalescing from his severe injury (concussion of the brain, caused by a fall from his horse while on duty); is able to sit up and walk around his room, and expects to be fit for hospital duty in six weeks.

Assistant-Surgeon Charles J. Kipp, U.S.V., has been relieved from duty at Nashville, Tenn., and assigned to the Military Prison Hospital, Camp Morton, Ind.

Surgeon S. J. W. Mintzer, U.S.V., has been relieved from duty at General Hospital, McMinnville, Tenn., and assigned to the 2d Division, 14th Army Corps; Army of the Cumberland.

Surgeon William Grinstead, U.S.V., in addition to his duties as Recorder of the Army Medical Board, now in session at Cincinnati,

Ohio, for the examination of Assistant-Surgeons of Volunteers, will relieve Surgeon F. M. Heister, U.S.V., as a member of the Board, also in session in the same city, for the organization of the Invalid Corps. On being relieved Surgeon Heister will proceed without delay to Louisville, Ky., and report in person to Assistant Surgeon-General Wood, U.S.A., for assignment to duty.

Assistant-Surgeon Harvey E. Brown, U.S.A., is relieved from duty at Fort Columbus, New York harbor, and will report in person without delay for duty to the commanding General, Department of New Mexico.

Appointments confirmed.—The Senate has confirmed the appointment of Medical Inspector Joseph K. Barnes, U.S.A., to be Medical Inspector General, U.S.A., with the rank of Colonel.

The journey from Washington, D. C., to Louisville, Ky., and back in order to turn over his property at the latter place, made by Surgeon A. H. Hoff, U.S.V., is authorized; he having reported in this city in obedience to a summons from a Judge-Advocate of a General Court-Martial as a witness, and his station having been meantime changed from Louisville, Ky., to the Department of the East.

Surgeon L. H. Holden, U.S.A., is relieved from duty in the Department of the Monongahela, and will proceed without delay to Chicago, Ill., and relieve Surgeon J. B. Porter, U.S.A. (retired), in his duties at that place.

The order of Brigadier-General Slemmer, U.S.V., President of the Examining Board at Cincinnati, Ohio, dated February 4, 1864, directing Surgeon F. H. Gross, U.S.V., to join his command without delay, and paragraph 37, Special Orders No. 64, from the War Department, confirming the above, is revoked. Surgeon Gross will comply with the requirements of Special Orders No. 62, February 8, 1864, directing him to report to the commanding General, Middle Department, for duty at Camp Parole, Annapolis, Md.

Surgeon Edward Shippen, U.S.V., is stationed at Knoxville, Tenn., as Medical Director of The Post.

HEADQUARTERS DEPARTMENT OF THE OHIO,
Knoxville, Tennessee, March 9, 1864.

Circular No. 7.—Upon the recommendation of the Medical Director, the following ambulance system will be adopted in the Army of the Ohio, in the Field:

Ambulances will be allowed, one for each Regiment, or battery, or Detached Battalion, one to each Division at Corps Headquarters, and one to the Medical Director of the Department.

The ambulances of each Division will park by themselves.

All Regimental ambulances, will, as one train, march in the rear of the column, and will be accompanied by a Medical Officer, detailed daily for that duty, who shall permit men to ride who are unable to

march. No man will be allowed to ride, unless authorized to fall out of ranks for that purpose, by written order of one of his Regimental Medical Officers. The Regimental ambulances will carry the medicine chest and instruments of the Regiment, and no other baggage whatever. They will report for these articles at the hour of moving, and deliver them at night. All ambulances are subject to be required, when necessity arises for conveying sick or wounded men, and will be cheerfully yielded on application of the Medical Director or authorized officer.

Two stretchers will be carried by each ambulance at all times.

The ambulance boxes will be kept filled with extract of beef, extract of coffee, tea and sugar. They will carry in addition, two tin cups, two tin plates, two knives and forks, two spoons, a water bucket and a small camp kettle. Attendants and bearers will be detailed in proportion of one Sergeant, one Corporal and ten men to every five ambulances. They will be marked on the field by a white fellet on the left arm, and no others will be allowed to handle or remove wounded men. They will be required to report at the station of the ambulances of their respective Divisions, whenever the troops go into action or are drawn up in line of battle. A Military Officer mounted, to be designated by the General Commanding, will be assigned to duty as Chief of the Ambulances. This officer will be responsible for the care and condition of vehicles, horses and harness, and for the presence and discipline of the drivers and attendants. He will report daily, in person, to the Medical Director for orders and instructions. He shall be allowed additional officers when required, for separate trains, running to and from depots of wounded on the field of battle, or proceeding to distant points.

No military stores shall ever, or under any circumstances, be placed in or carried by the ambulances, set apart for the sick and wounded.

BY COMMAND OF MAJOR GENERAL SCHOFIELD:

J. A. CAMPBELL,

Assistant Adjutant General.

OFFICIAL:

HENRY CURTISS,

Assistant Adjutant General.

Editorial Abstracts and Selections.

PREPARED BY W. B. FLETCHER, M. D., INDIANAPOLIS.

PRACTICAL MEDICINE.

1. *On the Hypodermical Treatment of Disease.*—In 1858-59 papers were communicated to some of the Medical Journals by Charles Hunter, Esq., M. R. C. S., establishing the application of "the puncture" to the treatment of diseases affecting the organism generally, or at points far remote from the point of Medicinal introduction.

This method has special value in subduing cerebral and spinal excitement.

The alkaloids of belladonna, aconite, &c., were first employed hypodermically by Mr. Hunter, although the bulk of his observations were relative to the the action of morphia.

Though the value of this mode of treatment is most marked in affections of the nervous system, from the rapid way in which it will produce sleep, and lull, or cure pain, still there are many other affections—blood diseases—which show the superiority this method has over others, in checking disease.

Four or five grains of quinine injected beneath the skin, are equal to five or six times that quantity taken by the stomach. Small doses of morphine, given in this way, will procure sleep in delirium tremens, when large stomachic doses fail.

The solutions used are the most concentrated that can be produced. The less the bulk of the fluid injected, the better. Three minims thrown in at one place, produces no pain.

The punctures should not be made close together, or acute inflammation of the cellular tissue will result.

The fluid employed should be as near neutral as possible.

The mode of action of our narcotics and sedatives, is so little known or thought about, that practitioners are often in doubt as to which agent to employ in such and such a case. The special parts of the nervous system upon which the various alkaloids act, are not sufficiently considered.

By the hypodermical administration of the medicines, these different effects are better seen, than when given by the stomach.

When a dose is given by the mouth, it has to pass into the intestinal tract and through the portal circulation before it reaches the heart, and its systematic effects are more slowly developed. But when introduced into the cellular tissue, the absorbent vessels carry it at once to the fountain head of arterial supply, its effects are more powerful, and better observed.

The effects of morphia and atropine on the same subject, are thus described :

John A.—, with sciatica of some years standing, was injected in the arm with half grain of morphia. The pulse at the time was 80, quiet and small; in one minute it was 76, fuller and stronger in quality; in twelve minutes, the quality remained full, but in rate diminished to 66; the brain circulation was influenced, he was drowsy; he slept better that night than for months before.

If his pulse is light, and the patient excited, the action of the heart is diminished in proportion to the dose injected. Thus in mania, it is reduced from 120 to 80, in four minutes, and the respirations diminished accordingly, at the same time the cutaneous action is increased.

The effects of injected morphia, are :

1st. Upon the heart, and its arteries.

2nd. Upon the lungs.

And sleep is brought about by diminished action of the heart, by diminished rate of respiration, consequently, slower circulation in the brain, diminished oxygenation in the blood. This first lowering

effect upon the circulation is a point of practical importance in treatment of inflammations.

The acute pain that accompanies the early stages of inflammation of the eye, the pleura, and the peritoneum, are cases when a single injection will do more good than doses of calomel and opium repeated at intervals by the mouth.

The same patient, at another time had [an attack of sciatica. Full doses of atropine, (his pulse at the time being 88,) in three minutes it was 96, in six minutes 108, in ten minutes 96 — twelve hours 56. The patient felt a glow all over him three minutes after the injection ; pupils dilated in five minutes.

In the several examples given of the use of these two alkaloids, the following results have been obtained :

Heart's Action ; morphia, the heart's action diminished—beating slower after the injection. Atropine, heart's action stimulated, pulse growing more rapid ; heart beating more powerfully.

Respiration ; morphia, rate of respiration diminished. Atropine, respiration short and hurried.

Atropine is not a cerebral narcotic, it is a stimulant at the outset, then a sedative, and sleep is not produced as by morphia, but it benumbs sensibility, pain is relieved, and sleep follows. Sleep begins with the eyes open, ; respiration deep, irregular, but not stertorous, and the pulse quicker by 20 beats than usual.

The chief nerves affected by atropine, are the sciatic and pneumogastric.—*Lancet*

2. *Digitalis in the treatment of Epilepsy*.—A nursing child, not quite two years old, was brought to Prof. Clark's clinic, to be treated for "fits," from which it had suffered for the last twelve months, occurring every three or four weeks, limited to one a day, though on one day it had seven.

The character of the disease was evidently epileptic, and Professor Clark determined to give the digitalis a trial. The child was accordingly put upon one drop of the tincture three times a day, with directions to increase the dose gradually as circumstances might indicate. No attack occurred, however, since commencing with the tincture, one drop of which had been taken regularly, three times a day, until four months had elapsed, when the child was last seen at the clinic.

Prof. Van der Kock has had some success in the treatment of epilepsy, by applying cupping glasses, with scarification, or leeches, to the back of the neck, followed by seton, or issue, with a view to moderate the exalted sensibility of the medulla oblongata, and proscribing internally the infusion of digitalis, with small doses of tartar emetic, if the patient can bear them without nausea, to moderate still further the excited vascular action ; but he says he never succeeded in curing a case with digitalis alone, though he believes it contributes much towards promoting the cure.

3. *Treatment of Whooping Cough by Belladonna and Sulphate of Zinc*. E. Garraway, writing of whooping cough says :—The preponderance of opinion is in favor of its being a nervous disorder ; and appears to

have as much claim to be so considered as asthma, chorea, epilepsy, or other convulsive disorders which it has been impossible to localize.

The treatment by belladonna and sulphate of zinc, in some fifty or sixty cases was entirely successful: it was given in extract, either diffused in water with the zinc, with sufficient syrup to make it agreeable to children, or, to those who were old enough, in pills;—the dose being from one sixth to one fourth of a grain, of extract of belladonna and half a grain of zinc, three or four times a day, steadily increasing the amount till, at the end of three weeks, children would be taking from four to six grains of belladonna, and twice that quantity of sulphate of zinc, daily.

So far as investigations went, it would appear that both the tolerance of the remedy and the speedy subsidence of the disorder, were in inverse proportion to the age of the subject—a child eight or ten months old bearing much larger proportionate doses, than one from eight to ten years.

When the pupils have become dilated, the dose was diminished for a few days.—*Lancet*.

4 *On the Treatment of Asthmatic paroxysms by full doses of Alcohol.*—Hyde Salter, M. D., who has recently written a work upon Asthma, states that he has reason to change his views upon the use of alcohol by asthmatic patients:

He has lately had three cases, in which nitre paper, ether, stramonium, coffee, lobelia, chloroform, emetics and everything else was found useless, when the asthmatic paroxysms instantly gave way upon the patients imbibing freely hot Scotch whisky, gin or brandy.

In carrying out this treatment, he gives the following rules:

The alcohol must not be given as a diet—that is, not sipped gradually.

It must be given in quantities sufficient to produce the physiological effects of the drug.

The most concentrated forms of alcohol are the best—brandy, gin, whisky:—the weaker being inoperative in proportion to its dilution.

It is best given hot.

Its continued use requires increase of quantity.

Remember the use of alcohol is more easily begun than left off, and only when every other remedy fails, can it be justifiably used.—*Lancet*.

5. *Antidotes for Strychno.*—Professor R. Bellini, after conducting a long series of experiments on poisoning by strychnia and its salts, arrives at the opinion, that the best antidotes are tannic acid and tannin, chlorine and the tinctures of iodine and bromine. Chlorine, he maintains, attacks the strychnia even when it is diffused through the system, for he found that in rabbits poisoned with the sulphate of the alkaloid, on being made to inhale chlorine gas in quantity, such as was not sufficient in itself to kill, the convulsions were retarded, and were milder when they occurred; death also was less rapid. The author further observed, that when strychnia was exhibited with pyrogallie acid, the convulsion was retarded for the space of half an hour,

by comparison with other experiments in which the alkaloid was given by itself. Professor Bellini believes that this arrest in symptoms is not dependent on the acid acting chemically on the strychnia, but only through the astringent effects produced by the acid on the mucous membrane of the stomach, whereby the absorption of the poison is rendered difficult. The same author, dwelling on the frog-test for strychnia, asserts that this test is not to be trusted, inasmuch as other poisons produce the tetanic symptoms, although in a lesser degree.—*British Medical Journal*.

Compound Santonin Lozenges.—The following recipe has been furnished us for publication, as that used by Mr. Fougere, of New York, in making his "Dragees de Santonine Composees" used as a Vermifuge.

	Grammes.
R. Santonin,	25 00
Jalapin,	10.00
Pulv. Gum Arabic,	30.00
Chocolate pure,	60.00
White Sugar,	160.00
Water, q. s. about,	15.00

Make a pilular mass, divide into one thousand pills, and coat with sugar. Laterally, Jalapin has been replaced by the resin of gamboge, owing to the scarcity of the former.

The origin of Cow Pox and the nature of Vaccine Virus.—Investigation on this subject in the Paris Academy of Medicine, has led to the following conclusions:

1st, That vaccine virus, (as a thing separate and apart,) has no existence.

2d, That the pretended vaccine virus, which we consider as antagonistic to, and neutralizing the variolus virus itself.

3d, That the equine and bovine species are subject to an eruptive malady which is identical as regards its nature, with variola of the human species.

4th, It is demonstrated that the same is the fact as regards several other species of animals, pigs, sheep, dogs, goats, apes, etc.

5th, The local and general phenomena with animals is the same as those observed in man. The only difference as regards the pustules are those which depend on the structure of the skin and the number of the hairs.

6th, As in the human species, so in the equine and bovine, variola may appear sporadically or epidemically.

7th, From the horse we may inoculate the cow, and reciprocally.

8th, From the cow we may inoculate, without difficulty, individuals of the human species, provided they have not had spontaneous or inoculated variola.

9th, The cow, the horse, and several other species may be inoculated with variolus matter from the human species.

10th, When a variolus epidemic occurs among men, it often extends itself, by contagion, to other animals.

11th. An epidemic of variola may commence among animals, and extend to man.

12th, Inoculated variola produces a much less degree of general reaction, than does variola developed by contagion. This is true in both man and lower animals.

13th The pustules which result from inoculated variola, are often limited to the points inoculated.

14th, When a secondary eruption is produced, it is almost always insignificant, and composed of a small number of pustules.

15th, In a general manner we may say that the variola of animals is more discrete, and less severe, than that of the human species.

16th, That the dangers of inoculation of variola in man have been much exaggerated. The unprejudiced study of what has been written on this subject will convince of this.

17th, It is probable that animals, as man, are subject to aphthous eruptions.

18th, But the *maladie aphteuse*, as it is described by writers on veterinary medicine, is nothing else than variola.—*Medico Chirurgical Review*.

SURGICAL.

7. *Removal of a broken Catheter from the Bladder*.—Assistant Surgeon Brett, 21st Wis. Vol. Inf., gives in the *American Medical Times* for October 17th, 1863, the following account of an ingenious and successful operation in an accident of this kind, by Dr. C. S. Muscroft, of Cincinnati, then Medical Director, 3rd Division, 14th Army Corps :

Jacob Sheets, a corporal of Company I, 101st Ohio Vol. Inf., was admitted into one of the hospital depots of the 3d (Maj. Gen. Rosecrans) Division, 14th Army Corps, in the Department of the Cumberland, on the 1st day of January, 1863, having been wounded on the day previous by a ball (supposed to be a minie) at the battle of Stone River.

The ball entered from behind at the inferior border of the gluteus maximus muscle an inch and a half to the right of the mesian line, and passed obliquely forward and upwards, wounding the urethra in the posterior third of its spongy portion ; then making its exit at the superior portion of the scrotum half an inch to the left of the raphe, it having passed through the superior third of the left testis. When the patient was first admitted, his penis and scrotum were enormously œdematous, with ecchymosis extending above, over nearly the whole of the hypogastric and iliac regions. When he attempted to urinate the water flowed freely from the wound anteriorly ; consequently he had voluntarily retained his urine for twenty-four hours. A silver catheter was now introduced, and the contents of the bladder evacuated after which a gum elastic catheter was substituted, and left in the urethra, being confined there by suitable dressings. The catheter wa

so arranged as to conduct the urine into a glass bottle. Compresses wet with cold water were applied to the inflamed parts.

January 3d.—The scrotum appeared nearly the same as on the first, except that it was softer and fluctuating. The penis was still swollen, discolored, and œdematous. Two incisions were made through the covering of the testes into the sac of the tunica vaginalis. The discharge of pus and fœtid urine was abundant.

January 5th.—The ecchymosis in and about the penis was much diminished, but a portion of the scrotum was evidently gangrenous. A line of demarkation had formed on the seventh, and on the tenth had separated, leaving the testes bare to the extent of nearly the whole of their anterior surface.

Adhesive straps were then applied to the removing integument of the scrotum, drawing the edges together as near as possible, to form an anterior covering.

About this time the urine became loaded with sediment, leaving a light colored gritty deposit on the end of the catheter which protruded into the bladder, also filling the whole of the length of its tube, preventing the passage of urine.

This was removed, and another introduced. In three days, it became filled with deposit in like manner to the former one, and another of smaller size (which was the only one at hand at the time) was introduced.

On the following morning (the 25th) I was called to see the patient, and found that the catheter had been broken off about midway; the distal end, which was the longest, having fallen out of the urethra, the other remaining in, the outer end of which could be distinctly felt with a probe. In this emergency I called upon Surgeon C. S. Muscroft, the Medical Director of the 3d Division, who readily responded, bringing with him a long, straight, narrow bullet forceps, which was the only instrument in his possession that promised any success in the extraction of the remnant of the catheter. The patient was put under the effects of chloroform, when it was found on examination, that the remaining end had receded behind the symphysis pubis into the membranous portion of the urethra, and could *not* be reached with the straight forceps. Here Dr. Muscroft ingeniously improvised a curved forceps by heating those he had in the stove, and bending them to the proper curvature over the window-sill. The patient being still under the influence of chloroform, the forceps were again introduced, and after persevering efforts, the broken piece of catheter was nicely and firmly grasped, and extracted.

The catheter was not again introduced, but compresses and adhesive straps were made around the urethra with a view to re-establish the natural urinary channel and obliterate the fistulous opening.

This was successfully accomplished. The urine was avoided freely from the meatus externus, none escaping at the wound.

On the 27th, the patient had a heavy chill, and on the following day complained of great pain in the perineum at the right and lower portion; a slight degree of redness and swelling was perceptible. On the fifth day following, an abscess had formed, which was punc-

tured, and discharged a large quantity of pus. From this time forward the patient steadily improved, and was discharged from the hospital cured.

8. *Recto-Vesical Lithomy in the Male.*—The Paris correspondent of the *London Lancet* writes as follows:—"You published last year a paper by Mr. James Lane 'On Lithotomy in the Female Bladder,' in favor of the vesico-vaginal incision. Dr. Marion Sims, of New York, now practising in Paris, considers that the facility and invariable success with which a cut in the vesico-vaginal septum may now be closed suggest this as 'the only justifiable operation for stone in the female bladder.' He performed this operation first in 1850. It has since been repeatedly performed in America by Dr. Emmett, of the Women's Hospital of New York, and by Dr. Bennett, of Connecticut. The simplicity, safety, and unfailing success of the operation are spoken of in warm terms.

"The application of this to the parallel method of *recto-vesical lithotomy in the male* is a subject worthy of careful consideration. Recto-vesical lithotomy *in the adult* is a proceeding which was used long before the introduction of metallic sutures, and was followed with modifications by Mr. Lloyd, of St. Bartholomew's. Without these sutures it was liable to a serious objection—the occasional persistence of recto-vesical fistula. The silver-wire sutures, however, promise to obviate this inconvenience. Dr. Sims has mentioned to me a case in which Dr. Bauer, of New York, operated by this plan in 1859, Dr. Sims putting in the sutures. He says:—"The patient was placed on the left side, and my speculum was introduced into the rectum, exposing the anterior wall of the rectum, just as it would the vagina in the female. A sound was passed into the bladder. The Doctor entered the blade of a bistoury in the triangular space bounded by the prostrate, the vesiculæ seminales, and the peritoneal reduplication. He passed the finger through this opening, felt the stone, and removed it with the forceps without the least trouble. The operation was done as quickly and as easily as it would have been in the female through the vaginal septum. After the removal of the stone, Dr. Bauer kindly asked me to close the wound with silver sutures, which I did, introducing some five or six wires with the same facility as in the vagina. There was no leakage of urine. The patient recovered without the least trouble of any sort. The wires were removed on the eighth day, and on the ninth day the patient rode in a carriage with Dr. Bauer a distance of four or five miles to call on and report himself to our distinguished countryman, Dr. Mott. The facility and safety of executing recto-vaginal lithotomy (except in children, for anatomical reasons,) and the success of closing at once the cut by the introduction of metallic sutures ought to make this the operation in the male."—*Boston Medical Journal*.

9. *Operative Perforation of the Membrana Tympani in a case of deafness.*—M. Philipeaux, of Lyons, had lately under his care a gentleman aged twenty-five, who was deaf on both sides, but especially

the right. On this side he could not hear the tickling of a watch applied close to the ear. No complication existed in the mouth, and the complaint was traced to a sudden inflammation of the membrana tympani. M. Philipeaux resolved to perforate the membrana, which he did with a small trocar, favored by a strong light.

The opening was dilated immediately by moving the instrument in various directions, and subsequently with an elastic bougie. The improvement was immediate; and so great a few days afterwards that the patient could distinctly hear the watch when held ten inches from the ear, and carry on a conversation even in a low tone of voice.

10. *Glycerine and its application to Medical and Surgical Treatment.*—This substance has been used internally as a laxative, but its aperient effects are more evident when employed as an enema, in proportion of two ounces of glycerine to sixteen of water. Fetid and gangrenous ulcers are modified by glycerine, and rapidly assume a healthy aspect, if the dressings are changed two or three times a day.

It forms a good dressing for malignant carbuncles, and in cases of burns it imparts to the injured surfaces a permanent sensation of coolness, due to its hygrometric properties.

It is also a useful adjunct in the treatment of scorbutic, scrofulous, and syphilitic ulcers, and a valuable palliative in cancer.

It possesses the property of dissolving iodine, and an injection of an ounce of iodine, and three and a half of glycerine, has been found very efficacious in cases of very deep-seated abscess, sinuses, scrofulous wounds, syphilitic ulcers, etc. In diseases of the skin, glycerine is often more successful than pomades, as, for instance, in vitiligo, hyperæsthesia; in pityriasis capitis, a combination of hydrochlorate of ammonia, glycerine and rose water is very efficacious for scalds, and sulphur pomade made with glycerine instead of lard, possess the advantage of being inodorous, and of not staining the linen.—*Brit. and Foreign Med. Chir. Rev.*

MATERIA MEDICA.

11. *The Properties and Uses of the Calabar Bean.*—Those of our profession who treat diseases of the eye, have been made to rejoice in the discovery of an agent, having well marked physiological properties, which have never been observed in any known substances, and offering a new horizon to therapeutics by filling a void which has long been deplored.

Whilst we possessed infallible means for dilatation of the pupil, the power of contracting the pupil did not belong to any known product, until the discovery of this Calabar bean: which comes from the kingdom of old Calabar—and there used as an ordeal for accused persons.

The bean weighs from thirty-six to fifty grains; it has a hard, brittle, and ligneous tegument, of a brownish color; they are not unlike other leguminous seeds in taste.

The Calabar acts on the sphincter of the iris by irritation, by causing spasmodic action of the third pair, as an antagonist of atropia, which acts by irritation on the radiating fibres of the iris and the tensor choroidæ, through the sympathetic.

Like atropine, calabarine acts only on the eye to which it has been applied and like it, acts by penetrating to the anterior chamber. It even acts on eyes where the cornea has been perforated, an important fact as regards therapeutics.

12. *Quinine and its Substitutes*.—In the *London Lancet* a practitioner largely experienced in the treatment of agues and intermittent fever, testifies to the value of cinchonine as an antiperiodic, substituting the use of quinine. The culture of quinine is by no means yet fully established on so large a basis as to promise a continued supply in the enormous quantities in which it is now demanded all over the world.

Into this country bark found its way for the first time late in the seventeenth century; and in France it won its entrance into the pharmacopœia by curing Louis XIV, being used then for him as a secret remedy, and on the following conditions: 48,000 livres, 2,000 as a pension, and the title of Chevalier. The sources of quinine are, however, gradually failing under the pressure of the enormous demand; and although the experiments of the British Government in forming plantations of cinchona trees in India, have met with success in an important degree, yet the best kind of *quinine* bearing trees are said not to have succeeded so well as the others. If cinchonine really possess the antiperiodic properties which have been ascribed to it, it is in all respects a most interesting circumstance, of which physicians and practitioners should take note. It is very cheap and abundant, and the future promises an abundant supply.

13. *Chloroform*.—Dr. Edw. Ellis, in a letter to the *London Lancet*, remarks that in order that "the public may have due confidence in its administration, chloroform should never be given but by a second person, who may devote his energies entirely to watching its effects, and so leave the surgeon free from any sense of anxiety, to operate leisurely and with discretion." We have had occasion more than once to insist upon this necessity. Where chloroform is given, the sole attention of a skilled assistant to its administration may be pronounced as indispensable in cases of surgical operation. It behoves the authorities of hospitals to be especially careful in looking to this matter; and we note with satisfaction the recent adoption by the board of St. Mary's Hospital on the recommendation of the medical committee of the following resolution, moved by Dr. Curedell Juler, and seconded by Mr. George Bird,—“That Mr. D. O. Edwards, who has administered chloroform in the hospital for the past nine years, be recognized in the next annual report, as chloroformist of the hospital.” Chloroformists are now appointed at most of the hospitals. This is really a very useful step, as formalizing the recognition of the services of an officer who must henceforth be considered indispensable in all hospitals, and as to whom it will be a general benefit if the profession come more clearly to understand that such services are

essential to the safe generalization of the processes for producing anæsthesia.

14. *Use and abuse of Stimulants in Fever—Occasional antiphlogistic treatment.*—A few days ago we saw at Guy's several patients convalescent from fever. In reference to them, Dr. Wilks remarked on the treatment of fever by stimulants. A young man, who had had typhus fever, and who had been covered with the ordinary mulberry rash, had recovered without any. As there appeared no need to give any, Dr. Wilks wished to prove to his class that alcohol was not always necessary in fever, and that he did not by any means consider alcohol as an antidote to fever, for he found the disease always ran its course under every form of treatment. He considered the rule laid down by many of the older physicians to be the correct one with regard to the treatment of all fevers; that in very many cases supervision was alone required, and that in others a stimulant plan was necessary; the only question being the quantity of alcohol required and the time when it was needed. He thought, therefore, that those who spoke of their success by the universal treatment by alcohol in all cases of fever, were adopting (to say the least) a very unscientific method, which was, in reality, one founded on such a reasoning as this: That severe cases of fever are benefitted by alcohol, and mild ones are not killed by it, and, therefore, it is safe to give it to all. The same may be said of those who declare carbonate of ammonia to be *the remedy* for all cases of scarlatina. It is, no doubt, of great value in severe cases, and in mild ones it certainly will not kill the patient. Dr. Wilks would not say, however, that wine and spirits did no harm, for in some cases he believed they were decidedly injurious, especially in young persons with typhus fever and violent delirium. He had such a case under his care, in which he ordered cupping to the back of the neck, and which was followed by quiet and sleep. He was a total disbeliever in the change of type theory; for such a case as this, and two others which he had seen bled, and yet did well, entirely refuted such an opinion. Although he believed the present plan of treatment by support saved more lives, he was quite sure, that if no stimulants were given, and that if the patients were bled, that the greater number would recover as heretofore.—*Med. Times & Gaz.* Jan. 23, 1864.

15. *Purpura Hæmorrhagica.*—We notice in a late number of the *London Medical Times*, an article from the pen of Dr. Grant of Ottawa, on the prevalence of an aggravated form of purpura among the lumbermen in his part of the country, styled by them "black leg." He attributes it in a great measure to the excessive use of nitrate of potash in the preservation of the meat on which they subsist. And says that the same effect was produced some twenty-five or thirty years since from the same cause, and that it ceased on a more moderate employment of this salt; and that a long series of years has correctly established the truth of this observation. We quote the following description of it from his article:

In one shanty twenty-five men out of thirty-six were attacked with this same disease, and, from ascertained facts, the great proportion of the cases were developed as follows :

Slight pains in the extremities, particularly about the ankle joints and posterior parts of the legs. After a few days in severe cases, the pain is liable to extend to the arms and shoulder-joints. The integument of the legs is first observed to change color, passing from a somewhat yellow to a deep venous hue, in large patches, almost approaching to a black (hence the term). The legs and the arms are liable to swell, particularly the former. Frequently, two or three weeks before any constant pain is complained of, or change of color takes place, the limbs move sluggishly in response to the will, and considerable soreness is experienced on pressure. Abrasion of the integument is followed by a sero-sanguinolent discharge; and, if much irritated, is liable to inflammation, partaking of the asthenic character.

The limbs are said to be almost free from pain when immersed in water, during the spring season, rafting; but afterwards they become hard, painful and stiff. The gums are frequently observed to be swollen and spongy for some weeks before the limbs become painful. The bowels are usually regular, and the urine voided is normal in quantity. But the sleep is restless, and many of the men are subject to headache, giddiness, loss of appetite, and swelling of the eye-lids; also at times, to a peculiar sensation, as if the head attained enormous dimensions.

During the month of April the great proportion of these cases became most marked, and under judicious treatment, rarely extended over a period of four weeks before convalescence was established. It was not an unfrequent circumstance to observe, amongst those who were exposed to the same dietary influence, attacks of acute rheumatism, as well as nyctalopia (obscurity of vision during daylight), both of which readily yielded to rest and regimen, in conjunction with mild medicinal agents.

Whenever nyctalopia is detected by the experienced lumberer, fresh milk is administered largely, when attainable, which has a most speedy and salutary influence, the retina recovering its tone in the space of a few days.

16. *Treatment of Diarrhœa and Dysentery*—By Prof. Skoda.—Beyond everything stands a strict regulation of the diet. When the intestinal canal is in a diseased state almost any subject introduced into the stomach acts mischievously, and it is not unfrequently necessary to suspend all food until the intestine is in a condition to bear it. Every solid article *eo ipso* is then mischievous, but even fluids, by reason of their temperature, may act as prejudiciously. In most cases taking a few spoonfuls of warm soup, or drinking a mouthful of cold water will immediately be followed by severe colics, and soon afterward by evacuations. We must only allow lukewarm soups or other drinks, and that only by a spoonful at a time. Of course these stringent rules only apply to a very obstinate diarrhœa, and especially dysentery, for there are many cases of temporary diarrhœa in which the patients continue to eat fruits and the like, and still soon get well. Such cases

must, however, not be taken into account, and it is always most prudent at the commencement of a diarrœa to cut off the supply of food as far as possible, and at all events to prohibit all articles likely to augment the affection.

Opium is the most valuable medicine in Diarrhœa, for it keeps the sphincter in a state of permanent contraction, a contraction which is often propagated to the large intestine, and the small intestine is unable to propel its contents far enough to induce the irritation which causes their expulsion. When, by reason of this contraction, these contents are retained, their amount may become considerably diminished by the absorption of the fluid. Frequently, however, there is no spot of the canal which is not so diseased as to prevent such absorption taking place, and then the diarrhœa will continue in spite of the opium and of the contraction of the sphincters. It appears, moreover, that opium, besides its action on the muscular portion of the canal, exerts by contact a soothing effect upon the mucous membrane. In consequence of the diminution of the irritation of this membrane, its secretion is probably lessened, as are possibly those of the liver and pancreas. However this may be, opium acts very favorably in profuse secretion from the intestinal mucous membrane. From half a grain to three grains may be given in the twenty-four hours, the best preparation being the *ext opii aquosum*.

If opium or morphia do not suffice, it must be aided by astringent remedies, by far the best of which, and the most easily supported, is the sulphas zinci. One would have supposed that tannin in its separate state would have proved more useful than the zinc, but this is not the case, and it is much less easily borne. It acts much better and more energetically when employed as a household remedy (*e.g.*, as a decoction of sloe or wild pear tree) than in its separate form; and is then of great service in practice among the poor. Alum is of no use whatever in diarrhœa. Lead approaches zinc in efficacy, but still it is less certain than it. The dose should not be greater than a quarter of a grain, and this may be repeated every two or three hours, and at most every hour. If these means do not suffice, we must have recourse to enemata of salep or starch (with which may be combined one grain of opium or half a grain of zinc) not throwing up more than two ounces at a time. If the clyster does not cause pain in the rectum, and the disease continues obstinate, the dose of the zinc may be increased to two grains. Tannin may be added to the enema, but the zinc is far more serviceable. In the most obstinate cases we must have recourse to canterization; but this is only the case when there is a diseased condition of the lower part of the rectum. Very obstinate cases of blennorrhœa confined to the anus may be completely cured by the application of nitrate of silver in substance as high as it can be passed. The injection of a strong solution of this substance does not usually attain the same end.—*Med. Times and Gaz.*, Sept. 12, 1863, from *Wien Allgem. Med. Zeit.* No. 43.—*Am. Med. Jour.*

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OR POTTS' DISEASE OF THE SPINE.

BY CHARLES FAYETTE TAYLOR, M.D., N. Y.

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THE
INCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

N. VII.

MAY, 1864.

No. 5

Original Communications.

ARTICLE I.

the Use of Ferri per Sulphas in Hæmorrhoids, with Reports of Cases.

BY GEO. S. COCHRANT, ASSISTANT SURGEON, U. S. V., FORT SUMNER, NEW MEXICO.

Case 1st.—Major——, U. S. A., of full habit has been the subject of slight Hæmorrhoids for several years. For the last twelve months, he has been obliged to travel a great part of the time in a rough vehicle. He was first applied to me December 5th, 1863. On examination found a small tumor, external to the sphincter, about the size of a large pea, when defecated it would protrude to the size of a small walnut, and would with difficulty be returned.

Treatment—lead water freely applied to the part, and R Ferri per Sulphas ʒss., Cerate Simplex ʒi. Rub well together and apply on retiring at night. The effect of the Per Sulphas, was almost immediate, leaving pain and cauterizing the part.

I would state; that he had previously used ointment of Galls, Tannin, Opium, etc., with only a temporary relief. The effect of the Ferri Sulphas is permanent and in the above case, he was able to ride on horseback, or take active exercise, within two weeks after commencing the use of the Iron, without the least inconvenience. It is now two months since he first commenced the use of it and has not had any return since.

Case 2nd.—A private, detailed as carpenter. Has been the subject of Hæmorrhoids at times for several years. After severe lifting, and great exertion at his trade, they became very severe, so as to confine him to his quarters. They protruded to the size of a large hazle nut. He also, at this time, had an attack of diarrhœa.

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In this case I prescribed the *Ferri per Sulphas*, as described above and in five days, he was able to return to his occupation. Two months has elapsed and he has not had any return of the trouble, for the diarrhoea he took small doses of astringents.

Case 3rd—Private Elias B——, detailed as teamster in Q. T. Department, is six feet four inches high, of an anæmic constitution. This case has been the subject of Hæmorrhoids, at intervals for five years. They protruded to the size of a small walnut and very painful. Application of cold water was ordered to be used frequently, a strict quietude enjoined, and the ointment to be applied freely at night. This case improved rapidly under the use of tonics, and was soon able to resume his duties. He has not had any return of the disease since.

Case 4th.—Henry C——, employed as clerk. This case is one of some years standing, of obstinate constipation and Hæmorrhoid. The latter caused to a great extent by the constipation. In this case I gave a pill, R. ol. tig. gtt. i. extract Nux Vomica gr. ss. extract Cc acynth, co, grs. v.; one pill to be taken once or twice a day as needed to procure a free passage from the bowels. Was obliged to use enemas to remove impacted feces under the use of the pill, and attentive to diet; the bowels regained their natural tone, and the Hæmorrhoid became less severe. In this case the same application was used, as relieved the pain and reduced the irritability of the protruded part. He states that he has previously used oint. of opii. tannin, etc., but not with the same satisfactory result as with the *Ferri per Sulphas*.

Case 5th.—Wm. K.——; Private. Has been in the service two and one-half years. Shoemaker by trade. This case was complicated with ulcerated internal Hæmorrhoids. The external, almost resemble prolapsus ani. Great relief was afforded in this case when it (the ointment) was made with R. *Ferri per Sulphas*, ʒi; to Cerate Simplicis ʒi; being just twice the strength of the former prescription. This case was not entirely cured by its use, but his condition is so much improved that he has been doing regular company duty for six weeks and does not suffer from the hæmorrhoids, except when he is attacked with diarrhoea, when he resorts to the use of the ointment, with speed relief to his sufferings.

I have also used the *Per Sulphas* in other cases, but these are the most important.

In the above cases of privates, there was great objections by the patients to having any surgical operation performed.

I do not bring forward the use of the per Sulphate of iron in Hæmorrhoids, to be used in all cases in place of surgical interference; but

in mild cases, or in those where there are great objections to any surgical operation, being performed, I deem it one of the best remedies in the *Materia Medica*.

It is especially beneficial in ulcerated hæmorrhoids; or in those whose constitutions are debilitated from Diarrhœa, long marches, and excessive fatigue of any kind.

It is unnecessary to make any remarks as to its *modus operandi*, as it is now well known, being one of our most important Styptics, having been used in all kinds of Hæmorrhages from mucous as well as cutaneous surfaces, Diarrhœa &c.

Since writing the above, I have seen another officer stationed at a post at some distance, for whom I prescribed the Ferri per Sulphas for painful Hæmorrhoids, some time since.

This officer states that he has been the subject of Hæmorrhoids for several years, and has used all the various astringent ointments with only partial relief. He says: "The ointment you gave me has cured me." He is now able to ride on horseback and endure excessive fatigue without feeling the least annoyance.

ARTICLE II.

Aphonia.

CASES REPORTED BY THOS. C. SMITH, ASS'T SURGEON 116 O. V. I.

Case 1.—Benj. Coffield, Comp. C. Admitted to Hospital Jan. 23, 1864. Aet 21: Disease: Aphonia of 5 months standing. Cause: severe catarrh: general health good. Upon examination of the throat found the mucus membrane much congested, and apparently thickened. Had some cough, arising from the chronic irritation, which produced a continual tickling sensation; expectoration slight, no sound could be produced above a whisper; physical diagnosis proved the absence of pulmonary disease

Treatment.—Jan. 23, Hydr. mass, grs. xii, repeated every twelve hours, and Potass Iodide ʒ i. Aq. Dist. ʒ i. Dose, a ʒ every 2 hours, also, Tinct. Iodine, applied every four hours to the throat externally. Jan. 24, Treatment continued. Jan. 25, treatment continued with the addition of—Argenti Nit., grs. xv, aq., Dist. ʒ i, which was applied to the *Rima Glottis and Larynx*, by means of a small sponge probang Up to this time no perceivable improvement had occurred, but in a few minutes after giving evidence of the caustic solution having entered the larynx, the patient counted the first three

numerals quite distinctly. Jan. 26, Potass Iodide, and Tinct. Iodine continued, doubling the length of the interval: articulation greatly improved but still low and muffled. Jan. 27, treatment continued voice rapidly improving in clearness, which continued up to the 30th at which time he was returned to duty, with his voice as clear and distinct as normally.

Case 2.—William Wheaton, admitted Jan 28, 1864. Aet 30
Disease: aphonia of 12 months standing. Cause: rubeola. General health good. No pulmonary disease discoverable. Symptoms very similar to those of case 1, only being more aggravated.

Treatment—Jan. 28, Hydr. mass, grs xii, repeated every twelve hours, and Potass Iodine, ʒ i. Aq. dist, ʒ i. Dose, a ʒ every two hours, through the day, also Tinct. Iodine applied to the throat externally, every four hours. Jan. 29, treatment continued. Jan 30 treatment continued, with the addition of Argenti Nit., grs. xv. Aq dist, ʒ i, applied as in the first case. Patient through the day could make a few indistinct, articulate sounds. Jan. 31, treatment continued. Up to this time (8 A. M.,) no words had been distinctly spoken by the patient, but at 12 M., he could articulate with considerable degree of distinctness. Feb. 1, to 3, Potass Iodide and Tinct. Iodine continued, the length of the interval doubled, during which time the voice continued to increase in strength and clearness. Feb. 4, treatment discontinued. Feb. 8, voice completely restored and patient returned to duty.

Case 3.—Wm. Yeager, Comp. G, admitted Jan. 31st, 1864. Aet 18. Disease: aphonia, of 14 months standing. Cause: rubeola. Patient much stooped, round shouldered, and chest undeveloped coughs severely when freely exercised; expectoration very slight appetite tolerable; bowels regular; pulse above normal; tongue fur red; much congestion of the investing membrane of the throat.

Treatment.—Hydr. mass, Potass Iodine, and Tinct. Iodine, used as in cases 1 and 2, from Jan. 31 to Feb. 2. Feb. 3 to 5, treatment continued, with solution of Argenti Nit. added as in the above cases. On the 4th, slight improvement was observable. During the 5th, he became able to articulate indistinctly.; 6th to 10th, treatment, Potass Iodine and Tinct. Iodine continued at intervals of double former length: voice gradually improving. 11th, Treatment discontinued 20th, patient gradually improving, and now speaks quite distinctly. The application of the caustic solution produced considerable general irritation and increase of cough for several days.

Case 4.—Garrison Miracle, Comp. F, admitted Feb. 11, 1864

Act 29. Disease: aphonia of 10 months standing. Cause: severe catarrh, contracted soon after recovering from typhoid; general health good; no pulmonary disease perceived. Symptoms and treatment same as case 2nd, with exactly the same result. Feb. 20th returned to duty, voice completely recovered.

Other similar cases might be reported, but we presume the foregoing number is sufficient, as no case presented for treatment that failed to recover the use of his voice, and cases 1st, 2nd and 4th, are all able to articulate as distinctly and easily, as before the difficulty occurred. Case 3d, being by far the most aggravated, is gradually improving. It may be asked, if the caustic solution was confined to the larynx, or was it also applied to the pharynx? The object of aim in each case, was to make the application directly to the *Rima-Glottis*, and to the mucus membrane of the *larynx itself*, if possible, feeling assured this would produce the usual therapeutic effect of Argenti Nit. thus applied, viz., contraction of the membrane, and thus increase the patient's chances for articulation.

Being aware of the difficulty in the way of entering the larynx, or of fairly touching the *Rima-Glottis*, even with a very small sponge probang, we were, therefore, not prepared to relinquish the operation after a few unsuccessful attempts, but persevered until satisfactory evidence of success was given. Nor were we ignorant of the danger of thus entering the larynx with a remedy so severe, but we were willing to take the risks for the sake of the result to be attained. We feel positive, when we assert that the probang sponge passed beneath the epiglottis to the *Rima*, or in some instances, even *into the larynx itself*, notwithstanding the opinions of many of the most learned and skillful authors and professors in this and other countries, that such is impossible.

In some of the cases, the epiglottis was distinctly seen to rise, and the sponge to pass beneath, and the immediate supervention of symptoms, *not of a pharyngeal*, but of the *far more severe and protracted laryngeal character*. This direct application once attained, in a few hours subsequent the patient would begin to utter indistinct articulate sounds, from which he would progress to complete recovery and control of his voice.

We know that many methods of treatment in this disease have been used by as many of the most skilled army surgeons, but as yet have heard of no successes, prior to the adoption of the above related plan. We pretend to nothing but what we believe to be simple, plain truth, and are only led to give the foregoing statement for what it may be

worth to the *noble profession* we represent, and to those unfortunate soldiers, who, from various causes, have lost their power of speech.

Any one doubting the verity of this statement, can, by presenting himself at this regiment, be show at least six cases, none of whom, previous to treatment, could utter a syllable louder than a *forced whisper*, but who are now able loudly to speak for themselves in accents unmistakable, that "he that was dumb now speaketh."

Martinsburg, Va., Feb. 1864.

ARTICLE III.

Camp Diarrhœa.

BY J. R. BLACK, M.D., NEWARK, OHIO.

Among army surgeons a difference of opinion exists as to whether the diarrhœa of camp life differs at all from that observed in civil practice. The majority however, so far as my knowledge obtains, are of opinion that in most of its features there exists decided differences from ordinary civic cases. That there are peculiar circumstances, and conditions appertaining to the production of the disease,—that it is remarkably obstinate to treatment, and that the pathological conditions and modes of death are in some respects peculiar, most surgeons of experience will cordially admit. That these differences are sufficient to entitle the disease to be considered a distinct variety, is, I think, fully warranted by the facts in the case.

There can, I think, no harm ensue, but on the contrary good result from so considering it. The newly installed surgeon, impressed with the idea of perfect identity, feels very certain that he can manage this pest of camp life, from the results of home experience. He enters upon his duties, and at morning call is surrounded by the usual cordon of diarrhœa patients. He resorts to his usual remedies for that disease, only to find himself completely baffled in successful treatment. He thinks that certainly the patients do not take the medicine, or that they are malingering. But the frequency of his failures, and the progressive emaciation of the patients, negatives the idea. It is true that a few are quickly amenable to treatment, but in the majority, even with the rare opportunities for medication the results are in the highest degree unsatisfactory.

The disease usually is not violent at the onset. One or two evacuations during the night, often none during the day, to become again repeated at night with renewed activity. Soon the patient has to go

to a stool every three or four hours, and in some instances much oftener. A few are taken more violently with considerable constitutional disturbance, and dejections every half hour, with some nausea and now and then vomiting. The debility and emaciation are in these cases marked and extreme, but the violence of the action soon subsides leaving the patient exceedingly weak and with stools thin and less frequent.

The character of the stools present considerable uniformity. The color is usually a grayish brown, with variations now and then to a dark green. Their consistence is much like that of well boiled bean soup. The detris of a former meal are often observed almost wholly unaltered. Beans the size of life, and fragments of unfermented bread that surprise the eye. After the disease has continued sometime jelly looking stools are not unfrequent, often small, and accompanied with considerable tenesmus. Bloody stools are comparatively rare. The odor is not I think at all remarkable. I should rather think that the recent stool has not even the full disagreeable odor of health. In ordinary instances the debility and emaciation are gradual and progressive, though in some of the more violent cases it is proportionally sudden. The wasting of the body continues despite a good or even an excellent appetite till the patient looks like a skin-covered skeleton. The eyes are dull and sunken, the skin harsh, dark, and dry. The ribs are painfully distinct, the abdomen flat, the vertebral column being easily felt through its parietes. Comparatively little pain attends this disease although exceptions occur in which there is violent tenesmus. On heavy pressure a slight tenderness is usually experienced in the epigastrium, as well as in the umbilical region. The tongue is covered with a very thin fur, dry in the center, and the whole mouth has a dry, flat, and sticky sensation. Thirst is proportional to the amount of constitutional disturbance. When fever is slight or absent the appetite is good, often craving and insatiable. Persons with this disease will report morning after morning, running into weeks, and months, getting weaker and thinner, day by day, and yet eating much more freely than their healthy comrades. This is so common and its results so harassing to the surgeon, who wishes to keep his reports clear of a long list of incapables, that the field hospital is often used as a place where to keep the patient, and cure him; where strict surveillance, quiet, and rigid dictatory rules, can be enforced. But even under these circumstances if the tents are too crowded many have to be discharged ere they are fully restored, and the result commonly is, a speedy relapse. The pulse shows increased frequency, more full and

hard. Occasionally, especially in chronic cases, it is intermittent. Auscultation according to my experience fails to reveal any unusual sound when in the systole or diastole.

The progress of the disease is slow. It is seldom that a patient dies of uncomplicated diarrhoea under a month, and in many instances it has been running for two, three or six months.

The mode of death is in some cases peculiar; in others such as might be expected, a low and decided irritative fever sets in, that soon licks up the remaining vitality. This is by far the most common. In the other form, after a sense of prolonged attack, the disease would seem to have spent itself. The patient though greatly weakened, and a mere shadow in flesh, yet goes about. Remedies seem to have a more controlling influence, the appetite is good, the stools less frequent, the patients more lively and hopeful, which taken together would seem to indicate that the patient is in a fair way to recover. He may even not have occasion to get up for a night or two, on another night he may, rises, walks a few steps, and drops dead. My observations on the pathological appearances are confined to examinations made of the contents of thorax and abdomen.

No morbid appearance of the lungs, specially associated with the disease. The heart externally appears normal, but on making section of five that I examined, four had considerable deposits of fibrin in the cavities, two in left ventricle, two in the right, and one in both right and left. In one, it was however, very inconsiderable, not more than thirty grains. These deposits, or emboli, were in some instances adherent to the walls of the heart, more commonly however taking their origins from the columnæ carneæ or chordæ tendinæ. The deposits varied in length from two to six inches. It is not uncommon for them to extend two or three inches into the aorta. They are larger at the base than at the fore extremity, and a number of fibrille often form all one elongated mass, rounded at the fore extremity, and looking as if worn by attrition. Their appearance struck me as resembling the stringy deposits of fibrine in coagulated blood, washed of its coloring matter, and worn smooth by a current passing over it. The endocardium only in one instance gave evidence of inflammation, and that of a very limited degree, nor was the muscular fiber of the heart softened or degenerated. Surgeon W. Varian, U.S.V., informed me that in a large number that he examined who died with the disease, but few were found without it. In fact he looked upon them as one of the determined pathological states of chronic diarrhoea of camp life.

I never had opportunity to examine one who died with surprising redness but there is little doubt but that the death is owing to the sudden detachment of these emboli.

The liver contrary to what might be expected was usually found healthy, as was also the spleen and pancreas. The stomach is only affected in exceptional cases, a slight turgescence or redish blush in spots, which it is difficult to say might, or might not be post mortem. Dark, deep redness of the ileum and colon was observed more or less in all, with softening of the mucus coat. I did not observe any patches of ulceration, and this agrees well with the remarkable absence of sanguineous flow with the discharges in this affection. The omentum almost destitute of fat, shrunken and its vessels abnormally enlarged. The mesenteric glands seemed to partake of the irritation, and were in a state of hyperæmia, yet apparently smaller than ordinary.

CAUSES.—Almost as many theories as observers. Hard, soft, spring, well, and running water each have to bear the onset of causing this complaint. That impure water injudiciously partaken of will cause the disease there can be but little room for doubt. But as a general rule, I am convinced that it has but little to do with it. For example while the *Reservé Corps*, Army of the Cumberland, were lying in camp at Franklin, Tenn., diarrhœa became epidemic, and was of unusual severity. Good spring water from the limestone rocks, was easy of access, and abundant. Some surgeons deemed the change or kind of water as the cause of the complaint. But this idea was completely overthrown by the fact that some sixty or eighty indigenous negroes employed on the fortifications suffered fully as much as the white soldier, several of whom finally died of it.

Among the most influential causes may be reckoned the quality of the food consumed by the soldier. The hard unfermented bread disagrees with very many persons in ordinary civil life. But few take time to perfectly masticate it, and when softened in the favorite mode by stewing it with the gravy from the frying pan, it is then gulped down with as much facility as its consistence will allow. Not only so but the quantity that each one consumes is something enormous. The bread not being porous, but extremely hard and close in texture, a large quantity is taken into the stomach to make the requisite bulk and bring on satiety, very much in excess of that ordinary ingested of a fermented article. In fact one-half of the same weight of the latter preparation would satisfy as soon as that of the former. Then it is put hurriedly into the stomach, mixed with a large quantity of fat

cooked in the worst way. Coffee is used at all the meals, intensely strong, and saturated with sugar. When beans are used it is difficult to get the soldier to cook them properly, and few thoroughly masticate them. A great many eat their fat pork raw, and in defiance of frequent lectures as to the best mode of cooking, will stealthily fry it half the time. Again many seem to regard the ration as an apportioned duty, to be religiously devoured and measure their capacity accordingly. It is really no wonder that these failings exist, for eating is almost the only pleasure, of an animal kind, in which they have unrestricted freedom, and the enfeebled convalescent has no other mode of whiling away the tedious hours. Amid this profusion of ingestion there is little call, either mentally or physically, to repair the waste from action and continual exertion. After placing their tents, and on favorable days one or two hours drill, constitutes the sum of general duties. Fighting, and fitful, or fatiguing marches, are exceptional. Take in addition to the fact that nearly all of our troops are in a hot and oppressive climate, where the hydro-carbonaceous compounds are needed only in a very limited degree to sustain animal heat, and the rule obtains of listless easy indolence requiring but small expenditure of azotized material, and yet further the vigorous digestive system of the young sturdy men that make the file of our ranks, and no surprise need arise that the organism would soon be surcharged with an overflow of elaborated pabulum, or complete disturbance between the nice balance of waste and supply necessary to health, and that a process would be set up by nature to get rid of this superfluity in the way of diarrhœa.

Practically an exemplification of the truth of this view is known to every surgeon of experience. When an order to march is received after a long period of inactivity, cases of men, whom we know to be suffering from the disease, will present themselves to the surgeon, and claim that they are wholly unfit for the task. Reluctant to decimate the regiment at every order to march, and send the sufferers to the General Hospital, from whence nine-tenths never see the regiment again, encouragement, cajolery, and even peremptory ordering to their companies, with the promise of giving them occasional assistance in the ambulance, carries them into the line for the front. At the end of two or three days, persons who have been sick for months will find themselves completely cured, without the aid of further medication.

Connected with this are what are termed the moral influences as causing the disease. In the majority of cases the wonted life and animation of the soldier is gone. He is moody and taciturn. The

objects and associations around him are void of interest, from them he cannot draw the least excitement; in short the patient is also a victim of nostalgia. Under these circumstances a furlough for thirty days will act like a charm, and surgeons deserve credit for devising and applying the remedy appropriate for the case.

Lying upon the ground and causing a sudden or severe retrocession of the cutaneous secretion, undoubtedly plays a part in superinducing the disease. The prevalence of damp foggy weather seems to have a like effect, more especially when the soldier is off duty.

The treatment among army surgeons is varied and conflicting. Salines, mercurials, whisky, quinia, opium, bismuth, lead and fowlers solution, each have had trial, and their advocates. Treatment ordinarily is slow and unsatisfactory, no matter what class or doses of remedies are administered.

A favorite and in a majority of instances proper mode is to open treatment by the administration of an emetic. Aside from the general therapeutical effect, the gall bladder is emptied, and the excited peristaltic action of the stomach and duodenum for a time arrested or reversed. I learned from a surgeon of repute, whose name is unfortunately not remembered, that he relied almost exclusively upon the use of ipecac in large doses. He repeated it daily until the disease was arrested, which he said had been much more prompt than under any other course of procedure.

When cathartics are indicated I know of no class that exerts so kind and happy an influence over the diseased intestines as that of the salines. They do not seem so much to cure, as to moderate the violence of the symptoms, and modify the character of the dejections. Sulph. Magnesia in small and repeated doses is the one usually preferred.

Great difference of opinion exists as to the use of mercurials in this affection, although the majority of them use them in some shape during the progress of the case. Calomel given in very small doses from one-fourth to one-sixth of a grain, every three or four hours with one-fourth of a grain of morphine, I can speak with the most unequivocal positiveness of its admirable effects. No other course after due initiatory treatment gives results so permanent and satisfactory. It seems to be that the prejudice in the minds of many has arisen from the too free employment of the agent in question. The axiom of the older writers that "chronic diseases require chronic treatment" cannot be too deeply impressed upon the mind of him who treats camp diarrhœa. Given in these doses, it slowly and steadily overcomes irritation, and

inflammation; and renders the stools less frequent and more consistent. As the disease abates, the treatment should be correspondingly lessened. Administered in this way I have never seen any unpleasant effects, such as pyalism, or constitutional cachexia. Surgeon Williams, 121st O.V.I., I was pleased to find, entertains the same high estimate of this remedy administered in minute doses. Another consideration might have weight, in favorably regarding the beneficial effects of this treatment. The tendency to an abnormal development of fibrin in the blood, and its adhesion to the theca of the heart, thereby giving rise to unpleasant and dangerous complications, could not be better obviated by any other treatment. It would seem as if the chyle in passing through the lacteals and mesenteric glands is impressed in its elaboration by the hyperæmia or inflamed state of these tissues, transmitting elements in undue proportion into fibrin, and thus bringing about its excessive preponderance in the blood. With this view it may be conceived how the simple rush of blood over the salient points of the heart may by aggregation and excessive plasticity accumulated in considerable quantities. Fowlers solution in some old and obstinate cases acted extremely well. Those having small and frequent stools were the most benefited by it. Dose five drops three times a day. A form of what may be termed heroic I have seen used in a large number of cases. I allude to the use of whisky and quinine. For a time the symptoms in some seemed subdued, but the disease was only in abeyance, gathering strength, for a fresh inroad on vitality. Doubtless in a few, in whom inflammation was removed, and in whom debility and relaxation were the main indications for removal, these and kindred remedies had a salutary effect. But while their employment has done good my observation leads me to infer that they have injured, if not hastened to a final and fatal issue, more than enough to counterbalance twice over their good effects. In some instances where they have got well—no, not well—but managed to live through this heroic ordeal, an inexpressibly dirty tint of skin, puffy state of the tissues, bloated abdomen, depraved appetite, and morbid condition of the bowels has remained for months, *aye*, for years after their use has been abandoned. Let enthusiasts go into rhapsodies over the revivication of the doctrines of Brown, and call them new, or progression, or discovery, or an improvement of the age, the fact will remain patent to every observing mind, that their sweeping employment of stimulants and tonics is carried to a ridiculous excess, and fraught with evil to the afflicted, that it is an old dogma untenable and unphilosophical.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. Brown, M.D., Secretary.

MONDAY EVENING, January 28, 1864.

ACET. OF LEAD IN HEMORRHAGE.—*Dr. Carroll*—Said, that he observed from the readings of the minutes of the last meeting, that in the case of uterine hemorrhage reported by Dr. Hiram Smith, ergot and sugar of lead, had been prescribed. He regarded the use of sugar of lead, as a remedial agent, to be very injurious. That it interfered with the proper action of the stomach and destroyed its power. He thought more good was accomplished, in cases of hemorrhage, by regulating the secretions and by hygienic measures than by the use of sugar of lead and ergot.

Dr. Baker—remarked that his friend, Dr. Carroll, was opposed to the use of sugar of lead because it produced nausea and vomiting. This was probably due to the heroic doses which he administered. In his own practice he had found it very valuable.

Dr. H. Smith—said in the case reported, as soon as the action of the medicine could be effected, the flooding ceased. Now its arrest must be ascribed to one of the three remedies, or to all of them. He could not rely on lead alone, because the uterus must contract, and lead has not much power over the muscular contractility of that organ, it acted as an astringent only, through absorption. He gave ergot for a specific purpose, and it acted promptly. Shall we say it had no effect?

Dr. Carroll—How do you know it caused contraction?

Dr. Smith—I discontinued its use and the hemorrhage returned; and upon giving the same prescription again the hemorrhage was arrested, the womb contracted firmly, thus proving the power of ergot over its muscular fibres.

Dr. B. S. Lawson—inquired of Dr. Carroll if he ignored the use of acetate of lead in all cases?

Dr. Carroll—I do; it is a miserable humbug.

Dr. Lawson—It is strange that the medical profession should be humbugged so long. That sugar of lead does produce sickness of the stomach we all know, but it is as manageable as any article in use. I have been disappointed in almost every article of medicine at some time or other. I do not believe sugar of lead ever did or could produce lead colic.

Lead is not only a valuable agent as an astringent, but also, often subduing inflammatory action, as in dysentery, it is valuable; it changes the morbid action of the mucus membrane from an unhealthy to a healthy action. In hemorrhages, no matter when used, it is one of the most valuable medicines.

Dr. Carroll—Said, lead is never given alone, it is usually prescribed with opium and ipecac. After using it for ten years and seeing its effects, I have abandoned it, and have been more successful since. The proper way to test the value of an article is to prescribe it alone.

Dr. Lawson—There are always other symptoms with hemorrhage requiring additional remedial agents.

Dr. Stevens—I am glad this discussion has occurred. I have had good effects from the use of sugar of lead and opium, also from ergot; but in chronic cases I have not observed the same good results. I consider it important to discriminate your cases, in the selection of your remedies. In such a case as reported by Dr. H. Smith I would use the Electro Magnetic Battery.

Dr. Johnson—Said, I cannot corroborate what Dr. Lawson has said about the use of sugar of lead, or agree with Dr. Carroll, but I must say that I have been more disappointed in its use than in that of any other article. My experience would not allow me to believe that it would change the condition of the bowel from an abnormal to a healthy condition. On the contrary I think it the worst remedy we can employ in diarrhoea and dysentery.

MONDAY EVENING, FEBRUARY 1, 1864.

Dr. Bruin—Made the following remarks in regard to the use of the acetate of lead. Heretofore he had refrained from speaking, on account of the great ability and experience brought to bear on the subject, yet he considered it the duty of every member of the Academy, to give his opinion in reference to this article of medicine. He referred to the views expressed at the last meeting by Drs. Carroll and Lawson.

Acetate of lead has an affinity for the liquid parts of the body with which it enters into combination, and in eye diseases it has been discarded by the best oculists, on account of the bad results occurring from its indiscriminate use, a milky hue of the cornea being caused by the chemical combination of lead with the albumen of the eye, forming albuminate of lead. European writers state that acetate of lead, when used externally, will enter into combination with the proting compounds of the body, and be absorbed.

Internally it will act as a caustic upon the coats of the stomach,

and this is the reason we have vomiting following its administration, because it acts as an irritant to the parts, and thus sets up an inflammation.

When the lead is combined with albumen, it becomes redissolved by the gastric juice, and is carried to all parts of the body by the blood. It has been found in the liver, in the gall bladder, in the urine, and in the brain, not as sugar of lead but in some combination. Not only in the soluble state is it absorbed, but even in the insoluble. Men working in lead mines become affected by its absorption. He had seen lead colic in New Orleans, occasioned by the use of wine, containing sugar of lead and logwood.

He had seen lead used alone in phthisis, when the patients were having watery alvine dejections, and it produced lead colic. Nearly all the salts of lead are soluble by the fluids of the stomach, except the muriate of lead; this will pass through the body unchanged. Acetate of lead, no matter how small the dose, will accumulate and produce its deleterious effects. All the good resulting from the combination of lead and opium, is due to the latter.

Dr. Williams—Reported the following cases in eye surgery. Dislocation of the lens under the conjunctiva :

Pat Begley aged 56, a day laborer has had imperfect vision of the right eye since childhood, produced by a central opacity of the cornea. On the 21st of January last, while splitting wood a piece flew and struck him in this eye, causing immediate loss of sight. A few hours after the accident he came to see me, when I found the following condition : Eye and eye-lids blood shot, anterior chamber nearly filled with blood, and eye very soft to the touch. On raising the lid carefully I discovered a lump about the size of a large pea, just back of the upper and inner edge of the cornea, over which the conjunctiva was entire. The central part of the protrusion was most prominent, and it presented the appearance of the lens under the conjunctiva both in its shape and in the slightly amber colored reflexion seen through the semi-transparent cornea. By the touch I also ascertained that it was harder than the surrounding parts, and had a convex surface.

I diagnosed laceration of the sclerotic just back of the cornea and escape of the lens through the rent under the conjunctival membrane which was not ruptured.

On the following day I made an incision through the conjunctival bag and removed the entire lens which was of a yellowish amber color and quite hard. The wound healed, the eye filled up and became firm, but the pupil is drawn upward, and there is some deformity at

the seat of rupture, which was about a third of an inch long, and some two lines from, and parallel with the margin of the cornea.

I treated the case with a compass and bandage kept wet with cold water.

The size and shape of the organ, (except the lead colored staphyloma at the seat of rupture,) have been preserved, but the patient has no perception of light.

Second Case Reported by Dr. Williams—Spontaneous laxation and subsequent absorption of the lens in both eyes.

Mrs. Helen A. Davis, of Athens County, Ohio, aged 27 and apparently in good health, consulted me on the 30th of December, 1863, on account of her little daughter, who she supposed was very near-sighted. On examining the eyes of the mother, I discovered that she had no lenses. The anterior chambers were much deeper than natural, the irides plain and undulating with every motion of the eyes, but one image present by the katoptric test, an erect image of the retina, as seen by the ophthalmoscope without the aid of any kind of glass.

She says she has been warned by several physicians against the use of strong magnifying glasses, but she had used them much to the aid of her vision which has been imperfect, and she has been short-sighted since childhood. On trial I found that with convex glasses No. 3 she could read small print fluently, and also see well in the distance—that she was, in short in the condition of a person who has been successfully operated upon for cataract. I therefore ordered her a pair of cataract glasses for constant use, of the strength indicated above.

The daughter, four years old, was apparently very near-sighted, as she held objects almost touching her nose when she wanted to see them accurately. On such occasions she constantly used only one eye, holding the book or other object always close to the face, and to the right or in a corresponding direction to the left.

The aqueous chambers were a little deeper than usual, and slight undulations of the irides were noticeable upon close inspection. The pupils were circular and active, and the eyes in other respects appeared natural.

By the ophthalmoscope the erect view of the retina was readily obtained without the aid of any lens, indicating a decided deficiency in the refracting power of the eyes. With convex glasses No. 6, she could see much better in the distance. On dilating her pupils and re-examining with the ophthalmoscope I saw that the crystalline lens in each eye was luxated, the left distinctly outward leaving a red crescent

between its inner margin and the edge of the dilated pupil; and the right downward and outward to about the same distance leaving the same red crescent between its edge and the pupillary margin, when the fundus of the eye was illuminated by the instrument.

When the pupils were of normal size she saw through the inner edge of the lenses by looking obliquely as I mentioned before was her habit.

There was in her case partial dislocation of the lenses from spontaneous yielding of the suspensory ligament of the upper and inner part. There is every probability that the mother had been affected in the beginning in the same manner, and that finally the lenses disappeared by spontaneous absorption, as may also occur in the child, in the course of years, if she lives.

When she is a few years older, of the displacement of the lenses does not increase, and they remain transparent, it would be advisable to dislocate the pupils in the same direction by the method of Critchell, of London, so as to make them correspond with the center of the lenses.

MONDAY EVENING, March 7, 1864.

President Dr. Robert R. McIlvaine called the Academy to order at the usual hour.

After the reading and the approval of the minutes of the last meeting, the Academy proceeded to the election of officers for the ensuing year with the following result:

President, Dr. S. O. Almy; First Vice President, Thos. Carroll; Second Vice President, Wm. B. Davis; Recording Secretary, Chas. P. Wilson; Corresponding Secretary, E. B. Stevens; Treasurer, Wm. H. Taylor; Librarian, E. H. Johnson.

† Dr. McIlvaine, upon retiring from the chair, made a few remarks after which Dr. Almy was duly inducted into office.

Dr. Heighway proposed the name of Dr. J. P. Walker for membership, Dr. Gerwe proposed the name of Dr. Hellick, Dr. McReynolds proposed the name of Dr. Cassat, Dr. Comegys proposed the name of Dr. Hoeltge. Referred to the Committee on Admissions.

Indianapolis Medical Association.

Reported by DR. W. B. FELTCHER, Secretary.

MONDAY EVENING, March 1st., 1864.

As the essayist for the evening, Dr. Parr, was not prepared, Dr. Parvin reported a case of cancer of the uterus.

On the first of last month I was called to see Mrs. — thirty-eight years old, the mother of three living children, the youngest twelve years of age; the patient was suffering from uterine hemorrhage. This hemorrhage had been of occasional occurrence since the preceding August, but had been almost constant since the middle of December, compelling her to remain lying down nearly the whole time—never suffering any pain, and looking upon the discharges as simply an excessive menstrual flow, she sought, through her husband, prescriptions for the relief of this symptom from two or three physicians, but was averse to a personal consultation with any. The medicines which she had taken were muriated tincture of iron, wine of ergot and quinine; all, however, without benefit. At the time that I visited her she had had a more exhausting flow of blood than ever, now very pale and almost pulseless. A hasty vaginal examination revealed extensive disease of the neck of the womb. It was three or four times its normal size, with smooth but hardened and irregular prominence, and the entire organ was much less mobile than natural.

The character of the growth, the hemorrhages, and the evidences in the complexion and general appearance of the patient permitted me no doubt as to the malignant nature of the disease. I contented myself with controlling the hemorrhage with tannin and the tampon, and continued the administration of quinine and iron for a few days until Dr. Blackman visited her.

Dr. Blackman—directed in addition to the iron, cod liver oil, and as local applications, the iodide of ammonium dissolved in glycerine and water, and a saturated solution of the perchloride of iron, the former to be applied daily to the lower part of the abdomen and along the lymphatics of each groin, and the latter to be used with a brush twice a day to the diseased cervix.

About a month has elapsed since this treatment was instituted and the results thus far have been very satisfactory. The hemorrhage, which was fast draining away the poor patient's life, had been entirely arrested; she had gained in flesh and strength, her pulse was one hundred and twenty, it is now eighty, she is able to walk about her room, and her complexion has less of the cancerous hue; the disease

growth has sensibly diminished. While I do not believe this or any other treatment will *cure*, no one can doubt that it has *prolonged* her life; and had it been sooner instituted even the former result might have been attained, that is supposing the first deposition of cancer cells occurred, as it generally does, in the neck rather than in the body of the womb. Now, however, the body being diseased, nay, some of the surrounding structures themselves being involved, no one can be sanguine enough to believe even in the possibility of ultimate recovery.

I believe that the results attained in this case, surprising me not a little, present some encouragement to us in the treatment of what are usually termed malignant growths.

Let us look for a moment at the statement of authors, as to the fatality of cancer, and then endeavor to ascertain whether there are not some principles, empirical or theoretical or both, to guide us in the choice of remedial means.

Mr. Charles H. Moore, surgeon to the Middlesex Hospital, in the article entitled "Cancer" in "Holmes System of Surgery" uses this language: "The subject of cancer is one in which there is the strongest disproportion between the amount and the practical value of our knowledge. . . . : True cancer retains not the less its claim to the epithet incurable." If we consult, especially upon the subject of the uterine cancer, writers upon diseases of women, we find in general but little to encourage us in the use of local or constitutional means. Churchill—"There is no hope of cure, and but little, if any, decided mitigation of the agonizing suffering entailed by the complaint." Clarke & Dewees believe that they have succeeded in curing a few cases in their incipient state. Prof. Bedford (page 69, "Diseases of Women and Children,") says "Whatever may be the hopes of relief in the incipient state of *carcinoma uteri*, there are none, except through an exception to an almost universal rule, when the disease has passed to the stage of deep ulceration." All are familiar with the delineation by Dr. Charles West of the cancerous cachexia, and the utter hopelessness of the unfortunate patient afflicted with uterine cancer. Dr. Meigs gives this testimony: "I have certainly met in the course of fifty years, with several cases of diseased uterus, which I had the greatest reason to believe was cancerous, but which yielded to persevering treatment, and ended in the perfect recovery to health."

But I desire especially to call the attention of my professional brethren to the statement of Prof. Simpson, in his "Lectures Upon Diseases of Women." He adduces two cases of unequivocal uterine

cancer that were successfully treated, the one by himself, the local agents being first the dried sulphate of zinc, and then the muriated tincture of iron, the other under the care of a professional friend, and the muriated tincture of iron the local application. Both of their patients were still living some years after the treatment, without any return of the disease, and one had given birth to a child. Now such facts cannot be disputed; it cannot be asserted in regard to these cures, as it has been in regard to some of Lisfranc's successful cases of excision of the neck of the womb, that the diseases for which the operation was done was not malignant at all, now that we must admit by the most recent evidences that local applications have removed not merely for a short time, but permanently cancerous disease of the neck of the womb, and this even after the positive manifestation of the cancerous cachexia. Professor Simpson, in referring to the beneficial results arising in one of the cases from the use of the sesquichloride suggests that "perhaps a saturated solution of the per-chloride would act still more effectually." It will be observed that in the case which I have reported, the remedy was resorted to, and the results decidedly endorse its use.

While it is true we may expect a fatal issue, sooner or later, in the vast majority of cases of cancerous disease, yet the occasional exceptions furnish us with hope that this small number may be increased, and that our therapeutical power will ultimately correspond with our pathological knowledge. Doubtless, if we will eliminate from our minds the idea that the disease is consequent upon a contamination of the blood, they will be in a more favorable condition to devise and pursue suitable treatment. "Just the very forms in which medical men are the most apt to console themselves, especially for the shortcomings of the therapeutic results, with the reflection that they have to do with a deeply-rooted and incurable chronic dysuria, just these forms, depend I imagine least of all upon an original change of the blood." (*Virchow's Cellular Pathology*, p. 217). If, therefore, we look upon the cancerous formation as primary, and the condition of the blood as secondary, we will be more encouraged while remedying the latter to attempt the removal of the former.

Iron is generally regarded as the most valuable among constitutional remedies. Mr. Carmicheal, of Dublin, thought it important to keep the patient's system saturated with it to prevent the progress of the disease; and Mr. Moore, to whom reference was made in a previous portion of this paper, states, "In common with many other surgeons, both of the present and past century, I have found advantages from

the use of iron ; but it is more particularly when united with chlorine that it has appeared to me to be beneficial in cancer."

Do the structural characters of cancer furnish any hints as to the best agents to destroy it, or to retard its growth? Quoting again the eminent pathologist, Vichow, "cancer is not malignant because it contains heterologous cells, nor cancrioid benignant because its cells are hemologous, they are both malignant, and their malignity only differs in degree. The forms which yield dry, juiceless masses, are relatively benignant. Those which produce succulent tissues have always more or less a malignant character." Should we not endeavor, therefore, to convert the malignant into the benignant by lessening the amount of fluid? The more we reduce "the parenchymatous juices" of the diseased mass, the greater the probability of the surrounding structures remaining free from contamination. Hence theoretically, cold, desiccating agents, cutting off the supply of blood, and astringents should be beneficial in the local treatment of cancer; practically too, none of these means have been proved useful. Possibly, moreover, in view of the beneficial effects of iron administered internally, especially, as suggested by Mr. Moore, when combined with chlorine, there is an antagonism between iron and chlorine, and the cancer cell, an antagonism but partially and feebly manifested when they are directly applied to the diseased mass. Hence, it may be that sesqui-chloride, or the perchloride of iron is beneficial as a local application in cancer, not merely as a caustic, or as an astringent, but from some specific influence upon the cancer cell.

NOTE.—The patient whose case I have reported is now in the eight week of the treatment detailed above. Her general health is better than it has been for at least five months. While I am without hope of her recovery, yet there can be no question that the course pursued, especially the local application, retard the progress of the disease and greatly promote her comfort. As an experiment I omitted the application of the per-chloride for thirty-six hours, and the omission was followed by hemorrhage, pain and great discomfort; and now, although it is impossible to introduce the speculum without causing some suffering, in consequence of the cancerous deposition in the vaginal wall, yet she cheerfully endures this suffering for the relief furnished by the thorough pencilling of the cancerous growth with the iron.—INDIANAPOLIS, March 29.

ARTICLE IV.

Specificity.

A Clinical Lecture, by Prof. Trousseau, translated from the *Clinique Medicale De L'Hotel Dieu* ~~de~~ Paris: By J. H. DOUGLASS, M.D., NEW YORK CITY.

Brown and Bronssais were forced to admit the diversity introduced, in the manifestations of vital force, by the special anatomical properties of the tissue and of the organs, of solids and of liquids, as well as the functional differences which are connected with them; but they considered them of no consequence. The fundamental idea of their doctrine is identical; and Broussais admitted this by taking the sympathetical proposition of Brown as the text of his own; but by the interpretation which he gave to the forces of reaction, he diverged completely from the path followed by his predecessor, and arrived at these practical conclusions totally opposed to those of the disciple of Cullen.

Brown affirmed that all the facts of the human economy are endowed with a peculiar property, a special aptitude which he calls *incitability*. It shows itself by incitation, and this incitation can only result from the action of an inciting power; but this aptitude is limited; being exhausted by the very act of being set in motion, it requires to be incessantly renewed either by its quantity being augmented by means of alimentation, or by the accumulation of the necessary quantity while the organism remains in repose. As for example the muscles: their incitability is exhausted by movement, and when the muscular action has been exaggerated, or inordinarily prolonged, the individual, having reached the last point of fatigue, loses the faculty of motion. You will see gentlemen in what manner the pathological and therapeutical doctrine of Brown is derived in its entirety from this primordial fact.

Every disease, in his opinion, springs either from a diminution of incitability, the effect of an excessive incitation, or from an excess of incitability, the effect of a diminished incitation. In the one case, as in the other, the final result is debility, and the part of the physician is therefore limited in all cases, to renewing the strength of the patient; in the first case by stimulating agents of moderate strength; in the second by the aid of remedies capable of augmenting his incitability.

Broussais, taking into consideration the irritability in the tissues attacked exclusively, insisted that all diseases proceeded from the untimely or exaggerated action of agents calculated to produce such ac-

tion. Irritants are therefore the only morbid causes, and their effect is to produce irritation. And therefore, in his opinion the very reverse of that claimed by Brown, we must in order to restore the functions to their physiological condition, seek to calm, to dispel this irritation.

Whether the pathological condition consists, according to the Edinburgh doctrine, in a greater or less incitability, or whether indeed, according to the Val-de-grace theory, it consists in an exaggerated irritability, or more rarely in diminished irritability. In both these dichotomous systems which are essentially opposed, though springing from the very same principle, the quantity of the morbid cause is above considered ; and its quality is deemed of no account whatever. The therapeutics based on such systems as these must necessarily be extremely simple. And so indeed they were limited by Brown to the class of excitant remedies, and in some very rare cases to antisthenics, if I may be allowed that term, while Broussais resorted to antiphlogistic medication alone, and only in very exceptional circumstances, advised excitant remedies.

It cannot be disputed that a certain class of slight phlegmasia may be brought strictly within the limits of Broussais' system ; for that which renders the phlegmasia more or less severe, is on the one hand the greater or less intensity of the cause under the influence of which it is developed ; and on the other hand the difference of the organizations affected by it. There is, however, another class of diseases which do not come within this dichotomy, namely, the class of special diseases. But it is of little moment to Brown that variola is a special disease ; to know whether it is a sthenic or asthenic disease is the only thing that concerns him, in order to formulate the indication to stimulate or to weaken. It is a matter of little consequence to Broussais that cholera differs in form from dothinerteritis ; he sees in these two cases an irritation of the digestive tube, causing different sympathies, and this irritation is the dominant fact wherever springs the necessity of an antiphlogistic treatment.

This was making as clear a sweep as possible of all nosology and all materia medica. Matters were at this point at the beginning of this century, and this doctrine, so seductive at the first glance, by reason of its simplicity, had gained many adherents, when Laennec and M. Bretonneau, each in his turn, struck it a blow, whose gravity Broussais sought in vain to conceal. Laennec, under the modest title of a semiological discovery and seemingly limiting his observation to the study of diseases of the respiratory apparatus, wrote a marvelous

chapter of nosology. While in his *Traite des inflammations speciales du tissu muqueux* M. Bretonneau accomplished in respect to acute diseases the same restoration which Laennec had brought about in the history of chronic diseases.

Calling attention to this primordial fact, that the difference in the nature of the cause introduce into diseases far greater differences than the greater or less intensity of this cause, and then the variety of organization, the illustrious physician of Tones overturned from top to bottom, the grand edifice of *physiologism* and pretended *rationalism* in therapeutics, and on its ruins reared the doctrine of the specificity of diseases.

In physiology he gives to the special properties of the different tissues and of the different organs a far greater importance than that which he accords to the modifiers of the organism in pathology. He admits that a great number of diseases have an element in common which may be called irritation or inflammation; but this common element has not the importance assigned to it by Broussais. Doubtless the carbuncle and the malignant fustula, the syphilitic chancre and *herpes praeputialis*, gastric disturbance and dothineritis have as an element in common, inflammation characterized by fluxion and by redness, appreciable when the inflammation attacks tissues accessible to sight, by pain and by an elevation of the temperature of the body; but besides this common element there are other very considerable characteristics which distinguished these different affections, and these latter have a far greater importance.

The natural history of diseases has a remarkable analogy with the natural history of animals and of plants, and Sydenham a long time ago, promulgated this truth, when in the second section of his medical observation he says, speaking of the pestilential fever and plague in 1665-66: "Unaqueque, morborum non minus quam animalium, aut vegetabilium species, affectiones sibi proprias perpetuas ac pariter univocos ab essentia sua promanantes, sortita est." Examples taken from botany and zoology will enable you the better to understand the subject which I am now considering.

The different vegetable species, for example, present to our view characteristics in common which caused them to be classed in the same natural families, and these common characteristics are also found in neighboring families; but in the form of the flower, in that of the fruit, in the juices secreted by the plant, there are differences which do not permit us to confound not merely the different families, but not even the species most nearly allied. Thus, night shade, and datur

stramonium, celandine and the poppy, sweetbrier and the cherry laurel, have characteristics in common, but they have also specific characteristics, which the botanist will not fail to recognize.

When you study two examples of the class of reptiles and of the order of ophidiacæ an adder and viper, you note resemblances in their external forms and in their anatomical organizations, but you pay very great attention to their specific characteristics. The presence or absence of scales or plates on the head of the animal, the presence or absence of venomous fangs, establish in your judgement capital differences between these two individuals so similar in appearance, and no one would be disposed to regard the viper as a variety of the adder.

Well, gentlemen, diseases which seem to resemble one another most nearly, have specific characteristics by which they are discriminated in the same manner as the different species of the same natural family, vegetable or animal, are distinguished from one another. This is what Broussais would not admit. The inflammatory element, whose existence we do not at all dispute, was even in his opinion the capital and only controlling fact. Although in some cases, I repeat, this is so; though in slight phlegmasiæ, the quantity of the morbid cause is the great point; the difference of organs and the variety of organization being taken into consideration, yet most generally, in phlegmasiæ such as pyrexias, such as the great majority of diseases, it is less the quantity than the quality of this morbid course which must be considered.

Let us take, if you please, examples from most clearly marked and consequently least disputed cases.

Surely a small vesicle which appears at the base of the gland subsequent to an impure coition is in appearance a very slight thing, and if we judge by appearances only, it is an affection of less importance than the group of vesicles or *herpes praeputialis* which may make their appearance under the same condition. It is true that if we only take into consideration the inflammatory characteristic, the latter affection is far more serious than the former; but what differences outside of this common element! While the vesicle of herpes, left to itself, will become filled with pus, and will dry up, and after the scab which will be formed shall have fallen off, will leave in its place only a small and insignificant cicatrix, the syphilitic vesicle will pass rapidly through its period; but in the place where it appeared, there will supervene an induration of the subjacent cellular tissue, and already you will perceive between this inflammatory affection and the former, a difference to which you will attach the greatest importance. And

characteristics must not be confounded with those which determine the varieties ; in nosology as in natural history we must discriminate between them.

To continue my comparisons : between the lap dog of our ladies and the mastiff of the Pyrenies the difference is great, and yet they are not different species, but only varieties of one and the same species of the germ *Canis*. Both will have the same instincts, the same anatomical and physiological characteristics, which you will find invariably in each. Although ingenious breeders have been able by intelligent cross breeding to rear animals very different from the primitive stock, and to create races in which they have caused the wool, the fat, or the muscles to predominate, according to the purpose for which the animal was destined. Yet those races are only varieties of a type which preserves all the specific characteristics. The same thing is true in respect to plants ; you know how readily we can multiply the varieties of a vegetable species, and can create, -so to speak, monstrosities. Thus from the most simple violet, the skilful horticulturalist, will make innumerable varieties, and from the wild sweetbrier he will obtain those beautiful roses, the ornaments of our gardens.

But whether in the vegetable kingdom or in the animal kingdom, these are only varieties, different modes of existence of the species, and it is impossible for us to change them completely, still less to create new species. A long time ago, the horse was crossed with the ass, and yet whether we put a stallion to an ass, or a jack to a mare, we can never get anything but mules, that is to say varieties belonging to either one or the other species of the germs *Equus*, but accidental varieties which are not reproduced nor perpetuated by themselves.

Neither in nosology nor in natural history, should the varieties of a type be mistaken for different species. Thus, varioloid is not a species different from variola ; it is only a modification of it, a variety, while varicella is an entirely distinct species.

I insist on this point, gentlemen, because some have looked upon this subject of specificity as merely a matter of degree, greater or less, while in reality there is an absolute difference as well between the different nosological species as between different botanical or zoological species. Never, whatever we may do, will roseola become measles nor will varicella become variola, nor will simple bronchial catarrh become hooping-cough. These diseases all have their specific characteristics, absolute and invariable, which distinguished them clearly from one another, whatever may be in other respects the severity of these different maladies ; and their indisputable specific character is so

of but little importance; the quantity was nothing the quality everything.

The characteristics which impress upon specific maladies their peculiar stamp are unequivocal and are always encountered whatever may be the degree of the common element with which they are connected. Thus variola, whether it be discrete or confluent, mild or malignant, normal or modified will always be recognized by its pustules, but by pustules of a special nature, which are the peculiar work of it, as invariably and as specific as can be the peculiar characteristics of the vegetable or animal species.

That which is true in human pathology is also true for the same reason in comparative pathology. Thus you will see the rot, that eruptive disease prevalent among sheep of which I spoke to you in a former lecture when comparing it with variola in man, manifesting itself by an eruption having perfectly clear and unmistakable characteristics which enable us to distinguish it from all other eruptive diseases met with among sheep.

In their pathological disorders, plants themselves, whose organization is so inferior, testify to the influence of the quality of the cause by the power of the disease. The insects which sting their leaves or their stalks cause, at the point of contact, morbid exuberances, the significant characteristic of which points to their cause. Thus the sting of such an insect is succeeded by such a sort of excrescence, and so invariably, that the practised naturalist can always determine from the form, the color and the size of the excrescence what the insect is whose larva is therein contained.

Whether we have to deal with a phlemasia developing itself externally, or with an internal phlegmasia, the theory is the same. Thus, in dothineritis, you will find, independently of the general characteristic, common to every intestinal phlegmasia, a phlegmasia occupying a circumscribed point, limited, fixed and always the same; you will find the furunculus eruption of the agmenated and isolated glands, and as the furunculous eruption is invariably formed in putrid fever, you will very properly fix upon it as the specific characteristic, the special anatomical manifestation of the disease.

In dysentery, which is in fact only a colitis, you also note peculiar characteristics either in the intestinal secretion, or in the symptoms, or in the anatomical lesions, which enable you to distinguish the inflammation of the large intestine from other kinds of colitis, and to establish the specific character of the disease.

I must call your attention to the fact, gentlemen, that these specific

truly you will be right ; for after the herpes is cured, you will have no cause for alarm as to the health of the individual ; the local malady having disappeared, the cure will be radical. Will this be the case after the cicatrization of the chancre ? No ; for two or three months later, and sometimes after a still longer time, certain accidents of the skin or mucous membranes, will make their appearance which you will connect with the existence of that little vesicle so insignificant in appearance. There will be a peculiar eruption, ulcerations of the throat, and if the physician does not then intervene energetically to combat the disease, other affections which are all however connected with the first, will successfully be developed ; affections of the cellular tissue, tubercles, gums etc., affections of the osseous system, osteocopic pains, caries and necrosis, which if their progress be not stayed will introduce frightful disorders. In addition therefore to the characteristics which it offered in common with herpes, the chancre had also specific characteristics which merited great consideration. If the inflammation had been the capital fact, we would have succeeded in one case as in the other, according as Broussais pretended.

Analogous examples appear in throngs in the clinical study of diseases ; what we have said concerning syphilitic chancre, we might repeat in respect to a multitude of other affections.

A little pimple makes its appearance on the hand of a butcher who has skinned a sheep that died of —— ? It merely occasioned a disagreeable sensation of itching, and compared with a boil which is often so painful, it will seem to you an affection scarcely worthy of attention. But wait, and this insignificant affection, apparently so benignant in its character, will begin to increase ; a little eschar will appear in its place ; an erysipelato-œdematous swelling developed in the region affected will gradually advance until the whole limb is involved ; the epitrochlian and axillary ganglions will become swollen ; at the same time fever will manifest itself and increase in violence each day, the delirium will supervene, and the patient will fall with greater or less rapidity into a condition of excessive weakness attended by formidable typhoid accident. This little pimple was a malignant pustule.

And yet the boil which caused in the very commencement such violent pain, this affection whose inflammatory element was carried to a far higher degree than in the other case, this boil will get well of itself, and he who suffered so much from it, will have nothing to fear on account of it. The inflammatory element, therefore, proved a fact

completely inscribed upon them, that there is no need, in order to recognize a nosological species, to have all its symptoms together; and then as we have seen in the case of masked scarlatina—a single word will often suffice to enable us to construct the entire pathological phrase, in like manner as Cuvier restored to life, so to speak, lost animal species, by studying a few portions of antediluvian skeletons.

That which gives to specific diseases, their invariable characteristics is not the quantity but the quality of the *morbific cause*, in its very nature invariable, under the influence of which they are developed.

Judging merely from the examples which I am about to cite to you, you will readily comprehend that the class of special affections is so extensive that it fills the greater part of the nosological system. If we study the different causes of diseases, whether these causes are irritating agents, or agents of any other nature, we shall see them produce effects so peculiar and characterized by forms so invariably the same according to the nature of these causes, that it will be impossible not to recognize their specificity at every step we take in the observation of disease.

Suppose a blister appears on the skin under the influence of an application of cantarides, or that it has been produced by heat aided by light, in what is called sun stroke, or has made its appearance in erysipelas, or is the result of cauterisation with ammonia; the affection will be different in all these cases. You know how sharp the pain is in sun-stroke, yet it is not the same as that occasioned by a blister of cantharides or ammonia; the latter has not the same pungency and continues during a much shorter period than the former; and yet the cutaneous phlegmasia caused by the blister is much more intense than that caused by the sun-stroke, but each cause has its special effect.

Let us take still more simple facts, and see what takes place in respect to the chemical agents whose effects are the most easily noted. Applied to the human body, they have each a peculiar and very different effect, in accordance with the nature of each. The pain occasioned by burning with hydrochloric acid passes away far more speedily than that caused by nitric acid; and this latter, even when it produces mortification of the parts involved, causes a less profound and less persistent sense of pain than that produced by cauterisation with sulphuric acid, although in this latter case the destruction of the tissues may be less extensive than in the former. There is not a student who does not know that the application of vienna caustic and of alkaline caustics is much less painful than the application of the chloride of zinc, of butter of antimony, or arsenical preparations. In a word,

the different chemical agents produce on the skin an action so very different that with a little skill we may determine the substance which has acted in a manner peculiar to itself, as well as the form of the reaction which has succeeded its application. Evidently we cannot argue in this case from the quantity of the cause, for experience shows that we can never do with potash what we can do with butter of antimony, whatever may be the doses which we use. That this is attributable to the chemical qualities of the two agents and to the manner in which they combine with the tissues we do not dispute, but we do contend it shows that there is an unavoidable difference.

If now we examine the question of poisons we shall see that each one acts in its own way, and to such an extent in its own way that the very slightest examination will almost always suffice to enable us to distinguish the nature of the poison. Certainly there is no toxicologist of even a moderate degree of skill who cannot distinguish the intoxication from the use of opium, from that which succeeds the ingestion of stramonium, veratrum or strychnine; or who will not note the diversity of accidents which follow after the absorption of the venom of the rattlesnake, the viper, the scorpion, the tarantula, the bee, the mad dog, etc.

Each special morbid cause produces on the human organization effects which have their own specific character.

An individual enters a hospital suffering from paralysis of the extensor muscles; his gums at the point of attachment to the teeth present a bluish line, the skin has a subicteric hue, the patient complains of a violent colic, and of darting pains along the course of the nerves of the limbs. You will not need a long examination in order to diagnosticate lead poisoning. The fact is so clear, that it seems to you there cannot be a doubt of it. The disease has characteristics so very specific, that at the very first glance, you recognized it, just as at the first glance you know a tree by its leaves and its general appearance. You have at once remarked the differences which distinguish saturnine intoxication from coffee-poisoning, just as you are struck instantaneously by the differences which separate the different vegetable or animal species from one another.

Another individual comes affected by general trembling, his gums are ulcerated and bleeding, teeth loose in their sockets, his intelligence is weak etc. The first question you ask him is whether or not he is a silverer of mirrors, a gilder of metals or whether he does not follow some other avocation in which mercury is employed; without hesitation, you have suspected mercurial intoxication—the accidents by which

ent was affected were so clearly characteristic, that you could be mistaken in respect to them.

Now, gentlemen, what are the symptoms of the disease produced by the inhalation of the sulphur of carbon among operatives employed at the fabrication of vulcanized india-rubber; the investigations of my colleague, Mr. Delpach, into this subject have attracted our attention to this point.

Bringing into consideration the specificity of certain phenomena which we had noticed in a worker in caoutchouc phenomena which bear no relation to any known disease, this sagacious observer has endeavored to establish the existence of this new malady, a certain number of which he has since met with, presenting in every instance the same characteristic symptoms; disturbance of the intelligence especially loss of memory; cephalalgia more or less acute, which is very intense; violent vertigo, pains in the limbs and a creeping sensation, coincident with ovalgesia, and rarely with hyperaesthesia, enfeeblement of the senses and of the generative organs; observation of motive power, cramps at first then contractions; finally muscular weakness at first in the lower extremities afterwards in the arms; anorexia, vomiting. Under the influence of these disturbances of the system, the individual lapses into a cachexia more or less profound. An important characteristic of this disease is the immediate amelioration of the symptoms, and the rapid and complete cure consequent upon a sufficiently prolonged removal from their exciting cause.

During the twenty years past in which chemical phosphorus has taken the place of the old sulphur matches, physicians have only had few opportunities to study the affection produced by phosphorus among the workmen employed in their manufacture; affections which now themselves in necrosis and caries of the bones, and which possess a peculiarity, that passing by other portions of the osseous system they invariably locate themselves in these very same bones. In this case, the result of phosphoric intoxication, has therefore its distinctive marks and characteristics.

When, in these specific diseases produced by the physical or chemical agents which we have just been considering, we can grasp the morbid cause; we can also grasp it, so to speak, although it is impossible for us to isolate it, in virulent or venomous liquids.

We know that it exists in the liquids thrown off by the individual, as the virus in the saliva of a rabid dog, the variolous virus in the pus of a pustule, although these liquids may be iden-

tical in appearance with those which do not produce any specific effect. We know that this cause exists in the secretions peculiar to certain animals and to certain plants; in the venom secreted by the gland placed at the base of the rattlesnake's fang as also in the juices secreted in the prickly nettle, but even though in the greatest number of cases we can no longer clearly see the morbid cause, yet we do as in natural history, by admitting its existence, suppose, in fact, that having found for the first time, in a certain country, a plant which up to that time, was unknown there, we should afterward discover in the same region a large number of them presenting all the characteristics of the first plant, invariably the same, would we not be right in affirming that all these plants were derived from one and the same germ, although we may not have seen the seed from which they originally sprang. In my opinion a better comparison could not be chosen, and an analogy has been justly established between nosological species and vegetable species. The living organism has been likened to a spot of ground in which, under certain conditions inherent in the nature of this organism, the seeds of disease could germinate, and spring up with their specific characteristics, just as the seed of a plant confides to suitable soil, springs up, reproducing the same species which furnished the germ. Although this comparison may be more applicable to contagious, inoculable diseases than to others, for of these we may truly say that their seeds are sown, and that therefore they necessarily retain the quality of the germ, yet this comparison is applicable not only to contagious diseases which are not inoculable, but also to another order of diseases characterized by phenomena in every instance identical, we are led to recognize the existence of special causes which are followed by special effects although these causes may completely escape our notice; just as in respect to the plants of which we have just spoken, we were compelled to admit that they all spring from the very same germ.

And so gentlemen we all admit the existence of what we call miasma, though we judge them only by their effects; we admit that there are several sorts, because certain peculiar, special phenomena, which are invariable, characterize different diseases which we suppose to be produced by them. Who of you would fail to recognize marsh fever, which manifests itself most frequently by intermittant attacks varying in type, but in some cases by neuralgic symptoms? who of you would not conclude that the person affected by it had been exposed to miasmatic emanations?

But here again, though we fail to discover the morbid cause, w

know at least the conditions of its development. In a great number of circumstances, these conditions themselves are completely unknown to us, and yet we cannot deny the existence of a cause, special in its nature, which must give rise to the special effect we have noted.

We are ignorant of the meteorological or telluric conditions under the influence of which cholera morbus makes its appearance; we are still more ignorant of its cause, and yet no one can deny its specificity, when he sees the disease ever manifesting itself by symptoms which are invariably the same. We do not know the cause of dothi-enteritis; but there is no physician who will not admit that it is special in its nature, when he sees the disease constantly characterized by special symptoms and by special anatomical alterations; and these specific characteristics are so clearly marked, so predominant, that all confusion is impossible. Every one can distinguish — dothi-enteritis from simple enteritis, when he shall be permitted to observe on the autopsy, the anatomical lesions, just as during the life of the patient the difference of the symptoms enable him to form his diagnosis.

To sum up, gentlemen, what I have just set forth before you, we must consider in every disease a common element, which may be called the physiological element, irritation, inflammation, etc.; an element also which may be called the nosological element, impressing upon the former, and upon the whole disease, a peculiar stamp, assigning to it a unique origin, a special principle, a nature more or less clearly determined, constituting in a word, the morbid species.

The common element predominates in diseases which may be regarded as accidental perturbation of our economy; a simple burn would be an absolute type of these. In this instance, the quantity of the morbid cause is everything, and we have only to take into consideration the difference of the organs, and the variety of organizations. But in a great number of diseases, in which the nosological element controls the common element, it would doubtless be as absurd to exclude the quantity of the morbid cause from all participation in the production of effect, as it would be not to take into consideration the difference of organs and the variety of organizations; but the quantity of the cause, the difference of organs, the variety of organizations are, in these instances, controlled by the quality of the cause, and it is this and its nature which must above all be considered.

In certain cases, we can grasp this cause, and produce almost at will the effects which belong to it. Such is the case in respect to the special phlegmasia excited by special physical or chemical agents, in

respect to virulent and venomous diseases and poisonings ; such is also the case in respect to diseases whose cause itself we do not know. But we so know the conditions of its action, as for instance malarial fever. In these cases the specificity is indisputable ; it is none the less so in other diseases whose causes and whose conditions of action are themselves unknown to us ; because in these cases, the specificity is as clearly determined by the invariability of the symptoms and of the forms of the affection, as if we had known at the same time both effects and causes ; for it is philosophical to argue from the constancy of one, the constancy of the other.

[Conclusion next month.]

Special Selections.

Defective and Impaired Vision, with the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL M.D., Surgeon to Howard Hospital, &c.

My attention has recently been directed to the subject of defective and impaired vision, having been appointed examining surgeon by the Governor to examine men who were drafted and who desired exemption. The proportion of cases of short sight, or myopia, was fifty in the thousand, while the cases of weak sight or Amblyopia, cataract, amaurosis, astigmatismus, granular disease, etc., was only twenty-five in one thousand cases. I have therefore come to the conclusion that as the fifty cases of myopia had been so since boyhood or girlhood, and in a few of the instances only was the defect hereditary, there was a neglect on the part of parent or guardian in not preventing so bad a habit. There is also a good deal of the blame to be attached to the family physician, who, when his attention is called to the weak eyes of the near-sighted child, neglects to place it on a proper course of treatment so as to improve the general health and eyes at the same time.

I therefore thought some practical observations upon this and kindred subject, in a series of articles, would be acceptable to the members of the profession whose attention is perhaps only called to a case once in six months or a year, and who has not the opportunities which our city physicians have of calling in consultation one of their brethren who devotes much of his time and talents to this one subject, and who is posted on all the improvements which the last ten years has produced.

THE OPHTHALMOSCOPE.—And first of the ophthalmoscope or speculum oculi, for without the use of this important aid in diagnosis we will often make most serious mistakes. Its employment requires a little more ingenuity and about the same amount of time and attention which is necessary to become expert with the stethoscope ; and certainly no right-minded and conscientious physician should be satisfied

in deciding on the existence of amaurosis in any case without a prior examination with the ophthalmoscope. With just as much certainty could we consider a patient to be laboring under phthisis, without a physical examination, because he has purulent expectoration and fever. It will also be found that there are numerous cases of defective and diseased eyes, which formerly would have been pronounced hopeless but which upon a careful examination by this admirable invention of Helmholtz's, are ascertained to be curable, and the reverse will equally hold good, thus preventing a long and tedious course of treatment, often to the detriment of the patient's general health and our own discomforture. Those who use the ophthalmoscope claim for it that it enables them to decide promptly and almost with certainty as to the disease and its nature, if situated in the crystalline lens, its capsule, the vitreous humor, the retina, choroid, and even the entrance of the optic nerve.

But as it is usually the case with every innovation upon old ideas, there is always found a certain number who stand opposed to its employment, and, as would naturally be anticipated, it comes from the same class of men who opposed the introduction of vaccination, anaesthesia, and other equally valuable adjuncts to our profession, and who are equally well represented outside of our profession by the opponents to the introduction of steam, gas, the electric telegraph, etc. Being unwilling to learn its use by the sacrifice of time and labor, they endeavor to produce its condemnation by a variety of objections, among which may be mentioned the charge that it has injured the eye by the bright light which has to be employed in the examination, or that danger may result from the use of the solution of atropia. These, I am confident, have but slight existence, as in the numerous examinations which I have made with the valuable instrument both in hospital and private practice, since May, 1853, it has rarely been my lot to hear a complaint from my patients, or to see any injurious consequences result from its use. When in London, in 1859, on a visit to the Royal Ophthalmic Hospital, Moorfield, I made the inquiry of Dr. Dixon, one of the surgeons, if he had ever seen any injurious results follow the use of the ophthalmoscope, when he stated that only in one case in thousands had he remarked any detrimental results, and in this case was a lady who subsequently died of apoplexy. He noticed that after such examination there was an increased effusion of blood upon the retina. This single instance of injury would be but a poor excuse for our rejection of so valuable an aid to diagnosis, which, according to H. Haynes Walton, has revolutionized ophthalmic nosology, and rendered obsolete nearly everything that has been written or taught on the deep-seated diseases of the eye.*

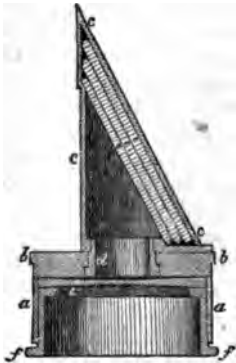
Diagnosis is the all-important secret of the physician, without which our therapeutics are but an agency of evil, destroying what we want to cure, and from this consideration alone every physician and surgeon should gladly avail himself of all the auxiliaries within his reach.

* A treatise on the Surgical Diseases of the Eye, p. 664, second edition, London, 1861.

In 1846, Cumming*, of London, first determined that by a certain arrangement of a gas light and a lens the fundus of the human eye could be seen. He did not see the optic nerve nor the retina vessels. "His simple process of examination was this: let the person under examination (with the dilated pupil) sit or stand eight or ten feet from a gas light looking a little to the side; standing near the gas light we have only to approach as near as possible to the direct line between it and the eye to be viewed, at once to see the reflection. Or in a dark room, a candle being placed four or five feet from the eye, if we approach the direct line between them we shall be able at once to see it in many cases. If solar light be admitted through a newly closed shutter into a dark room the luminosity may be seen when the pupil is tolerably dilated, the patient standing five or six feet from the aperture and the observer occupying the position before indicated." "In persons of fair complexion and blue or gray irides, it is generally more brilliant and more readily seen than in those of dark skin and irides. In the mulatto it is also dusky."

To Dr. Mackenzie is due a part of the credit of applying the first rudimentary ophthalmoscope to the investigation of deep-seated diseases of the eye. His method consisted in directing the light of a gas jet through the dilated pupil with a lens, so as to discover "what he considered the effects of hyaloiditis, or inflammation of the hyaloid membrane."† But the credit of the invention is due to Helmholtz, professor of Physiology at Konigsburg, Prussia, who made and described the first ophthalmoscope, and published it to the world in 1851.‡ He first employed a single slip of glass brightly polished, and with this he was able to see the surface of the retina but very faintly, not dilating the pupil in his first examinations. Finding that the illuminating power of a single slip of polished glass was too faint to view the minute details of the fundus, Helmholtz increased its intensity by constructing a compound reflector of several slips, superimposed in such a manner that the reflections from their several surfaces cover each other, and coalesce in a single image. For greater convenience he fixed this reflector upon one end of a short tube, in the opposite extremity of which he placed a concave lens.

In Fig. 1 is a horizontal sectional view of Helmholtz's instrument. Fig. 1, *aa* is a short blackened metal tube closed at one end by a plate *bb*, centrally perforated, which supports a hollow triangular prismatic metal box *ccc*. The base of this prism is connected with the plate by the short open cylinder *d*, in such a manner as to allow the rotation of the prism on the axis of the tube *aa*. The long side of the prism contains the reflector, composed of



* *Medico-Chirurgical Transactions*, 1846.

† Mackenzie on Diseases of the Eye, p. 564. Am. Ed.

‡ Beschreibung eines Augenspiegels zur Untersuchung der Netzhaut im lebenden Auge, Berlin, 1851.

three plane polished slips of glass, inclined at an angle of 56° to the axis of the tube, the other end of which contains the concave lens *l*, which is held in position by the friction tube *f*. When we examine the healthy eye of a young person the pupil appears dark, as if the bottom of the eye was black. This is not because any of the tissues are black that we look through, but it arises from the reflective power of the cornea and lens. Helmholtz, by overcoming the refraction of the cornea and lens by his ophthalmoscope, reflected the rays of light from the retina and made them come to a focus and produce an image on the retina of the experimenter's eye. It is stated that an accident suggested the invention to Helmholtz, but this is doubtful, as "Cummings'" experiments were published and sent all over the world, still we give it as stated. His friend Von Erlach, who wore spectacles, observed one day whilst conversing with an acquaintance, that the eye of the latter became illuminated when the rays of the light from a neighboring window were reflected by his glasses into this person's eye—hence it is also stated the probable reason of Helmholtz using plate glass as the reflector in his ophthalmoscope. There is no doubt that the immortal honor of the invention of the eye speculum, or ophthalmoscope, belongs to Helmholtz, although many others may have contributed to it, he made it truly practical and with it he was able to distinguish the optic nerve and the vessel emerging from it. In 1852, Ruete* invented an ophthalmoscope on a different principle from that of Helmholtz, light being thrown into the patient's eye by means of a concave mirror, through a hole in the centre of which the observer looked directly upon the illuminated retina. The objection to this ophthalmoscope is, that it is fixed upon a stand and therefore not well adapted to observe an organ so constantly in motion as the eye. Coccia† avoided this inconvenience by constructing a small perforated mirror to be held in the hand, and this instrument has been still further modified by Anagnostakis,‡ whose ophthalmoscope, from its extreme simplicity, appears to many to be the most useful that has been invented. It consists of a circular mirror, about an inch and three quarters in diameter, slightly concave, and perforated in the center with a round hole, the tenth of an inch wide. The amalgam of the mirror is protected by a brass plate perforated at a spot corresponding to the hole in the glass. The inside of this perforation should be brushed over with a non-reflecting black coating so as to prevent the metallic edge from producing small rays of light, which are very confusing to the observer. The mirror is set in a metal frame to which a handle is fixed.

In a recent work by Zander § he divides them into three classes, viz :

1. Ophthalmoscopes in which the reflector consists of slips of

* *Der Augenspiegel und das Optometer.* Göttingen.

† *Ueber die Anwendung des Augenspiegels,* Leipzig, 1853.

‡ *Essai sur l'Exploration de la Retine et des Milieux de l'OEil sur la Vivant,* Paris, 1859.

§ *Zander, A., Der Augenspiegel, Seine Formen und Sein Gebrauch.* Leipzig, 1859.

highly polished glass, with plane parallel surfaces, as Helmholtz's.

2 Homo-centric ophthalmoscopes, concave mirrors of silvered glass or metal, as Reute's and Liebreich's.

3. Hetero-centric ophthalmoscopes, plane or convex specula in combination with a convex lens, as Coccius' and Zehender's.

For several years we have employed the ophthalmoscope of Coccius, as modified by Anagnostakis, but more recently that of Liebreich. It is a small, slightly circular concave metallic mirror mounted on a handle, and pierced centrally with a much smaller hole than that generally made in the glass mirrors. Being of metal, an accidental fall does not break it, and the smallness of the hole diminishes to a minimum the amount of central shadow in the illumination, that results from the absence of the reflecting surface from the centre of the mirror. A slip for holding a small convex or concave lens is hinged to the frame of the mirror and folds against its back. To larger convex lenses of two and two and a half inches focal lengths, are usually supplied with this ophthalmoscope, and the whole is packed in a strong portable case, and all made by Mr. Kolbe of this city.

In using any of the forms of the ophthalmoscope the room should be darkened, and we can only employ artificial light; a candle produces too faint an illumination.

A steady lamp flame, like that used for the microscope, is required for viewing the interior of the eye; I employ a gas lamp with a Goddard burner, with a light blue chimney, made by Cornelius & Co. The best arrangement that I have seen for illumination is that at the "Royal London Ophthalmic Hospital," Moorefields. It is an Argand burner with very fine apertures, and has a piece of fine wire gauze fitted to the bottom, which subdivides the draught into a great number of small currents, which makes it very uniform. A short glass chimney, tinted blue, is preferable; a tall one produces too rapid a draught. The burner is fitted to a double jointed arm which can be raised or lowered and moved from side to side. The eye of the patient must be screened from the direct rays by a small blackened tin shield fixed to the burner.

If the pupil of the patient is dilated or very dilatable, no artificial means need be employed to produce it, but if a very thorough examination is required and the patient is past middle age, more especially if the examination is behind the iris, belladonna or its salts must be resorted to by placing a small quantity of the soft extract around the brow the night previous, or placing within the eyelids a few drops of a solution: \mathcal{R} . Atropia sulphatis, gr. $\frac{1}{4}$ —j. Aquæ distil. f. \mathfrak{z} . M. M. ft solut.

This is to be used a few minutes before the examination. No beginner should attempt to examine the eye even in health, without the use of the atropia. It will be well to state to the patient that after the examination the vision will be impaired for one or two days; state that this is not owing to the examination, or use of the ophthalmoscope, which they are apt to think is the cause. In some it produces much disturbance to the patient's vision, a solution of opium in the form of the watery extract, dropped into the eye will soon cause

contraction, or an opium plaster applied to the temple will relieve it.

From recent and careful experiments of Dr. Hayden,* he proves the following facts: that belladonna dilates the pupil by inducing a state of active contraction of its dilator muscles through the sympathetic, and that opium causes its contraction by stimulating its constrictor muscle through the third or *motor oculi* nerve.

"The force which presides over active accommodation is derived from the cerebro-spinal system: the other, which holds under its control the tensor of the circular fibres, is the ganglionic system, on which opium and belladonna act with opposite effects, the former paralyzing them and the latter exciting them. We must not lose sight of the fact that the contraction of the radiated fibres corresponds to relaxation of accommodation as paralysis does to the maximum convexity of the lens.

"The tensor muscle of the choroid, like the iris, is composed of a crown of radiated fibres, implanted by their internal extremity upon a circle formed of circular fibres in the manner of sphincters. The radiated fibres placed under the influence of the sympathetic, contract in both organs under the reflex action of the sympathetic or by the action of belladonna. Opium, on the contrary, paralyzes them as does the division of the superior fillet of the cervoid ganglion, thus evincing the action of sphincters."

The experiments of Orfila have shown that persons who have died from the effects of belladonna, the cerebro-spinal centre and its investing membranes are in a state of extreme vascular congestion. But we know now that belladonna may act as an excito-motor stimulant when applied to the eye, without at all giving rise to congestion of the ocular vessels. It would appear that whether applied to the periorbital and palpebral integuments, or on the conjunctiva, it acts invariably upon the sympathetic supplied to the radiating muscular fibres of the iris, through the branches of the fifth pair of nerves distributed on those surfaces as its incident medium.

THE CALABAR BEAN.—Next in importance to the use of opium in producing effects exactly opposite to those induced by belladonna or atropia, is the Calabar bean or its alkaloid. The first notice of its effects was by Dr. Robertson,† of Edinburgh, who states that his friend Dr. Frazer informed him that he had seen contractions of the pupil result from the local application of an extract of the *ordeal bean of Calabar*. He resolved to investigate the action of the substance upon himself, and with some difficulty obtained the bean from which he made an alcoholic extract of various strengths; the strongest was such that one minim of it corresponded to four grains of the bean. The results obtained from his first experiments were, that the Calabar bean acted first on the accommodation of the eye, causing indistinct vision of distant objects beyond eight inches from the eye, appeared dim and indistinct, but was relieved by the use of concave glasses.

* *Dublin Quarterly Journal*, August, 1863—p. 51-54. Hayden on Poisoning with Atropia Belladonna and on the mode of action of Belladonna, according to Graefe. *Ophthalmic Journal*, April, 1869, p. 308.

† *Edinburgh Medical Journal* and *Boston Medical and Surgical Journal*, April 2, 1860, p. 178.

The next marked effect produced was contraction of the pupil, its diameter being reduced from two lines to half a line. He further proved by a second series of experiments, that it possesses the power of counteracting the effects of atropia, resembling opium in this particular. He thinks the most feasible explanation of the action of the Calabar bean on the eye is to regard it as a stimulant to the ciliary nerves. It is applicable in all instances where atropia is used to render the examination of the eye more perfect or more simple. This includes two classes of cases; those in which dilatation of the pupil is either necessary or desirable to aid ophthalmoscopic examination, and those in which paralysis of the ciliary muscle is necessary, in order to ascertain the state of the accommodation of the eye. He also advises its use in cases of retinitis with photophobia, ulceration of the margin of the cornea leading to perforation, or even when prolapsus of the iris has just occurred, as well as in the cases where the iris has a tendency to protrude through a corneal wound, but as yet he had but little opportunity to test it practically, which was soon done by Mr. Thomas Nunneley,* of Leeds, who obtained a supply of the extract dissolved in glycerine and at once availed himself of its power over the concentric fibres of the iris, by which he observes the pupil may be reduced in size to a mere speck, and the whole surface of the iris put upon the stretch; the direction of the force being from the circumference toward the centre of the membrane. The most important application was to wounds of the cornea and sclerotic with prolapsing iris, either the result of injury or in operations by the surgeon. Many plans have been suggested for disengaging the prolapsed iris, which, though occasionally successful, far more commonly fail. It occurred to Mr. Nunneley that if the iris could be kept for some hours on the full stretch, by the almost entire contraction of the pupil, it would not prolapse, and thus the corneal wound might heal by the first intention. The result of two cases in which he employed the bean is most satisfactory, and would quite justify the belief that if the case is seen immediately after the infliction of the injury, before prolapsus has taken place or even though this has happened, before adhesion has occurred, the iris may be kept out of the wound and this will then heal as after a surgical wound. The two cases reported were as favorable as possible, and the results have been far better than he could have anticipated.

* *Lancet and Dublin Medical Press*, July 29, 1863, p. 111.

Reviews and Notices.

Twenty-Fifth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1863.

This is also the eighth year under the administration of Dr. Hills—who has managed the affairs of this our eldest State Institution for the insane—with judgment and excellent success.

We have, in the Superintendent's Report, the usual statistical tables—from which we glean as follows :

	Males.	Females.	Total.
In the Asylum, Nov. 1st, 1862,	140	120	260
Admitted during the year,	69	79	148
Total under treatment,	209	199	408
Discharged,	83	73	156
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Remaining, Nov. 1st, 1863,	126	126	252

The per cent. of recoveries on the number discharged, was 64.1.

During the year the Central Asylum met with a sad loss, in the death of Dr. D. L. Ely, who had been connected with the Institution as Assistant Physician, for more than seven years, and was an accomplished physician and courteous gentleman.

Dr. Hills makes a number of valuable hints and suggestions in the course of his report—for which, however, we must refer the reader to the report itself.

The Transactions of the American Medical Association—Instituted 1847. Vol. XIV. Philadelphia: 1864.

Once more we have the welcome sight of a volume of Transactions of the American Medical Association. From 1860, when the Association convened in the quiet and classical city of New Haven, to 1863, when it again assembled in the growing, bustling city of the great North West—is a sad blank in the history of American Medicine as marked in the Annual contributions of our National Association. No Transactions for 1861-62! We trust in all the years to come, no more such silent waymarks may rise up before us; but year after year we shall rather hope that our brethren may henceforth assemble in the spirit of fraternity and union—the entire American Medical profession coming up to this Annual Jubilee, with gifts for the common Altar of Medical Science.

Under the peculiar circumstances of the occasion, and the condition of our country, it becomes interesting to look over the roll of names

answering to the Secretary's call, in which we see a goodly list in attendance, many of them well known all over the country, while we notice eighteen states and one territory represented by their regular delegates—with about twenty-five regular associations, hospitals and colleges, besides the large assemblage of permanent members.

The volume before us representing the labors and transactions of the Association for 1863, is perhaps the smallest in size ever issued; owing in part, we presume, to the suggestion of the Treasurer, admonishing the Society that with the heavy advance in everything connected with book making, it behooved them to refer only strictly valuable papers to the Committee on Publication, and in every way, so far as consistent, to condense the volume.

Following the usual record of the minutes proper, and the usual business reports, we find in regular order the following papers, several of them very valuable, and worthy of the early days of the Association.

The annual address of the retiring President, is by the acting President, Dr. Wilson Jewell, of Pennsylvania. The President elect at New Haven, the venerable Dr. Eli Jones, having in the interim been gathered to his fathers, full of years and full of honors. Dr. Jewell gives a neat and rapid note of the retirements of the various Presidents of the Association, from the illustrious Chapman, down to that most excellent and worthy gentleman, Dr. Lindsley, President elect at the session of 1859, at Washington: having paid this graceful tribute, he proceeds to discuss the subject of Hygiene.

Report of the Committee on Medical Education. By C. C. Cox, Surgeon U. S. Vols., of Maryland.

Report on Medical Literature. By Dr. C. A. Lee.

Diatheses—their Surgical Relations and Effects. By Prof. E. Andrews, of Chicago.

The American Method of treating Joint Diseases and Deformities. By Dr. H. G. Davis, of New York.

Cases of Diarrhœa Adiposa. By Dr. J. H. Griscom, of New York.

American Necrology. By C. C. Cox, Surg. U. S. V. Md.

An Inquiry into the Physiological and Medical Properties of the *Veratrum Viride*: Together with some Physiological and Chemical observations upon the Alkaloid *Veratria* obtained from this and other species. Being the Prize Essay to which the American Medical Association awarded the Prize Medal for 1863. By Samuel R. Percy, M. D., of New York city.

Laryngiscopal Therapy, or the Medication of the Larynx under sight. By Dr. Louis Elsberg, of New York city.

Some of these papers, as we have just said, are of permanent value—and some treat of matters of general interest to our readers; we shall, therefore, at our leisure, recur to their consideration, and present some of the more important views of their authors.

Such of our readers as desire to secure the Transactions for the current year, should address the Treasurer, Dr. Caspar Wistar of Philadelphia.

Editor's Table.

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St. John's Hotel for Invalids.—For sometime past the friends of this Institution have had it in contemplation to either rebuild their hospital or build anew on some more suitable site; thus enabling the Sisters who have this Charity under their control the more successfully to carry out their plans, and accommodate the press of patients overcrowding their wards. This enterprise has recently taken a fresh impulse, and as we understand the subscriptions are of so liberal a character, as to render the early erection of a new hospital a matter of certainty. At a public meeting a few weeks since of friends interested in *St. John's Hotel* a large business committee was appointed to mature plans and present a systematic appeal to the friends for their aid; this committee is composed of C. T. Jones, Esq., Jos. C. Butler, R. R. Springer, W. W. Scarborough, L. C. Hopkins, J. C. Baum, S. S. L'Hommedieu, W. H. Clement, Judge Mallon, etc., etc. This committee is now organized by the election of C. T. Jones, President; J. J. Rickey, Secretary; and Jos. C. Butler, Treasurer. We presume we shall have the new St. Johns as amongst the handsome edifices adorning our city at an early day, and shedding in its unostentatious way blessings and health upon the community.

We hope to be able soon to announce that earnest steps are in progress for the erection of a building to take the place of the old Commercial Hospital which has so long disgraced the Queen City of the West.

Dr. Turnbull on Defective and Impaired Vision.—Some months ago we gave a wood cut illustrative of the ophthalmoscope together with some account of its application. Dr. Turnbull, of Philadelphia, is

publishing a series of articles in the *Reporter* on the ophthalmoscope and its uses in impaired vision, and through the courtesy of the editor of that well-known Journal we shall re-publish those papers which have special reference to the ophthalmoscope together with the illustrations, commencing as our readers will observe in the present number, under the head of *Special Selections*. We think these papers will interest and profit our readers.

Annual Medical Register.—We notice in the Philadelphia *Reporter* an extract from the prospectus of Dr. Furman, of New York City, who proposes to issue a Medical Register for the city of New York. It will contain a good deal of useful information and be a very convenient pocket manual for the physicians of that city. "It is intended to contain—the name, residence, and office hours of every REGULAR PRACTICING PHYSICIAN in this city, as far as they can be ascertained; an account of the various hospitals, dispensaries, infirmaries, medical colleges and societies, with especial reference to physicians; a brief account of the laws of this State, relating to coronor's inquests, and the disposal of insane persons; a calendar, indicating the days of meeting of the different Medical Societies; Medical Necrology for 1862-3, etc., etc. It is further designed to issue a revised edition of this work about the first of June of each year; the price not to exceed one dollar a copy."

Has not the time nearly arrived when such an annual Medical Register would prove a most agreeable visitor to the tables of Cincinnati physicians?

Increase of Price of Medical Journals.—We remarked in our last number the probable approaching absolute necessity of an increase in the subscription price of this Journal. Since that issue we see the *Philadelphia Reporter* announces that from and after the 1st of May that publication will be enlarged and the price will be advanced to \$5, a year. We have not decided on an advance as yet, but with the steady advance in the cost of everything in the country, material, labor, food, everything, we foresee that we must prepare for such a change in our terms, much as we regret the necessity.

Old Journals Wanted.—To complete our file of the *Western Lancet*, we desire to obtain the following back volumes: for 1843-'44-'45-'46-'47-'48-'49.

A medical friend also desires to complete broken sets of various

Western medical periodicals, and has made out the following list. Any person having any of these volumes or parts of volumes, who will dispose of them, will confer a favor by communicating with Dr. E. B. Stevens, at this office.

"Western Quarterly Medical Reporter." Edited by Dr. John D. Godman: Cincinnati, 1822—2 Vols.

"Ohio Medical Repository." Dr. Guy W. Wright and James M. Mason, Editors: Cincinnati, 1826—1 Vol.

"Western Medical and Physical Journal." Drs. Guy W. Wright and Daniel Drake, Editors: Cincinnati, 1827—1 Vol. Continued, as "Western Journal of Medical Sciences," by Dr. Drake, till 1839.

"Louisville Journal of Medicine and Surgery," by Profs. Miller, Yandell and Bell: 2 numbers issued.

"Semi-Monthly Medical News," Louisville, Ky. Want Vol. 1, No. 8.

"Louisville Medical Gazette." Want Vol. No. 1, 6, 7, 8, 9, 10, 11, and 12.

"Nashville Monthly Record." Want, Vol. 1, No. 8; Vol. 2, No. 1, 3, 5, 6, 9, 10, 12; Vol. 3, all after No. 3.

"The Western Medical Gazette." Edited by Drs. Eberle, Mitchel, Smith and Cross. Cincinnati, 1832-35—2 Vols.

"Ohio Medical Repository," (second of the name.) Cincinnati, 1835—1 Vol.

"Western Lancet." Dr. L. M. Lawson. Cincinnati, 1842. Want Vol. 1, Nos. 1, 2, 3, 11, 12, or whole volume; Vol. 2, Nos. 10, 12, or whole volume; Vol. 11, No. 1; Vol. 15, No. 1; Vol. 17, No. 11.

"Transylvania Journal of Medicine and the Associate Sciences." Edited by Drs. John E. Cooke and Charles W. Short. Lexington, Ky., 1828. Want Vols. 1, 6, 7, 8, 9, 11 and 12 entire, or the entire set.

The American Medical Association.—We have received the following announcement of the forthcoming meeting of the National Association in New York City, to which we urge the special attention of the profession, and all bodies and associations desiring representation. We also trust that the several special and standing committees will be reminded hereby to mature their reports in good time:

The 15th Annual Meeting of the "American Medical Association," will be held in the city of New York, commencing, Tuesday, June 7, 1864, at 10 o'clock A.M. Proprietors of Medical Journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issues.

GUIDO FURMAN, M.D., Secretary.

New York City, March, 1864.

We also append the following extract from the constitution, showing the proportion of representation to which various medical organizations are entitled. Lists of delegates, properly authenticated, should be forwarded to the Secretary at New York as early as possible, to enable him to make due arrangements :

Every permanently organized Society, College, Hospital, Lunatic Asylum, and other medical institutions of good standing in the United States, and from the American Medical Society of Paris, have the privilege of sending delegates to the Association as follows : Every local society, one delegate for every ten of its regular resident members ; one for every additional fraction of more than half this number. The faculty of every regular constituted college or chartered school of medicine, two delegates. The medical staff of any municipal hospital, containing one hundred inmates or more, two delegates ; and any other permanently organized medical institution of good standing, one delegate "

"The Chiefs of the Army and Navy Bureau of the United States, each four delegates, to represent the medical staff of their respective departments."

New York Medical Independent.—We have received the first number of a new weekly journal with the title of *New York Medical Independent and Pharmaceutical Reporter*, and as we infer from the first number it will be devoted to the general interests alike of Medicine and Pharmacy. It is printed on good paper, and presents a creditable appearance. We place it on our exchange list with pleasure. No editorial name is given, we must therefore extend our greetings to the *Independent*. The price is \$2. a year. Address No. 447 Broome St., New York.

Annual Report of the Surgeon General of Ohio, for the Year 1863.—This interesting and truly valuable State paper is before us, and the late Surgeon General, Dr. Smith has our thanks for the large amount of information thus placed in permanent shape. The Report is arranged under the following topics as special heads :

1. State Volunteer Medical and Surgical Service.
2. Examinations of Medical Officers.
3. Appointments and Resignations of Medical Officers.
4. Deaths.
5. Miscellaneous.

In the tabular list of the Medical appointments for the year we find that one hundred and fifty-five appointments have been made, the officers being distributed throughout the entire list of regiments on our State Roll. The necessity for so large a number of appointments is occasioned by various causes ; new regiments have been organized, many medical officers

have resigned, and a number have been transferred to the U.S. Volunteer Service. One hundred and nineteen resignations were accepted, a large portion of these being tendered on account of failing health.

Pennsylvania Hospital.—Dr. JOS. PANCOAST has resigned his situation as one of the surgeons of this institution, and Dr. Thomas Geo. Morton has been selected in his place.—*Med. News.*

A Hospital for Consumptives.—We laid aside the following article from the *Boston Medical and Surgical Journal*, some weeks ago, intending to revamp it for adaptation to the wants of our own city; but on re-reading it we find it so well said, and the ground so completely occupied that we reprint it entire, and commend the matter to the suggestions of our readers:

NEED OF A SPECIAL HOSPITAL FOR CONSUMPTIVE PATIENTS.—It is somewhat remarkable that in the wide circle of the numerous and various charitable institutions of New England there still remains an unfilled gap, which any reflecting person knowing the peculiarities of our climate, and the pathological predisposition of so large a number of our people, would have expected to have seen filled long since; we mean the need of an asylum or sanitarium for the victims of consumption. No other disease in our latitude counts so many victims, and in the larger cities no other disease so taxes the resources and calls forth the sympathies of private charity as does this; and yet the result of all charitable effort in this direction, for the want of the special comforts which a hospital expressly designed for this class of patients would afford, is most discouraging and unsatisfactory.

The need of some such provision is so obvious that it seems almost superfluous to mention it. Doomed as the sufferers from this fatal disorder are, in so many instances, to many weeks and months of invalidism, we cannot harshly question the judgment of those who control our various general hospitals, if they object most seriously to receiving them, as a general rule, within their walls. The protracted nature of their complaints makes them, if admitted, so long dependent on the bounty and care of these institutions, that a number of patients, suffering from curable, acute affections, might in succession have occupied the place filled by one such incurable one; and several lives might have been saved to the community where one poor victim has had his pathway to the grave only made smoother and easier. Any one conversant with existing hospitals must have often felt with poignant regret the necessity for excluding the majority of applicants of this class for this reason. How frequently is the exclamation, there ought to be a hospital for patients with consumption! A single fact illustrates this truth most forcibly. During the year 1863, among the out-patients of the Massachusetts General Hospital there were between two and three hundred cases of phthisis in its various stages. The very fact of their application there indicates their great want of the first

requisites to ensure their comfort. No person poor enough to solicit gratuitous aid from a public charity can possibly be in the way of obtaining the comforts and luxuries which are absolutely essential in this disease. A large number of these patients, it is true, apply at this institution for a positive diagnosis and prognosis of their complaints, and after one or two visits disappear and no more is known of them. What mockery is it to prescribe a long course of expensive stimulants or tonics, with nutritious diet, to these poor victims, whose only resource for their daily bread is cut off by their inability to work! Hundreds of poor people in this community are thus at this very moment languishing away under the withering hand of this destroyer, who from first to last must depend on the uncertain dole of private charity, or the hard-spared earnings of their immediate friends, and must, therefore, inevitably lack many things which would have greatly alleviated their sufferings.

But it is not of the hopelessly consumptive alone that we would speak—objects of the deepest sympathy as they are. There are others—we cannot say how many—whom the want of a public institution for their special treatment deprives of the only hope of improvement or recovery. What chance can a young sewing girl with incipient phthisis have, for instance, bending all day over her work, shut up, from morning to night in a hot room with a crowd of others, unless she can be released from such drudgery and breathe a purer air? Many such there are who present themselves for examination, for whom there is a reasonable chance for greatly improved health, if not ultimate recovery, could they have the opportunity of coming under proper hygienic influences. As it is, they struggle on, subject to the very causes which have developed their fatal disease, compelled to labor to keep body and soul together until the last moment of their failing strength, without hope of ever being any better, and only too happy if their sufferings are not greatly prolonged after their capacity for work has ceased. For this class there is a most urgent need of an asylum, where temporary relief might recruit their exhausted energies, allowing them to return perhaps for a time to their wonted occupations, possibly arresting entirely the advance of their destructive malady, and at any rate holding out to them the prospect of a haven of rest and comparative comfort when the inevitable doom has set its seal upon them.

There is still another aspect in which the establishment of a charitable institution for the treatment of consumption is of very great importance, namely, the opportunity which it would afford for the study and scientific treatment of this disease here. Of late years, as we all know, there have been very great changes in the methods of treating, and new theories have come in vogue of the special causes originating it. The climate and atmospheric influences of New England are peculiar, and require to be studied with special reference to this disorder. Our plans of treatment and theories of origin have heretofore been mainly borrowed from European authorities, whose researches have been conducted under very different conditions. Dr. Bowditch has only quite recently demonstrated the extreme probability that hu-

midity of the soil is the exciting cause of consumption in many parts of New England. How important, then, that a healthy residence should be secured for those attacked by this disease, whose means do not admit of their choosing a home best calculated for their recovery! There are many methods of treatment, also, where the poor are the subjects of it, which can only be satisfactorily tried in a hospital; some of them are such as can hardly be used in any case except in such an institution. We are fully persuaded that we are far from having learned all that can be learned of this scourge of New England, and the opportunities which a special hospital would afford would give the best chance for discoveries which would be of the greatest benefit to the whole community. Let us hope, therefore, that this gap in the circle of our public charities may not remain unfilled much longer.

State Medical Society of Indiana—Will hold its Fourteenth Annual meeting at Indianapolis, beginning on the third Tuesday, (17th inst.) of this month, under the presidency of Dr. Sloan, of New Albany.

We are not advised as to the prospects of a good meeting, but we do know that our professional friends throughout the State should sustain the society by their presence. An attendance for several years has amply demonstrated to us there is both pleasure and profit in being present at its sittings.

A committee was appointed last year to present to this meeting a revised Constitution and By-Laws, and the following are the special committees expected to report:

Cerebro-spinal Meningites, Dr. Bracken; Entozoa of Man, Dr. Fletcher; Chronic Diarrhœa, Dr. Spencer; Pneumonia, Dr. Harding; Intermittant Fever, Dr. Day; Scarlet Fever, Dr. Woodworth; Change of Type of Disease, Dr. Eitt; Rheumatism, Dr. Collings; Influence of Mind on Disease, Dr. Wishard.

The delegates from the Ohio State Society to that of Indiana for the present year are Drs. H. S. Conklin and J. A. Murphy.

We have also heard it hinted that the Indianapolis Medical Association have some arrangements on hand not announced in the above programme which promise to add to the social attractions of the meeting and will make it agreeable for the fraternity at large to be present.

We also venture the suggestion that members throughout the State secure a brief notice of those meetings in their respective county papers.

Cincinnati College of Medicine and Surgery.—The commencement exercises in this institution were held on Wednesday evening, the 17th of February, 1864, in Bible Chapel on Longworth Street between Central-Avenue and John Street.

The Degree of Doctor of Medicine was conferred by Jacob Graf, Esq., President of the board of trustees, on the following named gentleman, being thirty in number ; as follows : John J. Albers, Edward M. Anderson, George A. E. Carey, Stephen W. Brown, George R. Chitwood, Jr., John E. Chitwood, David H. Daniel, Isaac W. Douglas, Richard Edwards, Edward G. Farshee, William J. Fain, John B. Grayer, Joseph T. Harper, Levi Hess, Uriah A. V. Hester, Henderson Hine, Thomas F. Holiday, Calvin B. Holcomb, Francis M. Howard, Edward Kitzmiller, Philip H. Livingston, Joseph B. Lucas, Prentis Mede, William C. O. Rear, John M. Pickett, Timothy F. Risk, John M. Ross, James M. Runyan, A. B. Tadlock and Charles Wyman.

After which a valedictory address to the graduating class was delivered by Prof. T. A. Pinkney.

The Ohio State Medical Society—Will meet at White Sulphur Springs on Tuesday, the 21st of June. We call attention thus early, that members and committees alike may be reminded of the time and make their arrangements. The meetings of the Society for several years past have been held at the White Sulphur Springs, and have been occasions of a great deal of gratification to the members both professionally and socially. We anticipate a full and interesting gathering the present year. We also take this occasion to announce the special committees as follows :

Surgery, N. Dalton ; Disenses of the Eye, A. Metz ; Obstetrical Surgery, M. B. Wright ; Practice of Medicine, J. A. Murphy ; Obituaries, M. Dawson ; Insanity, R. Gundry ; New Remedies, E. B. Stevens ; Asthma, T. A. Reamy ; Pancreatic Disease, J. P. Gruwell ; Diphtheria, P. Beeman ; Uterine Diseases, G. W. Boerstler.

Dr. M. Dawson is chairman of the Executive Committee, and whatever arrangements he may make of interest to members intending to visit White Sulphur Springs at that time, will doubtless be communicated in time for our next number.

Robt. Carroll & Co—Successors to Rickey & Carroll.—Mr. Rickey, of the well known book publishing house in this city heretofore known as *Rickey & Carroll*, having withdrawn from the firm, the house will be known by the title of *Robt. Carroll & Co.*, and will remain in the old room in the Opera House building on Fourth Street.

OBITUARIES.

Death of Dr. Fleming.—At a meeting of the Regular Medical Profession of Shelbyville, held at the office of Dr. Forbes, on the evening of March 22d, 1864, for the purpose of considering the death of Dr. Fleming, Dr. Day was called to the Chair, and Dr. Green appointed Secretary. Drs. Green, Kennedy, and Forbes were appointed a committee, who reported the following preamble and resolutions, which were unanimously adopted:

WHEREAS, It has pleased an All-wise Providence to remove from our midst by death, our friend and co-laborer in the Profession, therefore,

Resolved, That in the death of Dr. G. W. Fleming, the Profession has lost an honorable and useful member, the community a good and kind physician and public spirited citizen, the poor a generous and faithful friend, and his wife and children an affectionate husband and father.

Resolved, That as further testimony of respect for our deceased brother, we will attend his funeral in a body.

Resolved, That a copy of these resolutions be presented to the family of the deceased, and published in the county papers, and that Dr. S. A. Kennedy be requested to write an obituary for the Cincinnati *Journal & Observer*.
S. D. DAY, Pres't.

W. F. GREEN, Sec'y.

Died, in Shelbyville, Indiana, at noon, on the 21st day of March, 1864, of Erysipelas gangrenosus, Dr. G. W. Fleming, in the 68d year of his age.

Until night of the 12th of March, he had been in his usual good health. In the morning of that day he accidentally scratched his left hand with a pin, and in a few hours after rode to the country and dressed, for one of his patients, a large chronic abscess. In the night he was suddenly seized with violent darting pains, commencing in the injured hand, and extending to the shoulder. Upon examination, the hand and lymphatics of the axilla were found slightly swollen; in a short time the hand and forearm were covered with blains, containing limpid, reddish serum, and with their appearance constitutional symptoms came on, which led him to believe that in cleansing and cauterizing his patient's wound (the day previous), septic poison was communicated to him through the abrasion on his hand. On Sunday, Dr. Day visited and concurred with him in that opinion.

In the course of a few days, the cuticle and cellular tissue of the entire arm and shoulder were in a state of sphacelus. His constitution, otherwise good, succumbed to the terrible shock, notwithstanding

ing the exhibition of all means that Love and Science could suggest, and thus he fell a victim to the destroying angel, whom he had so often and successfully combated for others.

Dr. Fleming was born in Washington County, Pa. At an early age he entered Washington College, and completed his literary course in 1822. He then commenced the study of medicine in his native town, with Dr. James Straus, an eminent physician of that place. On account of a certain degree of deafness occurring soon after the completion of his medical pupilage, he did not engage in the practice of his profession, until he emigrated to this State, in 1830. After two years sojourn here, he became dissatisfied, and went to Westmoreland County, Pa., where he remained until 1849, when he again came to this County, the field of his early professional labors.

Dr. John Redman Coze—died in Philadelphia, March 28d, ult. in the 91st year of his age. He was the oldest graduate of the Medical department of the University of Pennsylvania,—and was subsequently and for many years a Professor in that Institution, filling first the Chair of Chemistry, afterwards that of *Materia Medica*, retiring from the school in the year 1835. He was one of the first to introduce vaccination into the United States. He was also the inventor of the old preparation—*Syrupus Scillæ Compositus, U.S.P.*,—better known for the past quarter of a century as *Coze's Hive Syrup*. For many years he has been leading a quiet and retired life.

Dr. Franklin Bache—died March 19th ult., in the city of Philadelphia. Dr. Bache is well known as one of the authors and editors of the *United States Dispensatory*. He had filled many honorable stations, and at the time of his decease was Professor of Chemistry in the Jefferson Medical College.

Army Medical Intelligence.

Surgeon Josiah Curtis, U.S.V., has been ordered to Knoxville, Tenn., for duty in the field.

Surgeon Charles O'Leary, U.S.V., has been relieved from the charge of Christian Street Hospital, Philadelphia, Pa.

Surgeon Charles O'Leary, U.S.V., now at Philadelphia, Pa., will report by letter to the Provost Marshal-General, U.S.A., for duty as member of a Board to be convened in that city, for the examination of applicants for commissions and commissioned Officers already in the U.S. Invalid Corps.

Assistant Surgeon Franklin Grube, U.S.V., has been assigned to the charge of the Marine General Hospital, Cincinnati, Ohio.

Surgeon Sanford B. Hunt, U.S.V. is relieved from duty at the Rendezvous of Distribution, near Alexandria, Va., and will proceed without delay to Louisville, Ky., and report in person to Assistant Surgeon-General R. C. Wood, U.S.A., for assignment to duty.

Surgeon J. S. Bobbs, U.S.V., now on duty at Indianapolis, Ind., will report by letter to the Provost Marshal-General, U.S.A., for duty as member of a Board to be convened in that city, for the examination of applicants for commissions and commissioned Officers already in the Invalid Corps.

Surgeon Alexander J. Mullen, 35th Indiana Vols., having tendered his resignation, is honorably discharged the service of the United States, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

In addition to his duties as attending Surgeon, Battery E, 2d U.S. Artillery, Assistant-Surgeon E. Freeman, U.S.V., has been assigned to the Franklin House Hospital, Knoxville, Tenn.

Surgeon J. W. Lawton, U.S.V., has been assigned to duty in charge of Convalescent Camp, Nashville, Tenn., General Hospital No. 12, of which he was lately in charge, having been closed.

Assistant-Surgeon Samuel Hart, U.S.V., has been placed in charge of General Hospital No. 4, Murfreesboro, Tenn.

Surgeon S. B. Davis, U.S.A., has reported to Major-General Curtis, U.S.V., at Fort Leavenworth, Kansas.

Surgeon Henry A. Martin, U.S.V., has been relieved from duty as Chief Medical Officer, cities of Norfolk and Portsmouth, Va., and will proceed to Newbern, N. C., and report to Surgeon D. W. Hand, U. S. V., for duty in the District of North Carolina.

Surgeon H. B. Buck, U.S.V., has been relieved from the charge of the Military Prison Hospital, Camp Morton, Ind., and assigned to duty as Superintendent of Hospitals, Camp Butler, Ill.

Surgeon William Watson, U.S.V., having closed the Jackson Hospital at Memphis, Tenn., is, by order of Assistant Surgeon-General Wood, assigned to the Crittenden Hospital, Louisville, Ky.

Surgeon R. L. Stanford, U.S.V., has been relieved as Superintendent of Hospitals at Knoxville, Tenn., and has reported to Assistant Surgeon-General Wood, at Louisville, Ky., for duty.

Surgeon John F. Head, U.S.A., will relieve Surgeon J. S. Bobbs, U.S.V., in his duties at Cincinnati, Ohio. Surgeon Head will report in person to Assistant Surgeon General R. C. Wood, at Louisville, Ky., for assignment to duty.

Surgeon Gideon S. Palmer, U.S.V., has been relieved from duty in St. Louis, Mo., and will report to Assistant Surgeon-General Wood for duty.

Surgeon A. H. Hoff, U.S.V., has been assigned to duty as Medical Director of Transportation in New York City, relieving Surgeon J. C. Dalton, U.S.V.

Surgeon John H. Phillips, U.S.V., to the 1st Division, Cumberland Hospital, Nashville, Tenn.

Assistant-Surgeon Edwin Freeman, U.S.V., to Columbus, Ohio, attending sick and wounded officers and examining recruits.

Assistant-Surgeon, W. W. Wythes, U.S.V., has arrived at Knoxville, Tenn., and been assigned to duty at General Hospital-No. 4.

Surgeon S. W. Gross, U.S.V., to Jacksonville, Fla.

Surgeon John T. Carpenter, U.S.V., has been relieved from duty at Cincinnati, Ohio, and ordered to report to Assistant Surgeon-General Wood, at Louisville, Ky.

Surgeon William S. King, U.S.A., has been relieved from duty as Medical Director, Department of the Ohio, and ordered to report to the Medical Director, Northern Department, for duty as Superintendent of Hospitals at Cincinnati, Ohio.

Editorial Abstracts and Selections.

PREPARED BY W. B. FLETCHER, M. D., INDIANAPOLIS.

SURGICAL.

Bursæ.—Frederic C. Skey, Surgeon to Dr. Bartholomew's Hospital, in his Reports of Cases, says that the Tincture of Iodine, and blisters, are both ineffectual in the treatment of *Bursæ*, and in a large number of cases he has used the thread, which destroys the *bursæ*, whether composed of solid walls or fluid contents.

A moderately thick silk thread is passed through the *bursæ*, and the formation of an abscess follows. The period required for this conversion is from three to ten days.

The presence or the immediate advent of matter is indicated by pain in the swelling and by the existence of a red halo around the opening made by the needle. When this sign is *fully* established, the thread may be withdrawn. The *bursæ* is now forever obliterated, and we have an abscess in its place, identical with and amenable to the same treatment as an abscess in any other place.

The more chronic and solid varieties pass slowly into suppuration; the more acute cases, when accompanied by redness and pain, require watching, and are early removed by the thread.

Adventitious bursæ, called *ganglions*, presenting on the back of the waist or foot, are successfully treated by *entirely* evacuating the con-

the opposite walls being maintained in absolute contact, by a
 us, will effect a cure in from twelve to forty-eight hours.—
Lancet.

us.—The best treatment of burns and scalds is that introduced
 Kentish, of Bristol, about half a century ago, and consists in
 of stimulating applications to the injured surface.*

Skey has fully tested this treatment for a number of years, in a
 number of cases, and feels convinced after using all other meth-
 hich are supposed to soothe, allay, or calm the pain, and be-
 at any one fully trying the two plans, will adopt the stimulat-
 .ment. As an instance, he gives the following :

were brought into the Hospital at one time, severely burnt by
 losion of gas. One died immediately, the remaining four
 dly burnt about the face, chest, and arms.

face and chest of each man was washed with a solution of ten
 of Nitrate of Silver. To the arms was applied the celebrated
 , or boiled oil.

fty-four hours elapsed, and on inquiry whether the patients
 ffering any pain, each made the same reply, "I am easy every-
 -except in the hands and arms."

oil was removed, the solution was applied, and relief followed
 ately. The solution may be applied at any time, so long as
 remains. Ten to fifteen grains to an ounce of water for an
 five to seven for a child, is the strength employed.—*Ibid.*

nic Ulcers.—Dr. Skey says, "I have treated a large number
 affections, and with success. The more chronic the ulcer, the
 ts size, the more aged the subject, the more remarkable is the
 e of opium in effecting its cure. Let a case be selected for
 ent, of some twenty years duration, which has exhausted the
 e of various medical attendants, as well as the remedies em-
 by them for cure.

; such a case of chronic ulcer, of the largest size, having a
 ut, bloody base, a high mound lymped around it, covered by
 integument, the sore pouring out large quantities of watery
 saturating every covering. Select such a case occurring in
 : give such a person ten to fifteen drops of tincture of opium
 nd morning, leave the bowels alone, and observe the base of
 ; in five or six days : it will exhibit a number of minute red
 which, daily increasing in number, will rise up in the form and
 of healthy granulations, and cover the entire surface of the
 and at the same time the base is becoming elevated, the mar-
 omes depressed, and the process of cicatrization is commenced.
 injury to the constitution attaches to the use of this remedy,
 atary action upon the ulcer is obtained solely through the
 influence it exercises upon the constitution.—*Ibid.*

ture of the Subclavian Artery—Dr. Willard Parker has given
 w York Pathological Society an account of his ligating the
 ubclavian inside the scalenus muscle, together with common

carotid and vertebral arteries, for subclavian aneurism. Hæmorrhage from the distal end of the subclavian, resulting in death on the 42nd day.

The operation for ligature of the subclavian has been performed in all twelve times, by the following Surgeons: 1st. Colles, in 1811, death occurring from hæmorrhage on the fourth day; 2d. Mott, in 1833, death from hæmorrhage on the eighteenth day; 3d. Hayden, in 1835, death from hæmorrhage on the twelfth day; 4th. O'Reilly, in 1836, death by hæmorrhage on the twenty-third day; 5th. Partridge, in 1841, death from pericarditis and pleuritis on the fourth day; 6th and 7th, Liston, in two cases—in the first, 1837, death occurred from hæmorrhage on the thirteenth day, and in the second, 1839, death from the same cause on the thirty-sixth day; 8th and 9th, Auverte, in two cases; in both death was the result of hæmorrhage, in the first, on the twenty-second, and in the second on the eleventh days; 10th. Rodgers, in 1845, death from hæmorrhage on the fifteenth day; 11th. Cavellier, in 1860, death from hæmorrhage on the tenth day—carotid and subclavian of right side ligatured. 12th. Paaker, in 1862, case already referred to.

Injection of Irritants into Tumors, etc.—Dr. Luton, of Rheims, advocates the injection of irritants in the parenchyma of diseased tissues. This injection produces an artificial morbid action which may ultimately bring about a perfect cure. It has been usefully employed in neuralgia and local pains, white tumors, periostitis, caries, Pott's disease, strumous swellings of the glands, tumors of different natures, either acute or chronic, as for example, boils, anthrax, phlegmonous tumors, inflammation of the parotids.

Injections of tincture of iodine have been made in goitres. This mode of treatment is attended with no danger whatever.

Topical Injections of Strychnine in cases of paralysis of the facial nerve, have been recommended by a French Surgeon.

A few drops (from eight to sixteen) were injected along the course of the facial nerve, between the stylo-mastoid foramen and the neck of the lower maxilla,—the strength varying from one in a hundred to one in seventy. The injection was repeated every second or third day. All the muscles of the face recovered the faculty of movement after from three to six injections, in about ten days or a fortnight.

The author states that no relapses have taken place in these cases.—*Lancet.*

PRACTICAL MEDICINE.

ON THE PRESENT STATE OF THERAPEUTICS.

From a Lecture by J. Hughes Bennet.

¶ *The Influence which the Mind exerts over the Body.*—Although such influence has been recognized for a long time, it has been proved far greater than was formerly supposed. History, from remotest time,

presents examples where individuals, singly and in multitudes, led away by predominant ideas, have performed acts thought miraculous, and suffered no pains nor injuries, which, under ordinary circumstances would have produced the greatest agony.

Thus, the extacies of the Pythian, and other priestesses; the stoicism of the Indian warriors at the stake, and insensibility of men excited in battle by strong religious enthusiasm; the dancing epidemics of St. Vitus or of torantism, in the middle ages; the phenomena induced by magic, incantations, and the evil eye; the hallucinations of the convulsionaries at the tomb of St. Medard in Paris; the several delusions described in the Journal of Mr. Wesley, in the religious camp-meetings of America, and among our revivalists in recent times; the results of mesmerism, table-turning and spirit rappings, produced in the present day, are all of a similar character, and indicate the remarkable influence which the mind possesses over the sensations, emotion, volition, and even the animal functions.

This power has always been seized upon by certain individuals as a means of cure; hence the power of charms, amulets, etc., have been known to remove all kinds of pain, and produce wonderful cures; and the same thing has resulted from intense religious, political, and mental excitement. So far from the alleged cures having been improbable, does not all that we know of the effect of confident promises on the one hand, and implicit belief on the other, render it likely that they actually occurred? If so, this power must be taken into account in every true system of therapeutics; its influence must be recognized, and we ought to endeavor to make it amenable to scientific rule.

The late Sir Braid Manchester did much to give effect to the therapeutic exercise of the mind upon the body. By suggesting thoughts to his patients in various ways, or diverting them to certain subjects, or by definite physical impressions, he fixed certain ideas in their minds. These ideas he found to act as stimulants or sedatives, according to their purport and the current of thought directed to, or withdrawn from particular organs or functions. Indeed, there can be no question that the beneficial effects of many drugs and systems of treatment, which are really inert or uncertain in their action, and which are supposed to operate through the blood on the glands, muscles, or nerves, truly act by exciting expectant ideas, and through such ideas, indirectly on the parts disordered. This constitutes one of the great therapeutic advancements of modern times, curing maladies, and explaining innumerable recoveries, heretofore neglected by the profession.

Dr. Bennett proceeds to unfold the change of opinion which has occurred in modern times. For example, "it was formerly supposed that acute inflammations had, for the most part, a destructive tendency; if inflammations visited the skin, the mucous or serous membranes, or internal organs, the great object was to prevent its spreading by the use of the most violent means, as blood letting, purging, antimony and low diet, which secured the name of anti-

phlogistics. On the other hand, tubercular disease was supposed to be uniformly fatal, and altogether beyond the reach of art.

Now these conclusions are erroneous. We have seen that an Allopathic treatment cures tubercular disease, while the anti-phlogistic treatment is a most fatal practice.

Malignant growths were supposed to be seated in the blood; an idea which rendered operating useless; but in this also a great change of opinion has been effected; so that cancers and the other growths are now successfully extirpated."

He speaks of the impossibility of knowing the effect of a remedy, without first knowing the natural course and termination of the disease.

Of the efficacy of the tincture of muriate of iron in erysipelas, he has some doubts; he says: "In the Royal Infirmary I have seen many severe cases of erysipelas. I have never given the muriate of iron, or any thing but good diet, with lotions of acetate of lead, flour or oil locally to alleviate irritation, and I have not had a fatal case. Any remedy might easily obtain a great reputation if given in diseases that almost always get well of themselves."

In rheumatism, he alludes to the numerous and contradictory remedies which have been used, and gives his opinion, that "although many of these remedies may retard convalescence, it has yet to be proved which, if any, shorten its duration even one hour."

"The knowledge derived from an improved diagnosis and pathology, perhaps more than anything else, has tended to alter our appreciation of drugs. Instead of guessing at what was probably the matter, we now often determine with certainty what exists."

Of *veratrum viride*, Dr. Bennett expresses himself as follows:—"It is maintained that this drug possesses the power of diminishing the force of the pulse, and on that account it is a most valuable medicine in fevers, inflammations, and other diseases where the pulse is excited. But pathology indicates that so far from lowering the pulse in these disorders, what is required in truth is to support it. I cannot conceive any circumstances in which such a remedy with its ascribed properties, can be useful."

Antidotes for Strychnia.—Prof. Ranini Bellini, after having made a great number of experiments on poisoning by strychnia and its salts, believes that tannic acid and tannin, chlorine, tincture of iodine and bromine, are the best antidotes. "Chlorine," he says, "neutralizes strychnia even after it has been absorbed." M. Ballini has also observed that when strychnia is mixed with hydrogallic acid, the convulsions do not appear for half an hour later than usual; but he attributes this effect to the action of the acid on the mucous membrane of the stomach, by which action the absorption of the poison is rendered more difficult.—*Amer. Med. Times*.

Simple dressing for Burns.—Dr. Squibb highly recommends as an application in these cases the creosote water, made according to the new U. S. P., as follows: Take of creosote, a fluid drachm; distilled

water, a pint. Mix them and agitate the mixture until the creosote is dissolved.—*Ibid.*

Tape Worm.—Dr. P. J. Farnsworth, of Lyons, Iowa, has given a boy pumpkin seed tea, which had the effect of bringing away, by rough measurement, twelve yards of tape worm.—*Ibid.*

MATERIA MEDICA.

Anæsthetic Compounds of Carbon.—Modern chemistry has placed at the command of medical art no more valuable aids than the volatile compounds at present employed for producing unconsciousness, anæsthesia, in the minor as well as greater surgical operations; and though anæsthesiation by some other means appears to have been known to the ancients, yet with the exception of narcotics of a different kind, no substance was known twenty years ago as being resorted to for this purpose, although most of those at present used, were even then largely employed by chemists. It appears scarcely creditable that the obvious effect of ether in producing insensibility when inhaled should not have been known to any of the great surgeons of the last 300 years and made use of for some purpose. Fairy tales and novel writers of all ages and countries introduce the magic charm of sleep or unconsciousness, wherever it seems needful that some such *Deus ex machina* should appear, and the great author of the "Tale of Two Cities" uses the conceit with considerable effect, placing into the hand of one of his heroes an anæsthetic at a time which preceded but a few years the first published suggestion from a scientific man that such an agent was really at our command.

There appears to be no reason to doubt that Sir Humphrey Davy was the first to observe the property of nitrous oxyd gas of producing insensibility; a note dated either in 1799 or in 1818, and contained in his "Researches on Nitrous Oxyd Gas," suggests its trial in surgical operations, inasmuch as it appears capable of destroying physical pain, Sir H. having himself used it to relieve violent attacks of tooth-ache. The experiments of Thenard agree with those of Davy; it was, however, an American dentist, Horace Wells, who applied it practically.

The use of this gas, as somewhat cumbersome in its preparation, was soon superseded by that of ether. This volatile compound had long enjoyed a reputation as an alleviant in asthma, and was for that purpose employed at least as early as 1795 by Pearson. Its introduction as an anæsthetic in surgery, whether due to Morton, Wells, or Jackson, dates from about the time when Morton employed the nitrous oxyd, but the name of the agent used, appears to have first been made known by Dr. Bigelow, in 1856. Then followed in rapid succession, the discovery of the anæsthetic action of chloroform, of chloride of ethyl, or light chloric ether, of the so-called chloride of hydrochloric ether (Wiggers' *æther anæstheticus*) of chloride of ethylene or elays (Dutch liquid), of proto-chloride of carbon, sesqui-chloride of

carbon, amelyne, hydride of amyl, chloride of amyl, and aldehyde, to which must be added benzole and keroselene, and carbonic oxyd and carbonic acid among the gases.

In order to clear up the frequent mistakes which arise from the similarity in the names of many of the compounds named above, we give below a table of synonyms and the chemical formulas by which each compound is represented.

Æther. Ether. U. S. Ph. (sulphuric ether, *oxyd of ethyl*)= $C_4 H_5 O$.

Æther Muriaticus. (light hydrochloric ether, *chloride of ethyl*)= $C_4 H_5 Cl$.

Æther Anæstheticus. (Wiggers' anæsthetic ether,) [Araus' Heyfelder's,] chloride of hydrochloric ether, chloride of Dutch liquor, a

a mixture of= $\left\{ \begin{array}{l} C_4 H Cl_5 \\ C_5 H_2 Cl_4 \end{array} \right\}$

Elyali Chloridum (liquor Hollandicus, Dutch liquor, oil of the Dutch Chemists, oil of olefiant gas, chloride of olefiant gas, chloride of hydrocarbon, hydrobicareburet of chlorine, *chlorhydrate of chloride of acetyl*, *chloride of elayl*, *chloride of æthylene*)= $C_4 H_4 Cl_2$.

Carbonei Protochloridum= $C_4 Cl_4$.

Carbonei Perchloridum (perchloride of carbon, terchloride of carbon, *sesquichloride of carbon*, perchloride of chloride of ethylene)= $C_4 Cl_6$.

Aldehydinum (aldehyde, hydride of acetyl, aldehydic acid)= $C_4 H_4 O_2$.

Acetonum (pyro-acetic spirit, ænylic alcohol, methyl-acetyl)= $C_6 H_6 O_2$,

Alcohol Methylicum (pyro-xylic spirit, pyro-ligneous spirit, wood-naphtha, hydrate of methyl, *hydrated oxyd of methyl*, *methylic alcohol*)

= $C_2 H_4 O_2 = \left\{ \begin{array}{l} C_2 H_3 O \\ H O \end{array} \right\}$

Amylenum (amylene, paramylene, valerene,)= $C_{10} H_{10}$.

Amylis Hydridum (hydride of amyl)= $C_{10} H_{12}$.

Amylis Chloridum (chloride of amyl)= $C_{10} H_{11} Cl$.

Chloroformum (chloroform, chloride of formyl, *chloride of dichloro methyl*)= $C_2 H Cl_3$.—*Amer. Drug. Circular and Chem. Gazette*.

Glycerine.—Glycerine should be absolutely without smell or color, with a saccharine taste, and of the consistency of syrup. Its chemical formula is $C_6 H_7 O_7, H O$. With a specific gravity, at $60^\circ F.$, of 1.24, it contains 94 per cent. of anhydrous glycerine. It can be concentrated to 1.26, when it contains 98 per cent. It is soluble in all proportions in water and alcohol, but insoluble in ether. It should show no reaction with litmus paper, and yield no precipitate with any reagent.

Unlike oils and fat, it does not absorb oxygen, and therefore never becomes rancid, or decomposes substances dissolved in it. It is probably mainly by virtue of this property that it acts as an antiseptic. Applied alone, it soothes the irritation of most skin diseases, and al-

the pain of inflamed parts. With the exception of the formula for the use of starch to render it semi-solid, as given by Dr. Tilt, we have the advantage in copying the various formulæ which have been published. Every one can describe the remedy he selects according to the known properties, if the quantity soluble in the glycerine is ascertained. Hence we conceive the following tables will be found very useful:

A. Inorganic substances.

parts of pure glycerine dissolve—			
Mercury	0.1	Cyanide of mercury	27.0
Hydrochloric acid	0.8	Arsenic acid	20.0
Hydrofluoric acid	1.0	Arsenious acid	20.0
Hydrobromic acid	(all proportions)	Boracic acid	10.0
Sulphuret of potassium	(all proportions)	Chlorate of potash	8.5
“ of sodium	“	Arsenate of “	50.0
“ of lime	“	“ soda	50.0
Sulphuret of potassium	25.0	Carbonate of “	98.0
“ of sulphur	1.6	Bicarbonate of “	8.0
“ potassium	40.0	Borate	60.0
“ zinc	40.0	Carbonate of ammonia	20.0
Hydrochloride of mercury	0.8	Hydrochlorate of “	20.0
“ of potassium	25.0	Alum	40.0
“ of iron (all proportions)	20.0	Sulphate of iron	25.0
“ of sodium	20.0	“ zinc	85.0
“ barium	10.0	“ copper	80.0
“ zinc	50.0	Nitrate of silver (all proportions)	75.0
“ iron (all proportions)	7.0	Tannic acid	50.0
Hydrobromide of mercury	7.0	Oxalic “	15.0
“ of potassium	32.0	Benzoic acid	10.0

With the sulphuric, nitric, phosphoric, hydrochloric, acetic, citric, tartaric acids, glycerine unites in all proportions; and the same holds true with the caustic alkalies and some salts, as the hypochlorites of soda and potash. Most of the metallic salts soluble in water are to about the same degree soluble in glycerine; some, however, are decomposed, as the bichromate and permanganate of potash.

B. Organic substances, alkaloids, &c.

parts of glycerine dissolve—			
Quinine	0.45	Quinine	0.5
Hydrochlorate of morphia	20.0	Sulphate of quinine	2.75
Hydrochlorate of cinchonine	3.0	Cinchonine	1.5
Hydrochlorate of atropine	33.0	Veratrine	1.0
Hydrochlorate of hyoscyamine	0.25	Brucine	2.25
Hydrochlorate of strychnine	22.5	Codeine	(all proportions)
Hydrochlorate of strychnine	4.0		

The fatty extractions of vegetables are very soluble in glycerine; also the gums, resins, essential oils, ethereal extracts, camphor, bal-

sams, fatty acids, are either wholly insoluble or sparingly soluble.—*Lancet*.

Yerba de Flecha—a curious plant.—An English paper, the *Weekly News*, informs us that a gentleman of San Francisco lately received from Mexico some seeds, which exhibit the most extraordinary phenomena. They are of a tree called *Yerba de flecha*, or arrow tree. When placed on the ground or on a sheet of paper, they move about, at first slowly, then more rapidly, till at last they jump about like so many peas on a hot iron. The tree itself is very curious; the juice from its leaves is a powerful poison, much used by the Indians to steep the points of their arrows in, from which a wound is mortal. When first wounded, convulsions of a most extraordinary kind take place: the victim jumps and bounds about as if under galvanic influence, and dies in a sort of "perfect cure" fashion in about an hour after the injury is inflicted. The wonderful way in which the seed hops about is explained by the supposition that there exists in them a great amount of electric fluid, and that placing them in contact with certain things occasions their movement. This is quite a nut to crack for the scientific. Might not the seed be used for curing paralysis and those diseases in which there is loss or diminution of the nervous power.—*Amer. Drug. Circular*.

Dr. McMunn's Elixir of Opium.—The following receipt for making this preparation has lately been discovered among the papers of a celebrated chemist of the city of New York:

1. "Take five pounds of Turkey opium, cut in small pieces and dried, and put it into a large, strong glass jar with a wide mouth, and pour on it sulphuric ether enough to a little more than cover it; then stop the jar tight with a glass stopple to prevent its evaporation; set it away in a cool place, and stir it daily with a stick so that all the lumps may be broken. At the end of a week drain off the ether, and again pour on as much more, and repeat stirring it every day for a week longer, when it may be drained off as before. Then stop the jar tight, and lay it down on its side, so that all the ether that accumulates near its mouth may be drained off, and repeat doing so until the opium is all dry. Then expose it to the open air for a few days.

"The sulphuric ether extracts from the opium the *narcotine*, which is its most deleterious principle, and also deprives it of its peculiar noxious odor, so that the elixir will not smell of it thereafter.

"2. Now to free the opium of the smell of the ether, and to extract its valuable medicinal principles, boil it in water, as follows: Pour into a tin boiler four gallons of pure soft water, and when hot (but not boiling) put in the opium, when a great ebullition will take place, which is owing to the evaporation of the ether. Then let it boil ten or twelve minutes, occasionally stirring it so that the lumps of opium may be all broken and dissolved. Then set it away till the next day, when it should be strained through a cloth strainer, and if there be not four gallons of the solution, pour on the leached opium, boiling water enough to make that quantity when it is strained and clear.

"When in the state of watery solution, it is better to be kept in

stone crocks that will hold about two or three gallons each, and in a cool place, as a cellar; after standing five or six days, the clear solution should be carefully dipped off into a large tin can. The skimmings and dregs should be strained, and when clear, put with the other.

"3. To this four gallons of watery solution, add one and a half gallons of alcohol, and stir the mixture thoroughly; then cover the can tight, so as to prevent evaporation. After standing a few days, the clear elixir may be carefully dipped off into another can, and the dregs at the bottom strained, and when clear poured into the other.

"Now, after standing undisturbed for a few weeks, it will be fit to use. It will be equivalent to laudanum, both in its strength and the size of its dose."—*Med. and Surg. Reporter*.

Remedies for Chilblains.—[Selected formulæ that have been recommended by distinguished physicians.]

MURIATIC ACID LOTION (Foy).—Muriatic acid, 1 part; water, 16 parts. To be used occasionally as a wash.

SULPHURIC ACID LINIMENT (Foy).—℞. Sulphuric acid, 2 drachms, olive oil, 2½ ounces; oil of turpentine, 1 ounce. Mix. Applied with gentle friction where the skin is not broken.

LINIMENT OF BALSAM OF PERU.—℞. Balsam of Peru, ¼ drachm; Muriatic ether, 2 drachms; Laudanum, 2 drachms. Mix. To be used as a friction.

TURPENTINE LOTION (Gaussicourt).—℞. Oil of turpentine, 4 parts; Sulphuric acid, 1 part; Olive oil, 10 parts. Mix. To be applied to the affected parts night and morning.

PETROLEUM EMBROCATION (Saunders).—℞. Petroleum, ½ ounce; Alcohol, ¼ ounce. Mix.

CAMPHOR OINTMENT (Radin).—℞. Lard, suet, oil of bayberries, wax, of each ½ ounce. Melt together and add camphor, 1 drachm.

COMP. OINTMENT OF CREOSOTE.—℞. Creosote, 10 drops; Solution of subacetate of lead, 10 drops; Ext. of opium, 1½ grains; Lard 1 ounce. Mix.

As chilblain is only another name for a languid circulation in the part affected, indicated by a congested skin, or a low form of inflammation, the value of most of the foregoing receipts will be apparent when it is noticed that they are all calculated to act as stimulants of the blood vessels, and thus promote the motion of the partially stagnant blood which gives rise to the heat and itching that are so distressing.

For Coughs.—**TRONCHIN'S COUGH SYRUP.**—℞. Powdered gum arabic, 8 ounces; Precipitated sulphuret of antimony, 4 scruples; Anise, 4 scruples; Extract of liquorice, 2 ounces; Extract of opium, 12 grains; White sugar, 2 pounds. Mix, and form lozenges of six grains, one of which is to be taken occasionally in catarrh and bronchial affections.

SYRUP WITH KERMES MINERAL.—R. Kermes mineral, 2 grains; Gum arabic, 1 drachm; Syrup, 5 ounces. Mix. A spoonful occasionally when expectoration is difficult.—(Pierquin.)—*Amer. Drug. Circular.*

Sydenham's Laudanum.—R. Opium, 2 ounces; Saffron, 1 ounce; Bruised cinnamon, bruised cloves, each 1 drachm; Sherry wine, one pint. Mix and macerate for fifteen days and filter. Twenty drops are equal to one grain of opium.—*Amer. Drug. Circular.*

Iberis Amara, a New Purgative.—We observed Dr. Wilks use a purgative which was new to us, the *Iberis amara*, or candy tuft-seed. He had been recommended to its use by Mr. Stellwell, of Epsom, who said that it had been a favorite purgative medicine with him during the whole of a long practice, given either alone or combined with jalap powder. The seeds when bruised are oily and acrid, and, when made into a pill of four or five grains, act as a good purge. Dr. Wilks said he had found it answer its intended purpose; but as there was no want of aperient medicines in the Pharmacopœia, he saw no reason to adopt it in preference to those in ordinary use. A strong Irishman took three grains with no effect, but ten grains purged him two or three times. A man who was habitually constipated, and who had been taking magnesia mixture daily with only slight effect, was ordered three grains three times a-day; he took five pills, and was purged violently several times. A lad with cardiac dropsy took five grains, and in a few hours it acted twice. In some cases it produced sickness. In the case of a man with renal dropsy ten grains were given. In two hours he was sick, and in seven hours he was well purged. It was repeated, but without the sickness. In all about twenty cases were treated, and its purgative action well tested.—*Ibid.*

Saracenia Purpurea.—Dr. James Watson has experimented in eight cases of small pox, in the Royal Infirmary, with this newly vaunted Canadian remedy for small pox, and found it absolutely inert. *Ed. Med. Journ., Jan., 1864.*

Turpentine as a Styptic.—Dr. Wilkes believes that turpentine does not hold the place among styptics which its merits deserve. He has long been in the habit of giving it, and often found it arrest hæmoptysis, when other ordinary remedies had failed: he had also seen it very beneficial in one or two cases of purpura hemorrhagica.

Handwritten: D. B. Johnson

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EDITED BY

WARD B. STEVENS, M.D. . . . JOHN A. MURPHY, M.D.



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THE
CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. VII.

JUNE, 1864.

No. 6

Original Communications.

ARTICLE I.

Cases of Hospital Gangrene.

By A. E. STEVENS, M. D., Surg. 6th Regt. O. V. I., Ac. Med, Direct. 3d Div. 4th Corps.
Near Cleveland, Tenn.

Many young physicians are too prone to give credence to the published reports of *remarkable* cures, and are thus led involuntarily to the conclusion that every disease has its specific, and that all the good doctor has to learn, to bid defiance to all "the ills that human flesh is heir to," is the diagnosis of disease, and then to look up its specific and go forth to conquer. But alas, they too often find by bitter experience, that even after administering their most valued specifics, the patient cannot "rise up from his bed of pain to bless them," and from this sad disappointment they are very apt to fall to doubting the virtues of their specifics, and frequently to look upon the whole system of medicine as fallacious.

And as very many extravagant statements have of late been made and published, in military as well as civil practice, in regard to the use of bromine in the cure of hospital gangrene, I beg leave to present for the consideration of your young readers, three cases of hospital gangrene from my case book of Ward No. 2, General Hospital No 4, Chattanooga.

CASE 1.—Mich. Murphy, 5th Ky. Regt., wounded on Nov. 25th, admitted same day; contused and lacerated shell wound of left thigh. Wound improved for three weeks, when it took on a gangrenous appearance. Pure bromine was applied to the wound. On the 15th of Jan., although the gangrene had not spread to any great extent, yet it had the *dirty gray slough* and *fætor* which characterize that disease, and covered the apex of Scarpa's triangle. The patient was placed under the influence of chloroform, and with scissors and knife, all

dead and gangrenous matter removed down to the healthy and bleeding structures, and the pure undiluted bromine spread over the entire surface by means of a glass pp. syringe, and after five minutes a flaxseed poultice was laid over the wound, with orders to change it every six hours. On the 16th, the sore was covered with the yellow tinge of bromine, which could not be detached from the structure beneath. A cloth was wet with the alcoholic solution of bromine, and kept over the wound. At this time there appeared to be but little disturbance of the general system. On the 18th, the slough presented all the appearance of gangrene, and was loose from the entire circumference of the wound, and the space filled with a *soft, light, pulpy* substance, from which the gangrenous odor steamed unpleasantly. I injected around the entire circumference of the wound, the alcoholic solution of bromine, and the flaxseed poultice was replaced. On the 19th, the general system began to fail; the pulse was more weak; the tongue slightly dry, and the appetite not so good. I had the patient removed from the main building to a tent isolated from all other patients, and after the administration of chloroform, cut away with the knife and scissors, all the slough with the pulpy mass underneath, and by the aid of the forceps drew out and cut off all the cellular structure between the muscles and underneath the skin, that appeared at all diseased, until a clean and healthful surface was exposed. Then the pure bromine was again applied as before, and the surface covered with a poultice, while the patient was ordered to have quinine and iron, with ale and whisky, and as much nourishing food as he desired, of which extract of beef was urged as a matter of importance. On the 21st, the same dirty, gray, slough, nearly half an inch thick, filled the cup of the wound, while the soft, yellowish, pulpy mass could be seen oozing up from beneath when pressure was applied. 23d. Tonics, nourishment, and stimulants were urged as of vital importance, and the bromine applied for the third time after renewing the slough. On the 24th, the profunda femoris gave way beneath the gangrenous slough, and was ligated with the loss of not more than five ounces of blood. We now kept the wound wet with the solution of bromine, trusting to general treatment. The pulse was weak; the tongue tremulous, and the patient sinking. On the 26th, the femoral artery gave way just beneath Poupart's ligament, and required a ligature above and below the opening. From this he lost considerable blood, and died at 9 o'clock, P.M.

CASE 2—Thos. Bosley, 68th Regt Indiana Vol. Infantry. Wounded on the 25th day of November, 1863. Flesh wound of right leg. The

cut out of the gastrocnemii, and the wound looked well until of January, when gangrene made its appearance, where the been cut out, although the general health appeared perfect. was immediately removed to a tent isolated from the main , and when he was completely "off," I removed with scissors e, all gangrenous matter down to the healthy structure, and then lass syringe spread over the entire wound, bromine, *pure* and d, and afterwards covered it with a flaxseed poultice. On the e wound was filled with the same gangrenous slough, which l a quarter of an inch around its borders. After administrerform, the wound was completely cleaned with knife and scisall diseased structures down to the healthy parts, and bromine plied over the surface, while lint wet with the solution of brois kept constantly on the parts, and tonics and stimulants ternally. On the 18th, the gangrenous slough again covered le aspect of the wound, and was again cut away and the broplied to the healthy structure beneath, and injected by glass nto the cellular tissue between the muscles and the skin, while :imulants, and nourishments, were freely administered. But 0th, the sore presented the same gangrenous appearance it first no check whatever could be perceived to the advance of the

Then the wound was thoroughly cleansed, and *nitras argenti* freely rubbed over the face and a quarter of an inch beyond s of the sore, and then covered with a flaxseed poultice, On after washing off the loose matter filling the wound, a few granulations were seen, and the stick *nitras argenti* was rubthem as before. On the 22nd, the wound was completely h healthy granulations; and while tonics and stimulants were l. the sore was kept wet with a solution of *argenti nitras* [grs. a 3v]. On the 23d, the wound was rapidly cicatrizing, and ent on the 26th, was sent to Field Hospital with the wound is closed.

1.—John Messer 37th Alabama, (Confederate) wounded at Mountain, Nov. 24th, gunshot wound of left fore-arm, fracoth bones and opening elbow joint. The loose fragments removed, and the rough and uneven ends of the bones sawed moved with bone forceps, leaving a clean, nice wound with iffury to important vessels or nerves. The arm was kept er position with pillows and pads, and by means of an irrixt constantly cool. The wound granulated well until the Dec., when the brachial artery gave way and a copious hem-

orrhage ensued. After consultation the arm was amputated two inches above the condyles. On the 17th, gangrene appeared on the flaps of the stumps. The patient was immediately removed from the ward in General Hospital to a tent twenty yards distant. After administering chloroform the diseased structures were completely cut away and bromine, undiluted, applied over the entire wound, and the patient at once placed on a full diet, of which the essence of beef was to compose a portion, with tonics of quinine, and iron, and whisky, or ale four times a day. On the 18th the wound was covered with the yellow eschar of the bromine, but no fetor or appearance of gangrene was present. On the 19th the slough came away and healthy granulations covered the stump. The wound was kept wet with the alcoholic solution of bromine, until the 23d, when gangrene again appeared in the stump. While the patient was under the influence of chloroform all diseased parts were removed with instruments and the pure bromine applied as before. On the 24th no check could be observed to the disease and chloroform was again administered, the parts cut away down to the healthy structures, and bromine again applied and injected by syringe into the cellular spaces. On the 25th, the whole wound was covered with the same, dirty, gray slough, from beneath which oozed on pressure the yellow, pulpy, stinking matter characteristic of this disease. Again were the parts cut away and the bromine applied, but still the disease went on as if nothing had been done. On the 27th, after thoroughly cleansing the wound down to the healthy structures, nitras argenti in stick was well and freely rubbed over the entire wound, and a little beyond the borders, after which it was covered with a cloth wet with a weak solution of the nitrate and the patient left. On the 29th, after washing away the black and loosened eschar the wound was found covered with good, healthy granulations and not a sign of the fell gangrene left. The stump was kept wet with a solution of the nitrate of silver until the middle of January when the patient was able to get out for exercise, and was sent to the field hospital with the wound almost completely closed.

ARTICLE II.

The Cause of Camp Diarrhœa.

[Read before the Hamilton (Butler Co., O.) Medical Society.]

BY I. A. COONS, M.D., MIDDLETOWN, O.

There is perhaps no disease prevailing in our army that has yielded so stubbornly to treatment, or that has so completely baffled the skill of the surgeon as camp diarrhœa. At least this is my experience after a connection with the army of more than two years; and from its extensive prevalence in camp barracks and hospitals, extending through the different degrees of latitude, from the city of Washington to the southern coast of Florida, its prevention and successful treatment are more important to the surgeon, soldier and Government, than of any other disease known to military practice. The special agent, recently sent from Ohio for the purpose of inspecting western hospitals, and looking after the interest of soldiers from this State, says in his report to the Governor that a very large majority of the inmates of the institutions he visited, were affected with camp diarrhœa. Surgeons of regiments and hospitals are required to make weekly and monthly reports, in which they state what disease is the most prevalent in their commands. And being in a position where a large number of these reports passed through my hands, I found that diarrhœa was almost universally marked as the prevailing disease, and that too independent of the variety of latitude, from Virginia to Mississippi—low lands, or mountains, wet lands or dry, kind of water, or the season of the year at which the report was made. While it is true that hot weather of summer has an effect in aggravating the disease, the cold of winter is not a prophylactic. No disease has diffused itself so extensively throughout the whole army, and none have disabled and kept more soldiers from active service. Seven out of every ten cases prescribed for in the army are cases of camp diarrhœa; and while it completely disables thousands, very many more are only able for partial duty; and from the great emaciation, sharpness of features and present pallor, they do not seem to be more than half alive. Camp diarrhœa seems to be rather a symptom of another disease than a disease itself. As it prevails among our troops it seems to depend upon a scorbutic state of the system, which state amounts to scurvy. In many cases of this disease there are other symptoms of scurvy aside from the discharge from the bowels, such as abrasions of the mucus membrane of the mouth and throat—resisting

local treatment—pallor of countenance, sharpness of features, and in cases of wounds a disposition not to heal. My attention was forcibly called to this want of disposition to heal in this class of cases among the wounded at the battle of Murfreesboro. Those affected with this disease seem to possess an insufficient amount of healthy blood as well as vigor and ability of reaction of the nervous system. They were more readily attacked with gangrene and rallied from the shock badly. It is generally supposed that there must be an inflamed and spongy state of the gums in every case of scurvy, but the history of this disease as connected with military practice, shows that diarrhœa is almost universally given as a symptom while inflammation of the gums are frequently not present. Larrey says diarrhœa was a prominent symptom of scurvy in the army in Egypt. It is also spoken of in connection with dysentery, as an important symptom of this disease in the Crimean war. Dr. Pincoffs speaks of typhus and diseases other than diarrhœa being produced by scurvy. It was frequently masked by other diseases in the Crimean campaign, so as not usually to be discernible by the ordinary signs, among which diseases diarrhœa was prominently mentioned. Dr. Marlow says although there were no pure scurvy cases nearly every admission into hospitals exhibited unequivocal signs of scorbutic taint. My attention has been particularly called to this same condition of patients admitted into hospital during the present war. In the army in New Mexico a few years ago diarrhœa and dysentery were mentioned as leading symptoms of scurvy, and often almost the only evidence of the scorbutic state. As the etiology of disease properly understood, is the key to its prevention and successful treatment, it is especially important in an affection so wide spread in its attacks, unyielding in its course and destructive in its results, both to life and the best interests of the Government, to discover if possible the cause of its production. While climate, bad policing, filthy water and miasm may sometimes produce a diarrhœa and very much modify this disease, as it exists in the army, none of these, nor a combination of them is capable of producing true camp diarrhœa. The cause of camp diarrhœa must be as universal as the prevalence of the disease. No local cause could produce the general and wide spread symptoms, similar wherever found in the vast and varied territory occupied by the United States troops. It cannot be climate, or miasm, for these are both local and the disease prevails independent of them in the northern as well as southern latitudes; in the pure and mountainous regions of Tennessee and Virginia, where good spring water is abundant, as well as in the low

lands of Louisiana and Mississippi, where the troops are exposed to excessive heat, compelled to drink from filthy swails and stagnant pools, and breathe the contaminated atmosphere of extensive miasmatic districts of country. It cannot be produced by bad policing, for this is local also. Take the army as a whole we will find but few camps where the sanitary condition is neglected, while camp diarrhœa is present in *all*. If miasm, water, temperature, or filth were the causes there is no good reason why some camps and locations should not be free from this scourge. Nor is there any reason why citizens in the immediate neighborhood of infected troops should not also be attacked. They breathe the same air, drink the same water, exposed to the same temperature and where camps are in or near towns, they are liable to be affected by imperfect sanitary regulations; but I have never noticed this disease prevailing among those living in the vicinity of infected camps. When we examine the difference in diet, we find the citizen has variety, especially of vegetables; while the soldier is confined almost exclusively to the same articles from month to month, with but few or no vegetables. The cause of camp diarrhœa seems to me to be the *sameness* of food, together with its deficiency in *quality* and *quantity*. This lack of variety in the soldiers' food is as wide spread and general as the disease, being alike in all parts of the army and in all localities.

As a rule the food furnished the army is in good condition, but what I mean by quality is, that army rations lack that peculiar acid or principle without the acid of which the nutritious part of the rations are not properly digested, or taken into the blood and assimilated. By deficiency in quantity I mean the food is in too small a bulk, too much concentrated. It contains sufficient nutriment, but it is a well known fact, that in order to keep the stomach and bowels in an active, healthy condition you must have bulk to your diet as well as nutrition. The lower animals will eat rotten wood, clay and other substances containing no nutriment whatever, in order to meet this want of quantity. The clay-eaters of the south, kept upon the scantiest fare, and the Indians who mix saw-dust with their honey are both but illustrations of the principle that nature craves and demands bulk when food is taken into the stomach in a concentrated form. Late experiments to reduce the bulk of feed for army horses has proved a failure and has been abandoned. In proportion as a soldier is of more importance than a horse, and his life of more value than that of many such animals, the effort should be made to increase the bulk, variety and peculiar quality of his rations. In my opinion upon this concentration of diet, want

of variety and lack of some particular acid, or quality, not only depends camp diarrhoea but also scurvy and a host of other diseases which together are destroying more lives than all the balls and bayonets of the enemy.

Camp diarrhoea is rather a symptom of scurvy than a disease of itself, and nothing would be so apt to produce this scorbutic taint as sameness in diet, especially if that diet be composed mostly of salt meats. But the strongest evidence that camp diarrhoea is but the result of an impoverished state of the blood, produced by a want of variety in diet, is the success attending a course of treatment, in which the diet is changed to fresh vegetables, such as onions, lemons, cabbage, potatoes, etc., and as a rule the entire failure of all remedies to favorably affect the system until this change in diet has been made I have seen many soldiers so far reduced with this affection as to be unable to walk without assistance, on being sent home from high and healthy locations in Tennessee and other States, to low, damp and malarious parts of Ohio, Indiana, and Illinois, commence improving from the time they reached civilization and were able to procure citizens food and continued steadily on independent of their unhealthy locations at home. Without a change in diet, medicines seem to have but little effect and no course of medication is attended with success so long as the patient is confined to army rations. The treatment of this disease differs as much from the treatment of diarrhoea in civil practice as the causes which produce the affection are different. One is a disease of over-feeding, the other a disease of starvation. In the fall season when the troops in some localities had all the green corn they could eat, the symptoms of camp diarrhoea would be aggravated at first by the enormous quantities taken into the stomach, but after the first few days when a less amount seemed to satisfy the appetite, and the corn commenced producing its constitutional effects there was a marked benefit derived from its use. The same good effects were produced by potatoes and other vegetables, especially onions, but as corn growing in the field could sometimes be had in abundance, and other fresh vegetables were procured only in limited quantities, and at long intervals, my attention was particularly called to the good effects of the corn. I have twice cured myself of this affection by eating large amounts of vegetables, without the use of any medicines whatever, and I have seen hundreds cured by this same course of diet after a great variety of remedies had been used with but little effect. Of all the articles of diet furnished the army none produce so good an effect in arresting this disease as raw onions. Hundreds and thousands

of soldiers who are being slowly but surely consumed in the various hospitals and camps of our army with this disease, might be saved to to themselves, their friends and their country, if the Government would cause to be issued regularly in sufficient quantities as rations, onions, pickles, cabbage, and tomatoes, crout, mustard, etc.; the grave would be robbed of thousands, and millions of dollars would be saved to the Government ere the closing of this rebellion. And in addition to this sanitary regulation nothing would conduce more to the moral and physical health of both officers and men, the modification of this disease and the general good of the service than an order expelling sutlers from the army. Much of their beer is made bitter by aloe, their wines, whisky and brandy—large amounts of which they keep in direct violation of orders—are villainous compounds, not only producing different diseases besides delirium tremens, but also aggravating camp diarrhœa as well as many other affections. If the Government would keep such notions and necessary articles as the soldiers require, with the commissary stores of the army, and sell them to soldiers at cost, the health of the army would be much better and many a poor soldier whose morbid appetite compels him to buy unwholesome articles of food, or drink, would be able to send something to the needy ones at home instead of spending almost his entire income at the tables of these extortioners. Soldiers appetite for food become as morbid and as uncontrollable by being kept upon the same articles of diet for months as drunkards do from the use of strong drink; and he is but little more accountable for his conduct than the man who is admitted in the asylum for the cure of inebriates. I have often seen a soldier buy a pound of cheese and eat it all in less than five minutes, so also with large quantities of nuts, raisins and other injurious articles. Surgeons are often compelled to have such patients guarded as are able to walk about, to keep them from these sinks of iniquity calculated more as traveling saloons, affording good drinking facilities for officers, than for any good the troops may derive from them. It is easy for those in civil life to talk about governing appetite, they have had abundance to eat all their lives of the greatest variety, and perhaps have never missed a supper, but no ones' opinion is worth anything on this subject who has not been kept for six months almost exclusively on salt bacon and hard crackers, and been obliged for days at a time to subsist on limited quantities of parched corn. Although there are few sober Surgeons in the army but consider sutler shops greatly injurious to the service, and would gladly see them abolished, there is but little hope of purging the army of this monstrous evil,

so long as many of those high in military authority continue to "look upon the wine when it is red in the cup," regardless of the solemn warning that "at last it biteth like a serpent and atingeth like an adder."

ARTICLE III.

Chicken-Pox in Adults.

By GEO. S. COURTAIGNET Surg. U. S. Vols. Ft. Sumner, New Mexico.

Case 1.—Henry H——. Aet. 25. Full habit. Private. Was attacked with slight rigors and fever. Three days after an eruption made its appearance on the head, then on the neck and shoulders, but few vesicles on the face. Says he has been vaccinated several times without any effect. Jan. 11th, '64. Five days after admission on sick report, performed vaccination. Seven days after had a large scab on the arm, with some constitutional disturbance. Jan. 26. Scab ready to fall off.

In this case there was some difficulty in convincing the patient that the eruption was not small-pox.

Case 2.—Amos R——. Aet. 29. Private. Was first attacked with well marked chills and fever,—as he expressed it, "dumb ague." Jan. 24th, '64. Was admitted on sick report. Has some fever of an intermittent type, accompanied with slight pain in lumbar region. Says he was vaccinated several times when a child, without any result, and that he attended his brother who had the small-pox, eighteen months since. Jan. 23d, '64. Has an eruption on scalp, which he first discovered when combing his hair; also a slight eruption on the neck, and a few vesicles on the forehead; has some fever. Jan. 26th. Now has a well marked eruption on the scalp, face, chest and back, vesicular in character. Presents the appearance of pouring hot water on the body—and each drop producing a vesicle, clear and slightly red at base. Some of the vesicles on forehead are dry, and others are appearing. No fever or pain in any part of the body: sleeps well; tongue slightly coated; bowels regular. To-day performed vaccination. Was admitted into Hospital. Jan. 27th. A few new vesicles appearing,—old ones, scab small and gummy, dry quickly and drop off.

In this case vaccination was not successful: the patient made a rapid convalescence.

The treatment was mild. During the stage of fever—diaphoretics, with pulv. doveri at night to secure sleep.

The only point of interest in the above cases, is the age of the patients, and in case 2nd, the profusion of the eruption.

I have had a great many cases among the Indians at this place, and was surprised to see so many cases in adults, and but few in children. And among them it is the rule in the former and not the exception. They all recovered rapidly.

Ft. Sumner, N. M., March 2, '64.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, April 4, 1864.

Cerebro-Spinal Meningitis.—Dr. Mussey stated that as his remarks at a former meeting as to the difference between diphtheria and cerebro-spinal meningitis, had been disputed, he would give the following case :

He was called a week ago, to see a patient who had been in the hands of a homeopath for several days, though first prescribed for by Dr. J. B. Smith, who found the man first in a convulsion then delirious, talking violently, and very unmanageable, with the head thrown back, neck arched, insensible and evincing a diseased condition of the meninges.

Dr. Smith first gave a strong carthartic, then sedatives, and a diaphoretic, but after his second visit he was discharged by an attendant of the patient, and a homeopath employed for four or five days, when Dr. Mussey was called; he found the man delirious, exceedingly restless, neck much arched, and his pupils dilated, which Dr. Mussey thought was produced by belladonna or aconite, a preparation of one of which he found in the room.

The Dr. ordered broken ice, contained in a bladder and that rolled in a towel, to be placed on the top of the man's neck, extending from the occiput over cervical vertebræ; this controled his movements and quieted him. He also ordered a mercurial cathartic as the man had had no operation since Dr. Smith's attendance, also a diaphoretic mixture of tartar-emetie, and acetate of potash. He persisted in this treatment for several days, the man improving rapidly. From some

cause the ice was left off for twenty-four hours when the man again became very restless; but immediately on the reapplication, grew better.

Yesterday Dr. Mussey ordered a discontinuance of the ice, but was obliged to repeat it again this morning. This evening the man is better, and is now taking iodide of potash, squills and ipicac to produce free diuresis.

In this case there was no diphtheritic exudation, nor any symptoms of typhoid.

Typhus.—Dr. Vattier related the following cases:—

About the middle of January an emigrant family of seven persons arrived in this city from Europe; they were quartered here upon a family of four, all living in two rooms, so that they were much crowded. He was called to see the son on the 10th of February; found him laboring with typhus fever. Over the surface of the whole body there was an extensive crop of spots like the bite of a gnat; they were developed to a great extent, the boy was feverish, had great pain in the back of the neck, and was laboring under great depression of spirits.

At this stage the Dr. thought it was a case of small-pox, and prescribed accordingly. On the next day there was a retrocession of the spots and they were of a darker hue; the patient was delirious for three or four days, slept none, and the symptoms became much more aggravated.

Succeeding this case, on the 6th of March, twenty days after, another of the eleven, a girl twenty years old, and born in this country, was taken sick in the same way; spots on the body, pains in the back of the neck, which was deeply arched. She was sick until the 24th of March but is now well. On the same day another, a boy, broke out with measles, of which he was well in four days.

On the 10th of March another was affected with this typhus fever. March 12th he was sent to St. John's Hospital and died March 18th.

March 11th a little girl six years old was seized with measles, from which she recovered in four days. March 15th she had this fever with the symptoms much more aggravated and intense than in any of the others; she is now well. March 11th one of the boys, 16 years old, broke out with the same fever, was sent to St. John's and has now recovered. March 12th a nephew, aged 21 years was affected similarly, sent to St. John's Hospital and was well on the 18th. March 18th a girl, born here, was taken in the same way, with but slight

eruption, and was convalescent in four or five days. On the 10th of March one of the boys born here was taken the same as in the above; the eruption in his case was slight. He was sick till the 24th, then convalesced, and now is well. On the 24th the mother of the emigrant family was similarly affected, but the symptoms were not so aggravated as in the other cases, though they were severe. She convalesced in four or five days.

April 3d the first boy who was attacked, died just fifty-four days after he was taken sick.

On the 11th of March Dr. Vattier had the same symptoms, which in four or five days ended in colliquative diarrhoea, showing a blood poison in his system as well as in theirs. One of the number that remained under his hands died, and one of the three sent to the hospital died.

This family came over on a clean ship, one man only on board was sick, and he died during the passage, from homesickness, as they said.

Dr. Vattier said he considered the above cases to be typhus fever, and in answer to a question by Dr. Mussey said they all occupied two rooms. Dr. Mussey thought that enough, with ill ventilation, to account for all the trouble.

Dr. Vattier said he kept the rooms well ventilated and used a disinfectant. In the child six years old there was a slight diphtheritic exudation, but it readily yielded to proper treatment; the pain in the back of the neck lasted longest and was the most difficult symptom to relieve. In the beginning the treatment consisted of slight doses of calomel; afterwards, stimulating diaphoretics, and then tonics. The eruptions in these cases appeared at the second or third days, and receded on the fourth or fifth.

Dr. Woodward thought these cases even more of a typhus than a typhoid nature, and recalled a case which he attended with Dr. Smedly, of Carthage.

The patient, a girl, on her return from school had a violent chill followed by fever. She was then semi-conscious but soon became altogether unconscious, and remained in a muttering delirium until she died. The eruption which presented itself resembled purpura somewhat, but was more diffused.

Dr. W. said he thought there were several gradations in purpura, and this eruption resembled one of the fainter varieties. The girl remained insensible for several days, with great congestion of the cerebro-spinal system and then died. Chlorate of potash, muriated tincture of iron, quinine and stimulants were administered.

This had been the only case seen by Dr. Woodward, and was not similar to typhoid, in which there are no petechiæ over the abdomen, showing a complete broken down condition of the vascular system, and how easily the serum of the blood will exude through the coats of the vessels. -

Dr. Mussey thought the cases of Dr. Vattier suggested a query, whether considering the length of the voyage, the food and ill ventilation of the ship, they were not cases of scurvy, as he had seen some cases of scorbutus in this city in persons who had been living on pork alone. He also thought there was considerable analogy between his cases and Dr. Vattier's, owing to the high price of food and to the fact that emigrants who carry their food for the whole voyage, were as a general thing stinted for means, so that they could not have much of a variety. He thought their disease was induced by their voyage, remotely, and immediately, by the crowded and ill ventilated condition of their rooms.

Dr. Graham said as far as he could determine, the discussion was the difference in the diagnosis between typhus and typhoid fevers; he had seen three cases in his practice, of typhus fever—two came up the river on a boat, and the other was a nurse in the hospital. All three died. The symptoms in these cases were so well marked, that they could clearly be diagnosed typhus, in which fever the eruption appeared earlier, the lesions of innervation were more profound, and the disease runs its course more rapidly.

In typhoid the eruption and lesion of innervation appeared later. Another distinctive character in typhoid was the lax condition of the bowels, the stools were marked by quantity and liquidity but not by any particular pain or stench; in typhus there is no tendency to diarrhoea, but rather to constipation, and the stools were very offensive. we also have pulmonary lesions in typhoid, but not in typhus, and the fatality was very great in the latter disease.

Dr. Graham then proceeded to say that he thought the suggestions of Dr. Mussey of no weight, and that one met with cases of scorbutus in persons who came from abroad, and also with some living in our midst; but that in scurvy there was no lesion of innervation, and the eruption so on becomes dusky and does not disappear on pressure as in typhoid, in which the spots were circumscribed, and lenticular, and in the other appeared more like ecchymoses.

Dr. McIlvaine remarked that typhus fever never originated in this latitude, but was found in London. Typhoid prevailed in Paris. In typhus delirium appeared earlier, but in typhoid late, and often not at

all, so that the patient would die with his head clear. In typhoid the supra-diaphragmatic regions were always affected; and thought the cases reported here might be grave forms of typhoid. He also said that in 1845 or '46 a disease called the black tongue prevailed extensively with analogous symptoms to the cases of typhus reported to-night.

Editorial Translations.

Specificity.

A Clinical Lecture, by Prof. Trousseau, translated from the *Clinique Medicale De L'Hotel Dieu de Paris*: By J. H. DOUGLASS, M.D., NEW YORK CITY.

[Uncluded from page 290.]

It may perhaps seem to some of you, gentlemen, that I have dwelt too much at length upon this subject of specificity, which in your judgment would be more suitably considered in a course of lectures on general pathology, than in these clinical conferences. I have not feared to discourse upon it as I have done, because, although the important subject does really belong to the domain of pathology, yet practically it will be found of greater importance at the bed-side than elsewhere, because as I have said before, it controls all practical medicine. Its clinical importance seems to me so great, that I shall still dwell upon it in order to show you the utility and necessity of this idea of specificity in respect to the diagnosis, progress and treatment of diseases. And in these new details, I will show you that it is the key of medicine, and that without it, it is impossible for us to go forward with any certainty in the practice of our art. In regard to diagnosis, if we deny that there is a nosological species, in other words, if we do not take into consideration the *quality* of the morbid cause, and only consider its *quantity*, and thus subordinate the nosological element to the physiological element, do we not recognize the uselessness of any other differential diagnosis than that which is limited to determining what organ is diseased and the extent of the affection, since the nature of the malady, varying only in degree and not in kind, is necessarily known?

If we push the argument to its final consequences, what is the use of seeking to distinguish variola from measles, if the pustulous eruption which characterizes the former is only a more advanced stage of inflammation of the skin, while the exanthemata which characterizes

the latter in a less advanced stage? The partisans of the dichotomous schools, if there are any now-a-days, would refuse to go so far as that. When treating diseases which show themselves in cutaneous eruptions, they are very eager to find out whether they have to deal with variola, roseola, measles, or scarlatina, in spite of themselves they admit the notion of specificity, since it is upon the specific characteristic of the eruption that they base their diagnosis.

The fact being necessarily admitted by all in respect to diseases whose anatomical manifestations occur upon the skin, the question has been asked why it has required so great effort on the part of M. Bretonneat and his pupils, physicians, and surgeons, to procure a general application of this principle of specificity to other diseases; why it is that in different phlegmasias, as for example, in those of the mucous membrane, their opponents have persisted in seeing only inflammation identical as to their nature, variable merely in respect to their locality and their degree.

Then, in the system we are attacking, dothi-enteritis and dysentery are enterites of the same class as intestinal catarrh, colites and other inflammations of the intestines, produced either by sulphuric acid, or by arsenic, or by croton oil, or by any other toxic, or irritating agent. They will not see that, considering only the anatomical characteristics of these diseases, these characteristics are essentially different; that whatever we may do, we can never produce with sulphuric acid the lesions caused by arsenical acid or by croton oil, and for a still stronger reason that by the aid of these substances, we can never succeed in producing the lesions of dothi-enteritis. In respect to other characteristics, specificity stands out still more prominently. Though between dysentery and colites, there is a certain similitude, though each one is an ulcerative inflammation of the large intestine, yet they are distinguished from one another by characteristics impossible to be mistaken. I shall have occasion to point them out to you in the course of these lectures.

The same thing is true in respect to diseases of the respiratory apparatus; in the most simple cold, in hooping-cough, in asthma, they will see only a phlegmasia of the bronchi, without stopping to consider the peculiar characteristics which determinate them. When we come to speak of these different diseases, I will carefully show you what these characteristics are; but for the present, you understand of what importance it is to know them, in order not to confound simple enteritic with the folliculous enteritis of putrid fever; or hooping cough, or asthma with a purely inflammatory bronchial catarrh, etc.

This is a matter of the highest importance in respect to prognosis and treatment. I have already called your attention to the fact in regard to dothineritis when speaking of the intestinal catarrh which is one of its elements. I then told you that these maladies had fatally distinct features, that the simple enteritis which we were considering did not progress in like manner as dothineritis, and that if we did not know the steps of this natural progress peculiar to each species, it would be impossible to establish our prognosis. Take, if you please, another example. An individual comes to you, suffering from sore throat; he was seized with it the previous day after a chill, lassitude, loss of appetite and fever. The next day he complains of difficulty of deglutition, and the submaxillary ganglia are only slightly swollen. On examining the pharynx you perceive enlargement of the tonsils, redness of the pillars and veil of the palate, and upon the diseased surfaces, you see secretions having all the appearance of false membranes. Suppose that at the same time you have been sent for to visit another patient affected in like manner with membranous angina; but in this case the affection has assumed a different form of development. Without any appreciable cause, he has had for several days a sense of restlessness unaccompanied by fever, and his sore throat was much less painful than in the former case.

If you take into consideration only the anatomical element common to the two affections, they are in all points similar. The scalpel, the microscope, chemical analysis, will show you that in the two cases the false membranes are identically the same, and judging from appearances, your second patient will appear less sick than the first. But if you leave these two cases to themselves, you will see the one which announced its presence by the more violent symptoms, by a more violent pain, by the febrile reaction which was lacking in the second case, you will see this angina, I say, rapidly and spontaneously getting well, and leaving no trace of its occurrence; while the other may kill the patient, who will yield his life either to a general poisoning, or to attacks of suffocation induced by the development of pseudo-membranous laryngitis or croup. In both these cases, however, you had to deal with a membranous angina, but with this difference, that one was the common membranous angina herpes of the pharynx which is ordinarily unimportant, while the other was malignant membranous angina, *diphtheritic angina*, which is on the contrary habitually severe.

It was important, as you see, gentlemen, to understand the specific character of these two affections, so similar in appearance; for, in one case, you might regard an affection naturally of but slight importance, as a severe disease, while in the other you might prognosticate

cate a mild affection, when you really had to deal with a disease capable of terminating in death, or at the best of producing a convalescence prolonged by serious symptoms, such as paralysis more or less general, and more or less persistent.

It is useless to multiply cases at this point, for we shall have only too frequent occasion to return to this subject, since this matter of specificity will repeatedly come before us at the clinic. I now turn to the subject of treatment.

Gentlemen, to heal the sick, or at least to afford them relief, is the aim of medicine. Its name, derived from *mederi* (to care for, to offer a remedy, to cure), clearly tells us that such is its mission. Therapeutics, in which is included the study of the means by which we may hope to obtain this end, forms therefore the most important part of our art; but you are also aware how difficult a part it is. Subordinate to the experience, the genius, the inspiration of the physician; it is also subject in a still greater degree to the nature of the complaint which is sought to be cured, to special conditions, to the organization of the patient and to a host of circumstances which are too often unknown to us. While it is necessarily based upon a knowledge of the symptoms of diseases, it rests also especially upon an acquaintance with their causes, and with their natural progress, and for this reason the notion of specificity plays an important part.

How, indeed, can we judge of the value of a medication, of the efficacy of a remedy if we pay no attention to what the ancients called the operations of nature, operations which vary in the different species of diseases. By confounding these with one another, do we not run the risk of attributing great virtues to medicaments, which in reality have none at all, while we deny all therapeutical properties to others whose usefulness is incontestable when they are properly administered.

Thus, as I told you when speaking of dothineritis, some have highly praised pretended substitutes for cinchona, while others charge this remedy with having changed intermittent fevers into severe typhoid fevers. Because, in the first place, they had to deal with simple synocha which would have got well of themselves, and which at the beginning had assumed the intermittent type; while in the second instance, it was a question not of marsh fever, but of dothineritis; intermittent in its type, whose fatal progress cinchona could not arrest.

In the same way if we confound, as I see done every day, a simple colitis accompanied by bloody stools with dysentery, we shall fall into grave therapeutical errors. We shall believe that by the aid of a few leeches and some emollient lavements, we rapidly cured the second of

these diseases because the bloody secretion was abundant, the stools frequent, the tenesmus considerable and the fever high, when in reality we have treated an affection which will disappear of itself in a few days. And then when confounded with true dysentery, and desiring to apply the medication which seemed to have succeeded so marvelously in the former instance, we are surprised at our lack of success.

You are sent for to visit a patient suffering from great difficulty of breathing. His respiration is accompanied by a laryngeal siffiant sound, which at once attracts your attention; on carrying your finger behind the base of the tongue, you detect an enlargement of the epiglottis and of the aryteno-epiglottic ligaments; on pressing the neck in the region of the larynx, you cause the patient pain. You are told that the patient began to lose his voice about two or three months before, and that since that time his voice had gradually become weaker, ending in complete aphonia. His inspiration, at first siffiant only during sleep, or when the patient had walked a little too fast or was ascending a staircase, became so continuously even when in a state of repose; the difficulty of breathing made rapid progress, and at the moment when you are sent for, tracheotomy seems to you to be the only means of preventing death. However you learn that this oedema of the glottis resulting from important lesions of the larynx, whose cartilages are perhaps necrosed, or the mucous membrane of which is at best ulcerated, you learn, I say that, the laryngeal affection was preceded, sometime before by symptoms seated elsewhere. The patient has had a chronic coryza, characterized by a disagreeable discharge; he has thrown off scabby secretions and the nasal fossæ emitted a fetid odor; in addition he has suffered from bony tumors. Without further examination, you diagnosticate a syphilitic disease, and you at once institute a system of treatment under the influence of which the patient gradually recovers. If the attacks of suffocation were such as to put the life of the patient in imminent peril, you perform tracheotomy, but you know that your operation, by retarding death, will give you ground to hope for a complete return to health. By one of those singular chains of circumstances which often occur in practice you are at the same time consulted in behalf of another individual also attacked with oedema of the glottis; but in this case, the laryngeal affection is connected with a tuberculous diathesis. If, now, taking into consideration only the affection of the larynx and paying no attention whatever to the specific character of the disease from which it springs, you should strive to attain the same results by the same means, you would inevitably fail.

In the same ward in the hospital, you find three patients affected by neuralgia of the fifth pair of nerves ; in one case, the paroxysms return every day, marked by terrible pain which lasts six and even ten hours accompanied by weeping, coryza, and salivation ; in the second case, the neuralgia returns four or five times during the twenty-four hours, accompanied by the same phenomena as in the first case continuing however during a period of two hours only ; in the third case the paroxysms are repeated every two or three hours more or less, and continue one minute at most, but causing terrific pain and a convulsive movement of the face. Of these affections, so similar in appearance and located in the same organ, the first will yield to bark, it being an intermittent fever the second may be advantageously opposed by martial preparations, because it is connected with the chlorosis with which the patient is affected ; sometimes by veratrum, by colchicum or applications of belladonna ; this is neuralgia subsequent to a chill, or rheumatic neuralgia ; the third will resist all the medication which you may employ against it, this is tic douloureux, or epileptiform neuralgia.

You understand from these facts, which may be indefinitely multiplied, how absolutely necessary in the treatment of diseases is the notion of their specificity. I must say however that in certain cases, this theory is of but little use. In eruptive fevers, for instance, when they progress in a regular manner, the differential diagnosis is of but little importance in respect to treatment, since, in those cases, the intervention of art is completely ineffectual.

Thus far we have spoken only of the specificity of diseases ; let us say a few words concerning specificity of remedies. This subject would take up but little of our time, if by it, we mean specific remedies, that is to say those which according to the definition of Parr, such as quinine in marsh fevers or mercury in syphilis, produce infallibly and upon all diseases certain given salutary effects by acting upon the disease by means of an unknown power, going straight forward to attack it in its very principle, without regard to the form of the symptom. On the one hand the list of specific remedies would very soon be exhausted for the specificity of diseases does not imply the existence of a specific remedy for each one of them ; and on the other hand, the efficacy of these remedies is not such as always to produce the effect expected of them. There are cases, in fact, in which the medicaments, justly extolled as eminently specific, not only fail to cure, but even aggravate the disease which they ought to cure. In such cases, we must abandon these remedies and resort to medica-

me., is styled rational, that is to say, to those which are indicated by the symptoms. The proposition is supported by the cases of two women, who after an interval of some months, succeeded one another in the same bed in the Saint Bernard ward. They were suffering from syphilis; mercury given methodically, and with very great prudence had arrested the symptoms, when it became necessary to suspend its administration. The patients had fallen into a condition of profound chlorotic cachexia which necessitated a resort to martial preparations under the influence of which they recovered quite rapidly. In other cases, you will see more serious symptoms supervene: the ulceration, which the mercurial treatment should cause to heal over, will spread; the digestive tube will become irritated, fever will be excited, and a pseudo syphilis will make its appearance, which will complicate and change the nature of the true, without curing it.

Finally, gentlemen, the mode of action of these specific remedies does not differ essentially from that of the medicaments called rational. In the one case as in the other, the curative effect is preceded by a vital action excited by these medicaments, and which may be called the immediate or physiological effect. The difference between them is this, that the specific remedies, having a special, direct influence upon the pathological action which they modify, their immediate effects are confounded with their ultimate or curative effects: while in respect to the remedies called rational, these two orders of effect are clearly distinguished from each other.

Without dwelling further on this scholastic difference, medicaments which are the modifiers of the organism as to its pathological condition, just as hygienic agents are the modifiers of the organism in its healthy condition, medicaments, I say, have properties common to a whole class, which produce in the human economy certain common or general effects, such as to stimulate or to weaken, to excite or to calm, etc. But in addition to these are also others peculiar to each species, which are productive of special effects; and these kinds of properties also, existing in very variable proportions, and manifesting themselves very diversely according to the individual predisposition of the subject to whom these medicaments are administered. This is what I mean by specificity of medicaments. To develop the subject which comprises the whole domain of therapeutics, would carry me much beyond the point I proposed to reach, for I would be compelled to pass in review if not indeed every medicament, at least every kind of medication. I will therefore merely refer to the *Treatise on Therapeutics* published by myself in collaboration with my colleague and learned

friend, Dr. Pidoux, and particularly to that portion of it which treats of *substitutive medication*, which is based entirely upon this idea of speciality just referred to :

It controls all medicine—Dichotomous doctrines of Brown and Broussais—Diseases have characteristics in common, in addition to which they manifest peculiar specific characteristics—Specificity of the cause—Specificity of symptoms—Application to diagnosis and to prognosis, and to therapeutics.

Gentlemen as eruptive fevers have already afforded us the best marked type of specific diseases, I desire, before proceeding further with the study of the facts which we are observing together, to dwell for a moment upon this subject of specificity. This important subject, as I hope to demonstrate to you, exercises a controlling influence over all pathology, all therapeutics ; in a word over the whole field of medicine ; and already in the course of the preceding lectures, I have had occasion to speak to you of it. It will meet you face to face at every step you take in the practice of our art, and as not a day will pass in which you will not find me bringing it forward at the bedside, I feel it to be my duty to give you as full an idea as possible of what is meant by specificity in diseases.

Although we pretend to have shaken off the yoke of the doctrines of Brown and Broussais, we are still to-day subject to their influence ; our medical ideas, our very language itself are still tinged with them, however much we may deprecate it. It is therefore necessary to speak of them at this time, in order to show what is erroneous in those doctrines. However much opposed they may be to one another they rest upon a common foundation, and Broussais, while he is the greatest antagonist of Brown, has none the less drawn the principles of his *physiologism* from the pathological system of the Scotch reformer, whose *incitability* differs only by its abstraction, from the *broussaisian irritability*.

Life, says Brown, is only sustained by *excitants* ; life, says Broussais, is kept up only by *stimulants*. Their physiological theory is established upon this basis, upon which they have also founded their pathological theory. In their judgment, in fine, there is but one morbid cause, the excessive or improper application of *excitants* or of *stimulants* to the human body. The difference of intensity of the cause, the difference in the mode of reaction of the economy, are the sources of innumerable differences in the forms of diseases. This is the starting point ; it is the very same, for *excitants* and *stimulants* are two words in this case entirely synonymous.

Brown said as Broussais has repeated in other terms, that light was the natural incitant, or, which is the same thing, the stimulant of the eye, whose incitation resulted in vision; that food was the natural incitant of the stomach, whose incitation resulted in digestion; that the assimilated matter, the nutritive fluids were the natural incitants of the different organs, whence nutrition; that the blood was the natural incitant of the secretory apparatus, whence the urinary secretion when the incitability of the kidneys was set in motion; whence the spermatic secretion, when the seminal glands were incited. But while admitting the constant identity of the cause, which varied only in its quantity they could not refuse to recognize a variety in the quality of the support of the stimulus, and modification in the contexture of the organ, in virtue of which the effects of the stimulation were different. To say that everything depended upon the quantity of the stimulus by supposing the organic condition identical in all individuals was to refuse to believe evidence. For how could they explain the diversity of effects, the diversity of functions? Did they not expose themselves to fall into prodigious absurdities, as for instance to pretend, as in fact did Pecannian, a man however of incontestable talent, that by exalting the excitability of the nerves of the finger, or of the epigastric region to the degree of the incibility of the retina, we might by adapting to these parts an optical apparatus analogous to that of the eye, see with the finger or with the stomach.

Correspondence.

Cerebro-Spinal Meningitis.

DARVILLE, KY., April 25, 1864.

Messrs. EDITORS.—We have had in this village and vicinity, for the past two months a number of cases, of unusual disease, attended with great fatality. It could hardly be called an epidemic, yet the cases were sufficiently numerous to create alarm in the community. I thought a short description of the disease as it appeared among us, might interest, if it did not subserve any more useful purpose.

Physicians have given different names to the disease, cerebro-spinal meningitis, spotted fever, malignant erysipelas, malignant scarlatina, etc.

All the cases have not presented the same symptoms; in fact there has been considerable diversity in this respect, yet there was a family

likeness, (so to speak,) and every case that came under my observation had some marks common to all. The attack is sudden, and uniformly ushered in with a chill, not very severe, lasting from one to three hours. Vomiting generally attends the chill, and continues in some cases to near the fatal termination. The matters ejected from the stomach consist usually of green and yellow bile, mixed with mucous, and are acid to the smell. The chill is followed by moderate fever, lasting in most cases from six to ten hours, and then sweating comes on. The fever has not usually been intense, or the sweating profuse. Soon after the subsidence of the chill, delirium with great dullness of perception, comes on; the dullness gradually increasing until it ends in coma. In every case there has been dilatation of the pupils; in a majority convulsions and opisthotonos. In one case, that terminated fatally on the third day, there was dilatation of the pupil of the right, and contraction of the pupil of the left eye. In this case there was opisthotonos, the left lower limb was in continual motion, (drawing it up, extending it, and turning it from side to side.) while the right lower limb, together with the arms were kept still. In nearly every case an eruption (if I may call it such) made its appearance in about twenty-four hours from the time of attack. It consisted of red spots, from the size of a pin-head to that of a ten cent piece, scattered over the limbs and body generally. They had no definite shape, pressure did not alter or modify them, there was no elevation or roughness of the skin, in short the spots had the appearance of ecchymosis. The impression made on my mind, from their appearance was that they were produced by an effusion of blood from the capillaries beneath the skin. In most cases there was some inflammation of the throat, though not severe or attended with any external swelling. The bowels were usually in a normal condition. The tongue was moist, covered with a tight velvety coat of a buff color. The pulse was usually small, without force, and from 110 to 160 per minute. One of the most constant and troublesome symptoms, as long as consciousness continued, was severe pain, shifting its seat from place to place; one time in the stomach, then the bowels, then either side, the shoulders, arms, legs, etc., remaining in no one place long at a time, but when it shifted, prone to return to the spot it had left a few hours before. The urine was natural in quantity and appearance; it was not tested.

The symptoms that were uniformly present were the chill followed by fever, the delirium, the dilatation of the pupils, and the erratic pains. Those generally present, were the eruption, the weak rapid pulse, and

convulsions, somewhat less frequently was the opisthotonos. In two three cases there was violent vomiting and purging; they were nounced at the time cases of acute gastro enteritis, and all of them at down rapidly; still they had the delirium, the wandering pains, and one of them died in a convulsion. After death, (I was so informed by ladies who dressed them, they were young ladies,) they had a number of those bruised looking spots on them.

A large majority of the cases occurred in young girls, a few in boys and adults. Our population is very nearly equally divided between black and white, but in some fifteen cases that came under my observation there was only one black. As to treatment, I will say that bleeding seemed to be of any service. About four cases out of five terminated fatally, and generally in from thirty-six to seventy-two hours. The means principally relied on, were quinine, opium, carbolic acid, brandy, blisters, sinapisms, etc. Other remedies were used *re nata*. No post mortem examination was had in any case.

The disease now seems to have abated, but the ordinary diseases of the country, common at this season of the year, such as pneumonia, dysentery, etc., are more intractable than usual. Is it not owing to the fact that the constitution of every body, is more or less under the influence of the poison, whatever it be? We have regarded it here as a blood disease, and from what little we can find in the journals on the subject, or perhaps for want of a better name, have called it spotted fever.

I could add more to this desultory communication but find I have already exceeded my limits.

I am very respectfully,

A. R. MCKEN, M.D.

Cerebro Spinal Meningitis.—Dr. Denny of Albion, Noble Co., Indiana, writes as follows:

The prevailing disease with us during the months of January, February, March, and up to the present writing (April 25th) have been scarlet fever, pneumonia, and "*spotted fever*," which we (myself and myself) term *malignant spinal meningitis*. This disease has been and is now prevailing as an epidemic throughout this (Noble) county, and has uniformly proved fatal in most localities.

We have however been uniformly successful since adopting the following plan of treatment, which I give in accordance with Dr. Cleverly's request in your April number:

During the cold stage, or chill which precedes the fever, the patient is placed in a *hot bath*, and as soon as removed *sinspisms* are applied to the stomach, legs, and the lower part of the spine; the back of the head is shaved and a blister put thereon, which is extended down to the sixth dorsal vertebra; *quinine* and *mar. tinct. of iron* are freely given every two hours, until the violence of the symptoms abate, when the iron is omitted, and brandy and quinine continued until convalescence is established.

[In this connection we condense such items as we find in recent exchanges as seem to have any practical bearing on this epidemic so terribly fatal in some localities.—ED. LANC. & OBS.]

Dr. Beaver.—*Cerebro-Spinal Meningitis* has prevailed in some parts of Pennsylvania with great malignancy. Dr. David Beaver gives in his thesis for the degree of M.D., at the University of Pennsylvania last March, some personal experience in the vicinity of Norristown, Pa. The Thesis is published entire in the *Philadelphia Reporter* for March 26.

In regard to *treatment* we quote the following: "I would state in regard to the treatment of spotted fever, that purgatives have been found to be productive of more harm than good, and that those cases did best where even mild laxations were not used for several days. When first called to a case we generally administered brandy, or carbonate of ammonia, applied blisters to the temples and back of the ears, and GRANVILLE'S lotion along the spine and also to the stomach. The last named article we found to be of great value, as it acted much more promptly than the blisters. Our principal reliance, I am satisfied, is to be placed in stimulants, counter irritants, and tonics. In the after treatment of cases much must necessarily depend upon the judgment of the practitioner in applying such remedies as are indicated, by the symptoms that present themselves."

Dr. Foran.—In the same issue of the *Reporter* we find several communications on this subject, but for the most part wanting in any practical suggestion. Dr. Foran of Syracuse, N. Y., writes: "The epidemic, for so it may be called, prevailed in this country in 1854-1856, more extensively in the latter year. The mortality was very general and in many cases very sudden, so that all treatment was abandoned as useless. In other cases the treatment although varied, *pro re nata* was generally unsuccessful. Quinine and opium seemed to have the best effect combined with wine given very freely. The quinine must be given in full doses dissolved in aromatic sulphuric acid and wine vehicle—*quinia is your sheet anchor*. If the case admit-

ed, a full dose of calomel with opium and carbonate of soda in the early stage in a bilious diathesis, would be advantageous; the system sustained by suitable agents.

[Most reliable authority both in past and present epidemics of cerebro-spinal meningitis, differ very much, and some *absolutely reject all purgatives as fatally* depressing in their effect.—ED. LANC. & OBS.]

The post mortem revealed a complete degeneration or softening of the cerebellum, a *perfect illustration of the typhus crisis*, and of the yemic species, so accurately described by ROKITANSKI, the genuine cerebro-spinal meningitis as you have diagnosed. But the question naturally arises here, What is cerebro-spinal meningitis? Is it primary or secondary, is it a lesion of the blood, *is it in fact a blood disease?*

Dr. A. P. Woodward, of Brandon, Vt., reports some cases in the *American Medical Times*. He thinks the epidemic is not necessarily cerebro-spinal meningitis, that being only one of the forms of the disease. He regards it as "a nervous affection *sui generis*;" pain being perhaps the only constant symptom. The spots not always making their appearance, but when showing themselves, being of the character of the eruption in enteric and typhus fever. He advises a varied treatment, materially governed by the peculiarities of the case. One case he reports a favorable convalescent under the use of diffusible and cerebral stimulants; in another the favorable change occurred after opious cathartics. He says, "cases will doubtless arise when blood-letting will be the only available means with which we can combat it with the best prospect of success. I think when blood-letting is likely to prove serviceable, in order to get the full benefit of the remedy, we should resort to it at an early period of the disease. When the patient is unconscious, unless he gets to the urinal himself, the bladder should by no means be neglected."

New York Academy of Medicine.—We make the following extracts from recent discussions in the Academy of Medicine:

Discussion on Spotted Fever.—Dr. W. H. Draper concluded the reading of his paper on cerebro-spinal meningitis. His observations of the disease were founded principally upon the large number of cases which have recently occurred at Carbondale, Pa. In the majority of the cases the meninges of the brain and spinal cord were intensely inflamed, while in others the pericardium, pleura, and even the lungs suffered. The discolored patches or spots from which the present epidemic seems to have derived its name, were not always present. Opisthionos was a pretty constant symptom. The liver and kidneys in some instances were found to be the seat of fatty degeneration. The

disease was generally of short duration, and very fatal. He was inclined to the belief that it was infectious. The conclusion of his paper was occupied by arguments to prove the identity of the disease with typhus fever. The paper was a very elaborate and finished one, and we regret that we are unable to publish it in full.

Dr. Scriven stated that he had met with a few cases of cerebro-spinal meningitis since the last meeting. The symptoms were in the main similar to those described at the last meeting. He referred to three cases in particular. The first was that of an old man, aged 71, who was seized at first with rheumatic pains, followed by vomiting. When Dr. S. first saw him he was suffering from spasms of the posterior cervical muscles. The pulse was full and strong. The features seemed relaxed; "his whole face seemed to hang." His mind was inclined to wander, though at times he was able to give some account of himself. He complained of burning pain in the head and down the back. The patient was bled to faintness, and the pulse coming up after he was laid down, he was bled again. The symptoms were all relieved, and the patient at last accounts was doing well. The blood showed a buffy coat, and was cupped after standing.

The second case which Dr. S. referred to was that of a boy, eight years old, whom he only saw in a state of collapse. Cups were applied to the mastoid process, but little or no blood was drawn; they were also applied to the back of the neck with the same result. At the suggestion of Dr. Sayre, who saw the case, the jugular vein was opened, but it was some three or four minutes before the blood was made to flow, it being necessary to free the orifice of the opened vessel by scraping away the partial coagular which existed there. The symptoms were alleviated, but the child was already too far gone to rally.

The third case was interesting in respect to an abscess which developed itself in the lumbar region, and seemed to extend into the spinal canal.

Dr. Clark did not think there had been sufficient opportunities to study the disease in and around New York, inasmuch as there had been, to the best of his knowledge, not more than a dozen cases under observation, and out of this number there had been opportunities afforded for but two or three autopsies.

He had met with but one case. This was in the practice of Dr. King, and in the person of a young mechanic. He was seized on Sunday, three weeks ago, with a feeling of malaise, attended with vomiting and headache. These symptoms continued until evening, when he retired at the usual time. During the night he became delirious, and partially paralysed. Dr. King saw him the following morning, and found him pretty profoundly comatose; the pulse was exceedingly small and rapid, the face livid, and there were noticed blotches upon the neck. At twelve o'clock, the time of the consultation visit, stimulants in the meantime having been given, the pulse was more appreciable, and had increased somewhat in force, but was still very rapid. He was then very restless. He refused to speak, probably on account of an inability to move his jaws, which were firmly contracted. The pupils were neither dilated nor contracted. The respiration

was sufficient to aerate his blood fairly, and presented no remarkable feature as to character or frequency. The blotches varied in size; some were so small as to be completely covered by a pin's head, while others could not be covered by the end of the finger. The more recent and smaller ones were ecchymotic in character. The larger ones were dark in their centres, and of a light red along their margins. Their form was exceedingly irregular, no two resembling each other; they were notched and irregular in outline, and either angular or nearly rounded, none having any definite oval form. The eruption appeared on the neck three hours before it did upon the feet. There was then (12 M) no opisthotonos. The patient was doing pretty well at last accounts.

Dr. Clark was inclined to doubt as to whether the right name had been found for the disease; in some cases the brain and spinal cord were involved in the inflammation, and so far the term cerebro-spinal meningitis was correct enough; but in other cases the inflammation was limited to the brain, while in still other cases the brain and cord escaped altogether, and the inflammation had spent its force upon the pericardium, the pleura, and even upon the lungs. That being the case, the disease, in his opinion, was due to a condition of the system in which there is a tendency to inflammation, and that that inflammation might show itself in one part of the body or the other, dependent upon circumstances which we cannot at first appreciate.

He was not able to agree with Dr. Draper as to any identity which existed between this disease and typhus fever. In typhus fever the eruption rarely or never appears before the seventh day from the time the headache and chilly feeling commences; the rate too at which this eruption travels over the body occupies a more considerable space of time; and then again the inflammation of the brain, which sometimes complicates typhus, does not show itself until after the end of the first week, and more generally in the course of the second or third week. The rapidity with which spotted fever runs its course, and the symptoms attending its fatal termination, were very different from those of typhus. As to the fatty degeneration of the liver and kidneys, it was most allied to yellow fever; though the investigations of Dr. Thomas have lately tended to show that this same condition of things may be met with in typhus fever. Why might not this lesion exist in spotted fever independent of any analogy that might exist between it and typhus? Taking everything into consideration, he was inclined to look upon the two diseases as entirely distinct.

Dr. Griscom related a case that had come under his observation in New York Hospital, and which was still under treatment. The patient, after general malaise, was first attacked with severe pain in the head, and when Dr. G. saw him he was suffering from the symptoms of cerebral inflammation. His pupils were contracted but were dilatable. His face was the seat of a most intense congestion; cups were applied, followed by venesection, when almost all the urgent symptoms were alleviated. The following day the patient suffered from an attack of catalepsy, which lasted for twelve hours. He had no command over his sphincter, and, having an attack of diarrhoea

discharged the contents of his bowels in his bed and over the floor. There was no opisthotonos present. For some time he had been delirious, would spit at every one with a seeming maliciousness, while at odd times he would exercise a musical talent, which he seemed to possess, by whistling vociferously. Taking the symptoms collectively, Dr. G. was disposed to think at the time of reporting the case, that the patient was suffering from acute mania.

Dr. La Roche, of Philadelphia, made some remarks concerning the general characters of the disease as he had met with it around Philadelphia, which corroborated the views of Dr. Clark.

Dr. Horsefield referred to a case that occurred in Jersey City, which proved fatal. The tonic and stimulant treatment was resorted to.

Dr. Draper instanced some examples of the contagiousness of the disease, which tended to corroborate the statements concerning that point referred to in his paper.

Dr. Dunlap, of Springfield, Ohio.—The disease has also made its appearance in and about the city of Springfield. In a recent conversation with Dr. Dunlap of that place, he related to us his experience, and his views. Nearly every case as it first appeared proved fatal. Blisters, counter irritants, belladonna and lime on the plan of Prof. Davis, and various treatment gave the same fatal result. In this desperate state of things, Dr. Dunlap arrived at the following views:

The epidemic is *not* a disease of inflammation, it is a blood disease, just as malignant scarlatina is, belongs to the same class of diseases; the brain and nervous system becomes involved by virtue of a vicious supply of blood. *Ozone* is the ready antidote to this state of the system; and that plan of treatment which affords ozone most readily will prove the most successful. In support of these views in part, he refers to the views presented by Dr. Jackson in an article in the *American Journal of Medical Sciences* for January last. Dr. Dunlap selected the permanganate of potash as his remedy, and gives it in doses of $\frac{1}{4}$ — $\frac{1}{2}$ grains, frequently repeated; it is administered in solution. After adopting this simple plan of treatment he had a favorable result in nearly every case. He thinks quinine and iron come in as proper remedies in the later stages of the disease if the recovery becomes protracted. Dr. Dunlap makes a wide application of these views and this remedy, believing that the same principles and treatment are applicable in erysipelas, hospital gangrene, typhus, etc.

We make no apology for devoting so much space to this topic, believing we could not afford matter more acceptable to most of our readers.

Special Selections.



Defective and Impaired Vision, with the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL M.D., Surgeon to Howard Hospital, &c.

Before commencing with directions for its management, I ought to mention that the ophthalmoscope, when employed alone, gives the upright picture of the interior of the eye, but when we use the lens we see an "inverted picture," so that what appears to be placed upward or inward, is in reality situated downward and outward, and vice versa, the great advantage derived from the use of the double convex lens is, that by it we obtain a larger picture; but should we desire to reduce it, we then use a double concave lens. The simple mirror of Anagnostakis, used in combination with a convex glass in the manner I am about to describe, certainly allows of our seeing in their real position parts which do not fall within the focus of the patient's crystalline lens. Thus a morbid growth—an encephaloid mass, for instance—which might be seen on the floor of the vitreous chamber, would be found really to occupy that position when the globe has been extirpated. But the optic nerve and retina, lying within the focus of the patient's lens, are seen reversed; so that the axis of vision, which is really placed on the temporal side, appears to lie on the nasal side of the nerve, and an extravasation of blood, or patch of pigment, below the nerve, would appear to be above it.*

Having darkened the room, the patient should be seated by a small

*Dixon on Diseases of the Eye, p. 777-8.—Holmes' Surgery, vol. II. London, 1861.

steady table, the lamp having been lighted and placed close to the side of the head, the flame on a level with the eye, so that the face receives no direct rays by means of the side shade.

The surgeon sitting on a high stool or standing in front of the patient, at about eighteen inches distance, for the indirect method, with the ophthalmoscope applied to his own eye, as seen in the cut, (Fig. 2) receives the rays from the flame, and by a slight oblique motion reflects them upon the patient's eye, whose pupil is in a short time illuminated with a bright red glow, that changes to silvery white when the eye is turned slightly inward toward the middle line. Then holding the double convex lens by the handle as in the picture, or between the thumb and forefinger of his left hand, he places it at the distance of about one inch in front of the patient's eye, steadying it by lightly touching the orbital region with his little finger between this end and the speculum, and then by a slight to and fro movement of his head, he tries to catch the distance at which the inverted image of the patient's fundus is visible to him: when he has this, he then begins to see the disc of the optic nerve and the vessels of the retina. You must not expect to see too much at first examination, as it requires some practice to properly illuminate even the fundus of the eye and place the convex glass in proper position. It is well to make experiments on some of the lower animals, especially the white rabbit, which makes a most admirable subject. To be able to see the optic nerve well, the patient must be directed to turn the eye a little toward the nose, and by turning slowly in various directions the whole of the fundus may be explored.

"For the examination by the direct method, the pupil should be fully dilated, and the accommodation paralyzed with atropine; the patient and lamp should occupy the same relative positions as they do in the direct method, but the surgeon must bring his eye within a much shorter distance of the patient's eye; an inch and a-half or two inches. In approaching so closely to the patient's eye, if a concave speculum, as Liebreich's, is used, much light is cut off the outer margin of his orbit, and the illumination of the fundus is proportionately dim; but at these short distances, Zehender's ophthalmoscope still illuminates brightly, and for this reason its employment is preferable in the direct examination."

ZEHENDER'S OPHTHALMOSCOPE.—"Unlike those which have been described, this consists of a convex metal speculum, in combination with a biconvex lens which is of shorter focal length than the negative focal length of the speculum. The clip which holds this lens, is mounted on a jointed bracket, which turns right and left on the short handle of the speculum. A clip for an ocular lens is hinged to the side of the frame just as in Liebreich's small ophthalmoscope; it is, however, less easy to manage.*"

The eye may be illuminated in still another method indirectly alluded to before, namely, the "oblique illumination," but which cannot be carried with entire satisfaction beyond the capsule of the lens.

*Hulke.

consists in placing the light at the side of the eye to be examined. The surgeon will find it most convenient to stand behind and above the patient inspected, so as to get the light reflected from the crystalline. A double convex lens is so inserted between the eye and light that its focus falls upon the parts to be examined. If we desire to examine the superficial reflecting medium of the eye, as cornea, etc., the rays of light should be made to pass through near the center of the glass; but should we find it desirable to examine for cataract adhesions of the iris to the capsule of the lens, the nearer to the periphery margin of the lens should the rays be refracted. No examination, however, can be complete for cataract or deep-seated lesions of the eye, without the use of the ophthalmoscope. Besides the ophthalmoscopes we have already noticed, there are Prof. Jaeger's, of Vienna, and Prof. Desmarre's, of Paris. Both are metallic mirrors, and only slightly in form. That of Prof. Rau, of Berne, is a concave mirror-glass, lined with mercury, and its focus is fourteen inches.

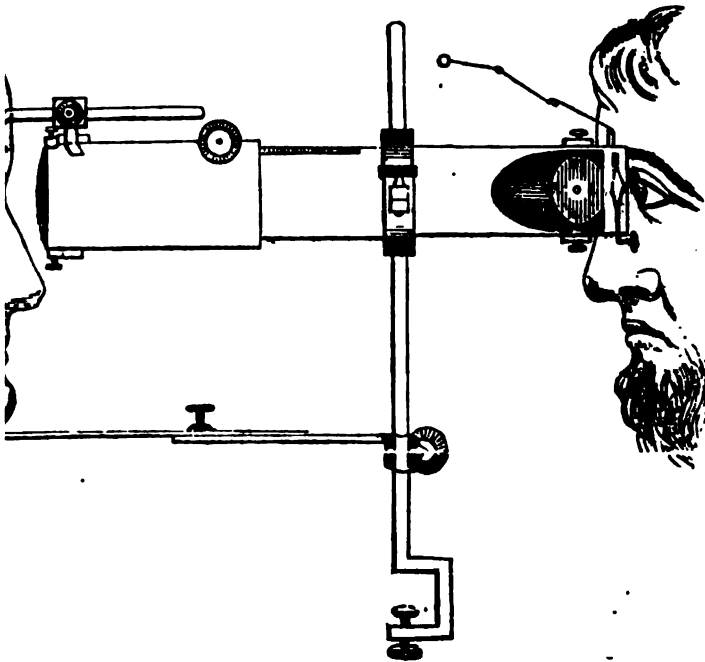


Fig. 3.

Reich's large ophthalmoscope is seen in Fig. 3; it consists of two tubes, one sliding within the other by a rack and pinion. The next to the observer, on the right, contains the speculum which revolves vertically on trunnions revolving in clips in such a way that it can be easily removed and replaced. A portion of this tube is cut

away in order to admit light to the speculum, behind which there is a narrow slit for a convex lens of low power. The tube on the left, next the patient, contains a convex lens of about two inches focal length, swung in the same manner as the speculum. This tube is encircled by a stout collar, which slides on the vertical rod, so that the whole can be fixed at any convenient height. The lower end of the rod has a clamp for fixing to a steady table. Above the collar bears a graduated horizontal sliding rod ending in an oval plate, against which the patient steadies his forehead in the manner represented in the figure. Additional steadiness is gained by a chain rest. A small brass ball mounted on a jointed bracket forms a convenient object for the patient to fix his eye upon. A couple of small blackened tin shades, not shown in the figure, cut off the direct rays of the lamp from the patient and surgeon's eyes. This instrument is very satisfactory when the focus is obtained, but it requires an experienced observer to make the arrangement, then any number of students can in turn observe the appearances. It is also useful to a teacher in making drawings. The necessity for varying the position of the eye, constitutes a great objection to such complicated ophthalmoscopes, and some eyes are so unsteady and so little under the patient's control, that the observer is obliged to follow their movements by slight changes in the position of the ophthalmoscope, which can be best effected when the instrument is held in the hand. The simple instrument, when once learned, is enough for our purpose.

THE APPEARANCE OF THE RETINA.—When we examine the eye of a healthy individual we do not find the retina always presenting one uniform tint; it varies from pale red through shades of red mixed with orange, even to buff. In plethoric persons of a ruddy countenance, the retina is naturally redder in appearance than in that of a person with a pale complexion. The color of the retina depends on its own capillary network, and also to the extremely vascular choroid behind it. The diagram (Fig. 4.) is a magnified view of the fundus of the eye, and gives an idea of the optic disc and the central artery and vein;

Fig. 4.



and by directing the patient to turn the eye a little toward the median plane, the observer will be able to trace these vessels to their parent trunks. It requires a good deal of practice to distinguish between the retinal arteries and veins. The only difference in color is that the veins are brighter red color; this is owing to the coats of the veins which are so thin that it allows the blood to shine through them. Even this distinction between the veins and arteries of the retina becomes less marked in persons advanced in years. If we wish to produce pulsation in the retinal vessels, we must press on the globe of the eye by the finger while we are examining it. Two natural pulses, a venous and an arterial, are stated to have been seen by Van Tricht⁶ and

⁶ Van Tricht, A. C., de squæle oculi, quæque usq. Utrecht, 1800.

Dr. Ed. Jaeger. A visible pulse in the retinal vessels is a sign of excessive intro-ocular pressure, and the arterial indicates a higher pressure.

OPTIC NERVE ENTRANCE.—From the wood cut you would suppose the optic papilla or nerve entrance was white, but this is not the case, as it is a grayish pink disc, its color depending on the amount of blood circulating in it. The recognition of the minute structure of the nerve requires great proficiency in the use of the ophthalmoscope and very brilliant light. According to Dr. Dixon, no structure seen with the ophthalmoscope, presents a greater variety of appearance than the optic nerve, even in patients who enjoy good sight.

PUNCTUM CENTRALE RETINÆ, OR YELLOW SPOT.—This is situated on the axis of the eye, and is one-tenth of an inch external to the entrance of the optic nerve. To see it with the ophthalmoscope requires a higher power. It is of a circular or oval figure, and is distinguished from the surrounding parts by the dullness of its image and by the greater richness of the choroid in pigment. It is the one twenty-fourth of an inch in size, and is surrounded by a broad yellow margin which gradually shades off into nearly colorless retina.

THE CHOROID.—The choroid is the dark tissue interposed between the delicate sentient retina, but when lit up by the mirror of the ophthalmoscope the color seen is chiefly due to the proportions of blood and pigment. If blood is in excess, the fundus is of a bright red color, but if pigment preponderates, the tinge is more of the orange. The distinctness with which it is seen depends also upon the degree of transparency of the retina. In young persons it looks as if overspread with a film, but in elderly persons they are plainly seen and of a brownish tinge. In persons of swarthy complexion the veins map out the choroid in small spaces which are deep brown with a violet tinge; this color is also found in the eye of the negro. In the albino the reflection produced by the vascular choroid is the most brilliant and lightest in tint.

ON THE CHOICE OF AN OPHTHALMOSCOPE.—According to Sichel,* the ophthalmoscope, in its greatest simplicity, consists of a reflecting mirror, designed to receive and bring to a focus on its surface the rays of light, and to return them according to the angle of incidence on the surface of the pupil, in such a manner as to illuminate the internal parts of the eye and render visible the phenomena which are passing in the refracting medium and in the internal membranes.

The number of ophthalmoscopes has multiplied so rapidly, that practitioners who are not acquainted with all the modifications to which the instrument has been subjected, would find difficulty in fixing their choice. I have tried nearly all the ophthalmoscopes which have been described until now. A frequent use of this instrument has taught me, that the most convenient ophthalmoscope, the easiest to manage, and the most perfect in its results, is that of M. E. Jager, (Pl. lxix., fig. 14,) and that of M. Coccius, modified in a very important and indispensable manner, by M. A. Graefe, which has adapted

*Iconographie Ophthalmo'logique. pp. 749—750.

to it a series of concave lenses sliding into a frame. This last ophthalmoscope having been abandoned by M. de G., and adopted by me I call it at present mine. It would be useless to describe more at length than has been done in the description of the plate. These instruments, which are at present in the hands of every body, and which are to be procured in Paris at MM. Charrier & Luer, instrument makers, and at M Nacher's, optician. Let us, however, remark, that it is the concave and convex mirrors that give the instrument its true value. All ophthalmoscopes formed with a simple reflector, that is to say, a simple concave or convex mirror to project the light to the depth of the ocular globe, are imperfect instruments, which rarely permit, especially to myopic eyes, seeing with entire clearness the vessels of the retina and the other fine details, normal or abnormal. These simple ophthalmoscopes, as for example, that of M. Anagnostakis, are only sufficient for the study of diseases of the crystalline apparatus in the vitreous body, and those which are seated between the retina and the choroid. In diseases of the retina and of the choroid, not accompanied with deposit between the membranes, the simple ophthalmoscope is entirely insufficient, above all for a myopic observation; but with the use of convex or concave mirrors to a certain result, leaving nothing to desire.

To all those specially occupied with the study of ocular diseases, I would counsel to procure for themselves one of the two composite ophthalmoscopes of which we have spoken. I give the preference to that of M. Jager, above all to the large model, but the small model also is excellent, above all when it is furnished with a second mirror, with a feeble reflector, that is to say, an unpolished glass.

ON THE MORBID APPEARANCES OF THE RETINA, OPTIC NERVE AND CHOROID.—It was well observed by William Bowman, the distinguished physiologist and surgeon of the London Ophthalmic Hospital, "We have fallen on a time that will be forever memorable in the history of ophthalmic science—the epoch of the invention (and application) of the ophthalmoscope."

"What would be thought by physicians if they were presented with an instrument enabling them to see the membranes, the cavities, the course of the fibres, the configuration of the brain, with the vessels pulsating, the veins varying in emptiness or repletion, and every product and physical condition of disease exposed to view? Or if the great organs of the chest or belly, with all their complicated connections and movements in a healthy or unhealthy state, were disclosed? They would be transported with delight at the facilities given for the exact detection of disease; and doubtless a harvest of great results would instantly be reaped in the field of practical medicine. What I have imagined for the great cavities of the body, came to pass for the delicate structures of the eye about eleven years ago. We may be all *clairvoyants* now for this hollow organ, into which we can penetrate by the aid of the reflector, and discern (in all where the media remain transparent) the physical conditions of the internal coats, with the exquisite course and aspect of the vessels, and faintest morbid altera-

tions of structure, as clearly and brilliantly as if they were opened up by the anatomist, or placed under a lens on the table before us. And where the media are themselves faulty, the faults can be detected in their earliest and slightest forms by the same means. So long as there are human eyes to suffer damage from disease, or cultivators of the divine art of healing, so long will the ophthalmoscope be in universal use, and the name of Helmholtz be held in honor among mankind. No less than a total revolution in ophthalmic practice has been already effected by this instrument, and constant further advances may be confidently anticipated in our knowledge, not only of the disease of the eye itself, but collaterally of various cognate affections of other organs, especially of the brain.*

HYPEREMIA AND INFLAMMATION OF THE RETINA.—"Capillary congestion of the retina first shows itself as a minute pink strippling limited to a segment, or overrunning the whole of the optic disc. As the distention of the vessels proceeds, the minute dots and streaks blend in a uniform blush, which invades the centre of the disc last. As the redness of the disc increases, its contrast with the adjacent fundus diminishes, and its outline becomes inconspicuous, or lost to view, in which case the confluence of the large retinal vessels alone marks its situation. These vessels seem to end abruptly at the surface of the optic disc, the redness and the opacity of the nerve tissue concealing their deeper vertical portions from view. The retina, unlike the optic nerve, is not reddened by simple capillary congestion, the reason being the largeness of the meshes of its capillary net.

"Its arteries are but little prone to enlargement or varicosity, and they readily elude notice; but its veins become very swollen and tortuous, and as they lie at different parts of their course, and are, therefore, overlaid by a greater or less thickness of retinal tissue, they appear in different degrees of distinctness. Thus the convex bend of a vein, which comes close to the inner surface of the retina, is plainly visible; whilst the continuous portions of the same vessel, as they dip away from the surface toward the middle retinal strata, becomes indistinct and tapering, or wholly hidden, and thus gives the veins the appearance of being interrupted.

"The saturation of the retina with serum by reducing its transparency, produces these appearances, and the presence of more opaque inflammatory products still further intensifies them. The degree of concealment of the deeper portions of the veins is a measure of the extent in which the transparency of the retina is diminished, and in this way is a clue to the quantity and nature of the inflammatory effusion. But we possess another gauge in the degree in which the choroidal coloration of the fundus is damped, because the view of the choroid is obscured in proportion to the opacity of the retina. A little serum which only produces a faint haziness of the retina, but slightly flattens the brightness of the choroid; whilst dense inflammatory products so cloud the retina that the choroid but dimly glimmers through it, or is wholly lost to view. In this case the retina has a

*American Journal of Ophthalmology, Vol. 1, no. 3, pp. 104, 105.

dull gray or stone color, blotched with rusty patches where capillary hemorrhage has taken place. These changes in the retina are accompanied with a cloudiness of the vitreous humor, which is greatest in the parts bordering on the retina, and decreases toward the center of the humor.

“The following forms are distinguished :

1. Retinitis characterized by intense redness of the optic disc, great venous congestion, œdema and capillary hemorrhage, little tendency to deposition of lymph, and little loss of transparency of the retinal tissues or of the vitreous humor. *Ret simplex, ret apoplectica. Capillary apoplexy of the retina.*

2. Retinitis with less vascular turgescence, but with free infiltration of the retina and adjacent vitreous humor with lymph and corresponding great opacity. *As the syphilitic and strumous retinitis.*

3. Suppuration of the retina.

“Retinitis ends in resolution and recovery, or in atrophy. Where the former occurs, the distention of the swollen veins subsides, the spots of capillary hemorrhage disappear, fading from the edges toward the centre ; the inflammatory products are removed, the transparency of the retina returns, and the details of the choroid are again sharply seen. The redness of the optic nerve is often last to disappear. The veins frequently retain their tortuosity, and with this exception the fundus preserves no traces of the previous inflammation. This fortunate termination commonly occurs only in the first of the above three forms of retinitis. In the second form, complete recovery occurs only where the exudation has been in limited quantity, and the inflammation has been arrested before the retinal tissues have suffered much. In a very large proportion of cases of this form, atrophy ensues, and when the vitreous humor has become sufficiently clear to allow the optic nerve to be seen, this is found shrunken, oval, or otherwise distorted, with a ragged, jagged border ; it is no longer distinguishable. Branches of the large retinal vessels are observed to be obliterated, traces of them remaining in the form of thread-like lines ; other branches have wholly disappeared. The fundus is blurred, the choroid is confused or wholly hidden by patches of retina of a peculiar opalescent yellowish-white color, in a state of fatty disintegration.

The third form of retinitis, the suppurative, always ends in destruction of the eyeball.”—*Hulks on the Ophthalmoscope, p. 41-48.*

RETINAL HEMORRHAGE.—This is not an unfrequent cause of sudden loss of vision, it may be complete, or more generally a portion of the retina is involved, so that it may still perform its functions imperfectly. There is usually a strong red glare before the eye if seen early, and often deep-seated pain. The iris is motionless or sluggish if dilated, with no improvement in vision. A patient now under my care has passed the first stage, and on examination a deep-seated greenish reflection was seen in the eye, and on an ophthalmoscopic examination effusion was found upon the retina covering the entrance to the optic nerve. Such a case may be improved, but from a severe blow and the age of the patient, perfect vision will not be restored.

A young boy received a blow in the eye (causing blindness) with a snow ball, which caused dilatation of pupil iris sluggish and pink effusion upon the retina. Treatment,—Leeching with diuretics, he entirely recovered; it required some two months' treatment. The blood in elderly persons is changed to lymph and thus causing a whitish or dark cloud before the eye.

If the hemorrhage is not produced by mechanical violence, as in the instance before mentioned, it proceeds, according to "Hulke"* from the capillary vessels, and apoplexies are more numerous behind than in front of the equator; they are scattered or crowded, in which case neighboring ones run together into patches of considerable size. Fresh blood-spots have a rich crimson color, deepest at the centre and falling off toward the edge; older ones are blacker or brownish red, rusty or buff. "The effused blood is either completely removed, leaving no trace of its former presence, or, what is much more frequent, in the sites of former apoplexies the fundus retains a confused, patchy appearance."

Apoplexy of the Retina. This is occasionally a forerunner of an attack of apoplexy in the brain. An interesting case of this kind was related to me by Dr. Dixon. In such cases, pain is felt on the examination. In another case which I examined, there was no pain on the loss of vision, nor any on the ophthalmoscopic examination.

R. B. A countryman, aged 40 years, dilated pupil with no perception of light, attack sudden, no cause. Directed to place in the eye a few drops of solution of the sulphate of atropia, two grains to the ounce of distilled water, it dilated the pupil well.

Ophthalmoscopic Signs. The retina was found covered with diffusely patches of extravasated blood. It required some four or five months before he was able to read large sized type, and the retina was left opaque and mottled. When blood escapes from the retina into the vitreous, it appears by reflected light, black, and is very slowly absorbed; in one instance it required six or seven months.

Case.—A. H., a farm servant, æt. 21, who said his health had always been good, had a sudden obscuration of the right eye whilst at work. The mist which was at first not dense, increased, so that perception of objects was quite lost. Six months after this he came to the Royal London Ophthalmic Hospital. The pupil was active. The outward appearance of the eye was good.

Ophthalmoscopic Signs. The retina and choroid could not be seen. The upper hemisphere of the vitreous humor contains a gray, cloudy, floating film, with small brown flocculi below it. Whilst still lower than this, between the equator and ora serrata, there was a large dark mass, which, when obliquely illuminated, had a deep crimson color, and was evidently a large blood clot.

Case.—E. M., æt., 21, a gardener, was admitted to the Royal London Ophthalmic Hospital. Three months previously, whilst stooping to clip a boxrow, his right eye was obscured to such a degree that he

*Hulke on the Ophthalmoscope, p. 43.

could not discern objects. I could not discover anything wrong in the external appearance of the eye. The retina was just sensitive to light.

Ophthalmoscopic Signs. Extensive retinal apoplexies hiding the entrance of the optic nerve, and large clots in the vitæous humor."
—*Medical and Surgical Reporter.*

Reviews and Notices.

The Diseases of the Ear, Their Diagnosis and Treatment. A text book of Aural Surgery in the form of Academical Lectures. By DR. ARON VON TROELTSCH, Aural Surgeon and Lecturer in the University, in Würzburg, Bavaria. Translated from the German, and Edited by D. A. St. John Ross, M.D., Ass't Surgeon to the New York Eye Infirmary. Illustrated with Wood Engravings. From the second and last German Edition. New York: Wm. Wood & Co., 1864.

We have read this little work on Aural Surgery and Medicine, with more than usual care and interest. It treats of a field of professional labor which is very much neglected by the general practitioner, and sadly given over to the tender mercies of unprincipled quacks and imposters. The general introduction of this little book of Dr. Von Troeltsch amongst practitioners, will tend greatly to do away with the disrelish for this department of surgery, and lead us to realize that we may do a great deal towards relieving many of the affections of the ear heretofore regarded as out of the reach of treatment.

The book is arranged on the basis of a series of lectures, treating seriatim of all the important diseases of the auditory apparatus, commencing with the external structures—the meatus—the internal ear—the nervous supply—the eustachian tube—together with those various affections of the nose and throat which indirectly affect the condition of the mouth of the tube, and therefore of the ear itself.

The mode of examining the ear—the most important instruments needed by the aural surgeon—are carefully detailed in their proper order.

In the treatment of diseases of the ear, it occurred to us, not deeply experienced in this branch of surgery, that a very prominent place was given to the use of catheterization of the eustachian tube—the air bath by means of the catheter, &c., in the management of a large proportion of the cases under consideration: We have no criticism to offer, only it seemed to us that the remedy seemed of most too univer-

sal application to feel that we had as yet reached accuracy in our knowledge of the subject.

We do not wish to be captious, but there is a fault in the style of the book that is objectionable ; we found too many places for comfort, sadly obscure in the use of words or their arrangement. For the most part we can arrive at the meaning of our author by the connection, or by some little study, but the meaning is often too muddy for good English ; as illustration take this paragraph on page 139—the text is speaking of the bad effects sometimes occurring from the sudden reports of artillery, the blast of a trumpet, etc. It says—“ Either a laceration of the membrana tympani, of the fenestra rotunda, a pushing of the stapes into the vestibule, or a separation of the extremely delicate articulation between the incus and stapes, or any other, according to the kind, force, and structure of the powerful movement of the air.” We could quote a great many similar passages, so obscure as to render it exceedingly difficult to determine what is intended. Whether the fault is in the author or the translator, we are unable to say, though these passages read to us as if written originally in English by a person slightly familiar with our language.

Still there is much that is very excellent in this book ; it is brief ; for the most part the instructions are to the point ; and physicians will pick it up during the leisure of a few odd days, and peruse the whole of it. We can recommend it to our readers as worthy of their attention.

For sale by R. W. Carroll & Co.

The American Journal of Ophthalmology. (Quarterly.)

The initial number of this valuable Journal, for 1864, is before us, being Number one of Volume No. two. Dr. Homberger, the Editor and Proprietor, is doing a good work, and we hope the friends of Eye Surgery in this country, will afford him a helping hand, both in subscriptions and contributions. The present number, in its general department, is largely made up of contributions by the Editor : Articles on Epilepsy of the Retina ; On a New Mode of Performing Iridectomy ; Practical Hints on the Use of the Ophthalmoscope ; A New Mode of Applying Atropine, etc., etc. A case of “gouging” of the Eyes, with consequences, and A Case of Pyramidal Cataract, are reported by Dr. E. L. Holmes, of Chicago.

Under the head of Journalistic Reports, the Editor has condensed the most important material contributing to his speciality in the Jour-

nal literature of the day. Especially we observe that he has had access to the German Journals, and made free use from them.

The Journal is well printed, the paper excellent, with several wood cut illustrations of new instruments; and accompanying this number is a beautiful chromotype view of "The eye-ground of a light haired subject."

The American Journal of Ophthalmology, heretofore published every alternate month, now appears as a quarterly; and is published by Dr. Julius Homberger, 24 West 12th Street, New York, at \$2 a year in advance.

Editor's Table.

Independent Journalism.—This is a common phrase, both amongst Medical and Secular Editors. If it has any meaning, we suppose it is that persons now and then in the control of Journals, are so surrounded by circumstances, or so constituted mentally or physically, that they can speak frankly and fully the honest truth, both as to facts and criticism. It is unquestionably true, that in the history of American Medical Journalism publications have been continually projected, with simply a purpose to subserve; very many Medical Journals represent Medical Schools, and are designed mainly to promote the interests of those connected with the college. Large Publishers have from time to time been so deeply interested in the pecuniary affairs of Journals, as materially to influence the spirit of its criticisms and reviews. Various other interests control various Journals. And yet, despite these circumstances, we believe American Journalism is quite as untrammelled as in other countries—quite as independent—indeed, we have sometimes thought, in some respects, rather much so. It is, however, quite the fashion for men not connected with the editorial management of a Journal, to express their anxiety for that happy time, when we shall reach an independent press:—all new editors and the projectors of new Journals, always announce this as their grand purpose, the establishing of an independent criticism. An editorial experience of near ten years will, we suppose, not render it presumptuous or offensive in us, if we say this cant is very largely "bosh."—Honesty is desirable—frankness is desirable,—an independence based on knowledge and culture is desirable; and yet we have met with a great

deal of editorial independence in our day, that was very questionable in its propriety, usefulness, and even truth.

The judicious editor of a Medical Journal, should keep an eye out for all the wide spread and numerous interests of the profession—and we have no hesitation in saying that for their promotion, we are often required to exercise a great deal of prudent reflection, that to the uninitiated, might savor of dependence—when it is only a proper caution.

We are in the receipt of a very spicy, and in all respects thus far, unexceptionable exchange—which assumes, both in its title and editorial remarks, to be par excellence,—*The Independent Medical Journal* of this country: we note the same cant to which we have just alluded. It announces that it has a large corps of editors, some ten or a dozen. Its editorial staff are as yet unannounced to the public. These two circumstances are supposed to avoid the probabilities of outside pressure. We cannot for the life of us see how either circumstance is guarantee for any particular independence. So far as the strength of the editorial corps is concerned, we fancy a little experience will demonstrate this as its first element of weakness; and how their names being unannounced will promote their independence, we are too dull to understand—indeed, so far as the general reader is concerned, we suppose he will, from the very first, lack the most desirable assurance that the frankness and veracity of the publication is to be implicitly relied upon. The mere formal declaration of the editors, that independence is their right—that they will thereby abide—that they will “hold fast to their independence at any price,” is simply the old rehash of new editors; we have some faint remembrance of writing after a like fashion ourselves some years ago.

We do not say these things out of any ill nature, or any lack of faith in humanity, for we happen to know something of the “inner man” we are just now criticising—which to us individually is a guarantee for good faith—but we protest against the implied idea that American Journalism is prostrated to venal purposes and objects—and that there is so great and crying a necessity for an independent medical press. It may exist as a local want—perhaps in New York perhaps in Cincinnati—we do not believe the general interests of the profession, however, are so dependent.

The Medical College of Ohio.—The death of Prof. Lawson last winter, has rendered it necessary to reorganize to some extent, the Faculty of this venerable Institution. We have no official information concerning the matter, but we learn by common rumor, that some changes

have taken place, looking to the permanent organization of the school for future operations. We hear that Prof. Graham is transferred from the Chair of *Materia Medica*, to the vacant Chair of *Theory and Practice*: Dr. Comegys returns to his old Chair of *Physiology and Pathology*; and Dr. Theophilus Parvin, of Indianapolis, is elected to the Chair of *Materia Medica*, vacant by the transfer of Dr. Graham. We do not understand any other changes have been made: the only new man, therefore, is Dr. Parvin, who is in all respects a high-toned gentleman and an accomplished scholar, as well in general letters as in the strict literature of his profession. He has already departed for Europe, and will spend the summer abroad, returning in time for the Winter Course of Lectures. We shall gladly welcome Dr. Parvin amongst us, and doubt not he will make a valuable and acceptable teacher of medicine.

Thus much we have given as a current item of news; when the arrangements of the Ohio College are complete and duly announced, it will be time enough for us to say whether they come up to the present demands of the profession, and meet its just expectation, as being the oldest medical school in this great valley.

Apologetic Again.—We have been obliged so frequently to ask the indulgence of our subscribers during the present year to our shortcomings, that we feel mortified to speak of the matter, and feel almost tempted simply to do the best we can under the circumstances, and make no comment. The fact is all the printing establishments of this city are overworked, and short of hands. We have had one or two "strikes," each time materially advancing the price of work, and all the time publishers have been at the mercy of the printers both as to price and time. The delay of the present number, however, has been in great part owing to another cause—paper was ordered in good time for our issue, but that too is one of the "fancy stocks" of the market and is not subject to dictation—our supply at this date, (30th of the month) has just come to hand. These embarrassments are quite as vexatious to us as to our friends. We look forward to the time when a more settled state of the country will permit us to return to peaceful employments and regular habits. In the mean time we return our acknowledgements to our well tried friends, for so much patience and indulgence; especially manifested in the fact that now in the middle of this volume for 1864 we have fully reached the highest circulation this publication has ever known, having fully recovered the circulation lost by the effects of the rebellion, and to appearances we are now

steadily on a growth which would be abundantly satisfactory were it not for the heavy growth in expenditure.

Ohio State Medical Society.—We are glad to learn that Andrew Wilson, Esq., will be in readiness to take care of the State Society at its annual gathering at the Ohio White Sulphur Springs on the 21st inst. What would the Springs be without the genial face of "mine host," Andy Wilson? and how could the Society meet without his thoughtful foresight? Dr. Dawson is completing arrangements with the various railroads for a half-fare trip, so that we presume all members having paid full fare going, will be returned free on the usual certificate of the Secretary.

We expect to see another large gathering of the doctors and their families at this meeting: we owe it to ourselves to take this much recreation; physicians are the varied slaves in the world, and it is alike a matter of health, and recuperation of mind and body, to lay aside the harness once a year, and enjoy a holiday and the social intercourse of brethren. Come up to the State Society.

Dr. Theophilus Parvin, the newly elect Prof. of *Materia Medica* in the Medical College of Ohio, has left for Europe; as we understand he will devote the greater part of the summer in the city of Edinburgh as pupil to Simpson. We are promised regular letters for the *Lancet and Observer* during his stay abroad.

The Indiana State Medical Society convened at College Hall in the city of Indianapolis on Wednesday, the 17th of May. In the absence of the President, Dr. Moffat, of Rushville, presided, and delivered the annual address in the evening. The address was spoken of as able and appropriate.

During the second day papers were read by Dr. Rooker, of Castleton, and one by Dr. Lockhart, contributed by Dr. Hutchinson, of Iowa, formerly a member of the Indiana State Society. The paper of Dr. Rooker was upon the prevailing epidemic, "spotted fever," and elicited considerable discussion.

Dr. Brower, of Lawrenceburg, pronounced an extemporaneous but excellent tribute to the memory of four deceased members of the Association, viz.: Drs. Ballard, of Indianapolis, West, of Hagerstown, Elliot, of Thorntown, and Wilson, of Brownstown. And at his instance suitable resolutions were adopted, expressive of the feelings of the Society.

Dr. S. M. Linton, of Columbus, was elected President for the ensuing year ; Dr. W. Lockhart, Vice President ; D. W. M. Harvey, Secretary ; Dr. W. P. Parr, Assistant Secretary ; R. N. Todd, Corresponding Secretary ; and J. H. Woodburn, Treasurer.

On motion, the Society will hold its next session May 1865, at the city of Richmond, Wayne Co.

On the evening of the second day, the Indianapolis Medical Association, gave the State Society a fine entertainment, where, besides ample provision for the comfort of the inner man, sentiments and speeches were the order of the occasion. Dr. Brown responded to "the founders of the Indiana State Medical Society." Rev. Dr. Nutt to the "Literary Institutions of Indiana." Brief speeches were also made by Drs. Newland, Parvin, Moffitt, Athon, and various other gentlemen.

We have to regret our great personal disappointment in not being able to be present with our friends at this meeting.

NEW BOOKS.—*Da Costas Medical Diagnosis* is just published by J. B. Lipincott & Co. Blanchard & Lea have just issued a new edition of *Bumstead on Venereal Diseases* ; and the long promised *Obstetrics of Hodge*. These books will doubtless reach us in time for a notice next month.

Confederate Medical and Surgical Journal.—So far as we know all the old medical journals of the rebellious States suspended with the beginning of the war. We notice, however, a paragraph from the *London Lancet* to the effect that a Southern medical journal with the above title is being published, but at what point in the Confederacy we are not advised.

Specialties.—There is still a question amongst our best men as to how far the practice of *specialties* in medicine and surgery are or ought to be encouraged as legitimate in the profession. The present feeling in this country undoubtedly favors the practice to very considerable degree. The danger, however, and the constant tendency is to modes of advertising and announcing direct and indirect that shall savor of the arts of quackery ; inasmuch as *legitimate* specialties are largely dependent on the influence and good will of the legitimate profession for success, it behooves practitioners to be on their guard. A recent number of the *London Lancet* alludes to this subject, and reviews the tenden-

ies of specialities in America with some sarcasm, and its inferences are worthy of our careful reflection.

Travelling Agents.—H. P. THROOP and J. ROWE SMITH are authorized agents for subscriptions and collections on this Journal. Mr. Throop will travel extensively throughout Indiana, and Mr. Smith will canvass Ohio during the present season.

Wanted, at this office, May, 1858 of the *Lancet and Observer*; also January, February, October and November, 1863. For a copy of these numbers, either or all, we will pay 25 cents each to complete a set.

The New Hospital.—By the invitation of the Trustees and Medical Staff, the physicians of the city and vicinity had an opportunity on Saturday last of visiting the City Hospital of Boston before its public opening. A large number of gentlemen met to satisfy a curiosity as to the form in which this long considered, vexed, and much desired project had at last been realized. They were received by Alderman Norcross and others of the Trustees, and were conducted over the establishment by the Superintendent. We think that not one of those who were then there for the first time, had any previous conception of what modern skill in internal architectural appliances and apparently unlimited resources might accomplish in the construction of a hospital. To those who had spent a portion of their student life in European mediæval hospitals, such as the vast lazarettos of Italy, once filled with plague-stricken inmates, or the monastic and sombre institutions of Germany, or the old halls of the Hotel Dieu of Paris, all simple structures of plainest stone and wood and plaster, but with steps worn by feet of many generations of students and famous teachers of our art, it seems hardly possible that all this magnificence was also a hospital, unless designed for some exalted class of patients. Certainly there is none like it in the world, was a frequent exclamation. And yet with all the splendor of marble floors, rich carpets, electric clocks, lofty dome and corridors and pavilions, and the beautiful systems of machinery for heating and ventilating the building, for washing and wringing and ironing the linen, and for the comfort of all its inmates, which it may gratify the pride of a wealthy city to have founded, it is to be remembered that its success as an institution after all rests almost wholly with the members of our profession, to whom it is so soon to be given in charge, and it is to them that the public will look

to see that the large amount of money thus expended is properly devoted to its divinest purpose.

In a future number we hope to be able to give our readers a full description of the internal arrangements and novelties in construction of a hospital, which in all points but size must rank among the most perfect yet built. In some of its details it is indeed open to criticism, but these defects are such as can be easily remedied. Two wings are now completed and furnished for the reception of patients, affording present accommodation for one hundred and fifty patients, medical and surgical, in addition to the elegant private wards in the central building. It is to be open to the sick upon the first of June. We are sorry to hear, however, that the Trustees have decided to exclude from its walls just the class of patients for which alone there was any imperative need of hospital accommodation, namely, lying-in-women, and those affected with venereal and contagious diseases. It seems to be the design to make it another Massachusetts General Hospital, a plan which could not be too highly praised were two institutions of that character needed at present in this city; but it appears to us that, if this exclusive system is allowed to prevail, the petition of the physicians of Boston has not been answered, and that we still have as great need of a city hospital as before.—*Boston Med. and Surg. Jour.*

List of Graduates, &c.—At the annual commencement of the Medical Department of the University of the Pacific, held at Platt's Hall, San Francisco, March 18, 1864, the degree of Doctor of Medicine was conferred on the following gentlemen, by Rev. M. Bannister, President of the University:

M. A. Cochot, San Francisco.	Subject of Thesis,	Delirium Tremens.
D. S. Deal, Marysville.	“	“ Rheumatism.
W. T. Garwood, San Francisco.	“	“ Hydrogen.
J. T. Harrison, Amador County.	“	“ Puerperal Fever.
E. B. Robertson, Mokelumne Hill.	“	“ Primary Syphilis.
Owen H. O'Neil, San Francisco.	“	“ Erysipelas.
F. S. Stirling, San Francisco.	“	“ Ovarian Dropsy.

The charge to the graduates was given by Prof. Lane, an oration in Latin was delivered by Prof. Barstow, and the exercises closed by an appropriate address from John T. Doyle, Esq.—*San Francisco Med. Press.*

The Illinois State Medical Society held its 12th annual session in Chicago, commencing on the 12th inst., and continuing three days. Among the papers read were two on cerebro-spinal meningitis—by Dr. J. Adams Allen and Dr. R. E. McVey. Dr. J. S. Whitmore

also reported verbally three cases of the same disease in his practice. A resolution was adopted to the effect that the present pay and rank of surgeons and assistant surgeons in the army are disproportionate to the service performed, and that proper exertions should be used for relief by national legislation on the subject.

Old Journals Wanted.—To complete our file of the *Western Lancet*, we desire to obtain the following back volumes: for 1853-'44-'45-'46-'47-'48-'49.

A medical friend also desires to complete broken sets of various Western medical periodicals, and has made out the following list. Any person having any of these volumes or parts of volumes, who will dispose of them, will confer a favor by communicating with Dr. E. B. Stevens, at this office.

"Western Quarterly Medical Reporter." Edited by Dr. John D. Godman: Cincinnati, 1822—2 Vols.

"Ohio Medical Repository." Dr. Guy W. Wright and James M. Mason, Editors: Cincinnati, 1826—1 Vol.

"Western Medical and Physical Journal." Drs. Guy W. Wright and Daniel Drake, Editors: Cincinnati, 1827—1 Vol. Continued, as "Western Journal of Medical Sciences," by Dr. Drake, till 1839.

"Louisville Journal of Medicine and Surgery," by Profs. Miller, Yandell and Bell: 2 numbers issued.

"Semi-Monthly Medical News," Louisville, Ky. Want Vol. 1, No. 8.

"Louisville Medical Gazette." Want Vol. No. 1, 6, 7, 8, 9, 10, 11, and 12.

"Nashville Monthly Record." Want, Vol. 1, No. 8; Vol. 2, No. 1, 3, 5, 6, 9, 10, 12; Vol. 3, all after No. 3.

"The Western Medical Gazette." Edited by Drs. Eberle, Mitchel, Smith and Cross. Cincinnati, 1832-35—2 Vols.

"Ohio Medical Repository," (second of the name.) Cincinnati, 1835—1 Vol.

"Western Lancet." Dr. L. M. Lawson. Cincinnati, 1842. Want Vol. 1, Nos. 1, 2, 3, 11, 12, or whole volume; Vol. 2, Nos. 10, 12, or whole volume; Vol. 11, No. 1; Vol. 15, No. 1; Vol. 17, No. 11

"Transylvania Journal of Medicine and the Associate Sciences." Edited by Drs. John E. Cooke and Charles W. Short. Lexington, Ky., 1828. Want Vols. 1, 6, 7, 8, 9, 11 and 12 entire, or the entire set.

Army Medical Intelligence.

Surgeon A. C. Schwarzwelder, U.S.V., as Surgeon-in-charge, Eruptive Fever Hospital, Louisville, Ky.

Surgeon William Grinstead, U.S.V., as Surgeon-in-Chief, 2d Division, 11th Army Corps, Department of the Cumberland.

Surgeon Wm. Threlkeld, U.S.V., to Nashville, Tenn.

Surgeon W. Threlkeld, U.S.V., as Surgeon-in-charge, General Hospital, Tullahoma, Tenn.

Surgeon G. S. Palmer, U.S.V., as Medical Director, 11th Army Corps, Department of the Cumberland.

Surgeon E. S. Fuller, U.S.V., as Attending Surgeon, Sick Refugees at Nashville, Tenn.

Surgeon J. W. Lawton, U.S.V., to the Department of the Ohio.

Surgeon J. A. Philips, U.S.N., as Surgeon-in-Chief, 2d Division, 14th Army Corps, Department of the Cumberland.

Assistant-Surgeon W. B. Trull, to Louisville, Ky.

Hospital Steward E. J. Doe, U.S.A., to Office of Medical Director, Northern Department, Columbus, Ohio.

Hospital Steward C. Nall, U.S.A., to Fort Wayne, Mich.

Surgeon C. McMillin, U.S.V., to special duty, examining recruits at New York City.

Assistant-Surgeon S. H. Horner, U.S.A., as Medical Purveyor, Department of the Ohio, Knoxville, Tenn.

Surgeon S. D. Carpenter, U.S.V., as Medical Director, District of St. Louis, Mo.

Assistant-Surgeon R. McGowan, U.S.V., to the Reserve Artillery, Knoxville, Tenn.

Surgeon F. N. Burke, U.S.V., as Health Officer at Memphis, Tenn.

So much of Special Orders No. 107, of March 5th, 1864, from the War Department, as relates to Surgeon John F. Head, U.S.V., is revoked, and Surgeon John F. Head, U.S.V., in addition to his present duties as a member of the Board now in session at Cincinnati, Ohio, for the examination of sick officers, is assigned to duty as member of the Board now in session in that city for the examination of Assistant-Surgeons of Volunteers.

There are a large number of vacancies existing in the Corps of Surgeons and Assistant-Surgeons of Volunteers, and in the Colored Regiments the need of Assistant-Surgeons is urgent.

Surgeon W. M. Chambers, U.S.V., has returned from leave, and resumed his duties as Surgeon-in-charge, General Hospital No. 15, Nashville, Tenn.

General Hospital No. 1, at Paducah, Ky., was destroyed by order of Colonel Hicks, commanding, as it afforded shelter to the sharpshooters of the rebel General Forrest's command, in the late attack on that place, whence they killed our gunners in the fort. The patients were all safely removed. General Hospitals No. 2, 3, and 4 suffered no damage.

The Assistant-Surgeon-General at Louisville, Ky., has directed Surgeon Thomas W. Fry, U.S.V., Superintendent of Hospitals at New Albany, Ind., to select a suitable building at the latter place, and fit it up in first-class style for the reception of sick and wounded soldiers of African descent.

Acting Assistant-Surgeon Charles A. McQuestion, U.S.A., to Fort Wingate, N. M., as Post Surgeon.

Assistant-Surgeon J. H. Shout, 1st Cavalry, N. M. Vols., to Fort Union, N. M. as Post Surgeon.

Surgeon E. J. Whitney, U.S.V., as Chief Surgeon Expedition against Northern Apaches, N. M.

Surgeon S. S. Schultz, U.S.V., to special duty with the Provost-Marshal-General of Ohio.

Surgeon Frederick Seymour, U.S.V., dismissed by sentence of General Court-Marshal, Special Orders No. 31, current series, Department of the Cumberland.

Large Depots and Field Hospitals for the wounded have been established at Belle Plain and Fredericksburg, Va. Those at Fredericksburg are in charge of Surgeon E. B. Dalton, U.S.V., and at Belle Plain in charge of Lieutenant-Colonel J. M. Cuyler, Medical Inspector, U.S.A. Previous to, and awaiting the battle, extensive preparations were made for the reception, care, and comfort of the wounded, so that in Washington, Baltimore, Philadelphia, and New York, a vacant bed is ready for every wounded man. Of course a large number of severe cases must remain in Virginia until they are able to travel. They are arriving at Washington rapidly. All skulkers are sent to the front. Immediately upon receipt of intelligence of the locality of the wounded, immense supplies were forwarded, with a large number of Army Surgeons, Cooks and Nurses. In addition to these Acting Surgeon-General J. K. Barnes has also granted, up to noon, May 14th, passes to 71 volunteer citizen-physicians who offered their services, and to 378 nurses, also volunteers.

MARRIED.

At Mulberry Grove, on the 22 inst., by the Rev. Dr. Jas. Hopple, Hon. W. P. Kincaid, M. D., of Neville, O., to Miss Mollie R., daughter of Hon. John P. Blair, late of Clermont Co., O., dec'd.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M. D., Indianapolis.

SURGICAL.

1. *Acupressure*.—Dr. Simpson, in one of his clinical lectures, draws the following comparison between the ligature and acupressure :

THE LIGATURE	ACUPRESSURE.
1. Requires isolation, and consequently some detachment of the end of the vessel.	Requires none.
2. Produces laceration of the two internal coats of the artery.	Produces none.
3. Produces strangulation of the external coat.	Produces none.
4. Leads on to ulceration or molecular destruction of the external coat of the constricted part.	Produces none.
5. Causes mortification of the artery at the tied point, and usually also below it.	Produces none.
6. Produces, consequently, a dead, decomposing slough of each part ligatured.	Produces none.
7. If organic, it imbibes animal fluids, which speedily decompose and irritate.	Requires only metallic needles or threads, which are incapable of imbibing animal fluids.
8. Requires to produce the highest stages of inflammation at each ligatured end, viz : ulceration, suppuration, and mortification.	Requires to produce inflammation up to the stage of adhesion only.
9. Is not removable except by the slow ulceration and sloughing of the ligatured vessel, which requires a period of from four or five to twenty days and more.	Is removable in an hour, a day, etc., at the will of the operator.
10. Generally requires two persons for its application.	Requires only one person.
11. Is sometimes followed by secondary hæmorrhage, as an effect of ulceration and sloughing.	Is seldom followed by this form of secondary hæmorrhage, as there is no ulceration or sloughing.
12. Sometimes fails altogether	Has succeeded under such cir-

in cases of recurring secondary hæmorrhage. cumstances when the ligature has failed.

13. Sometimes cannot be applied till the surgeon first exposes the bleeding vessels by the knife. Does not necessarily require the exposure of the vessel, and, therefore, has sometimes prevented the necessity of using the knife.

14. Prevents, as a foreign body, adhesion by first intention along its track as long as it remains. Is early withdrawn, and is hence far less opposed to primary union.

15. Stops only the artery tied. Stops generally both artery and vein.

16. Stops only one artery. May close two or more smaller arteries, by means of a single needle.

17. Is not unfrequently followed by surgical fever, from leading to the formation, and allowing absorption of septic matters. Is much less likely to be followed by surgical fever; because it does not lead to the formation of septic matter, and closes the veins as well as arteries.

18. For these various reasons, primary union rare, healing slow, and septic or surgical fever not uncommon. Primary union more frequent, healing quicker, and septic or surgical fever less common.

—*Amer. Med. Times.*

2. *Enchondromate Tumor*.—Dr. H. J. Bigelow has reported to the Boston Society for Medical Improvement, a case of enchondromatus tumor of the scapula, which gave the following measurements: Circumference of base, 45 inches; antero-posterior circumference of transverse and vertical diameters, each 14 inches:

This tumor was of ten years' growth, but up to three years ago it had attained only the size of a new born babe's head. In the last year it doubled in size, and finally produced death of the patient. After death it was removed and weighed 31 pounds.

Another case reported by the same gentleman was a fibro-cellular tumor growing from the skin. The patient was a young woman 25 years of age; the tumor made its appearance six years ago, situated upon the left buttock. It was removed and weighed 13½ pounds. The wound after excision measured about 13 by 17 inches, and the patient after having been much prostrated recovered.—*Boston Medical and Surgical Journal.*

3. *On the Therapeutical Applications of the Solution of Permanganate of Potash and Ozone*.—By Samuel Jackson, M.D.—In looking over last spring, Bouchardat's *Annuaire de Therapeutique*, etc., for 1863, I met with the statement "that the ozonized water of the English is a solution of the permanganate of potassa, in the proportion of two parts to one thousand of water."

Pincus and others had already established the disinfecting and deodorizing properties of the solution of this salt. These notices suggested to me the thought of testing its therapeutic actions and practi-

cal application. My observations commenced in April, but confined to my office, my investigations were of course limited.

Having prepared the solution according to the above formula, I proceeded to ascertain its sensible properties on myself. It had no proper taste, but gave a sensation of coolness in the mouth, leaving behind a slight styptic feeling and dryness, which continued an hour or more. Taken in the dose of a tea-spoonful, slightly diluted, three times a day, it produced no prominent symptoms. It caused no inconvenience; there was some increase of appetite, which, however, was good, and an easier digestion. A diuretic action was obvious; there was no general excitement, increase of temperature, or frequency of pulse. A few days after I prescribed the solution in a case of dyspepsia, attended with loss of appetite, disordered digestion, and extreme lassitude. A teaspoonful in half a wine-glass of water was directed to be taken four times a day. In a few days the patient called to report a complete recovery.

Four cases of a similar character were treated in the same manner, with a prompt and successful result. In only one slight surgical case have I been able to test its effects. It was a foul ulcer of moderate size on the leg, the veins being varicose. The solution was given internally, and directed to be used as a wash several times a day, walking to be avoided as much as possible, and the leg to be kept up. In a week the patient presented himself, the ulcer healthy, rapidly cicatrizing, and his appetite and digestion restored with improved health.

But the most remarkable and almost marvelous effects are its prompt in most cases, its immediate action in the treatment of gangrenous wounds in the Campbell Hospital in Washington, and in the United States Jarvis Hospital, Baltimore.

On the 19th of May my young friend, Dr. Hinkle, of Marietta, Pa., called on me in passing through the city. He informed me he was Acting Assisting Surgeon, U.S.A., and was then stationed at Campbell Hospital, Washington. In the course of conversation on his medical and surgical experience, he mentioned the number of cases of gangrenous wounds, particularly in the wounded at the battle of Fredericksburg; the difficulty of treating them, and the ill success of the treatment pursued. I informed him at once of the observations I had been making with the solution of the permanganate of potassa, and proposed to him to give it a trial. Having a conviction that ozone existed in the solution, I was strongly impressed with the belief that it would be found adapted to such cases. The Dr. at once acceded to my proposition, and obtained the salt at Mr. Blair's on leaving my office.

On the 25th of May I received a letter from him of date 24th, in which he informs me that "in reference to the treatment of hospital gangrenous wounds and gangrene, it has already proved beyond all description efficacious; in the action of the remedy you proposed I find more than I expected, and almost all that I could wish. I now give you a prominent case as an illustration of its valuable effects, and the instant change produced by its local application, and its internal administration upon the general character of the whole case:

' "A soldier had received on extensive gunshot flesh wound at the upper fourth of the tibia and fibula of the right leg. The integuments for the space of four inches in length and three in breadth had sloughed from gangrene, leaving at this date, May 23, the tibia exposed for three inches. The whole of the leg and up to the middle half of the thigh is infiltrated with a putrid sanious liquid and pus. The discharge is nearly a quart per diem.

"The left leg had been penetrated by a minie ball at the commencement of the popliteal space. A considerable amount of fluid had gravitated back of the knee joint, which was a source of great suffering. This was relieved by a counter-opening giving a free discharge of the fluid. The treatment was commenced May 23, 7 A. M., at which time the situation of the patient was very critical. Pulse was thread-like and 96. Face palid with anxious expression; head covered with cool sweat. The general temperature below the natural standard; had slept five hours in the last twenty-four. The gangrenous surface looked badly, had a dark green aspect and flabby, exuding a sanious liquid mixed with debris of dead tissues. The odor was pungent and highly offensive. The whole leg and thigh appeared as though melting into this fluid.

"The following treatment was adopted according to your suggestion:—*R.*—Per mang. potassa ʒj, acid. sulph. gtt. xx, aq. comm. Oij,—*M.* A teaspoonful was given every three hours in a wineglass of water. The gangrenous parts were washed with the solution externally and internally, and charpie soaked in it was kept continually applied, being changed as often as the dressing became saturated with the discharge, or, when that was checked, when it became dry.

"The effects on the gangrenous tissues were instant. The flabby, sloughing and indolent surface immediately dried up, and in a few minutes presented the appearance of a wound to which a solution of nitrate of silver has been applied; or that of a delicate eschar from a slight burn, yet it gave no sensation of pain. In three hours the odor was greatly lessened, and in less than twenty-four hours it was barely to be perceived.

"In at least fifteen other cases of gangrene, such as of stumps of limbs, etc., its action was no less efficacious."

The Doctor concludes: "I am already assured that it (the solution of permang. potass) is of the greatest value in cases as above mentioned."

I received from the Doctor a communication inclosing the history of ten cases of gangrenous wounds treated in Jarvis United States Hospital, Baltimore, with the solution, and in all the gangrene was promptly arrested. He also describes the mode of application which he has found the most useful from his extended experience.

He also informs me that he is making out a report to the Surgeon-General on the permanganate of potassa and its uses. In this he will give the history of the numerous cases—I believe now nearly one hundred—of different affections in which he has employed it. A duplicate, he states, will most probably be published in the *Medical Times*, to which I refer for a full confirmation of what I predicted.

from my limited experience respecting the therapeutic action of the solution of the permanganate of potash. I have a strong conviction that science has acquired in this agent a remedy of active powers, of extensive application, easily procured at a small cost, and which can be used without apprehension of risks to be incurred.

Prof. Jackson then goes on to relate his experiments to ascertain the active principle of the permanganate of potash, which he discovered to be ozone, and that the solution of bromine and chlorine owe their medicinal virtues to the same principle as the permanganate of potash.—*American Journal Medical Sciences.*

4. *Treatment of Diarrhœa.*—Dr. Davis, late Surgeon of the 34th Iowa, writes to the *American Medical Times*, that he has had no trouble in the treatment of diarrhœa so prevalent in the army. He uses the following prescription: ℞. Spts. nit. dulc. ℥ij.; tr opii ℥j.; strichnine gr.j. To be given in dose from thirty to forty drops four times a day. A majority of the cases yielded in forty-eight hours.

Dr. Lyman, of Chicago, writing to the same journal advocates the use of castor oil as a most useful remedy for the cure of chronic disease of the intestines, and gives an instance of a soldier, who had been sick a long time, resolved to try the effect of a "thorough greasing inside," whereupon he swallowed a tumbler full of castor oil. No purgative effect followed this draught only a portion of the oil was voided unchanged next morning.

This application was repeated every day; recovery commenced immediately, and in a few weeks was complete, and has never been followed by any return of the disease.

5. *A New Mode of Applying some External Agents to the Eye.*—Since 1862 paper has been used as a medium for the application of sulphate of atropine and various other soluble salts to the eye, but is objectionable on account of its stiffness, and difficulty of removing it.

It is now found that gelatine rolled out in thin sheets, the thickness of thin writing paper, and imbued with any salt required, this overcomes all the objections to the use of paper, and has the advantage of not requiring to be removed from the eye, as it is soon dissolved and acts in every way well.—*Brit. and Foreign Med. Chi. Review.*

6. *Collodium for the Sting of Wasps.*—Dr. Munde gives his experience with collodium, for the sting of wasps, bees, etc. He says "I was stung by a wasp in the first joint of my right index a little below the nail. The pain was intense and inflammation set in immediately. I seized a vial containing collodium, and covered the injured place all over, when to my surprise, the pain left immediately, the swelling subsided and I had no unusual feeling a minute afterward than would be caused by the contraction of the dry collodium.—*Lancet.*

7. *Atmospheric Cure.*—A report was read lately at a sitting of the Societe Medicale d'Emulation, on a curious paper by Dr. Foley, in which he recommends a high atmospheric pressure as a cure for vari-

ous diseases. He remarks that fish can bear the greatest possible barometrical variations by means of their air-bladder, which, by swelling up, can moderate, and even momentarily suspend the circulation of the blood. The permanence of viscero-muscular pressure in fish prevents the formation of a vacuum. The air-bladder presses upon the vena cava, and the aorta, and thus prevents the shock of the vital fluid on its return. In birds there are air-bladders all around the viscera, and nearly resembling the lungs. The higher a bird can soar, the larger are the reservoirs for air, covered with contractile organs. The very bones and feathers are pierced for air, and in the more powerful species air-bags are provided even under the skin. The ostrich, the casoar, and other swift runners, have their largest air-bags under the muscles of the thigh; the condor, swallow, and others, whose power of flight is great, have these bags under the muscles of the wing. By this organization, all these creatures can bear any amount of atmospheric pressure or rarefaction within reasonable limits, for the immense depths of the ocean, measuring thousands of fathoms, for instance, are unfit for animal life, and fish that by way of experiment, have been let down to such depths, have been brought up again dead. The effects of the pressure of the atmosphere, though tolerably well known before, have been quite recently tested in England, where it has been found that bottles filled with liquids, and then well corked, but so as to leave a small empty space between the liquid and the cork, would, if kept for an hour under the pressure of a column of water two thousand fathoms high (which may be done by a hydraulic press) have their cork pressed down to the very surface of the liquid. An empty bottle had its cork driven in, and was brought up again filled with water. Applying all these facts to therapeutics, Dr. Foley remarks that mountaineers are obliged to breathe more quickly than men inhabiting the plains, because the air is more rarefied on the mountains than the plains, and therefore affords less oxygen at a breath than the denser air. Conversely, therefore, if a patient be in want of more oxygen than he can get under the ordinary pressure, let him be exposed to an atmosphere rendered artificially denser. This can be done by constructing a small chamber communicating with a forcing-pump, and provided with an air-gauge and a safety-valve. A patient confined in such a chamber may be subjected without inconvenience to the pressure of about two atmospheres and a half. By this treatment, catarrh, asthma, and other complaints of the respiratory organs, may be removed. In croup the compressed air will flatten down the adventitious membranes; and in disorders arising from weakness compressed air will arterialize the blood, and increase the vital powers of the patient.—*Medical and Surgical Reporter.*

8. *Fine Clay as a Dressing to Sores.*—Dr. Schreber, of Leipzig, recommends the use of clay as the most "energetic, the most innocent, the most simple, and the most economical of palliative applications to surfaces yielding foul and moist discharges." He moreover considers that it has a specific action in accelerating the cure. Clay softened down in water, and freed from all gritty particles, is laid, layer by

layer, over the affected part to the thickness of about a line. If it become dry and fall off, fresh layers are applied to the cleansed surface. The irritating secretion is rapidly absorbed by the clay, and the contact of air prevented. The cure thus goes on rapidly. This clay ointment has a decisive action in cases of fœtid perspiration of the feet or armpits. A single layer applied in the morning will destroy all odor in the day. It remains a long time supple, and the pieces which fall off in fine powder produce no inconvenience.—*British Med. Journal*, April 11, 1863, p. 381.

[We can quite corroborate Dr. Schreber's observations, having used the fine clay poultices for several years—chiefly, however, in cases of local inflammation requiring the application of cold. Rags wet in water, or goulard water, so rapidly become dry and hot that the benefit from the cold application is completely lost. There is no dirt when the clay is enveloped in a piece of fine linen, and is not too fluid in consistence.—*Braithwaite*.]

9. *Sore Nipples*.—[The plan of treatment recommended by Dr. Castle, of Portsmouth, is one very likely to prove successful. In a very obstinate case related by him he says:]

The nipples and their areolæ being fissured, bleeding on the slightest touch, and so painful that the application of the child was dreaded, on account of the torture to which the mother was subjected, I employed a slight coating of the tinctura of benzoin. co. to arrest all bleeding, and having carefully dried the parts with a soft muslin handkerchief, I applied a solution of gutta percha, so as to completely surround the nipple, and cover all abrasions, giving it three or four coatings, allowing each to dry thoroughly before repeating the application. During the act of suction (only) a boxwood shield, with calf's teat, was used, and in the course of a few days all was well.

I make the solution thus: Gutta percha tissue, ʒj. ; chloroform, ʒiij. ; first place the tissue in a bottle, add the chloroform, shake, and it will soon dissolve.

The film rapidly formed by the evaporation of the chloroform is firm, elastic, and harmless, and should it rub off, is very easily replaced. The almost painless nature of the treatment, the effectual protection from the contact of the air and irritation of the infant's mouth, recommend it strongly to general use. I have also used this solution with great benefit in several minor cases of surgery instead of colloidion.—*Med. Times and Gazette*, Oct. 10, 1863, p. 386.—*Braithwaite's Retrospect*.

10. *New Application of Chloroform*.—M. Graw, a French physician, proposes to destroy the taste of intensely bitter medicines by mixing chloroform with them in certain proportions. He claims that the taste and odor even of assafœtida can be annihilated.

11. *Deafness*.—Dr. Tobert de Lamballe gives a report on a highly important paper from Dr. Phillippean, on deafness. The author describes some new experiments on the perforation of the drum or *tympan* of the ear. In order to ascertain whether a patient, laboring

under deafness, can hope to recover his hearing, or not, Dr. Phillippean applies a common watch to his temples, and if he hears the ticking his cure may be considered certain.

12. *Generation of Oxygen*—Mr. Robins, the analytical chemist, has just discovered an easy way of obtaining oxygen. It simply consists in heating chromate of potash and peroxide of barium with diluted sulphuric acid. The operation is performed in a common glass retort, at the ordinary temperature. Now that oxygen is becoming a valuable therapeutic agent, this method of obtaining it will be found far more preferable to the old one, which consists in heating peroxide of manganese in iron retorts.

13. *Hæmaturæ of the Cape of Good Hope*.—Whilst we are dealing with entozoa, we must refer to a paper read by Dr. Harley before the Royal Medical and Surgical Society, upon hæmaturæ as it occurs epidemically upon the Cape. The singularity of the epidemic led Dr. Harley to investigate its cause, and in examining various specimens of urine sent to him, he invariably found the egg of an entozoon; and in one case a perfect embryo under the form of a minute ciliated animalcula, which from its anatomical character he places among the trematode class of worms, and to the family Distomum. It is called the *Distoma hamatobium*. It is well known in Egypt and other parts of Africa, and has been discovered in the portal blood of the African monkey. Both man and monkey are supposed to get this parasite from eating small mollusks, or drinking the unfiltered waters of African rivers.

In the cases reported by Dr. Harley, the urine was not in reality bloody, but after micturation a little blood, never exceeding a teaspoonful appeared with the last half ounce; there was some pain occasionally in the loins.—*London Lancet*.

14. *Tape Worm*.—The physician to the Queen's Hospital has been looking after tape worm statistics, and finds in one hundred cases, thirty were males, seventy were females, all middle age, all cured by oil of male-fern. Longest worm, fifteen yards.—*Brit. Med. Journal*.

OBSTETRICAL.

15. *Incision of the Os Uteri as a Cure for Sterility*—Dr. Spencer Wells, an eminent London surgeon, has lately endeavored to throw some light upon the mysterious subject of sterility. Admitting that it was produced, in many cases, by a contraction of the uterine orifice, he proposes to incise this orifice, on two sides, with the hysterotome of Dr. Simpson; an instrument analogous to the ordinary tenotome *caché*. This operation may be performed without exposing the patient, the fore finger serving as a guide, and the incision being enlarged as the instrument is withdrawn, so that the os tincæ be divided to its vaginal insertion. Hardly any pain or hemorrhage accompanies the operation. However, for prudential motives, it is well to plug the

vagina, and in case of serious hemorrhage, to apply pledgets of lint saturated with a solution of the perchloride of iron. Subsequently repeated cauterizations with the nitrate of silver will prevent the reunion of the small flaps, and the parts will present the appearance of a maternal neck.

More fortunate than Mr. Simpson, the surgeon of the Samaritan Hospital claims to have observed no consecutive attendants. One or two days of rest have only been necessary for the cure. Several women, who had undergone this operation, have subsequently become mothers. In other cases, he has thus succeeded in curing painful cases of dysmenorrhœa. But it is necessary, in order to obtain this result, that the incision includes the whole length of the neck, and even the internal orifice.—*St. Louis Med. and Surgical Journal.*

16. *Two Cases of Inversion of the Uterus.*—This very serious accident is said by the books to be of rare occurrence, and is usually caused by hardships and force used by the accoucheur in removing the placenta. In the two cases reported by Dr. Smith, of Petersburg, N. H., there had been nothing unusual about the labor; one woman giving birth to her second, the other her seventh child.

In the first case the fundus and body of the uterus descended through the os, and lay inverted in the vagina. This patient was in a collapsed state, by pressure with the fingers persistent, and for some minutes the uterus was replaced. The patient died in an hour after. In this case the inversion is supposed to have followed the expulsion of the placenta, but was not discovered for two hours afterward while making examination to arrest the continued although not alarming hemorrhage.

In the second case the woman had some flooding, but this soon ceased, and in twelve hours her physician found her quite comfortable. Eighteen hours after her accouchment, whilst sitting upon a vessel to evacuate the bladder she cried out that "something had come from her," and was in great distress; and the doctor found, a few hours after, the inverted uterus and vagina between the thighs. He gave stimulants, warmed the prolapsed organs, and returned them. The patient died in four hours.

17. *Effects of Suppressed Action of Skin.*—Edenhuitzen has performed some experiments on rabbits, sheep, a dog, and other animals, for the purpose of ascertaining what changes take place in the organism, when the action of the skin is suppressed. When one-eighth to one sixth of the skin of an animal was covered with glue, oil-colors, varnish, gum, tar, etc., it was sure to die of the effects.

Edenhuitzen infers from his researches, that in the healthy state, a small quantity of nitrogen, in a gaseous form, is given off by the skin, and that this function being suppressed, the nitrogen is retained in the blood in the form of ammonia, which is then deposited as triple phosphate, in the subcutaneous areolar tissue, and in the peritoneum. The nitrogenous compound retained in the blood, acts as an irritant to the nervous system, producing rigors, palsies, cramps, and tetanic attacks.—*Annual of Scientific Discovery.*

18. *Secretion of Urea and Chloride of Sodium.*—Dr. Emil Beecher, Assistant Surgeon, Army Medical Staff, took advantage of a voyage to China, to make a series of observations on the relation between air temperature and the secretions above mentioned, as carried on in his own person. He found a constant increase of the secretions with the rising of the temperature from 50° to 70°, and an equally constant falling off, with the further rise of temperature from 70° to 90°.

19. *Remarkable Chemical Terms.*—The production of numerous new organic bodies in chemical research, which are the derivatives of several prior derivatives, have led chemists to the coining of terms, which, although expressive, are in some instances, absurdly complicated and unpronounceable. Thus, Messrs. Perkin & Church, English Chemists, who are devoting themselves to the preparation and practical application of the various dyes, and other derivatives of coal tar, announce in a recent communication to the London Chemical Society, that they have discovered a new organic base, to which they have applied the name of "*Azodinaphthylidiamine*," and to a derivative of the base, a new organic acid, they give the still more remarkable name of "*Azodinaphthylidicitraonanaic*."

20. *New Source of Oxygen for the Animal Organism.*—At a recent meeting of the Munich Academy of Sciences, Baron Liebig announced what he considered as a very important discovery. The atmospheric air has hitherto been regarded as the chief or only source of the oxygen employed in the process of nutrition and metamorphosis within the animal organism. By the aid of an apparatus, for which the King of Bavaria provided 7,000 florins from his private purse, it has now been shown that within the bodies of carnivora, a very considerable amount of oxygen is produced from water; and that, under given circumstances, a powerful process of decomposition is set up, resolving the water into its constituent parts, its oxygen serving for the formation of carbonic acid, and the hydrogen (which often exceeds the volume of the animal in quantity), being discharged by expiration.

21. *Causes of Coagulation of the Blood.*—Prof. Lister observes that, "the coagulation of the blood is in no way connected with the influence of oxygen or of rest. The real cause of the coagulation of the blood, when shed from the body, is the influence exerted upon it by ordinary matter, the contact of which for a very brief period effects a change in the blood, inducing a mutual reaction between its solid and fluid constituents, in which the corpuscles impart to the liquor sanguinis a disposition to coagulate.—*Annual of Scientific Discovery.*

22. *The Effect of Petroleum upon Health* has lately been made the subject of investigation. A memorial was sent to the Liverpool Health Committee, signed by several hundred citizens, and complaining of the storage of petroleum in their neighborhood as "a nuisance and prejudicial to health." The question was referred to Dr. French, the medical officer of the Board of health, and after a very thorough personal examination of the case, he reported that, while he had no hesitation in pronouncing it a nuisance on account of its strong, ef-

fensive smell, his investigation satisfied him that petroleum was not prejudicial to health. In order to make a full investigation, he visited 153 hours in the vicinity of the oil stores, and found no cases of sickness arising from the petroleum. IMP.

23. *New Substitute for Albumen.*—In consequence of a prize having been offered in France for the invention of a substitute for albumen prepared from hen's eggs, an albumen equal in quality and much cheaper has been discovered, which is made from fish roe.

24. *Microscopic Use of Magenta Dye.*—Magenta dye can be employed in microscopic research to great advantage, to tinge the blood globules or animal cells. It causes unclear structures to be distinctly displayed.—*Annual of Scientific Discovery.*

25. *Poisoning by Nitro-Benzole.*—By a paper communicated to the Royal Society (G. B.) by Dr. Leterby, it appears that if a dose of nitro benzole be not too large, its poisonous action will not be immediately apparent, but it "may destroy life by a lingering illness, which shall not only defy the skill of the physician, but shall also baffle the researches of the jurist." After death, the blood of animals so killed is black and turbid, and the largans congested, and no nitro-benzole can be discovered, if sufficient time has elapsed, as it will then be converted into amiline. Such facts show the necessity of having medical men well trained in chemistry. The conversion of the latter into the former takes place in a dead stomach or by contact with putred flesh for several hours.—*Annual of Scientific Discovery.*

PRACTICAL MEDICINE.

Trichiniasis.—We published in our last number an extract from a foreign journal relating to the wholesale poisoning of a large assembly at Hettstadt, Germany. The fatal agent used was *Trichina spiralis*, served in hog's flesh at a feast. Disregarding the injunction in Leviticus concerning swine, "Of their flesh ye shall not eat, and their carcass shall ye not touch: they are unclean to you," eighty-three persons ate and died, and there can be no doubt that many instances of death attributed to poison or mysterious disease are due to the same cause. It would really seem as if the hog were created to serve as a foul nursery for the most loathsome parasites which infest man, and our aversion to him, which long ago amounted to complete abstinence from pork in any form, is now increased tenfold by the recent information that the encysted *Trichinæ*, which are occasionally found in the muscles of man on dissection and which we knew were derived from the muscles of swine, instead of being the harmless parasites we have hitherto considered them, form one of the most deadly diseases known. Unfortunately there are no symptoms of trichiniasis in the pig, after the encysted stage, and the presence of the capsules which contain the worms will hardly be noticed in its flesh on account of their near resemblance in color and the amount of fat with which the latter is infiltrated. The disease has never been met with in any herb-

ivous animal, and according to Langenback trichinæ have been found in great numbers in earth-worms (as many as 500 or 600 in a single worm), which form part of the food of swine when at liberty. A committee, consisting of Virchow, Remak, Gurlt and others, has been appointed by the Berlin Medical Society to investigate the whole subject. We add for the further information of our readers an interesting account by M. Davaine of the symptoms produced in man by this disease, for which we are indebted to the April number of *The American Journal of the Medical Sciences*:

“When trichinæ exist in great numbers, their presence in the muscles or intestines produces severe and sometimes fatal symptoms. These symptoms may in animals experimented on, present three successive, more or less distinct phases.

“The first phase is characterized by intestinal disorder, produced by the development of the larvæ in large numbers and their adhesion to the mucous membrane of the intestine. In this stage, M. Davaine has seen rabbits die with intense diarrhœa; one of two cats which he fed with trichinized meat had diarrhœa for at least a fortnight, but survived. Of five or six rats fed on a similar diet, one only, which was pregnant, died of diarrhœa, after abortion on the eighth day. According to M. Leuckart, the passage of the embryos of the trichinæ through the intestinal walls sometimes produces peritonitis. This intestinal phase often becomes blended with the next; it may be relieved by the expulsion of the worms by means of the diarrhœa; or may cease with the natural death of the worms.

“The second stage presents general symptoms—muscular pains, etc. These phenomena are dependent on the introduction of the trichinæ into the muscles; they rapidly acquire their maximum intensity, and have not a long duration. The appearance and duration of this stage are in complete relation with the development and length of sojourn of the trichinæ in the intestines; in fact, in this entozoon oviposition is not slow and of long duration as in many nematoid worms: the genital tube is rapidly formed, and the ova in its whole length are developed almost simultaneously, so that the embryos, arriving soon at maturity, are at once thrown out in large numbers into the intestine, and the mother trichinæ dies exhausted. If it be remembered that the embryos do not escape before the eighth day, that a certain number of days are required for their arrival in the muscles, and that new ones are not produced after six or seven weeks, it will be understood that the first symptoms of this stage can scarcely appear until the end of a fortnight after ingestion of the diseased food, that they must continue four or five weeks and that after this they may disappear. This course of events is observed in animals; and in man the symptoms of this stage have shown themselves and become aggravated from the third to the sixth week after infection. Most animals die during this stage; rabbits rarely survive; rats, on the contrary, generally resist it.

“If the animals do not die of the general symptoms or local disturbances proper to these two stages, the inflammatory symptoms cease, respiration becomes natural, and order is re-established. But, in some cases, the number of cysts formed in the muscles are sufficient.

ly great to impede the proper exercise of their functions, and hence arise general debility, a kind of consumption which persists or becomes aggravated, and the animal dies of marasmus. M. Davaine has noticed this in rabbits, but especially in a rat.

"Recovery from these phases of trichinal infection may be apparently perfect. A rabbit, which M. Davaine kept during five months, became large and fat, although it had a large number of trichinæ in its muscles; a rat which had had these entozoa in considerable numbers during six months was to all appearance in good health. Hence he concludes that the trichinæ produce symptoms only when they are in the intestinal canal and when they are entering the muscles. Having become lodged in their cysts among the muscular fibres, they may remain harmless for an indefinite time. In every case except one, down to 1859, trichinæ have been found in the bodies of persons who have died of disease (generally chronic) or by accident, or in the dissecting room in bodies regarding which the previous history could not be obtained. In most cases, the cysts contained a cretaceous or fatty deposit, showing that they had probably existed for several years.

"The observations which have been made on the human subject in regard to the symptoms caused by trichinæ show that they belong, as in animals, to the initial period of infection. They consist in intestinal and muscular lesions; the latter coincide with the entrance of the parasite into the muscles, and are truly traumatic. In Zenker's case, the intestinal symptoms present mere swelling and pain; in a case described by Friedrich, diarrhœa was present. In all cases, the most remarkable symptoms were violent rheumatoid pains in the muscles, not in the joints, which were considerably aggravated by attempts to extend the half-bent limbs. The other symptoms have been variable, but have had a strong resemblance to those of typhoid fever. In several cases there has been abundant sweating, and in one there was a very remarkable miliary and furuncular eruption. The animal heat was diminished in Friedrich's case; and in those observed in Voigtland by Freytag, the temperature never exceeded 102° Fah.

"The progress, duration, and severity of the disease in man are in relation to the number of trichinæ taken into the digestive canal. Of sixteen patients observed at Plauen by Drs. Bœhler and Koenigsdœffer, eight, who were moderately affected, recovered in a month; four, more severely diseased, were ill two months; of four others, one died with ascites and colliquative diarrhœa at the end of two months, and three recovered slowly at the end of three or four months. Recovery does not imply the death of the trichinæ; it follows their inclosure in cysts.

"The diagnosis of trichinal infection has several times been made in the living human subject by removing a portion of muscle. M. Davaine thinks it probable that, during the first six or eight weeks of the disease, the diagnosis may be confirmed by searching for adult trichinæ in the alvine evacuations, produced naturally or by means of a purgative."—*Boston Medical and Surgical Journal.*

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Dr. [unclear]

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EDITED BY

EDWARD B. STEVENS, M.D. & JOHN A. MURPHY, M.D.



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Dr. Robert Bartholow,

(Late Assistant Surgeon U. S. A.)

Having resigned his commission in the Army after a service of seven years
has entered into private practice.

OFFICE AND RESIDENCE,

No. 344 Race Street, above Ninth,

CINCINNATI, OHIO.

THE
CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. VII.

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No. 7

Original Communications.

ARTICLE I.

Empyema.

Reported by JAMES I. BOOKER, M.D., Castleton, Indiana.

I was called to see John W. Wadsworth, aged 47 years, March 7th, 1864. I was informed that about forty days previous he was attacked with a chill followed by a severe pain in the left side, and considerable febrile excitement, supposed to be the result of cold contracted while traveling on the cars at night from the western part of Illinois to Indiana, on a visit to his Uncle. I learned that his previous health had been excellent, no predisposition to hereditary disease. He was a farmer by occupation, and when in health his weight was about two hundred pounds. The physician who had been in attendance previous to my seeing him, had supposed the case to be pneumonia with solidification of the left lung, and had been treating the case on this hypothesis for *forty-two days*.

I found him with pulse 122 per minute, respiration 24, anxious appearance, propped up in bed, was not able to drink more than a spoonful of water at a time, as he said it "worried him so," hands and feet cold, no appetite, has had frequent shivering followed by a low continued fever, very sore mouth the result of previous pyalism. On making further examination I found the inner costal spaces of the left side filled up, in short an edematous condition of the entire left side extending down to the foot. By auscultation I detected the heart resting on the left side two inches to the right of the sternum, diaphragm pressed down. By percussion I detected dullness over the

entire left side. I was fully convinced that I had to treat a case of hydrothorax, or empyema. Concluding that my patient was too weak to stand an operation, I resolved to put him on a stimulating and tonic course of treatment. Two days after this I found him much worse, nothing that I had given him had had any effect for the better, his pulse was much more frequent, breathing more laborous. I did not think my patient in his present condition could survive twelve hours, and resolved on resorting to an operation. I first introduced an exploring needle between the seventh and eighth ribs, which was followed by an expulsion of a few drops of pus. A messenger was dispatched for Dr. Buddell, of Allisonville, who brought a large sized trochar which was introduced in place of the exploring needle, which was followed by pure pus, that came out with such violence as to strike the wall some four feet from where my patient lay. *One gallon and a half was taken away at this tapping.* It was all carefully measured. In the place of our patient becoming weaker, his pulse became slower, his breathing less frequent. We introduced a tent extemporized by Dr. Buddell out of a piece of elm bark, held to its place by a bandage. On the following day the tent was removed and a female catheter introduced, when we drew off three quarts more. We found considerable difficulty to-day in drawing it off, owing to the instrument becoming filled with lymph; after this the catheter was introduced every day, and we drew off in the first six days four gallons of sero purulent matter.

Drs. Buddell, Bowles, and Conklin saw the case with me; Dr. Buddell attended in consultation every day for the first three weeks. After the first six days I injected into the pleural cavity warm water at first; sometimes as much as three quarts, or one gallon. After this as an injection we used strong soap suds, made of castile soap. The catheter was introduced and after the pus was drawn off injections of soap suds was used every day for eight weeks. He was put on the use of ale, and cod-liver oil, etc. Our patient improved gradually. In about six weeks from the time I operated he was able to get up and dress himself, and take his regular meals in the dining room. I discharged him May 13th, almost well. He started for home May 14th, some four hundred miles, in good spirits.

REMARKS.—The above case is an interesting one from several considerations. First, cases of this character are, I believe, generally fatal, and it is therefore interesting for statistic purposes. Second, how absolutely essential is it for the general practitioner to be well versed on the subject of auscultation and percussion. Had a correct

diagnosis been made in this case, it might never have terminated as it did. Third, as to treatment the orifice in this case was kept open all the time, and injections thrown into the cavity once every day, for two months; in this case I used strong soap suds, and in this connection I will say, that at times the discharge was very offensive, and I would then add with the soap suds, common salt. As is common in cases of this character there was a sinking in of the ribs on the diseased side, and I do not suppose that the left lung will ever be of much use to him. The patient also inclines to bend over to the left side in walking.

ARTICLE II.

Purpura Hamorrhagica.

BY A. L. UNDERWOOD, ST. PAUL, INDIANA.

ED. LANCET AND OBSERVER :

I do not propose to enter the list of contributors to your valuable Journal as an essayist, but for the benefit of the profession give my experience in the treatment of some diseases of rare occurrence in this section of the country, and the result of that treatment.

Purpura hæmorrhagica, the most complicated of any of that class of diseases that come under the nosological arrangement of "cachexia" of authors—scorbutic cachexia, "cachexia scrofulous," etc.

On the 24th of February last I was called to see a little girl aged 20 months, and from the parents I learned that about the 25th of December she was attacked with pertussis. The disease progressed in a mild form until the middle of January; about this time she had an attack of pneumonia of the right lobe of the lungs, which terminated favorably, and about the 5th of February was dismissed by her attending physician as convalescent. Nothing occurring to alarm or create uneasiness in the minds of the parents until three or four days before I saw her. Her parents are healthy persons, and appear to be entirely clear of all cachectic taint, and natives of the State of New Jersey. The little girl has light blue eyes, light hair, fair skin, of a nervous sanguine temperament, and very intelligent. Present condition, irritable, restless, pulse quick, frequent and rather feeble, general surface covered with petechial spots from the size of a pin head to the size of a quarter of a dollar, mucous membrane of the mouth and nostrils inflamed and at many points tumored, blood was constantly oozing

from the gums, nose, and greater labia which were much swollen and abraded, one-half the evacuations from the bowels and bladder appeared to be dark grumous blood, some appetite for milk but for nothing else.

Treatment: \mathcal{R} sulph. mag. \mathfrak{z} i. ; aqua pura \mathfrak{z} vi. acid sulph f \mathfrak{z} iii. M. S. teaspoonful every four hours for twenty-four hours.

February 25th—Patient same, continued same treatment.

February 26th—Hemorrhage subsiding, ordered the above prescription to be given every six hours and

\mathcal{R} iodide patassa grs. xxx. ; iodide ferri grs. v. ; aqua pura \mathfrak{z} ii.

M. S. Twenty drops to be given every six hours alternating with the other.

Continued this treatment up to the 4th of March, recommending as nourishment succulent vegetables and fresh soups.

March 4th—Hemorrhage entirely stopped, tumefaction gone, purple spots changing to a light greenish yellow. Ordered the above treatment continued at longer intervals.

March 16th—Patient quite convalescent, good appetite for food of any kind, sleeps well, is cheerful and happy. Patient discharged well.

ARTICLE III.

Post-Partum Hemorrhage.

BY F. WAGNER, M.D., KELSO, IND.

It has been so generally believed that the introduction of the hand into the uterus would always bring about speedy contraction of that organ, and therefore arrest the hemorrhage, provided the hemorrhage depended on inaction or rather noncontraction of the womb, that I venture to send you the following account of a case, which has recently occurred to me, and which goes far to shake my faith in that doctrine.

On the 28th of April last, I was called at one o'clock A.M., to attend Mary — a single woman, in labor with her first child. She had been in labor since 4 o'clock P.M. the day before. At the time I was called the old woman in attendance declared that something was wrong, and wanted a physician sent for. I was informed that the "waters had broke an hour ago, and that she flooded the bed." On making an examination however, I found the amniotic sac entire,

and the breech presenting, (sacrum resting upon the pubis of the mother. I waited for sometime, so as to have the membranes almost presenting externally before rupturing them. Progress was very slow, pains came on but once every half hour or three quarters of an hour, and were then very ineffectual, so that it was nearly nine o'clock A.M. before the child was born. This was very large, the largest I have ever seen. While preparing to lay on the bandage, (the placenta had come away naturally) I noticed that the patient all at once became deadly pale, at the same time I heard a slight gurgling sound, which caused me to drop every thing and introduce my hand into the womb, with the least possible delay, encountering on the way a perfect stream of blood. Less than a minute before, I had my hand on the uterus externally, and was mentally congratulating myself, how nicely it was contracting and on its small size, after such a protracted labor. When my hand arrived in the cavity of the uterus, I found that the anterior wall had contracted into a ball (hollow) the fist just finding room within it. I did not know what to make of it at first, as I had a right to think that from such a uterus no such gushes of blood could issue. With drawing my hand a little I found another entrance, and such a state of things as made the hemorrhage easy enough to explain. The posterior wall was perfectly flabby, taking parts between my fingers and pinching them had no effect whatever. At length the anterior contraction gave way to some extent, when a slight contraction took place throughout the organ, and I could feel that the hemorrhage had ceased. It must be recollected that up to this time, I made my wrist act as a plug, and no blood could escape externally. The whole operation had lasted about fifteen minutes. I incautiously withdrew my hand a little too soon. Preparing to give her some ergot I heard her shriek, "Doctor its commencing again," I instantly re-introduced my hand, and found the vessel from which the blood flowed. Hemorrhage had been more free the second than the first time, but by compression, which was easily effected, it was promptly arrested. But the uterus would not contract in spite of my hand. I worked and kneaded externally but there was the firmly contracted anterior wall. I made her take ergot and whisky punch, ordered the attendants to dash cold water upon her abdomen from a height, but they were so provokingly slow and clumsy as almost to drive me to desperation; of the water I received more than half over my head and neck. In this position, my hand in the uterus, and trying every possible expedient and experiment, I had to remain forty-five minutes before the long hoped for contractions began to take place; I had to wait fifteen

minutes longer before the womb embraced my fist and expelled it. I noticed that before every contraction of the flaccid part of the womb, the contracted portion relaxed somewhat and then both acted together. After having applied a bandage and compress, I left the patient to look after her again in the evening. She was comfortable and rallied considerable under the influence of opium and diffusible stimulants.

The old lady with whom this girl made her home is very inexperienced in such matters and allowed her to walk out in the garden on the third day after her confinement, and to help plant flowers, etc. Although the weather was cool no harm came from it. Another point of interest in this case is, that she never had a drop of milk in her breast, which remained flabby and loose, nor was there any lochial discharge after the first hemorrhage was over sufficient to stain a white cloth. The girl has recovered perfectly and remains well to the present time.

ARTICLE IV.

Case of Large Gravel Extracted from the Male Urethra.

Reported by B. F. McKEECHAN, M.D., Clarksburg, Va.

E. S. aged 56 residing in Harrison Co., West Virginia, had been suffering with gravel for the past year. About the 5th of January, 1864, happening in his neighborhood, he sent a request for me to call and see him. On examining his case I found upon sounding the urethra with a female catheter that a gravel was lodged in the bulbous portion. It entirely filled up the passage so that micturition was impossible. The patient however could pass a catheter and thus evacuate his bladder. His spirits were very much depressed as he had consulted with several physicians and had been told that he must undergo a cutting operation for its removal. He had a great dread of that kind of operative proceedings and hence his depression of spirits. I encouraged him with the assurance that I thought it could be extracted with the urethra forceps and having none with me I promised to procure one and return and attempt to extract the gravel. In a few days I returned to try the operation. The patient was placed on a lounge in a recumbent posture. The penis was held vertically by an assistant, and seating myself by his side, I began slowly to introduce the forceps previously well oiled. When it reached the bulbous portion of the urethra I could hear and feel it grate upon the gravel. The blades of the instruments were now gradually opened by means

of the screw at its outer extremity and it was cautiously pushed forward until by screwing down the gravel was found to be fastened in its grasp. Having secured it as well as I could, I began slowly to extract. The instrument slipped twice before I succeeded in securing a firm hold on the gravel notwithstanding all the care I took to prevent it. These manifestations were in no degree painful to the patient so I took my own time and worked patiently until my object was accomplished. The gravel being at last firmly seized I steadily exerted the extracting force resting occasionally when the pain became too great for the patient, until finally I had the gratification of seeing the gravel emerging from the urethral orifice. It proved to be of the phosphatic variety composed most probably of phosphate of ammonia and magnesia. It was cylindrical in shape seven-eighth of an inch in diameter. It is doubtless one of the largest that has ever been extracted through the male urethra. Certainly it is the largest that can be extracted from this gentleman's urethra.

As early as last April this patient had felt symptoms of gravel. He had observed that the urine was paler and more abundant than usual and on standing was covered with an iridescent pellicle of sufficient cohesion to be raised on a stick. He felt pain and weakness in the lumbar region and an uneasy sensation in the glans penis; the urine also deposited some transparent mucus on standing. When a drop fell on some hard, smooth surface it left a brownish spot having a glazed appearance. In October last the patient passed a smaller sized gravel, and in November two more, making four in all. One of these was very white, smooth and polished, and about the size of the common white bean. The patient does not now feel any symptoms of stone in the bladder excepting that micturition is still too frequent, and the symptoms indicating the phosphatic diathesis are also passing off, so that it is to be hoped that he is rid of his unpleasant malady. He is using tonics and acids to correct the phosphatic trouble in the future.

ARTICLE V.

Cerebro-Spinal Meningitis, or Spotted Fever.

BY ROBERT BARTHOLOW, A.M., M.D.,
Late Assistant Surgeon, U.S. Army, Cincinnati.

Epidemics of a new form of disease, the onus of which is borne by the cerebro-spinal nervous system, have, lately, awakened very general interest. The question is discussed with much energy whether this disease is a new one to the nosology, or an old one with new and unexpected modifications, or, whether it is a simple inflammation of the meninges of the brain and spinal cord. Its etiology and pathology are alike involved in doubt; the first in consequence of imperfect knowledge of its history and the objective and subjective circumstances attending its development, and the second, in consequence of the absence, or incompleteness of the autopsies performed in each case. The questions which arise in the consideration of this subject are, Is it a new disease? Is it a known form of disease with some new incidents in its course and progress? Is it cerebro-spinal meningitis? Is it a form of typhus or low typhoid, in which the force of the morbid poison is expended upon the nervous system?

The discussion of these questions will enable me to present my views of the nature of this disease, founded upon clinical observations and the study of its pathology in the dead house.

By giving an outline of the disease, as narrated by various observers, and the lesions reported by them, its analogy or dissimilarity to known maladies may be traced. Under the names of spotted fever, cerebro-spinal meningitis, congestive fever, etc., its clinical history has been discussed recently in the New York Academy of Medicine, in the Academy of Medicine in this city, and in the various medical journals of the country. One of the most elaborate accounts which has fallen under my observation is that of Surgeon Upham,* who witnessed an epidemic at Newbern, North Carolina.

The majority of observers agree in describing certain symptoms due to meningeal inflammation—delirium, exalted sensibility (hyperæsthesia) in certain parts of the body, diminished sensibility, (anæsthesia) in other parts, rigidity of the posterior cervical and spinal muscles, (opisthotonos) convulsive seizures (epileptiform) coma, vomiting and sometimes a state of typhosis. Thus far their accounts agree

* Hospital Notes and Memoranda, Boston 1863.

with the facts observed by all those who have seen cases of cerebro-spinal meningitis, and with the description of systematic writers. But some new symptoms are found in the cases recently reported. A peculiar eruption is said to characterize this new form of meningitis, but the descriptions of it do not agree. One observer, (Upham) says "petechiæ very similar to the true typhus eruption," and "purpureal spots of large size and abundant" were often present and in some cases none. Another observer* describes the "spots as not unlike the spots seen in enteric and typhus fevers, often altogether wanting, but when present, presenting in few cases all grades from the rose colored rash to the deep and permanent (under pressure) petechiæ." These spots were similarly described by Dr. Draper and others, in a discussion on the subject before the New York Academy.† All agree that the eruption is frequently absent.

The views expressed as to the pathology of the disease are most diverse and conflicting; scarcely two accounts agree as to the organs implicated. The lesions do not seem to have been confined in a single instance to the meninges of the brain and cord, although they were usually involved; but other organs, the lungs, liver and spleen, were more or less affected. Dr. Upham observed "passive engorgement of the lungs in their depending portions, occasional presence of lymph in the pericardium and ventricles of the heart and sometimes enlargement of the liver and spleen." Dr. Woodward says * "from observation and inquiries, I am persuaded that the viscera of the abdomen are occasionally involved. Of the viscera of the thorax I believe the lungs and pericardium are the only organs that have been known to become involved." And again in the same article ". . . . In fact the cerebro-spinal meningitis is only one of the many forms which the disease assumes. . . . Other organs are often, perhaps not quite as liable to be attacked with inflammation as the membranes of the brain and cord." In the New York cases various organs beside the meninges were the seats of morbid alterations *e. g.* fatty degeneration of the liver and kidneys.

To acquire correct views of the pathology of a new disease, it is necessary to study the morbid appearances after death, comparing them with the symptoms observed during life. Unfortunately, this had been done in very few instances. The editor of the *American Medical Times* in commenting upon the discussion of "spotted fever" at

* Woodward, *American Medical Times*, May 14, 1864,

† *Ibid.*

the New York Academy, alludes with some severity to the crude notions which prevailed amongst the members, and to the great danger of committing errors of diagnosis "when the knowledge of the case is derived entirely from the signs and symptoms." "It must have astonished the *pathologists* of the Academy" etc., he proceeds to say further. I need not attempt to illustrate by further quotations the discrepant views of more or less well-qualified observers.

Is it a new disease? Surgeon Upham considers it a form of typhus; so does Dr. Draper; but Dr. Clark, of New York, denies this identity and assumes that it is a disease *sui generis*. Cerebro-spinal meningitis, surely is not a new disease, neither is an epidemic form of it a new manifestation. There are few Southern physicians who are not familiar with epidemic or sporadic cases, and the medical journals have contained notices of such, especially amongst the colored people, for many years past.

Is it a known form of disease with some new incidents in its course and progress? The association of a peculiar eruption with the characteristics of the epidemics, has confused the diagnosis. All observers agree in this, that the eruption is neither constantly present nor uniform in appearance; it cannot therefore be considered diagnostic. Petechiæ and purpureal spots occur in so many blood diseases that they have no specific value. The latter were seen in that great pestilence of the fourteenth century, the "black death" black or blue spots came out on the arms or thighs, or other parts of the body, either single and large, or small and thickly studded.* Sydenham speaks of such appearances as witnessed in the febrile epidemics of his time—*appellatoines autem quibus dignoscuntur, ab insigni aliqua alterative sanguine impressa vel evidentiori symptomate mutuari: hæc ratione* PUTRIDÆ DICULTUR, MALIGNÆ, PETECHIALES, etc.† Such petechiæ or vibices are seen now in the most various forms of disease—in scorbutus, purpura, typhus, typhoid, and in the exanthemata—diseases which have a similar origin in some occult alteration of the blood.

In fevers, leaving out of consideration the lesions which may be considered specific, the poison is expended upon various organs, and upon none more frequently than the brain and spinal cord.‡ This fact is especially true of typhus, to which fever, the so-called spotted fever is most closely assimilated. There seems to be therefore no ground for

* Hecker, *Epidemics of the Middle Ages*, p. 12.

† Sydenham *Opera Omnia, Observationum Medicorum*. I. 2.

‡ Tweedie, *Art. Fever in Cyclopaedia of Practical Medicine*.

assuming that the lesions found to exist in the spotted fever are new incidents occurring in a known form of disease.

Is it cerebro-spinal meningitis?—Is it typhus or a low form of typhoid in which the poison is chiefly expended upon the nervous system? Apparently these two varieties of diseased action have been confounded under one designation. The grounds of this opinion are these: First, cases of cerebro-spinal meningitis followed to a conclusion and verified by post-mortem examination presented the signs, symptoms and morbid appearances characteristic of that disease; and second, that the so-called spotted fever, presents no signs, symptoms, nor post-mortem appearances which have not been witnessed in cases of typhus or typhoid. Let me submit some cases in illustration of the first, and draw from the literature of fevers, observations of various accurate observers to prove the second:

CASE I.—Cerebro-Spinal Meningitis; Recovery after an Illness of Three Months.—Reported by Act. Asst. Surgeon J. W. Digly, U.S. A.—*History.*—Philip Beaufort, Sergeant Major, Thirty-third New Jersey Volunteers, was admitted into General Field Hospital, Chattanooga, under charge of Asst. Surgeon R. Barthlow, U.S.A., December 18, 1863. He had participated in the battle of Mission Ridge, and was afterward ordered to Knoxville. When upon the march he was taken with a chill, followed by fever, obstinate constipation, headache and inability to sleep.

Symptoms on Admission.—Complains of severe pain in lower part of spine and great tenderness on pressure or percussion, and of shooting pains down the thighs; he is obstinately constipated, has headache, is delirious at times and is unable to sleep.

Progress of the case.—These symptoms soon increased in severity. He suffered from a sense of constriction about the abdomen, had violent spasms of the muscles of the neck and back, so that the body was drawn up and the head thrown back, (opisthotonos) and had great difficulty in urinating. Beside these symptoms, his respiration was embarrassed, he had dilated pupils, frequent rigors and was usually delirious. He gradually lost the use of his left arm and both lower extremities; sensation ceased in these parts, but he had acute sensibility (hyperaesthesia) of the anterior walls of the chest and abdomen. This exalted sensibility was accompanied by wheal (urticaria?) of large size and confined to the sensitive surface. He continued in this state nearly two weeks when the symptoms began to subside, pain grew less, head symptoms disappeared and spasms lessened in frequency. The paralysis of lower extremities continued sometime after

the difficulty of micturition and the obstinate constipation had ceased. Sensation returned by degrees, and afterwards, motion. Recovered.

The treatment consisted of counter irritants to spine, purgatives, colomel and extract of conium and last, iodide of potassium and tonics, and the local application of iodine.

CASE II.—*Cerebro-Spinal Meningitis; Death in Seven Days; Autopsy.*—Reported by Act. Asst. Surgeon — U.S.A.—History.—Lieut. R. D. Edwards (rebel) was admitted into General Field Hospital, Chattanooga, in charge of Asst. Surgeon R Bartholow, U.S.A., February 1st, 1864. Previous history unknown, except that he had had a flesh wound of the thigh, which at the time of admission was healed.

Symptoms on Admission.—He complained of severe pain through forehead, left eye, and left side of his face. Left eyelids purple, and much swollen; pupil not sensitive to light. He was quite deaf. He had pain in and contraction of cervical muscles posteriorly, and some stiffness and pain of the muscles of the back; great tenderness was evinced upon pressure being made upon last cervical and first dorsal vertebrae; sensation somewhat lessened in the extremities of left side, and motive power greatly impaired. He suffered from thirst, and was constipated; pulse 115 and strong. He was delirious, of the low muttering character rather, but when aroused answered rationally.

Progress of the case.—The paralysis gradually increased, extending to extremities of right side; delirium increased with paralysis. For the four days previous to his death he was in an almost helpless condition and complained greatly when moved. He became quite deaf, and returned irrational answers when spoken to. During the whole progress of his case he was drowsy and stupid; never complained save when moved. Death occurred on the 7th of February, one week from the date of admission.

Autopsy :—February 8th, 1864.—The record was entered in this case by Medical Cadet Bradley at my dictation.

Height 5 feet 6 inches, eyes brown, hair black, complexion dark: bronze hue of face and upper extremities, some reddish spots on limbs, and considerable saggillation posteriorly, rigor mortis not well marked

Topographical.—Upon laying open thoracic and abdominal cavities, find the lungs filling the thorax, the left maintained in its place by some old adhesions to the pericardium; apices of lungs approach within one and a half inches of each other, equi distant from the median line; base of heart opposite intercostal space between second and third ribs, and extends one and a half inches to the right; apex points to intercostal space between fourth and fifth ribs^o three and a

half inches from median line. Small part of liver and no part of stomach in view; large intestine much distended, lies in front of stomach; bladder enormously distended.

Brain.—Upon removing calvarium, find one ounce of reddish serum at base of brain, and a quantity of yellowish exudation diffuent and pus-like surrounding left lobe of cerebellum and adhering to tentorium; veins of pia-water filled with blood; thin semi-transparent exudation on the surface of both hemispheres; membranes easily detached from convolutions. Upon removing hemispheres blood flows freely from divided vessels, and there are numerous bloody points through the white substance; right and left lateral ventricles filled with fluid, vessels of choroid plexus not injected, pineal gland broken down into a thin yellowish fluid adherent to the velum interpositum; some yellowish white exudation about the commissure of the optic nerve. Weight of brain 3 lbs 2 oz.

Heart.—Upon dividing great vessels blood partly coagulated flows out. A yellow fibrinous clot in right cavity, muscular walls of which are thin and have an entire substitution of fat along inner border and large masses of fat attached to base of right auricle; a smaller fibrinous clot in left ventricle; muscular fibre of deep red color and pretty firm; valves healthy; weight of heart 11 oz.

Lungs.—Superior lobe of right lung of bluish pink color anteriorly darker, posteriorly. The lung substance on division of a reddish pink, contains an abundance of reddish serum, crepitates and floats in water. Inferior lobe of darker color, externally and internally; veins engorged, non-crepitant and sinks in water. Superior lobe of left lung healthy; inferior lobe of dark blue posteriorly containing patches of condensed pulmonary tissue.

Liver.—Gall bladder contains half an ounce of reddish brown bile. Liver 11 inches by 7½, and 3 inches in thickness. Brownish fawn color mottled (nutmeg) internally and externally; capsule easily detached; substance soft, breaking up readily and perceptibly greasy; weight of liver 3 lbs and 4 oz.

Spleen.—5 inches by 3½ inches, of a bluish-green color on anterior surface, posteriorly reddish; much softer than usual; malphigian bodies enlarged and distinct; the substance of the organ breaks down easily into a diffuent mass and is washed away by a stream of water. Weight 5½ oz.

Kidneys.—Except a slight degree of hyperaemia healthy.

Intestinal Canal.—Stomach small and contracted; rugae distinct

and of a grayish ash color; small patches of injection, the mucous membrane softened in several places and easily detached, especially about the cardiac orifice. Large portions of ilium colored blue; intestinal walls thin, the solitary glands visible, large oblong patches of Lieberkahn's follicles seen opposite the attachment of the mesentery, at which places the epithelial layer is soft and readily detached from the basement membrane. Mesentery healthy; mucous membrane of large intestine healthy; but the open mouths of the solitary glands appear quite distinct.

Spine.—Upon laying open the spinal column find 5½ oz. of bloody serum, some blood clot and an exudation assuming a membranous form one line in thickness, extending from last cervical to tenth dorsal vertebra. The membranes being opened and turned aside with care the cord is seen bathed with a yellowish, creamy fluid, and the cord itself is soft, and semi-fluid at the point at which the false membrane terminates. Gray substance of the cord scarcely distinguishable from the white.

I need not extend this communication, already grown beyond a suitable length, by recapitulation of similar cases. The two presented may be considered typical cases, showing the signs symptoms, and morbid anatomy of cerebro-spinal meningitis. They appear to me to present few points in common with the cases of the so-called spotted fever, but are similar to if not identical with the recorded cases of cerebro-spinal meningitis.

The term spotted fever is one of the designations applied to typhus, derived from the characteristic petechiæ and vibices of that disease. In those great epidemics of typhus which devastated Ireland during the famine periods, these purpureal spots and ecchymoses were universal, and such was the profound alteration of the blood that these spots in many cases, went on rapidly into gangrene.* “They are permanent stains, of a deep purplish-blue tint, and *do not disappear on pressure*; . . . they are sometimes present in extraordinary abundance, thickly strewn upon the face, neck, trunk, and upper and lower extremities, upon the anterior as well as posterior surface.”† These spots are quite distinct from the true maculæ or petechiæ of typhus Lyons, who has probably seen more cases of this disease than any physician of the present day, and has studied its pathology more profoundly, enumerates the following as the

* Lyons' Treatise on Fevers.

† Ibid, p. 105.

SECONDARY LESIONS OF TYPHUS.

“These secondary lesions” he proceeds to say, “implicate almost all organs in the body. 1st. Secondary lesions of the cerebral organs. 2d. Secondary lesions of the circulating apparatus. 3d. Secondary lesions of the lungs and pleuræ. 4th. Secondary lesions of the intestines. 5th. Secondary lesions of the liver, spleen and kidneys. 6th. Secondary lesions of the leucaneous system.”

The foregoing includes all the lesions said to belong to the cases of the so-called spotted fever. They consist of congestion of and exudation upon meninges, hypostatic congestion of lungs and inflammation of pleuræ, softening of muscular tissue of heart, softening of spleen and alterations of liver and kidneys, (mainly fatty metamorphosis) etc. By comparing these with the lesions found by Dr. Draper in the epidemic of “spotted fever,” at Carbondale, by Dr. Woodward at Brandon, Vt., and by the New York Commission at Long Branch, a remarkable similarity will be observed, sufficient, I think, to justify the conclusion that they are cognate or identical diseases. The etiology of typhus is too obscure a subject to found a theory of the origin of the disease upon. If it has occurred under some new conditions in this country, it is because the nature and character of the morbid poison, have not been thoroughly understood.

Conclusions.—The foregoing observations seem to justify me in assuming that cerebro-spinal meningitis is a disease quite distinct from spotted fever, and that the lesions of the meninges found in the latter are some of the incidents characteristic of it. I think I am justified in assuming further that these two forms of disease have been confounded together, and that typhus or a low form of typhoid has been observed rather than cerebro-spinal meningitis.

ARTICLE VI.

Amenorrhœa Treated with Arsenic and Precip. Carb. Ferri.

W. H. DAUGHERTY, M.D., Little Eagle, Ky.

I was called about the first of April, 1863, to see Miss Julia G —, an interesting girl aged nineteen years, who had been laboring under amenorrhœa for thirteen months. She was weak and greatly emaciated, pulse weak, about sixty-four beats per minute, skin pale, appetite and degestation depraved, oppressed respiration, was listless and melancholy, giddiness on rising to her feet, auscultation and percus-

sion revealed no actual lesion of the lungs; a bellows sound was detected over the heart and large arteries.

At the onset of the disease she was treated by her family physician, a regular physician of some eminence; after a few months his visits were discontinued and her case considered beyond the reach of medicine. She then followed the advice of the *knowing old ladies* in the vicinity, and her great desire to get well caused her to take everything prescribed. Madder, indigo, rue, aloes, turpentine, tansy bitters, etc., were all tried in vain, after which she was given up to die, and in this condition I found her. I placed her at once upon the following treatment which had met my expectations in previous menstrual derangements. I gave her Fowler's solution of arsenic, commenced with gtt. iv. three times a day, increasing the dose one drop every day till gtt. x. has been taken at a dose; then decreased the dose in the same ratio back to gtt. iv.; stopped its use five days and began in like manner. Simultaneous with the arsenic I gave her \mathfrak{D} i. precip. carb. ferri per day. This treatment was persevered in, and on the 19th of June following she menstruated and has been very regular ever since, and is at this writing, (March 20th, 1864,) a stout, hearty, healthy girl.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, March, 21, 1864.

Tapeworm.—*Dr. Mussey* presented for the inspection of the members of the Academy a specimen of tape worm, twenty-four feet long, which was discharged from Mrs. A— on the evening of the 5th of March, following the administration of granulated tin.

He directed \mathfrak{z} iv to be prepared and divided into three parts; one part was taken Friday evening, one Saturday morning, and the third Saturday evening. On Sunday morning he gave her \mathfrak{z} ij. of castor oil.

Three hours after the oil was taken, the worm was discharged in one piece. He stated that he had been unable to detect the presence of the head and was not sure but that it was detached; but the minuteness of the joints at one extremity of the worm lead to the belief

that nearly all was discharged. The Dr. proposed to repeat the medicine in a short time, but found his patient tired and exhausted on Saturday, with a child at the breast, and doing her own work, so he thought best to defer the administration for a while.

In the *Western Lancet* may be found the report of the treatment and radical cure of three cases by the use of granulated tin; two of these cases were treated by the late Dr. Raymond and one by himself.

The subject of the treatment at that time brought to him the patient whose case is now presented. The first case had not had any signs of the disease since the date of the Dr.'s treatment. The history of the present case is, three years ago joints of tapeworm were noticed and treatment commenced; two years since large doses of nauseating remedies were administered by a German Homeopath without avail. About six weeks later eight feet of worm were passed; since that time isolated joints have been occasionally discharged. The patient is a Jewess and says she has never tasted pork, so measly pork cannot be held accountable for the worm.

The first patient however admits his having transgressed the Law of Moses. The same person had been treated in London and other places without success, and finally came here in 1850, where he was cured by the tin at the suggestion of Dr. Raymond.

Dr. Mussey, Sr., had used the pumpkin seeds with success, as he thought but the disease returned in two or three years. For this case the Dr. said he had not had the opportunity of trying the tin.

Dr. Smith—Wished to know of Dr. Mussey if there were any particular symptoms in his case to distinguish between tapeworm and the other varieties of worm.

Dr. Mussey—Said he had ocular proof as his patient brought him several joints.

Puerperal Fever.—*Dr. Tate* remarked that after his entrance on time of service at the hospital, he found puerperal fever to prevail there; he had seven cases in the hospital and one outside. The treatment of all was the same: gr. j. of calomel and one-sixth gr. morphine every three hours. The house physician applied a small blister in one case and five leeches in another, because of certain symptoms which seemed to indicate their need. With these exceptions the rest were treated as above. All recovered. He tried to arrest the fever from spreading by giving muriated tincture of iron before confinement, but without success; then he ordered one of the rooms to be well ventilated and fumigated, the house-physician to change his dress, and he procured a new nurse, since that time there have been no new cases.

In one case where the poultice on the abdomen had given no relief, he tried cold applications; the patient had passed no urine for twelve hours so the Dr. ordered flannels dipped in hot whisky, alternately with sudden applications of cold, which gave great relief, the patient passing freely. None were salivated.

While puerperal fever existed in the female wards erysipelas prevailed in the children's wards. In one child it first made its appearance on the labia-majora and rapidly spread over the whole body. In another it appeared on the hand extending only over the arm.

In both cases it soon dipped down and involved the areolar structure. In the first case the labia sloughed and the child died; on the last an ulcer formed on the hand and the child recovered.

Dr. Tate—Said it was remarkable that the mothers of these children escaped puerperal fever.

In erysipelas he used iron internally, locally iodine in one case, and nitrate of silver in the other.

Dr. Mussey—Asked Dr. T. if he believed in the transmission of the fever by the accoucher, and whether the case outside was in the neighborhood.

Dr. Tate—Said he was a firm believer in the contagiousness of the disease. He also thought that lying-in-hospitals should be separate from the rest of the general hospitals. He said the question was now being agitated in Europe, whether there should be any lying-in-hospitals at all.

Encephaloid Tumor.—*Dr. Taylor* exhibited a specimen of encephaloid disease of the liver. The patient was under treatment three months, was fifty-five years old, his skin of a citron tint, and he was much emaciated. The liver was much enlarged, extending below the umbilicus, nodulated, mottled, and so soft that it tore by its own weight on raising it; the neighboring lymphatics were all enlarged.

Dr. Murphy—Was called to see a little boy at the O.M.R.R., who had swallowed a bean three days before. When he arrived he found the child in a convulsion.

Dr. Blackman and *Mussey* had been sent for.

Dr. Cook had just gone from *Dr. Blackman's* who had been sent for a second time.

Dr. Cook—Asked Dr. M. if the boy had any cough, the Dr. replied in the negative. He said the reason he asked the question was that, he had a similar case some years ago in his own family; a little son of twenty months had swallowed a cedar branch one and one-fourth of an inch long; it passed into the right bronchi, he had no cough. At

the end of nine days inflammation ensued which continued for thirteen weeks, when he died from an abscess forming, and pointing between the sixth and seventh ribs, attachments only skin deep. The right arm was elevated from the time inflammation began; but there was no pain, only an effort to swallow, and he had no cough.

MONDAY EVENING, March 28, 1864.

Dr. Williams—Presented the following case for the inspection of the Academy.

Wm. A. Sittle, aged 25 years, of a stout and healthy condition, received a blow on the right side of the face in 1850, which caused a slight fracture of the orbit at the upper and outer part, as is indicated by a slight scar and projecting spiculum of bone.

In the spring of 1863 he was struck in the eye by some saw-dust which caused a good deal of pain and inflammation for a week or two. About a month after the accident an unnatural prominence of the eye-ball was noticed, which increased until December 1st, 1863. At that time the eye-ball protruded downward and forward half an inch; movements were free in all directions except some limitations upward. The upper part of the globe behind the equator was flattened, but otherwise the eye seemed natural. The lids closed with difficulty and there was slight conjunctivitis. By deep pressure between the globe and upper and outer part of the orbit, a fluctuating tumor could be felt, which was supposed to be a serous cyst. An exploring trochar was introduced through the bottom of the upper cul. de. sac of the conjunctiva about one and one-half inches in the direction of the tumor, about an ounce of yellowish serous fluid escaped. The eye at once sank back so that the exophthalmus was very much diminished and the vision improved.

In a week the eye began again to protrude, and in four weeks the patient returned with the exophthalmus as marked as ever. A second puncture was made with the same result as before. The patient returned March 22d, 1864, with the eye more prominent than ever, and the fluctuation could be more extensively felt than before. An incision was made by *Dr. Williams* with a bistoury, about one and a half inches long, within the upper and outer edge of the orbit, and parallel with it. The cyst thus explored extensively was laid open, and an ounce of fluid escaped. The sac was of a bluish white color and easily torn, and was removed with a pair of scissors as far as possible. An injection of water into the cavity which extended to the apex of the orbit, brought out two long rolls of tough, gelatinous looking matter of a dirty yellow color, and making a mass of the size of

the middle finger. The cavity was explored with the finger and found to be free; the inner two-thirds of the incision was closed with twisted sutures, and united by first intention, while the outer part was kept open by a tent, which was removed twice a day and the matter pressed out. It suppurated freely, and when the patient left for home on the 28th—six days after the operation—the cavity was diminished more than two-thirds, and the globe was gradually retreating in the orbit.

Dr. Williams directed a continuance of the tent for ten days, when the patient is to return and enable the Dr. to give the final result.

Dr. Blackman—Said there were some very important points of interest in the case related by Dr. Williams; one, the obscurity in the diagnosis of tumors about the orbit, of which there were numerous varieties and many of which were malignant.

Dr. Gibson, in the case of the lamented Crawford who died at Rome from malignant disease of the orbit, used the exploring needle, as Dr. Williams and all good physicians would do, to ascertain the true character of the disease; but so much abuse was heaped upon Gibson that he was obliged to call upon the physicians of the whole world to defend and uphold him, in what he had done. Many persons saying the disease was hastened by the use of the needle.

All surgeons used the exploring needle, and all were benefited by its use, provided they were judicious in selecting one of the right calibre.

Dr. Blackman noticed Dr. Williams regretted he had not collected some of the fluid, and would here call the attention of Dr. W. as well as the other members of the Academy to a new and useful instrument. It was an exploring needle with a bulbous end for collecting the fluid from a tumor.

Dr. Blackman operated in a similar case several years ago; the tumor was over the orbit, of great length. He made almost the same incision as Dr. Williams did, and with the blunt point of a scoop scooped and tore the cyst until the whole of it was removed. He had removed in the same way cysts over the jugular veins with perfect success.

Osteo Sarcoma.—*Dr. Blackman* presented to the Academy an extraordinary specimen of osteo sarcoma or enchondromatous tumor of the femur, measuring *four feet* in circumference, and weighing sixty-five pounds. It is one of the largest known, there being but three on record of a larger size. The patient from whom this specimen was obtained, by a post-mortem, resided up the river. A few months ago

Dr. B. was sent for to amputate at the hip joint, but he found the man's condition such—pulse 165, weak and feeble—that he declined to operate. He amputated at the hip joint several years ago for a similar tumor, when the patient lived eighteen months. The mortality of hip joint amputation was very great, being 65 per cent.

Lugol exhibited one in Paris which measured six feet in circumference and on bursting discharged sixty pints of serum. Nelaton also recorded one six feet in circumference. In both these cases the tumors burst, discharging serum very freely, after which putrid infection set in and the patients died.

In Dublin there was one measuring six feet three inches, where the patient lived three years after the tumor was first noticed. This variety of tumor was considered benign and consisted of cartilaginous degeneration of bone.

Dr. Blackman—Said he would not speak at length on the subject now, as he expected to present another similar specimen, probably at the next meeting, from a patient now in the city. In this case the tumor involved the humerus, measuring thirty-six inches. It burst discharging serum copiously. Symptoms of pyemia had appeared and the patient would not long survive.

Foreign Body in Trachea.—In the case reported at the last meeting of foreign body in the trachea, Dr. Blackman said that when sent for he was out of town, but on his return he visited the boy, a beautiful child, the son of an army surgeon, and found him in convulsions, with pupils widely dilated and other cerebral symptoms; there had been no suffocation, was no cough, but he had croupy symptoms in the morning. Six months before he had had cerebral difficulty, over both lungs rales could be distinctly heard and dullness over the bifurcation of the trachea, but no flapping could be noticed as in other similar cases.

The history of this case was simply this, two little boys were playing together when one came running in the house saying his playmate had swallowed a bean.

Dr. Blackman—Said it was a rule of all physicians to open the trachea if they were confident a foreign body was lodged there, but in this case, after a careful examination, finding no indication of a foreign body, he refused to operate, considering it more a medical than a surgical case, and that it should be treated as such; advising that the family physician proceed with it. On leaving, Dr. B. requested that if the child showed any signs of suffocation, they should send for him. He had not been home an hour before a messenger came for him, an

before he could reach the house the child was dead. Five minutes before death the patient presented the only symptoms during his whole sickness of a foreign body in the trachea.

The post-mortem revealed a large bean much swollen, which had been expelled from the right lung and lodged in the trachea just beyond the junction of the right bronchi, causing suffocation. The inferior thyroid artery was of large size and lying directly across the trachea and it would certainly have been divided in an operation, as it lay directly in the line of incision the Dr. would have made. The veins were also large and full, effusion had already manifested itself in the brain so that the Dr. rejoiced that he had not operated, for the child would notwithstanding have died, and an operation would only have added to the sufferings and hastened death. In the right lung was found ulceration, and suppuration had commenced, in such cases it was best not to operate but Dr. Blackman thought he would deviate from this rule in certain exceptions, for a cavity in the lung was not necessarily fatal, as is shown by tubercular patients who live many years after cavities are formed.

Dr. Mussey—Said that several years ago a child from Indiana was sent to his father and himself to operate on for foreign body in the trachea; they could not determine whether there was a foreign body present, but kept the child here treating it for some little difficulty which it had, the child rapidly improved. The mother waited some time for a paroxysm to come on, but getting tired, at last she went home taking her child.

The Drs. Mussey not being satisfied wrote to the family physician, who had sent the case, that they could not discover a foreign body, but advised him to be on the alert, and ready to operate, for the case might yet require an operation. Some time after this physician sent to Dr. M. a locust bean, which he had found in the trachea of the child on a post-mortem, writing also that he might have saved the child had he had the courage to have operated, and wishing to God that he had.

Dr. Mussey—Said he would use extraordinary means in such cases to bring on paroxysms of coughing to thus dislodge the foreign body. Also that if he had the testimony of some reputable physician or responsible person that the child had swallowed anything, he would use some means, as suspending by the heels, shaking, spanking or bumping it to bring on a paroxysm. Also that he felt guilty because of the case above related, and wished to call the attention of country practitioners and physicians in general to the importance of being

awake and prompt in using energetic means in all such cases.

Dr. Blackman—Said his patient had no cough, and that the family physician who examined the child shortly after the accident could discover no signs of a foreign body, then went on to say that attempt to remove bodies by suspension had been tried but without success, as in the case of the celebrated engineer Brunel, where Benj Brodie tried in vain to dislodge the piece of silver by suspension, and after many efforts in which he almost killed his patient, was obliged to make an opening in the trachea, when again suspending him the piece dropped out of the opening.

On Seventh Street Dr. Blackman operated after a bean had been swallowed *eight* days. He opened the trachea, suspended and thumped the child till he nearly killed it, without any good result, and several days after the bean passed through the opening in the trachea.

Dr. Blackman—Thought it was difficult to make a diagnosis, and in support gave the case of a child where he operated and removed a grain of coffee; the child died some weeks afterwards, when the left lung was found ulcerated from another grain of coffee which had remained. The child swallowed two grains at once.

Proceedings of the Fifteenth Annual Meeting of the American Medical Association.

[Hold at New York, June 7th, 8th, 9th, 1864.]

TUESDAY, JUNE 7th, MORNING SESSION.

The Association met pursuant to regulations at 11 o'clock, Tuesday morning, June 7th, 1864, at Irving Hall, New York, and was called to order by the retiring President, Alden March, M.D., of Albany supported by retiring Vice-Presidents, Dr. John Cooper, of Delaware; Dr. David Prince, of Illinois; Dr. C. C. Cox, Surg. U.S.V. The Secretaries, Drs. H. A. Johnson of Illinois, and Guido Furman of New York, were also present.

Prayer was offered by the Rev. Dr. De Witt, of New York, after which Dr. James Anderson, of New York, Chairman of the Committee of Arrangements, welcomed the delegates and members, and made the following report:

MR. PRESIDENT AND DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION—GENTLEMEN:—In the discharge of the duty devolved upon me as Chairman of your Committee of Arrangements, it affords me great pleasure on this, the *fifteenth* anniversary of the Association, in behalf of your committee as well as the profession in general, to ex

tend to you a cordial welcome. This organization, whose germ was first developed in the Medical Society of the State of New York, was perfected on the 7th of May, 1847, by the election of the venerable Dr. Nathaniel Chapman, of Philadelphia, as its first President, since which time its meetings have been held in nearly all the prominent cities of our country. Its sole object has ever been the elevation of the dignity and usefulness of the profession, in the endeavor to obtain which it becomes us individually as well as collectively, by our advice and example, to stimulate each other to higher attainments; and by our conduct to command respect. It is now eleven years since your last meeting in this city, around which occasion cluster many pleasant reminiscences, saddened only by the absence of some of the brightest names among your ranks, who have passed to their silent resting-place—names which gave dignity to your body, and wisdom to your counsels. Your Committee of Arrangements, in due time after their appointment in Chicago, organized and invited a representation from the hospitals, colleges, and medical societies of this city and Brooklyn, for the purpose of eliciting a united expression and procuring a more extensive and general welcome to this national reunion, and have matured such plans as it is hoped will render your stay both instructive and interesting. Guide-books will be furnished to each delegate, with a programme comprising a variety of intellectual as well as social amusements. Among the institutions which have sprung up since your former visit may be noticed St. Luke's Hospital, on the Fifth Avenue, with a full and efficient medical staff; also a medical college under the auspices of the Commissioners of Charities and Correction, and in connexion with the Bellevue Hospital and Alms House; and in time, through the liberal bequest of the late Mr. Roosevelt, a third hospital will be added to the list. There is a feature, Mr. President, in your present assembling, of deep interest and solemn regret. I allude to that profound silence of several, and the diminished response of other States, which will appear upon the calling of the roll. It would not be proper on this occasion, nor becoming the circumstances under which I appear before you, to allude to its cause. Let us trust, however, that, through the interposition of an all-wise and overruling Providence, the time is not far distant when we may again offer to our alienated brethren the hand of professional fellowship which it is our privilege to extend to you this day. I again welcome you all to this metropolis.

On motion, the report was read and adopted.

Dr. Anderson, on behalf of the Committee, suggested that the Asso-

ciation hold two daily sessions during Tuesday, Wednesday, and Thursday—one in the morning, from ten to half-past one o'clock p. m.; and one in the afternoon, from three o'clock until such time as was the pleasure of the body to adjourn. On motion this suggestion was ordered to be embodied in the report.

Surg. C. C. Cox, U.S.V., moved that Surg. Charles S. Tripler, U.S.A., be invited to a seat on the platform.

It was then moved that the Association should take a recess of ten minutes for the purpose of affording an opportunity to the delegates to select the Nominating Committee, which was carried. After the lapse of the specified time, the Committee elected reported the following names :

J. C. Weston, Maine ; Thos. D. Marshall, N. H. ; J. N. Stiles, Vt. ; Horatio R. Storer, Mass. ; Johnson Gardiner, Rhode Island ; E. H. Catlin, Conn. ; Jas. P. White, N. Y. ; L. A. Smith, N. J. ; A. Nebinger, Penn. ; F. E. B. Hintze, Md. ; Henry F. Askew, Del. ; B. B. Leonard, Ohio ; Jas. F. Hibbard, Ind. ; Wm. H. Byford, Ill. ; S. G. Armor, Mich. ; J. H. Bartlett, Wis. ; A. E. McCurdy, Iowa ; Geo. W. Phelps, Mo. ; Noble Young, D. C. ; Thos. Antisell, U.S.A. ; and Thos. L. Smith, U.S.N.

Retiring President's Address.— Dr. Alden March was next requested to read his retiring address as President of the Association. His subject had reference to the elevation of the standard of the profession by a thorough and proper medical education. After a few general and preliminary remarks, and the rehearsal of many of those who had devoted considerable time and attention to the theme, he set forth his claims upon the consideration of the Association as a body, and urged the importance, in the first place, of a fitting preliminary education, as the grand foundation-stone upon which to rear the superstructure, and contended that every candidate for the honorary degree of Doctor of Medicine should be required to attend three full courses of lectures, instead of the two usually prescribed. If this plan were carried out, he had no doubt but that the time of study thus increased would afford the student an opportunity to digest more fully the great principles of our art as given to him in the lecture-room. Too many of our young men, in his opinion, were allowed to graduate, who, for want of these very opportunities, suffered from a mental indigestion which troubled them more or less through their whole professional career, and prevented them from applying the great truths of science to every-day practice with that degree of satisfaction which was the only sure forerunner of advancement and success. If each

course should only comprise a period of four months, he thought that the entire time of attending lectures, extending, as it should, over a period of three years, would be more than equivalent, in point of actual benefit to the student, to the ordinary two full courses of six months each.

Dr. Wilson Jewell, of Pa., moved that a vote of thanks be tendered to Dr. March for his noble and interesting address, and that he be requested to furnish a copy for publication.

The Association then adjourned till 3 P.M.

TUESDAY—AFTERNOON SESSION.

The Association was called to order by the President, after which the minutes of the previous session were read by the Secretary. The names of registered members were next read.

Officers for the Ensuing Year.—The Nominating Committee then made the following partial report: N. S. Davis, of Ill., President; W. H. Mussey, of Ohio, Worthington Hooker, of Conn, William Wheelan, of D. C., and F. E. B. Heintze, of Md., Vice-Presidents; Guido Furman, of N. Y., Secretary; Casper Wistar, of Pa., Treasurer.

The Committee recommended Boston, Mass, as the place for holding the next annual meeting.

Dr Griscom, New York., moved that the report of the Committee be laid upon the table in order to discuss the following proposed amendments to the plan of organization:—

1st. Providing for the appointment of one permanent Secretary. 2d. That the President and Vice-Presidents of this Association elected each year shall assume the functions of their respective offices at the beginning of the meeting of the year next succeeding their election.

This motion, however, was, after much discussion finally lost.

Dr. Raphael, of New York, then moved that the report of the Nominating Committee be recommitted, with instructions that two Presidents be nominated instead of one, and that the one who should receive the majority of the number of votes should be declared elected.

A lengthy discussion then ensued as to the propriety of the measure, and it was eventually voted down.

The question for the adoption of the report of the Committee was next put and carried.

On motion of Dr. Griscom of New York, the President and Vice-Presidents were duly escorted to their chairs.

Dr. N. S. Davis, on assuming his duties as President of the Association, tendered his sincere thanks for the honor conferred upon him, and asked of the members their kind co-operation in his endeavors to perform the duties of his office.

The Chairman of the Committee of Arrangements stated that invitations were extended to the members to visit the following places:— S. Navy Yard, Brooklyn; Collegiate and Polytechnic Institute; Long Island College Hospital; U. S. Naval Hospital, Brooklyn; U. S. Soldiers' Depot, New York.

The following gentlemen were announced as members by invitation;—Drs. Ed. M. Stein, G. R. Brush, P. H. Barton, D. McSweeney, H. Gregory, Elisha Harris, and B. Dewitt, Bradford Co., Pa.

The President appointed the following Committee to examine all voluntary communications:—Drs. A. B. Palmer, H. F. Askew, S. Hubbard.

Dr. C. Ramsay, N. Y., moved that the regular order of business be suspended, and that the proposed amendment of the Constitution be taken up; which was carried, and the following amendment introduced:—

Amendment of the Constitution in Relation to Permanent Secretary.

It is here ordained that Article 4, Sec 1, of the Constitution be amended as follows:—From the 2d line strike out the words "two secretaries," and insert "one Permanent and one Assistant Secretary" and in the 5th line after word "officer," insert the words "except the Permanent Secretary; also add to the same section, the following; "the Permanent Secretary shall hold his appointment ten years, unless sooner removed by death, resignation, or a vote two-thirds of the members present at a regular annual meeting."

And be it further ordained that Section 5 of the same article be stricken out, and the following substituted in its place, viz.,: "The Permanent Secretary shall record the minutes and authenticate the proceedings, give due notice of the time and place of each ensuing annual meeting; notify all members of Committees of their appointment and of the duties assigned to them; hold correspondence with ever permanently organized Medical Societies both domestic and foreign; serve as a member of the Committee on publication; see that the published transactions are promptly distributed to all the members who have paid their annual assessment, and carefully preserve the Archives and unpublished Transactions of the Association. The Assistant Secretary shall aid the permanent Secretary in reading and authenticating the proceedings of the Association; serve as a member of the Committee of Arrangements, and perform all the duties of permanent Secretary temporarily whenever that office shall be vacant either by death, resignation or removal.

And be it further ordained, that Article 6, Section "second," be amended after the word "meetings," in the second line, the following, viz.: "including the necessary expenses of the permanent Secretary

in maintaining the correspondence of the Association."

After reading the amendments, Dr. Jewell of Pennsylvania moved to strike out from the last clause, "attending the regular meetings." Which motion was adopted.

Dr. Nebinger, Pa., moved to strike out the word "ten" in the second paragraph, and substitute "five." Which was lost.

Dr. Griscom proposed to strike out all that related to a specified term of years.

The previous question being called for and sustained, the amendment of Dr. Griscom was carried.

The question recurring on the adoption of the proposed amendments as amended, it was finally carried in the affirmative.

The Association then adjourned until ten A. M. of the day following, June 8.

During the evening the members were handsomely entertained at the residences of Drs. Jos. M. Smith, C A. Budd, Isaac E. Taylor, Gurdon Buck, and Mayor Gunther.

WEDNESDAY, JUNE 8TH.—MORNING SESSION.

The Association was called to order by the President, N. S. Davis, at 10 A. M.

The minutes of the previous session were then read by the Secretary, Dr. Furman, and adopted.

The following gentlemen were elected members by invitation, and were requested to take seats on the platform:—Drs. C. W. Stearns, N. Y.; C. C. Knight, New Haven; S. H. Casey, Oneonta; W. B. Southard, Mich.; Philander White, Oswego Co., N. Y.; F. L. Livingston, Barret, Mass; Jno. Green, Worcester, Mass.;—Noyes, Norfolk, Conn.; Thomas Cock, N. Y.

On motion, the following gentlemen were elected permanent members:—Drs. Brown-Sequard, Boston, Mass.; Jno. P. Gray, State Lunatic Asylum, Utica, N. Y.

The reports of the Standing Committee were next called for in regular order and referred to their appropriate sections.

Treasurer's Report.—The Report of the Treasurer, Dr. C. Wistar, showed a balance on hand of \$449.02. Only about 120 copies of Volume xiv. have been sold during the past year.

Report on Compulsory Vaccination.—Dr. Jas. F. Hibbard, Chairman of the Committee on Compulsory Vaccination, read a report in which it was contended that the adoption of the measure was impracticable, inasmuch as it was necessary for the people to be convinced of its utility and harmlessness before they would submit. They

could be properly educated in this matter by the medical profession, who should act as a unit in recommending it under all circumstances.

The Committee also recommended that the daily papers throughout the Union should be requested to ventilate the matter, and use every precaution in their power to bring the public to a proper understanding of the power of vaccination in preventing the spread of small pox. The report concluded with the following resolutions:—

Resolved, That a Committee of—be appointed to supervise and control under the direction of this Association, all matters pertaining to general vaccination.

Resolved, That a Committee of—be appointed in each State to superintend the measure in its State, which Committee shall be subordinate, auxiliary, and advisory to the Central Committee.

Signed,

JAS. F. HIBBARD, *Chairman*.

WILSON JEVELL.

JNO. H. GRISCOM.

Adopted, and referred to the section on public health.

Dr. H. H. Childs, of Mass., was invited to take a seat on the platform.

Medicines and Surgical Apparatus for the Wounded and Suffering in the South.—Dr. A. K. Gardener offered the following:

WHEREAS, It is the duty and great distinction of Christian nations, and in conformity with the highest instincts of humanity, to assuage the sufferings and mitigate the horrors of war in every possible manner, in which attempt the medical profession has ever been eminently conspicuous; and

WHEREAS, The stringency of our blockade of the Southern coast has to a great extent deprive the sick and wounded, the feeble babe, the helpless woman, the aged man, as well as the sufferers by wounds and disease in the ranks of our enemies, of needful appliances to relieve pain and to save life; and

WHEREAS, From the same cause thousands and tens of thousands of our own brave sons and brothers, fighting for the holy cause of our Union, and left wounded on the battle-field in the hands of the enemy, have been compelled to have operations performed without the relief and benefit which chloroform would bring, and have lain in suffering unto death in the hospitals of the South from the absolute destitution of the country of many needful medicines and instruments of surgery; and

WHEREAS, These articles are in no respect to be considered as among the "sinews of war," and, as has been seen, are not material to a vigorous persecution of rebellious warfare; and

WHEREAS; This Association, numbering among its lawful members the medical men of the entire thirty-four States of the Union, we deem it eminently fitting that we should urge upon the Government and the people of the United States to remember the universal brother-

hood of man and the undying attributes of humanity ; it is therefore unanimously

Resolved, That the Association request the President of the United States to take such action as shall cause all medicines and medical and surgical instruments and appliances to be excluded from the list of articles called "contraband of war," and that such articles in any quantity may be purchased by any person in any State of the Union, and may be conveyed beyond our lines under a flag of truce, after a proper inspection, so as to give every necessary comfort to relieve any human suffering, whether of our own soldiers or that of the enemy.

Resolved, That a copy of the above Preamble and Resolution be sent to the President and Heads of Departments, and to each and every member of the United States Senate, and attested by the officers of this Association ; and that every member be requested to use all the influence in his power in stripping this fratricidal war of some of its unnecessary horrors, and thereby to inaugurate the re-establishment of more kindly feelings, and to smoothe away some of the obstructions to the reconciliation of our misguided brethren.

Resolved, That a Committee, representing every State of the Union here present, be appointed to present these Resolutions to the President.

On motion, the consideration of the resolutions was indefinitely postponed.

Increase of Rank and Pay of Medical Staff of Army and Navy.—Dr C. C. Cox offered a resolution to increase the rank and pay of medical officers of the army and navy.

Dr. Frank H. Hamilton urged the passage of the resolution by some well timed and appropriate remarks, after which the question was put and carried unanimously.

The Chair appointed a Committee, composed of the following gentlemen, to report upon the same, and prepare a memorial for the action of Congress : Drs. McGugin, Iowa ; Antisell, Washington, D. C. ; F. H. Hamilton, N. Y. ; and Askew, of Delaware.

The Association then adjourned until 10 A.M. of Thursday, June 9.

The afternoon was occupied in the meeting of the different sections.

The entertainments for the evening were given by Drs. Willard Parker, James Anderson, Alonzo Clark, and Jared Linsley.

THURSDAY—MORNING SESSION, JUNE 9.

The Association was called to order by the President shortly after 10 A.M. The Secretary then read the minutes of the previous session, which were, on motion adopted.

Surg. C. C. Cox, the Chairman of the Committee appointed to memorialize the President of the United States in reference to the increase of rank and pay of medical officers of the army and navy, mov-

ed that Dr. Charles S. Tripler be added to that Committee, and be appointed the Chairman of the same. Carried.

Dr. Morgan, R. I., called the attention of the Association to the prizes offered by the Rhode Island Medical Society, and stated that they were two in number, 100 dollars each, and were open to the competition of all.

Time of Next Meeting.—On motion of Dr. Askew, of Delaware, it was agreed that the time of the next meeting of the Association should be on the first Tuesday of June, 1865.

Report of Standing Committees.—The reports of the Standing Committees were again called for, with the following results:

Committee on Insanity.—Dr. R. Hills, of Ohio, the Chairman of the Committee addressed a note to the Association, reported progress and asked for further time, promising an elaborate report if such a privilege were granted.

It was then carried that the time should be extended; and on motion of Dr. Griacom, Dr. E. H. Van Dusen, the Medical Superintendent of the State Lunatic Asylum, Kalamazoo, Mich., was added to the Committee.

Committee on Prize Essays.—The Chairman of the Committee not being present, the calling for the report was deferred.

Reports of Sections.—Dr. S. W. Butler, of Philadelphia, the Chairman of the Section on Medical Topography and Epidemic Diseases, presented a report, which was adopted in full; and the following gentlemen were appointed as members of the Committee to carry out the spirit of the resolutions appended to report of the Committee on Compulsory Vaccination: Drs. A. N. Bell, of Brooklyn; J. P. Loines, and H. D. Bulkley, N. Y.; A. Nebinger, Philadelphia; and J. F. Hibbard, Ind.

The Section on Surgery and on Practical Medicine and Obstetrics made no report at this period of the proceedings.

Report on the Practical Workings of the U.S. Law relating to the Inspection of Drugs and Medicines.—Dr. Squibb, the Chairman of the Committee on the Practical Workings of the U.S. Drug Law, made a statement to the effect that the gentlemen who composed that Committee could not agree upon the report prepared for their action; and, inasmuch as at the time it was presented for their consideration there was not opportunity for an exchange of views upon the subject, they respectfully requested that, as a Committee, they should be discharged.

On motion of Dr. Gardner, the report of the Committee was accepted and the Committee discharged.

Dr. Squibb then proceeded, by invitation, to present his views upon the subject, in the form of a voluntary communication. He contended that the practical working of the law was to all intents and purposes a dead letter, and that the Secretary of the Treasury had not acted upon the earnest solicitations of the Committees from the different Societies and Colleges in New York who had been appointed to memorialize him upon the subject, but had made an appointment without qualifications, which could be ascertained at the time, or which have since been manifested in the duties of the office, since drugs of very inferior quality were constantly passed through the Custom House. As an example he instanced several articles, among which were those of jalap and scammony, which were, on examination, found to contain a very small per cent. of active principles—much below that which the law prescribed. He threw out the suggestion that, considering the facts of the appointment of the present inspector, it would be of little use to make any further requests to the appointing power.

In conclusion he stated that he alone was responsible for the statements contained in the paper, and that Dr. Bowditch, one of the Committee, declined to sign a report which he considered of a partisan character, reflecting upon the officers of the General Government at the present time. Dr. Carson the other member of the Committee, did not wish, as a matter of principle, to sign a paper until he was satisfied, from personal observation, that all the statements therein contained were correct.

After some discussion, the report of Dr. Squibb was accepted, after which

Dr. S. R. Percy of New York, remarked that Dr. Squibb had labored under a false impression in making the statements contained in the paper; and further stated that the appointment of Drug Inspector was made by Secretary Chase in perfect good faith, and with the conviction that it would meet the end for which such an appointment was designed. That gentleman had made diligent search for the right man, and, as the result of very numerous recommendations from reliable men of the profession, had selected the present incumbent. Concerning the honesty of the present Inspector, Dr. Percy was prepared to vouch, from a personal knowledge of that gentleman's character, and he could confidently assert that every endeavor had been made to discharge the duties of the responsible office with fidelity. Every specimen that it was possible to examine was carefully examined before it was allowed to pass, and he could not conceive upon what foundation Dr. Squibb had made his assertions. In conclusion, he

did not think it came within the province of the Association to endorse any stigmas made against any one; and as a friend to the Inspector, he felt that it was his duty publicly to defend him.

Dr. Squibb remarked that he was not acquainted with the Inspector, and did not allude to any one by name, but merely had presented facts which had come to his knowledge, leaving the members to draw their own inferences. He only referred to the two articles, scammony and senna, stating that he had examined specimens of the former article which contained as low as 15 per cent. of active principle, instead of 70; and of the latter article, which contained from 10 to 55 per cent. of sticks and stones, and which in that condition had passed the Custom House.

A motion was made to refer the paper to the Committee on Publication, with discretionary power, which was lost.

Dr. Curry of Westchester Co., spoke at some length against the general practice of referring papers to the Publishing Committee, urging as an argument against it that many communications would find their way into the volume which would not be entitled to it, and thought that the Committee should have ample discretionary power in the matter. He did not wish it to be understood that his remarks referred to Dr. Squibb's paper, but only wished the principle of the thing to be discussed.

The President stated that the discretionary power belonged to the section to which any paper might be referred, and suggested the propriety of referring Dr. Squibb's paper to the Section on Chemistry.

Dr. McFarland, of New York, thereupon made a motion to refer it to that section, which was carried.

Report of Section on Practical Medicine and Obstetrics.—Dr. Storer, of Boston, read a report of the meeting of the Section held the afternoon before, and concluded the same by presenting the following resolutions, which were appended to his paper, and which we have already alluded to:

Resolved, That in the opinion of the American Medical Association it is expedient that there should be attached to every public hospital for the insane, one or more consulting physicians, whose appointment should be honorary, and who may be consulted at the discretion of the superintendent, such measures being alike for the interest of the hospital, its medical officers, and its patients.

Resolved, That a copy of the above Resolutions be transmitted to the Board of Trustees of each of our public hospitals for the insane, and also to the Secretary of the Association of American Superintendents for the Insane, and request that it may be endorsed by that

body, the action proposed being upon the respective boards with which its members are officially connected.

Dr. Griscom contended that the Association, by passing these resolutions, would prevent any medical man who should be so appointed from receiving any remuneration. He thought the physician should be paid for his services, if he chose to make an arrangement to that effect with the managers of the institution; but if he was disposed to accept it as an honorary position, the matter was of course only a personal one. These being his views, he moved that the clause, "whose appointment should be honorary," be stricken out.

Remarks were made endorsing Dr. Griscom by Drs. Gardner, of New York, McCarthy, Ill., and others.

The amendment was then carried, after which the resolutions were passed upon as a whole.

The Completion of the Report of the Nomination Committee. Election of a Permanent Secretary—Before the reading of the report of the Nominating Committee, Dr. Griscom obtained permission to make a few remarks upon the duties which should be required of the Permanent Secretary. He considered that it was of the utmost importance that the right man should be selected for the performance of duties which involved so great responsibilities. He contended that such an officer of the society should hold regular correspondence with all the members and with all the different societies throughout the country; that he should attend every meeting; should procure a systematic reduction of fare over the different railroad lines communicating with the city in which the meeting is held; that he should give his personal attention to the sale of the Transactions, and use every endeavor to advance the interests of the Association. Such a man, in his opinion, could only be obtained by proper remuneration, and he therefore moved the adoption of a resolution to the following effect:

Resolved, That the Permanent Secretary shall be entitled to the compensation of _____ dollars per annum, payable out of any surplus funds of the Association after all other claims for each current year shall be paid.

Considerable discussion here followed as to the propriety of adopting the resolution and the amount of remuneration to be offered, when it was finally agreed to lay the matter on the table.

Completion of Report of Committee on Nominations.—The Committee on Nominations then presented the completion of their report, as follows:

Committee on Execution and its Connexions with Conservative Surgery (enlarged).—Drs. Sayre, of N. Y., G. W. Norris, Pa., G. C. Black-

man, O., S. H. Tewksbury, Me., E. Andrews, Ill., Geo. B. Twitchell, N. H., J. C. Hughes, Iowa, G. Clymer, U.S.N., J. R. W. Dunbar, Md., R. H. Gilbert, U.S.A.

On Drainage and Sewerage of Large Cities and their Influence on Public Health.—Drs. W. J. C. Duhamel, D. C., E. C. Baldwin, Md. Cyrus Ramsay, N. Y.

On Alcohol and its Relations to Man.—Dr. G. E. Morgan.

On Microscopic Observations in Cancer-Cells.—Leonard J. Sanford, Conn.

On Quarantine (continued).

On Medical Ethics.—Drs. J. A. Murphy, Ohio, M. L. Linton, Mo., B. F. Schenck, Pa., Swain Wickersham, Ill., A. J. Fuller, Me.

On the Microscope.—Dr. Jas. M. Corne, Pa.

On Relations which Electricity sustains to the Causes of Disease.—Dr S. Little, Pa.

On the Morbid and Therapeutic Effects of Mental and Moral Influences.—Dr. A. B. Palmer, Mich.

On the Cause of Extinction of the Aboriginal Races of America (continued).

On the Causes and Treatment of Un-united Fractures.—Dr. F. H. Hamilton, N. Y.

On Diphtheria.—Dr. Lucius Clark, Ill.

On the Uses and Abuses of Pessaries.—Dr. Jas. B. White, N. Y.

On International and Medical Ethics.—Drs. J. Baxter, Upham, Mass., G. C. E. Weber, Ohio.

On Climatology and Epidemic Diseases.—Drs. C. W. Parsons, R. I., P. A. Stackpole, N. H., T. M. Logan, Cal., R. C. Hamill, Ill., J. C. Weston, Me., B. H. Catlin, Conn., C. L. Allen, Vt., T. Antisell, Washington, D. C., J. W. H. Baker, Iowa, Abraham Sager, Mich., O. S. Mahon, Md., J. W. Russell, O., D. F. Condie, Pa., H. Townsend, N. Y.

On Autopsies in Relation to Medical Jurisprudence.—Dr. T. C. Finnell, N. Y.

On so-called Spotted Fever.—Dr. J. J. Levick, Pa.

On the Introduction of Disease by Commerce and the Means for its Prevention.—Dr. A. N. Bell, N. Y.

DR. WM. B. ATKINSON, OF PHILADELPHIA, PERMANENT SECRETARY.

Permanent Secretary American Medical Association.—Dr. William B. Atkinson, of Philadelphia.

Assistant Secretary.—Dr. H. R. Storer, Boston.

On Patent Rights and Medical Men.—Drs. David Prince, III., Thos. Antisell, D. C., and Stephen Smith, N. Y.

The report, after much discussion in relation to the election of the Secretary, was finally adopted.

It was moved that a Committee be appointed to report at the next meeting on the Ligature of the Subclavian Artery. Adopted, and the following gentlemen selected as that Committee:—Drs. Willard Parker, N. Y., Armsby, Albany, Norris, Philad., and Mussey, Cincinnati, O.

Report of Prize Committee.—The prize was awarded to Dr. S. Fleet Spier, for an Essay on the Pathology of Jaundice.

The Association then adjourned until 4 P. M.

Thursday, June 9.—AFTERNOON SESSION.

The Association was duly called to order by the President.

The Chairman of Arrangements announced the following members by invitation;—Drs. Barent Staats, Albany Medical Society; E. M. Hunt, State Medical Society, New Jersey; H. O. Greely, Indiana.

Dr. C. C. Cox submitted the following resolutions:—

Resolved, That a Committee of three, consisting of Dr. F. L. Smith of New York, Dr. Wilson Jewell of Pennsylvania, and Dr. B. F. Bache, U. S. N., be appointed to memorialize Congress upon the subject or the attempted wrong to the Medical Corps of the Navy, as indicated by a widely circulated protest of the line officers of the service against the very moderate increase of rank given to medical officers by a General order of the Department of the 13th March, 1863, which increase in rank by no means corresponds in extent to the advancement in rank of the officers of the line thus protesting.

The following resolutions were also offered and adopted. By Dr. Raphael, N. Y.:

Resolved, To amend the fourth article of the Constitution so as to insert after the word "ticket (fifth line) the words "except in case of the President, who shall be nominated and elected by ballot in open session of the Society, the member receiving a majority of all the votes cast to be declared electe .

By Dr. Duhamel, Washington, D. C.:

Resolved, That the Members of the American Medical Association tender their thanks to the gentlemen of the medical profession of the city of New York, for the Hospitality and civilities extended to them during their stay here.

Resolved, That we also tender our thanks to Mayor Gunther and the gentlemen of the public Institutions, who have extended to the members of the Association much kindness and attention.,

By Dr. McGugin, Iowa.:

Resolved, That the Committee appointed for the purpose of drafting a suitable bill to be presented to Congress for its consideration and adoption on the relative rank of the medical officers of the Army be, and they are hereby instructed to embrace in its provisions a further separation of the Medical Department from the commanding officers of the line, in order to have a more perfect and unrestrained control of its interests and greater efficacy in that branch of the service.

Also by Dr. McGugin :

Resolved, That each member of the Association is hereby earnestly requested to furnish to the Chairman or any member of the Standing Committees appointed to report upon the subject assigned them, at the next annual meeting, all facts in his possession, and his experience touching the subject matters upon which said Committee are required to report.

Dr. Palmer, Mich. :]

Resolved, That, as the representatives of the profession of the country, meeting at the moment when the greatest military collision of modern time is at its acme, producing almost unprecedented numbers of wounded and suffering men, calling for the greatest skill and devotion, imposing the deepest responsibilities, the most intense labors, and the most patient and painful endurance on the part of the military surgeons, we cannot separate without a formal and heartfelt recognition of the services of our brethren in the field and hospitals, who have been and are at this moment so nobly responding to all these demands—and while cherishing their immense and invaluable services as an honor to our profession, we commend these men and the memory of their deeds in the cause of *science* and patriotism, of Union, of liberty, of humanity, to the gratitude of the country, whose life as well as that of their heroic patients they are laboring to preserve.

The Subject of Specialities.—Dr. Homberger, N. Y. offered a resolution for adoption, which had reference to defining the relations which should exist between specialists and general practitioners of medicine, and moved that the Association, in order properly to consider the matter, should resolve itself into a Committee of the whole.

The resolution was favored by Drs. Elsberg and Gardner, N. Y., Storer of Boston, and others; but was lost, and a motion prevailed to lay it on the table and have a special Committee of five appointed to report at the next meeting.

The usual resolutions of thanks to the President, Secretary, Committee of Arrangements, and others, were passed without comment.

Concerning Dr. Morton the alleged Discoverer of Ether.—Dr. Henry D. Noyes, delegate from the New York Eye Infirmary, offered the following resolution :—

WHEREAS, There is now pending in Congress an appropriation donating to Dr. T. G. Morton, of Boston, the sum of \$200,000 for

his services in connection with the introduction of sulphuric ether as an anæsthetic agent, ; and

WHEREAS, The said Dr. Morton, by suits against charitable medical institutions for an infringement of an alleged patent covering not only sulphuric ether, but the state of anæsthesia however produced, has placed himself beyond the pale of an honorable profession and of true laborers in the cause of science and humanity ;

Resolved, That the American Medical Association enter their protest against any appropriation to the said Dr. Morton, because of his unworthy conduct, also because of his unwarrantable assumption of a patentable right to anæsthesia, and further, because private beneficence in Boston, New York, and Philadelphia, and other places, have sufficiently rewarded him for any claims which he may justly urge.

Resolved, That a copy of these resolutions be sent to the Chairman of the Committee of Ways and Means in the House of Representatives at Washington.

Adopted.

Dr. Raphael, of New York, believed that Dr Morton was generally conceded to be the inventor of anæsthesia, and as such should receive a due amount of credit and emolument. If Congress thought it best to vote that amount of money to the Dr. it had a perfect right to do so, and it was no business of the Association to interfere. He hoped that the resolution would not pass.

(Loud calls for question ! question !)

Dr. Moran, of R. I. moved the adoption of the resolution, which motion was carried with but two or three dissenting voices.

The reports of the several Sections were on motion adopted.

Some unfinished business of minor importance was then disposed of, after which the Association adjourned to meet in Boston the first Tuesday in June, 1865.

On Thursday evening the members visited the house and laboratory of Dr. Squibb, in Brooklyn, and were elegantly entertained. Notwithstanding the inclemency of the weather a large number were present.

On Friday, those of the delegates who remained in town accepted the invitation of the Commissioners of Charity to visit the different institutions under their charge, and on Saturday the invitation of Dr. McDougal, Medical Director, Department of the East, was accepted to visit the Military Hospitals at David's Island, N. Y.

Nineteenth Annual Session of the Ohio State Medical Society.

Reported by E. B. STEVENS, M.D. Secretary, Ohio White Sulphur Springs., June 21st 1864.

MORNING SESSION.

The Ohio State Medical Society was called to order at 10 o'clock, A. M., the President Dr. W. P. Kincaid in the chair; Vice-President, Dr. M. Dawson on the stand; Dr. E. B. Stevens, Secretary.

In taking his seat Dr. Kincaid made a brief address to the Society—fitting the occasion, and as to the mode in which he should act as a presiding officer; after which he proceeded to call the several Standing Committees.

Dr. M. Dawson, Chairman of the Executive Committee reported that all necessary arrangements have been made with Mr. Wilson for the accommodation of the State Medical Society, and with most of the railroads for return of members, free, on certificate of the Secretary. On motion the report was accepted.

The President appointed Drs. Spees, Russell, and Barr, to fill vacancies on the Committee on Finance:

Drs. Dunlap, Brown of Bellefontaine, and Mount to fill up the Committee on Ethics: and,

Dr. Weber to fill vacancy in Committee on Medical Societies.

The several Committees appointed to be present at the examinations of the various Medical Colleges, in Ohio reported, that having received no notice from the proper officer of those Institutions of the time at which the Examinations were to be held, they failed to attend from feelings of delicacy.

The Committee on Finance made the following report:

The Committee on Finance beg leave to report that an assessment of \$1 is made for the current expenses of the coming year.

R. L. SWENEY,	}	<i>Finance Committee.</i>
A. CAREY,		
S. P. SPEES,		
J. W. RUSSEL,		
R. N. BARR,		

Report received and adopted.

The Committee on Publication made the following report:

Your Committee beg leave to report that 250 copies of the Transactions were published at a cost of \$94; and 500 copies of the Constitution and By-Laws, for \$36, Total, \$130. Owing to the increased expense in printing, as well as the abridged size of the annual volume.

your Committee decided to issue the Transactions with only paper covers. — EDWARD B. STEVENS, Chairman.

Report accepted.

Special Committee's called :

Dr. Metz, on Diseases of the Eye ; Dr. Stevens on New Remedies ; Dr. Beeman, on Diphtheria, and Dr. Reamy on Asthma, reported papers to be read at the pleasure of the Society,

Dr. M. Dawson, Committee on Obituaries, reported that he had not been able to collect materials for proper notice of our deceased members, although he had exercised unusual diligence. He had succeeded in procuring an incomplete memoir of the late Prof. Lawson, which he asked to retain for revision. Dr. M. Dawson was continued on the Committee for another year. Dr. Kyle announced a volunteer paper on a case Gun-shot wound, to be read at the pleasure of the Society.

Dr. Stevens, from Committee on Diploma Plate, reported that since the death of Dr. Gans, the Chairman of that committee, he had endeavored to find some trace of the plate, but thus far in vain ; old members of the Society suppose the plate to have been engraved in Cincinnati, but he had made inquiries, at the various engravers and plate printers of that city thus far without success. The estimated cost of a new plate would be from \$75, to \$150, according to the size, style of work etc.

On motion, the Committee was continued, Dr. Stevens was made Chairman, and Dr. Spees, of Highland County, added to take the place of Dr. Gans deceased.

The Treasurer made his Annual report, which was referred to the Committee on Finance.

The Treasurer also presented a list of 150 members who are in debt, from \$8, to \$12. On motion, this list was referred to a special committee of three to report this afternoon. Drs. Kyle, Kirtland, and Thompson appointed that committee.

On motion of Dr. Weber, the Surgeon-General was requested to furnish to this Society, an entire list of the medical men in Ohio, who have died in the service. Adopted.

Pending, the adoption of this resolution remarks were made by Drs. Weber, Barr, Kyle, Kirtland, Dunlap, Spees, Metz, Sinnett, and others. Dr. Kyle offered to amend, so that the report shall be made to a special committee, who shall prepare brief notices of each. Lost. Dr. Weber proposed that the Surgeon-General make his report at our next annual meeting. Adopted.

Dr. Barr, Surgeon-General of Ohio, announced to the Society, that the Board of Examiners would hold sessions during the interims of sessions of the Society for the examination of candidates for the position of Assistant-Surgeon to Ohio Regiments.

Dr. Kirtland called attention to errors in names of honorary and regular members of the Society as published in the Transactions, which on motion were ordered to be corrected in future reprints.

Dr. Metz paper made the order for 2 o'clock this afternoon.

On motion, the election of officers made the order for to-morrow morning at 9 o'clock.

Recess till 2 P.M.

AFTERNOON SESSION.

The President Dr. Kincaid in the chair.

Dr. Metz, of Massillon, read his report on Diseases of the Eye; Presenting a very able and complete review of the present pathology and therapeutics of the most important topics of ophthalmology.

Dr. Weber, of Cleveland, made interesting remarks on some of the points of Dr. Metz's paper. He especially desired that Dr. Metz would give the Society his experience and mode of operating in Iritis by Paracentesis oculi.

Dr. Metz detailed with some minutes his mode of practice.

Dr. Weber made some further remarks relating to the peculiar discoloration of the iris, which has been observed in iritis; did not think this discoloration was always owing to an actual change of color as some oculists have supposed; but related a case to show that this was sometimes owing to the changed color of the aqueous humor, which was possibly the result of the inflammatory process.

On motion the paper of Dr. Metz was referred to the Committee on Publication with instructions to print.

The Committee on Finance made the following report;

We have examined the books and papers of the Treasurer, and find the same correct; as follows: Balance in the Treasury, June 16, 1863, \$33,11. Initiation Fees and Assessments, \$333. Postage stamps and envelopes on hand \$4, 52. Amount expended, \$270, 83. Balance in Treasury June 20, 1864, \$99, 83.

R. L. SWENEY,	} Finance Committee.
A. CAREY,	
S. J. SPEER,	
J. W. RUSSELL,	
R. N. BARR,	

Report accepted.

Dr. Beeman, of Sidney, read his report on Diphtheria. }
}

On motion referred to the Committee on Publication with instructions to print.

The Special Committee to whom was referred the list of delinquent members, reported in favor of striking their names from the rolls of the Society, and placing their accounts in the hands of a collector for settlement. The resolutions led to a lengthy debate, in which Drs. Kirtland, Kincaid, Weber, Kyle, Hall, Brown, Thompson, Carey, and others participated. Quite a variety of suggestions were made as to the mode of disposing of these cases, which should be for the best interests of the Society. Finally, on motion of Dr. Kincaid, the whole matter was referred back to the original Committee for further consideration.

Adjourned till 9 o'clock tomorrow.

SECOND DAY.—9 o'clock A.M.

Dr. Kincaid in the chair.

The Society proceeded to the annual election of officers, and in accordance with the resolutions of last year, nominations were made in open Society, and the balloting resulted as follows:

President.—Gustav C. E. Weber, of Cleveland.

Vice Presidents.—J. G. Kyle, of Xenia; A. Metz, of Massillon; Robert Rogers, of Springfield; A. Carey, of Salgm.

Secretaries.—Edward B. Stevens, of Cincinnati; W. C. Hall, of Fayetteville.

Treasurer.—John B. Thompson, of Columbus.

Committee on Admissions.—S. J. Spees, R. L. Sweney, P. Boeman, K. G. Thomas, A. S. Williams.

The President appointed Drs. Rogers, of New Richmond, and Russell of Mount Vernon to wait upon the President-Elect, and conduct him to the chair. In taking his seat Dr. Weber gracefully acknowledged the high compliment which the Society had bestowed upon him.

The Special Committee on Delinquent list made the following report:

The Special Committee on the Delinquent List begs to offer the following resolutions as their report.

Resolved, That the accounts of all members of this Society who are in arrears to the amount of eight dollars, or more, shall be made out and put into the hands of Dr. E. B. Stevens for collection.

Resolved, That the Treasurer at an early day after the adjournment of the present Session, shall cause a copy of the report of this Committee, with their account, to be transmitted to each one of the delinquents of the class before mentioned.

All of which is respectfully submitted.

JOHN G. KYLE,
J. B. Thompson, } Committee.
J. P. KIRTLAND.

Resolved, That at any time any such delinquent member may choose to pay all dues, he may, and will be without prejudice, reinstated as a member of this Society.

Report accepted and adopted.

Dr. Beeman as Chairman of the committee on Medical Societies made a verbal report on the condition of local societies throughout the State; and presented the application of Union Medical Society of Alliance as auxiliary to the State Society, accompanied with the Constitution, By-Laws, and List of Membership of the Society.

On motion, report accepted, and Union Medical Society constituted auxiliary to State Society.

The credentials of Drs. K. G. Thomas, and R. A. Johnson were then presented as delegates from the Union Medical Society, and on motion they were received, and took their seats.

Dr. J. G. Kyle, of Zenia, read a paper entitled "A History of a Case of Gunshot Wound," with remarks. The specimen was exhibited.

On motion the paper was referred to the Committee on Publication with instructions to print—Dr. Kyle having privilege to write out in full.

Dr. Stevens read his paper on "New Remedies."

On motion of Dr. Russell the paper was referred to the Committee on Publication, with instructions to print, and Dr. Stevens continued for another year by vote of the Society.

Dr. Weber offered the following:

Resolved, That a committee of three be appointed to confer with the committee appointed by the American Medical Association at its late session in New York, for the purpose of memorializing Congress and the President of the United States, on the subject of increase of pay and rank of Medical officers in the army.

Resolved, That this committee assure the committee of the National Association that the Ohio State Medical Society heartily approves and endorses all efforts of the Association to obtain legislation for the increase of rank and pay of our medical brethren in the military service.

Resolved, That this committee be instructed if desired to sign on behalf of this Society, any memorial of the National Association which may be sent to the General Government on the subject in question.

The President appointed Drs. Weber, Barr, and Murphy the committee of conference on the above resolutions of Dr. Weber.

Dr. Russell, of Mt. Vernon, called up the matter of his resolutions of last year pertaining to the establishment of an Inebriate Asylum in this State. Dr. Russell said he had secured \$645. subscriptions from members of the Knox Co., Medical Society, and he desired to meet at noon any gentlemen present who were interested or moving in this matter. Dr. Russell also proceeded to make some general remarks pertinent to the subject.

The address of the retiring President was made the order for 2 o'clock P. M., and the ladies were invited to be present.

Recess till afternoon.

AFTERNOON SESSION.

President Weber in the chair. Retiring president Kincaid proceeded to deliver the annual address, which was able and eloquent, suited to the occasion.

On motion of Dr. J. B. Thompson the address was referred to the Committee on Publication with instructions to print.

Dr. Weber offered the following resolution which was adopted amidst tremendous applause:

Resolved, That the thanks of this Society, as well as the good wishes of all the good citizens in the land are eminently due to our venerable fellow member J. G. Rogers, M.D., of New Richmond, Ohio, for the skilful manner in which on the morning of the 22nd of April, 1822, he assisted into this world ULYSSES SIMPSON GRANT, the Commander of the American Armies—the hero of Vicksburg, and the predestined destroyer of the great rebellion.

Dr. T. A. Reamy, of Zanesville, read his report on "Asthma."

On motion, referred to Committee on Publication with instructions to print. An interesting discussion followed in which Drs. Russell, Reamy, Kincaid, Reed, Weber and others participated, as to the nature and treatment of asthma.

The committee on Ethics made the following report in the case of complaints against Dr. J. P. Gruwell, of Damascoville;

The committee on Ethics beg leave to report that they have examined carefully the charges preferred against Dr. J. P. Gruwell, of Columbiana County, and find that he has been guilty of a violation of the code of ethics by examining the patient of another physician, in the absence of the latter, expressing his opinion freely to the patient and family differing from the attending physician. He acknowledges that he knew this was a violation of the code of ethics. He is also charged with unprofessional conduct: in evidence of which it is of-

ferred as proof that whilst a member of the "Alliance Medical Union Society" he assailed such society, and some of the members thereof by an anonymous communication in a newspaper. This charge he also confesses to be true.

The committee deem it their duty to recommend that Dr. Gruwell be expelled from the Society.

A. METZ,	} Committee.
H. S. CONKLIN,	
A. DUNLAP,	
W. C. HALL,	
B. S. BROWN,	

On motion the report was accepted, and upon a motion to adopt, Dr. Gruwell proceeded to address the Society at some length—setting forth circumstances connected with his violations of the code, which he desired should be admitted in extenuation; and claiming that his wish and intention was not to trespass on the rights of his brethren, but so to act as to honor the profession he loved above all earthly things.

On motion of Dr. Thompson, the resolution was amended by striking out the word "*expelled*," and inserting "*reprimanded*."

The resolution thus amended was adopted, and on motion, Dr. Thompson proceeded to administer the reprimand,—which was done with kindness but firmness, and to the point.

On motion of Dr. W. C. Hall

Resolved, That the thanks of this society are hereby extended to the retiring officers, for the efficient, able, and satisfactory manner which they have severally discharged their duties.

On motion of Dr. T. A. Reamy

Resolved, That the thanks of the society are due to Mr. Wilson for the many courtesies received at his hands, and the attention to our comfort and convenience.

Also by Dr. Reamy

Resolved, That this society, when it adjourn, adjourn to meet at White Sulphur Springs on the 3d Tuesday of June, 1865: but if from any circumstances the society cannot be accommodated, the Executive Committee are empowered to make arrangements for Yellow Springs.

On motion of Dr. J. P. Bing, of Pomeroy,

Resolved That the Ohio State Medical Society sympathize with our professional brethren in their arduous labors and self sacrifice in the hospital and field; and that we hereby re-affirm our unconditional devotion to the good old flag. Adopted with applause.

At different sessions of the society, the Committee on Admission

reported the following names as suitable persons to become members of the Ohio State Medical Society ; who were thereupon duly elected:

Drs. Wm. H. Buncel, Oberlin ; Joseph Turney, Nevada ; Alfred Follett, Granville ; J. L. Kennedy, Batavia ; D. H. Ralston, Martinsburg ; T. H. Armstrong, Armstrong's Mills ; C. R. Reed, Middleport ; W. J. Ballinger, Pleasant Valley ; J. Cutter, Belle Point ; D. N. Kinsman, Circleville ; J. W. Vandewort, Harveysburg ; G. W. Pullen, Logan ; W. F. Paige, Johnstown ; R. A. Johnson, Wellsville ; W. B. Loller, Nashville.

The President announced the following committees for the ensuing year :

STANDING COMMITTEES.

Executive :—J. G. Kyle, E. Hyatt, J. B. Thompson, H. S. Conklin, S. J. Spees.

Finance :—R. L. Sweney, A. Carey, S. J. Spees, C. P. Landon, R. N. Barr.

Publication :—E. B. Stevens, W. C. Hall, J. B. Thompson, M. Dawson, W. W. Dawson.

Medical Ethics :—J. A. Murphy, A. Metz, H. S. Conklin, W. C. Hall, A. Dunlap.

Medical Societies :—P. Beeman, J. G. Rogers, W. D. Scarff, J. C. Brown, E. Sinnett.

SPECIAL COMMITTEES.

Surgery :—N. Dalton. Military Surgery ; R. N. Barr. Microscope, with its applications to Practical Medicine ; D. N. Kinsman. Diseases of the Eye ; A. Metz. Obituaries ; M. Dawson. Amputations in Military Service—Primary and Secondary ; J. G. Kyle. New Remedies. E. B. Stevens. Uterine Diseases ; G. W. Boerstler. Puerperal Convulsions ; W. C. Hall. Obstetrics ; Thad. A. Reamy. Cerebro-Spinal Meningitis ; R. L. Sweney. Antiseptics in Military Surgery ; K. G. Thomas.

Delegates to Indiana State Medical Society :—J. C. Reeve, P. Beeman, H. G. Carey.

Delegates to American Med. Association :—J. G. Kyle, Xenia ; M. I. Brooks, J. A. Semple, H. K. Cushing, Cleveland ; Alex McBride, Berea ; S. O. Almy, J. A. Murphy, R. R. McIlvaine, G. C. Blackman, J. L. Vattier, C. G. Comegys, Geo. Mendenhall, W. H. Muesey, Cincinnati ; R. N. Barr, J. B. Thompson, J. W. Hamilton, John Dawson, S. M. Smith, Columbus ; A. Beach, Belleville ; P. Beeman, H. S. Conklin, Sidney ; J. P. Bing, Pomeroy ; B. S. Brown, Bellefontaine ; E. M. Buckingham, A. Dunlap, R. Rodgers, Spring-

field ; A. Carey, Salem ; N. Dalton, Toledo ; M. Dawson, Royalton ; C. Falconer, Hamilton ; L. Firestone, Wooster ; R. Gundry, J. Davis, Dayton ; C. C. Hildreth, T. A. Reamy, Zanesville ; E. Hyatt, Delaware ; A. Metz, Massillon ; W. Mount, Cummins ville ; D. N. Kinsman, Circleville ; J. G. Rogers, New Richmond ; J. W. Russell, Mt. Vernon ; S. S. Scoville, Lebanon ; S. J. Spees, Lynchburg ; R. L. Sweney, Marion ; K. G. Thomas, Alliance.

Adjourned to meet at White Sulphur Springs, the 3d Tuesday in June, 1865.

E. B. STEVENS, }
W. C. HALL, }

Secretaries,

GUSTAV C. E. WEBER,
President.

Correspondence.

Letter from Boston.

BOSTON, Mass., May 7, 1864.

Messrs. EDITORS :—Two new buildings have just been dedicated in our puritanical city—the Museum of the Society of Natural History, and the New City Hospital. These structures are real monuments of architectural taste and genius ; and will not only be objects of pride among our own citizens, but attractions to strangers.

The Natural History Society was organized on the 8th of April, 34 years ago, by three or four gentlemen, and has now grown to its present proportions, with the erection of a most spacious and ornamental edifice, for the disposal of its rare collection of specimens in natural science, which are quite numerous, and will soon be enriched by some beautiful private collections of some of its earlier benefactors. Dr. Charles T. Jackson has donated his private collection of minerals, valued at more than \$10,000. Others will feel the impulse, and add to the riches of the museum. At the dedication last week, Dr. Jeffrey Wyman, President of the Society, occupied the Chair. Addresses were made by several gentlemen, in the presence of a large audience of both sexes. The building will be open to the public two or three times a week, giving to the children of our schools, and others, an opportunity to study comparative anatomy, botany, geology, and other kindred sciences. Among the many active members of this society, are many physicians, as well as laymen.

Active measures are being taken for the erection of a superb structure near by, for the use of the Technological society. Thus moves the "Hub."

The New City Hospital was dedicated, May 24, and was opened for the reception of patients, June 1. The inauguration ceremonies consisted of prayer, music by a select choir, addresses by his Honor the Mayor, the Chairman of the Building Committee, and Board of Trustees; and the dedicatory address. I should trespass on your pages, did I attempt to give you a description of the external and internal arrangements of this new edifice, which for neatness and elegance of structure, and richness and beauty of the internal appliances, stands unsurpassed. But a brief outline will suffice. The Hospital grounds cover an area of about seven acres. The original design of the buildings, embraced six pavillions or wings, grouped around a center structure intended for officers, operating room, and apartments for the residence of the superintendent and other officers. Beside the construction of this centre building, with its lofty dome, only two pavillions are now completed. Each of them are connected to the main bulding by three ciroular corridors or walks. There are also, aside from these structures, washing departments, engine house, duct house, porter's lodge, sheds, etc. The building is heated by steam; and washing, wringing, ironing, and cooking, are done by the same power. The ventilation is considered quite perfect. Hot and cold air is made to circulate at will. For the latter, a large fan is propelled by steam, driving a constant current of air through the various departments, as it may be desired. The carpets and furniture are elegant in the central building, and reminds one that he is in a private palace, rather than in a hospital. The two pavillions will accommodate only 150 patients. Some select patients will be admitted to the rooms in the central building.

This is a small number for the actual cost thus far of this structure, which is, including land, over \$500,000. In due time, other pavillions will be added as circumstances dictate. The Trustees have decided, I understand, to make it in part, a paying hospital. This was not the design of the originators, which was to have a *free* hospital. Since that *want* will still exist, and will call for further benevolence on the part of our opulent citizens and city fathers.

The Annual meeting of our State Medical Society, was held the last Wednesday in May, in this city. The meeting was largely attended by the profession from all parts of the Commonwealth, and by delegates from other States. There was not much of medical interest be-

fore the Society. Dr. John Green, of Boston, read a paper on the substitution of straw for splints in cases of fracture, more especially of the leg and thigh. Dr. Bowditch read a short eulogy on the late Dr. John Ware. The Annual Address was by Dr. J. Mason Warren. His subject was, Surgery as practiced during the last thirty years. The address contained much of practical interest to the profession, as the Doctor spoke from experience as well as from observation. It will be a valuable contribution to surgical literature. The exercises closed with a collation at the Revere House. The Anniversary chairman, Dr. Henry J. Bigelow, welcomed the Fellows to the festive board, in a spirited and patriotic speech. He was followed by Gov. Andrews. After the palatable entertainment was concluded, Dr. O. W. Holmes recited a poem on Dr. John Ware, and his son, Dr. Robert Ware, who died in the Department of the South. He was Surgeon of one of the regiments of Massachusetts Volunteers.

Dr. John Odranoux, a delegate from New York, addressed the Society in a very felicitous manner. He spoke of the profession of the city of New York; of the Medical Schools and Hospitals, and of the services of those physicians who had fallen in our national struggle. He also spoke of the necessity of some provisions being made by the Government for the support and care of disabled soldiers which this war will leave after its termination.

By the report of the Treasurer of the Society, it appears that during the year, the amount received was \$14,673.69, and the amount paid out was \$14,232.37, leaving a balance in his hands of \$441.32. The debt of the Society amounts to \$2,207.40, and the value of the property owned, including cash in hand, is \$31,130.49.

Although our State Society is among the oldest, if not the oldest, in this country, still it does not accomplish as much as many now in early manhood. We have talent enough; but want a little more energy. As it now is, the members meet more for a social hour than for intellectual labor. At the Annual meeting of the councillors, the subject of having an Annual Meeting of the State Society for two or three days, for the consideration of medical topics, was referred to a Committee to develop some similar plan to those adopted in other States. We trust ere long this ancient and venerable society may become re-juvenated, and its life-blood vitalized, so that its literary fruits may be more abundant, and its influence for good more extended.

. B.

Reviews and Notices.

The Pathology and Treatment of Venereal Diseases: including the results of recent investigations upon the subject. By Freeman J. Bumstead, M.D.: Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York; etc., etc. A new and revised Edition, with Illustrations. Philadelphia: Blanchard & Lea, 1864.

In the fall of 1861 we had the pleasure of giving a brief review of Dr. Bumstead's new work on Venereal Diseases, in this Journal: the author ventured modestly, yet with good taste and clearness, to arrange in the form of a special treatise, certain new views upon the very important topics discussed. We expressed ourselves decidedly pleased with the work then, and commended it cheerfully and cordially to the favor of our readers.

The present is the second edition of the book, and will therefore need but a brief notice at this time. Time has served to establish and mature the views of our author as originally set forth in the first edition, and we have in like manner been confirmed in our opinion of their correctness.

In a former notice of this work we pointed out some of the more prominent waymarks in the present status of venereal pathology. The following extract from the author's preface to the present edition, will indicate the progress which has been going on in the author's views during two years:

"From a certain deference to the opinions at that time generally received, the chancroid and its complications were in the first edition, discussed in connection with syphilis; they have now been assigned, as is their due, to separate portions of the work. This change has necessitated a complete reconstruction of the second part of the first edition, and its division into two—a change which it is hoped, will impress still more strongly upon the mind of the student, the distinct nature of the two diseases referred to. The same object has been had in view in abandoning the terms "soft," "hard," "simple," and "infecting chancre," and in applying, in accordance with logical accuracy, the term *chancre* exclusively to the initial lesions of syphilis, and that of *chancroid* to the contagious ulcer of the genitals. The practical portion of the work has also undergone important alterations on various topics, among which may be mentioned the treatment of stricture by the "immediate plan" of Dr. Holt; the abandonment of special remedies in most cases of the initial lesion of syphilis; the

preference given to the external rather than the internal use of mercury in secondary and tertiary syphilis; and the necessity of trusting to nature, aided by hygienic influences, and not to treatment, indefinitely prolonged after the disappearance of all syphilitic manifestations, to eliminate the virus from the system."

It may be acceptable to some of our readers, to briefly enumerate some of the most prominent accepted doctrines of venereal disease, as now understood by the best syphilographers.

Venereal disease is a common phrase or term expressive of all those diseases which result from impure sexual intercourse. Of these we have *gonorrhœa*, *chancroid*, and *syphilis*.

Gonorrhœa chiefly affects the surface; that is to say, primarily the mucous surface of the urethra, or the perpuce; rarely producing an ulcer; its complications, involving parts connected with the original seat of disease—as the bladder, prostate gland, and testicle; the poison of gonorrhœa may arise spontaneously; its vehicle is pus; it does not become a constitutional disease.

Chancroid is a contagious ulcer of the genitals, but is distinguished from the syphilitic chancre; it does not become a constitutional disease, in this respect resembling gonorrhœa; its primary attack may involve the whole thickness of the mucous membrane; while its complications follow the course of the absorbent vessels and ganglia; its vehicle is also pus.

The vehicle then of both these affections is alike in the pus-globule; and it has been shown that if a purulent gonorrhœa or chancroid discharge be deprived of its pus-globule, the remaining fluid is innocuous. Furthermore, these poisons never reach the general circulation; if the purulent matter of a chancroid enters an absorbent vessel causing the formation of a bubo, it goes no further, the poison does not proceed to travel in the absorbent vessel beyond this point—its progress is arrested.

One attack of either gonorrhœa or chancroid is no protection against subsequent attacks.

Syphilis is capable of infecting the system at large; and so too its presence, affords immunity against subsequent attacks. Its first lesion is an ulcer—the *chancre*: (we cannot now go into minute distinctions, for these we refer the reader to the text.) Its poison is not confined to pus, it exists in the blood, in the fluid of secondary lesions, in the semen, perhaps in all the secretions. The presence of virus in the semen is proven by the occurrence of hereditary syphilis in the offspring, when the father alone was infected.

These three poisons may co-exist in the same person ; which explains many mysterious phenomena ; a person may have gonorrhœa, chancre, and some form of syphilitic lesion, all at the same time.

In accordance with these general principles, our author has divided his work into three parts, devoted to the separate consideration of these three distinct poisons and their complications.

Once more we commend this book to all physicians who have any care of venereal patients, as the best work with which we are acquainted, and the most convenient handbook for the busy practitioner.

For sale by Rob't Clarke & Co. Price \$4.50.

ON RHEUMATISM, RHEUMATIC GOUT AND SOLIOTIA; their Pathology, Symptoms and Treatment. By HENRY WILLIAM FULLER, M. D. Cantab Fellow of the Royal College of Physicians, London, &c., &c. From the late London Edition. Philadelphia; LINDSAY & BLAKISTON. 1864.

The views of Dr. Fuller, as to the nature and treatment of Rheumatism are familiar to the profession of this country, and indeed may be said to have very materially given character to the opinions and practice of American physicians in the management of this disease. The present is simply a new edition of the well known treatise which appeared a number of years ago.

As is well known Fuller gives prominence to the use of alkalies and neutral salts, as the great remedies—given freely—given in large and prompt doses. He now comes to us in the maturity of his experience and reaffirms the views and statements heretofore made as to the singular efficacy of this plan of treatment ; the alkaline method of treatment, indeed may be said to be the Fuller treatment, and may still further be said to be the especial point of the author's book.

To such of our readers, however, as are not familiar with Dr. Fuller's work, we may say that it is a comprehensive treatise on the entire subject. Chapter I is introductory, and treats of the nature and origin of Rheumatism ; Fuller believes it to be dependent upon the presence of a peculiar poison in the blood, a product perhaps of mal-assimilation—and probably this poison, lactic acid. Then follow chapters upon the Rheumatic diathesis—the seat of the disease—and the classification of its varieties ; then a consideration of Rheumatic fever, or acute Rheumatism. Chapter V is devoted to the therapeutics of Rheumatism, embracing a view of all the prominent agents which from time to time have been regarded as valuable remedies ; embracing of course the detailed view of the Author's " Method of treatment, with its rationale." Considerable space is given to rheumatic disease of the heart, together with statistics of heart disease in

connection with rheumatism. Amongst the concluding chapters we have one on chronic rheumatism, but we regret to repeat the authors candid acknowledgment that in this field of inquiry we have still much to learn.

We know of no book that we so sincerely advise our readers to procure and study as this book of Dr. Fuller's. For sale by Robert Clark & Co. Price \$3,00,

THE PRINCIPLES AND PRACTICE OF OBSTETRICS: illustrated with One Hundred and Fifty-nine Lithographic Figures from Original Photographs, and with Original Wood Cuts. By HUGH L. HODGE, M.D., Emeritus, Prof. of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, etc. etc. Philadelphia: Blanchard and Lea. 1865.

The large quarto volume before us, is in all that pertains to the publishers art certainly the most thoroughly gotten up book on obstetrics which has thus far ever appeared from an American press, and its well known author having occupied the post of public teacher on that subject in the oldest medical college of the country for more than a quarter of a century, we may well presume this to be the result of a life-time of observation and experience, the last mature labor of a ripe old age in obstetrical practice and teaching. The professional public of America will therefore look to this new book with a great deal of interest and confidence.

The first feature in the book especially noticeable is the illustrations. These consist of one hundred and fifty-nine lithographic engravings, from original photographic views. The photographs are especially of the cranium of the foetus—the cavity of the pelvis—etc., thus serving to illustrate and elucidate with exactness, points which hitherto have been regarded as obscure. The lithographic photographs also serve to illustrate with great satisfaction the mechanism of labor, and the position occupied by instruments under the various presentation of the infant. In addition to these lithographs we have a large number of very excellent wood-cut illustrations, upon all matters of interest throughout the volume, to the extent of more than one hundred.

In the arrangement of the text there is but little that seems of such peculiarity or novelty as to require notice in so brief a review as the present; our author however has very properly recognized the importance of the knowledge of the "mechanism of labor," as being at the foundation of all obstetric science, and has accordingly devoted a good deal of space to its consideration. Other than this we have only to say that *Dr. Hodge* has given us in his text a careful and system-

atic treatise on obstetrics proper; embodying as we may naturally suppose much of the results of his own large experience, accumulating for so many years. He accords however to his compeers all due credit, and claims to have presented "not simply his own opinions, but also those of the most distinguished authorities in the profession; so that his book may be considered as a digest of the theory and practice of obstetrics at the present period."

The preface contains a very interesting resume of the history of obstetrics, especially the American contributions to the science and art; going back to the early days of American midwifery, when the practice was almost exclusively in the hands of females, and tracing with a graceful expression the labors of Shippen, Channing, Francis, Delafield, James, Dewees, and many others of our earlier teachers. Dr. Samuel Bard, of New York, receives the credit of preparing the first American treatise on midwifery; this was in 1808, and was chiefly intended as a manual for the instruction of midwives—a class at that time deplorably ignorant in this country. In 1826 Dr. Dewees published his very mature and scientific treatise on obstetrics, followed by other works in his department of teaching, "On Diseases of Women," "Diseases of Children" etc.; Dr. C. D. Meigs issued his work on obstetrics in 1838; Dr. Miller's book came out in 1858; and Dr. Bedford's valuable work is fresh before our readers.

We should be glad if we had space to give a fuller synopsis of the historical and biographical sketches condensed in this very readable preface; but for the present we must bring our entire notice to a close.

We need not advise our readers to buy the book; thousands of practitioners of medicine and obstetrics throughout the United States have listened to the teachings of Professor Hodge, and will gladly avail themselves of the opportunity of securing these teachings in a permanent shape for constant reference. For sale by Robt. Clarke & Co. Price \$13.

Editor's Table.

The Ohio State Medical Society.—As will be seen by the published proceedings in another part of this number, the State Medical Society held its annual meeting at White Sulphur Springs on the 21st and 22nd of June, according to adjournment. The attendance was larger than was anticipated—many of the old and faithful members being promptly on hand. The new plan of postponing the election of officers until an advanced period of the sessions worked well. The President elect of last year entered upon his position promptly and the machinery of the society moved along without a jar. Weber, of Cleveland, is the President elect for the ensuing year. The scientific papers and discussions, added perhaps about the average value and interest to the occasion. The papers read beside the President's address were by Drs. Metz, on Eye Surgery; Beeman, on Diphtheria; Kyle, a report of a Gunshot Wound; Beamy, on Asthma; and Stevens, on New Remedies.

The special committees for next year are numerous, as will be seen by the minutes, and give promise of more than ordinary attraction. We trust valuable volunteer essays not in this announcement will be forthcoming.

An effort to change the place of meeting was made by some of the members, who find the location inconvenient of access; but the local attractions of the Springs, the social feature for the families of physicians in attendance, and the total absence of all distracting influences, still serve to overbalance the objections which exist, and the expression of the Society was largely in favor of the same place of meeting for another year.

NOTICE.—The present Secretary of the Ohio State Medical Society desires to perfect its early records in several respects, and to this end requests the co-operation of the members. Any one having duplicate copies of the Early Translations, from the organization down to the year 1852 will confer a favor on the Secretary by forwarding such duplicate to his address; or if members have not duplicates of these early years to spare, will be kind enough to allow the temporary use of them they will be taken care of and duly returned. The Secretary will also take it as a great favor if members generally will communicate all facts respecting the membership, deaths, and the year of death if possible, from the earliest names on the records; removal, and

where to; present status in the Profession and all such matters of statistical information.

Address Dr. E. B. Stevens, Sec'y., Ohio State Med. Society, Cincinnati.

Brown Sequester, the celebrated Physiologist, has removed to this country, and will make his future permanent residence in Boston. The Corporation of Harvard University Medical College have established the new chair of Physiology and pathology of the nervous system, to which he is appointed. By the way this school is becoming, in its organization and plans one of the most useful, as it will of course at the same time prove one of the best attended medical colleges in our country.

Massachusetts General Hospital.—Dr. Bowditch, for many years one of the visiting physicians of this hospital, has resigned his position, and is succeeded by Dr. Calvin Ellis, Adjunct Prof. of Theory and Practice of Medicine in Boston Medical School. Dr. Brown Sequester is also appointed one of the Consulting Board.

American Ophthalmological Association.—An organization taking this title was effected by gentlemen specially devoted to ophthalmological science and practice, during the meeting of the American Medical Association at New York. Dr. Delafield, of New York presided, and delegates were present from various parts of the United States. It was voted to hold the first annual meeting in the city of New York on the second Tuesday of June, 1865.

American Medical Association.—For a full report of the proceedings of the Association at New York, we are indebted to the *New York Independent*. Its editors will please accept our thanks for the courtesy; we have however chiefly availed ourselves of the report in the *Am. Med. Times*. Dr. N. S. Davis, of Chicago, was elected President, and Dr. W. H. Mussey, of Cincinnati, one of the Vice Presidents. By reading the minutes it will be seen the meeting was spirited, and several topics of importance were under consideration; one of the most important for its bearing upon the interests of the Association was the election of Dr. Atkinson, of Philadelphia, as Permanent Secretary.

As usual the social feature of the gathering was prominent—the profession of New York, together with some of the prominent citizens doing themselves great credit in their manifestations of hospitality—

tainments were provided at the residences of Drs. J. M. Smith, A. Budd; I. E. Taylor, Gordon Buck, Willard Parker, Alonzo K., James Anderson, Jared Linsley, and His Honor Mayor Gun-

The next meeting of the Association will be held in the city of on the 1st Tuesday in June, 1865.

The Social Evil.—A correspondent of the *Philadelphia Reporter* loses a communication on this subject with the following propositions for its abatement. They are terse, and if not entirely practical are certainly vigorous :

1st. Females guilty of illicit habits should be sent to venereal hospitals for life ; there so treated and employed as to improve their moral and physical condition. Such institutions might be made self-supporting, or nearly so. 2nd. The procuress and keepers of brothels should suffer death. 3d. All males frequenting brothels should be castrated."

The *Editor of the Canada Lancet* will please accept our thanks for a copy of *British Medical Journal*.

Personal—*Surg. J. T. Carpenter.*—The many friends of Dr. Carpenter who was for a long time superintendent of U.S. Hospitals for Cincinnati, will learn with regret that his health is such as to render it necessary for him to resign his commission as a surgeon of United States Armies. He returns to his home in Pennsylvania where we understand he will resume the practice of his profession.

Withwaite's Retrospect.—The publishers of this old and valuable work have found it necessary on account of the continued advance in cost of printing and material to make an advance on the price \$1.25 for each semi-annual Part to \$1.50. We shall therefore be obliged to make a corresponding advance on the commutation rate of this journal ; hereafter the price of the *Lancet and Observer and Withwaite*, until further notice, will be \$4.50 per annum. .

The *American Medical Times*, of New York, has advanced its terms to \$1.00 per annum from and after the 1st of July.

Several *New Books* await a time when we can spare space for their review. "DaCosta's Medical Diagnosis," "Tanner's Practice of Medicine," and "Byford on the Uterus," are amongst these.

The *transactions of Societies, State and National, occupy an unusual*

amount of space in the present number, and necessarily crowd out a portion of our variety, especially our summary of abstracts from Dr. Fletcher.

LITERARY EXCHANGES.—Notwithstanding the heavy expense of publishing monthly magazines our leading American literary exchanges are still issued with prompt regularity, and without change of price. This speaks well for the good taste and reading habits of our people that they should thus largely patronize publications of taste and letters amidst the exciting season of protracted civil war.

The Atlantic Monthly continues to hold rank as certainly the ablest literary magazine ever established in this country, and so far as we are familiar with English magazines, they furnish no superior. The Single series of "House and Home Papers" which have been passing through the numbers of the current year, by Mrs. Stowe, are well worth all the subscription price of the *Atlantic*. The contributions are of the highest character for excellent literary taste and culture, while those readers having a taste for politics, criticism and science are fully gratified, and the writers are amongst the most accomplished of the country. Published monthly by Ticknor & Fields, Boston: but furnished by booksellers everywhere at 25 cents a number.

Harper's Monthly Magazine is also one of the peculiar institutions of this country, which has become a household word and necessity. The July number continues the interesting papers on the War of 1812. Further chapters from Thackery's last novel—Dickens' "Mutual Friend"—together with the usual variety of readable miscellany and profuse illustrations. For sale everywhere at 25 cents a number.

Godey's Lady's Book has a characteristic engraving for July—"Yankee Doodle"; and in all matters of interest to our fair friends, it still leads the way. A standing feature of *Godey* for many years has been its designs for model cottages, which we have no doubt have had a good influence in bringing up the taste of our people for pleasant and convenient houses. The present number contains a beautiful model cottage, together with sixty other engravings. Its reading matter is healthy in its tone and safe for introduction to the family circle. Price \$3.00 a year; two copies \$5.00; *Lancet and Observer* and *Godey* one year \$4.50.

Physical Culture.—We learn that Dr. Dio Lewis continues his Normal Institute for Physical Culture. From the circular we make the following extract:

Normal Institute for Physical Education," incorporated in under the management of Dr. Dio Lewis, will open its session on the 5th of July, 1864.

Demand for teachers of the New Gymnastics has become such, that two classes of Graduates, consisting of about ninety gentlemen, were at once engaged, and hundreds more might find ample employment.

Known medical men assist in preparing the pupils to act as teachers of Physical Culture.

In the Department of Gymnastics, Dr. Lewis personally trains every pupil for the New Profession.

Every reader would know more of this pioneer institution in a new profession, let him or her send for a full circular to Dr. Dio Lewis at Boston.

Dr. Dio Lewis, than to any other man, is the country indebted to present deep, practical interest in physical culture. He has done noble work."—*Mass. Teacher*.

Look upon Dr. Lewis as one of the benefactors of his race."—*Greenwood*.

As to Dr. Lewis' Gymnasium. No better institution exists."—*Teacher*.

Dr. Lewis' book is the most practical, sensible work on this subject in any language."—*Continental Monthly*.

Dr. Lewis has given us far the best and most practical of all publications on the subject of Physical Culture."—*N. Y. Independent*.

Dr. B. Campbell."—The New York *Medical Independent* occupies several pages in one of its recent numbers in an *expose* of a pamphlet on maternity—a new theory of conception, and an "prevention"—etc. The whole subject is filthy as well as laborious; and we fancy if the *Independent* could see the greasy subject in question, he would not feel very proud of the space devoted to its consideration. In this city, where he is supposed to reside and is generally known, and his importance is so very limited that he would be exceedingly thankful to us were we to copy the *Independent's* article entire. We have certain "Raphaels" and "Scandinavians," and "fortune tellers" of quite as much general and public interest, and quite as worthy of space.

The *State Medical Society*.—The Transactions of the State Medical Society for its session in May, is promptly on our table, through the courtesy of Dr. Fletcher. It contains the Presidential Address of Dr. F. C. of Rushville—Reports of Cases by Dr. Lockhart, of Danville—Hutchinson's paper on the Fevers of Indiana—Dr. Rooker's paper on *Camp Diarrhœa*. There is also appended the report of the

Committee on a Revision of the Constitution, and the code of Ethics of the American Medical Association. The Transactions for the present year are quite moderate in bulk, but small as it is we have not had leisure to peruse the papers as yet; we therefore must be contented with this brief acknowledgment.

Cincinnati Medical Hospitals.—Dr. W. H. Gobrecht, Surg. U.S.V., has been relieved from the charge of West End Hospital, and placed in charge of a new hospital to be known as Officers' Hospital on Fairmount in the suburbs of the city, occupying the building originally erected by the Baptist Education Society as a Theological Seminary.

Dr. Roberts Bartholow, late Surg. U.S.V., now resident of this city, succeeds Dr. Gobrecht in charge of West End.

Back numbers of 1864 already exhausted.—Although we materially increased our issue with the beginning of the present year, we are obliged to announce that back numbers for the first half of the volume are so far exhausted that we are unable to supply them to new subscribers. This will explain to a number of new subscribers why they have not until now received the journal. Hereafter we commence all new subscriptions from July, having again increased our edition.

New Fee Bills.—Some medical friend has sent us the Denver City Colorado *Commonwealth*, of June 10th in which we find a new fee bill adopted by the Medical Society of that city. It is well up to the advanced rates of living, but not too much so. It runs somewhat after the following rates: For a single visit \$3.; for each subsequent mile in the country, \$2.50; ordinary obstetrical attendance \$25.; detention per hour \$2.50; consultation visit \$10. etc.

In this connection we notice the Boston Medical Association has recently made a thorough revision of the fee bill of that Society. The following will give an idea of the advance the Bostonians have thought necessary to make in their charges: For a first visit in any case \$3. to \$5.; visits in regular attendance, (medical, surgical or obstetrical) \$3.; extraordinary service, detention, or unusual responsibility the fee to be proportionally increased; consultation visit \$5. to \$10.; visits between 9 P.M. and 8 A.M. \$5. to \$10.; for attendance out of the city, mileage to be charged for short distances, \$1. to \$2.; and on railroad and long distances according to time and inconvenience to the physician, from half a dollar to one dollar; office advice, \$3. to \$20.; letters of advice \$10 to \$20.; for opinions involving questions

at law in which the physician may be subpoenaed, \$50. ; for detention in court as an expert in matters involving a professional opinion, \$50. a day : certificate of health \$5. ; obstetrical attendance \$24 to \$30., with proper extra charges for detention, consultations, obstetric operations, etc.

It will be observed that these charges are in some respects in advance of the fee bill in operation in Cincinnati, in other respects rather below ; it is however on the whole a very judicious scale, and with the present exorbitant rates of living the fees are not high. With all expenses of living doubled in many items of the necessaries of life two or three times over, it is simply absurd to attempt to get along on any thing like the old rates.

Private Instruction.—Dr. Bartholow, late Aast. Surg. U.S.A., proposes to engage in private instruction of medical students, or young men, desiring to enter army and navy. His course of instruction will embrace the curriculum of the Medical Colleges and the usual subjects of the examination of the army and navy Boards. Office 344, Race Street, Cincinnati, O.

Traveling Agents.—J. ROVE SMITH and H. P. THROOP are authorized agents for subscriptions and collections on this Journal. Mr. Smith will canvass Ohio during the present season, and Mr. Throop is traveling through Indiana.

Old Journals Wanted.—To complete our file of the *Western Lancet*, we desire to obtain the following back volumes : for 1853-'44-'45-'46-'47-'48-'49.

A medical friend also desires to complete broken sets of various Western medical periodicals, and has made out the following list. Any person having any of these volumes or parts of volumes, who will dispose of them, will confer a favor by communicating with Dr. E. B. Stevens, at this office.

“Western Quarterly Medical Reporter.” Edited by Dr. John D. Godman : Cincinnati, 1822—2 Vols.

“Ohio Medical Repository.” Dr. Guy W. Wright and James M. Mason, Editors : Cincinnati, 1826—1 Vol.

“Western Medical and Physical Journal.” Drs. Guy W. Wright and Daniel Drake, Editors : Cincinnati, 1827—1 Vol. Continued, as “Western Journal of Medical Sciences,” by Dr. Drake, till 1839.

“Louisville Journal of Medicine and Surgery,” by Profs. Müller, Yandell and Bell : 2 numbers issued.

"Semi-Monthly Medical News," Louisville, Ky. Want Vol. 1, No. 8.

"Louisville Medical Gazette." Want Vol. No. 1, 6, 7, 8, 9, 10, 11, and 12.

"Nashville Monthly Record." Want, Vol. 1, No. 8; Vol. 2, No. 1, 3, 5, 6, 9, 10, 12; Vol. 3, all after No. 3.

"The Western Medical Gazette." Edited by Drs. Eberle, Mitchel, Smith and Cross. Cincinnati, 1832-35—2 Vols.

"Ohio Medical Repository," (second of the name.) Cincinnati, 1835—1 Vol.

"Western Lancet." Dr. L. M. Lawson. Cincinnati, 1842. Want Vol. 1, Nos. 1, 2, 3, 11, 12, or whole volume; Vol. 2, Nos. 10, 12, or whole volume; Vol. 11, No. 1; Vol. 15, No. 1; Vol. 17, No. 11

"Transylvania Journal of Medicine and the Associate Sciences." Edited by Drs. John E. Cooke and Charles W. Short. Lexington, Ky., 1828. Want Vols. 1, 6, 7, 8, 9, 11 and 12 entire, or the entire set.

Army Medical Intelligence.

Surgeon Henry Eversman, U.S.V., as Chief Medical Officer at Johnson's Island, Ohio.

Surgeons C. S. Tripler and H. R. Wirtz, U.S.A., and Surgeons Thos. Antisell and C. C. Cox, U.S.V., are detailed to represent the Medical Department of the U.S. Army, at the meeting of the American Medical Association in New York City, June 7th, 1864.

The following Officers, unconditionally released by the rebel authorities, will proceed without delay to rejoin their respective commands: Surgeon N. F. Graham, 12th Ohio Vols., Assistant-Surgeon W. S. Newton, 91st Ohio Vols., Surgeon N. D. Furguson, 8th New York Cavalry, Assistant-Surgeon D. W. Richards, 145th Pennsylvania Vols., Surgeon W. S. Welsh, 15th West Virginia Vols., Assistant-Surgeon J. T. Johnson, same regiment, Surgeon O. H. Thatcher, 14th West Virginia Vols., and Chaplain John L. Irwin, same regiment.

Surgeon J. J. DeLamater, U.S.V., has reported for duty at Fort Monroe, Va.

Surgeon C. G. A. Campbell, U.S.N., is sick at his home in Philadelphia, Pa.

The U.S. Barracks at Augusta, Me., have been turned over to Medical Department for a hospital.

Surgeon G. H. Hubbard, U.S.V., has been ordered to resume his duties as Medical Director, District of the Frontier, Fort Smith, Ark.

The following named medical officers are relieved from duty at their present stations, and will report in person without delay to Assistant Surgeon-General R. C. Wood, U. S. A., at Louisville, Ky. : Surgeons J. H. Grove. N. F. Marsh, and John G. Hatchitt, U. S. V.

Surgeon Ebenezer Swift, U.S.A., is relieved from duty in the Department of the South, and will report to the Commanding General, Department of the North-West, to relieve Surgeon Thomas M. Getty, U.S.A., as Medical Director.

Surgeon Getty on being relieved will report to the Commanding General, Department of the East, for assignment to duty.

Surgeon G. M. Kellogg, U.S.V., as Medical Director, General Crooks' command, Department of West Virginia.

Surgeon W. D. Stewart, U. S. V., as Medical Director, General Sigel's command, Department West Virginia.

MARRIED.

Married, at Asbury Chapel, Tuesday morning, June 7th, by Rev. Adam Poe, A. J. MILES, M.D., of London, O., to Miss MARY F. STEARNS, of Cincinnati, O.

OBITUARIES.

Cincinnati College of Medicine and Surgery, June 12th, 1864.—At a called meeting of the faculty and students to take action in regard to the death of Daniel B. Spahr, a student of the College, Prof. A. H. Baker was called to the chair, and A. H. Underwood was appointed Secretary.

On motion, the following gentlemen were chosen a committee to draft resolutions expressive of the sentiments of the College in regard to the deceased: Prof. J. A. Thacker, W. H. Smith, S. A. Hinton, W. P. Foster, and H. G. Nelson.

The Committee after retiring reported the following resolutions, which was unanimously adopted :

WHEREAS, It has pleased God in his Divine Providence to take from our midst Daniel A. Spahr, a student of college, whom we all loved and esteemed

Resolved, That it is with great pain, that we bear the separation from our beloved friend and fellow student, temporary though it may be, but we hope that our loss is his gain ; and the belief that he has gone to the enjoyment of the bliss of the better land, tends much to make his severance from us reconcilable.

Resolved, That in the deceased were all the qualities that are embraced in the character of the true gentleman, the intelligent and industrious student, and a consistent Christian ; and which endeared

him to us all. His last words, when inquired of as to whether he was ready to die, exhibited his genuine piety, viz.: "I am ready and willing." Indeed all qualities belonging to him give proof of future eminence in his profession and great usefulness.

Resolved, That we tender our sympathies and condolence to his bereaved family; hoping they will bear his loss with due resignation. We further as a token of respect to the deceased will suspend our regular collegiate exercises on the morrow.

On motion, the minutes and resolutions were directed to be published in the Cincinnati *Lancet and Observer*, the Chicago *Medical Journal*, and the County paper of the deceased—and further, a Committee of eight students were appointed to act as pall-bearers in conveying the body of the deceased from his rooms to the cars in its transit home.

Adjourned.

A. H. UNDERWOOD, Sec'y.

Death of Dr. N. S. Armstrong.—Below will be found the action of the Profession of this city in the case of the death of Dr. Armstrong. Dr. Armstrong has been in failing health for several years, and scarcely able for professional duty at any time; his decease was therefore anticipated by his friends, and took place on Saturday, July 2nd. He was a quiet, unostentatious Christian gentleman, and his death will be sincerely lamented by a large circle of friends in and out of the Profession:

At a meeting of the regular Medical Profession of this city, held at the Ohio Medical College on the morning of July 3d, to take action in reference to the death of N. S. Armstrong, Dr. J. L. Vattier was called to the chair, and Dr. C. S. Muscroft was elected Secretary.

A committee consisting of Drs. D. D. Bramble, J. H. Buckner and C. S. Muscroft was appointed, who presented the following preamble and resolutions:

WHEREAS, It has pleased Divine Providence to take from our midst Dr. F. S. Armstrong, who departed this life July 2nd, 1864, therefore be it

Resolved, That in the death of Dr. Armstrong, the Medical Profession has lost a steadfast and devoted member, and the community a worthy, highly esteemed and respected citizen. As a physician, he was faithful and true, always prompt to obey the calls of suffering humanity. As a citizen he was noted for his unassuming worth and honesty of purpose.

Resolved, That the Medical Profession attend his funeral in a body.

Resolved, Also, that a copy of these proceedings be sent to family of the deceased and published in the daily papers, and in Cincinnati *Lancet and Observer*.

J. L. VATTIER, Pres't.
C. S. MUSCROFT, Sec'y.

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Whole Volume, XXX

AUGUST, 1864.

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1864

Lancet-clinic

THE

Cincinnati Lancet & Observer.

EDITED BY

WARD B. STEVENS, M.D. . . . JOHN A. MURPHY, M.D.



CINCINNATI:

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A YOUNG LADY wants a situation as Teacher in a School or Young Ladies' Seminary. Prefers the Preparatory Department. Address Dr. Stevens at this Office.

Medical College of Ohio, Cincinnati.

THE REGULAR COURSE OF LECTURES begins on Tuesday, November 1, 1864, and will continue sixteen weeks.
 Tuition Fees—Professors, (seven) Dissection, Hospital and Matriculation \$85.00. Address, C. G. COMEGYS, Deqn.

Dr. Robert Bartholow,

(Late Assistant Surgeon U. S. A.)

Having resigned his commission in the Army after a service of seven years has entered into private practice.

OFFICE AND RESIDENCE,

No. 344 Race Street, above Ninth.

CINCINNATI, OHIO.

THE
CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. VII.

AUGUST, 1864.

No.

Original Communications.

ARTICLE I.

A Report on New Remedies.

[Read before the Ohio State Medical Society, White Sulphur Springs, June 21-22, 1864.]
BY EDWARD B. STEVENS M. D., CINCINNATI.

The present report of your committee on new remedies will be mainly a continuation of the report of last year, and therefore will be devoted to the notice of such remedies and preparations as have recently been presented for favorable consideration: nevertheless some general remarks in connection will not be entirely out of place.

In an editorial in the Buffalo Medical Journal by Dr. Miner, we find some remarks on Drugs and their use in the treatment of disease that are corollary to views expressed in a former report of your committee, showing especially that the tendency of scientific medicine in its steady progress is toward the treatment of disease with less drug medication—their proper use being rather for the assistance of the vital force in its instinctive resistance of pathological changes, and their conduct to safe terminations. We quote a brief paragraph or two expressive of these ideas.

“Disease is almost everywhere over treated, and nothing can be more plain or more easily demonstrated than this proposition. If we did not know it was true we should be glad to speak otherwise. It did appear at a time that the vagaries of Hahnnsman were to be adopted in a degree to prevent somewhat the injurious abuse of medicine, but even the belief that Homeopathic remedies would at least do no harm has long since been dissipated with the knowledge that even the disciples of this monstrous delusion are drugged more extensively and more

dangerously than any other : they are literally fed on drugs, in doses which would do honor to the chivalrous days of 'heroic practice.'

"The progress of true medical science has greatly qualified our estimate of the value of mere medicine in the treatment of disease. The sore that used to be treated with an unguent composed of twenty ingredients, heals under moist lint when placed in proper position, or supported by the stimulus of gentle pressure. The Pneumonia that used to be attacked with heroic remedies—bleeding, antimony and calomel—now gets well with horizontal position and small doses of Dovers' powders. Inflammation even of the serous membranes, which formerly received most active medication is now observed to terminate favorably, if pain is abated and sleep obtained by a full anodyne. The more painless or even pleasant a physician can make his treatment, the more he can divest it of irritating and disturbing characters, the better is it, and the greater and more acceptable is he. The chief characteristic of advancing therapeutics, is to watch the natural course of disease, to regard pathological processes only as modifications of physiological ones, with a natural tendency to terminate in harmonious and healthy action when the obstacles are overcome which the pathological processes themselves were put in action to remove. We often see in the worst forms of disease "an effort of nature to throw off the morbid matter, and thus cure the patient." All this is done without any detraction from the dignity and importance of the physician : he is indeed much more worthy of public admiration and confidence than he who would attain the same result by the most active medical warfare.

"Physicians never talked so modestly about "curing" disease as now, and those who excel in this modesty do most toward the furtherance of the object."

U. S. Pharmacopœia.—During the past year the regular decennial revision of the United States Pharmacopœia has been issued, by authority of the national convention for revising the Pharmacopœia held in the City of Washington in the year 1860. It is of course to be expected that with the completion of each decennial interval, the progress of medical science will bring with it many modifications in the opinion of practitioners as to the value of remedial agents : and this last revision while it is another evidence that our science has not reached a state of perfection—is also an evidence of the steady and painstaking progress we are making in this department of our profession.

A Pharmacopœia of the United States is not merely a series of formulæ for the best mode of presenting uniform preparations—but it is for the time a declaration of what the experience of the profession has decided shall be considered its standard official preparations.

As some evidence of the change which experience has brought in the views of practitioners—we remark that in the list of the *Materia Medica* proper—twenty-six articles have been dismissed as useless or so inferior as to be unworthy of a regular place as official articles : and from the list of official preparations—twenty-seven have been in like manner dismissed :—On the other hand, fifty-five articles have been considered of sufficient value to be added to the *Materia Medica*—and one hundred and eleven preparations. These are not however to be strictly regarded as *new remedies*—they are the new remedies which the experience of ten years has approved—and a large proportion are already in general use before the mere declaration of the Pharmacopœia had made them official.

Of course we shall have next in order—and at an early date—a fresh edition of the United States Dispensatory conforming to this modified Pharmacopœia, which will be looked for with interest by the profession.

In this connection it is but fitting that we acknowledge the eminent services of that dilligent “hand maid” *Pharmacy* : In this country the plodding compounder of drugs has within comparatively a recent period, risen rapidly to the dignity of an independent and worthy profession : in this we should sincerely rejoice—for the elevation of Pharmacy represents in an important degree the progress of medical science. While we should systematically frown upon that villainous nondescript which continues in a large degree to infest our cities and larger villages—who is half druggist half doctor ;—bleeds, pulls teeth and treats gonorrhœa ;—who fawns on the members of the profession for their prescription patronage, and sneers at them to their patients ; who resorts to all scurvy tricks for a consideration ; nevertheless we say all honor to the true Pharmacist—let us strive to draw the distinction in our esteem—and so far as may be draw the distinction in our patronage.

During the past year or two, the London Lancet has published a series of articles on what the contributor is pleased to style *new remedies*. Some carefulness in the reading of these articles incline us to the opinion that a large amount of trash has been gathered up, with a few really valuable contributions ; quite a number of remedies are taken at second hand from the representations of *Electic and Botanic*

practitioners of this country, who are by no means regarded with a prophet's honor at home. Others are treated of as new which have been long known in this country and used by all classes of practitioners—as for example the *Phytolacca decandra*, (poke root.) The several individual articles that we propose to notice are too disconnected to suggest any systematic order. we therefore take up first—

Substitutes for Quinia; Cinchonins. In the series of articles we allude to, we have *cinchonins* presented as a reliable anti-periodic, in all respects equally efficacious as a remedy, though in doses one third larger than quinine. The cinchonine has the advantage of being less bitter in taste, and much cheaper. The cinchonine is especially commended in a communication from Dr. McPherson, who has had a lengthy and extended opportunity for observation in the fevers of the East Indies. Inasmuch as the sources of supply of quinine are becoming every year more limited, it becomes a very important inquiry to test a reliable substitute—or even a substitute which shall be reliable for many purposes. It is stated that the supply of cinchonia is both cheap and abundant. The *Swamp Ash* or *Fraxinus Nigra*, is offered as another substitute for the sulphate of quinine. In an article in the *Cincinnati Lancet and Observer* for April 1864, Dr. Denny of Albion, Indiana, reports an experience of ten years in the use of the swamp ash. He administers the remedy in the form of a syrupy decoction or fluid extract of the inner bark, in doses of a table spoonfull, frequently repeated during the state of pyrexia, adding a full dose of opium to the last dose of swamp ash in anticipation of the expected paroxysm. He says: “ever since 1854 all my cases of intermittents have been thus treated, and I candidly aver has never failed to arrest disease.” He further expresses the opinion, from his observation that relapses of ague thus treated are less apt to return.

Phloridzine, is another remedy which has some claims to professional regard, as in some degree a substitute for quinia. As long ago as the year 1856 some favorable notices of phloridzine appeared in the medical journals. We find in the *Medical Observer* of Cincinnati some account of its use by physicians of that city in the treatment of intermittent diseases. Dr. De Ricci revives attention to this remedy in a recent article in the *Dublin Quarterly Journal of Medical Science*, August 1864, as follows:

“*Phloridzine* is a neutral principle existing in considerable quantities in the bark of the root of the apple, plum, and cherry trees, but principally in the apple tree. It appears in the market in the form of a dirty whitish powder, consisting of broken up silky needles, some-

what resembling quinine which has not been well bleached, and when rubbed between the fingers it has a soft velvety feel, very like that of french chalk. When chrystalized by slow cooling from a dilute solution, previously treated with fresh prepared animal charcoal, phloridzine may be obtained perfectly white, and in the form of long silk needles. Its taste is peculiar, being bitter at first, but afterwards somewhat sweetish, with a flavor of apples. Phloridzine differs from quinine by containing no nitrogen in its chemical composition, but in this respect it resembles salicine, to which it is much allied. Like salicine it does not combine with acids to form salts, is very soluble in alcohol, ether, or boiling water, but requires one thousand parts of cold water for solution.

“The cases in which Dr. De Ricci has employed phloridzine with most success have been certain forms of atonic dyspepsia occurring in delicate females, to whom it was impossible to administer either bark, quinine, or salicine in any shape, without bringing on serious nervous excitement. He has also found it extremely well adapted for the treatment of young children of delicate constitutional habit, or when recovering from the whooping cough, infantile fever or any other disease. The doses he has employed are five grains three or four times a day for adults, and proportionally small for children. In prescribing phloridzine it must be borne in mind that it is almost insoluble in cold water, but the addition of a very small quantity of ammonia instantly dissolves it, thus by adding to an eight ounce mixture containing a drachm of phloridzine a few drachms of aromatic spirit of ammonia the fluid which was previously milky becomes perfectly clear, and the addition of the aromatic spirit rather improves the mixture than otherwise. Dr. De Ricci relates the case of a young lady of a strumous constitution, suffering from chlorosis, in which the effects of phloridzine were manifestly favorable. The patient was unable to take iron in any shape, and both quinine and salicine equally disagreed with her; but phloridzine agreed perfectly well, and her constitution improved so much under its use, that she was subsequently able to take citrate of iron and strychnia in grain doses, which ultimately effected a perfect cure. Dr. De Ricci thus recapitulates the advantages of this drug:

“It is tolerated in cases where neither quinine, nor salicine, nor bark can be administered with impunity. :

“It is particularly adapted to young children :

“It is not expensive—thus rendering us independent of the rapidly diminishing *cinchona forests* of South America.”

Ergot of Wheat a substitute for Ergot of Rye.—Physicians who are in the habit of using the ergot of rye, have always experienced certain inconveniencies which tend to deteriorate its actual efficacy and render its action constantly uncertain: these are particularly—the amount of poisonous resin which is contained, and the action of time and damp in rendering it absolutely inert. These objections are sought to be avoided by the substitution of the ergot of *wheat* for the rye heretofore so well known. We find the following paragraph in the *New York Independent* for June 8th Inst.:

“The ergot of wheat is proposed by M. Leperdriel of Montpellier. It is much rarer than the ergot of rye but can be found in sufficient quantity. Its color is much the same as that of rye, but differs in shape. Whilst the ergot of rye is fusiform, generally curved like the spur of a cock, and furrowed longitudinally with striae of equal length, the ergot of wheat preserves the form of the grain which it replaces, is deeply cleft, and is often even divided into two, and sometimes into three at its upper extremity. It has the remarkable physical property of resisting decay, and hence of preserving for a length of time its medical virtues. It can thus be kept many years without undergoing any alteration. It moreover contains 15 per cent. less of the poisonous principle of ergots, and yield 20 per cent. more of the efficacious principle. Such are the reasons which lead Mr. Leperdriel to prefer ergot of wheat to that of rye.

Caulophyllum Thalactroides as a parturient.—In the series of articles to which we have already referred in the London Lancet, it is stated that the caulophyllum thalactroides which we believe belongs to the *cohosh* family; and therefore may probably resemble the *cimifuga racemosa*, is a parturient of more decided reliable efficacy than the ergot. Its mode of administration and dose is not given, but we suppose should be given as an infusion—or what would be better—as a fluid extract, of which ʒss to ʒj would be a proper dose.

Liquor Bismuthi: Most practitioners, agree in opinion as to the special value of bismuth in painful affections of the stomach, however much they may differ as to the nature of the pathological conditions giving rise to these very common painful states of the organ. We have hitherto been confined to two preparations—the tris nitrate and carbonate. Both these are insoluble powders, bulky and inconvenient, inasmuch as a single dose cannot be made into one or two pills.

The *Lancet* for Sept. 1863, states that Mr. Schacht of Clifton, has succeeded in preparing a solution of Bismuth, which is uniform in composition, stable, miscible with water or other fluids without pre-

precipitation, and is efficient in small doses. This solution is quite transparent, with a slight alkaline reaction, and although it contains only eight grains of oxide of bismuth in an ounce, a fluid drachm for a dose is found to be equivalent to a full dose—fifteen or twenty grains—of the insoluble tris nitrate.

A very excellent chemist and pharmacist—Mr. Wayne—at the store of Snire, Eckstein & Co., in Cincinnati, has been for some time preparing the liquor bismuth, and several physicians of that city have tested its efficacy and report very satisfactory results.

Mc Munn's Elixir of Opium.—For near a quarter of a century the secret nostrum known as McMunn's Elixir of Opium has been a favorite remedy with many physicians who have patronized it and praised it to the great delight of the proprietor, and the degradation of the profession.

The special excellence originally claimed for McMunn's Elixir was that the opium was *denarcotised*, but it has long since been very well established that *narcotina* possesses no narcotic principle. It is at least harmless, if not a safe anti-periodic. Recent articles in the *Philadelphia Reporter* and the *N. Y. Independent* give the entire *rationale* of the preparation, from which we learn in brief the following steps in the process.

1st, The opium is subjected to sulphuric ether, which is supposed to remove the narcotina, as also its peculiar noxious odor.

2nd, A process of boiling follows to remove the sulphuric ether.

3d, A watery solution is made and the opium is macerated for six days, after which

4th, Alcohol is added in certain proportions, after standing undisturbed a few weeks it is the elixir, and is fit for use.

Reliable chemical analysis proves that the preparation thus made is for efficiency *only a solution of Morphia* that the process leaves the morphia, narcine and extractive matters only depriving the opium of its pseudo morphia, codeina, narcotina, thebaine, meconine, fatty matter and resin. The narcine and extractive matters contained are so nearly inert that after the precipitation of the morphia, the liquid might be taken in doses of an ounce without injury. It seems then demonstrated that the so long vaunted Elixir of McMunn is nothing more than a solution of impure morphia.

Saracenia Purpurea.—Perhaps no new remedy has attracted more general professional interest and attention than the American pitcher plant, for the treatment of variola; and the importance of its claims will be sufficient apology for occupying some unusual space in its

notice. The *saracenia purpurea*, or American pitcher plant, grows abundantly in various parts of the United States, and first came into notice about four years ago, as the "Indian Remedy" for small-pox, and was introduced to professional notice by British army surgeons on duty in Nova Scotia. They claim for it that it not only relieves, but actually *extinguishes* the disease; renders the variolous poison effete; that its special manifestation is first to encourage the appearance of the eruption, then to abort it, i. e. that very speedily the eruption desiccates, and scales off without rendering the patient liable to pitting or any of the terrible train of this loathsome disease in its usual progress. It was in addition claimed that the *saracenia* is a most reliable and efficient remedy for inveterate cutaneous affections as psora lepra, etc. etc.

As used by the Indians, and as introduced by Drs. Miles and Morris, the *decoction of the root* was alone recommended, the old original squaw claiming that the root alone possessed anti-variolous properties. Other writers however report the use of the entire plant indiscriminately; for instance Dr. McDowell, Act. Asst. Surg., U.S.A., at Trenton, Mo., in an article in the *Am. Med. Times*, of Sept. 5th, 1868, used the leaves as he was unable to procure the root, and administered the decoction of the leaves in the strength of $1\frac{1}{2}$ ʒ to a quart of boiling water, a wine glassful of this strength being administered every 6 hours. He reports 43 cases treated with this remedy in the U. S. General Hospital, at Trenton, and the results fully or mainly confirming the claims originally set up by Miles and Morris; that is to say that the patients treated with *saracenia* had less secondary fever, the eruption speedily aborted, little or no pitting followed.

On the other hand, several very careful observers have reported their experience as having no appreciable result confirming the good effects of the remedy.

Dr. Noah C. Levings, of New York, reports his experience in several cases, in which he had "obtained the contused root of the *saracenia purpuria* direct from Maj. Lane, of Halifax, the putative father of the specific." In the observations of the group of cases put to this test, Dr. Levings called in Dr. Jacobi, a well known New York practitioner and teacher, to watch the progress of the cases, so that we have every reason to regard the experiments as made carefully and without prejudice for or against the success of the remedy. His report is that there was no increase of urine, no flattening of the eruption, but that in every respect these cases passed consecutively through the regular and customary stages of variola; the remedy in no re-

spect manifesting any appreciable effects upon the character or duration of the several cases.

Dr. Goyder reports in the *London Lancet*, a single case treated with the root infusion according to the directions of *Dr. Miles*: A child aged 8 years came under treatment Oct. 28th—eruption already papular and tending to confluence; gave the saracenia in table spoonful doses; Oct. 31—vesicles becoming pustular; Nov. 1—the eruption wherever not abraded by the rubbing of the patient, are much flatter than usual, and he supposed the remedy was beginning to manifest its supposed virtues especially as neutralizing the vitality of the pustule, and the variolous poison; that night however the patient died.

It has so happened that I have had an opportunity during the past year to test the remedy to some extent, as physician to the Cincinnati Pest house. 108 cases of small-pox were under my care during the seven months following July 1st, 1863. Of these 108 cases, nearly all were subjected to the free use of the decoction of the leaves of the *saracenia purpurea*—not being able to procure the root—the decoction was prepared of the strength of $1\frac{1}{2}$ ℥ of leaves to the quart of infusion, and was administered freely as a drink, from 6 to 8 ℥ of this infusion being given during the day. Some of these cases had measurably run their course previous to admission. Some were mild cases, essentially but simple varioloid; of course these were no test of the effect of the remedy. About 75 cases were fairly submitted to the influence of the remedy. In a few of the cases I thought there was an abridgment of the duration of the cases, and that the pustules dried up more speedily and scaled off more promptly than is usual. But in the great majority of these cases I saw no difference in the progress of the disease from that usual in cases of like malignancy. The mild cases run a mild and manageable course as is usual; the well marked and confluent cases run a course unabated in any respect from its usual virulence and completeness. The pustulation was as full, the heavy lakes of scales as large, and the condition of the patient in every way quite as offensive. In the well marked cases there was the same proportion of pitting, and in no case did I observe that the secretion of urine was affected either in character or quantity.

In the treatment of these 108 cases, the remedy was administered on every stage of the disease, administered freely and with a desire for its success. My conviction was that no more impression was made upon the disease than would be by any other herb tea. I am therefore inclined to accept as correct the conclusions of the committee on intelligence of the N. Y. County Medical Society. 1st. That the

analysis already made of the plant do not give any active principle or element which would indicate any great medicinal potency. 2nd. That the discoverers and advocates of the specific remedial power of the *saracenia purpurea* over variola have given too great credit to the *post hoc* circumstances, as being *propter hoc* influences. 3. That the reliable recorded experience thus far appears to preponderate against the medicinal efficiency of this plant in those forms of disease which do not generally recover under the administration of ordinary remedies."

The Calabar Bean.—No new remedy has perhaps attracted more interest of late than the calabar bean, especially amongst practitioners devoted largely or specially to eye surgery. We are indebted to Dr. Christison for bringing the peculiar properties of this drug to notice. In his personal experience he found that 12 grs. of the powdered bean produced serious and dangerous symptoms of poisoning, accompanied with remarkable contraction of the pupil. It is now found that a solution of the extract, or a tincture, if applied in small quantities to the eye produces this contraction of the pupil in a singularly marked degree. In fact in this respect its therapeutical action being exactly the reverse or the antagonist of the belladonna; and if atropine be applied to one eye and a tincture of the calabar bean to the other, the two extremes of therapeutic effect are most remarkable. One of the most readily occurring uses of this remedy would suggest itself as counteracting the use of atropine for its usual purposes in eye surgery; but undoubtedly its application in eye surgery alone will prove much more extended than this, even though its effects as a peculiar poison should not render it available for other purposes.

Per Manganate of Potash.—Another new remedy is attracting some attention, not particularly as a new salt, but from the fact that new properties and applications of it are proposed. Dr. Samuel Jackson, of Philadelphia, has contributed for the *American Journal of Medical Sciences* for January, an article on the permanganate of potash, as a rapid developer of ozone in the human system; and hence as likely to become an important remedy in the treatment of low forms of disease, especially those forms of disease dependent on a depraved condition of the blood, or a condition of the blood faulty as to its oxygenation; as for instance: erysipelas, hospital gangrene, typhus fever, and the like. As bearing somewhat on this remedy we quote a paragraph out from one of the papers of the day:

Ozone water is now used for drinking and the toilette. It is advertised in London in the following style: "Its use is attended by"

sensation which has been aptly described as the 'perfume of purity.' Being perfectly innoxious and tasteless, a few drops make a most refreshing and invigorating addition to the tumbler of plain drinking or soda water, from which they remove all trace of soluble organic matter—a fact of infinite importance to the voyager or the invalid. When employed for the toilet, bath, etc., it removes from the mouth all impure and foreign tastes and odors, whether arising from natural or artificial causes, such as the practice of smoking, and counteracts the irritation and morbid effect of carious teeth. It purifies and softens the skin, and tends to promote a healthy state of the whole body, by removing all secretion, and restoring a wholesome condition."

Now Dr. Jackson states that this ozonized water of the English is a solution of the permanganate of potash and water in the proportions of 2 parts to 1000. In dyspeptic conditions of the stomach he found this simple ozonized water had a decidedly tonic effect in doses of a teaspoonful three or four times a day. As a local application to ulcers it stimulated to a process of healthy action and cicatrization. In hospital gangrene it was given internally and applied locally; internally it was used after the following formula: \mathcal{R} —permanganate of potash 3; acid sulph, gtt. xx; aqua font, oij. which is about 2 gr. to the oz. Of this one teaspoonful was directed every three hours in a wine glassful of water. Its good effects when applied locally were almost immediate.

Acting upon the hints in this paper of Dr. Jackson's we learn that our fellow member, Dr. Dunlap, of Springfield has experienced most gratifying effects from the use of the permanganate of potash in the treatment of "spotted fever," as it appeared recently in and about that city. He gave it in the form just noted; and in the more malignant cases increasing the dose from $\frac{1}{8}$ to $\frac{1}{4}$ gr. frequently repeated. His theory being that in epidemic spotted fever we have a depraved condition of the blood resembling that of malignant scarlatina, or erysipelas.

Thus we might proceed, and still to considerable extent swell the matter of this report. We feel, however, that the patience of the Society has been sufficiently trespassed upon, and leave for future more careful gleaners to bring up the changing and improving progress which this department of medicine is making in its annual march.

ARTICLE II.

Phlyctenular Ophthalmia.

BY DR. E. WILLIAMS.

Phlyctenular inflammation of the eyes is not only essentially a disease of children, but of a particular class of children. It occurs far most frequently in those of a delicate organization, long-eye-lashes, and precocious intellect, generally designated as *strumous* or *scrofulous*. Hence the common designation of *scrofulous ophthalmia*, applied especially to this disease. Some authors describe it as herpes corneæ and herpes conjunctivæ, as the vesicles may be situated on the cornea or on the conjunctiva scleroticæ. Others have taken their nomenclature from the exanthemata, which it frequently accompanies or follows. I prefer the name above given, premising that ophthalmia is used for the sake of brevity, phlyctenular conjunctivitis and keratitis, according to the seat of the herpetic deposits, being the strictly anatomical appellations. It is not only a disease of early life, but emphatically *the disease* of the class of subjects which I have mentioned. The ages between which it almost exclusively appears for the first time are 1 and 15 years, being most frequent from 3 to 10 years of age. I have seldom seen it in adults except in those who have suffered from it as children.

Phlyctenular Ophthalmia is a disease so peculiar both in its objective and subjective symptoms, that it needs to be seen but a very few times to be readily recognized. The characteristic objective symptom is the small circumscribed inflammatory deposit in the form of a speck, vesicle, or pimple, which is seen either on the sclerotic conjunctiva or on the cornea. The most common seat of these phlyctenulæ, which may be single or multiple, is the narrow zone of conjunctiva immediately surrounding the cornea and the cornea itself. They very often are seated upon the junction of the sclerotic and cornea in the region of the limbus conjunctivæ. They vary in size from the smallest noticeable speck to that of large pin's head, assuming larger dimensions usually on the junctiva scleroticæ than when they appear on the cornea. On the limbus conjunctivæ they are sometimes so near together as to become confluent, taking on, in that case, an elongated form and usually extending parallel with the margin of the cornea. In some few cases I have observed them to occupy continuously the whole limbus conjunctivæ, and resembling very much the appearance of episcleeritis or inflammation of the subjunctival cellular tissue and sclerotic immediately surrounding the cornea.

The phlyctenula is usually circular in shape, slightly elevated, and contains a semi-fluid grayish or dirty whitish substance, which becomes more opaque and even purulent as the disease advances. This vesicle or pimple generally ruptures or ulcerates and gives rise to a superficial, ragged abrasion or actual ulceration, the bottom of which is yellowish or whitish, if situated on the sclerotic, but bluish white or even transparent, if on the cornea. These little ulcers are usually superficial, but sometimes they go on destroying layer after layer, until they reach the surface of the sclerotic, or perforate the cornea. Perforation of the cornea, however, from phlyctenular ulcers is a rare occurrence except from great neglect of the patient or maltreatment! In some cases where the ulcer is large and threatens perforation, hypopygium is developed, and increases till the tension of the eye is relieved by spontaneous perforation or a paracentesis corneae. Phlyctenulae however do not always terminate in ulceration, but are occasionally absorbed as the inflammation subsides without even the destruction of the epithelium.

Unnatural vascularity is another objective symptom. The congested blood vessels of the conjunctiva usually assume a peculiar triangular form, the base of the triangle corresponding to the cul de sac and the apex to the phlyctenulae to which the vessels converge. If the vesicle is seated in the cornea the vessels converge to the corresponding point of its margin, and if the inflammation lasts long or is severe, a fasciculus of blood vessels is seen to advance from the apex of the triangle at the margin of the cornea, to the seat of the speck. Frequently lymph is exuded along the course of this fasciculus causing a streak of opacity of a ribband shape that may remain long after the disease subsides. If there are but one or two phlyctenulae these triangular patches of injected conjunctiva contrast strongly with the surrounding healthy portions—but if many exist at the same time, the whole ball becomes red, as in general conjunctivitis. Should the vesicles on the cornea be numerous and the inflammation intense the different fasciculi of blood vessels may run together and give rise to pannus or the appearance of keratitis vasculosa.

With the striking objective phenomena above described, *subjective symptoms*, quite as peculiar, are associated, particularly where the cornea is the seat of the deposit. The first of these in order, and the most distressing, is the extreme intolerance of light. Children will cover their eyes with a handkerchief, cloth, or any thing that will exclude light; press their hands constantly upon them; bury their face in a pillow; or lie for hours and days and weeks in the darkest

corner they can find, seeking thus to exclude every possible ray of light from the retina. The photophobia is generally, but not always, in proportion to the number of the phlyctenulæ and the intensity of the inflammation which produces and accompanies them. One of the peculiarities of this disease, however, is that the sensitiveness to light is out of proportion to the local symptoms, so that in a child that has not opened its eyes for weeks, you will often find by forcible examination, but one or two small specks or ulcers of the cornea, the rest of that organ being perfectly transparent. As a necessary consequence of this intense photophobia, we have always profuse lachrymation and spasmodic action of the orbicular muscle. It is impossible to inspect the eyes of such patients without using chloroform, plunging their faces in ice water or holding the head between the knees and forcibly opening the lids with the fingers or the elevators. It is astonishing with what force and persistence, such a child can squeeze the lids together to prevent exposure to the light. The difficulty in examining the cornea in a fair light, and the frequently very small and superficial specks or ulcerations of its surface, even where the sensitiveness to light is most extreme, have caused some to overlook them, and conclude that the cornea is intact. Whenever a child is brought to me with marked photophobia and the other symptoms which necessarily go with it, I am sure, even before inspecting the eyes, that it has phlyctenular keratitis. Still one should never neglect the direct and thorough examination of that structure to ascertain the number, size, and extent of the specks or ulcers, so as to give a more correct prognosis. The symptoms of this affection are so severe that the parents usually feel great apprehension as to the recovery. Nothing but the assurance based on a thorough examination of the eyes, will enable one to pacify them. Besides this if you do not detect the phlyctenulæ and tell the friends that specks will be seen on the eyes after the child is able to open them, they will often blame you for having produced them by your treatment. Hence I always insist upon a satisfactory examination of the eyes, however cruel the means adopted may appear. Hold the head between the knees with the face up to a good light, and open the lids by force, but without everting them. If the cornea turns up so as to be out of sight even then, hold the lids open for a few seconds or moments, and it will roll down into view.

In addition to the characteristic symptoms above mentioned, I may add that the intolerance of light and spasmodic action of the lids, is generally worse in the morning, moderating toward evening so that the little sufferers will then open their eyes and become more playful.

Excoriations of the skin of the eye lids, raw places at the external canthus, pimples and crusts along the edges of the lids, incrustations in and around the nose, with eruptions on the cheek, face, and behind the ears, as well as sometimes on the scalp, complete the beautiful picture of this disease. Add to this that repeated crops of phlyctenulæ at intervals of one two or three weeks, with corresponding aggravation of the subjective symptoms are likely to occur and protract the sufferings for months if not years, and you have the perspective or rather prospective of the picture. In aggravated and protracted cases, the patients are usually fretful, irritable and ungovernable, often aggravating and protracting the cure by crying by the hour on the least provocation.

The duration of the disease varies from a few days to as many months or even years, if the patient is of an unhealthy condition, and especially if it cannot be placed under proper moral and hygienic control. As a general rule however phlyctenular ophthalmia terminates in resolution in the course of three or four weeks, leaving specks of opacity upon the cornea which will eventually be absorbed. If perforation of cornea with synechia anterior has occurred, or if the albugo is very large or thick, it will be indellible, and becomes generally the exciting cause of *shabismus* and amblyopia from *disuse* of the eye.

In speaking of the treatment of phlyctenular ophthalmia, I shall not attempt to go over the lengthy category of remedies that have been recommended from time to time, but confine myself to what my own experience has led me to adopt in these cases. Cleanliness, promoted by frequently bathing with tepid water and putting on fresh linen, regular exercise, *nolens volens*, evenings and mornings when the weather will permit, flannel and other warm clothing in winter, free ventillation of apartments, plain nourishing diet composed of a proper combination of animal and vegetable food taken at regular intervals, and no stuffing with cake, candy, or anything else between meals and *absolute* negation of crying and fretting, constitute the most important hygienic treatment. By all means the patient should not be allowed to bury its face in the pillow, the mother's bosom, in its hands or anything else that confines the heat and perspiration of the face and eyes. It should be made to sleep on a hard mattress with a hair pillow, and forced to lie on the side rather than the face. Early rising should be enforced at all hazards, instead of letting the little unfortunates follow their own inclinations in lying till 9 or 10 o'clock in a dark room with the face buried in the hands

and pillow and soaking with perspiration. Force them out into the light and fresh air, but a suitable shade over the eyes and command "hands off," even if they must be tied behind the back. If such children are shut up in a dark room and left to burrow all day in the darkest corner, they are sure to become worse and worse.

As to constitutional medication I consider it extremely important, not so much in effecting the immediate relief of the inflammation, as in maintaining the cure accomplished by topical treatment. I usually commence with one or two mild purgatives at intervals of a day or two and follow this immediately with the free administration of quinine and iron. Quinine is almost a specific for the extreme photophobia which constitutes the most troublesome feature in the treatment. To a child two or three years old I give generally 2 grains three times a day; to one younger, from 1 to 2 grains; and if older, larger doses in proportion. If diarrhoea is present it is well to combine a few grains of Dover powder, or a quarter or eighth of a grain of opium with each dose of quinine for a short time. As the intolerance of light abates and the other symptoms improve I either leave off the quinine for some preparation of iron, or combine the two substances. As a rule I use the quinine freely for two or three weeks, and then prescribe the syrup of iodide of iron, or some other preparation of that metal, in moderate doses, to be kept up for several months till the patient is entirely well and the general health satisfactory. With the judicious, and for the quinine, heroic and persevering use of these articles I seldom fail to effect very gratifying results, and therefore do not resort to any other internal treatment.

The only topical application that will be tolerated in the acute and early stages, is the sulphate of atropia. For the acute inflammation with specks or ulcers upon the cornea attended by great photobia, lachrymation and spasm of the eyelids, there is nothing to compare to it. It is astonishing often to see the rapid improvement of all these distressing symptoms under the instillation of sulph of atropia into the eyes. I employ a solution of from $\frac{1}{2}$ to 2 grains of the salt to an ounce of water, according to the age of the subject, and have it dropped into the eyes thoroughly three or four times a day. The more intense the photobia the stronger the solution should be and the oftener applied. I seldom prescribe it however stronger than 2 grains to the ounce for children under ten years of age, and as the acute symptoms yield I diminish the strength or the frequency of application, so as not to produce any serious constitutional effects. For children under two years of age, I use ordinarily a solution of from a $\frac{1}{2}$ to 1 grain to

the ounce. This should be kept up as long as there is any decided redness of the sclerotic and intolerance of light. There is more danger of abandoning its use too soon, than of continuing it too long. Notwithstanding the large dilatation of the pupils and the consequent greater admission of light, the soothing and antiphlogistic effects of this substance will show itself as the child opens his eyes better to the light, the redness disappears, and it becomes cheerful and happy. When the redness of the sclerotic conjunctivæ and the dread of light has nearly disappeared, so that the child opens its eyes and plays about more cheerfully, I commence the local application once a day of the *brown citrine ointment*, which I write generally *unguent. citrina rub.* to distinguish it from the ordinary citrine salve. For the history and method of preparation, I refer the reader to a paragraph found on page 97 of the February number of this journal. As stated there I have for years used this substance, and find it far preferable to all other mercurial preparations in the treatment of blepharitis marginalis and phlyctenular ophthalmia. It also acts like magic in relieving the scabby eruptions about the nose, face, ears, and head of the same class of subjects. Nothing contributes more surely to permanent recovery from phlyctenular ophthalmia than the cure of the sore nose and face which so often complicates, aggravates, and perpetuates it; and nothing relieves that so quickly and certainly as the brown salve. I insist upon the thorough removal of the scabs from about and within the nose by softening them with tepid water and rubbing them off, and of the crusts from the roots of the eye lashes, or from the head, and then have the salve rubbed freely on the parts twice a day, but most liberally at night. In phlyctenular ophthalmia I direct a large drop or mass of the size of a grain of wheat to be put from the end of a probe or knitting needle, between the lower lid and eye ball every night. It dissolves almost instantly by the natural warmth of the parts, and by pulling the lids open a time or two, is spread thoroughly over the cornea. The prompt improvement under its use is almost always highly appreciated by the parents or friends of the little patients, and they are sure to ask for more of the brown salve when it is out. When the phlyctenulæ are seated on the conjunctiva scleraticæ, with but little intolerance of light, the salve may be applied to the eye in the earliest stages with decided advantage. I once thought calomel dusted into the eye in such cases, acted delightfully, as it really does, but the brown ointment is decidedly better. It produces but little irritation, adheres for sometime to the eye and lids, and in all respects is the best of the mercurial preparations for the local

treatment of the cases I have described. I have prescribed it with good effect in other eruptions on the surface of the body, and particularly those which occur on the arms sometimes, after or during vaccination and prove so difficult to heal. I do not wish to exaggerate the importance of this substance, but feel it my duty to recommend it to the profession as a very valuable preparation, that all druggists should learn to prepare properly and keep it on hand. Its use in

phlyctenular ophthalmia should be continued for two or three months after all the inflammatory symptoms have passed away, so as to stimulate the absorption of the remaining opacities of the cornea, and prevent a relapse of the disease. Toward the last, one or two applications a week will suffice. As I said before the atropia may be left off as soon as the eye tolerates the salve well, but should be resumed in case of relapse.

To sum up the treatment which I usually adopt for phlyctenular ophthalmia, I will say atropia and quinine during the acute stage with photophobia; and brown citrine ointment and iron to follow up and perpetuate the cure. At some future time I hope to be able to contribute another article on some points connected with this disease, that I cannot now elaborate.

ARTICLE III.

Two Cases of Femoral Hernia in Pregnant Women—Miscarriage in Both Cases Ten Days After the Operation.

BY WM. B. FLETCHER, M.D., INDIANAPOLIS, IND.

CASE I.—April 2nd, 1863.—I was sent for by Dr. J. Brown, of Bethel, to operate in a case of strangulated hernia. After a ride of twelve miles through mud and darkness, we arrived at the house of the patient, at one o'clock A.M.

Mrs. M., who is the sufferer, is about 38 years old; muscular, and plethoric. She has "had rupture for two years; it was caught once before and has now been down five days" (since Sunday, 29th of March,) "I have been vomiting, but not much, and great pain in my lower bowels." Such was the short but sad history, hastily given by the patient.

Dr. Brown informed me that every means for reduction had been fully tried. Herniotomy was therefore the only resort. The patient was placed upon a table, under the influence of chloroform and the taxis once more attempted, hoping the relaxing effect of the chloro-

form might assist in replacing the strangulated gut, but this proved a waste of time. Upon uncovering the patient there appeared a large oblong tumor, situated under pouparts, ligament; it was dark and puffy, showing marks of great pressure and violence used in trying to reduce it. By the light of two or three tallow candles the operation was performed by making an incision along pouparts ligament and then a cut from near the inner third of this line outward. Carefully dissecting up the tissues we came down upon the sack; it was irregular, kidney-shaped, extending from the ring outward and upward, adherent throughout. When opened a quantity of redish colored fluid escaped which contained some yellow flocculent masses. The intestine was now exposed and appeared of a dark purple color, with some fibrous exudation, a few perfectly black specks, about as large as bird-shot were observed, which were bounded by a yellow margin. Passing the little finger down to the stricture it could be felt hard and corded, as if the finger was pressing upon a small button hole. Passing a probe pointed bistoury flat along the intestine through the ring, and then turning the edge upward, it gave way with a snapping sound and the strangulated portion returned with a gurgling sound.

A T bandage and water dressings were applied and some morphine given.

Dr. Brown, who gave the subsequent attention, writes that Mrs. M. had a comfortable sleep and took some nourishment the day following the operation. On the second day the inflammation of the bowels which had been slight, became violent; but after a dose of oil and turpentine, both internally and externally, this condition subsided and the evacuation became natural, and a week after she was able to sit up, and continued doing well till the tenth day, when she miscarried in the fourth month, and this destroying fire of inflammation which had almost subsided was re-kindled and Mrs. M. died of peritonitis on the 14th day after herniotomy.

CASE II.—March 30th.—Was called to consult with the same physician in a case similar and quite near the place of the first operation.

Mrs. K., the patient, was a strong German woman, 40 years of age, and was at this time pregnant four months. She gave the following history of her case: A year ago when in a tedious labor with her eighth child she felt a sharp pain in the left groin and found a small tumor, which her doctor said was a rupture and advised her to wear a truss. About six months after its occurrence it became very painful and "broke," discharging large quantities of matter and then got

well, giving her no trouble till last Monday morning when she got up to make a fire, and while stooping down felt something give way with a sharp pain; returning to her bed she endeavored to reduce the tumor but without success. Various remedies were tried for two days. Emetics, handfuls of cathartic pills, poultices, etc., but each failed to give relief. On the third day of strangulation a physician was called and gave an opiate. On the fourth day she was much prostrated by constant vomiting; the bowels became intensely painful and swollen. On the fifth day Dr. Brown was called, who at once recognized the necessities of the case, and upon a short consultation we determined to operate. Dr. B. put the patient fully under the influence of chloroform, and the exposed tumor; it was situated on the left side and was not larger than a quail's egg. An incision was made over the tumor, as one would cut through a boil, directly down to the sack, which by another incision was opened and a small quantity of fluid escaped. The strangulated portion of the intestine was dark and presented some black and yellow specks. After drawing it out by slight pressure with the bistoury, the ring gave way and the hernia was returned.

Mrs. K. was left under the care of Dr. B. who gave her opiates through the following day. Twenty-four hours after the operation we saw the patient and found her still vomiting stercoraceous matter; the bowels more swollen and tender than before, and apparently worse than if the strangulation still existed. The incision through the skin had united. The pulse 140, countenance anxious. By slight pressure with the finger upon the edges of the wound it opened and some bloody serum escaped along with a quantity of pus; passing the little finger into the opening it entered through the crural ring into the cavity of the pelvis, and the intestine could be felt puffy and rough from exudation, and the whole mass seemed almost burning. A catheter was passed into the abdomen through the wound, and near three pints of bloody serum drawn off. This fluid had a most intense heat, after it was drawn off. She felt some relief, but vomiting continued. Oil was administered and rejected; calomel was not heavy enough to stay down; injections were tried of every description, and we left the patient expecting she would die, but recommending injections of cool water every hour, throwing in as much as possible. These directions were carried out, although many articles were given internally by a German midwife who succeeded us in this treatment of a case which we had hastily pronounced incurable. On the morning of the third day Mrs. K. had a passage from the bowels

which gave her much relief, and to the tenth day did well; then she began having pain in the back and miscarried.

From the new trouble she recovered rapidly, and now (July 20th) does a man's work in the harvest field. The hernia is radically cured, and the midwife gets the credit of curing the patient.

REMARKS.—Upon the subject of hernia, enough is said in our colleges and written in our books, unless it be on one point, i. e. the necessity of operating *promptly*. After trying to reduce under chloroform, and trying cold, (all of which might be thoroughly tried in a few hours' time) why not proceed with the knife and save the patient?

Several cases have come to my knowledge within the past two years, in which patients had their lives worried out of them by the oft repeated attempts at taxis. Others died because the hernial tumor was mistaken for a carbuncle, and judiciously poulticed with the assurance that when it broke of course it would get well.

Hernia is the bug-bear of medical students, and the scare-crow of the green room, and perhaps that in some way accounts for the great timidity of taking hold promptly in such cases.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. F. Wilson, M. D., Secretary.

{ HALL OF ACADEMY OF MEDICINE,
Monday Evening, Apr. 11, 1864.

In the absence of the President, Vice President Carroll took the chair; there being no regular paper, reports of cases was in order.

Sandy deposit in fecal discharges—Dr. Carroll exhibited to the Academy some sand which came from the bowels of a lady, who thought she had passed at least a quart in three weeks. Hydatids were also passed at the same time. Some of the sand appeared as if minute shells with thin sharp broken edges, they appearing to have been broken in the passage. In one stool which Dr. Carroll himself saw there was an ounce of sand. The patient was large and fleshy, and had been unwell for some time. Her liver did not appear to be much affected, and this material could not have come from the gall bladder, for the larger particles of it were not angular, but sharp edg-

ed as already said. In three weeks the quantity diminished much, and has now altogether disappeared, but still the woman complains.

In answer to Dr. Taylor as to the consistence of the stools, and if the sand was intermingled, Dr. Carroll states that the stools are thin, and that the material was intimately mixed with them, that the urine was normal, and that he had no doubt the sand came from the bowels, and he thought from use of the water. No analysis had yet been made of the sand, but he intended to have one made soon.

Rheumatism.—*Dr. Murphy* said he wished to report two cases of rheumatism, in one of which there was both endo and pericarditis. The first case occurred last Friday. The patient was a large Irish woman aged thirty seven; her occupation, bar keeper and shop tender, found her in bed groaning and complaining with general rheumatism of the whole body; every joint affected and stiff, pulse 120; face flushed and skin dry and hot; ordered a teaspoon full of rochelle salts every two hours until she was well purged, to be followed in two hours after purgation with a mixed alkaline treatment of bicarb. of potash $\mathfrak{z}\text{ii}$; nitrate and acetate of potash each $\mathfrak{z}\text{i}$, with liquor ammonia acetat $\mathfrak{z}\text{vi}$; give a table spoon full every three hours, $\frac{1}{2}$ a grain of morphine at bed time, and the affected parts wrapped in cotton. Her urine was scanty, lithic acid plentiful, and brick dust sediment. She slept all friday night. On saturday morning had less pain, the urine also being more copious and not so much acid. Sunday much better, and this morning her pulse was 87, urine natural and copious, and she is now convalescent.

The second case occurred three weeks ago in a woman who had been confined three weeks previously: The rheumatism appeared in every joint in her body, even in the temporo-maxillary articulation. The doctor found her in bed a perfect cripple, could not move either hand or foot, with active fever, breathing tumultuous, and a pale or rather dirty expression to her face, as though some cardiac trouble was present, but no rubbing or blowing sound could be heard. The mixed alkaline treatment, with full doses of opiates was commenced. She began to improve and so continued until last friday evening he found her sitting up in bed in great anguish with distressing symptoms of sinking. On auscultation the rubbing and bellows murmur could be distinctly heard, her pulse was 128, her hands and knees fixed and could not be moved without a great deal of pain. The Doctor said the question occurred to him whether he ought not to tie up the arm and bleed, but on turning down the lip and seeing its pallid and blanched condition, he concluded to try twelve leeches,

six just below the mamma, over the base of the heart, and six over the apex, in addition ordered a pill containing $\frac{1}{4}$ grain of calomel and tartar emetic each, and a $\frac{1}{4}$ gr. of opium every two hours, also continued the alkaline mixture with three drops of veratrum viride in each dose every two hours alternating the pills. Next morning the patient was easier, better, and could lie down. He continued the calomel for twenty-four hours, when he left it off for fear of salivation, and continued the alkalies. The friction sound and bellows murmur diminished, she went on comfortably for four days, when her trouble returned, and on the fifth day the rubbing and bellows sound were again perceptible. He then pushed the veratrum, gave calomel till the gums were soft and tender, and the alkalies until bloody stools were produced—all with no effect, then gave opiates in full doses and beef tea. This morning gave quinine and sub carbonate of iron; what next to do he knew not.

Again, three weeks ago he saw a patient of Dr. J. Judkin's who was rheumatic from head to foot, and had the bellows murmur clear and distinct. Dr. Judkin had ordered if the man had any cardiac trouble, that he be cupped. Dr. Murphy purged him freely, put him on the alkaline treatment, and in ten days the man was well, the bellows murmur entirely disappearing. Now it was a question with him whether the murmur was not owing to anemia.

Dr. Mussey said he would like to know what was a proper dose of veratrum viride, saying he asked for information, for after the battle of Pittsburg Landing he was asked to see a General who had been badly wounded; the man's wife had been ordered to give veratrum, 7 drops every two hours. After giving six doses she discontinued it and gave him brandy. On asking his approval, Dr. M. had told her she acted right, and advised her to continue the brandy. The man died in a few days from traumatic fever following the wound.

Dr. Murphy said no regular dose of veratrum could be laid down, if he found a patient sweating, pale, prostrated and nauseated, he would at once discontinue the remedy.

Dr. Mussey related in this connection, that he was called to Mt. Auburn several years ago to see a woman that was said to be dying. He found her much prostrated, pulse weak and feeble, and a *Homeopath* giving her brandy, and applying hot cloths wrung out of boiling water to her feet and legs, which were parboiled from the hot applications. Dr. Mussey at once administered carb. ammonia, with injections of the same, and ordered the feet to be wrapped in warm

dry cloths. The Homeopath said he had given her a $\frac{1}{4}$ gr. of veratria by a guess, and admitted her prostration was the effect of this dose. He had left her ten similar powders and this was the effect of the first. The patient recovered, but it was sometime before she was able to walk, on account of the terrible blistering of her feet.

Dr. Stevens said no rule as to quantity can be given with safety as to the dose of veratrum viride, his experience was that each individual case where this remedy is administered must be watched with care. Said that some years ago he had under his care a case of general dropsy dependent upon some cardiac trouble, and acting on the advice of consultation, four drops of Norwood's tincture was ordered, to be repeated at certain intervals, but the first dose produced such alarming symptoms of prostration, pulselessness, and collapse that every effort was necessary in the administration of brandy, carb. ammonia and heat to undo the mischief of this single moderate dose. Subsequently a single drop of the tincture repeated the same distressing symptoms to a marked degree. So that as he had already said, the action of this agent is not uniform, and it is so liable to produce unexpected violent results that until the effect is tested upon each particular case, the physician must watch its action with circumspectness, and determine the dose accordingly.

Dr. B. S. Lawson said it was impossible to prescribe veratrum either in reference to its quantity or quality; he generally gave 3—8 drops every three hours, until the effect was obtained, either watching for himself or leaving some one trustworthy to watch over the patient, bringing down the pulse to a certain point and then stopping. He thought the prostration of veratrum was easily overcome by stimulants, and its sedative effects more easily conquered than those of tartar emetic. He generally combined opium in its administration, and considered it the best sedative we have, and had no more fear of it than he had of tartar emetic.

HALL OF THE ACADEMY OF MEDICINE, April 18.

President Almy in the chair.

Rheumatism—*Dr. Carroll* said he had now two cases of rheumatism under his care in the Commercial Hospital; they were old cases which had been treated by young physic. The 1st was a woman aged 35, in whom the bursæ about the joints were much enlarged, one of which had suppurated and was discharging freely. The patient had been put under treatment of iodide of potassium by the house physician and was now slowly recovering. He supposed at first it was a case of inflammatory rheumatism which had been treated by

gentleman of this city who did not believe in the use of medicine, and thinks that in a few years all diseases can be cured without it. The case had run on week after week, and at last getting no better was sent into the hospital.

The second case was a similar one. Dr. Carroll thought if the patient of the first case had been bled, leeches, purged and mercurialized, she would never have gone to the hospital. Dr. Carroll alluded to the cases of rheumatism reported at our last meeting, in which he thought the treatment was much different from that published by the same physician a year ago. Now he puts on twelve leeches. Dr. Stokes would have put on thirty or forty, and in several hours thirty more, and would have purged freely, and he thought in the case reported if instead of applying a dozen leeches the Doctor had put on forty, he would have cured her. In his mind there was no question but that nearly all chronic cases were brought on by this dilly-dally mode of treatment, and if they are treated at first with decision and vigor there would be no chronic cases. Over thirty years ago he tried the slow treatment, when the patients laid weeks and weeks in bed, with the veins much enlarged, even the effected joints. He then began to bleed freely and found the patients rapidly recover.

Twenty years ago the doctors of this city treated rheumatism with lemon juice, giving it in enormous quantities, and saying they performed cures with it. A few years after the believers in blood poisoning introduced the alkaline treatment, but he thought it had little effect.

You must deplete generally and locally, salivate and give colicum, it is best in the first three or four days to keep the patient as near death's door as possible, then give opiates, in one week the patient will be easy, and in ten days well. Dr. C. then related the following case in support of his views :

A young gentleman came to this city a short time ago with his ancles much swollen, and very lame in both his knees ; he had been sick a week. Dr. C. had him put his foot in hot water, opened a vein over the ancle, and bled him till he fainted twice, then purged him with calomel and jalap, and gave opiates at night. On the 4th day the man was walking about, and on the 5th went home well. Dr. C. was satisfied gentlemen would be deceived if they expected to cure rheumatism by alkalies, which would protract the case for two or three weeks, and by this time the heart would become affected. All this he thought to be prevented by depletion, and this belief was sustained by Dr. Hope in his work on the heart.

Dr. Murphy said in regard to the case of rheumatism reported by himself at the last meeting and referred to this evening by *Dr. Carroll*, at 11 o'clock to day when he saw the patient she was easy and doing well, the bellows murmur and friction sound had entirely disappeared, her pulse 100, appetite good, she sleeps well, and her anxious expression was nearly gone; since the last meeting she had take viii grs. of sub. carb. of iron, one gr. of quinine, and a $\frac{1}{2}$ gr. of opium three times a day with liberal diet, and a full dose of opiate at bed time if she was in much pain. The Doctor proceeded to say that those persons whom we look on as quacks do succeed in curing these cases sometimes, not from any skill of their own, but because the diseases got well of themselves. He thought the present practice of medicine depended for its foundation in pathology and physiology—in the cell doctrine; that our diagnosis, the satisfying ourselves of the lesions and the complications of cases was only to be approximated by large reading and extended observation; that the inflammation of rheumatism was not one particle different from that of pneumonia when you come down to the cell doctrine. Those persons who pursue other than the antiphlogistic treatment do not say that some cases of rheumatism are not benefitted by bleeding; they grant that often bleeding does relieve, in many other cases, however, doing no good, the disease marching right on to get well of itself. *Dr. Carroll*, he said would have every patient bled, purged, and treated with antimony, without regard to the general condition of the man, whether he was a strong robust man, a fit subject for depletion, or a weak and feeble person needing stimulants. *Dr. M.* said he did not treat inflammation, carditis or any similar trouble like *Dr. Hope* did, for, bleeding does not stop either endo or pericarditis, as is well shown by *Dr. Clarkson* in his lectures. In the case he had reported last week, the woman had only been out of her bed six weeks, and her confinement had not made her blood plentiful and rich in red corpuscles, but had produced the opposite condition. Six weeks after, while mending, she was taken sick. She was not in a condition to bear blood-letting, so he purged her lightly, and when the cardiac trouble appeared leeches her. If he had bled her he thought she would have been in her grave by this time. There are many cases of rheumatism that no remedies will have any effect upon. The most successful treatment as he thought was the alkaline, it does for the blood what blood letting does, namely: It cuts down the fibrin without weakening the patient by the loss of blood consequent on the

use of the lancet, the alkalies also carry off certain injurious salts by the urine.

Dr. Graham thought our own observations were of more value to us than theories; that it would be easy for him to raise a controversy with Doctor Murphy about the cell doctrine, or with Dr. Smith about his views of rheumatism being a disease of anaemia; or with Dr. Carroll in regard to the treatment of rheumatism, but he preferred rather to give his own observations. When he commenced the practice he bled freely in rheumatism, but soon became satisfied that the treatment was often injudicious, and he was amongst the first to adopt the alkaline mode of treatment after its introduction here, which he had pursued ever since with certain modifications. He could not claim that the alkaline treatment had any superiority as regards brevity, but he was sure it was the most successful. It is recorded by the English and French, that in 45 per cent. there was scarcely a cardiac complication after treatment by alkalies, and he had never seen cardiac trouble in more than three cases where this plan of treatment had been pursued for twenty-four or forty-eight hours. In acute forms as you establish the alkalinity of the urine and saliva, the pain and trouble diminish; this he had tried to his satisfaction, by leaving off the remedies in some cases, and as the blood became acid the pain returned. It is asserted by some that in rheumatism there is a superfibrination in the blood with a deposit of fibrin on the valves of the heart, and this must be diminished; alkalies will diminish the acidity of the blood and superfibrination. He thought the too rigid advocacy of certain doctrines and certain remedies had led men into error; that he would never permit himself to overlook the advantages derived from colchicum where the small joints were affected, and from iron and quinine in weak and feeble persons, and from bleeding in the acute form in strong and robust persons.

Correspondence.

Letter from Dr. Parvin.

LONDON, June 29th, 1864.

MY DEAR DOCTOR:—Did you ever go to sea? I know you have been to see your wife whether the prayers of the church were desired or not—the point whereof is that there is no point—but have you been on the ocean? If you have, and if, the rational consequence thereof, you were sea sick, doubtless you agreed with Horace as to the impiety of ocean navigation, and wished yourself once more on *terra firma*, on *terra incognita even* or on almost any other kind of *terra*, including *terra cotta*, certainly such was my experience in my recent passage across the Atlantic, most unexpectedly too, for this was my third voyage, and in neither of the others had I known what sea-sickness was. It is needless to speculate on the malady now—a better speculation would be to provide some remedy for it—but it seems to me to indicate a profound sympathy between the stomach and the water, the disturbance and restlessness of the one being directly proportionate to that of the other, the one *heaves* and so does the other, and the libations thus poured out constitute the devotion paid to King Neptune, an *emetic* offering, wherein it differs from the prayers to the gods in general, for Proclus curiously advised a “*cathartic* prayer for averting diseases originating from pestilence and other contagious distempers.”

However, let me write of the land. I have no very pleasant memories of at least one half of the twelve days spent upon the water, and I will write too of professional, rather than of personal matters.

Glasgow, where I spent a week upon first landing, is a place of considerable interest to the physician. The medical department of Glasgow University, and the Royal Infirmary, of course all know of; the buildings of the latter occupies three sides of a square, one devoted to the surgical, another to the medical wards, and the third is a fever hospital. Among the physicians probably the most well known by us, from his being an author, is Dr. Gairdner, he also occupies the chair of practice in the medical schools. He is very thorough in his hospital investigations, and makes an excellent lecturer. Dr. Fraser another physician of the infirmary, is deservedly one of the most prominent of the profession in Glasgow his kindness to me I can never forget. By the way he related to me the following circumstance which

has never been in print, and yet is worthy of being recorded, illustrating the continuance of the poison of small pox. Some two or three years since, in the discharge of his official duties, he is Health officer of the port of Glasgow, he sent on shore from a ship just starting to Australia with a large number of emigrants, a family, one child of which was recovering from the small pox—he directed the room occupied by this family to be boarded up, and disinfectants made use of, and his directions were complied with. But after the ship was at sea a month it was regarded as safe to have the room occupied, and accordingly a family went into it, and within two weeks they were attacked with small pox. This case is worthy of particular attention just now with us, as there has been such an unusual prevalence of small pox during the past winter and spring, for the purpose of causing proper precautions to be taken lest the disease spread anew from the houses or rooms which patients with the disease occupied.

Among the surgeons of Glasgow, I suppose most of us know best of Mr. Lister, he is an Englishman, and the son in law of Mr. Syme of Edinburgh. I did not expect to see a man with as much reputation, so youthful; he has resided in Glasgow but a short time, and there is a rumor—it comes to me through a non-professional channel—that he will be called to succeed the recently deceased Prof. Miller, of Edinburgh.

I saw an operation for *vesico vaginal fistula*, performed very handsomely by Dr. Lyon—he, Dr. Morton, and Mr. Lister are the surgeons of the Infirmary. It was the fourth time the patient had been operated upon, this may account for her bearing it so well, she had got used to it, for no anaesthetic was used and yet she scarcely groaned. Each of the previous operations had accomplished something, but still there was a grievous rent to be closed up by this final one. The simple iron wire was used, the ends twisted and then left projecting from the vagina.

Dr. Lyon informed me that Dr. Bozeman, of the United States was the first to do the operation in Glasgow. Isn't there something really noble, something that takes one back to the days of chivalry in the conduct of these knights of silver ligatures and button sutures? From land to land, from city to city have they gone to relieve the unfortunate victims of this sad mishap.

Last Saturday I was at Prof. Ferguson's surgical clinique at King's hospital in this city. The most important of the operations performed by this eminent surgeon, was the removal of a very large fibrous tumor, some fourteen years in growth, from immediately below the

angle of the lower jaw, the removal was rapidly effected mainly, after the first incision in the skin, by the fingers and by the handle of the scalpel, a procedure which Mr. F. in his remarks, insisted upon as being much preferable to the plan resorted to by many surgeons of dissecting out the sac, the latter plan taking away more than was necessary, consuming so much time, and causing so much hemorrhage.

I ought to mention, in addition, the use of the lithotrite, in the case of a patient upon whom some months before, Mr. F. had operated for stone a small fragment had begun to give the patient trouble, but it was seized with the instrument and in a little while crushed.

Mr. Ferguson is a much younger man in appearance than you would imagine him to be; looks as if he were good for twenty years more of active professional life. He is in some sort a king amongst surgeons, and is well worthy of such kingly crown.

After these cases, and removal of a tumor from the breast, two or three cases adult females and an operation for anastomotic aneurism in a child Mr. Smith operated upon a case of urethral stricture by Holts' instrument. It was the second time the patient had been operated upon, and paralysis of the bladder, which occurred when the stricture first formed and was removed by the operation, had returned with the return of the stricture, a difficulty which the operator confidently predicted would be again removed.

At St. Bartholomew's hospital Mr. Lawrence, his hair as white as snow, and his step somewhat tottering, is still in active service. Here, too, on the surgical staff, are Mr. Paget, Mr. Savory, Mr. Callender, and not last in any regard, Mr. Coote, as good a teacher and as kind a gentleman as one would meet in many a day. But I miss in the medical staff one whom I had hoped to see and hear, Dr. Chas. West—he is not now connected with the hospital. Indeed the three men of London whom my past reading in diseases of females made me most anxious to see, Drs. West, Tilt and Bennett, are not now connected, or at least only nominally, with any public charity. But enough for this time.

T. P.

Trichina Spiralis and Epidemic Diarrhoea.

SAN DIEGO, CAL., June 9th, 1864.

EDITORS LANCET AND OBSERVER :—In a report published in your April No. of a discussion on epidemic diarrhoea, I notice that Dr. Hiram Smith, thinks it “due more to a change in diet, people using more pork which is not well salted, than to the water.” If this is the case, would it not be better to examine, or prospect, the muscles of patients suffering with these diseases, for *trichina spiralis*. According to Dr. W. Muller of Hamburg, Prussia, diarrhoea is one of the symptoms, without exception, when this parasite is winding in the muscles of the human body.

The operation is easily performed, and without much pain, with Middeldorpf's harpoon. The muscles found in the calves of the legs are the best to operate on. Also the pork should be examined. A piece of muscle taken from either leg of a hog dead or alive, if they are present, will discover them readily in a good microscope. In pork that has been salted and smoked, if found at all, they will be found incorporated in a chalky nebulum.

This may be the cause of your yearly epidemic. I would suggest that your committee in their examinations look into the matter.

Very respectfully yours, &c.,

D. B. HEFFMAN,
Asst. Surg. 4th Inf'ty Cal. Vols.

• Letter From Ft. Halleck, Idaho Territory.

THINKING that a few lines from this far off region would be acceptable to the readers of the “Lancet and Observer,” I propose to mention briefly the diseases we are called upon to treat.

Although we are “seven thousand feet above the gulf of Mexico,” we are not free from miasmatic diseases. As well marked cases of “malarial fevers” occur as you can find in Ohio, and quinia is just as useful here as in the Wabash valley.

Pneumonia is unusually fatal. Can the *altitude* and consequent rarity of the atmosphere have any influence?

For persons suffering from Pulmonary difficulties the climate is admirable. Several of our command have entirely recovered from “haemoptysis” and “bronchitis,” and a few that are “consump-

tive" have been greatly benefitted by the trip across the plains and residence in the country.

During the months of January and February "scurvy" made its appearance amongst the troops stationed at this post, as well as at almost every garrison throughout the west. I have not noticed anything unusual in its mode of attack, symptoms, or course from that laid down by our best writers upon the subject.

Every case was complicated with "laryngitis"—some with "rheumatism"—a few with "palpitation," and two with "night blindness."

The causes I think are attributable to a want of fresh vegetables, a long cold winter, insufficient exercise, and illy ventilated quarters. As soon as possible after the appearance of the disease a small supply of potatoes onions and canned fruits were procured for the sick, salt and salt meats were almost entirely prohibited, the well men were required to take more exercise, citric acid, tincture of iron, and colobicum were used freely, and under this course an almost instantaneous improvement took place.

About fifty cases occurred in our command of eight full companies, only one died, and at this time all but two have been returned to duty, and they are nearly well. I think that the "tinct. ferri chlor" aided greatly, and in those cases where the patient had been addicted to the use of stimulants, small quantities of whisky and wine were of advantage.

Tinct. of myrrh, creosote and tannin were used as a wash for the gums. I found tincture of iodine—diluted—an excellent agent in the the throat complications, one or two applications—with a pencil or used as a gargle—always gave relief.

Our surgical operations have been limited to aiding nature in removing a few frozen fingers and toes.

J. W. FINROCK,

Asst. Surg. 11th O. V. C.

Fort Halleck, Idaho Territory, June 12th, 1864.

Cucurbita Pepo in *Taenia*.

Ms.—, aged 35 years, native of Pennsylvania, now living near Hanover, Indiana, has had tape worm for nearly three years. During this time she has been under treatment of several good practitioners, without any relief; nine months ago she voided three feet of the worm. Came under my care April the 10th. Health very much im-

proved. The most strangely marked symptoms were nervous sensations in the epigastrium, nausea, and voracious appetite, headache, vertigo, great emaciation. On the 10th gave her ℞ii of pulverized pumpkin seeds, mixing honey sufficient to make a paste; gave it in the morning with a dose of castor oil. In two hours after taking the oil, a worm twenty-five feet long was voided. Has now entirely recovered; has gained in flesh; has no symptoms of Taenia.

R. W. SIFE.

Special Selections.

A Plea for the Handmaiden.

BY EDWARD FARRISH:

We often hear Pharmacy represented as the *handmaid of medicine*, and acting on this idea some of our titled colleagues of the Medical Profession, *par excellence*, would exclude the Pharmacist from the great temple of medicine, or if they would vouchsafe him an entrance at all, would shut him out in the servant's hall or the scullery. On what grounds this superiority of the Doctors is founded, we may perhaps profitably inquire; if we go to the past we shall find that the Pharmacists of to-day, equally with the Physicians, represent the ancient votaries of Æsculapius. If it be true, as we are told, that Hippocrates and Galen, with not a few of their eminent disciples and followers, dispensed their compounds many of them keeping open shops, while all were perhaps more concerned with *Materia Medica* and Pharmacy than with either anatomy, physiology, pathology, or surgery, albeit this latter pertained chiefly to the barber, who still represents by his trade insignia the ancient blood-letting propensities of the craft, may we not claim at least as ancient and honorable an origin as any branch of the healing art? Measured by the standard of the *present*, we must indeed own to being occupied with the ignoble pursuits of business; we soil our hands with labor, and even demean ourselves with the insignia of self-seeking trade; yet we do produce something wherewith to benefit mankind, and is not the producer, at last, the true hero of this nineteenth century? What would medical art be now, but for the Scientific Pharmacy which evolved Morphia and Quinia, Ferrum redactum, and the Valerianates, and which has added to our new Pharmacopœa, despite the conservatism which controlled its authors, one hundred and eleven new preparations, for the amelioration of suffering and the cure of disease?

These reflections have passed through my mind in coming over some of the flagrant abuses which distinguish the conduct of physicians in our large cities towards their co-laborers, the Pharmacutists. It is a common observation, that those practitioners who move in

what are called "aristocratic circles," and who pander to the follies of the fashionable life, are most addicted to disregarding the recognized amenities of professional intercourse, especially where their humble compeers, the Pharmacutists, are concerned. Inflated with ideas of their influence and power, and fortified by the greatness of their fees, these professional nabobs delight in patronizing some one renegade Pharmaceutist, who, by the well applied arts of the courtier, ministers to their vanity, while a delicately administered *douceur* occasionally testifies a grateful appreciation of the patronage bestowed. Some, more honest than the rest perhaps, habitually resort to a single dispensing establishment, because they really are persuaded that their prescriptions are better dispensed than at the numerous shops of respectable graduates in Pharmacy, who stand unimpeached, either in the matter of honesty or skill. One of the greatest defects in the education of professional men is, that for want of that contact with men which a business education in early life affords, they so often do not know how to estimate the pretensions of those who lay claim to superior knowledge or skill—to use a common phrase, they are *gullible*. This trait is conspicuous in certain clergymen, who are ready, on the strength of a single apparent cure, to give their influence in favor of the pretensions of some unprincipled quack, whose groundless assumptions would at once vanish into thin air before the steady light of common sense. In these physicians it is observable in the willing credence they give to the extraordinary assertion of the pharmaceutical cicerone, to whose guidance they have willingly lent themselves in their dubious course through the labarintins of *Materia Medica*; meanwhile, the knowing ones indulge a feeling between indignation and contempt for the practitioner who is so easily led by the nose, and pity for the patients who are the victims of his infatuations. When we are "hectorcd" by our medical friends because some sufferer has been relieved of a cold or a colic by a timely dose administered "over the counter," without having paid a fee to some one entitled to exact it, we may point him to the numerous graduates of medicine, who have an office adjoining some corner shop belonging to them, where their prescriptions are compounded by a so-called apprentice or clerk, who is paid, perhaps less than a stevedore on the wharf, and whose instructions are, to add the doctor's fee to the cost of the medicine, whenever practical. Or we may direct the attention of our medical complainers to more prominent physicians, who send their prescriptions to a certain store in the neighborhood, the depository of their private receipts, and recommended by no single merit over near and more respectable dispensing stores.

If a poor sufferer comes into my shop asking relief from the pangs of tooth-ache I feel no hesitation in relieving him if I can, and indeed few acts of my daily routine give me more satisfaction. For this I was never assailed by the nearest dentist with the charge of having interfered with his prerogative. Neither, on the same grounds, do I hold myself accountable to the medical faculty for exercising so much humanity and common sense as will help out a suffering fellow

mortal, without resort to the complexities of his diagnosis prognosis and other technicalities.

Let me not be charged with hostility to the medical profession. My earliest recollections and life-long associations have taught me to love and honor the high-minded physician who, with zeal for both science and humanity, devotes his life to the most laborious and responsible of pursuits; but this very respect for the Physician as he *should* be, induces me to place a proper estimate upon the Physician as he too often *is*, and to protest, in the name of common honesty and fair dealing, against the unprofessional favoritism to which I have alluded as being notorious, especially in our large cities. And now, on entering the second decade in the history as this Association, let me assert for American Pharmacy the claim, founded on a common origin and kindred objects, to an equal and independent place, no longer as a handmaiden, but as a modest and docile sister, beside the more numerous and distinguished branch of the medical family. May we all strive to *deserve* such a position.—*From Proceedings of the American Pharmaceutical Association.*

Reviews and Notices.

A Treatise on the Chronic Inflammation and Displacement of the Impregnated Uterus. By Wm. H. Byford, A.M., M. D., Prof. of Obstetrics, etc., Chicago Medical College, Med. Department, Lind University. Philadelphia; Lindsay & Blakiston. 1864. pp. 216.

We have received this little volume, sometime anticipated, from our old classmate with a great deal of pleasure and satisfaction. Its title perhaps sufficiently indicates the general scope of the work, and at the onset we might simply expect to find a treatise on the topics suggested, modified by the peculiar views, theories, and personal experience of the author. In some good degree such is the character of Prof. Byford's work, but it is something more besides.

There are two parties who hold somewhat opposite and extreme views in uterine pathology. One party holds that the uterus has very little sympathetic influence in the system; that the diseases of the uterus are quite as often dependent upon affections of the other organs as of independent origin. Of course this class of pathologists believe that these general symptoms are to be relieved without particular attention to the local condition or treatment of the uterus itself. This is one extreme.

The other party holds "that the sexual system of the female, in a state of disease, exercises a very morbid influence over nearly the whole organization. That this morbid influence is particularly exert-

ed over the spinal and cerebral nervous systems; and that the only sure and permanent relief is found in the cure of the disordered condition of the uterus."

Then we find still further that there are a variety of subdivisions in these partisan groups; thus we have a class of uterine pathologists who believe that all these sympathetic disturbances grow out of various degrees of inflammation and ulceration; another class of equally respectable authorities hold that the cause of these manifestations will almost always be found in some form or degree of displacement, and these maintain that the inflammation and ulceration are of but slight importance.

Dr. Byford is one of those who not only believe in the great sympathetic influence of the uterus, but he is amongst those who especially believe "that inflammation and its accompanying effects" are the conditions upon which its sympathetic energies depend.

These explanations prepare the reader to anticipate in this little volume a vigorous exponent of the practice of local treatment as the important consideration in the management of uterine affections. In his introductory and general observations our author pursues the argument to some length, but we presume our readers will scarcely care for their synopsis. Perhaps however the most interesting and forcible point made is the parallel which he draws between the symptoms usually attendant on uterine disease and spermatorrhea; he gives a parallel tabular statement, and the similarity is certainly remarkable, and as Dr. Byford remarks, "affords an argument in favor of the efficacy of local causes in producing uterine inflammation, and of the powerful and general sympathetic influence of them when once originated."

We cannot attempt a general review of the contents of this book, we only aim to convey an idea of its scope and tendency. One of the special excellencies of the book is its individuality. It gives very fairly a systematic account of the nature, causes, and plans of treatment of the diseases embraced in his field of observation, but he does not merely give them as an editor, he does not re-vamp and re-hash the prominent authorities; indeed you are at once impressed with the idea that authorities are kept out of sight, and the personal experience of the author is for the most part presented to you. There is of course a freshness in this style of book making that is always acceptable to the practitioner. There is nothing in medical literature so greedily sought after, and read with so much gratification as the personal experiences and observations of respectable teachers; hence the rapidi-

ty with which works of clinical medicine, obstetrics, and surgery find a sale.

Dr. Byford's book closes with a few illustrative cases, showing the results of strictly local treatment in cases of aggravated disease; they are only valuable however in connection with the detailed views embraced in the body of the book.

For sale by Robert Clarke & Co. Price \$2.00.

Editor's Table.

Medical Officers Wanted in the Service. There is a large and urgent demand for medical officers in the service. These are for the most part wanted for duty South and with the colored troops. Graduates of respectable medical colleges who wish to engage in this service should apply at once to Surg. W. S. King, U.S.A., Superintendent of Hospitals in Cincinnati. If applicants desire contracts as Act. Asst. Surgeon they will be referred at once to report to Asst. Surg. Gen. Wood, at Louisville. If they prefer a commission as Surgeon or Assistant Surgeon of colored troops they will be subjected to a proper examination by Surgeon King and assigned to duty immediately.

Braithwaite's Retrospect, Part XLIX, from January to July, 1864 is at hand, from the publisher, Mr. W. A. Townsend, New York. On account of the great increase in the price of material, the publisher has advanced the price of *Braithwaite* to \$1.50 each for Half Yearly Parts. The *Lancet and Observer* and *Braithwaite* are furnished at \$4.50 per annum. Our readers are familiar with this old and well known publication—of its kind nothing compares with it.

University of Michigan. We have received the annual catalogue of students in the various departments of this Institution, and the announcement of the Medical Department for the ensuing course of lectures which will commence on the 1st of October and continue for six months.

United States Stamp Duties. Messrs. Robert Clarke & Co., of this city, have published on card paper the rates of U. S. stamp duties, in very convenient form for office reference. Price only 15 cts.

The Wealthy Physicians of Paris.—The practice of M. Ricord, the distinguished surgeon of the Hospital du Midi (hospital for venereal disorders) at Paris, is now the largest in France—perhaps in the world; it is worth 300,000 francs (\$60,000) per year, and he wears decorations from every principal monarch in Europe. After M. Ricord, the largest practice is that of M. Nelaton, surgeon, which reaches beyond 200,000 francs. N. Nelaton, who was rich by birth and by marriage, claims to be the richest surgeon in the world. After M. Nelaton come nearly in the same rank, Messrs. Trousseau, Roger Andral and Velpeau.

Annual Announcement and Circular of the Bellevue Hospital Medical College of New York.—This new medical college, based upon clinical teaching in Bellevue Hospital, has apparently made a most complete success; it announces a class for the session of 1863-64 of 307 matriculants. The annual session of 1864-65 will commence on Wednesday, October 12th, with a preliminary term of four weeks. The fees are \$105, for the regular tickets; Matriculation ticket \$5; Demonstrators ticket \$5; and Graduating Fee \$30.

The Miami Drake Medical Society.—Nothing indicates so clearly the correct ethical condition and energy of a professional community as its interest in the support of local medical societies; and corollary to this is the degree of character medical organizations reflect upon the membership. When doctors live isolated from their brethren they are apt to grow to a degree suspicious of each other, they magnify personal offences and transgressions of professional propriety, and are tempted to retaliation: This all tends to a State of barbarism in the profession that degrades us in our own self-esteem and in the esteem of all sensible people; pecuniarily it is only a curse; we are always gratified therefore to note new organizations, and observe the healthy condition of old ones. The Miami Drake Medical Society—one term of the title expressive of the locality in the heart of the wealthy, teeming, growing Miami Valley, the other a tribute to the memory of the great Drake—was organized in Middletown, Butler Co., Ohio, May 5th, 1864. Dr. I. A. Coons, of Middletown, was elected as President; Dr. R. P. Evans, of Franklin, Vice President; Dr. O. Evens, Jr., of Franklin, Secretary; Dr. John Corson, of Middletown Treasurer; Drs. Dyche, McAroy, and Wampler a Board of Censors.

We have received a copy of the constitution, code of ethics, and roll of membership, together with the Bill of Fees by adopted the

Society. The fees are properly up to the state of the times, and rightfully indicate a disposition on the part of the Society to be fairly remunerated for professional services.

DAYTON, July 16, 1864.

DR. STEVENS.—*Dear Sir*:—In your report of the meeting of the Ohio State Medical Society you say, "The several committees appointed to be present at the examinations of the various medical colleges in Ohio reported that having received no notice from the proper officers of those institutions, etc., etc."

I was on the committee to visit the Cleveland Medical College, and I believe I was the committee; the faculty gave me due notice of the time of the examinations and very cordially invited me to be present at them. Circumstances did not permit me to accept the invitation and fulfill my duties to the Society. I did not unite in the Report made by the State Society because I had nothing to report. But to allow this to go uncorrected would be manifest injustice to the College concerned. Will you therefore be so kind as to make a note of this in your journal, next number, and thus set matters right?

I am truly yours J. C. REEVE.

We insert the above note from Dr. Reeve which explains itself; we only add that so far as any report was made to the State Society, the record of the Secretary was correct. Gentlemen of those various committees made verbal reports to the State Society, as stated. No report was offered from any one appointed to visit Cleveland, hence the error. Prof. Kirtland from the Cleveland Medical College, expressed the opinion that the proper officer, had given due information to the committee, but as he did not make any authoritative statement the Secretary made a general record without exception.

'Homœopathy Mathematics.—The following calculation was originally published in the *London Medical Circular*. It is hard to conceive how medicines are prepared, having such extreme attenuations as some homœopathsists profess to use. Mr. Wharton, an able Professor of mathematics and astronomy, has had the kindness to answer the difficult questions proposed below:

Q. If Homœopathsists give as they profess to do, the decillionth of a grain of medicine for a dose, and which decillionth can only be obtained by dissolving the grain of medicine in a decillion drops of some liquid—say alcohol—how long would the grain of medicine last, if the population of the world were a thousand millions, and if there were a thousand millions of such worlds, and if each inhabitant lived

for a thousand years, and if they each took a dose per second during their whole existence? And what must be the dimensions of the vessel that would just hold the decillion drops of alcohol.

A. The number of generations each subsisting a thousand years, that the grain of medicine would supply with the homœopathic dose to each individual per second, each generation consisting of the 1,000,000,000 inhabitants of the 1,000,000,000 worlds, is 81,987,535,943,382,425,811,012,156,738,473; and the whole number of years the grain of medicine would last the inhabitants of those worlds, is 31,687,535,943,382,425,811,011,156,888,474 X 1,000, equal to thirty-one thousand six hundred and eighty-seven quintillions, five hundred and thirty-five thousand nine hundred and forty-three quadrillions, three hundred and eighty-two thousand four hundred and twenty-five trillions, eight hundred and eleven thousand and twelve billions, one hundred and fifty-six thousand, seven hundred and thirty-eight millions, four hundred and seventy-four thousand years!!!

The time it would take the trillion inhabitants of the thousand million worlds, each containing 500 years per minute, without intermission, to count the number of years the medicine would last, is 120,494,090 years.

The vessel that would just hold the decillion drops of alcohol must have its length, breadth, and depth, each 229,995,079,096,540 miles.

Light traveling 192,500 miles in a second, would require 378 years to travel the length of one of the sides of the cubical vessel that would just hold the decillion homœopathic doses of medicine.

The spherical space which contains the solar system would hold only a very small part of the decillion drops.

The length of the major axis of Neptune's orbit, and consequently the diameter of the sphere, is 5,706,893,200 miles, which light would travel over in eight and a quarter hours.

If the spherical space which bounds the solar system, vast as it is, was increased so as to have its diameter 40,800 times greater, it would be equal in length to a side of the cubical vessel, but would not, of course, hold the decillion drops, for if the sphere was put into the vessel, it would touch it only at five points, or six, if covered and the angular spaces would be empty.—*Medical and Surgical Reporter.*

A Physician Punished and Fined for Divulging a Patient's Disease.
—A Paris physician has been sentenced to imprisonment for one year, fined five hundred francs, and placed under the surveillance of the police for five years, for having divulged the nature of a patient's

disease, and thus injured his character. He was also condemned to pay one thousand francs damage to his patient.

A Female M.D. in England.—We find the following in the *Med. and Surg. Reporter*, which is taken from a London paper, April 8th :

For the first time, a lady has this week passed the necessary examination as a medical practitioner. After five years' study and several repulses in London and Edinburgh, Miss ELIZABETH GARRETT has found a reward for her indomitable perseverance by her name appearing in the list of successful candidates at Apothecary's Hall. Another examination has yet to be gone through, which if Miss GARRETT, passes, she will be a duly qualified medical practitioner.

Large Brains.—Three of the largest brains in modern times were those of Drs. CHALMERS, and AMBERCOMBIE, and Mr. THACKERAY ; all of whom died suddenly and alone, in bed.—*Med. and Surg. Reporter.*

Production of Ozone.—M. Saint Pierre lately communicated to the Academy of Science a paper on the production of ozone by the mechanical action of apparatuses of ventilation. Ozone as you know is, according to most chemists, electrified oxygen, and its test is iodized starch. M. Saint Pierre, having placed several strips of paper coated with this test, into the eduction-pipe of a blowing-machine intended to feed a furnace of an iron foundery, and placed other strips of the same kind in the adjoining chambers and outside, set the blowing-machine a going, and found that in the course of ten minutes, the strips exposed to the action of the machine became tinged with violet, which deepened by immersion in water : while the other strips in the open air underwent no change whatever, though exposed for several hours. The weather was fine, there was no tempest brewing, the air in the workshop was equally free from ozone, and the ventilator was fed with non-ozonized air taken from both within and without. Hence the only explanation possible of this phenomenon is, that the oxygen of the atmosphere is transformed into ozone by the compression to which the air of the ventilator was subjected. The experiment repeated in various ways, always led to the same results.—*Med. and Surg. Reporter.*

Army Medical Museum.—Without by any means endorsing the indirect but manifest fawning of the *Medical Times* on the late Surgeon Gen. Hammond, or its view of an Army Medical School, both of which as is well known, are decided antagonistic to our own, yet its

notice of the Army Medical Museum is timely and we take great pleasure in bringing the matter before our readers.

Army Medical Museum.—Sir Henry Holland recently remarked to a prominent member of Government, that nothing had interested him so much in his present visit to this country as the Army Medical Museum at Washington. No one who carefully reviews this magnificent collection of specimens, illustrative of the improvements in the missiles of war and their destructive effects, and also the pathology of diseases incident to armies in the field and in camp, can fail to form a high estimate of the value of this national museum. And yet it is stated that the remark of the distinguished foreigner saved the collection from destruction. We would fain doubt if there can be so slight an appreciation of this great National Museum as this statement would imply on the part of any member of the Government. Of this, however, we are certain, that the profession are not sufficiently informed of the value of this collection of morbid anatomy and of illustrations of military surgery. Few medical men have any knowledge of its extent and completeness, for little has been published in regard to it, and it is seldom visited by physicians. We earnestly desire to awaken such an interest in the medical profession in regard to this institution as shall not only prevent its being sacrificed, but lead to its being more vigorously sustained by Government.

The plan of the Museum originated with Surgeon-General Hammond, and may be regarded as one of the fruits of that effort which placed at the head of the Medical Department a thoroughly scientific man as well as an accomplished medical officer. The scheme was regarded by many as visionary, but the majority of the army surgeons have given it their unvarying support. The temptation is very great to retain those specimens which fall to each surgeon in his practice for future study and as trophies of his skill; but the medical staff, with their accustomed generosity, have contributed without reserve everything of value to the Museum. The original projector of Gen. Hammond was to establish an Army School in connection with the Museum, at which a course of special lectures were to be given on military surgery and hygiene, and on anatomy, *materia medica*, jurisprudence, etc., to those who were about to enter the service. In this part of his undertaking he followed the English and French plans of a government school in which the future army surgeon was to receive special training for his subsequent duties. A corps of competent teachers were engaged, and the commencement of the course of lectures had been fixed. But with the removal of the Surgeon-General from active duties at the head of the bureau, the school was abandoned. The failure to organize a school in immediate connection with the Museum will prove a great misfortune to the future medical staff. No ordinary school can thoroughly prepare its graduates for all the duties of an army surgeon. Much of the institution must be of a special character, with means of illustration, such as this Museum and the neighboring hospitals present. We hope yet to see the plan of an Army Med. School fully carried out at the seat of Government.

The Museum is divided into the Medical and Surgical portions, the specimens being arranged upon either side of a gallery. The Surgical Division is in charge of Frederick Schafhirt, late Curator of the University of Penn., and formerly associated with Langenbeck, a most skilful artist in the preparation of morbid specimens. Nothing, indeed, can exceed the delicacy of touch manifest in the preparation and mounting of the specimens in this division. Each preparation is so arranged as to admit of the most accurate study, without disturbing its position and relations.

The surgical specimens, taken as a series, illustrate forcibly a vast number of disputed points in military surgery, and afford abundant food for reflection to the thoughtful surgeon. Here he may learn that trephining is not to be discarded in gunshot wounds of the cranium; that balls lodged should be early removed, even if an extended search is necessary, and especially when in contact with bone; that delay in the union of compound fractures is often due to the interposition of foreign bodies, as balls, necrosed bones; that resections of the knee-joints after gunshot wounds are, for the most part, failures. We cannot estimate the value of such a collection, when complete in all departments of surgical practice, on the progress of American military surgery. The number of specimens now mounted exceeds 1200, and there is a large and rapidly accumulating collection awaiting preparation.

The Medical Division is in charge of A. J. Schafhirt, son of the Curator of the surgical portion, who exhibits the same rare abilities in the mounting of specimens. In this division the preparations are for the most part wet, and for the first time we here find specimens so displayed that we can study them with the utmost ease, and to the same advantage as the dry specimens upon the opposite side of the gallery. Though the number of specimens in the medical is much more limited than in the surgical, yet we find here series of the greatest importance illustrating the pathology of the diseases of the camp and the field. The first series represent those diseases of the larynx described by Dr. R. K. Browne, who presented them as "gangrene of the larynx." They are regarded by Dr. Woodward, however, as scorbutic ulcerations—a very common complication, in his opinion, of many diseases. A second series beautifully illustrates the lessons in camp-fever, typhoid, or typho-malarial. A third exhibits tubercular ulcerations of the intestines at several different points in the same subject. But we cannot specify the many subjects for study which these beautifully prepared specimens suggest. An accurate descriptive catalogue is kept, in which is entered the history of each specimen, as given by the surgeon who presents it, and a minute account of the critical examination to which it is subjected before it is finally placed upon the shelves.

The Museum fund is limited, consisting of a small appropriation made by Congress, but the very best use is made of the means at its disposal. Great economy is practiced in the purchase of materials, and by the redistillation of alcohol, a supply is obtained from that which is rejected for other purposes, or is contraband.

The Relation of the Medical Profession to Science—is the title of an address delivered before the graduating class of the Medical Department of the University of Michigan, by Rev. O. E. Haven, President of the University. We have read the address with interest, and a sense of pleasant, grateful feeling to the author for the high tribute he has seen fit to bestow upon the science of medicine. Tab the following paragraph as indicative of the spirit of the address:

“Remove from the natural science of to-day all that has been contributed to it by men of your profession, and the world would be thrown into great confusion, and much of the darkness of the past ages would settle down again upon us.”

Trichina Spiralis.—Deaths from the presence of this parasite, are beginning to excite considerable attention in this country. Some cases were reported as having occurred in New York City last winter from eating a ham, and an examination of portions of the ham exhibited an abundant presence of trichinæ. These cases were reported in the *Med. Times* for February. Several deaths occurred in May last in the vicinity of Buffalo, N. Y., and considerable space is occupied in the *Med. and Surg. Journal* with their report. The symptoms of these cases were such as in the first place to lead the attending physician to suppose he had “acute muscular rheumatism” to deal with; there was “stiffness of the limbs and the whole body, bloating of the face, with a slight œdema of the eyelids; soon after there followed distinct pains in all the limbs and body, so that they could not bear even the slightest touch. By and by the pains diminished; then as in very labored respiration and great prostration combined with profuse sweats. In the commencement of the illness they both had slight diarrhœa for a few days, and during the whole course of the sickness they suffered greatly from sleeplessness and unquenchable thirst.” In the post mortem a great abundance of trichinæ were found in the shreds of sausage of which the patients had eaten, and in muscular fibre taken from the thorax, abdomen and thigh of the patient. The microscopical examinations were made by Drs. Hadley and Lothrop, of Bualo, and are perfectly reliable.

Dr. Alfred Stille—formerly Prof. of Theory and Practice of Medicine in the Pennsylvania Medical College, has been elected to the same chair, to succeed Prof. Pepper in the University of Pennsylvania.

Dr. B. H. Rand—has been elected to the chair of chemistry in the Jefferson Medical College, to succeed Prof. Baché.

The University of Edinburgh has recently met with a severe loss in the death of Prof. Miller, who has occupied so high and successful a position as a teacher of surgery. He was well known in this country through his works on the Principles and Practice of Surgery. His age was fifty-two.

Papers Received.—Too late for insertion in the present number we have received an article from Dr. Bartholow on the "Chlorides in Pneumonia." Also we have on hand an acceptable paper by Dr. Rooker on "Spotted Fever." There will also appear next month further correspondence from Dr. Parvin, from London.

The American Pharmaceutical Association will convene the present year in the city of Cincinnati. The session commencing Wednesday the 21st of September.

Philadelphia Med. and Surg. Reporter.—This weekly cotemporary enters upon its twelfth volume since the commencement of its weekly series, with the 1st of July. It appears with a new and tasty cover-page, embracing the familiar face of Rush. It is announced to appear hereafter simultaneously at Philadelphia and New York. Price \$4.00 a year.

The Boston Medical and Surgical Journal has advanced its price from the beginning of a new volume to \$4.00 a year.

Prof. Langenback has been appointed Surgeon General of the Prussian Army.

Army Medical Intelligence.

Surgeon W. Threlkeld, U.S.V., as Surgeon-in-charge, Barracks Hospital, Nashville, Tenn.

Assistant-Surgeon Gerhard Saal, U.S.V., as Surgeon-in-charge, Seminary Hospital, Columbus, Ohio.

Lieutenant-Colonel John Wilson, Medical inspector, U.S.A., will make a special inspection of the hospitals in the Northern Department, and will report the result of such inspection to the Surgeon-General, U.S.A.

Surgeon Charles O'Leary, U.S.V., relieved from the operation of all orders requiring him to perform duty in connection with the Provost Marshal General's Bureau, and ordered at once to resume his former duties in charge of General Hospital at Philadelphia, Pa.

Surgeon Eugene B. Harrison, 68th Ohio Vols, and Assistant-Surgeon Jasper M. Grove, 7th Indiana Cavalry, honorably discharged on account of physical disability on the report of a Board of Officers.

Assistant-Surgeon Corwin B. Frazer, A. B. Prescott, and John Fitzer, U.S.V., ordered to report to Assistant Surgeon-General R. C. Wood, U.S.A., at Louisville, Ky.

Assistant-Surgeon Henry W. Davis, U.S.V., relieved from duty in the Department of Arkansas, and ordered to report to Assistant Surgeon-General R. C. Wood, U.S.A., at Louisville, Ky.

Assistant-Surgeon Elliott Cones, U.S.A., as Post-Surgeon, Fort Whipple, Arizona.

Acting Assistant-Surgeon John W. Beers, U.S.A., to Fort Goodwin, New Mexico.

Surgeon H. P. Stearns, U.S.V., to report to Assistant-Surgeon-General Wood at Louisville, Ky.

Surgeon H. P. Stearns, U.S.V., as Surgeon-in-charge, Joe Holt General Hospital, Jeffersonville, Ind.

Surgeon David Stanton, U.S.V., as Assistant Medical Director, Northern Department:

Surgeon W. H. Gobrecht, U.S.V., as Surgeon-in-charge, Officers' Hospital, Fairmount, near Cincinnati, O.

Assistant-Surgeon W. W. Wythes, U.S.V., as Executive Officer, Asylum Hospital, Knoxville, Tenn.

Surgeon A. L. Cox, U.S.V., as Surgeon-in-charge, General Field Hospital, Kingston, Ga.

Assistant-Surgeon M. C. Woodworth, U. S. V., as Surgeon-in-charge, General Field Hospital, Resaca, Ga.

Surgeon George F. French, U.S.V., to duty establishing General Hospitals, Rome, Ga.

The Treasury Department has decided that the law increasing the pay of Cadets at the Military Academy, West Point, N. Y., does not increase the pay of Medical Cadets of the U. S. Army.

The War Department has decided that under the law of April 9, 1864, Chaplains cannot receive commutation of fuel and quarters.

Plans and estimates are being prepared for the erection of an Eye and Ear Infirmary at Chicago for the use of the United States Army Medical Department.

Since the commencement of General Grant's campaign 1,000 Surgeons and Nurses have been sent to the Army of the Potomac, of whom 194 were private physicians of the Volunteer Aid Corps, 42 Contract or Acting Assistant Surgeons, 9 Regular Surgeons, and 775 Nurses.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

Prepared by W. B. FLYNN, M. D., Indianapolis.

1. *Case of Equinea*—Reported by John A. Spencer F. R. C. S.I. (Surgeon 69th N. Y. Regiment).

Peter Brennan, aged 46, of intemperate habits, a private in Company K., 69th Regiment, was admitted into hospital on March 23d, 1864.

Symptoms on Admission.—Pain referred to the lower ribs on the left side, weakness, muscular trembling, costiveness, pulse 75, fair; tongue moist and clean, temperature of skin normal; respiratory murmur and rhythm of heart natural. ℞ magnes. sulph, ℥i.

History of the Case.—On the 15th inst. Brennan came to me with the statement that he was detailed to attend to officer's horse, but for the past few days he had not felt able to do his duty. Nothing abnormal could be detected on examination, and there were no data upon which to act, save the man's own story, that he did not feel well, and had a pain in his side. The question then arose, as to whether he was malingering, or suffering from pleurodynia. Finally it was decided to give him the benefit of the doubt, and accordingly he was relieved from duty for a few days and orders to report occasionally, the following being prescribed: ℞ ext. colch. ḡ. 10 min., every two hours till it operates; ℞ morphiae sulph. gr. ss. each night at bed time. On the 18th he came again, saying that he still felt unwell, though the pain was partly relieved; on this occasion a blister was applied to the affected part. His next visit was on the 20th, his complaint the same: ℞ quin. sulph. gr. v. ter in die. The colchicum to be discontinued. On the 23d he was sent to hospital by Dr. Nealis the Assistant Surgeon, who saw him in camp; he had to be carried thither on a stretcher.

Daily Reports.—March 24th. He lies sunk down in the bed, on his back with the knees drawn up; pulse 80, weaker than yesterday; tongue shows some disposition to dryness about the center; does not answer at once when addressed; speaks of having great thirst; trembles like one in an ague fit; has had no rigor, as far as can be ascertained. Ordered the "imperial" drink to be given him at intervals; a pint of beef tea for dinner. ℞. liq. ammon, acet., a table-spoonful every third hour.

March 25th.—There is a dusky red hue about the nose and forehead, pulse 88, weak and compressible; tongue brown and dry in centre; red at edges and tip; bowels acted freely last night, motion healthy. Liq. ammon. acet. to be discontinued. ℞. sp. frumenti ℥ii., quin sulph. gr. v., four times a day; body to be sponged with tepid water, hair to be cut close to the head.

March 26th—Perspired profusely yesterday evening; the trembling persistent; pulse 80, not so weak as before, tongue brown and dry, there are three unhealthy looking pustules noticed on the face, one at the root of the nose, between the eyebrows almost large enough to fill this space, another on the forehead, and a third on the upper lip below the left nostril. These three are precisely alike in appearance, and are each surrounded by a broad dark livid margin. The attendant reports that the patient "wandered" during the night. Whisky and quinine as before.

March 27th.—Last night he passed the feces involuntarily answers incoherently when spoken to, pulse 90, irregular and thread like. The pustules noticed on the face yesterday have broken and discharged a thin, reddish sanious fluid. The integument of the back is of a livid color, and there are patches of a similar hue on the lower limbs, which are also covered with pustules of about the size of those in small-pox; the scalp too is studded with these pustules. On the upper and lower anterior part of the left thigh is a tumor from one and a half to two inches in diameter; it is moderately hard, and if touched, the patient semi-conscious, cries out. 8 P.M., pulse 120, intermittent: his feces pass from him so frequently that it is necessary to have an India-rubber blanket kept under him and changed constantly; it is remarked that these discharges are very offensive. Directed a reliable man to remain up with him through the night and to give him an ounce of whisky each hour as long as he could swallow.

March 28th, A.M.—Could with difficulty swallow the stimulant. 10½ A.M., died comatose. No autopsy. The following points connected with the case may perhaps be considered worthy of attention;

1st. The absence of any marked febrile disturbance up to an advanced period of the disease. 2nd. The earlier symptoms simulating rheumatism. 3. The true nature of the affection being so completely masked till the pustules, etc., made their appearance. 4th. The absence of the more aggravated symptoms of the disease in consequence, I think, of the poison acting upon the brain, and destroying life by that organ before the more horrible details of "glanders" had as it were, time to be developed.

Before closing it is necessary to state that the horse Brennan had attended was, beyond all doubt, glandered, though in a sub-acute form. The animal, which I examined, had a persistent purulent discharge from the nostrils, small chancrous ulcers on the mucous lining membrane of those cavities, pustules on the skin, and the glands under the jaw were swollen, tender and adherent.—*Am. Med. Times.*

2. *Some Practical Observations on Small-pox and Vaccination at Rock Island Prison Barracks, Rock Island, Ill.*—The following is an extract from an article in the *Am. Med Times*, by R. M. Lackey, M. D., A.A. Surg. U.S.A., under the above heading:

"There are few subjects in the medical world that have claimed the attention and study of physicians more than small-pox. Every medical writer for centuries past has treated of it; some devoting themselves exclusively to its study, the most valuable results attend-

ing their labors. It is however, a source of regret that nearly three-quarters of a century after the achievements of Jenner, small-pox should still prevail, notwithstanding we have daily evidence of the power of vaccination, when properly employed, to arrest the ravages of this loathsome disease. From its earliest recorded history small-pox seems to have prevailed extensively in large armies, the presence of which in this country during the past three years, I think may be regarded as the exciting cause of its general prevalence, the contagion becoming more powerful by concentration, the predisposing cause being negligence in regard to vaccination, and the large number of persons who are consequently unprotected.

The appearance of the disease here was almost simultaneous with the first arrival of troops for garrison duty, but it did not begin to spread to an alarming extent until a fortnight or more after the arrival of the first lot of prisoners, which was about the 5th of December, 1863. From January 1st, 1864, and almost entirely amongst the prisoners, some days as many as forty new cases occurred. As there had been no buildings erected for hospital purposes outside the prison yard, some old dwelling houses on the Island were used as a pest-hospital, and men sick with small-pox were crowded into those, where they suffered from exposure of insufficient ventilation until better accommodations were provided. Although there are few who have never been vaccinated, yet the number of bad cases that occur is large. Thus out of 558 cases admitted there were but 44 that had never been vaccinated; yet out of this number 166 had confluent small-pox. This may be accounted for by the fact that, of the 514 that had been vaccinated, there were 107 on whom the vaccination had not taken effect, and 59 in whom the matter used was evidently bad, as is shown by the character of the scars; and in 38 cases the variola and vaccine disease occurred simultaneously, making in all 204 that were wholly unprotected. The whole number admitted to small-pox hospitals to this date is 1165; of these 335 have died, or one in 3.17. Of confluent cases the deaths have been about 75 per cent. This would show a heavy mortality but for the condition of these men when attacked. Many of them are almost exhausted by other diseases, and a large number die during the first week of the eruption.

In the treatment of small-pox several plans and remedies have been employed and pronounced by some to have the power of aborting the disease. The *sarracenia purpurea*, so highly recommended by Dr. Morris of Halifax, N. S., and others, has been used here to some extent, but its employment has not been followed by the marvelous effects claimed for it. As soon however as another supply can be procured, we propose giving it a further trial, and hope to be able to report more favorably.

It has been asserted by some that vaccination, even after the variolous eruption has appeared, modifies the disease and this course has been recommended; but observations here have not confirmed the truth of this statement. I have carefully observed thirty-eight cases in which the vaccine disease and small-pox occurred simultaneously, and there was not a case in which the vaccination seemed to be of

any benefit; but in some cases the variolous modified the vaccine poison, making the vesicle smaller than usual, and in others the vaccine vesicle became contaminated with the variolous poison, and ran the same course of the small-pox pustules. I see no object therefore, in vaccinating after the variolous has appeared.

The treatment which seems to be attended with the best results here is, to open the bowels freely at the onset of the disease, and if there be much nausea, an emetic may be advisable to assist in freely unloading the stomach. Some of the saline laxatives are given to keep the bowels soluble during the course of the disease. For restlessness and wakefulness dover's powder in 10 grain doses at bedtime. After the secondary fever has subsided it is necessary to use all the supporting means at our disposal—quinine, iron, wine, egg-nogg, and nourishing diet. For the throat affection that so frequently occurs from about the sixth to the eighth day, we have been using bromine by inhalation, and with very decidedly beneficial results. Frequently the tongue and throat swell enormously in a few hours, so that the patient can neither speak nor swallow, and suffocation seems imminent. In these cases we have seen the swelling diminish as rapidly as it came from the use of this remedy. An inhaling apparatus may be extemporized by two tubes placed in the cork-stopper of a wide-mouthed bottle. From the fourteenth to the twenty-first day pneumonia is most to be feared; and nearly all the cases in which it occurs prove fatal. Treatment is of but little avail, except to palliate as far as possible the sufferings until death relieves the victim. Erysipelas is very prevalent; nearly 25 per cent. of the whole number of patients are in the erysipelas ward. For this we find the local and constitutional use of iodine and bromine, with prompt support, the best treatment. Abscesses and sloughing are very common among anaemic subjects. I have seen the scrotum and penis nearly all slough away before death took place. For the abscesses, when they become extensive and the parts gangrenous, we have found the injection of a weak solution of iodine, after the pus is evacuated, very beneficial. We have made use of a variety of external local applications, mainly for their soothing effects during the stages of maturation and decline. A very excellent soothing application is olive oil and creasote, from ten to twenty drops of the latter to the ounce of oil softens the surface, and the creasote allays the itching, and besides its antiseptic properties are of some value. Another local remedy that we have used with great advantage, especially for the eyes, is glycerine. We usually take equal quantities of glycerine and water, and for the eyes the addition of a few grains of tannin to the ounce is beneficial. Where there are extreme dryness and soreness of the mouth the glycerine mixture is an excellent application, not only in small-pox, but in other diseases.

Of the 558 cases of which I have taken notes, those between 15 and 20 bear the disease best; no bad cases occurring in those over 40 years of age recovered; and no deaths have occurred in those who have a good vaccine mark. Vaccination is the great disarmer of this great destroyer of human life; and the zeal manifested by some

physicians in extending its blessings soon after its discovery is well worthy of imitation." * * *

3. *Spotted Fever*.—The following synopsis of a discussion on *spotted fever* at a meeting of the New York Academy of Medicine, is reported in the *American Medical Times* :

“Dr. W. H. Draper concluded the reading of his paper on cerebro spinal meningitis. His observations of the disease were founded principally upon the large number of cases which have recently occurred at Carbondale, Pa. In the majority of the cases the meninges of the brain and spinal cord were intensely inflamed, while in others the pericardium, pleura, and even the lungs suffered. The discolored patches or spots from which the present epidemic seems to have derived its name, were not always present. Opisthotonos was a pretty constant symptom. The liver and kidneys in some instances were found to be the seat of fatty degeneration. The disease was generally of short duration, and very fatal. He was inclined to the belief that it was very infectious. The conclusion of his paper was occupied by arguments to prove the identity of this disease with typhus fever. The paper was a very elaborate and finished one, and we regret that we are unable to publish it in full.

Dr. Scriven stated that he had met with a few cases of cerebro spinal meningitis since the last meeting. He referred to three cases in particular. The first was that of an old man aged 71, who was seized at first with rheumatic pains, followed by vomiting. When *Dr. S.* first saw him he was suffering from spasm of the posterior cervical muscles. The pulse was full and strong. The features seemed relaxed; “his whole face seemed to hang. His mind was inclined to wander, though at times he was able to give some account of himself. He complained of burning pain in the head and down the back. The patient was bled to faintness, and the pulse coming up after he was laid down, he was bled again. The symptoms were all relieved, and the patient at last accounts was doing well. The blood showed a buffy coat, and was cupped after standing.

The second case which *Dr. S.* referred to, was that of a boy eight years old, whom he only saw in a state of collapse. Cups were applied to the mastoid process, but little or no blood was drawn; they were also applied to the back of the neck with the same result. At the suggestion of *Dr. Sayre*, who saw the case, the jugular vein was opened, but it was some three or four minutes before the blood was made to flow, it being necessary to free the orifice of the opened vessel by scraping away the partial coagula which existed there. The symptoms were alleviated, but the child was already too far gone to rally.

The third case was interesting in respect to an abscess which developed itself in the lumbar region, and seemed to extend into the spinal canal.

Dr. Clark did not think that there had been sufficient opportunities to study the disease in and around New York, inasmuch as there had

been to the best of his knowledge, not more than a dozen cases under observation, and out of this number there had been opportunities afforded for but two or three autopsies.

He had met with but one case. This was in the practice of Dr. King, and in the person of a young mechanic. He was seized on Sunday three weeks ago with a feeling of malaise, attended with vomiting and headache. These symptoms continued until evening, when he retired at the usual time. During the night he became delirious, and partially paralysed. Dr. King saw him the following morning, and found him pretty profoundly comatose; the pulse was exceedingly small and rapid, the face livid, and there were noticed blotches upon the neck. At twelve o'clock, the time of the consultation visit, stimulants in the meantime having been given, the pulse was more appreciable, and had increased somewhat in force, but was still very rapid. He was then very restless. He refused to speak, probably on account of an inability to move his jaws, which were firmly contracted. The pupils were neither dilated nor contracted. The respiration was sufficient to aerate his blood fairly, and presented no remarkable feature as to character or frequency. The blotches varied in size; some were so small as to be completely covered by a pin's head, while others could not be covered by the end of the finger. The more recent and smaller ones disappeared on pressure, while the larger ones were ecchymotic in character. The larger ones were dark in their center, and of a light red along their margin. Their form was exceedingly irregular, no two resembling each other; they were notched and irregular in outline, and either angular or very rounded, none having any definite oval form. The eruption appeared upon the neck three hours before it did upon the feet. There was then (12 M.) no opisthotonos. The patient was doing pretty well at last accounts.

Dr. Clark was inclined to doubt as to whether the right name had been found for the disease. In some cases the brain and spinal column were involved in the inflammation, and so far the term cerebro spinal meningitis was correct enough; but in other cases the inflammation was limited to the brain, and the cord escaped altogether, and the inflammation had spent its force upon the pericardium, the pleura, and even upon the lungs. That being the case, the disease in his opinion was due to a condition of the system in which there is a tendency to inflammation, and that inflammation might show itself in one part of the body or the other, dependent upon circumstances which we cannot at first appreciate. He was not able to agree with Dr. Draper as to any identity which existed between this disease and typhus fever. In typhus fever the eruption rarely or never appears before the seventh day from the time the headache and chilly feelings commences; the rate too at which the eruption travels over the body occupies a more considerable space of time, and then again the inflammation of the brain, which sometimes complicates typhus, does not show itself until after the end of the first week, and more generally in the second or third week. The rapidity with which spotted fever runs its course, and the symptoms attending its fatal termina-

tion, were very different from those of typhus. As to the fatty degeneration of the liver and kidneys, it was most allied to yellow fever; though the investigations of Dr. Thomas have lately tended to show that this same condition of things may be met with in typhus fever. Why might not this lesion exist in spotted fever independent of any analogy that might exist between this and typhus. Taking every thing into consideration, he was inclined to look upon the two diseases as entirely distinct.

Dr. Griscom related a case that had come under his observation in New York Hospital, and which was still under treatment. The patient, after general malaise, was first attacked with severe pain in the head, and when Dr. G. saw him he was suffering from the symptoms of cerebral inflammation. His pupils were contracted but were dilatatable. His face was the seat of a most intense congestion; cups were applied, followed by venesection, when almost all the urgent symptoms were alleviated. The following day the patient suffered from an attack of catalepsy, which lasted for twelve hours. He had no command over his sphincter, and having an attack of diarrhoea, discharged the contents of his bowels in his bed, and over the floor. There was no opisthotonos present. For some time he had been delirious, would spit at every one with a seeming maliciousness, while at odd times he would exercise a musical talent which he seemed to possess, by whistling vociferously. Dr. G. was disposed to think at the time of reporting the case, that the patient was suffering from an attack of acute mania.

Dr. La Roche of Philadelphia, made some remarks concerning the general characters of the disease as he had met with it around Philadelphia, which corroborated the views of Dr. Clark.

Dr. Horsfield referred to a case that occurred in Jersey City, which proved fatal. The tonic and stimulant treatment was resorted to.

Dr. Draper instanced some examples of the contagiousness of the disease, which tended to corroborate the statements concerning that point referred to in his paper.

4. "*Spotted*" or *Petechial Fever*.—The peculiar affection popularly termed "spotted fever," which has been so prevalent in adjacent portions of the country the past year has attracted much attention in consequence of the fatality attending it. Too little has been understood concerning its pathology and treatment. Now, however, considerable light has been thrown upon both by means of communications published through our columns.

This malady first appeared in the United States in the town of Midfield, in Massachusetts, in 1806. In 1812 an epidemic occurred among the soldiers of the United States army at Greenbush.

During the winter and spring of 1818 it was prevalent and was extremely fatal in the State of Vermont, also in the northern part of the State of New York, where it has occurred at intervals of ten or twelve years, and was termed by some cerebro-spinal meningitis. The disease is briefly described by Watson, and also by Wood, un-

der this latter title. The statistics show that it chiefly attacks children and young persons, especially boys. An epidemic occurred during the winter and spring (which would seem to be its favorite season,) of 1857, in the village of Elmira and Horseheads, and to some extent in other parts of Chemung County, New York

Although this disease has prevailed since the time of Sydenham, in every epidemic owing to its fatality it is always spoken of as a new disease, and yet the symptoms are almost constant and harmonious which are "a chill, headache, vomiting, prostration, morbid sensitiveness of the skin, jactitation, coldness of the surface, wildness of expression, dilated pupils, irregular breathing, paralysed deglutition, wry-neck, retraction of the head, dullness or abolition of the senses, pulse but little effected, bowels quiescent, petechia, delirium, convulsions, coma; these are impressive symptoms, and many or all of them attend each case.

It would seem that this fever appeared in New Jersey in 1836, and then crossed the river attacking the inhabitants of Philadelphia, and passing through the State of Pennsylvania. The late Dr. Joseph Parish gained great credit by avoiding bleeding and depending upon stimulation, which has been the most successful treatment in all the epidemics which have occurred. Dr. Parish had studied with care Dr. North's treatise on this disease.

It is somewhat remarkable that in the epidemic of 1864 in Philadelphia, the authorities do the same thing which was done by those of London during the plague, two centuries ago, namely, 1664, for in the mortuary bill of April 4th, this disease is termed spotted fever, malignant typhus, and for the first time, cerebro-spinal meningitis. In the early days of the plague it was put down on the list as spotted fever, not to alarm the public. The mortality so far in our epidemic, is equal to that of all the others, namely: one half die; and so also of the pathological lesion, the only one as a constant condition is entire change in the blood, almost a separation of it into its original elements. This epidemic exhibits also the remarkable characteristic of counterfeiting other disorders, and the physician is not unfrequently surprised at the sudden approach of death in instances where the patient was actually about his room, or walking about the day previous, as was the case with a distinguished physician of this city, and also was seen in one of our public institutions for boys, where there were four fatal cases out of some ten or twelve attacked.

The predisposing course of this fever seems as yet to have eluded investigation. That it is not contagious is universally agreed. The suggestion in a report recently published in regard to ergot (spurred rye) or any other grain as having produced it, is not corroborated by sufficient evidence. The true cause, as in all other epidemics, depends upon a peculiar state of the atmosphere. The exciting causes are eating improper food, stale or diseased meat; the meat of the young calf, pig, or sheep. Indeed a very large amount of meat sold in many of our street markets is entirely unfit for food, exposed to cold or damp, great fatigue, anxiety of mind, fearing the name of the disease, sometimes inducing a morbid condition of the mind making the

system favorable to its influence. The humane and prudent physician will therefore, do all in his power to divest the disease of its alarming name, calling it "nervous" fever or cerebro-spinal meningitis, which is considered by some as being more appropriate, as but a small proportion of the cases are marked with petechia.

Squire Transactions of Medical Society of State of New York, 1858, p. 133.

The reader may consult Dr. N. E. North on spotted fever; communications to the Mass. Med. Soc., Vol. ii. New England Med. Jour.; Amer. Med. and Philosophical Register, and Med. Register of New York. Gullup on Epidemics; Sketches by James Mann, M. D., and treatise on Typhus Syncopalis, by Thomas Miner, M. D.; and American Modern Practice, by James Thatcher, 1826.

5. *Cerebro Spinal Meningitis as it appeared among the troops stationed at Benton Barracks, Mo., by Ira Russell, Surg. U. S. V., and Post Surg.*—During the winter, Benton Barracks have been a rendezvous for colored troops, and a temporary stopping place for white regiments going home on, and returning from furlough. Benton Barracks are situated just outside of the limits of the city of St. Louis, and in rather an unhealthy or malarious locality. The diseases most prevalent among the troops have been measles, some cases of typhoid or typho malarial fever, a large number of cases of pleuro-pneumonia, together with many of cerebro spinal meningitis. The latter disease appeared first among the colored troops. Not less than fifty cases occurred among them during the months of January and February, more than half of which proved fatal. Latterly quite a number of cases have occurred among the white troops, the symptoms and progress of the disease not differing materially from that among the negroes. * * * * *

6. *General Observations.*—There has been a good opportunity to observe the symptoms and progress of this fatal malady, as it has happened at this post, and I have watched it with a good deal of interest and considerable care. In what respect, if any, it differs from the same disease in other localities, I am unable to state, having never seen or treated any cases of it elsewhere. It is my opinion that local miasmatic influences, if not its sole originating cause, have had much to do in producing it. It is unquestionably, I think, of an aethenic type, and I believe that the same opinion is entertained by the surgeons on duty at this post who have had the most experience in treating it. At first, surgeons were inclined to adopt active antiphlogistic remedies, and to depend upon stimulants, tonics, iodide of potassium and opium, together with cups, sinipisms and blisters to the spine. Opium has certainly exerted a good influence in controlling delirium. I have been led to believe that the administration of quinine, freely given in the early stages of the disease, prior to the period of collapse, will in very many instances arrest it. Whether quinine exerts a specific influence over the disease, or merely removes one of its predisposing causes—viz: malaria. I am unable to determine, as my experience in treating it has been confined to cases oc-

curring in this locality, in which malaria abound.—*Boston Medical and Surgical Journal.*

7. *On Albumenuric Aphonia, by George D. Gibbs, M.D., Assistant Physician to the Westminster Hospital*—Albumenuria is a manifestation of the renal disease now known as Bright's, and gives rise occasionally, though rarely, to laryngeal symptoms which result in aphonia, to which Dr. Charles Fauvel, of Paris, has recently given the name of "aphonia albuminurique." This loss of voice occurs also in the renal dropsy following scarlatina. It must be in the experience of most hospital-physicians to have witnessed cases of extensive anasarca resulting from Bright's disease, and as a secret to scarlet fever, involving the submucous areolar tissue of the larynx, and producing hoarseness, stridor, and aphonia. Although this cannot be an extremely rare complication for several examples have come under my own notice in the larger wards of the hospitals of London, yet scarcely a writer that I am acquainted with ever mentions such an occurrence.

It was but the other day (Jan. 29th,) that a male child, two years and a half old was brought to me amongst the out-patients at Westminster Hospital with Bright's disease of recent date, associated with general dropsy. The child had been much exposed to cold, was blanched, puffy about the eyelids, had bled at the mouth, and the voice was completely gone. The urine was scanty and albuminous, which was from the disease mentioned, as it had not had scarlatina. With assistance I was enabled to see in the laryngeal mirror supraglottic oedema of the larynx, of a very pale, indeed almost white color. Here was an instance of albuminuric aphonia in a young child. The laryngeal dropsy was purely passive, yet the dyspnoea was urgent.

It is well known that one of the causes of death in dropsy is effusion beneath the mucous membrane of the air passages, and the larynx is liable to become involved, and add much to the patients suffering. I am indebted to Dr. Charles Fauvel for a copy of his original essay on albuminuria, and the following is a summary of his observations :

The laryngeal mirror only can discover the affection, which is a white oedema, either chronic or intermittent, of the vestibule of the larynx and vocal cords, preceding or following albumenuria, and more often without any external manifestation to afford even the suspicion of the existence of Bright's disease. This oedema at one time abruptly manifests its presence, and at another slowly, by complete aphonia, or slight dysphonia. The first symptom which appears is hoarseness; the patient neither coughs nor expectorates; has no feeling of a foreign body; he complains only of slight uneasiness of breathing and a little oppression at the chest. Very soon he is compelled to make great efforts at inspiration, and after some days the voice is weak and obscure, sometimes altogether lost, and a whisper occurs only with the lips.

No cause can be made out in the patient's history to explain the

condition of the larynx. If, however, it is recognized either by a direct examination of the larynx, or by the appearance of an oedematous swelling of the face, or swelling of the eyelids, or general anasarca, the proper treatment for albumenuria will arrest the progress of the laryngeal affection. If the disease be not diagnosed, it will nevertheless disappear in a few days, because it will have been the consequence of an intermittent albumenuria. On the other hand, when the intermission disappears, and the disease returns in an aggravated form, the obstruction becomes so great that tracheotomy must be performed. Dr. Fauvel cites the particulars of two or three well marked examples, and has seen many patients attacked with aphonia or dysphonia in the best of health, without any other explanation to account for the swelling in the larynx than albuminuria, very sensible traces of albumen being discovered in the urine by the application of nitric acid.

If supra-glottic oedema of the larynx suddenly arise as a forerunner or primary symptom of Bright's disease, its early diagnosis is of great importance, and the profession cannot be too soon made aware of it.—*London Lancet*.

8. *Guy's Hospital—Bright's Disease, Glossitis and Oedema Glottidis.*—We publish the following cases for the purpose of illustrating the occasional coexistence of laryngeal mischief with diseases of the kidney :

Joseph B——, aged forty-eight, was admitted into Lazarus ward on the evening of the 16th of August, 1863, suffering from glossitis, his tongue protruding from his mouth and filling it. There appeared no immediate danger of suffocation, but word was left with the nurse to call the surgeon on any increased effort in breathing. He was found dead in the morning; Autopsy eight hours afterwards. The body presented no remarkable appearances. The tongue was enormously swollen, and filled the mouth. The palate was oedematous; the glottis in continuation with the palate was much swollen with oedema beneath the mucous membrane. The oedema of the glottis appeared sufficient to close the chink. The kidneys were very much diseased, small, granular and covered with cysts. All the other viscera were healthy.—*London Lancet*.

9. *On the Hypodermic Treatment of Uterine Pain, by J. Henry Bennett, M. D.: Late Physician Accoucher to the Royal Free Hospital.*—I am not aware to what extent the hypodermic injection of sedatives has been resorted to for the treatment of uterine pain since it was first introduced to the profession, but I am desirous of giving my testimony to its extraordinary efficacy in cases presenting that symptom. I may add that my attention was first forcibly directed to this mode of treatment by the valuable papers of Mr. Charles Hunter in *The Lancet*.

During the past winter I have used, with prompt and marked success, the hypodermic injection in several cases of severe dysmenorrhœa, with or without hysterical complications, and in several others of uterine and ovarian neuralgia, and of facial neuralgia having a

uterine origin. The relief has been obtained in from fifteen to thirty minutes, without being attended or followed by the headache, loss of appetite or nausea, which are so frequently the result of the use of opiates in any other way.

This latter mode of administering opiates has hitherto been my sheet anchor in the treatment of uterine spasms and pain, and is certainly most efficacious; but it is not unfrequently attended by all the above mentioned drawbacks, from which the hypodermic injection appears to be singularly free. In nearly all the instances in which I have tried this mode of introducing opiates into the system, the sedative result alone has been produced: there has been no subsequent bad effect whatever.

In one case of severe uterine tormina and pain, the result of arrested menstruation from cold, I injected thirty minims of the solution of morphia. In half an hour the pains, which had been agonizing for the past twenty-four hours, were calmed. A good night's rest followed, and the next morning the menses had resumed their course, and my patient was all but well. In another similar case the uterine pain was accompanied by severe hysterical symptoms. The injection was followed by the same favorable result:—ease, sleep, and rapid disappearance of all morbid symptoms.

Owing to the complete control over the element of pain which the hypodermic injection of opiates appears to give, I have been able to carry on the necessary treatment, in an interesting case of uterine disease, which I would otherwise have been obliged to treat under chloroform, or at a great disadvantage. The patient, a young German lady of twenty-four, came to Mentone last autumn, by direction to her medical attendants, with the view of spending the winter in the south. She was considered to be suffering from neuralgia, facial and general, and from nervous irritability of the system in general. She had been traveling with her husband from place to place, from bath to bath, in search for health, for more than two years. On being consulted, I recognized the existence of a host of uterine symptoms, and found that the neuralgia and nervous illness had manifested itself after a severe confinement, which had occurred about three years ago. The discovery of inflammatory ulceration of the neck of the womb gave the key to the state of ill health. Singularly enough, none of her previous medical attendants had suspected the uterine origin of the neuralgia. Such cases are always very difficult to treat; interference with the uterine lesion all but invariably rousing the neuralgia. I have repeatedly had cases of the kind that I could only examine and treat locally by giving chloroform to the full surgical extent on each occasion, and this I have had to do twenty or more times in the same patient.

With the patient in question the surgical treatment of the ulceration was borne tolerably well at first, but as the diseased surface became more healthy, and consequently more sensitive, endurance diminished. Every time the sore was touched, severe neuralgia followed, and the general health began to flag. In former days I should have suspended all treatment, and have sent the patient to the country

For a couple of months to allow the nervous system to calm down, and to let nature do her best. In this instance such a course was not desirable, my patient being very anxious to continue the necessary treatment so as to be locally cured before we separated in the spring. I thought, therefore, of the hypodermic treatment, and tried the injection of thirty minims of the solution of morphia immediately after each uterine dressing. This course was attended with complete success; no neuralgia ensued, and I have been able to continue uninterruptedly the treatment now all but brought to a successful issue. On one occasion I omitted the precaution, and was sent for at ten o'clock at night. I found the patient a prey to the most distressing attack of facial neuralgia, which had come on an hour before. She was positively convulsed and shrieking with agony. Chlorodyne, sulphuric ether, &c. had been taken, with no relief. I injected the thirty minims of morphia solution, and in twenty minutes she was calm and free from pain. It was repeated next day, and the facial neuralgia has not returned. This lady will no doubt gradually recover her health and get rid of the neuralgia when the uterine disease is thoroughly cured.

In a case of pure neuralgia, attacking first one and then another part of the body, I have injected from twenty to thirty minims of the acetate of morphia solution forty-two days in succession, without any unfavorable result. The neuralgia, which was very severe, was entirely subdued by it for about eighteen or twenty hours, when it reappeared, gradually increasing in intensity until the injection again relieved it. At the end of that long period the pains gave way, the treatment having been either curative, or having allowed the neuralgic attack to wear itself out. During the entire period of treatment, the patient, a very delicate lady, slept better than usual, ate as well, (her appetite being usually bad, and the digestive powers weak), and was able to take part socially in all that was going on around her. No one, indeed, was aware, except her family, that she was suffering from so painful a malady. To my surprise, I was able to suspend the morphia suddenly, without any of the distress and discomfort which is habitually observed when opiates have been long used and are abruptly abandoned.

From what I have seen of the hypodermic system, I believe that its use is capable of great extension in the treatment of pain generally. I consider that the injection of a solution of morphia after any operation would deaden pain, and produce a general calm of the system both soothing and beneficial to the patient. I think also that this result might be obtained in most cases without the usual drawback of opiates taken internally.

Some years ago I recommended in this journal the injection of opium into the rectum as a means of modifying and even arresting obstinate sea-sickness. Since then various additional cases have come under my notice illustrating its efficacy. The great difficulty to all edification in sea-sickness is the fact that the stomach absorbs fluids with difficulty. By injecting subcutaneously, this difficulty is got over, moreover, a subcutaneous injection would be managed easier on ship

board than the rectal injection, to which most people have a very natural antipathy.

I have used all but exclusively a solution of acetate of morphia in distilled water. Nine grains dissolved in two ounces of water gives a strength about equivalent to that of laudanum. The liquor Morphiae of the pharmacopoea contains spirit, and I have found that it constantly occasions small patches of painful inflammation, without the spirit on the contrary, it appears to be quite innocuous. A moderate sized steel needle or canula I find preferable to the small gold one. The steel canula is sharper, and passes easier through the skin. By pinching firmly the fold of skin that has to be pierced between the finger and thumb, its sensibility to the puncture is much diminished. It does not seem to matter much, as regards results, in which region of the body the injection takes place. I have principally chosen the praecordial region for uterine and general pain, and for local neuralgia a spot as near to the region affected as possible.—*London Lancet.*

MATERIA MEDICA.

10. *Oxygen as a Therapeutic Agent*—Drs. Demmarguary and Leconte publish their observations on properties of the oxygen as a therapeutic agent. If, at the commencement of this century, when it was first studied by physicians, it had been applied to the proper cases, its uses, our authors observe, would not have been so easily abandoned. One of the cases in which oxygen would be decidedly hurtful, is that in the existence of inner sores, or focuses of inflammation; oxygen in such cases revives a sensation of pain in the inflamed regions, within a few days. Still, the physician may even derive some advantage from the exciting property of oxygen, in order to change the nature of the inflammation. Oxygen has also a powerful effect on the heart, because it generally renders the circulation more active. Hence, it should not be administered to old men, in whom a disturbed circulation is found to exist. Persons predisposed to hemorrhagia should not breathe oxygen; nor those who are in a feverish state. But as to the cases in which the inhalation of oxygen should be had recourse to, there is scarcely any limit to them; for so long as a man can breathe it, this agent can be administered; while, on the other hand, the power of absorption of the stomach, the organ to which recourse is always had, is limited. Oxygen ought to be inhaled in cases of anaemia, chloro-anaemia, diphtheria, and, generally, in all those cases in which it is necessary to afford strength to the patient. Under the influence of oxygen, and in a very short time, if age and the general state of health permit it, the patient regains his vigor and appetite to such an extent that patients have been heard to call for something to eat during the night; the lips soon become red again, a greater vitality becomes apparant, and many nervous symtoms disappear under the influence of this agent. On the other hand, sores become more inflamed. In a case of croup, in which the patient, a child, had undergone the operation of tracheotomy, a large blister, covered with diphtheric membranes, was clear-

ed by the action of oxygen; but a week later this agent had to be discontinued, the blister having become inflamed. The child recovered. Our authors state that the action of oxygen is rapid, that they have never administered longer than for thirty or forty days at a time, and that in most cases it was discontinued at the end of fifteen or twenty days, to be resumed in the course of a few days.—*Med. and Surgical Reporter*.

11. *Generation of Oxygen*.—Mr. Robins, the analytical chemist has just discovered an easy way of obtaining oxygen. It simply consist in heating chromate of potash and peroxide of barium with dilute sulphuric acid. The operation is performed in a common glass retort, at the ordinary temperature. Now, that oxygen is becoming a valuable therapeutic agent, this method of obtaining it will be found far preferable to the old one, which consists in heating peroxyde of manganese in iron retorts.—*Med. and Surgical Reporter*.

12. *Therapeutical Application of Electro-Galvanism*.—The therapeutic application of electro-galvanism is also attracting considerable attention. In applying a current of electricity to the human frame, the object is to act upon the static electricity in the body. By the application, for instance of the positive pole, the corresponding electricity contained in the body is set free and circulates in larger quantities in the nerves, the combination of the positive current from the apparatus with the negatives in the body forming a neutral compound. An opposite result, of course, follows the application of the negative pole.

The normal current circulating in the nerves should be increased when there is a deficiency of electricity in the system, and decreased when there is an excess. In health there exists a certain quantity of electrical fluid in the nerves, which is increased or diminished by disease. In those cases which require an increase of electric activity to supply the deficiency of the current in the nerves; the negative electrode must be placed either on the spinal column, the forehead, the temples, or nape of the nape of the neck; and the positive applied to the hands, feet or abdomen, according to the part affected, which it is to bring as much as possible under the direct influence of the electric fluid. In those cases which require the quantity of electricity circulating in the nerves to be diminished, the positive pole must be placed on the back, the negative on the part effected. Chronic affections of long standing, require perseverance in the continued use of the remedy; and there are few cases but which, if they do not absolutely yield to its influence, at least derive some benefit from it. In general debility, the employment of the electric current is invariably beneficial. It must be applied chiefly to the back when the debility is general, and to or as near as possible to the part affected, when it is more local.

Dr. Froriep has met with great success in treating incontinence of urine with electricity. His plans consists in introducing the electric fluid by one pole into the bladder, whilst the other is applied over the pubis. Electro-galvanic currents have been successfully applied to the bladder, where, from over distention during labor, it has lots

the power of expelling its contents, requiring the daily use of the catheter. The electric current speedily restores the organ to the dominion of the will. * * W. N.

—*Med. and Surg. Reporter.*

SURGICAL.

13. *Treatment of Permanent Stricture of the Urethra by Sudden Dilatation.*—The following communication from the *Chicago Medical Journal*, by Dr. Wm. B. Slayter, of Chicago, will be read with much interest by the profession, as the treatment by "sudden dilatation," or more properly speaking, forcible rupture of strictures by instruments with expanding blades, has not met with general favor in this country or in Europe; on account of the danger, or unpleasant consequences to be apprehended from such a violent mode of treatment. Such apprehensions are in a great measure groundless. We are taught by experience that in gradual dilatation, the attempt to advance too speedily produces pain, constitutional irritation, and frequently inflammation, followed by additional depositions of plastic deposit, increasing the contraction, yet we are inclined to the opinion, that these unfortunate complications result from the misapplication of the mechanical dilating power. In the use of Mr. Holt's instrument the dilating force acts at right angles with the urethra, and with just force enough to accomplish the desired object, dispensing with the additional thrusting force required when the dilating power is applied in the direction of the axis of the urinary passage. He remarks:

"Of all diseases of the urinary organs which fall to the lot of the surgeon, permanent stricture of the urethra, perhaps, is the most annoying and tedious to the patient and most troublesome to the medical attendant, and it is for this reason that I feel called upon to bring before the profession of this city a mode of treatment which has been sanctioned and adopted by many of the principal surgeons of Great Britain, among whom may be mentioned Professor Ferguson of King's College Hospital, London, Mr. Skey of St. Bartholomew's, Mr. Cutter, and numerous others of world-wide reputation.

"This treatment consists in a forcible and sudden dilatation of the stricture by means of an instrument invented by Mr. Holt of the Westminster Hospital, and with which in the space of a few seconds the largest size catheter may be passed into the bladder without the slightest difficulty.

"Strange to say, this treatment has received very little attention in America, and, with the exception of one or two Surgeons in New York—so far as I know—has not been alluded to by any American writer. The instrument itself consists of two portions: first, two solid silver branches of the shape of an ordinary bougie, grooved internally, and firmly attached to each other at the point; at the handle is a screw by which they are compressed together to the size of a No. 3 catheter, and between the two is a silver wire which serves as a guide for the straight hollow dilator with which the stricture is burst.

ing to the size of the instrument it is impossible to use it until the surgeon has succeeded in passing a No. 3 catheter through the stricture, and then it may be employed in the great majority of cases with the least fear or hesitation. In some cases this treatment has been adopted when only a No. 1 catheter could be passed, but the instrument used has been of smaller dimensions than the ordinary one. The following, then, is the mode of procedure, after the surgeon has succeeded in passing a No. 3 catheter: The branches being tightened together are passed through the stricture into the bladder; they are then unscrewed, and the largest size dilator, No. 10 or 11, is pushed down through the stricture on the silver guide. The instrument is then immediately withdrawn, a No. 10 or 11 catheter passed, and the urine drawn off. The patient is directed to take quinine gr. ℥ss. Opii. m. x., three times a day for the first twenty-four hours, for the purpose of preventing any stricture fever coming on; he is directed to empty his bladder without the aid of a catheter for two days. A No. 11 catheter is again passed on the second or alternate day for a week or fortnight, when the patient, first taught, is directed to pass an instrument himself occasionally. The *modus operandi* of the instrument has, I think, been conclusively proved by the following experiment, which Mr. Holt quotes in his work on stricture: A man died in hospital, I believe, from dissection of the chest, and at the time of his death was the subject of a very tight stricture. At the post mortem examination Mr. Holt introduced the dilator into the bladder, split the stricture, and removed the contents. The fibrine forming the stricture was found to be comparatively burst open, but the mucous membrane lining the urethra was quite uninjured. The hemorrhage after this operation is very common; in the majority of cases amounting to half a dozen drops, but in very rare instances to a teaspoonful.

The great advantages of this over the ordinary mode of treatment by gradual dilation are: 1st. The rapidity with which a stricture is cured. 2nd. It is less liable to return after this treatment. 3rd. Its freedom from danger.

The rapidity with which a stricture is cured. As I have observed, any ordinary permanent stricture, provided a No. 3 catheter can be passed, may be cured in a fortnight; whereas by the ordinary method it very often takes months before a patient can dispense with the aid of a doctor. This saving of time is certainly an immense advantage, especially in cases where fistulæ, abscess, irritation or chronic inflammation of the bladder are threatened, or where the complications are already present. For by removing the stricture, these diseases speedily get well.

—Stricture is less liable to return after this treatment. Stricture, however treated, is liable to return, but it has been proven most positively that it is less likely to do so after the fibrine has been removed than when gradually dilated. In the very few cases in which the stricture has returned, it has been clearly traced either to neglect in not passing the catheter occasionally, or to his indulging too freely in drink or other excesses. I have

seen very many cases, two and three years after they have been operated upon, and they have never had the slightest return of the complaint or experienced any difficulty from it whatever.

3rd—Its perfect freedom from danger. When this treatment was first brought to the notice of the profession, all sorts of imaginary dangers and difficulties arising from it were conjectured. In the first place it was said that the pain of the operation would be too painful for most people to put up with. Mr. Holt at first administered chloroform; but after the first few cases the pain of the operation was found to be so very slight that it was discontinued, and now, except in very rare instances, it is never given. The next objection was that it would necessitate the retirement of the patient from his ordinary business for some time; but experience has shown that three or four hours quiet after the operation is all that is necessary.

“Some imagined that this apparently rough treatment might produce abscess of the urethra, extravasation of urine, and even death. Mr. Holt has operated on upward of two hundred cases, many of which I have watched, when House Surgeon at the Westminster Hospital. I also operated on upward of fifty cases, and the only bad symptoms that have ever been noticed have been a few rigors, and these in a very few cases; and in not a *single instance* has abscess or other serious complication arisen.

In conclusion, I would say, after having had a large experience in all kinds of treatment of stricture, that I believe this, in the majority of cases, to be the very best; and I am satisfied that any surgeon who gives it a fair trial will be very soon convinced of its superiority and will never have cause to regret having used it.”

14. *Salivary Calculus*.—Dr. Papin presented to the Society an interesting specimen of salivary calculus, which he had removed from the right side of the soft palate of a patient lately under his care. The patient, a lady of sixty-five years of age, had suffered from slight, but very annoying sore throat, for two years. She had consulted physicians here, but being informed that it was nothing serious, and the treatment giving no relief, she went to New York and Philadelphia, and the surgeons whom she consulted there assured her that she was only laboring under a slight sore throat—she would soon get well. She returned home and consulted two physicians before I saw her. When sent for, I found the patient very nervous, and somewhat debilitated. On examining the throat, I found the soft palate on the right side slightly red and tumid, and in the central position I noticed an ulcer with dark centre; on touching the dark spot, I felt something hard, like bone, and substituting the dressing forceps, I extracted a salivary stone, which I now show you: These seem to be very rare. I have only heard of two being met with in St. Louis—one by Dr. Pope and one by Dr. Phillips.

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ARTICLE II

"The Chlorides" in Pneumonia.

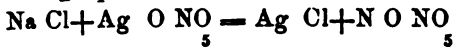
BY ROBERT BARTHOLOW M.D. CINCINNATI, OHIO.

Source of the Chlorides in the Urine.—The chloride of sodium, the principal chloride of the urine, is contained in considerable quantity in various articles of food, both animal and vegetable, but the chief source of it is the table salt, which the artificial tastes of mankind have exalted into a necessity. It does not seem to be of very great moment how much of this condiment may be consumed with the food, for the kidneys easily and quickly excrete it, and it passes off also with the excrementitious matters and the intestinal mucous surface. Nevertheless death has been produced by the ingestion of large quantities of common salt with all the symptoms of irritant poisoning.* On the other hand it is quite possible to maintain the body in perfect health without the use of this condiment. Many Indian tribes of this continent have no knowledge of its use, and white men domiciled amongst them have lost all relish for it.

Qualitative determination of the chlorides.—I allude to this very simple chemical subject, lest some of the readers of the *Lancet and Observer* may not be familiar with the method of detecting the chlorides. The urine to be examined should be acidulated with colorless nitric acid, and then a solution of nitrate of silver added drop by drop. If the chlorides be present, a more or less dense white precip-

* Taylor on poisons, p. 12.

itate of silver is produced. The reaction may be represented by the following equation :



The nitric acid used must, of course, be free from hydro-chloric. this may be ascertained by testing it with the nitrate of silver solution; If the nitrate of silver test be applied without previously acidulating the urine, a precipitate of earthy phosphates might confuse the reaction.

Vicarious Excretion of the Chlorides.—Heller, and afterwards Simon and Redtenbacher demonstrated the disappearance of the chlorides from the urine in pneumonia.* Beal† of London and Bennet‡ of Edinburgh, by numerous clinical observations, have added to the knowledge of this remarkable incident in the progress of that disease. This fact has now become the common property of the profession, and the clinical history of a case of pneumonia is incomplete unless reference is made to the presence or absence of the chlorides.

The proposition may be thus stated: During the progress of a pneumonia the chlorides (chiefly chloride of sodium) which are normal constituents of the urine, disappear from that secretion and are found in the sputa, and the return of the chlorides to the urine is an indication of the resolution of the inflammation. Why should this vicarious excretion of the chlorides take place in pneumonia? This is a question not to be answered in the present state of our knowledge. Is it confined to pneumonia? Or are other inflammations, or injuries or diseases in the course of which this phenomenon occurs? Heller supposed the chlorides to be absent in other considerable inflammations. According to Lehman the chlorides disappear in acute rheumatism, capillary bronchitis and typhus, frequently although not constantly. Bennett found them absent in one case of peritonitis and in all the cases of variola examined. With the view of determining how far the diagnostic and prognostic indication of the presence or absence of the chlorides may be depended upon in pneumonia, I submitted to examination from day to day the urine of the patients in the West End Military Hospital. The cases consisted of typho-malarial fever, erysipelas, hospital gangrene, gunshot wounds, acute and chronic rheumatism, dyspepsia, chronic diarrhoea, and chronic dysentery, and pneumonia. A large number of observations, independent and comparative were made. The vicarious excretion of the

* Lehman, *Physiological Chemistry* Translated by Day. Vol. 11, p. 183.

† Tiensoe, of *Med. Clin. Society*, for 1852. ‡ *Clinical Medicine*, p. 643.

chlorides was not found in any of the cases except pneumonia. This is contrary to the opinion of Heller, who, as before mentioned, believed the chlorides to be absent in considerable inflammations. It is also opposed to the assertion of Lehman that the chlorides are frequently absent in acute rheumatism. There seems to be, therefore, good reason* for assuming that the discrepancies in the observations made on this subject, may be due to the unsuspected development of an intercurrent pneumonia in the diseases in which it is said, the chlorides disappear. I have elsewhere* shown the chlorides to be absent in the capillary bronchitis, accompanied by atelectasis or lobular pneumonia, in cases of camp measles; but their disappearance has been coincident with the intercurrent disease of the pulmonary tissue. It may therefore be expressed in general terms that the vicarious excretion of the chlorides is produced only in pneumonia. If there be exceptions, they are too unfrequent to seriously impair the value of the indications afforded by this sign of the state of the pulmonary tissue. The importance of this fact in diagnosis is obvious. In obscure cases, when the physical signs fail to indicate the character of the diseased action clearly, the application of a very simple chemical test may resolve the doubts. Its prognostic value is scarcely less important. By means of it, I was enabled a few days ago, to discover the earliest period of commencing resolution in a case of pneumonia of the left lung, when the most careful physical exploration failed to detect any change in the lung tissue—the general signs being, also, most unfavorable. The return of the chlorides to the urine is in the nature of a critical phenomenon. This leads me to the question,

Is there a "crisis" in pneumonia?—I am quite satisfied from my own observation that there is a period in this disease when a critical evacuation announces the commencement of the return to health. The return of the chlorides to the urine is usually marked by an increase in the quantity of that secretion discharged and by a diminution in its specific gravity. Concurrent critical phenomena are frequently observed, increased diaphoresis, considerable diarrhoea, or more abundant expectoration. In an uncomplicated case these critical evacuations occur at a period ranging from the sixth to the twelfth day.

The present belief in the occasional occurrence of critical discharges is a revival in a modified form of the Asclepiadan doctrine of *Crisis*.

*Report on Camp Measles.—Am. Med. Times, April 14 and 21, 1864.

cocta non cruda sunt medicanda. Celsus* gave in his adhesion to this doctrine, in later times, Sydenham,† also. After falling into discredit it revived again, but the modern doctrine does not include the Pythagorean dogma of critical days represented by certain numerals and multiples of these. Crises occur at variable periods even in the same disease, but the phenomena manifested in many instances, are in strict harmony with the Hippocratic idea of present humors ripened for discharge. Now the reappearance in the urine of the chlorides, although they are not *cocta*, signals—so to speak—the elaboration and discharge of morbid matters. Every practical physician should therefore daily test the urine of his cases of pneumonia, not only for the valuable diagnostic and prognostic indications thereby afforded, but also, to learn the time for critical evacuations which he may hasten, encourage or imitate.

 ARTICLE II.

Rupture of the Anterior Portion of the Fundus Uteri in Parturition.

BY STEPHEN BONNER M.D., CINCINNATI.

On the evening of the 28th of July, ult., I was summoned to attend Mrs. W., aged 24 years, a stout, rather robust woman, in her first labor. I found her with very active and efficient expulsive pains, with the os dilated to its utmost. Membranes tense and strongly pressing against the perineum. With a view to facilitate the labor, I ruptured the membranes, when the head descended and fairly occupying the inferior strait, promised a speedy termination of the case. At this stage of her labor, and whilst having a very hard pain, she was suddenly seized with what, from her interrupted respiration, seemed to be a spasm of the diaphragm, and she immediately placed her hand over the epigastric region, and complained of pain in that part. Having my fears that some accident had occurred, I passed my hand over the abdomen, and when on the part indicated, to my consternation, I came in contact with a foot of the child, which had just escaped through the fundus uteri. On making this discovery, I immediately dispatched a messenger for my instruments, telling my patient that I should have to deliver her as soon as possible. Meanwhile I occupied my hands over the fundus, making firm pressure laterly and

* Celsus De Medicina Lib. III.

† *Schedula Monitora.*

downward, so as, if possible, to prevent a further widening of the rupture, in which effort I think I was successful. The instruments having arrived, and owing to the favorable position of the head, favoring a ready and easy application of the forceps, I had the good fortune to deliver a fine, healthy boy, weighing 10 lb, in probably less than half an hour after the accident took place. The placenta being brought away by traction on the cord, a firm contraction of the uterus followed. A bandage carefully applied, and anodyne administered, and our patient made as comfortable as possible, I left her for the night.

In this case it was most fortunate that the rupture was so soon discovered, and her delivery so speedily accomplished. I also consider it fortunate that the membranes had been ruptured and the liquor amni allowed to escape, else a portion of it might have found its way into the cavity of the abdomen; the result of which, peritoneal inflammation, would, no doubt, in a short time, have terminated in death. This is the fifth case of rupture of the uterus which came under my notice during an extensive obstetrical practice of 32 years, and the only one that recovered—two occurring in the hands of midwives, and three whilst in attendance myself. It is now one month since my patient was delivered, and at this time she is in the enjoyment of perfect health, no unpleasant symptoms remaining as the result of the accident.

ARTICLE III.

Cerebro-Spinal Meningitis, or Spotted Fever.

BY JAMES L. ROOKER, M.D., CASTLETON, IND.

Cerebro-spinal Meningitis, or spotted fever, as so called, is, at present, prevailing to an alarming extent in the rural districts of the United States. Particularly is this the case in portions of Indiana.

It has been my unfortunate duty to have to treat quite a number of patients suffering with this disease—but with very little success.

I think the disease first made its appearance in my vicinity in the spring of 1862, attacking indiscriminately all ages and sexes. Diphtheria was also prevailing as an epidemic at the same time, and in this connection I will say that, in many respects, they are similar, and no doubt but many cases that were recorded as diphtheria, were spotted fever. Cerebro-spinal meningitis, or spotted fever, is generally ushered in without premonitory symptoms. The patient is seized with a

chill, pain in the head, stiffness of the muscles of the neck, a tendency to opisthotonos, vomiting, pulse quick and small—frequently 140 per minute,—constipated bowels, urine scanty, high-colored and an excess of the phosphates, breathing laborious—breath fetid, almost intolerable, the patient tosses about in bed, and requires assistance to keep under the cover—cries out with a severe pain in the foot, which changes to the hand, is seized with tonic spasms of the muscles of the leg. In many cases there will be loss of voice—the patient becomes delirious, thinks he is flying or falling from some high mountain, calls piteously for help,—at times perspires copiously, and as the fetor of the breath is intolerable, by a careful examination of the extremities, you will detect, over those muscles which have suffered the most from spasms, spots of a purplish hue, about the size of a split pea, which cannot be obliterated upon pressure; but this is not always the case, sometimes the spots are larger, and assume more of the character of purpura, the tongue becomes dry, sordes on the teeth and lips, pain and spasms subside coma and death. The patient may, as I have seen, pass through all these symptoms and die in the short space of six hours. No two patients are affected alike; the bowels of one are constipated and cannot be operated upon; while in the second, you will find a copious diarrhœa. One patient may be seized with loss of voice, hearing and sight, with almost complete opisthotonos. The case may terminate in six hours or ten weeks. The symptoms are so diverse that it is not my intention to enter into a minute description of them, but rather to content myself with what I consider to be the cause of this malady. About the time this disease made its appearance, there was an epidemic broke out among the swine, which has received the appellation of “Hog Cholera.” A farmer with, apparently, a fine lot of hogs, will notice one or many of them attacked with “fits,” in some cases vomiting, diarrhœa, in short, all the symptoms I have enumerated above as in spotted fever; and, probably, in the short space of one week he loses fifty out of his hundred head of hogs. Shortly after hog cholera made its appearance in my neighborhood (Dec. 25, '62) I was called to a boy three years of age, of a wealthy family, who had been in excellent health up to the day I was called to see him, I saw the little patient in two short hours after he was first attacked, found him vomiting frequently, and offensive discharges from his bowels,—pulse 140 per minute, pupils dilated, opisthotonos, which partly subsided at times, perspiring copiously, body covered with purplish eruptions not to be obliterated upon pressure. The symptoms soon became worse, my little sufferer

passed into a comatose condition and died in twelve hours after the first attack. A few days previous to seeing this case I had lost some hogs with the new disease, and was at once struck with the similarity of the diseases. On making enquiries, I learned that the farmer with whom my patient resided was, at that time, loosing many of his hogs from hog cholera. After this, I lost some thirteen of my hogs from the same disease, and I resolved on making some post mortem examinations. The first was a large, fine sow, which was attacked with the usual symptoms and died in twelve hours. On examining the cutaneous surface I readily detected an eruption identical to that I had seen in spotted fever. I first took out the stomach and intestines, found the mucous coat rather congested, but in other respects quite healthy; but on examining the brain and spinal cord, I found an inflammatory condition of the membrane of the brain, with a serous effusion into the ventricles, the inflammatory condition of the membrane extending the entire length of the medulla oblongata. I found all the rest of the organs in a healthy condition, except the liver, which was gorged with blood; the gall bladder was empty. I afterwards examined some five or six cases in the same way, and in all found the same condition. In localities where "hog cholera" prevailed, there, and there only have I found spotted fever. It is a disease peculiar to the rural districts. The physicians of cities have seen but few cases of it. I think the disease is communicated from the swine in two ways: 1st, by inhaling the atmosphere of hogs suffering from the disease, 2nd, by eating the meat. Many farmers will kill and eat the remainder of their hogs that have been spared from "hog cholera."

Treatment —As to treatment, I have but little to say. Out of about twenty cases I have been directly and indirectly associated with, I have tried the stimulating and tonic course, have known the antiphlogistic treatment adopted, &c. I believe the disease produced by a poisoned condition of the blood, a constitutional disease and the inflammatory condition set up in membranes of the brain, is only a local manifestation of a constitutional disease, as ulceration of Peyer's glands in typhoid fever, and the most rational mode of treatment is to neutralize and eliminate this poison from the system. I also think it of an asthenic type, and would recommend stimulents and tonics from the start. If the patient is vomiting and suffering severely from pain and spasms, I have found nothing so good as to give chloroform by inhalation, and also, frequent and small doses internally. Turpentine emulsion, sweet spirits of nitre, hot baths, &c., &c.; support with beef tea, milk punch, and, after this is done, in nine cases out of ten, your pa-

tient will die. If my hypothesis should prove correct, we may prevent the spread of this dreadful malady by stopping the use of so much pork. It may be that there is a similarity of hog cholera in this country and a like disease that has prevailed in the Old World among the swine. It is well known that persons who eat sausages made from pork containing the flesh-worm, will be attacked with typhus symptoms and generally die. Dr. Muller, of Hamburgh, in the April number of the *London Lancet*, for the year 1864, in describing the disease of the human family produced by eating pork containing flesh-worms says, "The only important symptoms of typhus absent in the disease is the enlargement of the spleen, and it is very probable that some of the so-called epidemics of typhus fever of former days were caused by the eating of pork containing flesh-worms in the human body." I have not been able to use the microscope in the examination of my cases, but probably we might find flesh-worms as the cause of the disease.

Since writing the above, I have been informed, by Dr. Kimberlain, of Hamilton county, that he was called to treat a case of spotted fever, in a tanner who cut his hand with a knife, while dressing the skin of a hog which had died from hog cholera. The symptoms in his case were well marked. The fetor of the breath was almost intolerable, and it was the general remark of the farmers who called to see him, that the smell was *identical* with hog cholera. This patient made a slow recovery in about ten weeks.

ARTICLE IV.

Strangulated Hernia—Operation—Intestine Found to have Perforated the Peritoneum and Transversalis Fascia—Recovery.

By A. H. SMITH, Asst. Surg. U.S.A. Las Cruces, New Mexico.

Mr. S, an American aged 28, of robust constitution and temperate habits, states that shortly after a somewhat difficult stool on the morning of December 31st, he was seized with a pain in the groin of such severity that he applied to me at once.

On examination an elastic tumor about an inch and a half in diameter was found occupying the situation of the external ring, while a continuation of the same could be traced to the internal ring, descending the inguinal canal. The tumor was very sensitive, and the

taxis exceedingly painful. Patient insists that he had had no tumor in the groin previous to this time.

An attempt was made at once to reduce the hernia in the usual way, which proving unsuccessful hot and cold applications were applied; the first with hope of relaxing the parts sufficiently to permit reduction, which failing cold applications were tried with the view of diminishing the bulk of the extended mass. This proving also of no avail, the patient was placed fully under the influence of chloroform, and the taxis again employed. This was still unsuccessful, nor could I by any force which I deemed it prudent to exert diminish in the least the volume of the tumor. Previous to the administration of the chloroform vomiting had occurred repeatedly, but was not of a stercoraceous character. The pain was so atrocious that the patient begged me to proceed at once to the operation, stating that death itself would be preferable to a prolongation of his sufferings.

It being evident that the only hope for the patient lay in an operation, a messenger was dispatched to Mesilla, three miles distant, for Surg. Oliver, U.S.V., who arrived within an hour. Chloroform was again administered and the taxis employed by Dr. O., but without success. As night was approaching it was decided to proceed to the operation at once. An incision was made in the usual manner, and the subcutaneous fascia was divided with the greatest care. To my astonishment the loop of intestine was found immediately beneath the fascia superficialis communis, between it and the tendon of the external oblique muscle. *There was not a vestige of the usual envelopes or hernial sack, nothing but the naked gut.* The intestine was found intensely congested, but its vitality seemed as yet unimpaired. The border of the external ring, hard and tendinous, formed a very firm constriction about the loop of intestine, compressing it so closely that until some of the external fibres of the tendon had been divided with a scalpel it was impossible to introduce even the tip of the little finger as a guide to the hernia-knife. This first stricture having been divided the finger was passed along the inguinal canal to the internal ring, where another stricture equally firm and unyielding was encountered. This having been divided, I attempted to return the protruding intestine into the abdomen but was unsuccessful. The external wound was then enlarged until the finger could be passed through and beyond the intestinal ring, and the nature of the obstruction discovered. It was then apparent that the intestine had forced its way through the peritoneum and fascia transversalis, and was constricted by the margin of the *button-hole slit*, which it had made. A third

application of the hernia-knife released the gut completely, and it passed readily into the abdomen with the characteristic gurgling sound. The external wound was now closed with sutures and cold water dressings applied over which was placed a bag of sand, making pressure over both rings and along the canal. Opium was given in quantities sufficient to keep the patient in a state of partial narcotism. The stomach becoming excessively irritable, the opium as well as all the nourishment taken by the patient for the first three days was administered by the rectum. During the two days succeeding the operation the pulse ranged from 120 to 140, but there was no tympanitis and no tenderness except at the seat of the wound.

On the seventh day the bowels were moved for the first time by the use of a cathartic, assisted by an enema. The wound healed by first intention, and in three weeks that patient was discharged cured.

It seems almost incredible that a hernia of this kind could have been produced by so insignificant a cause, but I have no reason to doubt the truth of the patient's statement.

Proceedings of Societies.

Proceedings of the St. Louis Medical Society.

Reported by THOS. KENWARD, M.D.

Therapeutical Action of Veratrum Viride.—Dr. Coons said he desired to call the attention of the members of the Society to the beneficial effects of the tincture of veratrum viride, as it still seems a question with some physicians as to the favorable action of this remedy. Dr. John Hughes Bennet, the eminent professor of Edinburgh, in a communication to the *London Lancet*, states that he has no confidence whatever in its remedial effects; that it is no antiphlogistic, as claimed, but injurious to the system. Dr. Coons said he had used the remedy, for twelve or fifteen years, quite extensively; both before Dr. Norwood's paper upon the subject appeared, and more extensively since; and never, in a single case, had he been disappointed with it. It was true, that in some cases it had not accomplished all he desired, but in every instance it had been beneficial. It was undoubtedly a powerful sedative, capable of reducing the pulse very rapidly. In cases where there was great nervous irritability, the pulse very irreg-

ular and excitable, as in some cases of chronic pulmonary disease, he had used it with happy effects in the following prescription: ℞ tinct. veratrum viride m 60, tinct. aconiti radice ʒjss *M.*, give with a small quantity of brandy, from three to five times in twenty-four hours, in doses containing one minim of the veratrum viride, and continuing the remedy three or four days, when it calms the system very much. He had lately employed the remedy in the treatment of chordee, with the very best effect. He combined it with a small quantity of syrup of ipicac, and gave three minims at bed-time, repeating the dose if necessary. The patient generally slept without trouble. He was induced to employ this for chordee in the case of a stout negro boy, 18 years old, who had a very obstinate gonorrhœa, and he thought the discharge was partly kept up by the uncontrollable chordee, the erections having defied treatment for some time and continued perhaps for as long as two months. In one night I overcame it by this remedy, and on continuing its use for several nights, both the chordee and gonorrhœa were cured. In another case I cured violent gonorrhœa with this remedy alone, using it until it produced nausea. The same patient was recently cured a second time, by this remedy alone, in ten days. I have never heard of veratrum viride being used for this purpose before, and would recommend its further trial.

Dr. Wm Johnson said he had used this remedy for several years, and was much pleased with its action; he had given it often in pneumonia when everything else had failed, and with the very best effect; he had given as much as four minims every two hours, watching the pulse until it was reduced to 70 beats per minute, and never saw any injurious effects from it. He had used it during the past winter in the second stage of pneumonia, complicated with delirium tremens, and obtained relief from delirium in one night. He knew that Bennet said it was very deleterious, producing dangerous depression, etc., but he thought, though Bennet was a very learned man, he was a better pathologist than practitioner, and relied more on nature than remedies in every case.

Dr. R. E. Bland said: I have had considerable experience with this remedy, have used it for twelve years or more, and fully endorse the views advanced by Drs. Coons and Johnson. There is one disease, however, of a most appalling nature, in which I have made extensive use of the tincture of veratrum viride, and with the happiest effects—namely, puerperal fever. We all know that if the lancet failed to relieve bad cases of this disease in its early stages, following the treatment of former days, death was the almost inevitable result in

every case. Now, during the past ten years, I have employed tincture of *veratrum viride* in every case which has come under my treatment, and, without a single exception, with the most charming effect. Never, in a single instance, have I failed to see the disease yield to the remedy before I had reached the dose of fifteen drops. I commence with five drops, repeating the dose every three hours, and increasing one drop every time until it reaches fifteen, unless vomiting or purging ensues in the meantime, when it should always be omitted for a while. I have seen the pulse lowered from 130, or even 160, to 165, in the course of twenty-four hours, and with the lowering of the pulse all traces of disease disappears. I have used it in pneumonia with the very happiest effects. Only a few days since I treated a case of this disease with it, giving four drops every three hours until the dose was increased to ten drops, and then all fever and trouble in respiration disappeared, and in three days the patient was perfectly well. I don't pretend to explain the *modus operandi* of cure, but I merely give facts as that is what we want, and I earnestly entreat my professional brethren to give it a fair trial in puerperal fever, and I assure them they will not be disappointed. Don't be afraid of it; but if the injurious effects manifest themselves, use its antidotes, morphine and brandy. I have not bled a case of this kind for ten years, and consider it unsafe and unnecessary, now that we have a better remedy in the tincture of *veratrum viride*.

Dr. Newman agreed with Dr. Bland, that experience alone determined the beneficial effect of a remedy, and thought the therapeutical value of *veratrum viride* had been well established. It certainly acts as an arterial sedative, and if we control the action of the heart we accomplish a great deal in many cases. Dr. Norwood recommends us to begin with eight drops for a dose, but I consider this too much. I also think brandy acts as an antidote, counteracts the effect of this remedy, which I mention because Dr. Coons has used the remedy in combination with it in certain cases, which, it seems to me, could do no good, but prevent the *veratrum* from acting at all.

Interesting Fibrous Tumor of the Uterus.—Reported by Dr. G. Hurt. In the month of October, 1863, I attended the *accouchement* of an unmarried female. After a labor of about eight hours, without complication, or difficulty, except such as are usual to *primiparae*, she was delivered of a healthy female child. After delivery there was delay of the placenta, which induced me to resort to frictions on the abdomen to excite uterine contraction, and in passing my hand over the region of the uterus, I discovered what at first suggested to

the idea of the head of a second *fetus*, but there being no other evidence of twins I dismissed that impression, and questioned the patient as to her symptoms prior to pregnancy, which, if there had been at all, they were so slight as to have failed to attract her attention.

The delay of the placenta having continued for more than an hour, and having administered ergot in large doses without inducing uterine contraction, and, fearing some accident on further delay, I proceeded to remove the placenta by force. After detaching it, and while my hand was yet in the womb, I had no difficulty in grasping the tumor, which I found attached to that portion of the uterine wall extending to the right *sacro iliac* symphysis, of about the size of a grape, firm in texture, and apparently quite devoid of sensibility.

I feel no hesitancy in pronouncing the tumor fibrous, though so soft in texture as to suggest the idea of fibro-cartilage.

I did not operate for the removal of this tumor, but reported the case as one suitable for operation either by ligature or the *écraseur*, and of the two I took occasion to express my preference for the former, as in my judgment, being the more simple, at the same time offering equal certainty of success and less risk of accidental injury by manipulation.

The tumor was sufficiently pedunculated to have rendered the attachment of a ligature entirely practicable, and my only excuse for not having operated is not in being provided with the necessary instruments, through these, I think, could have been easily improvised on the spot, as a bit of stout twine and a piece of steel out of an umbrella frame would have been all sufficient in the hands of a practical surgeon.

Case of threatened Abortion treated with Chloroform.—Dr. Shumard said that sometime ago he was called to see a lady, two and a half months advanced in pregnancy, who was suffering from severe pains in the back, accompanied by hemorrhage evidently uterine. He prescribed opium and sugar of lead to check the bleeding, which, however, had no effect. The pains becoming much worse, he gave her chloroform by inhalation, and very soon all pain and hemorrhage ceased. On the next morning she was somewhat debilitated, but had no return of the pain. This was six weeks ago, and there has been no trouble since. The lady has miscarried three or four times before, about the same period.

Placenta Prævia.—Dr. Bland said that a case of unavoidable hemorrhage from placenta prævia, which occurred in his practice some

years ago, was treated by the method since recommended by Dr. Simpson. Previous to the occurrence of this case, I noticed in some journal the suggestion that the hemorrhage in these cases was produced by partial separation of the placenta, and that the bleeding came from the placenta. The idea suggested was, in these cases, to make a *clean sweep*, completely detach the after-birth from the neck of the womb, and thus stop the bleeding; this method seemed justifiable to me. I had had these cases to contend with before, and found, as I thought, turning to be inappropriate in cases of profuse hemorrhage, which plan is, however, I believe, still pursued by most obstetricians. I was called to the wife of Mr. B., whom I found lying in bed, very much exhausted from sudden and profuse uterine hemorrhage; her pulse was very small and frequent, and she was in imminent danger. She had not suffered any pain, but was sitting on a chamber, when a sudden gush occurred, which she at first thought was water, but to her horror and surprise, found it to be blood. I immediately introduced my hand, and found the placenta detached from the right side of the neck of the womb, and irregularly detached from other portions, but extending over the left portion of the cervix. I first intended to turn and deliver, but remembering the suggestion, I completely detached the placenta, made a *clean sweep* of it, and it immediately fell into my hand, when I feared I had committed a rash act. I said to myself, I have saved the life of my patient, but the child will be dead. I had taken the precaution to give large doses of ergot, previous to detaching the placenta, and immediately after its removal uterine pains came on rapidly; the hemorrhage ceased, and fortunately the child was born alive and lived to be ten years of age.

Since that case happened to me, I have had several others, and never hesitated to completely detach and remove the placenta, when satisfied that it was partly detached, and thus would prevent or produce irregular contractions, and hence fail to stop hemorrhage. I do it in order the more surely to save the life of the mother, even at the risk of the life of the child.

Dr. Boisliniere remarked that he must protest against this method of managing cases of placenta prævia, for he believed that a fortunate result in these cases is the exception, and not by any means the rule: the child must certainly perish unless born very rapidly after complete detachment of the afterbirth, and we know that generally the uterus, after profuse hemorrhage has occurred, is in a state of inertia, and not likely to contract. Dr. Bland was, I believe, successful in his case because the ergot which he had previously given acted prompt-

ly, produced contractions of the womb, and thus stopped the hemorrhage which could not be stopped without the uterine contractions; and I believe in his case the flow would have been checked without the removal of the placenta, as soon as the head was forced down against it, and the open bleeding vessels thus stopped. I must then protest against this method of Professor Simpson, as useless in the only cases in which it can be practiced, as being almost necessarily fatal to the child, and more dangerous than turning to the mother. In most of these cases we had better follow the old plan of delivery, by turning; which operation can be very quickly performed, in most cases, by any one possessing an ordinary amount of skill. In all cross presentations, of course turning is the only method to pursue. If there be only a moderate hemorrhage, and the head is presenting, I generally rupture the membranes, either by hand or by means of a catheter and also give ergot, which produces pains, brings down the head against the placenta, and helps to check the bleeding; in such cases, when there is inertia of the uterus, I have used galvanism with good effect. This does in ordinary cases, and generally both the mother and child will be saved. The catheter is used to rupture the membranes when the placenta is completely over the mouth of the womb. When the hemorrhage is excessive, alarming, we have no time to wait, and had better turn and deliver at once. Now, in cases where the bleeding is small and the os uteri undilated, but the head presenting, we may try the tampon; but in any other than a vertex presentation, we can not employ the tampon, but must dilate the mouth of the womb, either by insinuating the hand into it, or by making multiple incisions of the os, ten or twelve incisions, which will make an opening for the hand; we must then turn and deliver as quick as possible. The incision of the os is very safe in these cases, and also where there are fibrinous bands extending across the upper part of the vagina, which sometimes occurs, and is very dangerous.

Dr. Bland, in reply to the above criticisms, said: If I was called to a case of unavoidable hemorrhage, when the os was undilated, I would not for a moment think of trying to detach the placenta; for so long as there is a rigid and undilated os tincæ, there is no danger of death; but in cases of exhausting hemorrhage and extreme danger, I recommend the complete detachment of the placenta, instead of turning, which I think is too slow. It is in those cases where, from partial detachment of the placenta, the contractions of the womb are slow and irregular, that I make a *clean sweep* of it, for the purpose of producing regular contractions. I have had a number of these cases, and

never saw the detachment of the placenta fail to check the hemorrhage. I have of course lost some.

Dr. Papin being called upon, said he had only had three of these cases to contend with, and in all he delivered by turning. The children were born dead, but the mothers did well. In two cases the os was fully dilated and the hemorrhage excessive; in the other the os was rigid and contracted, and here I made incisions, as recommended by Dr. Boislincere. I believe we should give these new methods a fair trial, as they have been recommended by reliable and very able men.

Dr. William Johnston observed that he must agree with Dr. Boislincere, that unless the womb is contracting, we had best turn and deliver, for he could not see how removing the placenta, or any thing else but uterine contractions, could stop the hemorrhage.

Dr. Kennard said that one might suppose, from the discussion we have listened to upon this subject, that this trouble was quite frequent; but fortunately for the human race, placenta prævia very seldom occurs, and except with accoucheurs enjoying a very large city or hospital practice, it is indeed very rarely met with. According to statistics I believe it occurs once in every twelve or fifteen hundred cases; so that a physician in private practice must either attend a very large number of obstetrical cases, or be an ill-fated man, to meet with this accident many times in his life. Dr. Robert Lee, of London, who I presume enjoyed as large a private and consultation practice in midwifery as any man that ever lived, reports in detail the treatment of sixty-three cases, which he met with in twenty odd years' full practice in the metropolis, and I suppose no one man ever met with more. Perhaps not one-half the members of this Society ever had a single case to manage, but this does not detract from the interest of the subject, or the importance of our remembering how we should manage a case when met with. Like everything else, it must be treated according to the nature of the case, and not by any one method for all cases; for no one plan is suitable for all. A want of appreciation of this palpable fact, a lack of common discretion, is a cause of much disappointment in practice. Being then convinced by the history of the case, that the hemorrhage is the consequence of placenta prævia that the after-birth, instead of being attached to the uterus in a normal way, is either placed center for center over the mouth of the womb, or attached to some portion of the cervix, and that gestation having proceeded to the sixth or seventh month, when the neck of the womb, commencing to shorten (as it does) from the uterine extremity, as a matter of necessity, in most cases, will begin to tear

away the placenta from the neck of the womb, and thus leaving the utero-placental vessels open, will produce unavoidable hemorrhage. Now if this bleeding happens between the sixth and eighth month, and is not very profuse; we should place the patient flat on her back on a hard bed, in a cool room, give her cooling drinks as lemonade, or let her take a few drops of dilute sulphuric acid, in a tumbler of ice water, or fifteen drops of the sulphate of the peroxyde of iron three times a day; keep her bowels opened with small doses of epsom salts, and never allow her to rise from the bed, but to avoid all causes of disturbance, physical and mental. If this does not check the bleeding and the head presents, use the tampon, which in this stage, with an undilated os and a vertex presentation, cannot produce internal hemorrhage or do any harm, but may cause a coagulum of blood, between the bleeding vessels of the cervix and the tampon, and thus check the flow. If in spite of these remedies, the blood continues to flow, we must examine whether the womb be dilated or not, and also what is the condition of the placenta. It may happen that the contractions of the womb have been forcible enough to spontaneously detach the placenta, or even extrude it from the mouth of the womb, and then of course it ought to be at once removed, and if the head of the child is not immediately forced down against the mouth of the womb, so as to press upon the bleeding utero-placental vessels, we ought as soon as possible to turn and deliver. If the head below down we may deliver with the forceps; but in every cross or malposition, turning is the remedy. As the hemorrhage comes not from the surface of the detached placenta, but from the utero-placental vessels, it would seem that complete detachment of the placenta, as recommended by Professor Simpson, of Edinburgh, or partial detachment, as practiced by Dr. Barnes, would only increase the bleeding and make matters worse, unless the womb thereupon immediately contracted so as to close these open bleeding vessels. Ergot may be used in some cases of vertex presentation, where the mouth of the womb is open and the tampon has failed to check the flow; but if there be any malpresentation, or the hemorrhage is profuse, we must turn and deliver, and not wait for anything else. Dr. Bedford, my former Professor and one of our most reliable and eloquent writers, says, in case the palliative treatment does not succeed, and hemorrhage is profuse, we must at once turn and deliver, for time is everything, and the sooner the womb is emptied the better the chance of saving both the mother and the child. He also recommends (in case the placenta is placed center for center over the mouth of the

womb, and no detachment can be discovered), to plunge the hand immediately through it and bring down the child; to pay no attention to the placenta; bring down the feet, deliver the child, and then, if the expulsion of the placenta should not promptly follow, carry up the hand and bring it away. Now it seems to me if the partial detachment was useful in any case, it would be in these; for we might not only thus keep up the connection between placenta and fœtus, but at the same time make room to introduce the hand and turn. So it seems to me, from the teachings of experience, we must adapt the means to the nature of the case under treatment. Sometimes palliative treatment will answer; sometimes the placenta becomes spontaneously detached, and this checks the hemorrhage; but in most cases we will act wisely to turn and deliver.

Case of Placenta Prævia, with remarks by Dr. M. D. Senter.—Mr. President: I desire to present a case of placenta prævia which came under my observation, belonging to that class in which the placenta is centrally attached to the cervical outlet. In the treatment of this class of cases, I fully sustain the position taken by my friend Dr. Bland, and will add a few observations to the case detailed below, to substantiate my views. Mrs. P., an Irish woman, about 28 years of age, medium size, anæmic appearance, red hair, of a nervous temperament, was taken in labor, and soon after commenced flooding. A messenger was dispatched at once for me, at a distance of three and a half miles; he stated that she was flooding when he left. Upon my arrival, I found her delirious from loss of blood, alternately laughing, singing and weeping. The pains were not very frequent or strong, but a gush of blood followed each, saturating the bed, and forming a pool underneath.

On examination the os uteri was found partially dilated, perhaps two inches in diameter, disclosing what I had already suspected, the placenta, from the center of which the cervix had by its expansion become detached, the detachment extending beyond the circumference of the cervical opening.

The mother's life was in danger and no time to be lost, ergot was administered, and upon the pains becoming active, the still attached border of the placenta was at once separated, and allowed to remain till spontaneously expelled, thereby fulfilling two indications: 1st. By separation, the free expansion of the cervix was unobstructed. 2nd. By allowing it to remain, its shape and position acts as a wedge, facilitating the same object. The labor terminated favorably, although

the patient was so prostrated that the loss of a few more ounces of blood would have proved fatal.

In this class of cases (that is where the placenta is centrally attached within the lower or cervical zone), I am now more than ever convinced, that the safety of the patient consists in advancing the labor to the commencement of the second stage as speedily as possible. Here the cavity of the uterus and the dilated vagina form one continuous canal, the cervix being mechanically stretched or expanded by the foetal head, till it forms a mere band of circular fibers spread out in the direction of the canal.

At this stage the danger from hemorrhage is at an end, not from the pressure of the head upon the open mouths of the utero-placental vessels, for they do not exist as such, but from a change in the relative condition of the parts. The disturbance of the relation of the tissues from the passive, mechanical expansion of the cervix, being of such a nature, that the blood vessels can no longer traverse its substance as cylindrical vessels capable of conveying blood.

In conclusion, it may not be uninteresting to state, that I afterward delivered the same patient of triplets, and after that still was obliged to resort to evisceration and turning in a shoulder presentation.

Case of Rupture of the Uterus. Reported by R. E. Bland, M.D.— This case happened several years ago, in the country, about fifteen miles from St. Louis. In the month of September, about six A.M., I was called to the patient, a very large woman, who had been in labor some time, but the pains were not very violent, and there seemed to be no great necessity for haste. I was warming my hands by the fire when the lady turned over from her right side to her left, and in doing so seemed to hurt herself, as she exclaimed, "Oh! what a pain!" but as I saw nothing out of the way, and the pains not being very violent, I accepted an invitation to breakfast. On my return to the patient's room, I noticed she had undergone a great change; her countenance was haggard, and she was vomiting. Apprehending some disaster to the uterus, I as soon as possible made an examination. The os was dilated somewhat, and yielded easily to the hand, but no child could be felt. On introducing my hand into the womb, and passing it to the right side, I found a large rent, and through this opening I felt the child in the cavity of the abdomen, into which it had escaped through the ruptured womb. Following the advice of Dewees, and having felt the child also through the abdominal wall, I attempted to deliver through the rent in the uterus; but the bowels

came in front of the foetus, protruded through the opening, and so obstructed it that I could not succeed. I then sent for my friend Dr. Morris, but he not being home, the messenger brought another physician, who, on first examination, said he did not discover the rupture; but I explained where it was, and passing my hand again through the opening, he acknowledged that he felt my fingers through the abdominal wall. On making a re-examination, the *doctor* said he felt the placenta loose in the womb, which he would remove. I warned him not to do it, that he was probably mistaken; but he again used traction, and the substance came away with his hand, when he said he did not think anything else could be done, and soon left. After he was gone, I examined this, and Dr. Morris also saw it, and we found it to be about eighteen inches of the bowel. I do not think, however, the amount of traction which he employed would have been sufficient for so disastrous a result, unless there had been softening of the bowel. The patient lived about two days and a half after the rupture of the womb occurred.

Dr. Phillips said he had seen two cases of rupture of the womb, in both of which Cæsarean section was performed. In one case the mother lived; in the other the mother died on the eleventh day after operation. I believe it has been stated that no woman ever survived the operation after ruptured womb.—*St. Louis Med. and Surg. Jour.*

Royal Medical and Chirurgical Society.

A case of progressive atrophy of the tongue and muscles of speech: subsequent loss of power: great general atrophy: post-mortem appearances. By EDGAR BAKER, JUN., M.R.C.S.

Since the publication in the *Medico Chirurgical Transactions* in 1851, by Dr. E. Meryon, no other case of this description had been brought before the notice of the Society. The subject was a gentleman, aged fifty-one, who had enjoyed excellent health till May, 1856, when a slight difficulty of speech, accompanied by general failure of health and strength, induced him to seek medical advice. These symptoms, without any apparent cause, with the addition of impairment of deglutition, continued to increase, and on the following September, after some months' residence at the sea-side, the tongue had assumed the following remarkable appearance: small and shrunken, it lay low in the floor of the mouth, and over its whole surface was noticed an unceasing tremulation of the fibrils of its muscular structure; it had lost its bright healthy hue, and was of a pale-yellow

color. His face had also lost its ordinary expression ; the cheeks and lips were flaccid, and hung down. Saliva frequently dribbled from the mouth. No symptom whatever of irritation of brain or spinal cord was ever present, but the muscular tissue in different parts continued to waste and degenerate with unrelenting pertinacity. Gradually articulation became unintelligible, and deglutition impossible. The fibrillary tremors so noticeable during the wasting of the muscles, ceased with their destruction. From the tongue to the muscles of deglutition, thence to those of the upper and from these to the lower extremities, the disease extended. At length the intercostals were affected ; and the breath consequently at times became much labored, as each morning brought increasing difficulty in the necessary expulsion of mucous collected in the bronchial tubes during the previous night. Great exhaustion followed these attacks, and on the morning of the 15th of October, 1861, he gradually sank.

Various remedies had been for many weeks together tried, but none seemed in any way to arrest the steady outward progress of the disease. Cod-liver oil, quinine, iron in various forms, zinc, strychnia, and the constant use of galvanism, were the principal agents employed.

The post-mortem examination of the tongue went to prove that in its entire extent it had been converted into a soft, pale-yellow mass of fatty tissue. The papillæ were shrunken, and most of its muscular fibres were replaced by oil-globules, amidst which granular and fat-laden fibres were here and there scattered ; and of the muscles attached to the tongue, only the genio-hyoglossi and stylo-hyoglossi retained any manifest traces of their form and structure. The nerves of the tongue, so far as traceable, were natural ; no apparent softening or atrophy of them could be detected ; muscular fibre in the arches of the palate and in the uvula were chiefly natural, save here and there. The same granular appearance was noticed in the pectoralis major and in a portion of the left ventricle of the heart and in the left side of the diaphragm. In all, the muscular fibre was in great part natural, though in each specimen in an equal degree contained stray fibres, which were losing the clearness of their transverse markings, and becoming granular with fatty deposit. The examination, worked out with the greatest care and by accurate observers, failed to bring satisfactory evidence of any change in the nervous tissue supplying the affected muscles, either in their centre or peripheric extremities ; but, on the contrary, the examination tended to strengthen the present prevailing opinion that the disease is essentially in the muscular tissue itself, and must yet be looked upon as akin [to that condition fre-

quently met with in the left ventricle of the heart, and known as fatty degeneration.

In answer to a question, Mr. Callender said that the examination was made chiefly by Mr. Paget and Dr. Brown-Sequard, but he could not say that there was any microscopical examination of the spinal cord.

Dr. Meryon said that in a similar case to that related the spinal cord and the nerves connected with it had been examined, but not the slightest disease could be detected. Cruveilhier had recorded three cases of the disease, in two of which the spinal cord was not affected, though it was in the third case. In this patient there was the same tremulous action of the muscles. The origin of the disease had been attributed to exposure to night air. Since his, (Dr. Meryon's) case had been related two brothers of the patient had died, the last one about three years since. Dr. Meryon then referred to several cases of the affection, in none of which had he seen the tremor of the muscles, except after the use of electricity. He attributed the disease simply to a breaking down of the muscular structures of the part, and thought it unconnected with nervous changes. Medicines in these cases had exerted little or no influence. In one case, however, he had given liquor arsenicalis for six months, and the disease had not progressed.

Dr. Gull said that the cases referred to by Dr. Meryon, and the one under consideration were not at all similar. Dr. Meryon's was a class occurring among young people, and the muscular degeneration was somewhat analogous to the rickets in bones. The case of Mr. Barker was of another kind; and considering that no microscopical examination had been made of the 7th and lingual nerves, it was valueless in respect to the cause of the disease. He entered his protest against the assumption that it was primarily dependent on muscular degeneration. How did it commence? Now, looking at the fact that one of the olivary bodies was fattened and the anterior pyramid altered in form—the very eye, as it were, of the nervous centres,—and taking into account the symptoms, it would appear that the disease had its origin in the nervous system. He had shown in some lectures at the College of Physicians that paralysis might begin in any of the structures of the body.

Dr. Fuller had seen a case in every way similar to that of Mr. Barker, except that it was not fatal. The disease began in the tongue, but the upper and lower extremities became affected; the patient could not walk, and could scarcely lift his hand to his head. He was not of a strumous habit, but was previously in good health, and attribut-

ed the disease to great mental and bodily exhaustion consequent upon exertion. The symmetry of the disease in these cases was in favor of the opinion expressed by Dr. Gull, as were also the cramp and some other symptoms present. He (Dr. Fuller) had seen another case which had likewise been attributed to great mental and bodily exhaustion; this case proved fatal.

Mr. W. Adams referred to a case which had come under his observation in most respects similar to that of Mr. Barker, and in which the disease was attributed to great mental distress.

Mr. Callender said that some disease of the nervous system was expected to be found in Mr. Barker's case. There was certainly some change in the olivary and pyramidal bodies, which were slightly atrophied; but on careful microscopical examination no change of structure could be discovered. Mr. Barker, he believed, had brought forward his case as a clinical memoir chiefly. With respect to the symmetrical character of the disease being indicative of its nervous origin, he did not think it of so much weight. One muscle became affected; and even in nervous affections the muscles on one side were often alone involved.

On the treatment of stricture of the urethra by subcutaneous division. By H. DICK, M.D.

[Communicated by WILLIAM ADAMS, Esq.]

In 1853 Dr. Dick published his first case, and in 1855 he sent a memoir to the Academie de Medicine de France, in which two other successful cases are related. Since that time Dr. W. Adams and Dr. Dick's colleague at the National Orthopædic Hospital—Mr. Allingham—have operated after the same method with the best result. Dr. Dick divides strictures into two classes, after their physical properties—namely, into dilatable and non-dilatable. Stricture may occur at any spot of the urethra; but the most frequent is the bulb. They are less frequent at the fossa navicularis and the membranous portion. Stricture is the result of inflammation, a new tissue being formed at the strictured spot, which is of a fibrous nature. The greatest number of strictures take the form of atrophy; but a few are met with of the hypertropic form. In drawing attention to the shape of the stricture, Dr. Dick points out that every portion of the stricture must be divided, because if only the narrowest part is divided symptoms of stricture will return. He further alludes to deviation of

the urethra in strictures, believing that the back opening of the stricture does not correspond with the front opening. He says that these pathological changes are the result of post-inflammatory retraction. Dr. Dick passes in review the different treatment of stricture. He believes dilatation by the graduated metallic bougies is the safest ; but there are cases where dilatation will not give much relief to the patient, or sometimes social exigencies urge the patient to get radically cured. The different methods employed he divides into three : 1st, cauterization ; 2nd, splitting or tearing ; 3rd, cutting strictures. And the cutting he subdivides into three kinds—the internal, the external, and the subcutaneous methods. He thinks cauterization the most objectionable, having regard to the pathological anatomy of strictures. Splitting he only admits in a few exceptional cases—where division by the knife cannot be practiced with safety, where a number of strictures are closely following each other, or where a large part of the urethra is strictures ; but even in these there is no certainty if the stricture has been really torn or forcibly dilated. He cites two cases of sudden death occurring after splitting. His other objection to splitting is that the pain is so violent that resource must be had to chloroform. Besides it is a principle in surgery never to tear parts when they can be cut with safety. Dr. Dick thinks that the internal incision is the most logical, having regard to the pathological anatomy of strictures ; but its execution has great drawbacks. He alludes to the difficulty of making the cut at the right spot with the instruments. Incisions with those cutting machines are very difficult to execute, as very often the knife acts as dilator instead of a cutting instrument when the part is not tensely dilated. He objects to the external incision as being almost as hazardous an operation as cutting for stone. The suppuration afterwards is also long, consequently pyæmia is much to be apprehended ; besides the long suppuration is very likely to occasion great retraction, some cases of which have come under his own observation. He comes now to the subcutaneous division, which he believes fulfils the indications of the pathological anatomy. The surgeon can attack directly with the knife the contracted spots. He is at liberty to make his subcutaneous cut as long and as deep as he thinks most suitable for the occasion. The external puncture heals in the first twenty-four hours. The operation has further the advantage that chloroform is not required, the pain being very trifling, the hemorrhage, too, is insignificant. The subcutaneous method is indicated not only in severe strictures where dilatation cannot be practiced, but also, in his opinion, in those elastic strictures

which return after dilatation. He then describes the mode of operation. Dilatation must first be practiced to a small extent, to enable the operator to pass a small-grooved conductor through the stricture. No chloroform is used. The patient's regimen is not changed. In winter he confines his patient to his room for eight days; in summer only for three days. For the operation the patient is placed in the position for lithotomy. The instruments used are a grooved conductor, which was shown to the Society; an ordinary tendon knife, which for strictures in the membranous portion should have rather a long neck, and be a tenotome cache; a good sized catheter in proportion to the orifice of the urethra; a T-shaped bandage, an ordinary bandage, sticking plaster and lint. No bandages are required for strictures in the membranous portion; for the latter cases a large metallic bougie is left in the urethra after the operation. The patient placed in position, the conducting catheter is introduced until the two knobs stop before the stricture; then the surgeon by skillful manipulation, slides out the small grooved conductor (which was concealed in the conducting catheter) through the stricture. The conducting instrument being then in position, the surgeon delivers it into the hand of his assistant, telling him to keep it gently but steadily against the stricture. He then feels outside the urethra for the two small knobs, grasps with his left hand the penis with the instrument, and places his thumb just before the knobs, having his index and middle fingers on the back of the penis; he then takes the tenotome in his right hand, and thrusts it between the two knobs, pushing it resolutely through the stricture, and divides it in that *sawing* manner in which usually tendons and fibrous tissues are divided. He thinks the cut should always be from three-quarters of an inch to an inch long; also that the knife should not be withdrawn until the surgeon is quite convinced that the stricture is completely divided. The conducting catheter is then withdrawn, and the lint and sticking-plaster placed on the external wound, and the whole kept in position by a T-shaped bandage, a common roller, and a few pins. The patient is then put to bed, and his urine drawn off twice or thrice a day when required with a large catheter. Dr. Dick strongly objects to leaving a catheter in the urethra after the operation. He now quotes four cases of his own and two of Mr. Allingham's, all of which were attended with the most successful results. In them he relates as a remarkable fact that shivering always took place, but no bad results followed. The only case in which shivering did not occur was that after incision in the

fossa navicularis. Another point of importance on which he dwells is, that dilation with a large metallic bougie should be practiced once a week for six months after the operation.—*London Lancet, Aug. 1864.*

Special Selections.

An Artificial Velum.

We have been very much interested in the appliance for correcting the evils of Congenital Cleft Palate, recently brought to the notice of the profession by Dr. N. W. Kingsley, dentist of this city. For many years the only hope, presenting itself to the mind of the surgeon, of benefitting this unfortunate class of patients has been the operation of staphyloraphy, but it must be confessed that the number of cases in which a good union was obtained, even in the hands of the most skillful surgeon, was so exceedingly limited as to hardly justify the operation. Besides, experience has proven that but little material benefit was derived from the most successful operation. Under these circumstances, surgeons hail with gratitude the invention of an appliance which supersedes the operation, and produces far more desirable results.

At a meeting of the Medico-Chirurgical College, June 23rd, Dr. Kingsley was invited to exhibit his invention and explain its application. His remarks were forcible and concise, and showed a thorough comprehension of his subject, and one of his patients who had worn an artificial velum but a few months, proved by the distinctness of his articulation to what perfection this invention had been carried. We here reproduce his remarks on that occasion, as the best explanation of his theory and application that we have seen.

At a recent meeting of the American Medical Association, Dr. Kingsley read a paper on this subject, which was ordered for publication in their transactions. His remarks, which we give to our readers, cover the ground of that paper. He said, in substance :

* * * * I presume the following positions : 1st. The only necessity of operating at all is with a view of improving the articulation. 2nd. The operation of staphyloraphy in all decided fissures of the velum is without material results in benefitting the speech. 3rd. The only treatment now known which can produce this result, is the filling of the fissure with an elastic mechanical appliance.

In all the cases that have come under my observation, I have never found a patient who experienced sufficient difficulty in deglutition to

stify any painful or tedious operation for its improvement. During the earlier periods of infancy, while the child is dependent upon fluids for nourishment, serious difficulties do certainly exist, but long before the child has arrived at a proper age for an operation these difficulties have been nearly or entirely overcome, and I have never conversed with a patient who was troubled with a regurgitation of food, either solid or solid, unless the head was inclined considerably forward. I do not therefore regard this as so serious a difficulty as to demand a remedy for the comfort of the patient. In fact the physical comfort of an adult patient with congenital fissure of the palate is in no way impaired.

I consider, therefore, that the only difficulty worthy of notice from this abnormal development is its effects upon the individual's articulation. The voice is not effected by it, but all those elementary sounds which articulate language which are modified to a greater or less degree by the velum, are more or less defective, depend to some extent upon the size of the fissure. I conceive, therefore, that the only necessity operating at all is with a view of improving the speech.

The operation of staphyloraphy as the true remedy for these defects, would most naturally suggest itself to any one but partially acquainted with the results, but I believe it to be universally conceded now by surgeons that the operation, while compelling the patient to undergo a severe and painful trial, is rarely successful in securing either a partial or entire union of the parts, and in all cases, be the sides of the fissures ever so skillfully brought together by suture, it is subject to many accidents which cannot be provided against, that it comes to be regarded as one of the most unreliable operations the surgeon is led upon to perform. Furthermore, the only object which justifies the operation is rarely if ever, attained. When we come to carefully examine the mechanical action of the parts involved, reason as well as the facts will bear out this conclusion.

The office of the velum in acting as a valve to direct the voice through the oral cavity, through the nasal passages, or permit it to pass through both, must be of that elastic nature and under such control of the muscles that it must perform these functions perfectly, or any of the sounds which form our language will necessarily be defective.

In the case of cleft palate, when the parts have been united by suture, it has been found necessary, in almost every instance, to sever one or more of the muscles on each side before the edges could be brought into contact, and the result is, even in the most favorable case of union, that the septum thus formed is unnaturally rigid and its flexibility and mobility very much impaired or totally wanting. It cannot be controlled as the natural velum, and cannot serve the purpose of a valve to direct the voice one way or another, but serves rather as a partition to divide the column of sound as it issues from the glottis, in many instances rendering the articulation more defective than before the operation, as more of the voice escapes through the nares, and less of it is brought under the control of the tongue, lips, and other organs.

I cannot therefore come to any other conclusion than that the operation of staphylophory is uncalled for to improve deglutition, and is a failure in its results upon articulation.

The treatment proposed to be resorted to is the substitution of a mechanical appliance to close up the fissure. All metallic obstructions or other non-elastic instruments adapted to the posterior nares are useless; they can only serve to plug the nares, and might in some rare cases, prevent the regurgitation of fluids, but can be of no manner of benefit to articulation. It is physically impossible for the speech to be materially improved by their use. The only appliance now known which can produce this result is an elastic artificial velum, filling the fissure throughout its entire length, restoring as nearly as possible in form the natural dome of the palate, embracing the sides of the fissure and sufficiently long to reach during certain muscular movements to the posterior wall of the pharynx, at the same time leaving abundance of room behind it when in its normal position for respiration and the passage of nasal sounds.

Such an instrument as that described has been brought to such a state of perfection that I have no hesitation in saying that it can be adapted to any case of congenital fissure of the velum that is usually seen, whether complicated with a fissure of the maxillæ or not. It can be made so as to be retained in situ, without danger of displacement; can be worn all the time from the first hour without discomfort; is capable of being raised, and depressed, and contracted upon itself by the muscles embracing it, and is so simple that a child cannot disarrange it to its detriment. Such an appliance renders it perfectly possible for the patient to learn to speak well.

Lest these remarks lead to an unwarrantable inference, let it be distinctly remembered that speech is a mechanical function and learned by imitation, and be the natural organs of articulation ever so perfect, their use for that purpose is an acquirement. So with these cases; let the restoration of the defective organs be ever so remarkable, the full benefits to be derived from their use is the result of perseverance and time. The application of this instrument to nearly a dozen patients during the past five years, and the uniform general result, justify me in stating it as above.

The physical and mechanical difficulties to be overcome in the adaptation of this artificial velum, are a serious obstacle to the operator for, on the nice adjustment of the instrument to all the parts surrounding the fissure, depends entirely the comfort with which the patient wears it, and the consequent use they will make of it. It is essential that it should be accurately adapted to the superior or hidden part of the cavity, as well as to the inferior or more exposed. To secure this adjustment, impressions of the whole cavity are taken in plaster of Paris; these impressions reveal the conformation of all those parts hidden from the eye, including the floor of the nares, the inferior turbinated bones, the vomer, the chamber, and the walls of the pharynx as far down as the fauces. From these impressions plaster and models are made in the usual manner, to which models the artificial velum is adapted.

material of which the velum is made, is elastic vulcanized, prepared with special reference to this Object, and possesses not flexibility to be carried by the muscles in any direction they wish it; also sufficient elasticity to regain, and firmness to keep, its original position when the muscles are relaxed. It is so delicate in its nature that I have never known a single instance of irritation or rupture of the tissue in contact with it, when properly adapted. The material is molded into form and vulcanized in metallic moulds, and comes from the mould comparatively finished, ready for use. The original mould is preserved, and the number of vels for that particular case can be multiplied indefinitely.

It is supported *in situ* by resting on the superior surface of the palatine maxillary bone in the vicinity of the apex of the fissure. It is retained by a very simple attachment of gold connected with its sides, and reaching to one or two of the teeth, with sufficient pressure around the teeth to prevent its slipping off. But even the presence of natural teeth is not essential to retain it firmly and properly in position, as in one case which I had under treatment the patient retained a natural tooth in her mouth, and an entire upper and under artificial teeth was adapted, and to the upper set of teeth was added the artificial palate, which was worn with as much satisfaction as any case that has come under my observation.

The difficulty of obtaining a correct impression of those delicate parts in their relaxed and quiet state, was a most serious obstacle to success in my earlier efforts, and at that time it was my practice to confine the parts under a limited course of training until they would bear pressure somewhat without involuntary motion. Since then I am satisfied that this course was rendered necessary only by my fear of pain, rather than from any unaccountable irritability of the mucous membrane. While formerly I allowed several days to elapse before attempting to get an impression, in all my later experience I have obtained the impression of the whole cavity and its immediate surroundings at one sitting, and rarely is any effort made to swallow while the plaster is hardened sufficiently to resist disarrangement. There are many points of physiological importance developed by experience, which would be most interesting to dwell upon, did not limited time prevent my presenting them in full. To some of these, however, I must briefly recur.

The intellectual capacity of the patient exercises a greater control over the rapidity and amount of progress in improvement, than the natural physical conformation of the defect. A musical ear, cultivated to a nice distinction of sounds, is of material benefit in making the most of this appliance. The age should also be taken into consideration, and as early an age as the patient would take an interest in developing its benefit would undoubtedly be preferable. The impression in which some of the organs of speech are placed in the mouth of the patient to articulate distinctly, becomes so habitual that it is almost impossible to overcome, and manifestly the earlier the correction which this is attempted before these habits become firmly fixed. I have, however, in one instance, adapted an instrument,

for a patient over thirty years of age, and in another for one over forty years of age, both of whom derived very marked benefit from use within a very few months.

Again the sensitiveness of the individual to the defect, the mortification experienced in the exposure by their speech of this deformity, will prove a powerful incentive to their practice and the consequent rapidity of their improvement.

It is astonishing with what entire freedom from discomfort or annoyance the velum is worn immediately on its introduction. I have never had a patient where there was any irritation or inflammation in consequence of wearing it, and only in rare cases have they ever experienced a lameness of the surrounding muscles.

The experience of persons wearing this velum is most interesting, especially in the earlier stages. Time will not permit me to give a detailed report of cases. I can only briefly state those points which seem common to them all. Its immediate efforts upon articulation is such—as a general rule—that the friends do not understand them as well as before. In fact they seem for a few days to speak better without than with it; this period gradually passes into the second stage, when they can speak better with it, than formerly without it. At this point it is noticeable to those who have watched these developments, that while the individual most certainly articulates far more distinctly with it than they formerly did without it, they also articulate much more distinct without it than they formerly did without, so that at this second stage, as I term it, it is also impossible to show to a stranger any decided contrast of the speech with it in and without. But great encouragement is derived from the fact that manifestly to all, the articulation is, on the whole, more distinct than formerly. In a few months this gradually emerges into the third stage, when the patient has acquired far more control of the muscles, and the former mis-use of the organs is somewhat overcome, the improvement is most decided when the velum is *in situ*. But when out the power of articulation seems almost lost.

Its effects on deglutition are not remarkable. Ordinarily it produces no annoyance in eating or swallowing; it is tolerated without inconvenience. The patient never having experienced any difficulty of deglutition, cannot of course realize in that direction any improvement. In some cases, however, the first impression is that fluids cannot be swallowed as readily as formerly. This earlier experience soon passes into that where they feel far more comfortable in every respect, with it in than without it.—*N. Y. Med. Independent.*

Tanloide Properties of Pepo : With Report of a Case in which it was Successfully Used.

BY E. INGALS, M.D.

Pepo, made officinal by the Pharmacoposia of 1860, has been known now for more than a century, to possess properties destructive to the tapeworm. The influence of the doctrine of signatures is said to have first suggested its use for this purpose. Inasmuch as there was observed to be a degree of resemblance between the pumpkin seed and the joints of which the body of the worm was made up, it was surmised that it would be the proper remedy to be used with a view of ridding the system of this troublesome parasite—and as fortune would have it, a doctrine that has its foundation only in ignorance and superstition, was in this instance the parent of truth. But though the pumpkin seed has been so long known as a remedy for tapeworm, yet it has never been extensively employed for this purpose, especially in this country. Its use was introduced into the United States by Dr. J. A. Smith, of Boston, in 1850.

Since that time a considerable number of cases of its successful employment have been reported in our medical journals; such reports, coming mostly from physicians practicing in the Eastern portion of the Republic, and we have reason to think that the remedy has been used there more than at the West or South. The seeds contain a fixed oil, which may be obtained from them by impression, and to this is said to be due their medicinal virtue. Some cases of tapeworm have been successfully treated by the administration of this oil, a fluid ounce being given at one dose, to be followed in two hours by some active cathartic; but the oil is not known to possess any advantages over the seeds in substance.

The case in which we used this remedy occurred in a healthy boy, eleven years old, who, for two months before his parents brought him to me, had been voiding a number of the joints of the worm daily, and his previous symptoms, as related to me, justify the conclusion that he had been afflicted with it more than a year, though no treatment had been resorted to, as they did not suspect the nature of the malady. The health of the patient did not suffer, except that he was troubled somewhat at night by a cough of a spasmodic nature, and the parents noticed that this was always much worse when the child took milk for his supper, and likewise that prompt relief was sure to follow the taking of some bitter substance. I directed that \mathfrak{zj} of the pumpkin seeds should be freed from their shells, and then with \mathfrak{z} \mathfrak{vj} of water, to be made into an emulsion, and of this one-third was to be taken every hour, after fasting from supper until morning, and in one hour after the last dose \mathfrak{z} \mathfrak{ss} of castor oil. As this failed to act on the bowels, three hours after, \mathfrak{z} \mathfrak{j} more of the oil was given, which produced only a mild laxative effect, and this not until three hours after it was taken, bringing away only about thirty segments of the worm. This was on Sunday, and not wishing to keep the boy from his school, I postponed farther treatment until the following Saturday.

when I ordered the same amount of emulsion as before, directing that one-half of it be given in the morning, fasting, the remainder in half an hour; and one hour thereafter, ℥ xij of the liquor magnesiæ citratis. In a little more than two hours this occasioned active catharsis; the first three dejections containing only disjoined segments of the worm, but the next brought the entire parasite, a *tænia solium*, twenty-two feet in length, but not dead.

I have reported this case, not as anything new, but hoping it may have some influence to induce others to test the virtues of this article. To obtain a medicine that shall be efficient for the cure of disease, at the same time that it is absolutely innocuous to the patient, is a desideratum greatly to be desired, but not always found. Of this remedy it is known that its use is neither unpleasant nor injurious, and it remains only to demonstrate its efficacy, and it is not unlikely that experience may prove it to be the best remedy for tapeworm, all things considered that we possess.

The following are some of the advantages that the pepo may perhaps justly claim over other *tæniifuge* remedies in common use, as the male fern, the bark of the pomegranate root, kousso, oil of turpentine, etc.. 1st. To the patient it is entirely harmless, and is not unpleasant to take. 2d. In this country it may always be easily obtained, and of a quality known to be good. 3d. To us it is indigenous, and other things being equal, such remedies should be preferred before those which are imported, especially in times like the present, when the whole nation should husband every resource, however trifling, for martial purposes.

Some recommend that the remedy be given in large quantities, and during a number of days, and without the adjuvant of a cathartic, for the emulsion itself when thus administered acts as a laxative; but we think an active cathartic should never be omitted, for its operation is capable of expelling a worm enfeebled by the effects of the medicine, but not to a degree to ensure its death if left in the alimentary canal. It may be proper to say, that among the people who have experience with domestic remedies, there is an opinion somewhat prevalent, that the pumpkin seed is an efficient remedy for the destruction of the *ascarides lumbricoides*, but I am not aware that this has been confirmed by the observation of the profession.—*Chicago Med. Journal*.

Trichina in Meat.—It is stated in the *London Lancet* that a thorough boiling or roasting, as also perhaps intense salting and smoking, will kill the trichinæ; but an imperfect preparation by these methods will not effect the parasites, at least not those in the interior of the meat. Even putrefaction to a certain extent will leave the trichinæ intact.

Correspondence.

Letter From Dr. Parvin.

LONDON, July 8th, 1864.

DEAR DOCTOR:—In a former letter I spoke of Dr. Chas. West as not now being connected with any public charity. I was mistaken, for although he has retired from St. Bartholomew's Hospital he is still one of the physicians to the hospital for sick children, Great Osmond St. Two visits made to this institution, in view of which I spent an hour or two, both in the wards and in the room where out-patients are prescribed for, impressed me with the great value of this charity, and the advantage afforded by it for acquiring professional knowledge in the treatment of diseases of children. The rooms are large, well ventilated, and have numerous engravings and pictures hanging upon the walls. The wards are not crowded, and the little patients are abundantly supplied with books and toys, so that you might almost imagine yourself in some nursery of the favored children of fortune. There is a pleasant garden attached to the building where the inmates when the weather and their condition permit may spend an hour, enjoying the flowers, the green grass and the pleasant sunshine. Besides, the Hospital has a "Home" in the country where the convalecients are sent to confirm their recovery, before they again go back to their own homes.

The inmates during the last year, (the Hospital has been in existence twelve years) were five hundred and seventy-one, and the out-patients eleven thousand two hundred and twenty-four; and the contributions for its support were nearly four thousand seven hundred pounds sterling. The most liberal contributor for the past year was the queen, giving one hundred pounds, and among the many pictures, toys, etc., for the pleasure and instruction, or the comfort of these sufferers, the queen again is foremost in her contributions; nor have her sons, the Prince of Wales, and prince Alfred been negligent in this regard, and the Princess Helena has furnished, the work of her own hands, many a pair of socks for these little ones. While I trust the day is far distant when we shall have king or queen, lord, duke, or earl in our own land—have any hereditary ranks or title, but still preserve our republican institutions, yet let us remember that among those who contribute most largely to support, by labor and by benefaction, the many munificent charities of this great city, are to be reckoned not a few of those who have title and rank; these are the true

nobility, who feel themselves but stewards, their position and wealth conferring no immunity from laboring to relieve the sick and destitute, but the greater responsibility.

But let us return to the hospital; and yet why should I speak of it, save from a strictly professional point of view, telling some cases I saw and the treatment pursued; for does not every reader of Dicken's "Household Words" know of this noble institution? Charles Dickens has indeed made by his pen, with its rare touches of beauty and tenderness, the Hospital for sick children, Great Osmond St, a precious household word wherever his recent writings have gone. Read, if you have not, his "Drooping Buds" and "Between the Cradle and the Grave," and you will not need to know more in regard to the completeness of this establishment, and the immense amount of good it is effecting.

Among the cases of interest I have seen there are seven of *chorea*, the most of them, I believe, under the strychnia treatment, in addition they are "put through," a regular course of gymnastic movements, in which the various muscles are in succession called into exercise. Dr. West, whom it was my good fortune to accompany this morning in his semi-weekly visit, stated one source of embarrassment in administering this drug to sick patients, there were no premonitory symptoms of the constitutional affection, and evidently there might be severe tetanic convulsions; indeed I saw a little patient in whom this accident occurred yesterday, and death was quite imminent until the house surgeon administered chloroform by inhalation, and then the convulsion ceased. A case, that of a little boy upon whom lithotomy had been performed a few days before, looked very unpromising, for rigors had occurred, followed by some fever and irregular sweating and then severe pain in the knee, together pointing almost with absolute certainty to *pyaemia*, and I need not say that this disease, *pus in the blood*, as it is very unphysiologically called, in the vast majority of cases is fatal. Another patient, one in whom Mr. Holmes three weeks ago had excised the head of the thigh bone, was doing well, and everything promised a good recovery. Two little patients, one male the other female, have had tracheotomy performed upon them, one for diphtheria, the other for spasms connected with the chime of the glottis; the operation in each case was done some months ago, but in one there is contractions of the trachea above the wound, and the patient cannot breathe without the tube; of course efforts are being made to dilate the trachea; but in the other case there is trouble higher up, the patient can *expire* very well by the natural pas-

sage, but not *inspire*. This morning this last patient was put under the influence of chloroform, it looked odd to put a child to sleep by holding a piece of lint a couple of inches square, upon which a few drops of the anaesthetic had been poured, just before the throat; and then the solid caustic was freely applied to the upper anterior portion of the larynx.

Yesterday at St. George's I saw Mr. Holmes, we know him in our country from "Holmes' System of Surgery," the fourth volume of which by the way will be issued in the fall—perform ovariectomy. The case attracted much interest, the amphitheatre was crowded with students, and there were many eminent physicians and surgeons present, and among them one of our own country-men, who seems as well and as favorably known on this side of the Atlantic as on that, Dr. J. Marion Sims. Mr. Holmes was assisted on either side by Henry Lee and Mr. Pollock, the last of whom, in which he agrees with several with whom I have met, has a very pleasant recollection of the visits of one of your Cincinnati surgeons. The ovarian cyst, which had been punctured some two weeks before, was quite large, contained fully half a large bucket of dark grumous fluid, was multilocular and had numerous attachments; but patiently and skillfully these were broken up, a clamp applied to the pedicle, and the mis-shapen mass severed from its connection in a little while with silk sutures needles, adhesive strips, cotton, and the flannel bandage were applied, and the patient conveyed from, as she was brought into the operating room entirely unconscious. Mr. Holmes speaks favorably of the probable result—the patient was young, only twenty-nine, none of the contents of the sac had entered the cavity of the peritoneum, the previous wound had healed kindly and quickly, and her general health was good. He mentioned as a reason for preferring silk to silver sutures, that in a recent fatal case Mr. Wells in making a *post mortem* found after he had cut the wire, (Mr. W. had used silver wire in his operation) and while pulling it out the peritoneal adhesion was broken up and a drop of pus followed the wire and passed into the gap between the peritoneal edges, and this could not occur with the vegetable ligature.

So far as I have had an opportunity of observing London Hospital physicians, I am struck with their practice resting upon physiological principles rather than on empirical rules; especially is this impressed upon me by what I see of Dr. Beale's course in his wards at King's College Hospital. I need not tell the readers of the *Lancet and Observer* that Dr. B. is one of foremost physiologists and microscopists in

the world, and his scientific attainments add all the more to his skill and success as a practitioner; nor can I forbear my testimony to his manly worth, my gratitude to him for his kindness. He expects to visit our country by and bye, and I know the same generous spirit he manifests to others will be shown him there by the members of the American profession whom he may chance to meet.

A death occurred at the Middlesex Hospital on Wednesday last, to a patient during an operation. The operation was the removal of a large tumor from the nose; the hemorrhage was copious, and it was supposed that blood clotting in the larynx, rather than chloroform was the cause of death.

I think British surgeons are more cautious than our own in the administration of chloroform; inhalers that secure a due admixture of atmospheric air, are generally used, the quantity of the anæsthetic, which is small at one time, carefully measured, and the anæsthesia more gradually produced.

Next month I go to Paris, and then back here again, and hence to Edinburgh and Dublin.

T. P.

Letter from an Army Surgeon.

An intelligent medical officer in the army writes us as follows:

I have often wished to write a communication for the *Lancet and Observer*, but the fact is, a regimental surgeon has no opportunity of learning any thing worth publishing under the present system in the army except in rare cases. As you may be in some degree unfamiliar with all the details of the present organization of the medical department of the army, I will devote this letter to a sketch of it; for of the military operations in progress, I of course know much less than the newspaper correspondents do.

More than three years of bitter experience in this war has taught us many things; and based upon that experience many improvements have been made in the different departments of the army. But three score years of war would hardly suffice to bring the medical department up to a rational degree of efficiency and system, at the rate at which it has been progressing. For though changes have been numerous enough, from the erasure of calomel and tartar emetic from the supply table, to the institution of U.S. Vols., yet improvements have been lamentably few. And at the present day, the system upon which the medical affairs of the army are conducted is full of inconsistencies

and absurdities ; consequently the important duties expected of the army surgeons are less efficiently performed than they should and might be. The management of the sick and wounded in the division to which I belong is, I presume in most particulars, similar in all other divisions throughout the army. It is this : A division hospital is established at a safe distance in the rear, to which all wounded and sick men who cannot be treated in their regiments are transferred. As no change of diet can be obtained in the regiment, and the only quarters are the little " pup " tents, of course no really sick man can be treated there. Neither can any of the wounded, except those whose injuries are of the most trivial character, be kept with their companies for transportation, for even a single tin wash basin is not allowed. The only medicine which can be kept on hand constantly are eight or nine small bottles of opium, chloroform, quinine, cathartic pills, etc., which together with a few rollers, a piece of plaster and a couple of sponges, are carried in a field case by the hospital steward. A medicine chest or pannier is also allowed to each regiment ; but is seen only occasionally, as it is generally carried in the ambulance train. It becomes therefore necessary to transfer all sick men to the division hospital. Out of some forty-four medical officers present with this division, five are detailed to do all the work at the hospital—a surgeon-in-charge, and four assistant surgeons to attend to the details. When an action comes off, the medical director, I believe, rides to the front with the rest of the staff, for the purpose of taking care of the General commanding the corps ; the chief surgeon of division takes care of his General ; and the brigade surgeon does the same kind of office for the brigadier. Perhaps they also wish to prove that the doctors are no less brave than others, although they are non-combatants.

As the wounded are brought back to the hospital they are placed on the tables and operated on when such a proceeding is necessary, and sometimes when it is not. But I am satisfied more errors are made on the side of convalescent, so-called ; and that many a life is sacrificed in the attempt to save a limb. Especially do I think that resections of the bones and joints are operations very rarely admissible in the field. The idea of removing the heel and three, four, or five inches of the humerus, in view of the after treatment, the case is to receive, is perfectly preposterous. Such operations are not at all infrequent ; but would soon become much more so, I am satisfied, if the operators only knew something of the results. But as in a few hours, or days at farthest, the wounded are sent back to Chattanooga or some other point on the railroad, the operator neither sees nor

hears anything more of them, and is of course at liberty to fancy the most favorable result he could desire. We however hear some fearful rumors of amputations at Chattanooga following the fancy resections at the front; and of still other cases of resection going the way of all flesh without any further aid from the operators. What I conceive to be a great mistake, is the custom of keeping the wounded at the front for days after being operated on, or until inflammatory action and suppuration is established, instead of immediately transferring them to the permanent hospitals at the rear, thus subjecting the unfortunate men to the exhausting and painful journey when the system is suffering from irritation and debility, and the parts wounded have become highly sensitive. Sometimes the early advance of the army after an action, necessitates the immediate removal of the wounded, but I do not think I ever saw such a proceeding carried out as a matter of choice. The operators at the division hospitals are usually designated but it sometimes happens from disinclination on the part of individuals and other causes, that after a time it becomes a matter of doubt who is to perform the operation, when a case is presented requiring any such interference. When an action occurs, some of the regimental medical officers seek the hospital in the rear, while others remain with the troops or at the primary depots in close proximity to the line of battle. And this selection of posts of duty seems to be in great part optional-with individuals; unless in the cases of those who consider themselves the regularly detailed operators. Others, again, seem to feel at liberty to return to the hospital only when men belonging to their regiments are wounded and sent there. This circumstance they consider sufficient authority, or excuse, if you will for appearing at the hospital themselves. At some of the hospitals, gentlemen, ambitious to distinguish themselves as operators, "go in" indiscriminately at the tables of other brigades as well as their own though I must state that the rage for surgery seems to be at a rather low ebb in this army at present, and I suppose there are good reasons why it is so. As a contrast to this looseness of arrangement or organization, I will give you a specimen of the system that prevails. On last evening the brigade chief surgeons received an order to ascertain and report the number of men in their respective brigades who would be "unfit for duty for three weeks;" but unaccompanied by anything explanatory of any action contemplated. One brigade reported twenty, and another twenty-five men who would probably remain unfit for duty for the period specified. The consolidated estimate was forwarded to the medical director by the chief surgeon of

the division, who in return received an order next morning to instruct the brigade surgeons to select five of the worst cases in each brigade and transfer them to hospital. Further more, they had to examine the cases personally ; being of course better qualified to judge of their fitness or unfitness for admission to hospital than the officers who had had immediate charge of them, and consequently constant observation of their nature, tendencies and progress. When it is considered that each brigade contains eight or nine regiments, the order limiting the number of sick to five, will appear sufficiently ridiculous ; and the absurdity of such dictation is not diminished by the fact that the functionary who issues his mandates from corps headquarters, three or four miles off, is not seen in the camps from one end of the month to the other.

Such is an outline of the working of the medical department in the army of the Cumberland. And I presume it is quite sufficient to satisfy you that a regimental surgeon just now is a very insignificant individual ; very suggestive to my mind of a fifth wheel to a wagon.

In fact his duties at present are less important than those of a hospital steward used to be a couple of years ago. And that seems to be the view taken of them by the commanding officers in the army. I sometimes think their actions show a studied determination to belittle and degrade the officers of the medical department as much as their positions give them power to do. As an example : About a month ago General Stanley commanding the 1st Division of the 4th Corps, issued an order requiring the return to their companies of a large number of the men detailed in the several departments of the army. Admitting the fact that many men were held on merely nominal duty, who should have been in the ranks, I yet pronounce the vigor with which the order was enforced in the cases of surgeons, as nothing less than an outrage and insult to that class of officers. For no detailed man at all was allowed, unless in cases where packmules were used for the transportation of the medicine panniers. In other cases the hospital steward was required to carry the field medical case, besides his blankets, clothing, rations, etc., and the surgeons could carry his amputating case as he pleased. What a dignified appearance a surgeon must present with a great clumsy box of clumsy knives under his arm ! And he is said to rank as major, and wear two rows of buttons on his coat ! Is it any wonder that many a good man in the medical staff of the army is tired of his position, and anxious to give it up ? I am much inclined to ascribe the unfavorable estimate at which *surgeons seem to be held now*, to two causes chiefly, *First*,

to a deterioration in the quality of the article supplied to the army latterly ; and secondly, to the character of the men who are assigned to staff appointments, and who instead of being guardians and champions of the dignity and honor, and rights of their professional brothers of the army, are the supple weak-kneed attendants on some upstart, miserable creatures, who either by chance or sharp practice have been dubbed generals

I did intend saying something about the *material* of the medical staff, and my opinion of the qualifications of those who aspire to the reputation of being known as "brilliant operators" etc., but I have now written a much longer letter than I had intended ; and no doubt fully as much as you will care to read at any one time. Give my love to all the brethren who may yet remember me ; and though far off on the so-called plains of Atlanta, accept the assurances of my unfading regard.

Embalming.

By W. H. MUMFORD, late Medical Inspector, U.S.A.

The charges for embalming bodies in the army are so exorbitant compared with the actual cost of the process, that I am induced to present to the profession the following note upon the subject :

Whilst in North Carolina last year an old friend whom I found there died. He was a chaplain. His family being in moderate circumstances, I thought to save the expense of embalming I would do it myself, and took, chloride of zinc, 1 oz ; arsenious acid, 2 drachms ; warm water, 1 gallon. The chloride of zinc was dissolved in water, the arsenic in alcohol in a mortar and the articles mixed in the warm water, and injected into the femoral artery by means of an ordinary elastic gum syringe, the compression of the ball affording sufficient force, and a continuous stream was thrown upward till about one pint remained, when the nozzle of the syringe was turned, and the limb injected.

The result was that when the body was interred in Massachusetts, the features were exposed, they were perfectly natural, with a blush upon the cheeks. The sooner after death that the injection is made the more perfect will be the state of preservation. A medical student or a hospital steward with but little instruction would soon become

expert in the process. The actual cost of the material is not more than fifty cents. The charges for embalming from twenty-five to two hundred dollars.

CLARKSBURG, VA., Aug. 3d, 1864.

DEAR SIR:—In the “case of large gravel extracted from the male urethra,” reported by me and published in the July number of your journal, the printer makes me tell a very large untruth. I am made to say that the gravel was seven-eighths of an inch in diameter. It should have been seven-eighths of an inch in length and very nearly half an inch in diameter. This is quite large enough, and I presume it is seldom that one of such size is extracted in that way. You will please correct the error as it seriously effects the truth of my report. Were it not for that I would not trouble you with any reference to the subject.

Very Respectfully, B. F. McKEEHAN.

Reviews and Notices.

Weak Lungs and How to Make Them Strong: or Diseases of the Organs of the Chest, with their home treatment by the movement cure. By Dio Lewis, M.D., etc., etc., etc. Profusely illustrated. Boston: Ticknor & Fields, 1864.

We have before us a small volume by a very well known writer; containing a great many very good, clever and correct ideas—mixed up with a great deal that is very foolish—and some things decidedly charlatanish. Dr. Dio commences with a preface that sounds a good deal after the fashion of the “Sands of Life”—or “The Retired Clergyman”: “Nearly twenty years ago there came under my professional care a consumptive for whose recovery I felt the deepest solicitude. Since then I have treated many invalids, of the same class, for whom my tenderest sympathies have been awakened. Twelve years since my wife’s health failed. Obviously it was a case of consumption. Two sisters had died of the malady. In the persons of my dearest friends I have felt the most intense interest in pulmonary consumption.”

Very clearly Dr. Dio has got hold of a very huge hobby, and he can see nothing else, indeed he seems to think he and his hobby are all that there is.

The introductory sections on the symptoms of consumption are in accordance with the views and teachings of our best authorities, and our author very properly dwells upon the causes of tuberculosis as of

quite as much importance as the rational treatment of developed disease. Indeed we think this part of his book of quite as much importance as any, though some of its suggestions are certainly of the extravagant and ultra character one expects from a hobby rider. It is however difficult to say too much on the vitiated air so universal in the sick room—in theatres, legislative and concert halls, and other rooms for public assemblage—and we have no doubt much of the scrofulous disease of the world may be referred directly to the defective ventilation of our homes and consequent impure air inhaled by our people; and add to this damp cellars, and cellars foul with decaying vegetable matter, it is not difficult to trace disease and fatal epidemics to their sources.

Dr. Lewis thinks the common belief that a *dry* atmosphere is most favorable to the consumptive is an error. "In the British Isles, and in France, outside the cities and manufactories, the mortality from pulmonary diseases is much less than among the agricultural class of this country; and on the western shores of this continent, consumption is comparatively unknown." He claims that a watery vapor actually relieves the irritability of the lungs; and that experience proves that the humid atmosphere of wet weather affords comfort to the consumptive. Hence he argues that there is no possible weather can excuse the consumptive for keeping in doors, "Give him sufficient clothing, protect his feet carefully, and he may go out freely in rain, sleet, snow and wind."

Decided objection is made to the use of furnaces and stoves; they cause a carbonized state of the particles floating in the atmosphere poisonous to the lungs; while "an open fire is number one among house blessings." Our author in this connection combats another popular idea—in which we are glad to agree with him—he believes it better to warm the sleeping apartment with fire. With a fire he urges, you may keep your window open, thus improving the ventilation, and you will be able to dispense with a portion of the otherwise required bedding, a large number of blankets not only interfering with circulation and respiration, but prevents the escape of the gases which the skin is constantly emitting.

Of course in a book of this character there is a good deal to be said about diet; and first of all we eat too much; as a people we are inclined to gluttony, so thinks Dr. Dio. He quotes the old table for quantity so many ounces each of bread butter and tea for breakfast. so many ounces of meat, vegetables, bread, malt-liquor and water for dinner, etc., but on the whole wisely concludes that we can arrive at

a sufficiently rational diet without this philosophical exactness. Tobacco and spirits come under the ban of our author, and even our favorite beverages of tea and coffee, are declared most pernicious. Such of our readers as are familiar with the old teachings of the elder Mussey, will at once recognize the views of our author on dress—even the old cuts and illustrations, that venerable man used to re-
vise in are revamped and brought to life

With Dr. Dio—medicine—drugs is nothing, worse than nothing hygiene, diet, dress, the “movements” are the grand idea. Bathing should be resorted to frequently, especially in the winter. He favors the hot air bath, and describes its mode of use and effects on the system; but as a regular bath he advises the use of cold water on account of its tonic reaction.

But we cannot follow Dr. Lewis through the details of this little book; the prominent feature following the sections we have thus hastily and imperfectly run through, is devoted to his special gymnastic exercises, of which he arranges a complete and systematic outline calculated to employ the patient regularly through a series of weeks. This plan of exercise is profusely illustrated in all its minutia, and constitutes Dr. Dio Lewis’ great hobby, what he styles, “The Movement Cure.”

As we have said all through this book, there are many good things, good and useful hints and suggestions; but like all hobby riders, Dr. Dio Lewis sees outside of the “movement cure” nothing worth considering, suggesting or thinking about. He has got it all, all that is of any value. Again Dr. Dio Lewis has gotten up a book calculated simply as a huge puff of Dr. Lewis and his pet Institutions. Patients are to come to his school, send for his spirometer, correspond with Dr. Dio and be healed, etc., etc.

Early in the body of the book the reader is incidently informed that a school designed to carry out particular views will be opened in Boston at such a date, and for names of teachers, general features of the institution, etc., send for a circular to Dr. Dio Lewis, Box 12, Boston, etc. Ten or a dozen pages further on another hint is thrown out respecting his school for “Physical, Mental and Moral Training of Girls and Boys,” etc. Still a little further on Dr. Dio describes and advertises at some length (four pages) his Pangymnastikon, “the whole is boxed for shipment at this office for ten dollars. Address box 12.” etc., etc.

Quite early in the book he advertises the book his wife is going to publish by and by; and in the latter part of the book he advertises the

book he did himself publish heretofore. Finally the last two or three pages are advertisement direct. Dr. Dio says to all persons with weak chests, I shall be happy to advise with you. Of course he will. He gives you his office hours, and if you cannot visit Boston, you can correspond and he gives you the points to write about. Most philanthropic and unsophisticated Doctor Dio Lewis!

Once more, that school for training in ventilated, for which also once more all interested parties are requested—Box 12, etc., etc. Dr. Dio also announces that he has a *series* of books in preparation devoted to the "movement cure." The titles are given, but sufficient for the day is the evil thereof, and we considerably refrain. Is the reader disgusted with the quack feature of this handsome little book? We certainly think the author ought to be disgusted with himself.

The Physicians' Dose and Symptom Book: containing the doses and uses of all the principal articles of the *Materia Medica* and official preparations, etc., etc. By JOSEPH WYTHE, A.M., M.D., author of "The Microscope," etc., etc. Fourth edition. Philadelphia: Lindsay & Blakiston, 1864.

The title page of this little hand book so fully explains its object and character as to leave but little additional to say respecting it. Besides, this little book has for a long time been familiar to the profession, and favorably received. We have no very great partiality for this sort of little books which aim to compress a great deal within a very small space; but many others do not agree with us and find such a volume a very convenient book of reference. The tables which the author has arranged are neat and convenient.

For sale by Robt. Clarke & Co. Price 63 cents.

Editor's Table.

Price Advanced.—Hereafter the uniform price of the *Lancet and Observer* will be \$3.00 per annum: We suppose our subscribers have anticipated this advance for some time. For two years we have assumed the heavy advance in the cost of printing material, hoping it would be but temporary; we have at length determined to ask our friends to share with us this burden. We doubt not they will do so cheerfully. There will of course be a proportionate advance in the price of such publications as are sent out with this journal at commutation rates. A number of our subscribers have already paid to a time in advance of this announcement; some new subscribers commencing with the middle of this volume have paid up to the middle of the next volume. Of course all such payments have been duly credited, and will be observed in good faith. But all new subscribers, and all payments on running account will from this date be charged at the uniform rate of THREE DOLLARS per annum.

Officers' Hospital at Cincinnati.—For sometime past Dr. Gobrecht, late in charge of West End Hospital in this city, has been fitting up the Baptist Seminary building on Fairmount—in the western suburbs of this city—as an Officers' Hospital. On Friday, August 5th, this new hospital was formally opened, by a regular inspection by Surgeon C. S. Tripler, Medical Director of the Northern Department; Gen. Heintzleman, together with many medical officers on duty in this department, officers of the pay department, quartermaster's department, etc., were present.

The hospital is fitted up with every necessary convenience, and is intended to accommodate seventy-five patients. In the basement are store rooms, kitchen, laundry, etc. In the upper stories are dining-rooms, offices, drug-room, together with the apartments for the patients, so arranged that only one or two will be placed in each room. The building occupies one of the finest situations in the suburbs of the city, and for beauty of prospect and healthy atmosphere cannot be surpassed in this vicinity.

After the formal inspection was over, Dr. Gobrecht conducted his guests into the old library room, where was spread a fine collation. Toasts were given in honor of Surgeon Tripler, Gen. Heintzleman, Dr.

Gobreht, and various other officers present, who duly responded after a neat and appropriate fashion. The whole affair was well conceived and passed off pleasantly.

Dr. Gobreht has already proven himself an efficient medical officer, and will doubtless conduct the affairs of the *Officers' Hospital* with due regard to the interests of all concerned.

Independent Journalism.—We are very sure our friends of the *Medical Independent* will not deem us actuated by any personal feelings if we briefly say that we have just received an illustration of the correctness of certain views expressed by us some time since on independent journalism, and which our neighbors saw fit to criticize at some length. We have received one or two numbers of the *University Medical and Surgical Journal*, published monthly in Philadelphia; at first glance one naturally infers that the old University has rejuvenated its energies and come into the field with an organ, but on looking over number one we observe that it is the representative of the Pennsylvania Medical University, Woman's College of Philadelphia; teaching no sectarian system or path, but being truly eclectic in its aim! The publishers state that "A free and independent medical journal is a desideratum long needed by the more liberal portion of the medical community"—it "is designed to differ from other medical journals in its freedom from sectarian trammels, and the independent course the publishers have marked out for it; it will recognize no sex in science, nor make any distinction between its devotees on that account, but afford encouragement to *mind* when inclined in that direction, without regard to the sex that may be represented by individuals." Well on a careful examination of the specimen numbers received we think we have no use for this *independent* candidate for public favor.

The Case of Surgeon General Hammond.—Some time since we announced that Dr. Hammond was on trial before a duly constituted military commission at Washington, and although that trial has been the subject of a great many newspaper comments and dispatches, we have forbore any remarks on the subject, preferring to await the slow process and decision of the authorities, which after so long a time has been made public. The following report of the Judge Advocate gives the charges and specifications, with the findings of the court and the approval of the President. We publish the entire report for the information of our readers. In addition we see it stated in the newspapers that by the order of the Secretary of War, Mr.

tor Whiting is directed to prosecute Ex-Surgeon Gen. Ham-
 , Messrs Wythe & Brothers, and Wm. A. Stephens, for the
 ery of \$450,000 said to be the amount of which Government
 efrauded by the contracts specified in the charges below.

3 Court was composed as follows :

ior-General R. J. Oglesby, U.S.V., President ; Brigadier-Gener-
 . S. Harney, U.S.A. ; Brigadier-General, W. J. Ketchum, U.S.
 Brigadier-General G. S. Green, U.S.V. ; Brevet Brigadier-Gen-
 V. W. Morris, Colonel 2d U. S. Artillery ; Brigadier-General
 . Howe, U.S.V. ; Brigadier-General J. P. Slough, U.S.V. ;
 dier-General H. E. Paine, U.S.V. ; Brigadier-General J. C.
 weather, U.S.V. ; Major John A. Bingham, Judge Advocate.

JUDGE ADVOCATE GENERAL'S OFFICE, MAY 17, 1864

the Honorable Secretary of War :

gadier General William A. Hammond, Surgeon-General United
 s Army, was tried upon charges of " disorders and neglects, to
 e prejudice of good order and military discipline," " conduct un-
 ing an officer and a gentleman," and " conduct prejudicial to
 order and military discipline."

e specifications which set forth the statement of facts alleged,
 ound by the court to constitute these offences, are as follows.

ARGE 1st.—" Disorders and neglects, to the prejudice of good
 and military discipline."

ecifications 1st. " In this : that he, Brigadier-General William
 Hammond, Surgeon-General United States Army, wrongfully
 unlawfully contracted for, and ordered Christopher C. Cox, as
 e purveyor in Baltimore, to receive blankets of one William
 ephens, of New York. This done at Washington City, on the
 tenth day of July, in the year of our Lord one thousand eight
 red and sixty-two."

ecification 2d. " In this : that he Brigadier-General William
 ammond, Surgeon-General as aforesaid, did, on the thirtieth day
 ay, in the year of our Lord one thousand eight hundred and sixty-
 , at Washington City, wrongfully and unlawfully prohibit Chris-
 r C. Cox, as medical purveyor for the United States in Balti-
 , from purchasing drugs for the army in said city of Baltimore."

ecification 3d. " In this : that he, the said Brigadier-General
 iam A. Hammond, Surgeon-General United States Army, did
 wfully order and cause one George Cooper, then medical pur-
 r for the United States, in the city of Philadelphia, to buy of one
 iam A. Stephens, blankets, for the use of the Government ser-
 of inferior quality : he, the said Brigadier-General William A.
 mond, then well knowing that the blankets so ordered by him to
 rchased as aforesaid were inferior in quality, and that said pur-
 r Cooper had refused to buy the same of said Stephens. This
 at Philadelphia, in the State of Pennsylvania, on the twenty-
 h day of May, in the year of our Lord one thousand eight hun-
 and sixty-two."

Specification 4th. "In this: that he, the said Brigadier-General William A. Hammond, Surgeon-General as aforesaid, on the fourteenth day of June, in the year of our Lord one thousand eight hundred and sixty-two, at the city of Washington, in the District of Columbia, unlawfully, and with intent to aid one William A. Stephens to defraud the Government of the United States, did, in writing, instruct George E. Cooper, then medical purveyor at Philadelphia, in substance as follows:

"SIR.—You will please purchase of Mr. W. A. Stephens eight thousand pairs of blankets, of which the inclosed card is a sample. Mr. Stephens' address is box 2,500, New York. The blankets are five dollars per pair."

Specification 5th. "In this: that he, the said Brigadier-General William A. Hammond, Surgeon-General United States Army, on the sixteenth day of June, in the year of our Lord one thousand eight hundred and sixty-two, at the city of Washington, did corruptly, and with intent to aid one William A. Stephens to defraud the Government of the United States, give to the said William A. Stephens an order in writing, in substance as follows: 'Turn over to George Cooper, medical purveyor at Philadelphia, eight thousand pairs of blankets;' by means whereof the said Stephens induced said Cooper, on Government account, and at an exorbitant price, to receive of said blankets, which he had before refused to buy, seventy-six hundred and seventy-seven pairs, and for which the said Stephens received payment at Washington in the sum of about thirty-five thousand and three hundred and fourteen dollars and twenty cents."

Specification 6th. "In this: that he, the said Brigadier-General William A. Hammond, Surgeon-General United States Army, on the thirty-first day of July, in the year of our Lord eighteen hundred and sixty-two, at the city of Philadelphia, in the State of Pennsylvania, well knowing that John Wyeth & Brother had before that furnished medical supplies to the medical purveyor at Philadelphia, which were inferior in quality, deficient in quantity, and excessive in price, did corruptly, unlawfully, and with intent to aid the said John Wyeth & Brother to furnish additional large supplies to the Government of the United States, and thereby fraudulently to realize large gains thereon, and then and there give to George Cooper, medical purveyor at Philadelphia, an order, in writing, in substance as follows:

"You will at once fill up your store-houses, so as to have constantly on hand hospital supplies of all kinds for two hundred thousand men for six months. This supply I desire that you will not use without orders from me."

"And then and their direct said purveyor to purchase a large amount thereof, to the value of about one hundred and seventy-three thousand dollars, of said John Wyeth & Brother"

Specification 7th. "In this, that he, the said Brigadier-General William A. Hammond, Surgeon-General United States Army, about the eighth day of October, in the year of our Lord eighteen hundred and sixty-two, at Washington City, in contempt of, and contrary to the provisions of the act entitled 'An act to recognize and increase

the efficiency of the medical department of the army,' approved April 16, 1862, did unlawfully direct Wyeth & Brother, of Philadelphia, to send forty thousand cans of their 'extract of beef' to various places, to wit: to Cincinnati, St. Louis, Cairo, New York, and Baltimore, and send the account to the Surgeon-General's office for payment."

CHARGE 2D. "Conduct unbecoming an officer and a gentleman."

Specification 1st. "In this, that he, Brigadier-General, William A. Hammond, Surgeon-General, United State Army, on the thirteenth day of October, in the year of our Lord eighteen hundred and sixty-two, at Washington City, in a letter by him then and there addressed to Dr. George E. Cooper, declared in substance that the said Cooper had been relieved as medical purveyor in Philadelphia, because, among other reasons, 'Halleck,' meaning Major-General Henry W. Halleck, General-in-Chief, requested as a particular favor that Murray might be ordered to Philadelphia; which declaration so made by him, the said Brigadier-General William A. Hammond, Surgeon-General as aforesaid, was false."

An additional charge and specifications preferred against Brigadier-General William A. Hammond, Surgeon-General United States army:

CHARGE 3D. "Conduct to the prejudice of good order and military discipline."

Specification 1st. "In this, that he, the said Brigadier-General William A. Hammond, Surgeon-General United States Army, on the eighth day of November, in the year of our Lord eighteen hundred and sixty-two, at Washington City, did unlawfully order Henry Johnson, then medical storekeeper and acting purveyor at Washington City, to purchase three thousand blankets of one J. P. Fisher, at the price of \$5 90 per pair, and to be delivered to Surgeon G. E. Cooper, U.S.A., medical purveyor at Philadelphia."

A plea of not guilty was entered upon each of the charges and specifications, and after a full hearing of the testimony for the Government and the defence, and the examination of a large amount of documentary evidence, together with the consideration of the elaborate arguments of both sides, the court rendered a finding of guilty on all the charges, and sentenced the accused to be dismissed the service, and to be forever disqualified from holding any office of honor, profit, or trust, under the Government of the United States.

In reporting upon this case, the second charge—conduct unbecoming an officer and a gentleman—will be first considered.

Under this charge it was alleged that accused made a false declaration, in writing, that Dr. Cooper had been relieved from his position as medical purveyor at Philadelphia, because among other reasons, General Halleck had requested as a special favor, that Dr. Murray might be ordered to duty in that city.

It appears from the evidence that, on the 8th of October, accused requested of the Adjutant-General that Dr. Cooper be relieved from duty as medical purveyor, at Philadelphia, by Dr. Smith. On the 13th he wrote a letter to Dr. Cooper, as follows:

"MY DEAR DOCTOR.—I have just received your note. The detail

for your relief from duty went to the Adjutant-General a few days since. I told Smith to tell you of it. It was with great reluctance, even with pain, that I made the detail. I am entirely satisfied with your energy, faithfulness, and acquaintance with your duty; but I found great complaints made in regard to your manners, which were constantly reiterated from medical officers and citizens of standing. I believe the change would have been made over my head had I not not made it myself. I was forced to come to the conclusion that it was necessary to be done. Once before the detail was made, but I would not sign it, and this time it lay on my table several days. This is one reason. The second is even more imperative. Halleck requested, as a particular favor, that Murray might be ordered to Philadelphia: There was nothing for Murray to do there but to take your place, King's. or Smith's. The latter have both been in active service, and I thought it best to relieve you on that account.

"As A. K. Smith is, in my opinion, better suited to perform the duties of purveyor than Murray, I decided to make him purveyor, and Murray medical director of transportation.

"I assure you that so far as your official action is concerned, I have not the least fault to find.

Yours sincerely,

"W. A. HAMMOND.

General Halleck testified, substantially that "to the best of his recollection," he never made any request of the accused to order Dr. Murray to Philadelphia; the only communication he ever made to him on the subject being a letter on the first of October, stating that Dr. Murray had served long and faithfully in the field, with the army in the West, and would like to be transferred to Eastern hospital duty, and asking the consideration of his case.

On the part of the defence, a letter from Dr. Murray to General Halleck, dated Louisville, September 27th was submitted, in which Dr. Murray stated to General Halleck, that if he would request the Surgeon-General to order him to Philadelphia, it would "be done at once." And it was claimed by the accused—but not shown—that General Halleck, besides writing the letter of October 1st, in which he asked that Dr. Murray's desire to be ordered East on "hospital duty" might be considered, also, in some personal interview, made a verbal request that he be assigned to that duty in Philadelphia.

The argument of the Judge Advocate on this charge may be found on pages 57 to 59 of his "Reply," and that of the counsel for the accused on pages 51 to 58 of the "Defense."

The findings upon the first and third charges involve questions of law as well as of fact.

It was contended by the accused (see pages 9 to 16 of the "Defence") that the Surgeon-General had the power to control all purchases of stores for his department; to order purveyors when, at what places, of whom, and at what prices they should procure them; and further, that he might purchase them himself.

It was submitted by the Judge Advocate (see pages 4 to 7 of his "Reply") that the acts of Congress of April 16, and July 17, 1862, limited the authority of the Surgeon-General to the direction when to

purchase, and the kind and quantity to be procured; that having given this direction, his lawful authority was determined, leaving to medical purveyors, under bonds for the proper discharge of their responsibilities, the whole duty of selecting in such markets, and of buying from such persons, and upon such terms as their judgment dictated.

The former of these enactments provides "that medical purveyors shall be charged, under the direction of the Surgeon-General, with the selection and purchase of all medical supplies, including hospital stores," etc., etc.

The latter makes provision that medical purveyors shall give bond, with approved security, in such sums as the Secretary of War shall require, for the faithful performance of their duties.

It would seem, from the express language as well as from the reason of the law, that the position taken by the Judge Advocate was correct, and the decision of the court upon this issue was warranted. But it is deemed unnecessary to bestow further consideration upon this question. The findings of the court, that the accused ordered the purveyors to purchase supplies of inferior quality, well knowing them to be such, and to purchase articles at exorbitant prices, with corrupt intent to aid in defrauding the Government, and that he ordered the purchase of "additional large supplies," "corruptly," and "with intent to aid" certain persons "fraudently to realize large gains thereon," impute much more than a mere technical over-stepping of the limits of the enactment of April 16, 1862. They convict him of official corruption, abuse of power, and a gross breach of public trust.

The proof upon which these findings are based was offered in support of the 3d, 4th, 5th, 6th, and 7th specifications to the first charge. It is not requisite in this report to collate and comment upon it. The full presentation of the whole case by the Judge Advocate relieves this office of the necessity of entering into that detailed discussion of the facts and legal questions involved which, under different circumstances, would have been proper.

In his "Reply," and the "Defence" of the counsel for the accused, both of which are printed and attached to the record, the important portions of the evidence and all the prominent features of the proceedings, are presented as concisely as the voluminous character of the testimony would admit.

That the natural and necessary result of the acts of the accused as established by the record, involved a criminal spoliation of the Government treasury, which would alone have called for his dismissal from the service, cannot be denied; but when it is remembered, as shown by the proof, that this spoliation was in part accomplished by the purchase of inferior medical supplies and stores—thus compromising the health and comfort, jeopardizing the lives of the sick and wounded soldiers in the hospitals and upon the battle-fields of the country—soldiers solemnly committed to the shelter and sympathies of the office held by the accused, by the very law and purpose of its creation—it must be admitted that this fearfully augments the measure of his criminality.

The trial, which lasted nearly four months, was one of the most patient and thorough that has ever occurred in our military history ; and the accused had throughout the assistance of eminent and able counsel in conducting his defence. The court, which was composed of nine general officers, at the close of this prolonged investigation, declared him guilty of the charges preferred, and awarded the punishment which, in their judgement, was in accordance with the nature and degree of the offences committed ; and a careful examination of the record leaves no room for doubt as to the validity of the proceedings, or the justness of the findings and sentence.

J. HOLT, *Judge Advocate General.*

The following is the President's order confirming the sentence in this case :

“ The record, proceedings, findings, and sentence of the court in the foregoing case are approved ; and it is ordered that Brigadier-General William A. Hammond, Surgeon-General of the United States Army, be dismissed the service, and be for ever disqualified from holding any office of honor, profit, or trust under the Government of the United States.

A. LINCOLN.

— “ August 18, 1864.”

Medical Communications, with the Proceedings of the Seventy-second Annual Convention of the Connecticut Medical Society, Held at New Haven, May 25th and 26th, 1864.

This interesting volume of Transactions opens with the annual address of the President, Dr. E. K. Hunt, of Hartford — wherein he combats with much force the idea of “ Inert Practice in Disease,” showing very clearly that while nature is abundantly able in many cases to counteract disease — yet that diseased conditions are positive in their character, and medicines definite in their effects ; hence the physician should learn to estimate justly the relative power of nature and art, in the management of disease.

Following the President's address, we have a dissertation on Scarlatina, by Dr. P. M. Hastings : It is a careful and thoughtful review of the pathology and treatment of this disease on rational principles ; while immediately following is another article, enthusiastically advocating the Water treatment of Scarlatina, especially by the wet sheet pack ; This essay is by Dr. R. W. Matthewson. Articles on Enlargement of the Prostrate Gland, by Dr. Russell ; Sulphuric Ether in Surgical operations ; Schirrus of the Testes, &c. Biographical sketches of several deceased members. Proceedings of the Convention — Officers — Members — and other business matters close the volume. The next annual meeting of the State Society will be held at Hartford, May 25, 1865.

Long Island College Hospital. — The annual commencement of this

Medical School took place on the evening of July 1st. The degree of M. D. was conferred on thirty-seven Graduates. The address on behalf of the Faculty was made by Prof. Hutchinson. An elegant gold chain was presented, in behalf of the class, to Prof. E. N. Chapman; and complimentary resolutions to the Professor of *Materia Medica and Therapeutics*.

Commutations. — Notwithstanding frequent explanation of the matter, our subscribers do not appear to understand our arrangements for commutation. First of all, the whole system of deductions for commutation with other Journals is of no advantage to us — we turn over all the deduction to our subscribers as an inducement to them to remit promptly, and to encourage their disposition to increase the number of their Journals. Again: All such subscriptions are at once remitted to the several Journals called for; for instance, a subscriber sends us the money for the *Lancet and Observer*, and at the same time for the *London Lancet and Braithwaite's Retrospect*: we at once remit to *London Lancet* the name and cash for one subscriber, which goes on *their books*, not ours; and that copy of *London Lancet* is thence regularly mailed from the New York office, *not from here*: so in the same way *Braithwaite — Atlantic Monthly, &c.* Now when a subscriber fails to receive a particular number of one of these Journals, he should immediately address the publisher of that Journal — *not us* — for if we are addressed, we are obliged to write a reply to our subscriber, and a note of inquiry to *Braithwaite, London Lancet*, or whatever it may be — thus causing the necessity for three letters, and a delay of time, when one letter direct would have been more to the purpose.

The Canada Medical Journal, and monthly record of medical and surgical science. Edited by Drs. Fenwick and Campbell, Montreal. We have received No. 2 of this new Journal, and take great pleasure in placing it on our exchange list. It is handsomely published, and conducted with energy. We hope our Canada brethren will give this new Journal a generous support.

Please send us Number One.

Medical Schools: There seems to be a tendency to revive medical Journalism and medical teaching. By reference to our advertising department it will be seen that a new school is organized in Cleveland, under the head of Prof. Weber, to be known as the *Charity Hospital Medical College*: it is to be conducted mainly on the plan of the *Bellevue Hospital College of New York*, clinical instruction

forming a prominent feature of the course of teaching. We do not know what may be the necessity for a second school at Cleveland — but the plan of this new College is in accordance with the demands of the profession. The final organization of the Medical College of Ohio, appears in our advertising department, arranged and announced just as we are going to press. Quite a number of other College Announcements are found in this number of the Journal — and our readers will note them at their leisure.

☛ *New Books* : — Lindsay & Blakiston have issued a new edition of Dr. Durkee's Treatise on *Gonorrhœa and Syphilis* ; W. A. Townsend has also just published a new book — *Man and His Relations, &c.*, by Dr. S. B. Brittan. We shall notice these books, and others on our table heretofore acknowledged, at an early date.

To Correspondents : — The continued ill health of the Publisher of this Journal has prevented individual replies to many of our correspondents ; communications are received, and on file, from Dr. Wallace of Nashville — Dr. Cleland of Indiana — Dr. Haymond of Monticello, Ind. — and Dr. Charles Cochran of Toledo, who will please accept our thanks.

The American Journal of Ophthalmology for April, being No. 2 Vol. I, is just at hand. Although late in making its appearance, it is an excellent number. The opening article is by the Editor, Dr. Homberger, and is a review of "the standard operations for cataract, and particularly the methods proposed by Mooren and Jacobson." In the course of this article Dr. H. gives his own personal experience in these operations. This article is followed by several carefully prepared communications — together with the usual selected variety and editorial notes. We sincerely hope this effort to establish an American Journal devoted to this specialty will be entirely successful.

B. Frank Palmer, Esq. — This gentleman so well known as the inventor of the Palmer Leg — and Palmer Arm — has recently been called to pass through greivous trials : The Western University of Pennsylvania has conferred upon him the degree of Doctor of Laws — and, as if to test endurance to its utmost, he has about the same time taken to himself a wife ; so that our old friend is L.L.D. and a Benedict.

Personal. — Dr. E. Williams, Eye Surgeon, has removed to his new residence and office, No. 64 Seventh st., near Vine.

— Dr. John A. Murphy has removed also to his new residence and office, No. 278 Eighth st., near John.

Surgeon General of the United States. — Medical Inspector Dr.

Joseph K. Barnes, who, since the arrest of Dr. Hammond, has been Acting Surgeon General, has received his commission as Surgeon General, to date from August 22nd.

American Pharmaceutical Association :— We have heretofore noticed the meeting of this Society, to be held in this city on the 21st inst. ; we learn that the meeting will be held in Mozart Hall, in the Catholic Institute building — and that the arrangements promise an interesting meeting of the Association.

Army Medical Intelligence.

In accordance with orders from Headquarters Military Division of the West Mississippi, no resignations of Medical Officers serving within the limits of this Department will be accepted except by reason of incompetency or disability from sickness, and in these cases only after an examination and recommendation has been made by a Board of Medical officers.

By Command of Major-General Banks :

GEORGE B. DRAKE, *Assist. Adjutant-General.*

Surgeon J. H. Grove, U.S.V., as Surgeon-in-charge, General Field Hospital, Army of Tennessee, Rome, Georgia.

Assistant Surgeon E. O. Brown, 28th Kentucky Vols, as Surgeon-in-charge, Military Prison, Louisville, Ky.

Permission to remain in Washington, D.C., under medical treatment, has been granted Assistant-Surgeon John S. Billings, U.S.A.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Pneumonia*.—There are many cases of this affection treated during the year at Bellevue, and consequently the disease is familiar to us all. Of the diagnosis we do not propose to speak. A few words as to treatment. It is now generally admitted that pneumonia is a disease which tends to debility, and therefore requires analeptic treatment. The olden methods of sanguineous depletion with antimonials have been swept away by the advance of medical science, rather than by a change in the type of the disease ; indeed we seldom meet with a case of pneumonia so sthenic as to require or even tolerate a plan of treatment which is essentially depressing. A simple case of pneumonia will get well of itself without any medical assistance whatever, provided the system possess vitality sufficient to carry the patient.

through the disease ; and the chief indication which the physician is called to meet, is to sustain the vital forces when they begin to flag. Antiphlogistics are only admissable as palliatives, or checks to certain symptoms, and exercise no control over the real disease. These are the principles which govern our practice : For a temperate and healthy man, in whom the disease is confined to one lobe, and the pleuritic pain inconsiderable, we frequently do nothing further than keep him comfortable in bed, with diet nutritious and easy of digestion, sufficient to meet the demands of the appetite. Such a man has within himself the elements of recovery. Should this patient suffer from active febrile symptoms, with acute pain during the first stage, dry cups to the chest, and a moderate diaphoresis by means of an oiled muslin jacket and a dover's powder, will relieve the symptoms. If the pneumonia be more extensive, we expect a greater degree of subsequent asthenia, and modify the treatment accordingly ; as soon therefore, as any active symptoms have been allayed as above, we begin with the more liberal use of food, as strong beef-tea, eggs, etc., reserving tonics and stimulants for the flagging pulse. Dr. Loomis, however gives quinine from the commencement of consolidation, with a view to support the nervous system till convalescence is established, and thinks the patient under this treatment recovers more rapidly. Pneumonia in old persons and in children, or in persons debilitated from any cause whatever, is very apt to assume the asthenic type, and requires, besides the above, for its successful issue, the administration of stimulants, graduated to the symptoms in the case ; for instance, a boy aged twelve years was very ill last winter with a pneumonia confined to the lower lobe of the right lung ; his pulse had risen to 120, and was very weak ; for several days he took with marked benefit sixteen ounces of whisky per diem with eggs, beefsteaks, milk, etc., and finally recovered. Most of our patients sick with pneumonia, get more or less whisky during their illness, and all are allowed extra diet. The oiled muslin jacket is used in nearly every case, the practice being to put it over a flannel shirt, and the two keep the skin in a continual moisture. We do not expect to lose any patients with a simple pneumonia, unless it be confirmed drunkards ; and it is astonishing to observe how this class of patients succumb to this disease. They demand stimulants *ad libitum*. We have examined the urine for chlorides in many cases, and do not find them absent nor diminished near so frequently as some would have us suppose.—*Am. Med. Times.*

2. *Creosote and Arsenic in the Treatment of Skin Diseases.*—From the well-known prevalence and obstinate character of some of the cutaneous diseases of the North-Western States, frequently resisting alike the efforts of well-directed medical skill, the never-failing unguents, lotions, and alterative secretion regulating secret remedies of the presumptuous charlatan, and much-lauded specific nostrums of the patent medicine vender, I desire, through the medium of your widely circulating journal, to commend to the consideration of the profession, after an experience of fifteen years, the above articles in the treatment of cutaneous diseases.

having kept no record of cases I have no data but memory from which to write. I shall, therefore, make a brief general statement of the manner in which I have been in the habit of using the above article, and if the statements which I may make should prove of benefit to any one of the profession, or any of the afflicted, my end will have been attained.

I have, during the time specified, treated many cases of these diseases, of various grades, and have found more good resulting from the use of creosote than from any other article which I have used. The cases in which I have found it more particularly useful, are impetigo and porrigo, and more especially of these, porrigo larvalis of Lan and Bateman, or impetigo larvalis of the French writers; this variety affecting young children during the period of dentition, is a source of much annoyance both to nurses and doctors, to say nothing of the more serious consequences which may occasionally result from long continuance, where it seems to baffle all the skill of practitioner and nurse.

This variety (for a description see Wood's *Prac. of Med.*.) sometimes discharges fluid so copiously that scabs cannot form; it is in such cases that I have found the creosote to act most advantageously, and also in the particular cases of eruption of the scalp. I have been much gratified with its results, indeed, it has given entire satisfaction in almost every case where I have been able to fairly test its virtues. The manner in which I have found it to act most beneficially is in the form of an ointment, made according to the following formula:

R. *Adeps preparata*, ʒj; creosote, gtt. xxv. Mix on a clean tile plate until the two are thoroughly incorporated. Apply the ointment with a camel's hair pencil or the tip of the finger to the parts affected, twice a day, cleansing it well with fine soap and rain water twice a day. If the ointment in this proportion should be too strong for the particular case to which it is applied, the inflammation will be lessened; this should be an indication for a lessening of the creosote; on the contrary it is too weak, the eruption will heal very slowly or not at all, which is an indication for greater strength. The constitutional symptoms, if any are present, and it frequently so occurs, should be met with appropriate remedies, and it is here that I have found arsenic in the form of Fowler's Solution, more valuable than the other alteratives and entropics which I have used.

This may be very safely administered to small children if the nurses sufficiently warned of the care necessary to be taken, to give only the prescribed dose. The manner in which I have usually given it is as follows: To a child from 2 to 6 months old, gtt. ʒj; from 6 to 12 months, gtt. iʒss; from 12 to 24 months, gtt. ij; two or three times in 24 hours, increasing with the age. I have been in the habit of continuing the use of the solution for a length of time varying from two to six months, which practice would seem to suggest itself as being beneficial on account of the well-known properties of arsenic in promoting nutrition.

J. ELLES LYONS, M.D.

Indianapolis, Ind.

3. *Instantaneous Treatment of Itch by Oil of Bergamot.*—(Translated from the *Journal Medecine de Bordeaux* for June, 1864, for the *Boston Medical and Surgical Journal.*—Dr. Manfre, the venerable clinical professor in the University of Naples, has published, in a Roman political newspaper many articles on the rapid cure of itch. The best remedy, which he says he has thus far tried with complete success in his clinical service, is, according to M. Manfre, the oil of bergamot, which cures instantly, or at most in two minutes, even where the eruption is general.

According to him, this remedy, more economical, less irritating, more prompt in its insecticide effects than Helmerich's ointment or sulphur, makes the wards appropriated for patients with this disease in hospitals superfluous; for a single friction over the whole affected surface is sufficient to effect a perfect cure. The patient may return home immediately after this application, the precaution being taken of making him change his clothing, or of thoroughly purifying that which he has worn. An ounce or two of oil of bergamot is enough to complete the cure.

According to M. Manfre, the same remedy may be advantageously substituted for all those employed for the destruction of the *pediculus pubis*.

For a long time physicians have known the insecticide power of the essential oils, and there may be found in some formularies many receipts of M. Aube for the cure of itch in two minutes. The essential oil of turpentine, mixed with essence of lemon, is the basis of the treatment recommended by this author. Before him, M. Gras had recommended the essential oil of lavender, which is quite analogous to that of bergamot, and has the additional advantage of not costing more than a quarter or half as much.

OPHTHALMOLOGICAL.

4. *Luminous Eyes.*—By Prof. K. Stellwag Von Carion.—(Translated from the *Wiener Medical Wochenschrift*, 1864, pp. 145, 161, 177.)—The fundus oculi reflects light both in a regular and irregular manner. Of the former we have an example in the peculiar shining of the eye in dogs or cats; of the latter, in the light reflected back to the observer with the ophthalmoscope. After describing the structure of the tapetum, to which the lustre of an animal's eye is principally due, the author passes to the similar phenomenon in the human eye. So far as he is aware, Fermin, who saw it in 1795 in an albino, was the first to mention it, and J. Beer the first to pay any particular attention to it. The latter considers it to be immediately owing to a pathological disappearance of the choroidal pigment (cat's-eye amaurosis). This appearance soon came to be considered a symptom of medullary cancer of the retina. The assertion is quite correct, that such a disease at an early period frequently produces exactly similar reflections to those described by Beer; for cancer is wont to occur as an infiltration, which distends a greater or less part of the retina into a thick layer. Now, as the latter covers the pigment-layer of the

choroid, and owing to its little transparency and light color, diffuses and reflects a large amount of the incident light, the fundus becomes illuminated and appears red, whitish-red, or whitish, according to the vascularity of the new formation. Moreover, as the tumor grows, it passes more and more within the focus of the media, and therefore is seen in an erect and magnified image—the vessels, little elevations, etc., becoming distinctly visible. Finally, light is regularly reflected by the surface of the tumor; the eye becoming luminous when toward dusk it is placed in a certain position with reference to the light and to the observer, the morbid product taking the place of the tapetum in an animal's eye.

The observations of Travers, Ammon, and others, showed that sometimes after this symptom had been observed the eyeball gradually become softer and atropic. This was at first explained by the supposition that the supposed cancer had undergone a retrograde metamorphosis—a supposition which was, however, proved to be incorrect by Chelius. Now-a-days, it is known that in such cases the tumors are of inflammatory origin, that they are formed of connective tissues, and that they usually proceed from the choroid, although in exceptional instances they may be primarily developed in the retina. Such tumors constantly end by suppuration or atrophy; they, of course destroy the eye, but do not, like cancer, destroy the patient. They now pass under the title of sarcomatous tumors.

It must not be imagined that the lustre is a constant symptom, either of cancer or sarcoma; its occurrence depends on certain conditions. In the first place, the surface of the tumor must be of a light color, and not too rough. In sarcomatous tumors of the choroid, which contain a large quantity of pigment, or which are covered by the unaltered pigment-layer of the choroid, and intra-ocular melanosis, no lustre is observed. Stellwag also believes that there is no lustre in cases of sarcoma or cancer where the surface projecting into the vitreous body is very irregular and vascular. For choroidal tumors to regularly reflected light there is another condition: the retina must have either been ruptured, or be stretched as a tense and even membrane. This phenomenon is not found in cases of separation of the retina from the surface of the tumor by serous fluid, or, indeed, in the ordinary cases of retinal separation, for the membrane is too transparent to act efficiently as a mirror, and yet too opaque to allow sufficient light to pass to the surface of any subjacent tumor.

This phenomenon seems to be specially promoted by a light-colored choroidal tumor pressing the retina forward, so as to apply it exactly to the posterior surface of the lens. The author has scarcely ever seen it so beautifully as in an albino, two and a half years old, whose right eye was affected in the manner just mentioned. Even in a well-lighted room there was a very marked mother-of-pearl lustre, but in semi-darkness the eye emitted truly brilliant bluish and yellowish reflections whilst the left eye sparkled of a ruby-red. In the right eye the cornea was perfectly transparent—the iris reduced to an extremely narrow, brownish-black, immovable border; the pellucid lens was in contact with the cornea, and its posterior surface was completely

covered by the retina. The latter was very opaque, and of a greyish-yellow color; here and there were bluish-white stripes, and spots containing masses of cholesterine. A light-colored tumor situated behind it appeared as if covered with a thick veil. The eye was already atrophying.

A separated retina may cause such a peculiar reflection under less favorable circumstances, provided it is thickened and transformed into a dense, tendinous mass; an example of this has been furnished by Alfred Grafe (*Ophth. Review*, i., p. 160).

There has been some doubt as to the nature of the affection described by Beer as "cats'-eye amaurosis." Himly refers it to absorption of the choroidal pigment, and supports his view by the light color of the fundus oculi and the lustre observed in albinos. It is true that some observers have not noticed the latter appearance, probably owing to their neglect to the conditions under which it can be seen. If an albino is placed in a partially darkened room opposite a moderately distant window or lamp, a properly placed observer will scarcely ever fail to perceive the lustre—only, indeed, when the pupil cannot dilate. The author considers rapidly advancing myopia to have been the essential lesion in Beer's cases; the extreme atrophy of the choroid and consequent exposure of the sclerotic very much conduce to the production of the lustre; and the author can from his own experience, affirm that it may always be seen in the most brilliant manner in such cases, provided the external conditions of the phenomenon are fulfilled. Even if there is only a posterior staphyloma, or if the surrounding choroid is but little atrophied, the phenomenon can always be perceived, provided the pupil is well dilated and the eye properly directed with reference to the lamp.

As this lustre could be perceived where the staphyloma was but small, it appeared probable that it might also be seen in cases of fibrous degeneration of the optic disc. This supposition was confirmed by the examination of a number of such cases; indeed, the lustre was very marked. The ophthalmoscope showed in the mass of these cases that the choroid was quite normal, the atrophy of the optic nerve being a consequence of simple neuritis optica, or depending on cerebral amaurosis. In one case there was an old and very characteristic glaucomatous excavation.

The same lustre may be seen in normal eyes; it is very difficult to render it apparent so long as the pupil is contracted, but if full dilatation is effected by the use of atropine, there is not much trouble. For the same reason, it is a constant symptom where there is a congenital absence of the iris.

From what has been said, there can be no great difficulty in determining what is the part that takes the place of a mirror. If the choroidal pigment is entire, the room must be darkened, the lamp placed at a distance of several feet from the eye to be examined, and the observer must place a screen between himself and the flame, so that he may look almost exactly in the same direction; at the same time, the eye observed must be directed somewhat inward. This is the only position in which the lustre is observed. The experiment is much facilitated by full dilatation of the pupil. It is hence evident that there

is in the normally-pigmented fundus, no considerable surface which can act as a speculum; the opinion that the optic disc is the reflector appears to be confirmed by the fact already mentioned, that the lustre is more readily observed when the nerve has undergone fibrous degeneration.

Where, from any morbid process, the choroidal pigment has been extensively destroyed, the exposed sclerotic takes the place of the tapetum. For exactly analogous reasons, the lustre is very marked, and very readily perceived in albinos.

Retinal cancers, light-colored choroidal tumors, fibrous degenerations of the separated retina, very closely resemble the tapetum in their physical qualities.—*Ophthalmic Review*.

SURGICAL.

5. *Punctured Wound of the Thorax—Pneumothorax—Recovery.*—J. B. aged 23, was stabbed on the night of February 20th, between the vertebral column and the anterior angle of the left scapula. He stated that the stab was immediately succeeded by an oppressive dyspnoea and great physical prostration. In this condition he was admitted into the hospital, (Bellevue). He was expectorating small quantities of bloody mucous, and his face was pallid and anxious. The percussion note upon the right side was normal, but over the left thorax a highly typanitic resonance was elicited. Auscultation revealed cavernous breathing over the upper portion of the left scapula, with absence of all respiratory sounds over the remaining portion of the left cavity. The external wound was sealed, and the patient placed in a recumbent posture, after which his breathing became easy.

Feb. 23.—He has continued to expectorate a bloody froth since admission, but has been very free from dyspnoea, and reports himself comfortable. Auscultation reveals distinct metallic tinkles more distinctly in the subclavicular region; there is but little fluid in the thoracic cavity, which throughout the greater portion of its extent yield the same abnormal resonance.

Feb. 28th.—Improving; no dyspnoea; no metallic tinkling, and much less of the typanitic resonance. Respiration can now be heard extensively over the posterior aspect of the left side. From this time the condition of the patient steadily improved, until March 12th, when he was discharged entirely well.

This case is interesting on account of the rapidity of the recovery which he made from so grave an accident, there being but three weeks from the date of the injury to that of his discharge. The symptoms indicating a wound of the lung, with a complete collapse of this organ were so well defined that an error in diagnosis cannot be admitted. This man had none of the usual sequelæ of the accident, such as pleurisy, pneumonia, or empyema, and to this must be attributed his early recovery.—*Am. Med. Times*.

2. *Bloody Tumors Beneath the Scalp.*—Mary R——, aged 29, admitted February 7th, 1864, was found upon the street in a state of intoxication. She had a stone in her hand with which she had been

beating her own head. On admission a large, fluctuating tumor, covering the whole top of her head, was found, and diagnosticated as a large extravasation of blood produced by the rupture of some blood-vessels against which the stone had impinged. She was placed in bed and measures taken to prevent her from inflicting further violence upon herself. The bowels were kept soluble, and nothing was done locally for the tumor. In two days she had recovered fully from the debauch, and wished to go home with her friends. The swelling had diminished in size somewhat more than one half, and the contained blood was still uncoagulated. These bloody tumors between the muscular aponeurotic layer and the pericranium are of rare occurrence, and are apt to be extensively diffused, owing to the loose connexion which obtains between these coverings. The diagnosis is easy, especially when the history of the case can be obtained, as in the present instance. The prognosis depends upon the surgeon.

The invariable rule of treatment among our most intelligent and experienced surgeons is to abjure the knife, leaving the blood to be absorbed, which is usually accomplished in a few days, more or less, according to the amount effused; if any assistance is needed it will be a gentle stimulation of the scalp in order to promote this process. Cases that have been cut into have resulted in a diffused erysipelatous inflammation, gangrene, and sloughing, denuding the skull of its pericranium, and ultimately terminating in the death of the patient. The difference between one of these tumors, before and after being opened, is strictly comparable to that of a simple and compound fracture.—*Am. Med. Times.*

6. *Burns and Scalds.* From Reports of Bellevue Hospital in *Am. Med. Times.*—Under this head is included a class of accidents, ranging from the most trivial to the most grave and dangerous with which the surgeon is called to deal. We are constantly receiving patients suffering from every variety of burns and scalds, many of whom die soon after admission, from collapse occasioned by either the extent or severity of the injury, the former being the most frequent cause of early death.

The treatment of those cases in which the skin is simply reddened consists in the application of a rag wet with cold water, which is sometimes conducive to the comfort of the patient, but perhaps is oftener a placebo, as in these cases the pain is slight, and it matters but little what remedies are employed, provided they do no harm. In those cases where the derma is burned to a greater or less depth, the pain and general symptoms are proportionally aggravated. If the injury is very extensive the patient will be in a state of collapse, requiring diffusible stimulants and artificial warmth; if less extensive the pain, which is often of the most exquisite character, demands the immediate exhibition of opiates, and in both cases the surface of the burn should be protected as soon as possible from the atmosphere and other external resources of irritation. This we effectually accomplish by the following mixture, which is used for nearly every burn in this hospital, as well as by our neighbors at the New York Hospital:—

. Gum arabic ʒj.; gum tragacanth, syr. fusci, aa ʒiij.; aqua balentis Oj.; M. When cool apply in a thin coating. Experience has taught us to trust to this mixture in preference to any other remedy. This is applied till suppuration is thoroughly established, and the surface studded with granulations, after which the injury is treated as a simple healing ulcer. Simple cerate spread upon sheet lint or thin muslin, is now a very good dressing. Should the granulations become pale and flabby, the dressing may be changed by combining equal parts of simple cerate and balsam Peru, which makes a moderately stimulating and pleasant application. These cloths are changed once or twice daily, according to the profusion of the discharge; it is better, however, to change them seldom than to be too officious in preserving cleanliness. Of course the propriety of analeptics during the upuration of an extensive burn commends itself to the minds of all.

Dr. Packard of Philadelphia, has recently published in the *American Journal of Medical Science*, his success in immediately alleviating the pains of burns and scalds by the application of fresh lard; while Dr. Skey of London, thinks the best remedy for the early periods of a burn is a solution of nitrate of silver, grs. x to xv to the ounce of water.

Soon after seeing Mr. Skey's report of this plan of treatment, we admitted a patient with an extensive burn upon the thorax and upper extremities. She was in a condition approaching to agony of pain. As soon as the solution was applied she said, "I feel free from pain," and soon fell into a quiet sleep; this application was continued until the surface began to heal on the edges. We learned, however, not to apply the cotton wool recommended by Mr. Skey, in conjunction with the solution, as it sticks to the surface and irritates rather than soothes.

7. *To Prevent the Pitting of Small-Pox.*—According to the experience of the following gentlemen, we have a simple and effectual plan to prevent the striking disfigurement produced by small pox. Dr. F. Bowen in the *Medical Times and Gazette*, states that in 1850 he was directed by the senior surgeon of the Marine and Emigrant Hospital in Quebec:

"To puncture the vesicles on the face and neck of one of the hospital patients then suffering from small-pox, with a needle dipped in a solution of the nitrate of silver. I felt skeptical as to the success of the treatment, and secretly determined to apply the needle and solution to the vesicles on one side of the face and neck only, and watch the result. I did so. The patient recovered; but the disfigurement was really frightful, for while one-half of his face was deeply pitted, the other half was smooth and free from spots as before the attack. The superintending medical officer was not inclined to discharge this patient, but over and anon produced him before the class in the lecture room, when he, poor fellow, was laughed at, while I was twitted.

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GUSTAV C. E. WEBER, M.D.,

Dean of the Faculty.

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E. STEVENS, M.D. . . JOHN A. MURPHY, M.D.



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WILLIAM MINTON, BY E. S. STEVENS, M.D.
OFFICE, No. 100 BROAD STREET.

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EYE SURGEON,

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(Late Assistant Surgeon U. S. A.)

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has entered into private practice.

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THE
CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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No. 10.

Original Communications.

ARTICLE I.

Scarlatina.

[Read before the Toledo Medical Association, and published by request of the Society.]

BY CHAS. COCHRAN, M.D.

Scarlatina has prevailed among us, to some extent, during the past few months. I have seen but little of it, and have had but little experience in its treatment. For that reason I feel reluctant to enter upon its discussion, and I do so, as a source of profit to myself rather than with the expectation of imparting to the members of the association, any new ideas upon a subject which, from its importance, has received the attention of the best minds of the profession in every age. I shall not examine the aetiology pathology, or therapeutics of the disease. These can be found in the books, and have doubtless been perused more frequently and have been more thoroughly digested by the members of the Society than by myself.

Three varieties are described, simple, anginose, and malignant. It seems to me more natural to divide it into simple and complicated. The first would comprise all the mild cases requiring little or no medication, and the latter all the severe cases in which complications of any kind may arise during the progress of the disease. Such complications too frequently arise and they call for the exercise of all the skill and energy that can be brought to bear upon the case.

No one can read the standard authors in medicine without noticing the discordant views of the nature of scarlet fever, and the different methods of treating the disease. If one reads with the intention of

yielding to the weight of authority, and thus guiding his practice, he may adopt the most opposite theories of its nature, and pursue the most opposite methods of treatment. Yet no one can read these authors without feeling that they wrote under the influence of mature judgment, and each recommended a course of treatment, adapted to meet indications as they presented themselves to him.

These different theories, and the corresponding different practice, can only be explained by assuming that the disease has at different periods presented types essentially different, and consequently required treatment to be varied to meet the type which then prevailed. This brings up the subject of epidemic constitution, or prevailing diathesis, a subject of vast importance, which has received much less attention than it deserves. The many years of experience of our worthy president, has no doubt shown him the disease at sometimes with characteristics in striking contrast with those which it exhibited in other epidemics, and even the fifteen or twenty years that some of the rest of us have been in the profession, have shown us the disease of a much higher grade of inflammation, at some times than have prevailed at other times or than now prevails.

This epidemic constitution, or prevailing diathesis, alone, can explain the diversified phases which, in books, the disease has been made to wear, and explain why methods of treatment so opposite to each other, have at different times been attended with success so nearly uniform in their results.

With these introductory remarks I shall call your attention to scarlatina as it prevailed in Sandusky during the winters of 1851 and '52.

The first case with which I met, occurred on the 28th of December, and the last on the 25th of March following. Between these two dates I treated nineteen cases; ten of which presented the ordinary symptoms of the simple form of the disease, and were treated with tepid spongings of the body, gentle laxatives when necessary, fresh air, and mild unirritating diet, with the result of perfect recovery. Some of the other cases I shall describe in the order of their occurrence and give the peculiarity and treatment of each as fully as brief notes taken at the time will permit.

CASE I. Dec. 28th, 1851.—E. B——, little girl aged four years, was attacked with vomiting about 6 o'clock, A.M., for which I was called at 10½ o'clock the same morning. She complained of pain in the head, had some fever, tongue covered with dirty white coat, vomits frequently, complains of sore throat; the glands about the neck are enlarged, the fauces are inflamed and the tonsils swollen. At this

time there had been, so far as I knew, no cases of scarlet fever in the city. I saw no rash and looked for none. I supposed it a case of fever attended by irritability of the stomach, and having accidental local inflammations. I prescribed an emetic of ipecac, to be followed by ten grs. calomel, and a dose of castor oil six hours afterwards, all of which operated well.

Next day worse, more fever, throat more swollen externally, and fauces more inflamed, dirty white spots on both tonsils. I applied solution of nitrate of silver 40 grs. to the ʒj. water, to the tonsils, volatile liniment to be applied externally. Prescribed calomel 2 grs: pulv. ipecac half grain every two hours. Next day she was about the same; had been slightly delirious during the night; the throat is very sore, the spots on the tonsils are now of a dark ash color, the whole mucous membrane of the mouth is inflamed, and there is the peculiar strawberry appearance of the tongue. I discovered scattered patches of scarlet rash on the surface. The inflammation of the fauces extends to the nares, from which a dirty fluid is discharged. She has ear ache, and though she answers correctly when spoken to she is inclined to be delirious. I ordered a gargle of salt, capsicum, and vinegar, alternated with chlorinated soda; sponged the throat with the solution of nitrate of silver, and continued the powders of calomel and ipecac every four hours. From this date the case continued with symptoms slightly varied from day to day; but on the whole rather improving under a treatment of spirits of nitre, small doses of ipecac, occasionally a small dover powder with a grain or two of calomel, a laxative when needed, and tonics daily, after the first three days, till the 23d of January, when she was discharged cured, having been sick twenty-six days. She however regained her strength slowly, and was quite deaf, which unfortunately proved to be a permanent trouble.

CASE V.—J. P., a little boy three years old, was attacked with slight fever, for which I was called January 20th. Found him suffering from sore throat and the ordinary symptoms of fever, for which I administered a dose of calomel to be followed next morning by castor oil. Soap liniment to be applied to the throat externally. Next day he was more comfortable; the scarlet eruption was just making its appearance. I left a mixture of pulv. ipecac and water to be given if the fever increased. He continued apparently doing well till the night of the third day. During this day he had been playing with the other children about the room; had been put to bed early in the evening apparently as well as usual and went quietly to sleep. A little be-

fore midnight, when I arrived he was suffering from all the symptoms of a severe case of croup. I had him as soon as possible in a warm bath, administered emetic tartar and ipecac which operated freely as an emetic with partial relief. I gave 10 grs. calomel and directed as follows: \mathcal{R} calomel, 8 grs.; pulv. ipecac, 4 grs.; m. ft chartulas No 4, of which give one every two hours. I also left a mixture of emetic tartar, ipecac and water, of which a spoonful at a dose was to be given, and repeated if the breathing should become impeded. After an hour or two the croupy symptoms became more aggravated and in less than six hours my patient died.

CASE VI.—A brother of the last, five years old, was taken sick January 25th with the ordinary symptoms of simple scarlet fever. The rash made its appearance on the third day, pursued its usual course, and the patient was considered convalescent in about a week. On the 11th of February, seventeen days after the attack, I was again called. He had not been quite so well for a few days; his countenance was rather pale, there was a puffiness about the eyes and fullness of the face; and further examination revealed general anasarca. The pulse was excited, and a little wiry. I prescribed six grs. each of calomel and jalap, to be followed in six hours by a drachm each of sulph. magnesia and cream tartar, which operated freely. A pill of calomel, jalap and rhubarb each one grain, was given every night for about ten days, and a solution of nitrate of potash freely given through the day, under the operation of which he recovered.

CASE XII.—F. P., a little boy 4 years of age, was attacked with pretty severe fever February 7th. He vomits freely, glands of the neck considerably swollen, complains of sore throat, much inflammation about the fauces and tonsils. I administered an emetic of ipecac; prescribed 6 grs. calomel, to be followed in six hours by $\mathfrak{3j}$. castor oil; all of which operated well. The rash appeared the next day. The case continued about eighteen days. The inflammation of the throat extended to the nose and aural passages, from which there was a dirty watery fluid discharged, which at times was bloody. He was treated by gentle laxatives, and diaphoretics. Gargles of salt, capsicum, and vinegar, alternated with chlorinated soda, were freely used. He perfectly recovered.

CASE XIV.—Feb. 29th was called to see J. M., about two years old. The mother thought the child had not been quite well for two or three days. Its countenance was pale; temperature of surface less than natural, except over the abdomen; the extremities were decidedly cold; pulse small, feeble and much less frequent than natural;

vomits freely ; between vomitings is inclined to stupor ; glands about the neck swollen. He refuses nourishment ; sometimes cries for drink, but when it is offered, after an ineffectual effort to drink, pushes the vessel away. His lips are parched ; tip of his tongue dirty red ; papulæ prominent. He would not permit me to examine the fauces or throat. I directed a warm bath, followed by mustard paste to the extremities ; gave 8 grs. calomel in hot sling, and directed an ℥j. castor oil in four hours. Two hours after the oil was given, there having been no effect, a stimulating enema was given, and repeated once or twice without effect. In the evening the calomel and oil was repeated in hot whisky toddy, and directions given to repeat the enemata. The medications operated freely during the night without affording any relief. The patient became comatose, was unable to swallow, and died the following night.

CASE XV.—Brother of the last, 4 years of age. The same day I was called to see the last case, I was told their boy had been sick all night. He was then able to be running about the house though somewhat feverish and had sore throat. He had castor oil and was to have volatile liniment to the throat. The next day there was a distinct scarlet rash with moderate fever, which was treated with gentle laxatives and diaphoretics. The disease progressed as is usual with cases of simple scarlet fever till the fifth day, when there was swelling of the parotid and cervical glands of one side. This swelling increased very fast, and in three or four days appeared to be pointing. Poultices of linseed meal were applied and in two days an abscess, on being lanced, discharged a thin, sanæous fluid. The patient gradually lost strength. Quinine, Huxham's tinct., muriated tinct. iron, wine, and brandy, with nutritious diet, were perseveringly given, notwithstanding all which, he gradually failed till the twentieth day of the disease when he died.

REMARKS. — Of the nineteen cases treated, three died. There was quite a difference in the severity of the cases of simple scarlet fever. Some were much more severe than others ; the recovery more slow, and the patient much more prostrated. I am not certain but the increased severity, in some cases, was due to the medication employed. I am inclined to think that cases of simple scarlet fever should receive but very little medicine. Tepid sponging of the surface, small doses of pulv. ipecac, or nitrate potash, once in three or four hours, the mildest laxatives, when the bowels are slow ; or, what is perhaps still better, mildly stimulating enemata, is all that such cases usually require. The physician can not cut short the disease ; he should only

attempt to subdue severe symptoms as they arise, and thus pilot his patient through the dangers that threaten his path. I suspect that the success that has attended the inunction of scarlet fever patients with oil and rinds of bacon, is largely due to the fact that while this is being done, the patient is unharmed by medicine. I think I have repeatedly seen cases mild in their commencement, and which probably would have continued so, had they been left to themselves, rendered more severe, under the operation of a severe cathartic. By this remark, I do not question the wisdom of those who have advised the administration of the most active purgatives. I have already accounted for the difference by alluding to the prevailing diathesis of the disease, which, at the time, may have rendered such treatment appropriate. To show the extent to which cathartics have sometimes been used, you will allow me to allude to an account of scarlet fever reported by Dr. Judkins, who, in 1832, at Steubenville, treated scarlet fever with large doses of calomel, followed in a few hours by a full dose of croton oil. During the whole progress of the disease, one of his favorite prescriptions was, ℞ calomel 20 grs, croton oil ʒ drops, simple syrup ʒj : mix : of which give ʒj every two or three hours. This treatment might have been good at that time, in that epidemic, but the man who, at this time, with our diathesis, should recommend a drop of croton oil every two or three hours, during the progress of any variety of scarlet fever, would be considered extremely heroic.

Taking the position, as I do, that simple scarlet fever should receive little or no medicine, I am far from thinking that it is wise, or even safe, to dispense with the regular attendance of a physician during the progress of simple scarlet fever. The most severe cases frequently commence with symptoms the most mild; and these symptoms, mild though they may be, should be carefully watched, and the first indication of complication should be promptly met by the appropriate remedy. Just here lies a field for the exercise of the clearest discernment, the nicest discrimination, and the soundest judgment. It is one of the nicest points in the practice of medicine, to make our remedies exactly adequate to subdue prominent symptoms as they arise. In simple scarlatina we may be too officious, but the vital forces will usually remedy our interference; not so, however, the complicated cases. He who fails to meet severe complications, with boldness and promptitude, sufficient to give him command of the symptoms, loses the golden opportunity, and thereafter generally struggles in vain to regain what was lost by timidity and indecision. I speak feelingly

on this point, and you can, perhaps, appreciate these feelings, when you recur to cases five and fourteen, detailed in the preceding pages.

The former was apparently a case of simple scarlet fever, and was treated as such with every evidence of success, till the night of the third day, when I found him suffering from all the symptoms of severe croup. Here was a severe complication. If I had met the same symptoms, unconnected with an attack of scarlatina, I probably would have had no hesitation in bleeding the patient; but the books say that in scarlatina, great caution should be exercised in resorting to this agency, in consequence of its prostrating effect, and I was not heroic enough to meet the case as its urgency demanded. Should I again meet a similar complication, I would bleed freely, and then pursue about the same treatment that was adopted at the time. If I lost the patient, I would at least have the consolation of having met a grave disease with an efficiency somewhat commensurate with its severity.

Let us recur to case fourteen, and review the symptoms as I found them on the 29th of February, 1852. The countenance was pale; temperature of surface less than natural, except over the abdomen; the extremities decidedly cold; pulse feeble, and less frequent than natural; vomited occasionally, and after vomiting, was inclined to doze. What is indicated by this group of symptoms? The paleness and deficient animal heat indicated the absence of the usual force of circulation through the superficial vessels. The feeble, slow pulse indicate a want of energy in the heart's action. The drowsiness and vomiting that the brain and stomach are implicated. There is evidently a deficiency of vital force, and unless the case is immediately relieved, it must terminate fatally. I did not meet the case as its urgency demanded, and I lost the patient. I may lose other similar cases, but I did not fail in the following year, when I met a case so precisely similar to this, that its description will be but a repetition of this case. With this group of symptoms, I thought the prostration only apparent, not real — that the heart, lungs and brain did not perform their appropriate functions, because the blood was concentrated upon them with such overpowering force that they could not act. I concluded that I had a case of severe congestion, and my first effort was to relieve the congestion. The patient was immediately placed in a warm mustard bath, and while in the bath, I bled the patient. The blood flowed at first slowly, but with increasing freedom. I carefully watched the pulse, and found it increasing in volume and frequency. The bleeding was large, though I did not push it to syn-

cope. Upon coming out of the bath, the surface was rubbed dry with flannel, and ten grains of calomel at once given, and five grains of the same was administered every hour, till four doses more were given. As the stomach was irritable, the calomel was thrown dry upon the tongue, and washed down with cold water. After the fifth dose of calomel had been given, a large enema of salt and water was given, and repeated several times, which produced free billious stools. All this time the animal heat had been gradually returning, and there was a warm, pleasant, general perspiration. The next day the scarlet rash appeared. But little further medication was necessary, and there was a speedy recovery.

It is freely conceded that scarlatina is a depressing disease, and that the vital forces should be carefully preserved; but in cases complicated as was this, the question is not, how can we best save the strength of the patient — how best enable him to pass through convalescence, tedious enough at best — but how shall we most promptly relieve the vital organs, so as to enable them to act at all? How shall we most effectually rescue them from the deluge that, gathered from the superficial organs, from all parts of the body, seems to be hurled upon the internal organs with overwhelming force? I would eed. I would thus turn, if possible, the current in the opposite direction; and, having relieved the internal organs, I would afterwards, if necessary, repair losses by the exhibition of tonics and stimulants. Indeed I think we often fail of success in our treatment of scarlatina for the want of appropriate tonics and stimulants at the proper time.

There are cases of scarlet fever malignant from their commencement. Possibly even some of these cases have a period in their history, short it may be, when heroic treatment might be appropriately resorted to, and thus prevent the prostration that too often proves fatal. Frequently the physician is not called till that period is past. Sometimes when called early, he lets slip the golden opportunity, and is thus compelled to combat the disease in its lowest, worst type. I have met such cases, and have uniformly lost them. I presume you have all traveled the same road often enough to render it unnecessary for me to raise finger-boards to point the way; especially as I have discovered no new methods of treatment, by which a more fortunate result can be attained.

In some of the cases detailed, I have described sequelæ which frequently follow the disease. They are numerous, and of but little less importance than the disease itself. They may, with little impropriety, be considered essential parts of the disease, and can not be

overlooked in the treatment. It would be singular, if its occurrence were not so frequent that the milder form of the disease should so frequently have severe sequelæ. In looking over the more than twenty years of my professional life, I can not recall an instance of severe sequelæ in a case severe in its onset. They are to be looked for in the serous and mucous membranes, and in the parenchymatous system, and are generally of an inflammatory character — and may terminate as do inflammations of those tissues arising from other causes. I do not recollect, in my own practice, meeting with cases of abscess of the large joints; but it is not difficult to conceive of their occurrence. I have frequently met with abscess of the glands about the throat. They are doubtless more frequent in the cervical glands and cellular tissue than in the parotid glands, though these often suppurate. When pus forms, it is important that it be early evacuated, lest pyemia be added to the train of ills that beset the patient. I have treated these glandular swellings with liniments, tinct. iodine, fomentations and poultices, and I can not say which was more appropriate; or indeed, that either has exercised much control over them.

The most frequent sequelæ is serous effusion of the lungs, of the pericardium, of the brain, or more frequently general anasarca. These serous effusions, wherever found, are generally of a sthenic character, and are best treated by active catharsis, and the free use of mercurials. I have rarely failed with calomel so combined as to obtain copious watery stools. It should be continued for several days, of course avoiding ptyalism.

ARTICLE II.

Empyema of the Left Lung.

By M. T. CLELAND, M.D., Kewana, Fulton Co., Ind.

I was called to see Lieut. Henry H. Carter of Co. A., 26th Regt. Ind. Vol. Infantry on the 30th day of July, 1864, who had an attack of acute inflammation of the pleura while on his return home from New Orleans the last of March, and on arriving at the city of Indianapolis on the first day of April sent for medical aid. He was treated by two physicians for disease of the heart, they at that time overlooking the acute disease affecting the left lung and plura. He remained under their treatment for several weeks, until the affection of the left lung assumed a chronic form; he was then brought home,

a distance of one hundred miles, and supposing his case insurable, concluded to die a natural death and take no more medicine.

When I saw him he had an exacerbation of fever every evening; pulse 120; respiration laborious; anxious appearance; propped up in bed; and perfect solidification of the left lung with countenance pale, yet possessing energy and an anxious desire to recover and return to his regiment; he had no disease of the heart; the extremities were cold, and at times there was an edematous condition of the left side and extremities, and no appetite. Left him morph. $\frac{1}{4}$ gr., soda 2 gr., port wine a tablespoonful every three hours. On the 31st of July I visited him again. His general condition about the same. By auscultation I detected the heart resting three inches to the right from its proper position; diaphragm pressed down, and by percussion I detected a dullness throughout the entire left side, which was swollen; and all the intercostal spaces filled up. I did not hesitate to resort at once to an operation to relieve the patient, who was suffering severe pain; the action of the heart being so violent as to shake his body, and the bed upon which the patient was lying. I introduced between the sixth and seventh ribs a sharp pointed bistoury to the depth of three inches which was followed by a copious discharge of sero-purulent matter. One gallon was taken at this tapping, which immediately reduced the heart's action to its natural pulsation, and in place of the patient becoming weaker his pulse became slower, and respiration natural; the discharge continued until the 4th day of August, and on the 5th day I met in consultation Dr. Robbins of Rochester, Ind. There was at that time an abscess forming between the third and fourth ribs, and much nearer the surface than before, occasioned from the position our patient had to lie in bed. We determined on a second operation to relieve the same symptoms which were as severe as at the first operation. An abscess lancet was then introduced and *five gallons of pure pus discharged*. I then introduced a tent, and at this date it is still discharging. The amount of pus discharged since the second operation cannot be less than four gallons. Our patient was put upon a treatment of quinine and iron with ale and port wine. At pleasure he has since been able to ride out in a buggy; is much stronger, his appetite very good, and in fact he cannot eat enough food to satisfy his appetite.

Lieut. Carter has been in the service three years, is an efficient and brave officer, has been most of the time in the South and has lived to see his regiment, which was full when they left Fulton Co., Indiana,

reduced to but two Companies. He is now improving and should his case terminate favorably I will report for publication.

REMARKS.—The character of the above case is interesting, first, from his being treated for heart disease when that organ was only sympathetic from disease of the lung. He has been visited since his return home to his father's by several prominent physicians, and no disease of the heart can be detected. Second, it is absolutely essential to keep the orifice open that the matter may discharge freely, and to support the drain upon the system by a tonic treatment.

ARTICLE III.

United States Hospitals at Nashville.

BY R. WALLACE, A.M. M.D.

“ Dans la paix les enfants enterrent leurs parents, Dans la guerre les parents enterrent leurs enfants. ”

MESSEURS: EDITORS.—Supposing that a letter from me would be somewhat interesting to you, and not unprofitable to your readers, I now proceed to give, briefly, an outline of the medical department of this great military post.

Nashville is by railroad three hundred and twenty-two miles from Cincinnati, one hundred and fifty-one miles from Chattanooga, and two hundred and eighty-five miles from Atlanta, Georgia. This is the central depot of military supplies, and the great central medical depot of the army of the Cumberland, for the receiving of the sick and wounded for medical and surgical treatment. The United States Army entered this place the 27th day of February, 1862. And although this has been the centre of our hospitals for this army, most of the time since coming here, during the last three months we have received a greater number of patients than we did all the time previous. Were you to take your seat by the Nashville and Louisville depot and observe the number of soldiers coming from the North, and the number of patients, prisoners of war, refugees, and deserters sent north you would be astonished. During the last two months the Assistant Provost Marshal sent north 6,807 men, mostly prisoners, with some deserters from the rebel army, and refugees. During the same time the medical director transferred north 6,375 patients, sick and wounded. Usually our order is to send such men north as will

not be fit for duty for forty days, and such as will not be injured by the journey. A great number of these men do not become fit for field duty for a long time, and many of them never.

The hospitals of Nashville at this time number eleven. At one time we had twenty-three; (then this was No. 19). These hospitals are commanded by the Assistant Medical Director of the Department of the Cumberland, (Surgeon W. Clendenin) who is assisted by some one hundred assistant surgeons and several medical cadets. Dr. Clendenin has been in this office since the 7th of January, 1864. We think he is the best Medical Director in the army, certainly the best we ever had at this post. I never heard a medical or military officer speak of him, as an officer or a man, but he used language like this: "He is a perfect gentleman, a splendid medical director," etc.

Something "new under the sun." We have a Hospital for Prostitutes, also a Syphilitic Hospital. The object of the former is to diminish the number of patients in the latter. At this time there are in this city 460 licensed prostitutes, who do business according to "law," that is their vocation is legalized. This is the first time and place that any thing of this kind has been in our country. The licensed order went into effect the 17th of August, 1863. Whether it is worth anything as a prophylactic measure or not, I am not now prepared to say; but I do know that not long since the Syphilitic Hospital was so full that the other hospitals had to retain that class of patients instead of transferring them. The history of the Hospital for Prostitutes is this, about one year ago the General commanding the post ordered the prostitutes out of Nashville. They went away on a Government transport, (to the very great grief of the army) but were very justly sent back, as the removing of an evil or nuisance from one point to another would do no good. After their return, in order to protect the army, the General commanding ordered that every prostitute should be licensed, examined, and diagnosed every ten days, for which she pays one dollar. This money goes to the support of the hospital. If she is found "clean" she receives a certificate of "clearance," if unclean she is sent to the hospital for treatment, from which, in the language of the surgeon in charge, she receives medical treatment and is "returned to duty" as soon as possible.

At the close of last month we had remaining in the hospitals 7,373 patients. The proportion of sick, was 4400; wounded, 2963. What a splendid field for clinical observation and practical experience. No medical man at any time or place ever had a better opportunity to perfect himself in several branches of the profession.

General Hospital No. 19 contains 700 beds. It is one of the finest buildings in the city. The building is 212 by 56 feet, four stories high. We have all the windows out and the skylight off. Beside this building we have a branch which holds one hundred and thirty patients. Last month we transferred north 561 patients, and lost by death 52. We have now remaining 250 sick, and 341 wounded. Since our army came here we have lost by death 9135 men; at Murfreesboro about 4000 men. These do not include any lost on the battle field.

This afternoon I visited the small-pox hospital, which is about one mile from the city. The patients are in tents which hold from twelve to fifteen men. We have been having an epidemic of small-pox, which commenced about the 1st of February. Very few cases at this time occurring. I obtained the following very interesting statistics from the Surgeon in charge, (Dr. France) who took charge in March:

Cases treated in March, number 35 small-pox; could not ascertain whether vaccinated or not, 10 of which died. 11 cases of varioloid treated; not known to have been vaccinated; 3 deaths. 341 cases of small-pox not vaccinated; result 153 deaths. 13 cases of varioloid not vaccinated; of which 5 died. 124 cases of small-pox known to have been vaccinated; of which 97 died. 559 cases of varioloid known to have been vaccinated once; of which 29 died; of these, 8 cases of varioloid were vaccinated successfully.

April—33 cases of small-pox not known whether vaccinated or not; 8 died. 493 cases of small-pox not vaccinated; 4 deaths. 177 cases small-pox who were vaccinated; 66 deaths. 685 cases of varioloid who were vaccinated; 23 deaths.

May—12 cases of small-pox not known to have been vaccinated; 9 deaths. 4 cases varioloid not known to have been vaccinated; 4 deaths. 357 cases of small-pox not vaccinated; 72 deaths. 41 varioloid not vaccinated; 6 deaths. 181 small-pox who were vaccinated; 58 deaths. 541 varioloid who were vaccinated; 26 deaths.

June—4 cases small-pox not known to have been vaccinated; no deaths. 1 case varioloid not known to have been vaccinated; 1 death. 170 cases small-pox not vaccinated; 29 deaths. 29 varioloid not vaccinated; 4 deaths. 120 small-pox who were vaccinated; 30 deaths. 292 varioloid who were vaccinated; 12 deaths.

July—5 cases small-pox not known to have been vaccinated; 1 death. 2 cases varioloid not known to have been vaccinated; no deaths. 69 small-pox not vaccinated; 12 deaths. 16 cases vario-

loid not vaccinated ; 1 death. 56 cases small-pox vaccinated ; 8 deaths. 113 varioloid vaccinated ; 5 deaths.

Of course a number of the patients remained from the first month to the second, and so on. The number treated in the last three months white soldiers, 615 ; returned to duty, 430 ; transferred, 21 ; and 69 died. Colored soldiers treated, 110 ; returned to duty, 50 ; and 29 died. Citizens, contrabands, and refugees treated, 749 cases ; 421 got well ; and 187 died. Nothing new concerning the treatment. The doctor remarked that, during wet weather the number of cases increased, and also the mortality.

Well grounded objections to the hospitals of this place are as follows : 1st. Having them in the city with such a crowded population, with so much noise and dirt ; notwithstanding all the sanitary precautions. 2nd. Most of the buildings are unsuitable, especially with regard to height. Some of them are five and six stories, each story very high. Going up and down is very exhausting on well men when the thermometer is 100°, and much more so on convalescents. At one time we used nearly all the churches ; now they are nearly all turned over to the congregations. A good military hospital should not be in a city, and should be only one story high. Sick and wounded men from the field do not like to be taken up into the " third heaven," neither is it good for them. In the management of the hospitals, one great obstacle in the way is, the number of times cooks, clerks, and nurses are changed. About the time a cook or nurse is well trained, an order comes to send him " front " to his regiment. It takes some time and a great deal of training to produce good cooks and nurses. Indeed it is just as necessary to have good cooks and nurses in order to insure success, as to have good surgeons, especially for wounded men. Without good food properly prepared, hospital gangrene cannot be successfully treated. With good food, and rigid hygienic measures there is good success even in extremely bad cases. Most of the cases of gangrene which occurred in the hospitals during the last eighteen months depended on constitutional causes ; such as entire prostration of the nervous system during the marches and the battle, or the bad condition of blood, induced by poor and insufficient food. There is not much difference with what you cut or burn out gangrenous tissue, or how you remove it ; just as often as removed, so often will it return, while the system is in that broken down condition. But on the contrary, get the system of the patient in a healthy condition ; feed well, give a judicious supply of tonics, and a liberal supply of stimulants, and you will find it of small consequence by

which of many ways, or what agent you use to remove the gangrene. Indeed, gangrene will not often appear if this course is commenced in time, and persisted in. No doubt gangrene generally is a constitutional taint, manifesting itself locally at the weakest point; although it may be introduced locally, which when done operates very slowly, and is not so difficult to eradicate. No doubt exists in my mind but that it has often been produced in wounds by the injudicious use of cold water. After patients get here I used tepid water in almost every case. I have not had over five cases in eighteen months, in cases where the above course was pursued. Some soldiers, while with the regiment as patients, are treated by two or three surgeons in as many months; then by transfer from hospital to hospital arrive at this city, without either diagnosis or medical descriptive list. It cannot always be furnished, surgeons have so much to do. I find such patients do best by discontinuing all medicines.

Such patience, such heroism, as is manifested by the wounded soldiers is beyond belief. To believe that men could suffer so much, endure it so long, it must be seen. It is amazing the number of extremely bad cases that get well under not very favorable circumstances. Each wounded man seems to think some one else, perhaps the next man to him, worse than himself; sometimes even seems to cease to think about himself. Verily "There is a time to be born and a time to die." One man comes into the hospital so badly wounded and diseased that it would seem impossible for him to recover; another one very slightly wounded is received. The former often recovers, the latter sometimes dies. After the battle of Chickamauga I received a soldier in Hospital No. 3, with a gun-shot wound of a finger, requiring amputation. The amputation was performed; from that moment a severe pain ensued in the stump and hand; pyæmia followed and death relieved the sufferer. Indeed, the finger was nearly amputated by the gun-shot, and no difficulty of any kind was experienced by the patient. Now take a grave case: On the 30th of March the orderly of Col. R. D. Mussey was admitted into No. 19; accidentally shot through the superior portion of the left lung; the patient also had secondary syphilis, and in less than a month he was well enough to be furloughed; went to Pennsylvania and came back well. Case 3rd. Sargent G. Haywood, Co. I. 24th Wisconsin Infantry, was admitted to Hospital No. 1, May 4th, 1863. Had nervous temperament, and a delicate constitution, supposed to be consumptive. After remaining some weeks, although not in good health, at his own request he was returned to duty. In the battle of Chickamauga, on

Hospital Reports.

Clinical Reports from West End U.S. General Hospital, Cincinnati. Dr. ROBT. BARTHOLOW Act. Asst. Surg., U.S.A. in-charge. Reported by LOUIS MEXER Act. Med. Cadet,

Hospital Gangrene.—Several cases of Hospital Gangrene have been received in this hospital from Louisville recently. They furnished occasion for some observations by Dr. Bartholow, Surgeon-in-charge, on the pathology and treatment of this affection.

Hospital gangrene exists in two forms in the army. First a true hospital gangrene, transmissible by contagion from wound to wound; and a second a pseudo-hospital-gangrene. In the first form, which is much less frequently observed, the application of a morbid agent, either through the medium of the atmosphere or by actual contact, induces a rapidly destructive inflammation and death of the tissues. It is a peculiarity of this inflammation, that it has no boundaries and spreads with great rapidity through all the tissues, but especially through the connective tissue; the contact of the decomposing sloughs being sufficient to keep up the morbid action. In this form of gangrene the local lesion precedes those grave constitutional complications—"the typhoid state." In the other form the local disease, the sloughing, the pseudo gangrene, appear at a period subsequent to constitutional infection. Soldiers in the field are subjected to various influences, which lower vitality; their blood is impoverished by insufficient diet, fatigue, and exposure to vicissitudes of temperature and to malaria. These influences impair the secondary assimilation, and consequently lower the reparative process in injuries. In a soldier whose vital powers are thus weakened, a gunshot-wound or injury is very apt to assume the sloughing or gangrenous character; and the variety or extent of the local action will depend upon the degree in which scorbutus and malaria have vitiated the blood.

How shall these two forms of hospital gangrene be discriminated? How are the points, if any, in the different diagnosis? The history of the case, and the character of the local lesion are the only means of determining this interesting question. If the constitutional have preceded the local symptoms, and evidences of the scorbutic taint and malarial cachexy have existed, it may be presumed that we have to deal with the pseudo gangrene. This presumption will be converted into certainty, if there be present no sources of infection and the

sloughing presents the characters peculiar to the pseudo gangrene. What are these characters? In the pseudo gangrene the sloughs are never so extensive as in true gangrene, the boundaries between healthy and diseased textures more clearly marked and the inflammatory zone surrounding the sloughing tissues less vivid. In the pseudo gangrene there is less rapid extension of the disease, and rarely those large and sudden detachments of masses of skin and connective tissue; but the gangrene spreads more slowly and equally, the sound structures presenting pretty well defined healthy margins. How shall we treat the varieties of hospital gangrene? It is obviously important to recognize whether it is a local disease followed by secondary constitutional complications, or a constitutional discrasy producing secondary local phenomena. In the first form, or the true hospital gangrene, we may rely on topical applications, escharotics, actual cauterly, etc., since the destruction of the local morbid process prevents constitutional or systemic infection and enables the reparative process to assume its normal direction. In the second form or pseudo-hospital-gangrene, topical medication is of secondary importance; the discrasy must be corrected, the secondary assimilation restored to its healthy state, by vegetable food, animal nutrimenta, porter, ale, etc., and the local morbid process changed by suitable dressings.

Bromine has acquired its reputation in the cure of hospital gangrene, by its general use in this form. To ensure a successful application of the bromine, it is necessary to apply it to the structures not yet invaded by the gangrene, and hence the sloughs must be carefully dissected off. This is a tedious process, and the application of the bromine to the sound tissues is acutely painful. Moreover, bromine itself thus applied, produces a slough which may be, and is not unfrequently, mistaken for an extension of the gangrene, requiring renewed applications of the escharotic. These are strong objections to the use of this agent. There can be no doubt that thus applied it is quite effectual, but not more so than nitric acid, permanganate of potassa, chloride of zinc and other agents of this class. Indeed a reviewer of Dr. Goldsmiths monogram on bromine in hospital gangrene, asserts that, a saturated solution of sugar is equally efficacious if applied in the same way! So great is the trouble and pain attending the removal of the sphacelated tissue from the application of the escharotic, that it is very desirable to secure an agent, which will dissolve out the slouge and change the action of the tissues. We have such an agent in the OIL OF TURPENTINE. We have seen the application of turpentine in several quite formidable cases of sloughing wounds, followed by the

speedy solution of the gangrenous tissue and a change at once quick and decided in the surrounding structures. Let me submit some cases to illustrate these principles :

CASE I.—Wm. Ambrosher, private Co. C. 49th Regiment O.V.I., aged 25 years, was wounded on the 27th of May, 1864 near Dallas, Ga., with a musket ball in lumbar region, posteriorly, right over spinal column. Admitted July 1st, 1864. Patient in a scorbutic and very anæmic condition, has bed-sores over nearly every bone, that comes in contact with the bed, as over the crests of ilia and trochanters of femurs. The wound made by the ball is surrounded by considerable inflammation. Three days after admittance, some necrosed bone of the spinous processes of the vertebra, which had been touched by the ball, were renewed and two days after this the patient had much fever, parts around the wound became much more inflamed and considerable swelling took place, an abscess formed, the contents of which made their exit through a fissure, running from the abscess to the posterior surface of left thigh. A large sloughing ulcer of four inches in diameter took the place of the abscess and wound, at the same time sloughing also commenced in the bed-sores

By order of Dr. Bartholow, poultices of yeast and charcoal were applied to the inflamed surface and to the ulcers, the oil of turpentine twice per day, by means of a piece of lint shaped exactly like the surface of the ulcers, and saturated with turpentine ; the borders of ulcers were protected with sweet oil. The turpentine arrested the sloughing, appeared to dissolved the slough and detach it from the healthy tissue. After the fourth application granulations were seen on the whole surface of ulcers, turpentine was then discontinued and equal parts of alcohol and water substituted as a dressing. The fissure was injected with a solution of permanganate of potassa, this soon healed it ; excessive granulation was controled with a solution of nitrate of silver, (40 grs. to ℥i. of water,) quinine, a good diet and a bottle of porter every day were given. Patient is nearly well now.

CASE II.—A Henderson, Sergeant Co. G., 39th Regiment O.V.I., aged 30 years, was wounded on the 4th of July 1864, with a musket ball in Georgia, in posterior part of left lower leg at about its middle. Admitted September 9th, 1864. Patient is suffering from anæmia and scorbutus, but not in the same degree as the preceding case. The wound was in a very good condition and healed until the 6th of September, when parts around the wound inflamed and swelled considerable. When admitted wound and parts around it were in a slough-

ing condition, a large ulcer extended soon over the whole lateral and posterior surfaces of left leg, exposing all the muscles of that part and small spaces of the tibia. Parts below the ulcer were of a tallowish appearance and pitted on pressure. Poultrices of yeast and charcoal were used on the inflamed parts and five applications of turpentine to the ulcer were sufficient to arrest the sloughing; after this the alcohol and water dressing was used. Good diet, porter and 10 grs. of quinine, given as an enema once per day, were ordered. Patient is improving rapidly.

CASE III.—C. E. Wilcox, private, Co. F., 66th Regiment O. V. J., aged 23 years, admitted July 1st., 1864. Was wounded on the 26th of May, in Georgia, with a musket ball in the plantar surface of right foot. Patient also is in an anæmic and scorbutic condition; parts around wound are inflamed and slightly swollen. Five days after admission inflammation and swelling increased much, and the wound commenced to slough, and soon a large and deep ulcer took its place. His treatment did not differ from that of the two preceding cases. The same good effects were produced.

Cases of Gunshot Wounds. Case I. Gunshot wound; division of internal iliac vein and small intestine. Death on the second day after receipt of wound.

John Dudley. (Colored soldier.) Age 32 years. Admitted August 30th, 1864, at 9 o'clock, A.M. Was wounded on the 29th of August, 1864, by guerrillas in Kentucky, with a pistol ball.

On examination, found a wound on the right hip, which was supposed to be the orifice of entrance of the ball. Another wound anteriorly in the right iliac region, supposed to be the orifice of exit.

Patient was very weak; pulse rapid; respiration also rapid; skin cold and dry. The abdominal muscles are firmly contracted, and the lower extremities drawn up. He evinced great suffering when pressed upon abdomen. Patient vomited frequently. At 2 o'clock, P.M., hemorrhage took place from the anterior wound, but was soon arrested, by placing the patient on his back; commenced, however, again, when patient was lying on his right side. There was also great irritability of bladder; but no urine passed, when catheter was introduced.

Morphia and one oz. of whiskey given every four hours; also, applications of warm water were made over his abdomen. Patient was unable to take food.

Autopsy — sixteen hours after death, made by Dr. Bartholow. There is considerable saggillation posteriorly and about the neck, and swelling of the neck anteriorly. Upon laying open the cavity of the abdomen, find blood clots effused on the anterior surface of the intestines; and, entangled in it, the skin of a grape. The peritoneum is red and injected, but there is no exudation of false membrane. The cavity of abdomen is filled with blood. Upon removing the intestines and tracing the course of the ball, find that it entered through the ischiatic notch, divided the internal iliac vein, impinged upon the right lateral portion of the bladder, and made its exit in the right iliac region. The ball also passed through the lower portion of the ileum, about twelve inches from ileo cæcal valve.

CASE II. — *Gunshot wound, involving left lung, diaphragm, spleen, stomach and liver; another ball entering spinal canal; a third ball lodging in muscles of hip. Death on the third day after reception of injuries.*

James Watkins. (Colored soldier.) Age 30 years. Admitted August 31st, 1864, at 10 o'clock, A.M. Was wounded on the same occasion as the preceding case, with pistol balls.

On examination, find one wound in middle dorsal region posteriorly; two wounds in right lateral lumbar region; one in epigastric region, one inch below zypoid cartilage, directly in the median line. Patient is in a prostrated condition; pulse and respiration are rapid; the skin is cold and moist; the abdomen distended, and yields a flatulent sound on percussion. He regurgitates some yellowish fluid. His legs, bladder, and sphincter ani muscles are paralyzed; he consequently suffers from retention of urine, and has involuntary alvine dejections.

An enema of one grain of opium with starch and water was given every four hours on the first day; but on the second day he rejected the injections. The treatment was then changed to one half of a grain of opium given per mouth in pill form, every four hours. Warm water applications were made over his abdomen. A catheter was introduced to relieve the distension of the bladder. Absolute rest was enjoined, and small quantities of milk and water on diet. Died on the day after admission.

Autopsy — twelve hours after death, made
Height 4 feet $1\frac{3}{4}$ inches. Upon reflecting the parietal
abdomen, and removing the sternum, find the right

thoracic cavity of right side, and advancing half an inch to the left of median line, the superior lobe of left lung only appearing in view an inch and a quarter from the median line. The superior border of left lobe of liver extends to a line opposite the lower border of the 8th rib, and contains a perforation one inch from the median line to the right, and one inch below the inferior surface of diaphragm. At least a quart of bloody serum in left thoracic cavity. One opening is found in intercostal space between the 7th and 8th ribs, $3\frac{1}{2}$ inches from spinal column. The inferior lobe of left lung is carnified, does not crepitate on pressure, sinks in water. A small circular opening, opposite wound in wall of thorax, is found about half an inch from its inferior margin. The superior lobe of left lung is much reduced in size, of a dark, blueish gray color, externally, still crepitates and floats in water, though its substance is somewhat condensed. The whole external surface is covered with abundant reddish granular exudation, assuming a membranous form; this exudation is more abundant and better organized on the surface of pericardium. The superior and middle lobes of right lung still contain air, and crepitate on pressure; the inferior lobe of same lung is of a deep black color externally; internally, texture soft, and breaks up easily, assuming the character of soft, venous coagulum. Heart is firmly contracted; right auricle contains small, fibrinous clot; right ventricle empty; muscular tissue is firm and healthy; walls of right ventricle $\frac{1}{2}$ inch in thickness; left ventricle $\frac{1}{4}$ inch in thickness. Weight 9 oz.; valves healthy. Liver 12×9 — $3\frac{1}{2}$ inches thick; weight $4\frac{1}{2}$ lbs. An oblique opening is found in the left lobe of liver, at about its middle portion, which was made by the ball, in a line with the opening in the left lung and intercostal space; organ otherwise healthy. The peritoneum of the under surface of liver covered with a yellowish granular exudation. A similar exudation occupies the lesser curvature and anterior wall of the stomach. Adhesions between the stomach and the liver form the boundaries of a cavity, filled with broken down exudation of a yellowish granular character.

Diaphragm penetrated by the ball in its passage. An opening existed (track of the ball,) in the spleen at its inferior margin, extending obliquely through its substance; the tissue about this opening is very firm; the rest of the organ is healthy. The under surface of the spleen forms part of the wall of the abscess between the liver and stomach. Kidneys are healthy, weighing $6\frac{1}{2}$ oz.

That part of peritoneum near the track of the ball is deeply injected, and covered for the most part with a yellowish exudation. Upon

continuing the examination, find, the ball passed through the stomach an inch and a half from the cardiac orifice and from the lesser curvature. The whole superior and anterior surface of the stomach is covered with a firm, yellowish, membranous exudation, and the mucous membrane around orifices of ball is injected; but other parts of it are healthy.

The intestines are healthy, except some prominence of the follicles of Lieberkuhn. Some port wine injections of the mucous membrane and three ulcers, confined to the epithelial coat in the ilium near the ileo cæcal valve.

There is another opening posteriorly in the right lumbar region, two inches from the spinal column, between the 11th and 12th dorsal vertebrae. The larger portion of the ball entered the spinal canal and lodged against the cord. The cord is not softened. On the outer surface of the duramater, there is considerable exudation; on examining the other opening in the right lumbar region, find, the ball lodged in the glutei muscles.

The peculiar interest in this case is derived from the extensive injury of organs by one ball, which penetrated the left thoracic cavity, passed through the inferior border of left lung, through the diaphragm, spleen, stomach and liver. It is not difficult to understand this, when it is remembered that the injury was received *after* a full meal.

Another point of interest is the extensive exudation occurring so soon after the reception of the injury. The paralysis was obviously due to the lodgement of the ball in the spinal canal. But here the inflammatory changes were much less marked, than in pleura and peritoneum — the cord was not even softened.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. F. WILSON, M. D., Secretary.

HALL OF ACADEMY OF MEDICINE,
Monday Evening, Sept. 12, 1864.

In the absence of the President, Dr. Almy, Vice President, Carroll took the chair.

Typhoid Fever.—There was no dissertation presented to the Society, and the members considered in an informal way the subject of fever as it had prevailed in this city during the past year.

Dr. Carroll—from the chair remarked that *is* had

prevailed in this community but very little true typhoid fever during the epidemic of the last season.

Dr. Muscroft—Said a new word had been suggested by some recent writers—viz. ; *typhic*—to indicate a type of fever with a tendency to a low grade. He also proceeded to detail the usual characteristic features of the typhoid fever as we are taught to understand that disease ; but he also agrees with the President that in his observation there had been but very little typhoid fever in the proper sense of that term.

Dr. Stevens—Remarked that it was a source of a good deal of gratification to him to hear his elder professional brethren agreeing in the opinion that the recent epidemic of fever in this city was not, as it was the habit to style it, true typhoid fever. He thought it unfortunate that we were frequently so loose in our mode of expression—in announcing the character or type of diseases. In common with other medical gentlemen of this city, he had treated a large number of cases of continued fever of a peculiar type during the past eight or ten months ; but so far as these cases had come under his observation they very rarely possessed the distinctive characteristics of typhoid fever. There was in the onset general febrile symptoms, without peculiar character, a white furred tongue, sometimes headache of a persistent character, but rarely disturbed intellect, rarely red dry tongue, or tympanitis or diarrhœa, or rose colored spots ; there was great prostration, a very tedious duration of illness ; and some occasional cases appeared to be well marked typhoid fever, but he certainly could not think, judging from the cases that he had observed, that typhoid fever was a frequent disease in this community.

Dr. Tate—Said he desired to express some views on this question of fever as it had prevailed in our midst. Before doing so however, he wished to relate the history of a case of dislocation of the femur, on the dorsum of the ilium of the right side, in a lad of only four or five years of age. The accident was the result of a fall, and he had been summoned very promptly to the case. He procured the reduction by manipulation, on a modification of Reid's Method, with prompt and entire success. Dr. Tate remarked his special interest in the case, arose partly from the ease with which the reduction was accomplished, and partly from the youth of the subject in which the dislocation had occurred.

He said that having just entered he had not heard the remarks of other gentlemen, but understood the subject before the Academy to be the prevailing fevers. He would therefore make use of the occasion

to say something of the cases which he had observed during the past winter and summer.

These fevers he regarded as different from any forms of fever which he had ever known to prevail here. They were neither cases of typhus nor typhoid fever, properly so called, but were in many respects more like the relapsing fevers of Scotland than any other he had seen described; though it differed from these in that it had no petechial spots, and showed no especial tendency to terminate in a sweat at the end of the first week, and then relapse again. It begun with a chill, which in two children he had seen attended by strong convulsions. To this chill succeeded pain in the back of the head, with *stiffness, and contraction of the muscles of the neck, and tenderness up and down the spinal column*, with general soreness over the body, so that some patients will be very reluctant to move in bed. There is great exaltation of the sensibility of the superficial nerves; in some the least pressure over the surface, and particularly over the epigastric region would cause the person to cry out with pain; several of the patients said pressure there went like a knife through the back. These symptoms would soon be followed by more or less febrile excitement. I have seen the pulse run up to 120, though it rarely exceeded 100, and this was attended by considerable heat of the surface. In one case however, where the neck was stiff, and the patient delirious for several nights, and suffering a horrible sense of oppression across his chest, the pulse was below sixty. There was often a sense of numbness of the extremities, sometimes accompanied with pain; some complained of pricking sometimes, others of cramps in the extremities, and I observed that the left arm rather than any other part seemed to be more frequently the sufferer. In a young woman who complained most bitterly of pain in her left arm, and who in her delirium thought it had been fractured, I noticed at times that there the temperature seemed several degrees hotter than that of the opposite extremities. The tongue was in most cases slightly coated white, unlike the bilious tongue, and without the red tip and edges of typhoid fever. In some few cases there was vomiting. The bowels seemed to suffer no special derangement.

The disease seems to have no definite term of duration; some cases terminate in a few days, others running on to three or four weeks nor did I observe any tendency to terminate by any special or sweat or other evacuation. I have seen but two deaths; one a three years old, which never recovered from the first convulsion which he was seized; the other that of a young man who

sick ten days. During the last four he was delirious at night; he would have curious spells, in which his eyes would become fixed, his limbs tremulous, and pulse interrupted; finally without becoming comatose he passed away in a sort of convulsion. One of the peculiarities of the disease is the large number of young children who are attacked by it, at least three-fourths of all the cases I have seen have occurred in children from three to ten years of age.

The patients were treated by the tincture of belladonna, by the liquor ammonia acetatis, by the iodide of potash, by the sulph. of quinine in solution, by the chlorate of potash, wine whey, wine and water etc., etc. I did not observe that any of these remedies seemed to arrest, or sensibly control the disease. The quinine seemed decidedly injurious, and stimulants in general could only be used when the malady was pretty well worn out. Stimulations, embrocations, and dry cups were applied to the spine, and small blisters behind the ears.

I noticed in one case a remarkable instance of the exercise of a controlling influence on the part of this endemic over the progress of another disease. A young woman who was seized with all the symptoms of this disease, on the third day broke out with varioloid, which afterwards ran its regular course.

From the symptoms, course, and tendencies of this disease, it seems to me clear that the chief seat of this disorder is in the cerebro-spinal axis; whether this is occasioned by the circulation of impure blood there, or whether it be a congestion tending to effusion, I have not had the means to determine.

Monday Evening, Sept. 19th, 1864.

Dr. Carroll in the chair.

Urinary Calculus.—*Dr. Tate*—Related the following case: He presented to the Academy a small calculus, one of three, this being the smallest, which were removed from the genital fissure, (not the urethra) of a female child aged three months. He supposed without having made any careful examination or analysis that the calculus was urate of ammonia and magnesia. The child very early manifested derangement of the health, chiefly as it regarded the condition of the bowels; the evacuations being green and watery, with vomiting; it lost flesh and became much emaciated. After the calculi passed it regained its health and flesh, and subsequently there were no sandy deposits, and nothing peculiar in the appearance of the urine. The mother assured him the largest calculi of the three was about the size of an ordinary pea. This age was very early for the passage of a cal-

culus. Of course it was much easier to pass away in a female than a male child ; and while it had been supposed that calculi were sometimes formed even before birth, he thought there were no very well authenticated cases. Gross states that calculus may be found at almost any age, but Dr. Tate thought the statement indefinite and unsupported by cases.

Dr. Carroll—Said that two years was the earliest age in which he had known calculi to be found.

Dr. Goode reported the following case as of interest in connection with the case of Dr. Tate.

Dr. Goode—Reported the case of a boy twenty months of age. There was no particular history of the case ; the mother had noticed a difficulty in the child passing his water for three weeks ; the urine would begin to flow and then soon cease. This continued for three weeks, when his mother became alarmed, not so much by the difficulty in passing water as by the enlargement of the scrotum ; the left testicle was pushed well up, and the right one down by a tumor which filled the whole anterior part of the scrotum. Such was the condition of the parts when the Dr. made his first visit. Finding the tumor hot, glazed, fluctuating to the touch, and evidently containing fluid ; the child had not passed water during the night. On taking hold of the glans penis he found the meatus urinarius blocked up by a hard, gritty substance, bending his probe. The Dr. tried to remove it but it slipped back out of reach, whereupon the child passed its water. In the evening the Dr. succeeded in removing this substance, which he found to be calculus, composed of what he could not definitely say. On opening the tumor in the scrotum fully two ounces of urine and pus were discharged, and a fistulous opening communicating with the bladder was found. The treatment lasted four or five weeks, consisting merely of keeping a catheter in the penis, removing it every three or four days to cleanse it. The fistulous opening was quite large and a great part of the urethra destroyed, but the wound granulated nicely and is now healed.

Cancrum Oris.—The same gentleman also reported the case of a little girl eight years old, who had been under the treatment of Dr. Fishburn up to two weeks previous, she being then convalescing from typhoid fever. Dr. Fishburn being ill Dr. Goode was called and found a black gangrenous mass, two inches in diameter in the right cheek ; on opening the mouth the same condition was found on the inside of the cheek, and every tooth in the upper jaw had dropped out but one which was easily removed by the fingers. The gums and soft palate had sloughed

the tongue looked well and clean, better than could be expected in a case of this kind. The gums and teeth of the lower jaw were sound. This trouble did not result from ptyalism, as no mercurials had been given; but it was constitutional, independent of any remedies administered. Dr. G. said he considered the case hopeless, but gave tinct. of iron, beef essence, and brandy; he applied warm flaxseed poultices over the surface of the cheek and touched the gums and inner surface with a solution of nitrate of silver. The child lived ten days, (at which time the difficulty involved the whole face, extending even below the lower jaw) at last dying, not from the disease which was cancrum oris, but from hemorrhage which came from the mouth. The child lived in the first story of a frame house built on a side hill, the back rooms of the house resting against the bluff bank and being nothing more than damp dark cellars.

Dr. Carroll—Said he had this year one fatal case of cancrum oris following measles.

Dr. Muscroft—Reported he had had but two cases in his practice of cancrum oris, both fatal; one following typhoid fever, the other, independent of any disease, appearing first by an ash-colored spot at the angle of the jaw at the root of the teeth.

Dr. Carroll—Thought it a curious disease; when a number of years ago he was physician of the Cincinnati Orphan Asylum, there were twenty-eight inmates of the house, of which number fourteen died in one year of cancrum oris. That it depends on confinement and the state of the atmosphere. All the cases he had published followed measles.

Dr. Muscroft once saw on the upper lip of a child an ash-colored spot much swollen and glazed. He thought it a case of cancrum oris, and that the child would die. He used locally tinct iron, and internally the same remedy and iodide of potash. The child recovered under this treatment.

Dr. Tate—Had seen cases of cancrum oris, following measles, which had recovered. Also referred to a specimen of maxillary bone which he had already presented to the Society, which came from a child after measles. In this case the child lived in a healthy locality, took the measles like other children but after recovering from them the fetid condition of the breath was noticed, and on examination it was found that the destructive process of the gums had commenced. He applied the stick of the nitrate of silver and gave Huxham's tinct. internally, a very valuable remedy he thought in all such cases. Dr.

T. also said he had seen two such cases of *cancrum oris*, independent of deterioration of the blood, from eruptive disease, but they were in an unhealthy atmosphere, occurring several years ago, in two old houses on Race Street near the river, where from the situation the cellars were always damp. Also another fatal case within the last three years which he had treated with iron. He thought the disease lasted two or three weeks, and that it was surprising how long children affected with it would live.

Dr. Carroll—Remarked that ten years ago or more his grandchild, a delicate girl, became affected with purpura. Ecchymoses appeared along the sides of the feet, one eye soon closed then the other was affected similarly. She was blind for three days, then the first eye opened and soon the other. By this time the inferior extremities were much swollen, likewise the abdomen, by an effusion of at least six quarts of fluid between the layers of the peritoneum. The Dr. gave squills, digitalis, and calomel for a slight purgative effect; at the same time constantly administering iodide of potash. After all her friends had given her up, she passed a gallon of water in one night and then recovered. Now ecchymosed spots appeared on the gums around the base of the teeth; and wherever these spots appeared the disease dipped down to the alveolar process removing the periosteum. The first set of teeth were thus destroyed, but a new set appeared and the child is now a stout, healthy girl. At the latter stage of the disease mild tonics, quinine and wine were given, but the Dr.'s main reliance was in iodide of potash till the free discharge of urine, referred to above, took place. At the height of the disease she passed small quantities of urine which contained albumen. Dr. Carroll could not account satisfactorily for the disease, but thought she had been constipated for some time, and had voided but little urine till the ecchymoses came on. He was also inclined to believe that the profession did not give iodide of potash as freely as they ought in dropsy.

Dr. Muscroft—Asked Dr. C. if it was not a case of scorbutus, saying he had seen cases like the one described in which the gums were spongy and would bleed; ecchymoses and purple spots were apparent, and the teeth lost, and he had never seen the same condition in any other disease than scurvy.

Laryngitis — *Dr. Tate*—Gave the following case of croup: A week ago yesterday he was called to see a young lad, six years of age, who putting on a heavy suit of clothes walked into the country for a mile or two, and returning heated from walking, went into a cold, damp parlor, consequently taking cold. On Sunday evening, he complained of his

throat. A wet towel was wrapped around it the next morning, and through the day he was quite comfortable, but at night a shrill, rosy cough made its appearance with great dyspnoea and fever, as indicated by the pulse, skin, and desire to drink. The boy was vomited by wine of ipecac, wine of antimony, and squills, and a wet towel again wrapped around the throat. There was no improvement in the case, so at 3 A.M. he was again vomited, and a sponge wrung out of hot water applied to the throat for half hour at a time. He remained in the same condition till morning when he was a little better; calomel and ipecac were now given every two hours, which nauseated but did not vomit him. The shrill cough still continuing, he was again vomited by sulphate of copper, grs. xij. to the oz. of water, applied by means of a probang at the back of the throat, and a hot flaxseed poultice was kept over the throat during the day. On this, the third night, the fever was almost gone, and from this time the child began to improve. There still being some croupy symptoms he was again vomited by a solution of copper with alum, and the poultice continued; on the third day he was much better and is now almost well.

Dr. Tate then went on to say that the above was a case of acute laryngitis in a boy six years of age, treated without depletion or any remedies to reduce him much; also thought it an important point not to reduce the vital energies of the child with croup, which will not kill by clogging up the wind pipe unless there is so great prostration of the vital sources that the mucons cannot be raised. He thought too that the reducing treatment was a poor one, and he had seen such cases after the use of leeches and tartar emetic where diarrhoea was the result and life lost by these reducing remedies; and other cases where the child recovered though the contrary result was certainly expected. Almost at the same time as the above case, *Dr. Tate* was called to see an unhealthy looking child evidently reduced by a several days' illness. Its mother said it had coughed for several days, and the *Dr.* on an examination found the pharynx covered by true diphtheritic exudation, accompanied by a hard croupy cough. Here he supposed the proper treatment would have been to have torn off the exudation, cauterizing the surface exposed with nitrate of silver, and internally giving brandy and iron; such would have been his treatment, but before his second visit the child died. The *Dr.* thought that the above two cases were entirely different diseases; in one there was a deposit from a true inflammatory condition of the part, in the other a deposit from the corrupt condition of the blood; that these two conditions were analogous to two affections of the peritoneum—petr-

ritis and puerperal fever ; the former a highly inflammatory affection, and the other the result of the depraved condition of the blood.

There being no further business, on motion, the Academy adjourned.

Correspondence.

Letter From Dr. Parvin.

LONDON, August 2nd, 1864.

DEAR DOCTOR :— My recollection of the letters already sent you, is that they were miscellaneous in character and contents. If correct in this, then the present letter will be quite in keeping with its predecessors ; if mistaken, then it may be redeemed from reproach by contrast with them. The problem presented me for solution, when I sit down to write, is with an almost infinity of topics, and a brief time to digest them in, how to make a readable letter ; and, of consequence, many things will be hurried together without reference to proper juxtaposition.

One is struck, in walking the medical rounds of the London Hospitals, with the great prevalence of renal and of hepatic diseases induced by dram - drinking. The use of spirits is frightfully common among the London laboring classes ; gin they often make a substitute for bread and meat. Here is a solicitor's clerk brought into King's with considerable emaciation, impoverished blood, and enormous abdominal distension ; and the secret of his condition is *cirrhozed* liver, and the secret of this is, for eight years he has been daily drinking a pint of gin. Poor fellow, *paracentesis* was performed, and he immediately sunk. In the female wards, you will see a woman less than thirty, a wife and a mother, suffering with slight anasarca, urino albuminous, from *nephritis* ; she has been drinking six ounces of gin daily for three or four years past. These two cases are sufficient — let them stand for hundreds of others one may see here.

I think that the London practitioners are more given than we at home, to the use of hydrogogue cathartics in the treatment of dropsies. As a diuretic they frequently use the *broom* ; as a tonic, the favorite prescription seems infusion of quassia with the muriated tincture of iron.

Our surgeons are doubtless all familiar with Mr. Wood's operation for the radical cure of hernia, and therefore though witnessing him

operate the other day, I need not waste time with a description: I me, however, give his preliminary statement — he had operated no one hundred times, and the result in upwards of seventy cases was complete success, while of those not absolutely cured several were much relieved. Mr. Wood is not an enthusiast, and his assertions may be taken as absolutely true. If this operation is not already established at home, it certainly is worthy of being.

Let me not fail to mention among the able men of "King's," Mr. Fergusson's colleague, Mr. Partridge, who looks as jolly and good natured and "chaffs" his patients as if he did not care that Nelute found a ball in Garibaldi's foot which he said was not there!

Guy's Hospital is more remarkable for its museum than for its men; no one should fail to visit it for the former. Guy's and Bartholomew's seem to have the greatest number of students.

St. Thomas' — where on last Saturday I saw Mr. Solly perform lithotomy — even with such famous men as Solly and Simon, does not count over sixty students. This is one of the wealthiest hospitals in London, its annual income now thirty-five thousand pounds, and to be increased to seventy thousand, and having a building fund of three hundred thousand. By-the-way, there was an interesting discussion the other day at the meeting of the Governors, as to the quantity of coal and porter the druggist of this Hospital was receiving — annually twenty-four tons of coal, and a pint of porter daily for each member of his family from himself down to his last baby inclusive! Really, one would think this quite enough coal and porter to keep him and his, warm and well-toned.

St. Thomas' temporarily occupies the old Surrey Gardens, once so famous, possibly the word should be infamous, as the Cremona Gardens are now; but previous to this being converted to this benevolent use, the Music Hall, which is the main hospital now, was occupied by the famous Spurgeon, who still continues in the immense tabernacle erected for him a few squares off, a building with capacity for some six thousand, to attract immense crowds.

In a year the new hospital, which will adjoin Lambeth Palace on the Thames, will be commenced, and doubtless it will be one of the finest and most complete in the world.

Some days ago I saw a London surgeon, whom we know quite well on our side of the water, remove a *navus*, the size of a small orange, from the scapula of a child two or three years old, by the tedious and confessedly dangerous process of dissection, in preference to the ligature, "*it would be such a fine specimen for the museum!*"

Let me mention another operation, though with different intent. A surgeon removed a tumor, the size of a large hen's egg, from near the angle of the jaw — a part of it overlaid by the parotid, and the base almost resting upon the deep vessels of the neck; the sac was carefully dissected out, after evacuation of its contents, atheromatous in character, and the class told of the difficulties and dangers of the exploit. Early last spring I saw Dr. Fletcher, of Indianapolis, do a precisely similar operation; the tumor similar in size and in situation, without half so much facial contortion and perspiration, with quite as much dexterity, and with more celerity.

It amuses one not a little to observe how our British brethren *mis-*locate some of our American physicians and surgeons, not merely in oral, (or it might be overlooked,) but in printed words. One of the staff of Middlesex Hospital writes of "Dr. Carnochan of Philadelphia;" at a recent meeting of the Royal Medical and Chirurgical Society Dr. Harley spoke of Dr. Jackson of New York; elsewhere Dr. Hayward is attributed to Philadelphia; and, as if Boston should be compensated for having Hayward and Jackson taken from her, Baker Brown, in his "Surgical Diseases of Females," refers to "Dr. Marion Sims of Boston;" of course Dr. Sims does n't belong to Boston; New York is the theatre of his most successful labor, and of his greatest fame.

We have one, though, among our physicians, who is often referred to, and never mis-placed, Dr. George B. Wood. His "Theory and Practice" is a standard work here; a man would n't venture to go up for examination in the University of London without thoroughly preparing himself in this; and no one, at least I judge from all that I have heard, in the United States has a higher fame among physicians here than he: all of which of course is very gratifying to every American, and especially to a graduate of the University of Pennsylvania.

At the Women's Hospital, Soho Square, (this is the institution with which the eminent name of Dr. Prothewe Smith is connected — he was mainly instrumental in its establishment, and he is still connected with it,) I find another Philadelphia production held in great repute. I mean Hodge's pessary. My own faith and practice have been resolutely tenacious of the horse-shoe; they will be confirmed by the experience and judgment of those who have been working so long and in so large a school as this. Three or four hours twice a week it has been my privilege to spend here. The number of patients varies each of these two days, Wednesday and Friday, from sixty to

against Malarious Diseases, by Dr. Van Buren ; Vaccination in Armies, by Drs. F. G. Smith and Alfred Stillé ; Rules for the Preserving the Health of the Soldiers, by Dr. Van Buren ; Scurvy, by Dr. Wm. A. Hammond ; Miasmatic Fevers, by Dr. John T. Metcalf ; Continued Fevers, by Dr. J. B. Upham ; Yellow Fever, by Dr. Metcalf ; Pneumonia, by Dr. Austin Flint ; Dysentery, by Dr. Alfred Stillé ; Pain and Anaesthetics, by Dr. Valentine Mott ; Hemorrhage from Wounds and the Best Means of Arresting it, by Dr. Mott ; Treatment of Fractures in Military Surgery, by Dr. J. H. Packard ; Amputations, by Dr. Stephen Smith ; The excision of Joints for Traumatic Cause, by Dr. R. M. Hodges ; Venereal Diseases, by Dr. Freeman J. Bumstead.

It will be observed that the original order of publication of these essays has not been observed in the present volume ; but the editor has arranged them in groups according to general topic ; thus those which relate to the prevention of diseases come first, those on medical subjects next, lastly those pertaining to surgical matters. When written these essays were very timely ; they are " simple practical memoirs, written without any attempt at a display of learning." They are condensed outlines of the various medical and surgical topics, and are well suited to the hurry and bustle of the field. Many will be glad to have them collected together in this permanent form ; and as these constitute but a small part of the medical and surgical essays issued by the Commission since the war commenced, we presume we may anticipate a further series in due time.

In most respects the publishers have done their usual good part, having furnished good tinted paper, with clear letter press ; but we must certainly express our surprise at the singular display of taste in the excessive amount of red which envelopes the volume ; it is altogether too gaudy.

For sale by Robt. W. Carroll & Co. Price \$5.

A Treatise on Gonorrhoea and Syphilis. By SILAS DURKEE, M.D., Consulting Surgeon of the Boston City Hospital, etc, etc. Second Edition Revised and Enlarged ; with Eight Colored Illustrations. Philadelphia : Lindsay & Blakiston, 1864.

It is now five years since we have had the pleasure of reviewing the first edition of Dr. Durkee's excellent *Treatise on Gonorrhoea and Syphilis*, which we commended to the favorable regards of our readers. We are very glad to find that our judgment of the book then has been so far confirmed by the favor of the profession as to call for this new edition now before us.

ment cure," we will therefore content ourselves with a very hasty outline of the contents. The opening chapter is devoted to a consideration of the *Nutritive Process*, especially discussing the office of muscular motion as a promoter of tissue formation, as also the condition of the circulation—both endosmotic and capillary—as influenced by muscular action. A very little reflection will show how important for the general propositions of this system, these elementary or fundamental principles become. Then we have chapters on muscular contraction and the philosophy of general exercise.

Next we have in regular order chapters treating of Curvature of the Spine, Paralysis, the Circulation, Constipation, Chronic Diarrhœa, Dyspepsia, Phthisis, Deformities of the Limbs, Chronic Injuries of the Foot or Ankle, Diseases Incident to Women, Derangement of the Nervous System. In all these diseased conditions the author endeavors to point out the practical applications of localized movements as a valuable therapeutic measure.

We find independent of the immediate views of the author, that he has interwoven throughout this little book many suggestions worthy of careful attention, and has given a great many facts and cases in illustration of his doctrines that are exceedingly interesting. We think our readers will find Dr. Taylor's book entertaining, and worthy of a place in the library.

For sale by Robt. Clarke & Co. Price \$1.50.

Physician's Visiting List for 1865.—The present price of this invaluable pocket companion is 75 cents to \$1.50, according to style of binding and number of patients. The usual size for 25 patients, leather and tucks is \$1.25. We have received a Visiting List for 1865 from the publishers, Messrs. Lindsay & Blakiston, and are of the opinion that its getting up is rather unusually good. As to the general character of this style of memorandum it is too long and well known to require comment.

Memoranda on Poisons. By THOMAS HAWKES TANNER, M.D., F.L.S., etc., etc., etc. From the last London Edition. Philadelphia: Lindsay & Blakiston, 1864.

This convenient little manual is prepared by the author of the very excellent little book on the Practice of Medicine; and is intended as a remembrancer in cases of emergency; intended to show almost at a glance the treatment to be adopted in each particular case of poisoning to which a medical man may be summoned. The book is com-

— men made like ourselves, with the same hopes and fears, with the same style of stomach and nervous apparatus, with brothers and sisters, and fathers and mothers, and may be wives and babies, like other human beings — is a question to appal the stoniest heart. And then, to consider the infinite extent of simple credulity and child-like gullibility which must exist in a community, where reasoning creature will swallow anything, with a nicely printed label surmounted by a quack's head with "M.D." under it — this, too, is amazing. The "age of Faith" has certainly not passed away. Every apothecary's shop is witness to its existing and flourishing, at least among ourselves. We are a believing people, if we are only well humbugged.

The taste, however, appears to be on the increase; and there is one cause for this which we have never seen noticed, but which is certainly suggestive. We write to ask, what is the precise connection between Sectarianism and Quackery? Where is the nexus between dissenting sermons and sugar-coated pills? Where is the link connecting Sectarian Divinity and Patent Doctoring?

There is not a new nostrum, cooked for the stomachs of the drug-eating public, that has not the vouchers of half a dozen "Reverends," of as many of the "Evangelic Denominations." No "medical almanac" is complete without a list of wonderful cures, certified by "the Rev. Gullible Gubbins, Presiding Elder, etc.," or by "Elder W. Gudgeon, of the First Church, etc." No wonderful column of "Testimonials" to the "great, all-curing Life Syrup and Pain Killing Elixir, warranted to cure or the money refunded" is without the name of the "Rev. Gander Gray, the eloquent pastor" of some simple flock of one of the "persuasions." Even the most clumsy hair dye — some villianous compound of nitrate of silver, red lead and alcohol — will parade its list of sectarian "Reverends" and "Doctors of Divinity," whose red locks it has changed to purple, and whose gray whiskers it has converted to a lovely blue-black!

The thing can not be too gross or too worthless, the humbug can not be too vile, to find "Reverends" certifying to its excellence. The extent to which the clergy of "the various denominations" have gone into this business of puffing quackery is astonishing to any one who has not kept track of it.

It is very curious, at first sight. But there must be a reason for this close communion between the Denominational pulpit and the Quack's laboratory, and it may not be far to seek. Quack Medicine and Quack Divinity, Quackery for body cure, Quackery for soul cure — they are not antagonistic. The mixture of distrust and credulity which leads to faith in some well-puffed nostrum, is just the mixture which exists in a Divinity that despises the ordinary means of Grace, distrusts the sober teachings of antiquity, and goes greedily gaping after new gospels and miraculous means of salyation.

The merchant is brought down to precision daily, the lawyer is required to be clear under penalty, the carpenter and the blacksmith must know the realities of their business; but the "Preacher" is a *talker*. He has no definite Theology. He has only a vague mass of

nostrums and quack remedies—even if called upon as merchants to sell them—knowing them to be worthless and often pernicious he exhorted them to a careful regard for duty and morality. The cordiality with which his remarks were received spoke well for the integrity of the gentlemen present at any rate. Mr. W. J. M. Gordon, of Cincinnati, was elected President; H. N. Rittenhouse, of Philadelphia, (at present U.S. Medical Purveyor at this city) Recording Secretary. The Society adjourned to meet in Boston, Sept., 1865.

Pharmaceutical Humor.—One of the queries propounded by the American Pharmaceutical Association for the recent meeting of the Association was as follows: "Does the aqueous extract prepared from Jalap that has been previously exhausted by alcohol possess any medicinal properties, or does the alcoholic extract of Jalap fully represent its virtues." Mr. Alfred B. Taylor of Philadelphia, in reply stated that he had made the experiment upon himself, taking in the course of one day 240 grs. of a carefully prepared aqueous extract! that the morning afterward he had one single natural stool, just as usual; and twenty-four hours thereafter again a single stool, just as usual. His inference was, that the preparation was entirely devoid of medicinal virtues. A member suggested to Mr. Taylor that perhaps the effect of the extract was partly dependent on the present high price of Jalap, rendering the drug *costive*.

Medical Department of the University of Nashville.—We are happy to learn that amid the wreck of educational institutions in the Southern States, the Medical Department of the University of Nashville has escaped entire ruin. If we are correctly informed, its course of instruction was suspended but for a single session, that of 1862-3, a partial course of lectures having been given during the past winter, to quite a respectable class of young men. The life and soul of the institution, its projector, and the man to whom more than to all others it owed its magnificent success, Dr. W. K. Bowling, still remains, and if he is spared, we predict that it will not be long ere this school will take its place in the very front rank of educational institutions of its kind in the land.—*Med. and Surg. Reporter.*

The American Medical Times.—We regret to announce the temporary suspension of this most excellent, and so far as tone and ability are concerned, remarkably successful weekly cotemporary. The suspension is announced by the publishers with the following remarks:

Death of J. Rowe Smith.—We regret to announce the death of Mr. Smith—lately engaged in canvassing and collecting for this Journal. His success in procuring new subscribers had been unusually good and we hoped he would very materially add to our list in Ohio before the commencement of a new volume. With his death we have now no traveling agent in this State, and we respectfully solicit the aid of our friends in working for our increased circulation; and those in arrears will now be pleased to remit at once without waiting for a collector to visit them.

Personal.—Our friend Dr. McIlvaine in a recent visit to New York had pleasant interviews with Prof. Parker, formerly of this city, Prof. G. S. Bedford and Prof. Stephen Smith of the Bellevue Hospital College. Dr. M. speaks of these men as earnest energetic workers in the profession, and withal pleasantly interested in men and things pertaining to Cincinnati.

Obituary Notices—*Died*, in Philadelphia, Dr. Robt. M. Huston aged 70 years. Dr. H. was formerly Professor of Obstetrics, and the Diseases of Women and Children in the Jefferson Medical College, and for some time editor of the *Medical Examiner*.

Died, in Boston, April 29, 1864, aged 68 years, John Ware, M.D., formerly Prof. of Theory and Practice of Medicine in the Medical Department, of Harvard College, and one of the most eminent and highly respected physicians of Boston.

Died.—Dr. Frank Morris, of Hamilton, O., died at his residence on Friday morning, Sept. 23d. He was late Surgeon of the 35th O. V. I., a worthy gentleman, and a physician of character and promise.

Army Medical Intelligence.

We publish the following card which Dr. Hammond has issued since his sentence as a matter of simple justice to him, while at the same time we must express our sense of the bad taste of the fling he sees fit to throw out against the present administration, wherein he apparently seeks to make a little petty personal capital by raising a political issue:

A CARD.—The undersigned has read in the *Sunday Morning Chronicle* of this city, the remarks of Judge Advocate General Holt on the proceedings of the Court-martial in his case.

He learns from this review and from the order of the President ap-

2. Metallic Mercury found in Bones.—Professor Hyrtl, a celebrated anatomist in Germany, has found in three cases metallic mercury in bones. The first time, about twenty-five years ago, whilst demonstrator of anatomy at Vienna, having found in the bottom of a cellar which skeletons had been macerated, a certain quantity of mercury, examined separately, each one of the bones and found out that those which contained mercury, belonged to a man about whom no information could be procured. The quantity of metal he gathered on shaking the bones might have been equal to a spoonful. Three of his disciples gathered also a few drops. Last year Professor Hyrtl again found metallic mercury in the skeleton of a man of about thirty years of age, and which bore traces of periostitis at the inferior extremity of the left radius. About half an ounce was gathered, but it was impossible to find out the quantity lost through the maceration and perforation of the bones. Lastly Professor Hyrtl mentions a skull of a Malaysian belonging to a collection of skulls sent from India, and so saturated with mercury that the metal would ooze out drop by drop on the least motion given to the skull. It is evident that the mercury thus deposited in bones must have penetrated in them by means of the blood vessels, and came from mercurial frictions made on the integument. Persons still disposed to deny this will be forced to yield to evidence, for Prof. Hyrtl, is well known to be an intelligent observer whose words merit full confidence.

3. Case of Poisoning by Atropia Cured by Opium.—At Children's Asylum, Philadelphia Hospital, May, 27, 1864, a two ounce solution of atropia of the strength of one grain of the sulphate to an ounce of water was prepared and ordered to be dropped from time to time into the eye of a certain patient.

The attendant nurse after using as was directed placed the bottle upon the table, when her son, aged 2½ years, seized and drank about half an ounce of the liquid. No bad symptoms at the time were manifested, and the mother thought he had not taken a sufficient quantity to fear any serious consequences. However, in about half an hour afterward the child became restless and cross. When the mother became alarmed and medical aid was called. The child now complained of pain in the region of the stomach which was very hard and tense. His pupils were largely dilated, immovable and insensible to the brightest light (as was evinced by a double convex lens which concentrated the rays of a gas light and made it intensely bright. His vision was impaired; also his hearing, as he seemed to notice nothing, and was insensible to sound when spoken to in the loudest tone. An orange was placed before him and he was told to take it, but regarded it not. His tongue and lips were very dry. All the muscles of the body contracted spasmodically—those of the face worked irregularly. His hands and feet moved like a patient suffering from a bad attack of chorea. He would throw himself backward in his nurse's arms, then forward crying all the time. He could not stand; his limbs were powerless and quite cold. His pulse was quite feeble. His body was covered with an eruption resembling scarlatina.

An emetic of zinc sulph. and pulv. ipecacæ, each gr. v. was administered. This very soon had the desired effect, for his stomach was well emptied. An assafoetida enema was also ordered; and half an hour after the emetic, half a grain of opium was given by the mouth. The opium was ordered to be repeated in quarter-grain doses every half hour, its effects carefully watched. After several doses had been administered the eruption began to fade, the pupil to contract to its normal condition.

After this the child was left alone to enjoy its slumber from which, when it awakened, it appeared perfectly well, and as his subsequent condition has proved, experienced no persistent bad effects from the dose.

D. F. Woods, M.D.

4. *A Singular Case of Anasarca*—The progress of anasarca, in a case reported by Dr. Barry, is very singular. The œdema of the extremities which had existed from the beginning disappeared pretty rapidly, and was replaced by an abundant collection in the peritoneum. This latter showed itself some days before when Dr. Barry was notified that the patient, a child aged thirteen years, was in a dying state. He found her in convulsions, without consciousness, and with a slow and hard pulse. The bed was wet, and the collection had entirely disappeared. Dr. Barry did not at first make out what had taken place, the patient having been found in this state after being left alone for some time. He thinks that the liquid reabsorbed must have been eliminated by the natural *viæ*, and it is difficult, in fact, to imagine another explanation. The comatose state, Dr. Barry attributes to the production of a serous collection in the interior of the skull. He caused ice to be applied to the head, the inferior extremities to be kept warm, and prescribed mercurial unctions in the internal side of the thighs and under the arms. The child came to itself at the end of forty hours, and after another convulsive attack of half an hour. The convalescence was long, but health completely returned.

On the Hypodermic Injection of Sedatives. — *To the Editor of the American Medical Times* — Sir: — In the *American Medical Times* for July 30, 1864, there is an article on the "Hypodermic Treatment of Uterine Pain," by J. Henry Bennet, extracted from the *London Lancet*. The reprint of that article shows your belief that information on that topic will be gladly received by the profession, while Dr. Bennett does not seem to think that such a practice as he advocates is at all general.

My experience with this method of treatment goes back to the month of August, 1857, just seven years ago, and in the *New York Journal of Medicine* for Nov. 1858, pp. 340-341, will be found the first two cases of hypodermic injection that were ever published in this country.

I then stated that among the various uses to which I applied this method of treatment were "for infra-mammary and ovarian pains with temporary relief; for insupportable neuralgia of uterine and ovarian origin with similar results, &c." Such are exactly the class of uses to which Dr. Bennet now calls attention. The first instru-

made in this country was made for me by Mr. Tiemann, from which I brought to this country by my friend Dr. Barker, and the rubber syringe then first used is a great improvement over the glass one. The canula was also made of steel. At that time I used one of the acetate of morphia gr. viij. ad ℥j., though now I use Magendie's Solution made without acid.

At a meeting of the Medical and Surgical Society at Dr. Metcalfe's after, I showed this syringe, and expressed my conviction that it would soon be the pocket companion of all physicians. And you, sir, I thought that our public use of it in Bellevue Hospital in many years, and the reiterated expressions of approval by so many of our profession in this city, had removed the need for calling attention here to the plan of treatment.

I heartily endorse all that Dr. Bennett says in regard to the safety and efficacy of these injections. It has often occurred to me to be called to cases of dysmenorrhea and to relieve the patient the rubber syringe has been thoroughly cleansed and replaced in the hand and I have very often thus quieted those teasing false pains so agitate and weary patients on the eve of confinement. I have injected everywhere over the surface of the body except the feet, genitals, eye-lids, ears, and scalp.

For some years back I have ceased to endeavor, as a rule, to inject morphia in the neighborhood of the painful part, preferring to inject over the gluteal muscles just behind the crest of the ilium, over the floating ribs, or over the deltoid in the order named. It is desirable to so inject the fluid that gravitation will assist in bringing it, as some drops may run out unless you use this precaution. By using Magendie's Solution of Morphia (gr xvj. ad ℥j.) without acid, the amount required to produce an effect is much less than Dr. Bennet needs; and diminution in bulk is a great advantage, and diminishes risk of subsequent inflammation. In cases of cancer, or other hopeless cases where we can do nothing but pronthanasia, I instruct some nurse or member of the family in the use of the instrument, and make them procure one for themselves so as to be independent of me. A patient of Dr. Van Buren's, whom I saw, had morphia injected hypodermically daily for about a year, which was the most prolonged use that I have known. Some patients cured by it, and are reluctant to return to the remedy. All patients injected very promptly. It is desirable to be careful in its use if the kidneys are diseased. I once injected fifteen drops of Magendie's Solution in the arm of a gentleman with cardiac hypertrophy, albuminuria and casts, and he slept all that night, and until the next evening, although he awoke in the morning after the injection quite rational, and could be awakened readily at any time during the day. Still his susceptibility showed another illustration of the force of the law that opium should be cautiously used in these cases. I have used it in pregnant women who were the subjects of albuminuria. Indeed, it has never caused any other trouble in my hands except occasional nausea and boils. When long used over the ribs the skin becomes hard and drawn, like that over the prize-fighter's face,

from condensation of the areolar tissue. I have used it in peritonitis, pneumonia, pleurisy, acute rheumatism, gout, passage of renal and biliary calculi, cystitis, neuralgia, restlessness, and insomnia; organic and functional diseases of the heart, lungs, liver, stomach, uterus, and ovaries; delirium tremens, puerperal mania, and convulsions, as well as in other cases which I do not at this moment recall. I have used it after obstetric operations and where an anodyne was indicated, while there was also much nausea. It is no part of my purpose to write an elaborate article on this subject, but simply to aid in calling attention to a method of practice with which very many of us are familiar; but I should regret to leave the impression that my extended use of the hypodermic syringe makes me unmindful of other modes of using anodynes. On the contrary, not a day of my life passes without my being called on to prescribe vaginal or rectal suppositories of the watery extract of opium or morphine, made with the butter of cocoa; or to give internally morphine, McMunn's Elixir, Dover's or Tully's Powder, opium, codeine, or chlorodyne.

Indeed, it is from the conviction that the practice of medicine would be utterly unsupportable without the power of relieving pain, that I have again recorded my testimony in favor of this prompt, mild, and most efficacious plan of administering anodynes, and paramountly morphine.

Yours,

Geo. T. ELLIOT, Jr., M.D.

5. *A Case of Varicella in Advanced Age.* By Chas. H. Hughes, Surgeon 1st Inf., M.S.M. All medical writers, whom the profession accept as authorities, are agreed as to the period of life when individuals are peculiarly inimical to varicella. Wood speaks of it as being "confined almost exclusively to children, but not entirely so," and alludes to the fact that "cases have been observed in persons of *middle age*." Watson says, "it is a disorder almost peculiar to infants and children of tender years;" but speaks of "Millan having described one unambiguous example of it in a gentleman *thirty years old*;" and of another "genuine instance" seen by Dr. Gregory at the small pox hospital, (London), in the person of "*an adult female*;" but I have met with no allusion, among the many authorities whom I have consulted, to the occurrence of this disease in those advanced *beyond the period of middle life*. The case I have to record is of the latter kind.

I was summoned February 20th, 1858, to see Mrs. — living near the Big Mound, for what a physician (who had previously visited her and declined giving her further attention), pronounced a case of variola. The patient was *fifty-nine years of age*, of Irish extraction, and had evidently been, as she stated, well inoculated with small pox in the "old country." When I saw her, the eruption was at its height, and, what is most unusual in varicella, more copious on the face than elsewhere, although the body and extremities were by no means free from it. By a process of rubbing the vesicles with a piece of rough flannel, saturated in vinegar, to which the patient resorted, "for the purpose of relieving the itching," she had succeeded in converting many of the vesicles into *vustules*; it is not strange,

therefore, that the physician who preceded me, in the examination of the case, should have pronounced it one of small pox. It was one of those cases in which John Thompson, and those who preceded him in the assertion that "varicella is only a modified form of small pox," would have been justified in pronouncing it variola or varioloid.

I am free to confess, myself, that had I made only a cursory examination of the case, and had not learned that she had been once inoculated, and that no small pox epidemic was then prevailing in the city, I should have fallen into the same error in diagnosis. Not only were the vesicles converted into pustules, but some of them were umbilicated. The fever came on with a *chill*, and the eruption was more than a week in disappearing. There was also great headache, slight vomiting, constipation, foul tongue, suffusion of the eyes, soreness of the throat and swelling of the face. The patient kept her bed the greater part of two days, and was irritated and feverish from the eruption.

The eruption was certainly copious enough to entitle it to be called variola, if it had been of that nature at all. Thompson would not have hesitated to pronounce it small pox, but I saw the case through, and its sequelæ and the treatment establish it as simply varicella, aggravated by friction of the vesicles.

Against the *gastric irritability*, array the fact that *lumbar pain* was entirely absent; against the presence of *umbilicated vesicles*, array the fact that the *globular* and *conoidal* predominated; consider the short duration of the disease, and the previous inoculation of the patient, and it would be difficult to call it variola or varioloid; and if we take into consideration the *other facts*, namely, that the peculiar odor of small pox patients was absent, that no small pox epidemic was existing at the time in the neighborhood or city, that none of the many (vaccinated and unprotected), who had access to the patient, contracted either modified or unmodified small pox, while several cases of chicken pox in children of the neighborhood could be traced to no other source of contagion, we are compelled to conclude that it was only an anomalous case of varicella. The treatment confirms the conclusion, for only aromatic sulphuric acid and epsom salts were given internally, while the face was smeared only with lard until the case got well.

6. *Cases showing the Efficacy of the Perchloride of Iron in Croup.*
CASE I. Romajou's daughter, aged six years, taken with croup. A blister is applied to the neck and between the shoulders; frequent doses of tartar emetic administered; at first with benefit, when, on the fourth day, the voice becomes more croupal than ever; the emetic gradually loses its efficacy. A mixture of the perchloride of iron is then begun, in the proportion of fifteen drops to four ounces of water; this to be administered internally, in tablespoonful doses, every five or ten minutes.

At the time the little patient began this remedy, the disease had reached its height, and there was threatened asphyxia. After a few tablespoonfuls, the symptoms had amended; attacks of suffocation,

however, return occasionally. The mixture is continued, when, on the next day, the child is seized with a convulsive cough, and expectorates a piece of false membrane presenting a perfect mould of the larynx; it is very dense and thick. From this moment, the child recovered rapidly, and is to-day in perfect health.

CASE II. A little child of A. Charpentier. Croupal voice; dyspnoea, aphonia; not much fever; no pseudo exudations detected on the tonsils. An emetic and vesication of the nape of the neck ordered — the emetic to be repeated occasionally. Towards night, the child much better, and continues so until the fourth day, when the voice becomes strongly croupal, the tartar emetic, although frequently repeated, having lost its vomitive power — an event very frequent in croup. A dose of the perchloride of iron mixture ordered; but the young patient has a great aversion to the remedy, which is administered only in a few-drop doses by weak parents. The cough and dyspnoea are extreme; death occurs on the following day.

CASE III. George Gallier, aged 5 years. Unwell for a few days; presents the croupal voice and diphtheric patches on each tonsil. Sundry gargles had been tried without benefit; cauterization; an emetic of ipecac; the child vomits, but the pseudo-membranous patches are reproduced. On the next day, a solution of tartar emetic is given, also insufflation of powdered alum on the tonsils, and a chlorate of potash mixture; cauterization. The day following, every symptom has become aggravated; cough, dyspnoea, aphonia, expectoration of false membranes.

In presence of this array of formidable symptoms, and considering the inefficiency of the treatment hitherto instituted, the perchloride of iron in the above formula is tried. The next day, the voice is clearer, the pharyngeal false membranes gradually disappear, and the remedy being persevered in four or five days longer, the cure is complete. The remedy is, however, continued at lengthened intervals, for a few days.

CASE IV. Newton D., a young boy. Sick twenty four hours with severe croup. From the street the sibilous voice could be heard. The perchloride of iron is immediately given. In two hours, symptoms better, expulses shreds of false membranes, but soon the symptoms become worse again, and in the evening he dies in a fit of suffocation.

CASE V. Felix Lambert, aged ten years. Hoarse for one or two days; presents heat of skin, fever, pearly false membranes on both tonsils, and strongly marked croupal cough. Mixture of perchloride of iron ordered, in tablespoonful doses, every five minutes. The next day, the voice and cough of a better character; the latter is softer and easier, as if the false membranes had softened and changed their positions. In order to facilitate their expulsion, an emetic of ipecac is ordered. Child vomits, but does not throw up any false membrane. The perchloride is resumed every five minutes. On the third day, in a fit of coughing, the child expectorates several shreds of false membrane, of a rosy white, elastic, and in the shape of a ribbon, fringed at the edges. One of these shreds was one inch long, and one-third

of an inch broad. After this, the child gradually began to recover, although for four or five days he continued to expel fragments of false membranes, thirty or more in all. The remedy was continued at more distant intervals for several days afterwards. The recovery was complete.

CASE VI. Barbud, age eight years. Parents for a few days think he has taken a slight cold, and a physician is sent for when the disease had already made considerable progress. The above treatment tried, but patient suffocated in his bed that very evening.

CASE VII. Barbud, a brother of the above, and aged thirteen years, taken subsequently. This time, the parents, taught by experience, send for the physician as soon as they notice the hoarseness and croupal cough. The child presents also diphtheric patches on the tonsils. The above treatment, in the same doses, is begun. The intervals are lengthened, (every ten minutes). The disease then grows worse. The doses at intervals of five minutes are again begun. False membranes, well organized and in shreds, are expelled for a week. This patient took in all 900 drops of the liquid perchloride of iron, diluted as above stated, (15 drops to 4 oz.), and recovered entirely.

CASE VIII. A third child of the same family, aged four years, during the illness of her brother, is taken with croup, and for three days, presents all the symptoms characteristic of the disease. She was very reluctant in taking the remedy, and the termination was fatal.

CASE IX. Barthey, aged twenty months, and very well constituted. Another child of the same family had already died of croup. The same treatment begun and continued with good results, until night, when, from some misunderstanding, the mixture run out and was not renewed. The child died in the night. Although the perchloride of iron acts quickly, it is a modifier of the blood, and some time must be allowed for its action on the economy.

In order to obtain success by the above medication, it should be persevered in with regularity, and according to the doses and intervals above mentioned. The solution of perchloride of iron used in the above cases, was the concentrated solution introduced by Dr. Pravaz. The medicine thus administered produced no bad effects on the stomach: it caused an increase of appetite. Black stools were produced, but no intestinal irritation.

To the above cases, related by Dr. G. Dax, may be added another, reported by Dr. Dandon, who, in addition to the internal administration of the above solution, swabbed very freely the false membranes with a probang soaked in the pure solution of the perchloride of iron. This was the case of a child five years old, with marked pseudo-membraneous croup. He made a good recovery. — *Revue de Therapeutique Med. Chirurg.* — *St. Louis Med. and Surg. Journal.*

7. *Two Cases of Syphilis, showing prolonged Incubation period and communication of the disease by Secondary contagion.* By Berkely Hill, Esq., F.R.C.S., Assistant Surgeon to University College Hos-

pital. On the 5th of March, 1864, John J——, aged thirty-three, ostler, applied, among my out-patients, for relief for a painful affection of the right eye. He said that about fourteen days before Christmas last, while fighting, he received a blow on the right eye and cheek, which drew blood; his antagonist sucked the wounds for him, after which they quickly healed, and, as far as he knew, the marks also disappeared. He experienced no further inconvenience until the latter end of January, when he observed some pimples appearing where he had been hit, and presently some scabs fell off, leaving a reddish pimple beneath each; but there was no ulcer, nor any discharge from these pimples. His eye next became troublesome, growing red and bloodshot, and smarting occasionally; and on Feb. 1st he applied for some eye-water, with which he bathed his eye, but without improvement. Finding the eye-water of no service, on the 5th of March he came to me, anxious for other treatment. I examined him, and found the following state of things: At the outer corner of the right eye was an oval, coppery patch, slightly elevated from the skin around it, especially so at the edges; it was smooth and dry. There was also about the middle of the margin of the lower eye-lid another smaller patch, which desquamated freely, and whence the eye lashes had dropped out. Two more similar patches existed on the cheek, over the malar bone. All these tubercles were indurated, and surrounded by an areola of coppery tint. The conjunctival membrane of the right eye was congested and the palpebral part thickened; whence the discomfort for which relief was sought. The lymphatic glands beneath the jaw and in the neck on that side were severally enlarged, but painless. A coppery, roseolous rash extended over the forehead and trunk. The penis was quite free from sores or cicatrices of any kind, and there was no history of any. The inguinal lymphatic glands were also quite normal; likewise those of the body generally, with the above-mentioned exception of the sub-maxillary ones. Though he complained of sore throat when questioned, the soft palate and uvula were only somewhat congested. He was ordered to take four grains of blue pill with a little opium twice daily, and to attend frequently at the hospital.

On the 12th of March I saw him again. He was then under the influence of mercury. His gums were swollen, his breath was fetid, and he had a bad taste in his mouth. His throat was not sore. The areolæ round the hardened tubercles less spread and paler; the roseolæ much fainter; more of his eye lashes had fallen. To continue his pill.

March 19th. — Induration of the tubercles less defined, and the glands under the jaw smaller. He looked paler, and felt weaker than before — probably from the combined effects of scanty diet with mercurialization, as he had been out of work that week. I ordered him to take a little quinine-and-iron, and to take his pill once a day only.

30th. — The glands under the neck were less enlarged, the coppery tint of the patches on the face much fainter, and the induration withering. The throat still not sore; and no other eruption visible on the body.

April 20th. — The coppery discoloration remained in two places only, and was of very small extent. The induration of the tubercles was perceptible in one cicatrix only. The eye was quite well, except that the lashes had not grown again. The lymphatic glands were of their usual size, and the man felt quite well. Having found work in the country, he had been unable to show himself at the hospital, and had not taken medicine for a fortnight. He was ordered to continue his pill once every other day for a little time longer.

On the 26th of March the patient led in his late antagonist for examination, of whose condition I took the following note: F M—, aged thirty-one, a wheelwright, of intemperate habits. He stated that when he sucked John J—'s eye he had a sore at the corner of his mouth, (where there is one still), and that he had some sores on his penis at that time, which had existed for six weeks or two months before the time at which he gave the blow to John J—; but they did not trouble him much. However, he recollects that the lumps now in his groin were there then, and that they were rather tender. He has never observed any rash on his skin or soreness in his throat, and has felt very well ever since. On examination, the sore proves to be a fissure at the left angle of the mouth, with one or two enlarged papillæ round it, which are moist and scaling, not possessing any induration, however. There is no ulceration on the mucous surfaces of the mouth and fauces; the lymphatic glands are not enlarged under the jaw, or at the back of the neck. The body is free from eruption of any kind, save that one or two acne spots on his shoulder have a coppery tint. On the penis, behind the corona glandis, are two scars, with well marked induration — the sites, the patient says, of the sores he had last December. The lymphatic glands in both groins are plainly enlarged, but not at all tender, and the skin covering them is of its usual color. He has never taken any medicine for his disease; and the only inconvenience of which he has been conscious is the persistent sore on the mouth. I ordered him a small quantity of bichloride of mercury, with iodide of potassium. This treatment has been pursued during the month of April, and the sore on his mouth has healed. The induration has much diminished on the penis, and the patient has preserved his good health.

These cases show very clearly: First. That there exists an incubation period in syphilis between the moment of inoculation and the manifestation of its effects, which has a duration not very exactly known. In the cases of V. Barenprung, where inoculation was purposely practised, the incubation lasted twenty-eight and twenty-nine days; Sigmund and Rollet both estimated it at about three weeks, with extremes of fourteen and forty-two days; Hunter relates an instance of two months intervening between the time of contagion and the appearance of the disease; and Aimé Martin, in his thesis for 1862, mentions the case of a girl incarcerated in the St. Lazare Prison, in close confinement on the 15th July, 1861, on whose labium a syphilitic sore made its appearance on the 25th September following — a period of seclusion of seventy-two days. The case I am relating, had a long period of incubation, about five weeks or rather more,

as nearly as can be estimated, but not of an extreme length if compared with those related by other observers. Secondly. The kind of primary lesion produced by the disease when other disturbing causes are absent is here well shown. The indurated tubercles grew at the point of inoculation, and never ulcerated, perhaps because they were free from irritation, resulting from the moistening by secretions, urine, &c.; though I do not mean that such irritation is in all cases the cause of ulceration in primary syphilitic affections, but that these are probable causes of it in many instances. These papules or tubercles — for some resembled one and some the other — had been slowly developing themselves for six or seven weeks, and had become indurated to such an extent that one was as large as a sixpence; yet their surface was unbroken in all that time. In this case at least the primary affection bore no resemblance to a Hunterian chancre. Thirdly. The disease was communicated by contagion with secondary secretions — namely, the fluid exuding from the sore at the angle of the second patient's mouth was inoculated into the open wounds of the cheek of the first patient; and that this sore was a secondary affection is shown by the pre-existence of the primary disease in another part of the man's body, which, since we can not produce a primary lesion of syphilis on a person already subject to the disease, prevents the possibility of the sore at the mouth being one.

I have brought forward these cases for the readers of *The Lancet*, because they are examples of an usual mode of communicating the disease — namely, by suction of open wounds, though a precisely similar means of contamination takes place when nurses are inoculated by their foster children, in which cases the primary lesion is a chancre on the breast.—*London Lancet*.

8. *Podophyllin in Constipation.*—In the *Medical Times and Gazette* we find the following observations by Dr. Clark in reference to this resinoid. He first attempts to induce regularity of the bowels by sufficient use of fluids, daily exercise, kneading and friction of the abdomen, and due solicitation of nature at stated intervals. When all these have proved insufficient, resorce must be had to drugs. He says: "The drug best fitted for the purpose is that which will act without irritation, slowly, moderately, and by the production of a formed stool, after the manner of nature. The objections to ordinary laxatives are almost innumerable; sometimes they act too freely to permit of subsequent spontaneous regularity for some time, distension being required to excite the contractility of the bowels; and at other times the bowels are teased by frequent ineffective actions, and mucous discharges are induced. In some cases the muscular contractility is exhausted, and the patient is afflicted with flatulent distensions of the bowels. In other cases the head is distracted with uneasy sensations or there is a general nervous restlessness, for relief from which the patient flies to larger doses of more purgatives, till at last life becomes little less than a continuous suffering, complaint and misery. Now there is in my experience no single remedy for constipation so free from these objections as podophyllin. It is not a specific

for constipation, and it is not in all cases free from these objections attached to other remedies. But in the great majority of cases of simple constipation, it fulfills the condition required of a safe and effectual remedy, by operating slowly, easily, and after the manner of nature.

"Podophyllin is an amorphous, resinoid powder, obtained by evaporation from an alcoholic solution of the May apple (*Podophyllum peltatum*.) In America it is used in ten grain doses as a cathartic, of similar character to the resin of jalap; but for use as a natural laxative, the maximum dose is one grain. If more than this is given it produces griping and loose stools. For most persons a grain is too large a dose. It is better to begin with half-grain doses, made into pills with extract of taraxacum, which must be taken during breakfast, that it may operate next morning after that meal. For the first few days, the operation may be accompanied by a little griping and by uniform stools. Should these continue to the fourth day, administer only quarter-grain doses, and combine them with an equal quantity of ipecacuanha. If after the drug does not operate in the manner described, it is not likely to prove successful, and had better be relinquished. When the right dose is determined its use may be continued without fear of injurious consequences; and instead of requiring to be increased, may after a time be diminished without effecting the success of its operation."—*Med. and Surg. Reporter*.

9. *Evidence against the Internal use of Mercury in Syphilis and other Diseases.*—In a paper read at the Harveian Society of London, Dr. Drysdale has collected a great mass of evidence against the internal administration of mercury, and his statistics and conclusions are brought forward to support the assertion that this metal does more harm than good to the patients for whom it is prescribed. By quotations from Skey, Desruelles, Copeland, and others, he shows that mercury possesses the physiological property, when given to dogs, of producing caries of bones and complete degradation of the animal frame. Dr. Drysdale contends that the only property which mercury is proved to possess is its power as a purge, but that it is a bad purge; and although it is called a cholagogue, recent experiments have shown that it actually diminishes the secretion of bile. In iritis, mercury has been shown to be useless and probably injurious by Carmichael, Dr. Hughes Bennett, and others. Dr. H. Bennett also condemns the use of mercury in inflammatory diseases of the lungs, and Dr. Walshé entertains the same views. With regard to syphilis, in which mercury has long been considered a specific, Dr. Drysdale quotes Dr. Fergusson, who showed in his experience from 1812 to 1846, how many thousands of the British army had recovered from primary and secondary syphilis without a particle of mercury; and on the other hand, how the British army suffered in the Peninsula from the mercurial treatment. Mr. Guthrie had declared that all sores on the penis, whether indurated or not, will recover perfectly under rest, diet, and cleanliness, without mercury. Out of 407 cases treated by Hennen, iritis occurred only in one; in 1818, Dr. John Thomson had treated a large number of troops in Edinburgh for venereal disease

12. *Is Ovariectomy Justifiable?* — *To the Editor of the American Medical Times*: — *Sir* — The reasons offered by Professor Peaslee, in a recent number of your journal, in regard to the question, "whether ovariectomy ought to be recognised as a legitimate surgical operation," do not, as it seems to me, cover the whole ground. The question is by no means wholly a *statistical* one, as he seems to take for granted. It is one in which the *heart* and *conscience* are as much, if not more, interested than the head.

We all know that our great master in surgery, Mott, has never performed ovariectomy. Have the advocates for this operation ever inquired why he has not? Does any one suppose he is ignorant of ovarian statistics? Or that Professors Meigs, Mutter, Liston, Duncan, the French Academy of Medicine, as well as nearly all the great surgeons of the age in all countries, are also ignorant on this point, and hence have regarded ovariectomy as unjustifiable? Did statistics show even more favorable results than they do, there is no reason to suppose that they would regard the operation in any different light. Our surgeons do not decline this operation because it is difficult, or requires any particular skill or anatomical knowledge; on the contrary, it is one of the simplest in all surgery. But they are unwilling to be instrumental in shortening human life, when there seems to be no evident necessity of taking such a risk; they will not endanger their peace of conscience by undertaking a surgical experiment where a fatal result is as one in three; when, without such experiments, the patient may perhaps live for years in comparative comfort, and possibly recover. They do not think it right to frighten females afflicted with ovarian disease by predicting a fatal result without an operation, and that at no distant period; and then try to quiet their own consciences by leaving it *entirely* to said females to decide for themselves whether they will submit to an operation or not. I have never had the hardihood to perform ovariectomy; and I shall always have a higher opinion of the late Professor —, who, after opening the abdomen of a female afflicted with an ovarian tumor, immediately closed it without an attempt to finish the operation, previously saying to those present that, if there was any surgeon in the room who would like to finish the operation, he would be glad to consent to his doing so. This female lived fifteen years after in the enjoyment of very comfortable health. But the professor never made another attempt at the same operation, and always condemned it in his lectures.

I may further urge in my own behalf, as well as that of my surgical brethren generally: — 1st. That the diagnosis in a majority of cases of ovarian disease is very obscure, and that the prognosis is to the same extent doubtful, if not unfavorable. 2d. That many females carry these tumors through a long life with comparatively little inconvenience; that in many cases they actually diminish in size, while the inconveniences attending them often nearly disappear. 3d. That the most favorable statistics show that nothing is gained *on the whole* as regards the prolongation of life by the operation; for it is found that, taking an equal number of females affected with ovarian tumors

of equal ages, and under as nearly as possible similar circumstances, *the average duration of life will be greater in those on whom the operation has not been performed than in those who have submitted to it.* So that statistics, in fact, condemn the operation as unjustifiable. 4th. In all the other great operations the surgeon has no misgivings; he is laid, as it were, under *duress*, as Professor Meigs would say, to operate if circumstances required, and he has no severe qualms of conscience should the case prove afterwards fatal. 5. Far otherwise, however, must it be with every properly constituted mind when a fatal result attends an operation regarded as wholly unjustifiable by the highest authorities in surgery, and by nine-tenths of the profession generally. 6th. From what has been offered, it may safely and justly be inferred, that our principal surgeons do not envy the professional reputation acquired by the operation in question; they do themselves honor by showing that they have studied ethics in a wiser school, and that they prefer peace of mind and a good conscience to transient notoriety and pecuniary rewards. P.

13. At a recent meeting of the Chicago Medical Society, Dr. Bartlett presented a means of using chloroform, when its application must of necessity be frequent or immediate, as in convulsions, whooping cough, neuralgia, labor, etc. He recommended it also as a matter of economy. By its use the chamber of the patient is kept comparatively free from odor of chloroform, to many disagreeable or sickening.

Into a four-ounce gallipot, Dr. B. fits a cup-shaped sponge, retaining it in place by a transverse stay of wood. The anæsthetic being poured upon the sponge, the pot is placed inverted in a saucer containing a little water (or mercury). The tention of chloroform vapor not being great and it being sparingly soluble in water, but little is lost. The sponge may be successfully used hours after the pouring on of the anæsthetic.

OPHTHALMOLOGICAL.

14. *Unusual form of Albinism.*—(*Klin Monatsbl. f. Augenh.*, 1. 516).—A lady of 45 consulted Dr. Liebreich for an affection of the eye; he was struck with the intensely red glow of the pupils when she entered the room. When the eye was illuminated by the ophthalmoscope, at the first glance the pupils only appeared to be red; further examination, however, proved that the iris also was transparent, as in an ordinary albino; though owing to its being seen by both reflected and transmitted light, the red from the fundus admingled with the brown hue of the anterior surface. The degree of transparency of the iris may be best recognized by using only transmitted light; thus by throwing the rays converging from a convex lens on the outer part of the sclerotic, while the eye is turned a little inward. Thus in the present case, just as in ordinary albinos, not only the pupil but the whole of the cornea appeared of a brilliant red; by throwing the apex

of the luminous cone alternately on to the anterior surface of the iris and on to the sclera, and thus examining only by reflected or only by transmitted light, it became clear that the posterior pigment-layer, the epithelium of the iris contained no pigment, whilst the stroma contained an approximately normal amount. In the latter respect the present case differs from the ordinary albino, where the stroma of the iris is also free from pigment, and hence appears white by reflected light. The epithelium of the choroid contained no pigment, and the stroma very little, so that the choroidal vessels could be seen with great clearness; had there not been slight nystagmus, it would certainly have been possible to see the choriocapillaris.—*Ophthalmic Review*.

15. *Calabar Bean in Ocular Therapeutics*.—Dr. E. Martin, of Marseilles, records (*Revue de Therap. Med. Chirg.*) two cases, one of paralysis of the iris, and the other a hernia of iris through a wound of the cornea, both successfully treated by the application of the calabar bean.—*Am. Jour. Med. Sciences*.

OBSTETRICS.

16. *On a Case of Sudden Delivery*. By Thomas Langston, M.R.C.S., &c. M.C.—, aged twenty-three, single, was suddenly delivered of a full grown male child, at half-past five A.M., on the 5th of January last, under the following circumstances: She stated that between four and five o'clock on that morning, she felt "gripping pains" in the abdomen, and that, knowing her condition, she suspected the pains indicated labor, and therefore left her residence, intending to go to a friend's house to be confined, the distance being about six hundred yards. When she had proceeded half way she was suddenly delivered while in the erect position, and her child fell upon the pavement. The funis was ruptured, and shortly afterwards the placenta was expelled; and she walked on to the place where she intended to have been confined, carrying her child, which she had wrapped in a petticoat.

At ten minutes to six I was called, by a person passing in the neighborhood, to visit this woman; and on my arrival I found her in bed, looking perfectly well, free from pain, and merely complaining of cold, as the morning was very severe. This was her first child: it was well nourished and healthy looking; but on the left parietal bone, at the junction of the coronal suture, was a soft cushion-like tumor, between two and three inches in its transverse diameter, which was slightly ecchymosed. The funis I found had been lacerated transversely four inches from the umbilicus. Both mother and child progressed favorably; and the tumor had entirely disappeared at the end of three weeks.

Remarks.—Here was a case of sudden delivery, and that of a first child, occurring in an unmarried woman, the infant possessing marks of violence, solely, according to the mother's statement, (which there was no reason to doubt), through the circumstances of delivery. Had

fatal results followed to the child, *prima facie* the mother might have been accused either of manslaughter or murder, especially as she was unmarried, and the delivery occurred in the street so early in the morning. Certainly it might have been urged in her favor that the lacerated condition of the cord would verify the account of the mode in which she was delivered.

The funis had been rudely tied after her arrival at the house. No doubt the intense cold had caused contraction of the vessels, and so prevented fatal hæmorrhage both to the child and his mother.

I have reported this case from the obvious interest of its medico-legal bearings.

17. *To Cause a flow of Milk in the Female Breast.*—In Vol. V. of the "Obstetrical Transactions" may be found some interesting experiments by Dr. Skinner, in reference to the effects of faridization as a galactagogue. The ordinary machines will not answer the purpose, not even the portable chain battery Pulvermacher, consisting of 50 or 120 elements, excited by vinegar. The positive pole may be deeply pressed into the axilla, while the negative is lightly applied to the nipple and areola. The current should be of an intensity only as agreeable to the patient. It will not answer the purpose if the current is passed through distant parts or with the poles far asunder, but the galvanic current must be localized in the breast. After the poles are properly adjusted, the current must be steadily passed through the parts for two or three minutes, then raised and imbedded in another part surrounding the nipple until their whole circumference has been traversed. The upper surface of the breast should receive particular attention. This process may daily be repeated in both breasts. In many cases which were considered apparently hopeless, the judicious perseverance in this application was followed by a plentiful secretion of milk.—*Med. and Surg. Reporter.*

18. *Placenta Prævia; Arrest of Hæmorrhage; Child born alive.*—In the *Dublin Quar. Jour. Med. Sciences* is recorded an interesting case reported before the Dublin Obstetrical Society, where the cause was suspected from the severe gushes of blood with the pains of the patient. She was much exhausted from loss of blood, the os uteri dilated to the size of a crown piece, with the placenta to be readily felt. The fingers were readily insinuated between the placenta, and upon sweeping them round it was detached from the uterus. *The Hæmorrhage at once ceased.* The fœtus was then turned which occupied ten or fifteen minutes, and when born the heart was acting and respiration was gradually established. Both mother and child progressed favorably.

PHYSIOLOGICAL.

19. *A Case of Hermaphroditism.*—M. B. H., aged 21. This patient was examined at Dennison U.S.A. Hospital, B. Cloak, M.D., Surg. J.S. Vols., in-charge, with a view of returning him to duty.

The discovery of malformation of the organs of generation, induced me to retain the case for further examination.

The following history was elicited from the patient. Was born in Portage County, Ohio, on the 15th of April, 1842. Has one brother, a large sized-man, and three sisters, the youngest of whom very much resembles himself.

His occupation prior to entering the service, was a farmer. When about fifteen years of age he commenced being troubled with bloody discharges from the urethra, as he supposed, following each micturation, and lasting from two to five days. This occurred with rare exceptions, every month, occasionally it only came on once in two months. It was always preceded and accompanied with more or less pain in the back, dizziness in the head, and pain and swelling in the left groin. These distressing symptoms were mitigated when discharge was fully established. If he takes cold at the time of these periodical discharges, it adds very much to his sufferings. States that he never had an erection, (may have had something like an erection once or twice,) or the least sexual desire; thinks he once had a seminal emission occurring while he was asleep. Enjoys the society of ladies better than that of men, but never formed any particular attachment for them; has little or no beard, occasionally shaves for the fashion of it, but not because it is necessary. Has a mixed voice; can sing good soprano, but usually sings bass.

He entered the service October 15, 1861, was admitted to the hospital July 20, 1863, disease said to be intermittent fever. Is now well, with exception of these monthly bloody discharges, and occasional pains in the left breast; was very anxious to be cured of his disease; never had submitted to an examination before, or told any one of his difficulties.

Physical Examination.—Form round and plump. Pelvis and shoulders somewhat broad; height four feet eleven and a half inches; weight one hundred and ten pounds; complexion somewhat bronzed from exposure, otherwise fair and ruddy. Mammæ more largely developed than in the male, perhaps less than an average in unmarried females, with well-formed nipple, though not large; and distinct areola surrounding it. The general appearance of the external organs of generation was more allied to that of the female than male, the labia majora and mons veneris were both well developed, and surmounted with the usual growth of hair. At the site of the commissura superior of the vulva protected a penis about an inch in length, or an inch and a half on the superior surface, with the meatus urinarius tied down by the frænum preputii to within half an inch of the fissure between the labia. The penis has a well-developed glans penis, corona glandis, and prepuce. But the meatus urinarius in it, upon

closer examination proved only a fissure about one-fourth of an inch deep extending posteriorly, and dividing the frænum preputii into two sections. Immediately posterior and below the false meatus, and in the same elongated fissure dividing the frænum, a small opening was found into which a probe could be passed about half an inch. This proved to be only a cul-de-sac. A half inch below this opening was another small passage, discovered by Dr. Carpenter, in his examination of the case, which would admit of a medium-sized catheter, which could be passed downward and backward, the distance of four inches. A male catheter could be passed in, turning under the arch of the pubis, a distance of six inches, without entering the bladder. When it was withdrawn a quantity of thick tenacious colorless fluid, adhered to the end of the instrument. There is no scrotum and no testicle on the right side. In the left groin, extending in fact, into the left labia is a substance about the size of a bean, which may be a rudimentary gland. It is somewhat tender to the touch, and becomes swollen and painful at each period of his bloody discharges.

REMARKS.—In this case there seems to be an equal blending of the male and female natures. He has always passed with his associates as a male, with the occasional remark, (as he says), that he had a full breast for a man. I am very much inclined to the opinion, however, that there is a preponderance of woman in his composition. His general conformation, is certainly nearer that of the female than that of the male. The statement, if true, that he has no sexual desire, is another evidence of this supposition. In the generative organs, the female organism certainly preponderates over that of the male. The penis has no urethra. The meatus urinarius evidently empties into the opening described above, as the one into which the catheter was passed, and this passage is no doubt a rudimentary vagina. The bloody discharges are most certainly a menstruation. The external opening is sufficiently close to prevent the menstrua from passing off ad libitum, but it is forced when the passage is opened by the act of micturition. Could this passage be enlarged by dilatation, or an operation, I doubt not that a womb would be found in its proper position.—*Med. and Surg. Reporter.*

20. *Foreign Intelligence.*—In a letter from Paris appearing in the *Wien Med. Woch.*, it is stated that there are about twenty Germans practising in Paris, some of them enjoying a first rate celebrity. The liberality with which all obstacles have been foregone by the French Government and Faculty is in striking contrast to what prevails in Vienna, where even the diplomas of different Universities of the same empire are not acknowledged as giving a right to practise. Among the German practitioners in Paris, the names of Gruby, Liebreich, Mandl, Meding, Sichel, and others are widely known. Gruby was a poor student at Vienna, who labored diligently under Hyrtl, Rokitsansky, and other able professors, and he would probably have settled in his place of education, but being a Jew, all posts were denied him

by Austrian intolerance. He therefore went to Paris, where he has acquired fame both as a teacher and practitioner. In the latter capacity his views are narrow enough, ignoring the maxims of medical science, and professing to treat disease solely by regimen. Still he is in enormous repute, his consultation room being crowded all day, chiefly with hysterical women, who often send their servants before hand to secure their turns. Gruby is a very different man among his anatomical and chemical preparations at his laboratory at Montmatre, and his hospitality to foreign visitors is boundless. Liebreich, the former assistant of Von Graefe, at Berlin, has advanced far more rapidly than most practitioners at Paris. He has established an ophthalmic clinic, with sixteen beds and Dispensary, in the Quartier Latin; and here he not only sees the poor gratuitously, but gives the five-franc consultations to those of slender means in an adjoining room. This clinic is amply supplied with patients, and foreign physicians from all parts of the world flock to his lectures. His ophthalmoscopic demonstrations are skillfully performed, and he is always ready to enter into explanations. In the afternoon, the richly decorated waiting-room of his residence in the Champs Elysees is frequented by rich and fashionable patients; for, combining most polished manners with profound knowledge of his speciality, he has acquired a large practice in a remarkably short time. Mandl also enjoys a good reputation both as teacher and practitioner, the laryngoscope especially of late occupying his attention. With a good consultation practice, and his Dispensary in the Quartier Latin, he yet finds time for the scientific pursuits which have given him an European reputation. Besides Liebreich, there are three other pupils of Von Graefe who are making their way in Paris as oculists, and Von Graefe himself always passes a month every year in that capital, during which he of course sees many patients. A Dr. Lowenberg, a pupil of the celebrated Poltzer, has also established himself as an aurist in Paris, and founded a clinic for diseases of the ear.

Professor Langenbeck has been elevated to the rank of the nobility for his services in the late Schleswig-Holstein war.

A severe case of strychnia-poisoning is reported to have been cured by the use of worara in Konigsberg.

At the last meeting of the Academie des Sciences, M. Wohler, of Gottingen, was elected foreign associate in place of the late Professor Mitscherlich. The other candidates were De la Rive, Geneva; Agassiz, Boston; Airy, Greenwich; Bunsen, Heidelberg; Hamilton, Edinburgh; Martius, Munich; Murchison, London; and Struve, Pultava. — *Med. Times and Gazette.*

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Persons desiring further information can address the Dean or Secretary at Cleveland, Ohio.

GUSTAV C. E. WEBER, M.D.,
Dean of the Faculty

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Dr. Robert Bartholow,

(Late Assistant Surgeon U. S. A.)

Having resigned his commission in the Army after a service of seven years, has entered into private practice.

OFFICE AND RESIDENCE,

No. 344 Race Street, above Ninth,

CINCINNATI, OHIO.

THE
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Original Communications.

ARTICLE I.

Diphtheria.

A paper read before the White County Medical Society, July 12th, 1864, by W. S. HAYMOND, M.D., of Monticello, Indiana.

I have chosen for the subject of my essay the disease which is now everywhere, by the universal consent of the medical profession, denominated *diphtheria*, or *diphtheritis*—a term meaning an “exudation in patches.” It is applied to a disorder attended with a peculiar form of sore throat, and certain constitutional symptoms, which entitle it to be considered as distinct from all other affections; but it has through ignorance of its nature been blended or associated in some manner with nearly every malignant disease of the throat, and consequently has been generally treated as a local affection. It is no new disease although it is mainly to modern pathologists that we are indebted for its differential diagnosis, or the characteristic differences which denote its peculiarities, and have assigned to it an independent position in the catalogue of diseases. Diphtheria was not entirely unknown to the ancients; it was recognized by Hippocrates, and many of its prominent symptoms described by Artacus. From that early period it remained in neglect until sometime during the last century, when it arrested the attention of Cullen, Huxham, Fothergill, and others, who pronounced it “a new and separate disorder.” The notice given it by these celebrated observers was not sufficient, however, to hold the attention of the profession any length of time to

the views they had promulgated, and it again relapsed into oblivion, where it slumbered until brought to light by the investigations of distinguished observers of the present century. It may be said without exaggeration that all that was known or written about the disorder prior to the last quarter of a century is of but little value compared with the more enlightened opinions of pathologists since that time.

How confused must have been the minds of physicians, and unsatisfactory their treatment, when they confounded the disease with nearly every variety of throat disease, from simple angina to malignant croup; when the lancet and the antiphlogistic regimen were carried to the ulterior extent to subdue inflammation, and to reduce vital action, and depress the powers of the system in order to subjugate the disease.

Diphtheria existed as it now does from time immemorial, for the same causes have always been in operation to produce it. It has been called at different times by various names; such as, magignant sore throat, putrid sore throat, angina maligna, membranous angina, cymanche maligna, pseudo membranous pharyngitis, angina gangrenosa, croup, suffocative angina, scarlatina anginosa, and a host of other appellations, little expressive of the peculiar nature of the disorder because of their equal applicability to all the serious forms of sore throat under the shadows of their imperfect nosology. Diphtheria has been blended during centuries with diseases similar to it only in local appearances, while its distinct character as a general disorder has been but little understood. How successfully diphtheria was treated by our progenitors in the profession can only be guessed at by the universal rule, viz. ; when the physician is ignorant of the true nature of any disorder, and prescribes medicine, he is almost as likely to do harm as effect good. Medicine is a progressive science, and the investigations of many more years must be added to the present stock of knowledge before it can be fully developed and arrive at anything like perfection. It has only been a comparatively short period since the same uncertainty and confusion existed with regard to fevers. Thus, typhus, typhoid, and billious remittent fevers, were blended together and embraced under the name of continued fever, and treated as a single disorder, though sometimes admitted to possess widely different symptoms. But the physician of the present day, who is uninformed of the characteristic features that distinguish each kind, and is not enlightened by the advanced pathology of fevers, would be regarded as an empiric.

The term diphtheria was applied in the year 1826 to a class of disorders in which there existed a characteristic tendency to the formation of false membranes upon the skin and mucous surfaces. Since that time it has been universally applied to the disease under consideration, which is distinguished by symptoms peculiar to itself, and prominent among them, this characteristic exudation, which attaches itself in the shape of false membranes, to the mucous surfaces of the throat and air passages. The initial stage of diphtheria is often deceptive, and its progress insidious. Very often no symptoms are so well marked as to attract the attention of parents or friends to the victim of this terrible disorder until it has made fatal progress. The diphtheritic poison has accumulated insidiously, the patient scarcely making any complaint, to burst forth suddenly with alarming symptoms. Such cases are unattended with perceptible fever, with a cough that scarcely excites attention, and a slight soreness of the throat about which little or no complaint is made, until the tonsils have become hypertrophied to such a degree as to approximate closely to each other, and have become glazed over with patches of tenacious membrane, which may have even extended downward to the rim of the glottis and invaded the larynx. Suddenly the countenance of the patient becomes suffused and dusky, on account of diminished supply of oxygen, or vital air; difficulty of breathing becomes apparent and increases every moment, until perhaps a croupal sound is emitted, and the sufferer is discovered to be in peril from immediate suffocation. Diphtheria often pursues this insidious course, and when it has made extensive progress before it is discovered, it is often too late to avert the danger. Wherever diphtheria is known to prevail, or where the least suspicion exists with regard to its presence, the first and slightest uneasiness of the patient should be sufficient to attract attention to him. An occasional dry cough, slight fever, uneasiness about the throat and chilly sensations, are symptoms that should not be neglected, but a careful examination of the throat should be immediately made, in order that danger may be met at the threshold, and averted by the appropriate remedies. I have seen several cases of this type, and regarded them as being highly dangerous. First, because the disease in this form is of the asthenic character; indicating diminished vital action. Second, because it is likely on account of its insidious character to progress to a fatal extent before the physician is consulted. In such cases we may say the disease has progressed in a masked form. In other cases, however, it manifests itself in a very different manner—openly and with well marked sthenic action. Generally from the in-

ciency of the disorder the patient complains of sore throat, headache, chilly sensations, more or less severe, and is frequently dull, feverish and petulant. But the disease is often ushered in with a violent chill, which is soon followed with high fever, extensive swelling of the throat, both internally and externally, with rapid formation of false membranes upon the tonsils, fauces, etc. These parts exhibit a highly congested condition, and have a deep red velvety appearance, contrasting strangely with the parasitical ash colored deposits. No case of sore throat should be pronounced diphtheria until the false membranes can be detected; and of these there is generally ocular evidence in a short time after disease has appeared. No case of diphtheria can occur without this peculiar exudation, which is a pathognomonic symptom, unless in certain instances where death is speedily produced by the overwhelming force of the poison upon the nervous center, accompanied with powerful internal congestions. But we sometimes hear of some very lucky doctor or quack reporting through the country his wonderful success in the treatment of this disorder. He has treated a hundred or more cases and cured them all! Or if he has accidentally met with one case of diphtheria and the patient died he would still claim great success, having only lost one case out of so large a number. He has found, perhaps, numerous cases of catarrhal disease of the throat, such as quincy, a simple inflammation of the fauces, and has called them all diphtheria. Nothing can so completely degrade a medical man in the eyes of scientific and honest physicians as this species of charlatanism, which must explode sooner or later, like a magazine placed beneath his feet, tearing his flimsy pretensions to tatters in the very community he has deceived.

In diphtheria we will generally find a white coat upon the tongue, not differing materially from that observed in other diseased conditions. The cough in diphtheria is peculiar, and not likely to be mistaken for that belonging to phthisis pulmonalis or bronchitis. It is loose and rough, but generally without expectoration; it is often the first symptom that attracts attention to the disorder, and may be frequently detected before the patient has made any complaint. In some cases the cough rapidly assumes the croupal character, which is usually an unfavorable omen, as it indicates the extension of the pseudo membranous formation to the larynx. The false membranes are loosely attached to the subjacent mucous surfaces, and have well defined smooth margins. The pulse is often deceptive. In sthenic cases with high arterial action it is usually hard and frequent; but in cases of the insidious type it is as uncertain and variable as the

symptoms are steady and treacherous. These are the most prominent symptoms noticed in the early stages of the disease, but they are susceptible of a great variety of modifications, owing to the "different physical conditions of the subject affected." Some writer has well stated that there are not two cases having a perfect resemblance either in the grouping of the symptoms in their order of succession, or in the degree of their individual symptoms.

Diphtheria is not a local affection, not a simple disease in which the throat only is affected, but a general disorder affecting the whole system, in which every drop of the life sustaining blood is charged with the malignant poison, and carries disease with it to all parts of the body. Diphtheria sometimes is inflammatory, and has both types, sthenic and asthenic, well marked at the onset of different cases. But there exists a well marked tendency in all cases to pass into the asthenic condition. This usually occurs early; but in some cases the sthenic is not superseded by the asthenic condition for several days. Diphtheria has also the character of acute and chronic. Many cases will run their course to convalescence in a few days, whilst others will continue for weeks and months. I have known cases that had not entirely recovered in four or five months. Diphtheria expends its whole force upon the whole system. No organ can claim exemption from its assaults, and no function remain secure from its action. It operates locally and generally, openly and insiduously. The characteristic membrane may assail every surface of the body, mucous, serous and cutaneous. It is found on the tonsils, on the velum, in the glottis, trachea, bronchia, eustachian tube, schneiderian membranes, in the anus, on blistered surfaces, about the margins of wounds, in the cavities of the heart, and perhaps in the ventricles of the brain. Diphtheria belongs to the zymotic class of disorders, in which the *materies morbi* is contained in the blood producing contamination of its elements, through which the whole system is affected. With this constitutional condition, there are always associated certain characteristic local disturbances, directed chiefly to the throat and the glands of the neck. This is shown by extensive swelling and redness of the tonsils, fauces, etc., inflammation of the lymphatic glands of the neck, and the pellicular deposit of lymph upon the internal surfaces in the form of the inorganic false membrane. It is chiefly on account of these serious local manifestations that alarm is first excited and the greatest danger to life apprehended.

Diphtheria extends its ravages to all ages and sex; but to childhood and youth its visitations are the most frequent and the most to

be dreaded. It appears sometimes to depend upon certain conditions of the atmosphere by which it is said to prevail epidemically. I have not witnessed the disorder so prevalent in any season as to merit the title of an epidemic; but if we accept the evidence of many writers we must conclude that it occasionally extends over limited sections of the country, affecting a considerable number of persons at one visitation. But so far as my observation goes it has occurred only as an epidemic, attacking a family situated here and there, or widely isolated, and without the least appearance of epidemic influence. Is the disease contagious? This is a question that still puzzles all our contemporaries. Some hold positive opinions in the affirmative; others deny its contagious character altogether. I have as yet seen no evidences adduced from my own observations leading to clear proof of contagion. But if we suffer ourselves to be controlled on this subject by the majority rule we will find the opinion of the profession preponderating in favor of the doctrine of contagion. But we are perhaps safe in asserting that under peculiar circumstances the disease is infectious. The same may be said with regard to typhoid fever and some other disorders, which are believed not to possess any general contagious character. Dr. Hartmann in his able article published in the *Lancet and Observer* a few years ago, states that, "Cases have been adduced where matter ejected from the mouths of patients laboring under diphtheria and cast into the the nostrils of the attending physician have produced the disease," with the formation of the capoplasmic deposit on the scheidarian membranes and its extension to other parts, accompanied with the usual constitutional symptoms. The same is stated with reference to "particles of morbid matter," when applied to the abraded or wounded skin. In these cases the peculiar membrane first appears upon "the spots affected," and from it exerts a poisonous influence to the whole system through the action of some zymotic power. It is also said to have been contracted by inhaling the breath of those affected, and endermically by the use of the same water for a bath, which had been used by them affected with the cutaneous variety. If examples of this kind are to be taken as facts, it must be admitted they are of rare occurrence. In a country practice seasons often roll round without a single case coming under the notice of the physician; but when it does occur it will often be limited to a single family in a neighborhood, or section of country embracing several square miles in extent. In the beginning the disease may attack only one child and subsequently affect others; but in some instances two or three are attacked simultaneously, or at least

leaving too short an interval for one to have contracted it from an other. In these isolated examples the disease seldom extends beyond the environs of the building where it appeared, though numerous persons in the neighboring vicinity of all ages have been in daily attendance on an afflicted family, and have exposed themselves in every possible way. The question arises, why should the disorder happen in this isolated manner, hurling its shafts of terror and death among the members of a single family, while for a radius of twenty miles around, for months and even years preceding or following that time, no other case of the disease had occurred? We can scarcely account for this on the presumption that some poisonous element contained in the atmosphere was accidentally wafted to this solitary spot from abroad, and fortuitously caught up and absorbed by the unfortunate family. Neither can we admit in this age of reason it was sent to them in the form of a special judgment an account of their evil deeds. I imagine we have a proneness in our medical theories to look too far off for exciting agencies and causes. We are too fond of spinning out high flown theories, based upon problematic ideas to allow ourselves to observe simple truths and collect facts and information that properly lie within our reach.

Diphtheria is a disorder that seldom, or never affected any person living or sleeping in the open air, or who has strictly observed nature's simple hygienic laws, i. e., to breath at all times, awake or sleeping, all the oxygen in the form of pure atmospheric air that the organs of respiration will admit; to observe cleanliness of person, and exercise care in the removal of all causes that can give rise to the generation of noxious vapors and exhalations about dwelling houses, sleeping apartments, and out-buildings as well as foul drains and cess pools of filth that generally remain neglected, in the neighborhood; to eat and drink that alone which is pure and healthful, and to take daily exercise sufficient to invigorate the whole system and stimulate the functions of every organ to healthy action. Diphtheria is not sent through the land as a special scourge, but it occurs rather as a punishment for ignorance, or neglect and disregard for the laws of health. It is one of nature's penalties for those who trample upon the precepts of her wise code. Diphtheria does not arise like croup and other forms of sore throat from exposure to cold or mere changes of weather, but is a constitutional affection engendered by some peculiar poison which conteminate the blood, and through it the whole system.

Some writers have regarded diphtheria and croup as identical; but

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seen them as shown by the constitutional its invariable tendency to asthenia, and by characteristic deposit with its capacity to extend surfaces. Croup is simply a highly irritated membrane of the laryngeal or tracheo-laryngeal membrane. It is general in character, having no constitutional tendencies, but a mere sympathy with the local inflammation. It gives rise sometimes to a pseudo plasma, but this is entirely distinct from the inorganic membrane of diphtheria. Swelling of the lymphatic glands of the neck is said to occur in all cases of diphtheria, and to be always wanting in croup. These diagnostic features sufficiently distinguish the separate character of the two diseases; but in the sequelæ of chronic cases of diphtheria, we meet with a vast chain of symptoms and constitutional derangements, that will serve more clearly to widen the distinction between it and croup.

There is but one other disease that can be mistaken for diphtheria, and that is scarlatina. It has been a mooted question for a long time whether the two diseases are identical in character, though occurring under different typical forms. Scarlet fever is characterized by a peculiar eruption, and is often attended with ulceration and sloughing of the throat. The eruption of scarlatina is a *common* and *pathognomonic* symptom, and is only found wanting in a few exceptional cases of the grave variety, as where death is suddenly produced by the overwhelming force of the poison. Diphtheria is generally unattended with any cutaneous rash, though in a few exceptional cases a certain kind of efflorescence has been noticed on the skin. This evidently arises from functional disturbances, and is accidental rather than characteristic. The opinion advanced by some, that a rash similar to scarlatina is produced in diphtheria by the administration of belladonna is not entitled to much weight as evidence in favor of the identity of the disorder; for it is claimed the drug is capable of producing efflorescence on the skin of a person not afflicted with any disease. We may conclude then that the rash in one disease is *peculiar* and *characteristic*, in the other undefined and of rare occurrence. In attempting to establish the identity of these disorders from the eruption, we are forced to assume as a basis from which to draw general conclusions, a mere negative exception. We might for a similar reason pronounce a case of typhoid fever rubeola, because the petechial eruption or rose colored spots of the former are slightly analogous in appearance to the pathognomonic measles. Every disease is endowed with certain specific features, or characteristic symptoms,

and these are almost always present. Each disease is then to be recognized and introduced by these prominent signs, not by some accidental or analogous symptom unusual to it. Scarlatina can be read by its characteristic eruption, and other peculiar symptoms ; such as the loosening of the epidermis from the integument and its easy detachment, etc.

It is highly probable that scarlatina, diphtheria, erysipelas, and typhus fever are frequently engendered by causes of the same nature in the form of certain toxic elements ; but in the complex relation of chemical actions and affinities, a distinct poison has been generated, capable of exhibiting a specific influence upon the blood in each class of disorders. Typhus fever, typhoid, etc., were formerly considered as one disease, yet they are as distinct from each other as the different types of the exanthemata. Typhus fever for instance, is as distinct from billious remittent fever, as rubeola is from variola ; and diphtheria and scarlatina are separated from each other by distinctions equally wide.

If we take the example of the fevers and exanthematous diseases, we will discover that all medical history and experience point in one direction, viz : that simplification and separation is the rule — that disorders exhibiting only accidental or analogous symptoms, but distinct in prominent characteristics should not be grouped or classified under a common name, but are entitled to a place as separate and distinct diseases. As medical science advances we discover disorders, possessing separate characteristics, that have long been associated with other affections, and treated as such. The tendency, then, in the progress of knowledge, is to the multiplication of diseases, as each affection is dependent upon some specific cause for its production.

Nothing satisfactory has yet been advanced to show what peculiar agencies originate diphtheria, or the nature of the *materia morbi* that contaminates the blood, and its *modus operandi* upon the system. Very few have taken pains to collect a sufficient array of facts upon which to base any plausible theory. But some have originated fanciful theories, without facts or reason to support them. Others have attempted no more than conjecture : thus Dr. Dyas conjectured that the principal feature of diphtheria depended upon some morbid impression upon the *par vagum* ; but nothing has been produced in corroboration of his opinion. Some have attempted to prove that the disease arises from chlorosis ; that it can only occur in chlorotic persons, or those in whom there is supposed to be an altered state of the blood, in which the fibrin is in excess, and the red globules defi-

cient. According to this theory, there is no such disease as diphtheria; chlorosis is the disease, while the peculiar exudation, (diphtheritic,) is only a symptom. In support of this doctrine, they hold that chlorosis is a disease characterized by a low grade of inflammatory action, producing hypertrophy of the mucous surfaces, and the effusion of lymph. They maintain also, that there is an enfeebled energy of the whole system—an adynamic condition which is idiopathic and congenital; and that this is characterized by enfeebled circulation of the blood, with the want of energy in the vital forces of assimilation. These derangements, they affirm, give rise to the exudation of the lifeless, inorganic membrane of diphtheria, by producing some depraved condition of the plasma.

This theory, however, is unsustained by facts. If it were true, chlorotic persons would constantly be subject to sore throat, because the surplus fibrin would always be struggling to appear on the mucous surfaces. The exudation of false membrane would be a characteristic symptom, having a constant tendency to occur in those afflicted with that disorder. But this is untrue, as thousands of chlorotic persons live months and years, and many die after protracted illnesses, without affording the least evidence of such local disturbance. According to Dr. Wood, chlorosis usually appears in girls between the periods of puberty and maturity; and it is a disorder chiefly confined to the female sex. Diphtheria is not characterized by any exudal partialities, but attacks indiscriminately males and females—the sanguine and athletic, and those who have inherited the most vigorous constitutions. Again: chlorosis, (though an artificial distinction may be drawn between it and anæmia,) is not necessarily a constitutional or hereditary disease, but may be produced by many causes. Among these Dr. Wood mentions, “such as want of nutritious food; abuse of coffee and tobacco; habitual exposure to cold and dampness; sedentary habits; depressing emotions, &c.; with also certain organic diseases of the stomach, liver and bowels.” None of these causes have ever been known to produce diphtheria, and are as unlikely to engender it as they are to create small pox or rheumatism. There never has been the slightest evidence adduced to show that fibrin is eliminated from the blood in the form of diphtheritic exudation, on account of a reduction or deficiency of the red corpuscles. If from any cause the red corpuscles of the blood be reduced, by which means an excess of fibrin is retained in the blood above the usual proportion of that ingredient, but not increased beyond the standard quantity of fibrin proper to the blood, by what principle of vital action, or for

what physiological purpose, is the fibrin also to be eliminated from the circulating fluid? Is it to establish an equilibrium by a still farther reduction of the fluid pabulum? Nature never attempted such a freak in chlorosis; and the physician who would attempt to cure chlorosis by first reducing the amount of fibrin, in order to bring the quantity down to the low standard of the diminished red corpuscles, would be guilty of reducing the already enfeebled powers of life, to a still lower ebb. His duty is to restore lost ingredients; not to disturb those remaining. Diphtheria, then, can not be caused by chlorosis; but it has an origin of its own, growing out of the action of some specific poison received in the blood, and it is clearly entitled to a separate consideration as a disease, *sui generis*.

Of the exact nature of the diphtheritic poison and its *modus operandi* we know no more than we do of the nature of miasms in general. As the result of personal observations as well as reflection, I am persuaded this disease derives its origin from local causes; such as noxious emanations from the decomposition of animal and vegetable matter; uncleanness; want of proper arterialization of the blood from deficiency of oxygen in respiration, having its place supplied by the poisonous elements of azote, and carbonic acid gas. These generating causes do not always act with the same energy, but are modified or called into action through certain atmospheric influences. Typhus fever and erysipelas generally arise from similar causes, which are likewise subject to the modifying influences of the atmosphere. Erichsen states, in his work on surgery, that "the occurrence of erysipelas is best guarded against by attention to hygienic measures, more particularly to proper ventilation, with pure air and the avoidance of over-crowding of patients. In hospitals erysipelas may be produced at will by want of attention in these respects, and it will usually be found that the pestilence of erysipelas in certain wards, or even its repeated appearances in certain beds is owing to some local cause, such as emanations from a drain, on the removal of which the disease will cease."

Dr. Geddings, of South Carolina, in his monograph on diphtheria, conjectures that the disease "depends on an epidemic constitution of the atmosphere," but admits "that under particular circumstances, as where many persons are crowded together, where ventilation is imperfect, and cleanliness neglected, there can be no doubt of the generation of a contagious influence capable of transmitting the disease from one person to another."

That the atmosphere may, at certain times, exhibit conditions more

favorable to the propagation of disease than at other times, can admit of no doubt. Certain barometrical, thermometrical, hygrometrical, and electrical conditions of the atmosphere, undoubtedly awaken the action of local causes to the development of infectious miasms. Poisonous elements, local and surrounding us, that under ordinary circumstances lie dormant or inert, may suddenly be called into action, and produce deleterious effects upon health, from the influence exerted upon them by some peculiar condition of the atmosphere, electrical or otherwise. We have been in the habit of attributing too much credit to the atmosphere as a primary cause of disease. In most cases the infectious elements are local, and may be found harbored around us on all sides, ready to spring into action, when disturbed by any exciting influence. When the toxic miasm is generated very freely, or where it is retained in close places on account of imperfect ventilation, or where a small space is surcharged with it, it generates disease in the endemic form. But when it has been called into general action by atmospheric influences, the number of cases is largely increased, and the disorder is denominated an epidemic. This epidemic constitution of the atmosphere — or peculiar exciting influence — arises probably from some union or combination of the electrical and other conditions that have been named. Since this peculiar union of conditions is regulated by no known laws of periodicity, we are left without the knowledge to determine beforehand, the exact season at which any epidemic will occur. In order, therefore, to guard against danger from such causes — to prevent them from springing suddenly into action — we should constantly put in force all the rules of hygiene. We should be careful to disarm the explosive magazines charged with the elements of destruction, that encompass us on all sides, and lie hidden around us,

“Thick as autumnal leaves.”

Diphtheria is one of those terrible maladies that is engendered by causes that often lie in our power to control. Those who are its victims, generally live in open violation of the simple laws of hygiene. They live deprived of the necessary quantity of one of heaven's most bounteous gifts, oxygen, that vital air that imparts life to the blood, and makes it bound through its countless channels, bestowing health and energy to the whole system. Instead of receiving an abundant supply of this vitalizing element, they breathe noxious exhalations and deleterious gases. Ill ventilated and over-crowded sleeping apartments or dormitories, are prolific nurseries of diphtheria. We will often find more than half a dozen persons living and

sleeping in a small, cramped up, air tight room, that does not contain more oxygen than two persons would consume in one night. The family live on, regardless of danger, breathing carbonic acid gas, poisonous azote, and the effluvia of their own exhalations. Sometimes there is only one small window to the chamber, and that is generally closed, with a blind or curtain stretched across it, to the exclusion of light as well as air. Situated thus, they are prone to drowsiness, and early yield to the slumbers of night, and while in this negative condition, the treacherous elements which increase as the oxygen diminishes, besiege the citadel of life, and plant the seeds of disease in every fibre and cell. The maledictions of heaven can not fall upon any more befitting object than much of the architecture of this country.

In order to appreciate the immediate and dire effects resulting from a deficient supply of air, no better example can be furnished than "the black hole of Calcutta." In this dungeon of eighteen feet square, with only one small grated window, one hundred and forty-six persons were confined by the nabob of Bengal. As no accessions of fresh air could enter, great difficulty of breathing came on within one hour, producing violent delirium, which filled the place "with incoherent ravings, and cries for water." But water failed in the slightest degree to allay their thirst. In four hours many of them had died from "suffocation and in violent delirium." One hour later nearly all the sufferers were "frantic and outrageous" — and the most of them insensible. Within the next four hours all had died except twenty-three, and these were said to be in a "highly putrid condition," but recovered under the influence of fresh air.

This example illustrates, in the most striking manner, the importance of free ventilation, and a bountiful supply of pure air. According to Sir Humphrey Davy and Lavoisier, the quantity of oxygen consumed by one person in a minute is 31-6 cubic inches, or 45,504 cubic inches in 24 hours. This will amount to about 25 cubic feet per day, and will render five times that quantity of air unfit for respiration and combustion. But this is not all, for the oxygen which disappears is replaced by about an equal quantity of carbonic acid, which is wholly unfit for respiration. This, when inhaled in large quantities, is capable of destroying life with great rapidity, and when continued for a long time in smaller quantities, it must effect changes in the blood, that will give rise to serious disorders. Fresh air is always needed, because respiration is arrested before all the oxygen of the air is exhausted. This occurs not only on account of

the carbonic acid given off, but also because of the residuary acids, which is poisonous in the uncombined state, and unfit for respiration. These toxic elements are generated by ourselves, and linger around us at all times. When we suffer them to accumulate in undue quantities, we must suffer the consequences. This is a penalty that may extend from slight indisposition to the most serious disorder. The atmosphere, that pure element adapted to the nature of man, seldom carries with it any deleterious substance, diffused and undiluted. Though noxious gases, arising from cess pools of filth and the decomposition of matter, may localize themselves for a short time in limited portions of atmosphere, near the immediate spot where they are generated. Carbonic acid is everywhere found in the atmosphere; but equally diffused through all its parts. Only about 1-1000 or 1-1400 part of the atmosphere is carbonic acid, but this small proportion of the life giving element, is incapable of acting injuriously.

Having alluded to the fatal effects produced suddenly by deficiency of oxygen, and the liberation of deleterious gases, it remains to notice the slower operations of the same cause in the generation of disease. This applies not only to man, but also to the inferior animals, when crowded too closely together. In the horse it is said to produce glanders; in fowls certain diseases; and in sheep a peculiar disorder from which they die sometimes in great numbers. Jail fevers, ship fevers, camp fevers, &c., generally originate from the same cause. In large cities it exercises a pestilential sway in a thousand different forms, and is the most fruitful source of cachexia. This evil influence falls with the greatest force upon the young, as shown by the statistics of large cities; and this is particularly so with regard to diphtheria. In London the annual proportion of deaths under five years of age, is not less than 40 per cent. of the whole number of deaths; and in Paris the proportion is 25 per cent. of those under two years of age. Diphtheria attacks chiefly those confined closely to uncleanly and ill ventilated places — to the inmates of over-crowded nurseries, and bed rooms — while adults and those who spend the greater portion of their time out of doors, exercising in the open air, are seldom the victims of this disease. To such local causes, embracing everything connected with imperfect hygiene, I am firmly persuaded, diphtheria owes its origin. I am aware, however, that some writers attribute the cause wholly to atmospheric influence. What that influence is — how it operates — they have not attempted to explain. It can not depend upon mere conditions of the atmosphere, as they are not capable *per se* of generating any specific poison.

If it arises from certain adventitious poisons absorbed by the atmosphere, it is evident that these must have proceeded from local causes, such as may be produced from chemical changes, emanations from the decomposition of animal and vegetable matter, &c. ; and if so, upon what principle of philosophy, or reason, are we led to conclude that they act with more vigor in the generation of diseases, when diffused through the atmosphere in a diluted state, than when local, encircling the focus of their origin, and in a form of greater density ?

Diphtheria presents many points about which there still exists the greatest discrepancy of opinion. Some regard "the false membranes layers of coagulated mucus mixed with epithelial scales, and gradually concreting and solidifying into tubes and casts" ; whilst others consider them as proceeding from granulation or exudation cells, and the results of inflammation of a low and aplastic character, which depend upon some cachexia of the system, or broken down condition of the constitution. But this theory is negatived from the fact that diphtheria is not confined in its action to persons of depraved constitutions. Before the peculiar exudation takes place, there is no change in the relative proportion of the blood ingredients, no excess of fibrin or deficiency of red corpuscles. But after the disease has made some progress, the blood appears to undergo rapid deterioration in all its vitalizing properties, and the whole system sympathises in a remarkable manner with these changes. According to recent physiological investigations, the opinion is maintained, that the oxygen taken by the air into the lungs is carried to the distant capillaries, where combustion alone takes place, and by its assistance secretion and all the functions of animal life are carried on. From this it would follow, that when the supply of oxygen is greatly deficient, and the blood surcharged with carbonic acid, azote, and other poisonous matter in the form of noxious exhalations, that healthy secretion must be arrested from the want of vitalizing power, and in its place abnormal, amorphous or inorganic formations be substituted.

There is no disease about which a greater amount of discrepancy exists, in the etiology, pathology and treatment, than diphtheria. Those who have witnessed it in all its forms and phases, with its long and inexplicable train of constitutional symptoms, embracing all the sequelæ of chronic, malignant cases, will be apt to regard it not only as a disorder of the most troublesome and serious character, but one diabolica! in its nature.

The prognosis of diphtheria is grave. Mild cases may terminate in convalescence in a few days with but little treatment, and often in

spite of bad treatment; while many cases appearing mild at the beginning, or of the insidious kind, will perish under the most prompt and best directed treatment. But when the general symptoms set in with severity, with great swelling about the throat, internal and external; extensive exudation of false membranes; and croupal cough, the danger is always imminent. It indicates the extension of the false membranes to the larynx and trachea, and that there is danger of a fatal result from asphyxia. Many cases will improve under treatment until the local symptoms have abated or entirely disappeared, and convalescence seems to be fully established, when suddenly, and without premonition, a new train of symptoms of a dangerous and perplexing nature will arise, and the sufferer will either die very suddenly, or linger weeks or months, sunk to the lowest ebb of vitality, before death will close the scene, or recovery take place. From certain inexplicable causes, new pathological symptoms are reproduced, and these are generally far more serious and troublesome than the first symptoms. Among these sequelæ I have noticed spasms; choking or suffocating sensations, as if some foreign body were impacted in the air passages, beyond the strength of the patient to dislodge by efforts of coughing; wonderful depression in the epigastric region; frequent faintings; extraordinary feebleness of the pulse, or lifeless circulation of the blood; incessant nausea, accompanied with frequent vomiting, and the rejection of all kinds of food and medicines; rapid emaciation; pallor; extreme muscular helplessness; pains in the joints, sides and bowels; fugitive pains in all parts of the body; cold extremities; diminished sensations; paralysis of the limbs; feebleness of the voice; functional disturbances of vision, such as presbyopia, dilated pupils, and amaurosis. All these symptoms I have known to occur in convalescent patients, after all the local trouble had disappeared, and too, when they were taking iron, quinine, and nutritious food in abundance, and had been kept on such treatment from the beginning. The muscular debility is so great in some cases that the legs will not support the body, or interpose the slightest resistance to prevent the patient from falling, if placed upon his feet; the arms will hang to the sides like useless incumbrances; breathing and swallowing will become almost impossible, and the former sometime imperceptible; yet amidst all of this, with the frequent faintings and spasms, reason flashes out at intervals and seems "to illuminate the countenance of death."

About the 15th day of last March, I was called to visit a boy 13 years of age, who was attacked with diphtheria. The disorder com-

menced with a chill of considerable severity, followed with fever, swelling about the glands of the neck, with some hypertrophy of the tonsils, and the usual exudation of false membrane. In this case the false membranes extended through both nostrils, and appeared to be the cause of a troublesome eruption on the upper lip, around the anterior nares. With very little and simple treatment this patient became convalescent in a few days, and was able to go out and do light work. He seemed to be annoyed, however, for some time afterwards, with the false membranes retained in the nostrils, which kept him continually blowing and picking at his nose. In the meantime other members of the family were attacked with the disease, and it continued to prevail among them without intermission for a period of nearly four months. In a month after the patient alluded to was attacked, he was suddenly taken down with the disease again. The second attack was even more violent than the first, and was characterized by a similar train of symptoms, except the pseudo-membranous formation in the nostrils. He recovered rapidly from the second attack, and went about as usual. A few weeks later he became afflicted with the disorder the third time, but suffered less than in either of the preceding attacks. There was nothing remarkable about this case except the repeated recurrence of the disorder, after lengthy intervals of convalescence. The question arises in this case, did a portion of the toxic element remain in the blood as a nucleus for the regeneration of the disorder, or was the disease reproduced by the same exciting causes that gave origin to the first attack? In about a week after this patient was first attacked, two other members of the family, a boy aged 14 years, and a girl of 10, were attacked simultaneously with diphtheria, in a malignant form. The disease, in both cases, set in with chill and fever, and was characterized by well marked sthenic action. The external swelling about the throat and neck was very great: the tonsils were greatly swollen, and covered with thick, tenacious membranes. In the boy the tonsils were so extremely hypertrophied as to crowd upon each other, and the whole neck on both sides from the ears to the clavicles were enormously swollen, and the tonsils velum and fauces covered with false membranes which would reform upon the same surfaces, as rapidly as portions were removed. The cough soon became croupal, with extension of the false membranes to the larynx and trachea, producing great difficulty of breathing, and death from asphyxia in about a week. In this case the false membranes were thick and heavy, and it was impossible to detach them from the larynx, or if any escaped, others soon formed in their

place. The best devised treatment, constitutional and local, failed to effect any good. In the case of the girl, the fever was of a less sthenic grade, and was attended with less swelling and hypertrophy; but the tendency to the formation of false membranes was exceedingly active, and continued about three weeks. The external swelling behind the angles of the jaws was very hard, and remained so a long time, but gradually declined, and disappeared under frequent applications of the tincture of iodine. Convalescence appeared to be fully established at the end of three weeks — false membranes disappeared — swelling entirely subsided — and the patient running about the house, and able to take her meals at the table. Suddenly, and without any premonitory disturbances, a train of the most alarming symptoms set in; such as complete prostration of the whole system — muscular helplessness — incessant vomiting — spasms — choking sensations — cold extremities — feeble circulation of the blood. To meet these indications I resorted to tonics, stimulants, supporting nourishment, &c. But in a short time, the stomach utterly refused to tolerate either medicine or food; and it was with the greatest difficulty that a sufficient quantity of nourishment was retained to support life. By this time the disease had extended to all the remaining children, viz: an infant, and two girls, one aged 5, and the other 16 years. There was no constitutional cachexia of any kind belonging to the family, and the afflicted ones had previously evinced all the characteristics of good health and sound constitutions. But they had all been kept pent up in an almost air-tight room, where the whole family, eight in number, had slept during the rough and changeable weather of March. The room was kept continually heated to a high temperature, and every aperture to ventilation closed, in order, as they conceived, to prevent “taking cold”; for every change for the worse in those afflicted, was charged to the admission of a little fresh air. Finding it impossible to effect the changes in ventilation necessary to preserve the life of the second patient, I had her moved to a neighboring house, where there was an abundant supply of pure air. This change produced a salutary effect immediately, and she continued to improve for several days; until she was brought home on a visit, and allowed to sleep one night in the same room where the others were confined, and breathe its contaminated air. This caused an immediate relapse, which was worse in all respects than the preceding. She became pallid, pulseless, skin as cold as death, deglutition nearly impossible; breathing scarcely perceptible; spasm followed spasm until it seemed there was not enough vitality remaining to en-

ture another; yet amidst all these disturbances there was an occasional flash from the eye that seemed to bid defiance to death. Strangely, she continued to live, though unable for days to take, on an average, half a dozen tea-spoonfuls of nourishment. After suffering a lingering illness of nearly four months, and struggling through a succession of varied constitutional symptoms, she entirely recovered. In the other three cases, the same prostration occurred, attended with a similar train of constitutional symptoms, after the subsidence of the local trouble. These cases were very annoying to me, though the symptoms were not so serious as in the former case. In the oldest girl the disease was asthenic from the commencement. The tendency of the pseudo-membranous formation was principally to the bronchial mucus membranes. In this case there was considerable functional disturbance of vision, amounting to complete inability to read print of ordinary size. In the six cases all recovered except one.

The greatest discrepancy continues to exist with regard to the treatment of diphtheria. The whole field of the materia medica has been ransacked for remedies, and many of them have been thought to possess specific virtues. So many conflicting plans of treatment have been recommended, that the subject is enveloped in confusion. Nothing proves more clearly than this that there is no specific remedy for diphtheria, or at least none has yet been discovered. But, notwithstanding this, we are in possession of many facts and much knowledge that will serve to guide us in our course. With a correct knowledge of the constitutional nature of the disease, and its general tendency to asthenia, the practitioner will not be likely to commit serious mistakes, by the improper use of antiphlogistics, and such remedies as tend to reduce vital action. As there is no specific treatment for diphtheria, we must be governed in some measure by general principles, and call into action whatever agents or forces that may be required to meet its indications. Where there is sthenic action, with high grade of fever, cathartics, diuretics, sedatives, diaphoretics, and anodynes may be used, and should in such cases always precede the administration of tonics and ferruginous preparations. Through the emunctories of the liver, skin, bowels and kidneys, we can accomplish much in the elimination of the toxic element from the system; effecting, in many cases, all that is required in the way of treatment. In a robust patient, with high arterial excitement, a brisk purge should be administered at the commencement, and this should consist of calomel, combined with rhubarb, jalap, or the powdered extract of colocynth. No more mercury should be given in the case

unless there is manifest disorder of the hepatic functions. The bowels should be kept well opened, but active purgation should not be resorted to afterwards. In asthenic cases, active purgation should be carefully avoided from the beginning, and only mild cathartics or laxatives given to keep open the bowels. We should next seek for some remedy calculated to act upon the morbid influence in the blood. It has been disputed by many writers whether such a remedy has yet been discovered. But it is a popular opinion among physicians both in this country and in Europe, that we possess such an agent in chlorine and its salts; and the one specially selected is the chlorate of potassa. How it acts upon the morbid matter in the blood has not been satisfactorily explained. It probably exerts its beneficial influence by virtue of its antiseptic properties — by some anti-fermenting power that is capable of preventing one morbid atom from developing others. Perhaps the chlorides of soda, lime and potassa, would prove equally beneficial. The chlorate of potassa should be administered in large doses in all malignant cases, and at short intervals. As much as from 8 to 20 grains should be given every two or three hours, according to the grade of the disorder, and the age of the patient. No better formula can be selected for its administration than that furnished by Dr. Lambden. His formula is chlor. Potass. ʒjj; Hydrochloric acid ʒj; water f. ʒviij. Dose of this mixture from half an ounce to an ounce. In a great many cases no other constitutional treatment will be required; and even this is not always needed. But whenever signs of debility appear, such as a feeble pulse, moist or clammy skin, &c., quinine should be given in sufficient quantities to meet these indications. I prefer it should be administered in small doses, frequently repeated, so as to sustain a moderate stimulation of the nervous system. The best form for its administration is in solution with hydrochloric acid and water. By this we obtain in addition to the quinine, the tonic and antiseptic virtues of the mineral acid. Along at the same time the quinine is given, or afterwards it may be necessary to prescribe iron in some form. This is not required in all cases, but should be administered whenever deterioration of the red capsules of the blood becomes manifest. Otherwise it can not possibly do any good. The administration of quinine and iron indiscriminately in all cases, as is the custom of many practitioners, simply because the disease is diphtheria, can not be too strongly condemned. The great majority of cases will recover without either. It is sufficient always to prescribe a remedy when the proper indications arise; otherwise it must do harm rather than good.

Iron will generally be required in the sequelæ of chronic cases, and its use often indispensable. Among the preparations given, preference has generally been given to the tincture of the chloride. It is preferable to the dry preparations of iron, on account of the hydrochloric acid which it contains, and also because it is absorbed more readily into the circulation. Some enthusiasts have gone so far as to claim specific virtues for the tincture of the chloride of iron in diphtheria. This opinion is incorrect. Iron is no more a specific in diphtheria than any other drug, but is given merely to meet an indication that arises frequently in the disorder; viz: to increase the hæmotosin of the blood. It should be given in doses suited to the age of the patient, and the necessities of the case. The soluble citrate of iron is an excellent preparation, especially for small children, and may be combined with other ingredients, rendering it more agreeable to the taste than the tincture.

It must not be forgotten in diphtheria, that an abundance of pure air, and free ventilation, are *indispensable*. A change from the vitiated atmosphere of the closely confined sick room, to a well ventilated chamber, or the open air in pleasant weather, will often produce the most salutary effects; and if made early, will generally prevent the disease from assuming the chronic form, and avert an evil train of sequelæ. Among the therapeutical agents that have been mentioned, I would strongly recommend that a fair trial be made of the chlorides, especially the chloride of potassa. The chlorides have been tried with the most gratifying results in several infectious blood diseases of animals, and it is highly probable they would prove beneficial to the contaminated blood in diphtheria.

In treating the chronic sequelæ of diphtheria, we must in a great measure be governed by general principles, and treat each symptom or condition as it arises. Tonics, stimulants, and a generous diet, will be required. Among the tonics *iron* is the *chief*, and it is specially indicated in these cases. The simple vegetable tonics, bark and the mineral acids, may be used often with advantage. Among the stimulants, wine, brandy or whisky, of the alcoholic kind, and other forms, such as carb. ammonia, turpentine, ether, &c., will be often required, to sustain the patient in this low condition. When the powers of assimilation are too weak to tolerate food and medicine taken into the stomach, we must attempt to introduce them into the system through other channels. The endermic application of cod liver oil, wine, brandy, and milk, will sometimes be demanded, in *desperate cases*. Frequent bathing, and frictions over the whole ~~and~~

face of the body, with stimulating embrocations, will be found beneficial. When there is paralysis of the limbs, benefit may be derived from small doses of strychnia, which may be administered in dilute acetic acid, water and simple syrup. If this should fail, our next resort would be electricity. Functional derangement of vision, will generally yield to the influence of tonics, or what eer means will tend to the invigoration of the whole system. In one case I derived good results from the iodide of potassa. But the most important remedy, in all these adynamic conditions of diphtheria is oxygen. It is only recently that oxygen has attracted much attention as a therapeutic agent of great value; and there is no disease in which it exerts a more beneficial effect than in diphtheria. The blood, in this disorder, undergoes degeneration through the want of some vitalizing power; and there is no agent that can so rapidly supply this deficiency as oxygen. To conclude with the general treatment of these perplexing and desperate cases of diphtheria, it is only necessary to say that we will often have to depend upon our ingenuity, and must invoke all the dynamic forces of the medical art, in search of means to snatch our patients from the clutches of death.

There exists among physicians a great deal of discrepancy with regard to the local treatment of diphtheria. Whilst some denounce local means altogether, others have placed great dependence upon their efficacy, and have brought forward and recommended a great variety of articles belonging to their class. Out of this mass of rubbish we may select enough for our purpose, that is reliable, and let the rest slide. In our choice we should select those most reliable, and the least annoying to our patients. The use of blisters is a pernicious practice, and should never be countenanced. They add greatly to the distress of the patient, without mitigating in the least degree the internal symptoms, or arresting the formation of the false membranes within. The same may be said with regard to sinapisms, or any thing calculated to impair the integrity of the skin. But mild counter-irritation with volatile liniment, or the same, with the addition of camphor and turpentine, will perhaps accomplish all the good that can be derived from this class of remedies. This should be used in the early stages of the swelling, while it is soft, and yields readily under pressure. The bacon skin, or slip of fat bacon applied about the throat, has many advocates who attribute to it beneficial results. It acts as an emollient, softening the parts, and diminishing their cohesion. Some have recommended rubbing the throat with cod liver oil, or other oleaginous substance; but this is less convenient,

and perhaps not more efficacious. The external use of cold water has been recommended by many. My experience would not lead me, however, to conclude that it effects any beneficial influence. But after the external swelling has become hard and unyielding to pressure, then it is that we will find iodine producing happy effects. Either the tincture or the ointment should be applied as often as four to six times per day.

With regard to the internal topical treatment, there are wide differences of opinion in the profession, especially with respect to caustics. But it appears to me that the advocates and opponents of caustics, have not understood each other with reference to the conditions under which they should be employed or rejected. This is a subject that requires great discrimination, and of which I have come to the following conclusions: When there is excessive hypertrophy of the tonsils, with thick and heavy false membranes, and threatening danger to the larynx, the solid nitrate of silver, or a very strong solution of the same, if more convenient, should be applied so as to cauterize all the inflamed parts within reach. This, if effectually applied, should not be repeated oftener than once a day, and only during the period of great danger. Sometimes two or three applications will accomplish all that is required. Caustics do not destroy the false membranes, but seem to produce some healthy change of the hypertrophied surface. In these serious cases, weak solutions of nitrate of silver can not be depended upon; but where the internal inflammation is not great and threatening, with light and thin false membranes, only weak solutions of the caustic should be employed. In such cases I seldom use a stronger solution than ten or fifteen grains to the fluid oz. of water, which is carefully applied to the throat twice a day, with a fine sponge probang. At short intervals between the applications of caustic mild gargles may be used. They often afford relief to the distressing feelings about the throat, and assist in detaching and bringing away portions of the constantly forming membranes. A host of gargles have been recommended and tried; but perhaps a few of the simplest kind are the most efficient. I have found nothing to answer better than the following: ℞ chlorate potassa ℥j; chloride of sodium ℥ij; water f. ℥viij. This is best adapted to the early stages of the disorder. After the disease has become somewhat chronic, with hypertrophy of the tonsils, the iodide of zinc in weak solution may be substituted for the above, and may be relied upon as a valuable adjuvant in the treatment.

ARTICLE II.

Ruptured Uterus.

BY S. E. JONES, M. D., WAPELLO, IOWA.

I was called on the forenoon of the 20th of August last, to see Mrs. E——, in her fifth accouchment. She had been in labor for two days, and was attended by a woman who pretends to be a hydropathic physician. Upon my arrival I found the patient in an extreme state of prostration, pulse so rapid and indistinct as not to be counted at the wrist, extremities cold, countenance anxious, pains very severe, but accomplishing nothing toward delivery. An examination revealed the head of the child far up; the amniotic liquid having been discharged several hours before, the uterus was irregularly contracted. The vagina was dry, and the soft parts very much swollen, and extremely tender to the touch, probably owing greatly to too much manipulation on the part of the woman in attendance.

As the patient seemed to have suffered already about as much as her system was capable of enduring, my first thought was to turn and deliver the child as speedily as possible, but in this attempt I failed; not being able to introduce my hand, though well oiled, on account of the swelling and soreness of the parts with which it came in contact. I then gave her a small portion of brandy, repeating it every fifteen minutes. At the end of an hour the evidences of prostration had very much disappeared, the pulse was fuller and less frequent, pains of an expulsive character returned, the case progressed favorably for about an hour, and I was congratulating myself, and encouraging the friends with the prospect of a speedy favorable termination of the case, when after a few moments absence from the room, I found her vomiting incessantly. Labor pains had ceased entirely with evidences of rapid prostration. On examination I found the head had receded almost beyond the reach of the finger. I now placed my hand upon the abdomen and, to my dismay, distinctly perceived, not the feet only but also the body of the child in the mother's abdomen above the womb, whither it had escaped through what was afterwards found to be a large transverse rupture of the fundus uteri.

I at once informed the lady's husband of the nature of the case, and asked for assistance, when Dr. Burns was immediately called. We decided to put the patient under the influence of chloroform and attempt the delivery by version through the rent in the uterus, which was accomplished in but little more than half an hour after the occurrence of the accident.

The woman was made as comfortable as possible in her bed, and large portions of morphine directed, with but little effect however of relieving her suffering. She died about four o'clock of the following morning, about seventeen hours after the rupture.

This is one of those extremely unfortunate cases, upon which the physician, after doing all that he can, reflects with sadness. Had we the means of foreseeing these accidents, we might be able to avert them, but unfortunately the first intimation of their occurrence is the revelation of the accident itself.

The patient in this case, had fallen upon the floor eight days before her confinement, which had probably caused the death of her child, although she thought she had perceived its movements afterwards, but of which she was not certain. The evidences of decomposition in the child were such as led to the conviction that it had been dead for several days, and no doubt from the fall referred to above. Although there was no post mortem examination in this case, I am certain there was softening of the uterus, both from its appearance to the touch at the rent, and also from the fact that the pains were not sufficiently strong to cause the accident without some obstruction to the passage of the child.

The lesson which this case enforces upon my mind, is the importance of guarding against that extreme prostration of system, which, although a young practitioner, I have met with in several cases; and when that condition is unavoidable, the importance of speedy delivery. If labor is prolonged for a considerable time after the discharge of the liquor amnionic, there will be irregular contraction of the uterus about the body of the child, a condition which will very much hinder its expulsion power, and induce a greater degree of prostration on account of the delay which it occasions; and the difficulty of delivery by artificial means will increase with every hour which elapses after this condition supervenes.

If the woman in attendance had turned and delivered the child upon the first evidence of prostration, or had the forceps been used, there might have been a safe termination of this case. Believing the child to be dead, I would probably have performed craniotomy when I found it impracticable to turn, had I been in possession of instruments; but there were none within twelve miles so I trusted to nature to do the work, which she was unable to perform.

Hospital Reports.

Marine U.S. General Hospital, Cincinnati. Surg., J. C. WARRIEN, U.S.V. in-charge. Reported by F. C. PLUNKETT, M.D.

Empyema.

History.—Erastus W. Baley, Co. F., 12th O.V.C., aged 18 years, was transferred to this, from General Hospital at Lexington, Ky., and reached here Sept. 16th, 1864. Four months ago he had pleurisy and had been in hospital ever since. When admitted he was so feeble as to be entirely helpless; his body and upper extremities were emaciated, and his feet and legs swollen to their utmost extent; he had some cough, some dyspnoea, was totally unable to lie down, and could only rest by supporting his head upon something placed before him while sitting in his chair; he had chronic diarrhoea with hemorrhage from the bowels, and occasional hæmatisis and epistaxis, and expectorated small quantities of highly offensive sanguineo-purulent mucus, which formed sordes on the teeth and lips; breath exceedingly offensive. The infraclavicular thoracic walls were somewhat depressed and apparently motionless on inspiration, and the lower intercostal spaces on the right side preternaturally full. On percussion there was dullness over the entire chest with the exception of a small portion of the apex of both lungs. The resonance on the right side was exceedingly faint and circumscribed; the respiratory murmur was confined to the left upper lobe, was very prolonged and almost obscured by mucous crepitations with occasional gurgling. He was unable to take either stimulant or nourishing diet, and the entire body gave off an offensive cadaveric odor.

The case being entirely hopeless, palliative remedies only were used, and he died in ninety hours after admission.

Sectio Cadaveris—twenty two hours after death, revealed an empyemic cavity of the right pleura containing eleven pints of dirty, foetid, purulent fluid. The pleural surfaces were thickly covered with dirty looking lymph. The lung was adherent to the mediastinal pleura, and was entirely carniified and impermeable to air except a very small

portion of the apex. The left pleura contained about three pints of serous fluid containing flocula of lymph. The lung was compressed upon and closely adherent to the posterior and lateral costal pleura, by firm chronic adhesions. The lower lobe and part of the upper was hepatized, with occasional emphysematous patches upon its surface resembling small blisters. The permeable portion of the lung contained frothy mucous commingled with purulent fluid similar to that found in the right pleural cavity. Both lungs were infiltrated with tuberculous matter in various stages of softening, but contained no cavities. The pericardial sac was normal; the right side of the heart was enlarged and the vena cava and pulmonary artery distended. The entire portal system was highly engorged but presented no evidences of inflammatory action. The liver was abnormally large and firm, of an olive green color, mottled with brown and highly congested. The gall bladder was empty; the spleen and pancreas were normal; the kidneys were somewhat enlarged and congested; their section presented numerous hemorrhagic spots and a highly congested condition of the tubular cones. Their entire structure contained mineral concretions; some of which were of considerable size; the ureters and bladder were normal. The mucous coat of the alimentary canal presented no evidences of ulceration, but was extremely congested. A preserved portion of the mesentery and ileum presents the appearance of a carefully prepared arterial and venous injection of the parts; the mesenteric glands were enlarged and contained tuberculous deposit.

The congestion of the venous and portal system and distension of the right side of the heart and its appendages were evidently consequent to the obstructed pulmonary circulation; and the oedema and anasarca of the extremities a natural sequence of their dependent position in the relaxed and debilitated condition of the physical organization.

It is remarkable that in his diseased condition he was able to endure the fatiguing journey from Lexington to this place. For several days prior to his death the respiration function must have been performed by a portion of the lung not exceeding one-eighth its ordinary bulk.

Proceedings of Societies.

Royal Medical and Chirurgical Society.

[Mr. PARKINSON President.]

On the Condition of the Stomach and Intestines in Scarlatina. By SAMUEL FERRIS, M.D.

The object of this paper is to prove the following propositions :

- 1st. That the mucous membrane of the œsophagus, stomach, and intestines is inflamed in scarlatina.
- 2nd. That desquamation of the epithelium of these parts takes place.
- 3rd. That notwithstanding the anatomical changes in the mucous membrane of the stomach, the formation of pepsine is not prevented.
- 4th. That the condition of the skin is similar to the condition of the mucous membrane in scarlatina.

In support of the first proposition, the microscopic examinations of the mucous membrane of the œsophagus, stomach, and intestines were detailed in ten cases of death from scarlatina during the first week of illness, and in six cases who died in the second or third week of the fever. The first effects of the scarlatina poison upon the mucous membrane of the stomach were shown to be the congestion of the blood-vessels and the stripping the epithelium from the tubes and the surface of the organ, and also the softening of the tissues. The tubes are greatly distended by granular and fatty matters, or by small cells intermixed with granules, and in some cases they are lined by a newly formed membrane. Sometimes no normal cells can be distinguished; in other cases they are present, but are scattered irregularly. About the second or third week the tubes are found less distended than at an earlier period, and whilst their closed ends are still loaded with granular matters, which greatly obscure the gastric cell. These become more evident toward the surface of the mucous membrane. The cells at this period are sometimes very large, sometimes loaded with fat or coated with granules, and seem to have but little adhesion to their basement membrane, as they readily separate from the tubes, but adhere closely to each other. The effects of the inflammation upon the intestines seem, in slighter cases, to consist in the effusion of granular and fatty matters into the mucous membrane; but in more severe cases the tubes of Lieberkuhn are obstructed by epithelial cells, whilst extravasations of blood take place in the villi, and these, with the rest of the mucous membrane, are loaded with small cells and gran-

In one case the mucous membrane was entirely stripped of villi, but a few fragments which still remained, and the enlarged and prominent openings of the follicles of Lieberkuhn gave its surface appearance of a sieve. In some instances in which the pancreas has been examined, evidences of disease presented themselves.

The second proposition was stated to be more difficult of proof, inasmuch as vomiting usually occurs only in the first stage and the author had no opportunity of examining the vomited matters at this period of the disease. In one case, in which vomiting took place in the first week, fibrinous casts of the stomach tubes were discovered, and the inflammation of the mucous membrane was proved to have existed by post-mortem examination. The chief reason upon which the opinion of desquamation of the epithelium occurs was founded, was from the microscopic examination of the contents of the stomachs of those who died of this disease. The contents in recent cases consisted of shreds of fine membrane, of cells, and of granules and shreds of membrane.

The membranes were of the shape and size of the tubes of the stomach, and were covered with granules and fat. The cells varied from 1.1200th to 1.2200th of an inch, and were usually fringed with fine pieces of membrane. In cases of long duration the membranes were covered with cells, and were also of the size and shape of the stomach tubes. In order to ascertain if these appearances were worthy as evidences of inflammation, the contents of the stomach of forty-five subjects were examined at the Middlesex Hospital, the condition of the mucous membrane being at the same time noted. In only one were there any fibrinous casts, and it was in a case of acute gastritis. In eighteen there were only separate cells, chiefly of the columnar form, and in none of these was there any inflammatory action. In eight cases casts of the upper parts of the tubes were present, composed only of healthy conical cells, and in all the mucous membrane was in a natural condition. In eighteen there were either casts formed of cells and granules from the secreting parts of the stomach, or the casts of conical cells were overlaid with granular matters, and in all of these the stomach was more or less inflamed. Two cases of gastritis, unconnected with scarlatina, were also quoted as examples of the forms in which casts of the stomach tubes appeared in the vomited matter during life, and the author stated he had detected casts of the stomach tubes in matters vomited by persons affected with gastritis unconnected with diseased kidneys, with inflammatory dyspepsia, and with other forms of inflammation of the gastric mucous membrane. He urged that if casts of the gastric tubes can be discovered dur-

ing life in cases of gastritis, and if in scarlatina this condition exists, and casts have been found in the stomach after death, there is every probability that the desquamation of the epithelium takes place in this organ, as it does in the skin and kidneys.

In support of the third proposition, the results of the following experiments were given in three cases of scarlatina: Ten grains of hard boiled white of egg were digested at a temperature of 90° for twelve hours in an infusion of the mucous membrane, to which three per cent. of hydrochloric acid had been previously added. The average loss of albumen was three grains and two-thirds. Similar experiments performed with the stomachs of eleven males who died of various diseases at the same hospital gave an average loss of four grains; so that there had been scarcely any diminution of pepsine produced by the fever. As a contrast to this were the results of similar experiments upon four cases who died of typhus fever. In two of these the albumen had gained three grains of weight by imbibition, and was not at all softened; whilst in the other two it was softened, and had lost only half a grain, the other one grain and a half in weight. But as the activity of the digestion must depend not only upon the relative amount of pepsine, but also upon the bulk of the mucous membrane, this was also attempted to be estimated. The average weight of the mucous membrane of the stomachs of ten males dying of various diseases at the Middlesex Hospital was eighteen drachms, the weight of two recent cases of scarlatina was eighteen and sixteen drachms, (the latter being in a boy,) whilst it only amounted to fifteen drachms in one who died in the third week of illness. In four cases of typhoid fever the average weight of the mucous membrane only reached eleven drachms.

Under the fourth proposition it was stated that the skin had only been examined microscopically in three cases. In the first, in which the patient died after a few days' illness, the only morbid appearance in the cutis was an occasional minute extravasation of blood in the neighborhood of the sudoriferous ducts. The rete mucosum was greatly thickened, and numerous round cells with large nuclei were everywhere visible, intermixed with the natural cells. The basement membrane of the sweat-glands were thickened, and the epithelium lining them was so much increased that in most cases it obstructed their channels. In some of the sweat-glands the coils of which they were composed were loaded with coagulated blood, and were greatly and irregularly distended, in the other recent case the appearances were similar, excepting that the external layers of the cuticle were stained

l in minute patches, and the sweat-ducts were also reddened; were no extravasations of blood either in the glands or cutis. If the ducts the epithelium was detached from the basement membranes. In the case of a man who died during the third week of the disease the excretory tubes were still choked up, but in the glands the tubes seemed in many places to be torn away, leaving the basement-membranes bare, or only covered by ragged particles. The cutis was in a natural condition.

The author stated that although he had, in accordance with the views of Virchow, described the appearance of the skin and mucous membranes as the results of inflammation, yet that certain conditions suggested the idea that the term when so used was perhaps misapplied. In the case of the skin, we find that in each part the morbid condition is most marked, in the first instance, to the basement membranes, and consequent formation of layers of new cells, which in the skin are shed into cuticle of natural appearance, and in the stomach into the mucus. If future researches should prove that a similar course occurs in the kidneys and other parts, it will be necessary to describe the structural changes produced as resulting from increased vascular rather than from pathological action; and that the primary effect of the scarlatina poison is suddenly and violently to stimulate the natural cell-growth of the various secreting organs.

Dr. Fox said that he had listened with much pleasure to Dr. Fenwick's very able paper. It had possessed an especial interest, inasmuch as Dr. Fenwick's observations on scarlatina included those which he himself had communicated to the Society in the condition of the stomach in a variety of acute diseases, such as variola, typhoid and puerperal fevers, pneumonia, peritonitis, cholera, and many others, in which he had found the stomach in a condition very closely resembling that described by Dr. Fenwick, and which, after Professor Virchow, he had designated as gastric catarrh, the mucous membrane being hyperæmic, swollen and yellow-looking, and covered with tenacious mucus. This condition (Dr. Fox) had always found associated with a granular condition of the epithelial cells, which were shed with great facility both from the surface of the membrane and from the interior of the tubes; found in great numbers, and often enlarged and presenting prominent nuclei, in the tough mucus covering the surface. Since he had made these observations he had been in the habit of regarding the condition of the tongue in acute diseases as an index of the same process, the production of epithelium through the gastric intestinal tract.

He had also at the same time been able to point out, on anatomical grounds, that chronic affections of the stomach were frequently associated with chronic affections of other organs. On some points of detail Dr. Fox said that his observations differed from those of Dr. Fenwick. He (Dr. Fox) had not examined with the microscope stomachs of patients dying from scarlatina, but the appearances which these presented to the naked eye corresponded so closely with those to which he had alluded that he spoke on them with more confidence than he should otherwise feel inclined to do. He still thought, as he had pointed out in his original paper, that the granular matter which Dr. Fenwick described as occurring free in the tubes, was really contained in the interior of epithelial cells, and that it was only in the severest cases of acute gastritis, in which the cells became at once broken down, that the granular matter was found free. With regard to the casts of tubes described by Dr. Fenwick, he (Dr. Fox) not having examined the stomachs of scarlatina patients, could not make any positive observations, but he had never found any in the cases of other diseases which he had mentioned. He had, however, often observed appearances in the mucus having a most deceptive resemblance to casts, from the manner in which the epithelial cells were agglutinated by the tough mucus. He did not think that these casts, if they did not occur in the stomach, could be of a fibrinous nature, any more than the first epithelial desquamations from the kidney in the early stages of Bright's disease possessed that character; nor was he of opinion that the membrana limitans of the gland separated with the epithelium. He believed that when the membrana limitans (when it existed) was destroyed or injured the power of reproducing epithelium was impaired or lost. Epithelium often separated in continuous masses from mucous surfaces and from the interior glands.* Such desquamation was not only exceedingly common under conditions of irritation, but was also, under some circumstances, a physiological act. It had been noted long ago by Mr. Goodsir during digestion, and many recent observations on this subject were contained in Virchow's Archiv. He (Dr. Fox) was of opinion that Dr. Fenwick's observation, though very valuable as evidencing the participation of the stomach and intestines in the consequences of the scarlatina poison, did not show anything specific in that organ, or peculiar to the diseases in question.

* Dr. Fox requests us to append to his remarks a fact which he omitted to mention to the Society, that he has notes of a case of acute inflammatory diarrhoea which came under his observation some years ago, and of which he has preserved drawings of casts of crypts of Lieberkuhn found in the intestinal mucus.

Dr. Webster had listened with great gratification to the paper, especially as it confirmed what he had observed as to the employment of remedies in scarlet fever. It gave a great additional value to the minute researches of the author that they had a practical bearing in treatment. Dr. Webster then related instances in which the internal administration of irritating remedies, especially purgatives, did harm. He referred also to the bad effect of diet which was administered to some children in scarlet fever to tempt the appetite; and lastly, alluded to the good effects of sponging the skin with tepid vinegar and water.

Dr. Murchison said that he had examined the stomach in twenty cases of scarlet fever, and found on the whole, similar appearances to those described by the author; but he agreed with Dr. Fox that the granules were in the interior of the epithelial cells. He had not seen any casts. He thought, however, that the author had called attention to an important complication; but he (Dr. Murchison) could not agree that it was of universal occurrence, as he had examined the stomach in several cases of scarlet fever, and had found it quite healthy; and, on the other hand, he had found changes like those in scarlet fever in the stomach of those who had died of other diseases.

Dr. Fenwick said the question was one of experience, and continued examination would no doubt settle the question. In every case that he had examined during four years he had found the changes he had described. In some cases of scarlet fever the skin was not affected, and yet it was still called scarlet fever, and just so in a few the stomach might escape. Still we should in a large number find evidence of inflammation of the stomach. The paper was chiefly to draw attention to the subject. In reply to Dr. Fox, he said that he had made the sections vertical with a double-bladed knife, and examined them with a low power and by help of parabolic condenser. He had found casts best in children who had died a few days after the disease began; but in other cases he had not found them, and sometimes he had found only plugs as described by Dr. Fox. These plugs, he had no doubt, were the result of inflammatory action.

Correspondence.

Letter From Dr. Parvia.

DUBLIN, August 27th, 1864.

DEAR DOCTOR.—A witty Englishman divides his countrymen into those who have been to Paris, and those who intend to go. Physicians might be similarly divided; as in Emerson's classification of men, *bene*-factors and *mala*-factors, the latter far out-number the former. So of medical gentlemen, those who intend going to Paris far out-number those who have been. Heaven forbid that the analogy should be pushed an iota farther!

But in reference to this Paris-passion, so generally possessed by my professional brethren, let me suggest—and I do it with hesitation for my own stay in the French capital was brief—that there is danger of forgetting the very great opportunities for professional knowledge offered by the large cities of England, Scotland and Ireland. Take, for example, this city of Dublin, of which the Irish are justly so proud, a city of less than three hundred thousand inhabitants and yet with fifteen or twenty important hospitals—some of them as complete in all their endowments and arrangements as any I have chanced to see at home or abroad. The American too will find more cordiality, more kindness on the part of the profession here than he will in London at least; indeed we have more in common with the Irish than with the English. I am sure too, he will recognize in Ireland more sincerity and truthfulness than in France. One cannot help thinking that much of French life, very beautiful, and superficially pleasant, is like Paris itself, where he walks along magnificent streets, beholds beautiful gardens and fountains, palaces and pictures, but yet walks above sewers and catacombs, all hollow. And if the choice were now given me between a year in Dublin or in Paris I would leave the decision to the toss of a penny.

Of such men as Carmichael, Cusack, Crampton, Graves, Sir Henry Marsh, Montgomery, and others who have passed away, and whose fame is connected with this city, I shall not speak; of the living men actively engaged in professional labors, and many of them teaching, and whose names are familiar to us, it would seem invidious as it is difficult, to select from a list of such celebrities: and yet there are some whom I cannot forbear mentioning. Drs. Stokes and Corrigan, probably stand at the head, then Drs. Hudson, Banks,

and Lyons ranks next as Medical practitioners ; in obstetrics and diseases of women, Dr. Churchill stands foremost, and then Drs. Denham, Sinclair, M'Clintock, and Hardy ; of specialists Dr. Jacob is still in active work, and Sir Wm. Wilde, to whose generous kindness I acknowledge myself a debtor, is probably the first of living aurists, as well as one of the best operators in ophthalmic surgery to be found any where.

Dr. Churchill has recently resigned his chair, and has been succeeded by Dr. Sinclair. The reason of this resignation is the demand made by private practice ; for though it may seem strange at home, yet nevertheless it is true that Dr. Churchill, now about fifty-six years old, has but within a year or two past attained to full practice. When Dr. Montgomery passed away, he, by the law of succession, becomes the leading man in his department. It is slow, slow work in these countries for a man who seeks the foremost place in his profession—twenty or thirty years, sometimes even more—of waiting and working before the cherished prize can be grasped, and then it can be held but a little while ere inexorable death relaxes the grasp, and transfers the cherished object to the next in the eager pursuit. Here, however, men last longer than with us. Take Dr. Corrigan, for example, who by the way is one of the pleasantest gentlemen it has been my fortune to meet, he has a remarkably large brain, and a heart (speaking figuratively) quite in proportion, possesses much true Irish humor ; and in regard of disease, as he goes through the hospital wards, his conclusions seem quick almost as intuitions, physically and intellectually active : and yet this man so busy in hospital and private practice, is well on the shady side of sixty. Dr. Stokes who is on the staff of the Meath Hospital is also quite advanced in life.

The Meath is not a large establishment, only about one hundred and thirty beds. An additional ward, which will be decidedly the handsomest part of the building, is now in process of construction ; it is to be devoted to diseases of children.

Dublin has probably, I will not be positive as to the number, half a dozen medical schools. As a general thing you will find in these countries medical schools more numerous in proportion to the number of students, and of course the proportion of the latter allotted to each school, less than with us. On the other hand the licensing bodies are fewer, and these bodies, consequently are not the same, though some members thereof may teach ; and thus an important divorce, much to be desired in our own country, is effected.

Here let me correct an error made by me in a previous letter, con-

founding the University of London—which is simply a corporate institution for the examination of all individuals for M. D.—with the University Hospital and School; the two are entirely distinct. This increases too the praise bestowed upon our eminent countryman's "Theory and Practice." And, by the way, I have found Dr. Wood held in much the same high esteem in Glasgow and in Dublin as in London. The Dublin physicians feel very grateful to Dr. W. for presenting to their College last summer, a collection of the American *Materia Medica* embracing, I think, one hundred and thirty specimens. I have before me a pamphlet presented me by the author, Dr. H. Kennedy, of Dublin, wherein one of the Ohio physicians, Dr. J. Salisbury, of Newark, is very handsomely spoken of in connection with articles published by him in the *American Journal* July and October, 1862.

One of the most valuable fields of instruction in which this city abounds, is that afforded by the Rotunda Lying-in Hospital: here fourteen hundred women are delivered every year, and three hundred cases, surgical and medical, of female diseases are treated; making in all seventeen hundred in-door patients, and the out-door patients run up to two thousand. The gentleman who has charge of it is termed the Master, and holds his appointment for seven years, he has two assistants, graduates, and here under graduates are practically instructed in all the duties pertaining to the accoucheur. Besides instruction is given to nurses, of whom I should think there were eight or ten now being qualified, and among the number a sooty maiden from Malabar, who is quite at home with her white sisters, and promises to be an excellent nurse.

Among those who have held the position of Master are several—some living and others dead, for the hospital has been in operation for a century—who have been among the most celebrated contributors to obstetrical science and art. The present Master is Dr. Denham; and I am sure the physician who visits the Hospital and makes his acquaintance, will be treated with the utmost kindness, and every facility afforded for the acquisition of knowledge. Here one may see every day cases of labor in progress, sometimes instrumental deliveries, now and then important surgical operations, and every day the various local applications to diseased *cervix uteri*.

It seems strange to an American physician, at least it did to me, (if shamefully ignorant I confess it) to find that the non-identity of typhus and typhoid fever was still a matter of dispute in Dublin; for example, you will find some eminent men who contend for their

identity; among them too, so I was informed to day at the Meath Hospital, is Dr. Stokes; on the other hand Dr. Oorrigan and Dr. Banks believe in their non-identity, while Dr. Kennedy believes that the two types of fever can, in the great majority of instances, be distinguished from each other, yet it is essential that they should be considered the results of a common poison.

Last Thursday I spent a few pleasant hours witnessing the annual *Fete* given at the Richmond Lunatic Asylum. There were foot-races, sack-races, etc., the winners receiving pipes and tobacco as prizes; dances on the green mound, performances of "Punch and Judy," etc., observed or participated in by the lunatics with as much zest and joy as any sane people could manifest. The grounds of the Richmond embrace between fifty and sixty acres, right in the city of Dublin, inclosed by a high stone wall; the buildings are not in one mass, but detached—here a hospital, there a female ward, here a Roman Catholic Chapel, there a Protestant Chapel, and so on. As a general thing, too, these structures exhibit more than an ordinary architectural beauty and taste, and thus scattered over the green slopes of the enclosure present a very attractive appearance. However, I have mentioned this institution to call attention to a novelty which has been introduced into it, and which is found very useful. I refer to the instruction of the inmates. These, numbering some seven hundred, have their teachers and regular school hours. The poor patients enjoy this teaching wonderfully, and at the same time it is thought, in many instances, to have a permanently beneficial influence in reference to their insanity. Dr. Salor is the gentlemanly and efficient medical officer—work enough, care enough for one man in all conscience, one would say, to have charge of seven hundred lunatics.

But I must close this illy digested, hastily written letter. T. P.

Letter From Boston.

BOSTON, Mass., Oct. 11th, 1864.

Messrs. EDITORS:—In June last, "Letters Patent" were granted to Dr. John A. Cummings, of this city, for "valuable improvements in *Artificial Gums and Palates*," and for the "Sole right of inserting Artificial Teeth in a base of Vulcanite or hard rubber."

Subsequently a corporation was established in accordance with the laws of the State, under the name of the "Dental Vulcanite Company," with a capital of \$500,000, for the purpose of carrying into ef-

fect the right granted by the Letters Patent. This company, in August, issued a circular to the dentists of the United States, and all others interested, calling their attention to the fact of this patent, and offering to grant them licenses for using it "upon the most liberal terms." These licenses are to be used for such time as may be desired; and all persons are cautioned against infringing upon this patent, or using the invention without the proper license from the company.

As I understand, vulcanized rubber has been used by dentists in this country and in Europe for sometime as the base for artificial teeth; and that the article has been patented heretofore. But Dr. Cummings claims that after many years of patient study and experiment, he is entitled to his patent; and that it secures to him, or his associates, the "sole" right to use the material for the purposes designated.

From the high price of gold for the last two years, this vulcanite material has been extensively used by dentists, and will continue to be. Some dentists have procured their licenses from the company, others are doubting the validity of the patent. The Massachusetts Dental Association have the subject under consideration, and from what I can learn, I think, there is a strong feeling to test the validity of Dr. Cummings' patent in the court. At a recent meeting the following preamble and resolutions were passed:

Whereas, John A. Cummings, of this city, has taken out letters patent, thereby vesting in himself the exclusive right to use India Rubber for artificial plates and palates, for the base of artificial teeth, therefore,

Resolved, That the Massachusetts Dental Association solicits the co-operation of all dental associations and others interested in testing the validity of said letters patent in such form or manner as the exigencies of the case demand.

Resolved, That all associations and societies and others who may take action in the premises, are requested to report the result thereof to Dr. S. C. Rolfe, the Corresponding Secretary of this Association.

Resolved, That a committee of three be appointed from the Association, that they be and hereby are instructed to obtain from such evidence as may be had, a legal opinion on the validity of said letters patent, and report at the next meeting.

This is a subject of much importance to dentists, and if the patent is valid they will submit to it, and if not, or if there is a doubt they will, by their united action, take the benefit of that doubt.

It may not be uninteresting, even at this late day, to give some of the more important facts in the excellent Annual Report of the City Register, for 1868. In no city of this country, of the same size, are the

records found so complete and accurate as those belonging to Boston.

BIRTHS.—The number of children born during the year 1863 was 5,255, a decrease of three from the previous year; males, 2,700; females, 2,555. The first quarter of the year was the most fruitful and the last the least so. The largest number of births was in March, and the fewest in February. In six wards the percentage of deaths was greater than that of the births in the locality. In one ward the births exceed the deaths by more than four per cent. Only 1,207 children born had parents who were native born; or only 23.40 per cent. of the children had parents born in the United States; 45.19 percent. were of unmixed Irish parentage; and the German element only 3.50 per cent. As an offset to this the deaths among the same classes bear a similar relation, so that the alarm of some about the preponderance of the foreign element is not well grounded. There were 62 colored children born, an increase of 17 over the preceding year. For the last nine years there were 566 colored children born, and the same number of colored marriages, while the deaths amounted to 611, nearly double the number of births. In 1863 there were 111 deaths, or about twice as many as births. This does not look like having the Northern States overflowed with the colored race. There were 49 instances of twin births (one of them being colored) and one case of triplets. In this last case they were all females. In twelve instances both children were males; in 11 both were females; and in 25 one of each sex. In the previous year, there were 47 twin births.

MARRIAGES.—The whole number was 2,322, an increase of 228 over the number reported in 1862. This seems a small number according to the population of the city. The largest number of marriages occurred in the last quarter of the year; more solemnized in November than any other month, and the fewest in March. Only 280 of the grooms, or a little more than 12 percent. of the whole number were born in Boston; and only 125 of these married Boston born females. 27.04 percent. of the grooms were born in the State, and nearly 51 percent were native born; deducting those who married foreign-born females and we have 41.50 percent. in which both parties were native born. Ireland as usual contains the largest percent. of foreign grooms, (30.66.) Of the brides 1,098 (47.28 percent.) were born in the New England States; 18.30 percent. in Boston; 11.88 percent. in other parts of the States; 10.66 percent. in Maine; and 1.27 percent. in other States. The number of Irish born brides was little over 33 percent. of the whole number. 38.80 percent. o

the whole number of males married between the ages of 25 and 30 years. The next favored period was between 21 and 25, during which 705 or 30.36 percent were married, making 64.16 percent. of the males marrying between 21 and 30 57 of the males were minors, and an increase of 18 from 1862. There was an increase of 41 between the ages of 30 and 40; and of 15 between 40 and 50. Only 10.50 per cent. of the males were above 40.

Some striking examples are given showing the discrepancies of age between the parties. 24 minors out of 57 married brides under 20; while 12 selected brides between 25 and 30; still others took those of riper age. On the other hand, 4 between the ages 40 and 50 found favor in the eyes of brides of less than 20; while some venerable men of 80 were led captive by the charms of 20 summers.

The largest number of females marry between the ages of 20 and 25; while 81 grooms had passed their 50th year, only 16 females had been so fortunate. One boy of 18 was united to a bride of 29; while one of 20 cherished the charms of a partner of 80. The youngest female married was 14 years old, her husband had the maturity of 38. There were 50 colored grooms, 40 of whom were married to persons of the same color, while 8 chose white companions.

Of the males over 87 per cent. were first marriages, an increase of nearly one per cent.; and 13.95 per cent. second marriages. In 44 instances the grooms had been twice widowed. Of the females 2,043 (or 87.98 per cent.) were first marriages, 324 second, and 19 third marriages.

DEATHS.—The number of deaths in Boston during the year was 4,699, an increase of 579 over the mortality of 1862. When it is remembered that there was a decrease in births, the increase of mortality is a large one—estimating the population at 182,000, which gives a ratio of 1 in 38.73, a result seldom seen in the record of mortality in this city. The ratio in 1862 was 1 in 44.17. Compared with New York, Philadelphia, Baltimore, and Providence, Boston stands in an unfavorable light. 628 deaths occurred in the month of August, or 13.16 per cent. of all the deaths—an increase of 202 over the same month the previous year. There were only 272 deaths in June; 42 less than in 1862. The months of July, August, and September were as usual fatal among children; 3,237 of those who died were born in the United States. 1,737 of these, however, were of foreign parentage, which deducted will leave only 31.92 per cent. of the deaths among the native born, and 68.07 per cent. among the foreign born. The mortality among these, of New England parentage,

made 29.45 per cent. of the whole. The previous year it was 25 per cent. Those of Massachusetts parentage make only 14.02 per cent. or a reduction of 1.43 per cent from 1862. The number of persons whose deaths were above 20, was 2,247, or nearly 48 per cent.; of these 59.41 per cent were foreign born. Of these last no less than 79.10 were born in Ireland. Of the 994 who died under one year of age 60.22 per cent. were of foreign parentage; 7.34 per cent, died on the day of their birth. The same ratio of deaths among those of foreign parentage exists from year to year. One centenarian, a woman, died at the mature age of 104. Of the deaths 2,431 were males, and 2,268 females.

Did space permit, it would be interesting to pursue this report more minutely in its deductions; and to give the causes of the deaths in a classified form; also the occupations of those who died, with many other statistics from the numerous tables. But I must not weary your patience.

Reviews and Notices.

A Comprehensive Medical Dictionary: Containing the Pronunciation etc., of the terms made use of in Medical Sciences, etc., etc. By J. THOMAS, M. D. Philadelphia: J. B. Lippincott & Co. 1864.

Dr. Thomas and the publishers have performed their work well in preparing this most capital Medical Dictionary for professional use. The large work of Dr. Dunglison is of its kind all that can be wished or expected, but for convenient reference and the use of the student, an abridged dictionary, more convenient in size has been a desideratum, which as we say is certainly afforded very satisfactorily in the volume before us.

We are greatly struck with the style of type used by the publishers, the contrast between the terms and their definition being marked and agreeable to the eye. An appendix is given in addition to the dictionary proper with the following contents, which sufficiently explain their use to the practitioner:

A Table of Materia Medica.—This is an entire table based upon the well known classification of Dr. Wood. *A Chapter Explaining all the usual Latin terms, phrases, etc.* *Writing Prescriptions*—a chapter of excellent instructions on this much neglected, and important subject. *A Table of Doses*—the substances arranged alphabetically. *A Table of Chemical Symbols.* *A Table of Disputed Pronunciations.*

—with the principal authorities in favor of each. *A Classification of Diseases*—according to Cullen's Nosology. *A Classification of Diseases*—according to Good's Nosology.

Some of these appended matters appear rather irrelevant to the book, yet all are useful and conveniently arranged for office table reference.

In these days of expensive material, we are sorry to perceive the necessity for employing cloth binding on a book of such constant handling as a dictionary. In all other respects the work of the publisher is satisfactory and creditable; and we take great pleasure in commending the book.

For sale by Robt. Clarke & Co. Price \$3.50.

Alcohol: Its Place and Power. By JAMES MILLER.

The Use and Abuse of Tobacco. By JOHN LIZARS. Philadelphia: Lindsay & Blackiston. 1864.

The little books whose titles are given above, have been heretofore noticed in this journal; they are really but little more in extent than elaborate tracts—and being upon topics of a kindred character and interest in social reformatory movements have now been issued in one connected volume.

The first is by the late Professor Miller, of Edinburgh, and was prepared at the instance of the Directors of the Scotland Temperance League, who were "anxious to have a work of high authority on the medical view of the temperance question." This treatise—the result of this application to Prof. Miller—is evidently prepared with a great deal of care—and embraces a review of the whole subject.

The *Place* of alcohol—as a poison, as a medicine, as food, and as a luxury. The *Power* of alcohol, not only as a poison, a medicine, etc., but in a great variety of aspects mainly from a scientific aspect, partly in its social considerations.

The treatise on tobacco considers the subject in a historical, physiological, and social aspect; the general scope of the book, however, and purpose of the author will be best exhibited by the following free extract from the preface.

"It is difficult to estimate either the pernicious consequences produced by habitual smoking, or the number of its victims, among all classes, old or young. The enormous consumption of tobacco can be ascertained from yearly returns made by the Government Custom House; but its physical, moral, and mental deteriorations, admit of no such tangible analysis. These, although certain, are slow and imperceptible in their development, and it is therefore impossible to as-

certain the extent of the injury which the poisonous weed inflicts upon the public health, or the alteration it must necessarily effect upon the character of its inhabitants. The consumption of tobacco is stated to be, in 1853, 29,737,561 pounds, thus showing an allowance of considerably more than a pound, on an average, to every man, woman, and child in the united kingdom of Great Britain and Ireland. The prevalence of smoking has been greatly on the increase, and the use of the narcotic commences with the young from mere childhood. Such a habit cannot be more lamented than reprobated. The injury done to the constitution of the young may not immediately appear, but cannot fail ultimately to become a great national calamity."

Notwithstanding these conditions, the use of tobacco in its various forms will doubtless continue a widely spread and prevailing habit with people all over the world; and the extent of its injury on the human economy a matter of very wide dispute.

For sale by Robt. Clarke & Co. Price \$1.00.

The Philosophy of Marriage: in its social, moral and physical relations, with the physiology of generation in the vegetable and animal kingdom. By MICHAEL RYAN, M.D., Member of the Royal College of Physicians and Surgeons in London. From the last London edition. Philadelphia: Lindsay & Blakiston, 1864.

We have examined the little book before us with a good deal of care, and have been decidedly impressed with the idea that its publication could have been very well dispensed with. It is supposed from its title page to be devoted to the philosophy of marriage. It would quite as properly have been styled a treatise on animal and vegetable generation. A small part of the book has a brief consideration of some of the aspects of marriage—and yet even these chapters have a constant itching to branch off on the prurient suggestions of the topic. Thus we have in the Introductory Chapter, "Population, Marriage and Bastardy Laws, Reproduction of the Human Species" all mixed together. Chapter Two is a proper and fit discussion of the institution and object of marriage; while Chapter Three mixes up the physiology and hygieology of marriage, with the premature and abusive exercise of the genital function. The body of the book however as we have said is devoted to the physiology of procreation in all its aspects for which our author seems to have a peculiar taste; the concluding chapters singularly enough—perhaps consistently enough—are devoted to the pathology of the generative organs, chiefly their venereal affections.

Take the book for all, we scarcely conceive its utility; as a popular

The Medical Society of the State of Pennsylvania
Annual Session in the city of Philadelphia on the
June, 1864.

Dr. Wilson Jewell, the President of last year delivered an appropriate valedictory address. He alluded to the new Medical Hall of the College of Physicians—and hereby was suggested to the speaker a group of pleasant suggestions. Circumstances connected with the Pennsylvania Hospital, the University of the College of Physicians—"noble institutions of science, and literature," and for the establishment Dr. Jewell claims honor especially to the medical profession and his own native Philadelphia. This thought, in character to the burden of his theme, he proposes to cross the threshold, as it were, of this chaste hall, in which for the first time, and in retrospect three quarters of a century, to examine the foot prints of time,

"And summon from the shadowy past
The forms that once have been."

He then proceeds to notice briefly of course but not without mentioning the names of Redman, John Jones, James Hutcheson, Kuhn, Bache and Thomas. Notices of these illustrious cotemporary events of their day, enable the speaker to refer to the chief historic events connected with the three quarters of a century whose names we have given. The address is as

Editor's Table.

Medicine in Cincinnati.—For more than forty years the city of Cincinnati has in some sort been a leading medical centre in the heart of this great valley of central and western American States. During these years, a worthy list of great names have from time to time been engaged in the public teaching and public and private practice of medicine in all its departments of surgery, practice, and obstetrics. In the early pioneer days of our Queen City the foresight and ambition of the great Drake, secured the establishment of the Medical College of Ohio, and as its strong right arm and collateral, the Commercial Hospital; and from that time to the present, notwithstanding the bickerings of professional jealousy, these two to a fair degree have gone hand in hand in the labor of medical education; so that every claim for the medical instructions of Cincinnati a well devised and excellent clinical character long before that important feature became so justly prominent in the requirements of professional education.

Succeeding Drake, and associated with him, from time to time, in this city, have been some of the very greatest medical lights of American medicine and surgery. There was Godman so early cut off in his bright promise, and the lamented Staughton; Parker and Gross; Burrie and Mitchell; John Locke, John Bell and Reuben D. Mussey. What a long list we might record, some of them long since gone to their reward—some actually driven from our ranks by petty piques, we give dignity and honor to other cities and other schools of medicine.

But with these advantages of centrality, established institutions, educational and hospital purposes and great teachers, what a poor showing have we to record after all these forty years! What important results have we accumulated, to mark the toil of brain and waste of muscle! all through this great teeming valley of the Mississippi are the hundreds of useful practitioners of our art, who exhibit the paragon of this City; we thank God at least we can point to his worthy monument. But where is our strong, overshadowing school of medicine—we ought to have it. Where is our Hospital structure, commensurate with the wants of so great a City, and in harmony with the present plans and hygienic improvements? Where our Pathological Museum? The surgical and medical practice

probe.

It would be vain and invidious to record the cause for us our peculiar medical history ; besides that of us alone ; college warfares, professional jealousies, prizes, failures and trumps sadly blended, belong to us we have any knowledge, and with some the more in every respect than our own. Some of the best universities abroad hold members of their Faculties holding a world-wide celebrity—hold each other in contempt.

With us, as elsewhere, the medical college has taken an extent—at least given shape to our professional education to individual ambition and effort ; and notwithstanding the distinguished gentlemen, who have adorned our ranks, the building up of a great nation in details, has too generally been a secondary consideration. Schools and hospital amphitheatres have been more for the promotion of personal advancement and private gain than for the public good. Evil has necessarily involved several others, and changes, with no permanent harmonious cooperation.

Individuals have been connected with the several frequent revolutions and re-organizations has been less to say how these commotions have originated. They have resulted from shameful internal dissension on one side until the explosion occurred ;—perhaps each individual has had its share of influence. Still this cry



raised the warning cry, "beware—that is one of Drake's schemes" if certain men made any effort for personal or professional improvement, he would hear the same admonition, "look out for him—a Drake man." But Drake is dead, and now we do him reverence. Since that spirit is laid, the ghost of those terrible Miamis come among us to terrify the timid old ladies of our craft. They are a vast amount of sin to account for, and we fear the memory of their energy and harmony as a vigorous school will long trouble us, as long as some new shadow darkens and haunts our pathway. The great mistake in the history of our medical politics has been a perpetual disposition in certain quarters to import material for professions from abroad, under various fanciful ideas of supposed peculiar availability. It is scarcely in human nature to anticipate the cordial co-operation of a home profession, with an institution by which it is thus systematically ignored. Hence a large proportion of the appointments have sadly disappointed both the school and the students.

Consistent with the same policy, has been that other disposition to discourage the efforts of home talent for special professional improvement; especially almost every attempt at private teaching, which naturally has a tendency to foster and strengthen the schools, has been discouraged, and embarrassed in every conceivable mode, apparently under the impression that personal or school rivals might possibly grow out of these individual enterprises. In other cities these private schools and individual courses of instruction form very strong additional attractions, gathering in the aggregate crowd of patronizing students.

We fear we are trespassing on the patience of some of our readers who may fancy our remarks invidious, and for the present we close our criticisms; what we have said is well known here to be true, while our troubles are known without their philosophy; still we would not at this time, have rehearsed these difficulties and unfortunate mistakes, were it not that we believe we have good reason to think that we are now entering upon radical changes in our policy that will set up a new order of things.

A New Feature.—We commence with this number a new feature of our journal, which will add to its value and acceptability with the profession; we shall have hereafter a regular *Ophthalmological Department*, to be edited by the well known oculist of this city, Dr. E. Williams. In this new department, Dr. Williams will present whatever he may

the college, affording a large amount of practical medicine or the observation of the student. We regard this as one of the most valuable features of the school; and additionally we think it safe to say that the hospitals of this city afford quite as abundant opportunity for studying disease as the student can avail himself of, with his other urgent duties.

We took a general survey of the old college edifice a few days since, and are glad to say that we have never seen it in such attractive condition; the whole establishment has been everywhere thoroughly renovated, painted and cleaned. The dissecting rooms are in most capital order, and wholesome cleanliness; they are under the charge of our friend Dr. Seely who we are sure will make an accomplished and popular *Demonstrator of Anatomy*.

The regular course of lectures was inaugurated on Monday evening, October 31st, by a lecture "On the Blood," by Prof. Parvin, of which at present we have only space to say it quite met the expectations of his friends.

The Case of Surg. Gen. Hammond.—Having printed in full the charges and specifications upon which Dr. W. A. Hammond, late Surgeon General of the United States Army was convicted and sentenced, it is but justice to make some additional remarks. And first in reference to the late protracted trial, we have no reason to doubt but that every reasonable opportunity was afforded the accused to defend himself against the serious charges presented; there was no haste; we have no reason to believe the court was prejudiced; the case was certainly not sprung unadvisedly on the President. Dr. Hammond, however, has published a lengthy defence in pamphlet form, which consists in an ingenious interweaving of his own laborious achievements, with the personal difficulties and animosities between himself and the Secretary of War. He claims that from the very beginning of his entering upon the duties of Surg. Gen., Secretary Stanton had a settled personal dislike toward himself that grew and festered and finally culminated in this prosecution. That all the appliances were resorted to for months to make and force a case; important papers were abstracted from his office, as is hinted, through the connivance of the Secretary of War. Personal enemies determined on his destruction were placed on the commission to examine the conduct of his office; these with a variety of special pleadings make up the pamphlet of Dr. W. A. Hammond as his defence. We have only to say that the charges of official and personal animosity on the part of Secretary Stanton appear very forced and not supported by either reasonable

facts or probability—under all the circumstances; and that the case had a tedious, and so far as we can learn, a fair trial by the competent court. We shall be only too happy if a civil tribunal shall hereafter demonstrate the innocence of Dr. Hammond, and no one will be more ready to announce such a decision. In the meantime it may be well to remind our readers that the opposition of this journal heretofore against the late Surgeon General did not consist in any suspicion of his personal honesty. We charged on him in common with a large and honorable part of the profession, that he had dishonestly violated his faith to his profession; that his famous order proscribing calomel and tartar emetic conveyed a reflection against his brethren as to capacity that was unjust; and the facts he attempted then and subsequently to urge in his justification were both false and absurd. This was our complaint against the late Surgeon General—and for which we held that he manifested traits of character unfitting him for his high position. In this grave charge made by his superior officers, of fraud and peculation, we take no part beyond the mere record of passing events.

A New Method of Treating Fractures of the Femur in Children.
—Dr. G. D. Beebe, late Surg.-in-Chief of the 14th army corps, U.S. A., proposes a new plan of treating fractures of this description which has some novelty and appears so plausible that we give at length his plan of procedure. After noting the usual embarrassments and obstacles to a successful maintainance of apposition of fragments, he says:

While seeking for some principle which would apply to these cases in common, it occurred to me, that if two lines, A, and B, be drawn as in Fig. 1 and fixed in their relative positions, then the intervening space C, would also have to remain unchanged.

Let then the trunk be represented by the line, A, and the shaft of the tibia by the line, B, the space C, must then represent the femur.

[That is to say the figure of the splint will represent the thigh slightly flexed on the body and the leg flexed on the thigh at about a right angle.]

When called to a fracture at any point in the space, C, the surgeon would proceed to take the measure of the line, A, from near the axilla to the trochanter major, and of the line, B, from the tibio-femoral articulation on the sound side would give the space, C. He would then rapidly sketch upon paper a diagram embracing these measurements, with a projecting flap, corresponding to the calf of the leg.

A tinner would from this pattern cut a splint from heavy tin which could readily be hollowed to fit the form from the axilla to the ankle, with perforations for the admission of air in the part overlying the

femur, the flap being carried underneath and hollowed to receive the calf of the leg, but extending only so far as to cover the posterior surface. This splint being padded, should then be embraced by a roller extending from the toes to the knee. An assistant now makes counter-extension by fixing the pelvis; another makes extension by grasping the knee, the thigh being flexed at the angle indicated by the splint while the surgeon with his tape measure first ascertains that a sufficient degree of extension was made, and then applies around the body a broad stout band, with a pocket made to receive the axillary portion of the splint, which may be snugly pinned or laced, and if need be, supplied with a few vertical strips of whalebone, after the manner of a corset, to prevent its gathering its folds. It is hardly necessary to say, that this band can be prepared by the child's mother or nurse, while the splint is being made. The axillary portion of the splint having thus been secured, the surgeon now continues the roller from the knee upward applying such compresses and lateral supporting splints as the case requires.

In children, fracture of the shaft of the femur is generally transverse, and hence forcible extension and counter-extension is not required to that extent usually necessary in the adult. It may be asked, why the necessity of flexing the thigh? The natural position of the infant is with the thighs flexed, and the restraint imposed in extension on a line with the trunk is a source of great irritation and discomfort, and much less likely to secure the desired result.

Dr. Beebe relates a number of cases treated on this plan which appear to justify the confidence of the author in the value of his mode of treatment.

New Books.—From Blanchard & Lea, we have received "Stille's Therapeutics and Materia Medica;" from J. B. Lippincott & Co., "Hammond on Venereal Diseases," and "Mitchell, Morehouse, and Keen on Gunshot Wound, etc.;" from Bailliere Bros., "Macleod's Surgical Diagnosis." These works will receive attention and notice in due time.

It is also stated by the *Philadelphia Reporter* that J. B. Lippincott & Co. have in press a new edition of the U. S. Dispensatory, by Wood & Bachæ. The publication of a recent edition of this important work has been for some time deferred in order that the editors might avail themselves, in its revision, of the new edition of the British Pharmacopœia, and other works and means of information heretofore inaccessible. The recent appearance of the former, however, now enables them to go rapidly forward with the revision of the Dispensatory, and it will be issued as speedily as a due regard to its mechanical execution will permit.

St. Mark's Hospital, Cape Palmas, Africa.—The foundation stone of this hospital was laid four years ago. A substantial stone building has since been erected at a cost of about \$5,500. The building is represented as beautifully situated, and the ward rooms clean and comfortable. It is now open to the sick among the seamen, colonists and natives. It is under the management of the U. S. Protestant Episcopal Missionaries, and is supported by voluntary contributions. —*Boston Med. and Surg. Jour.*

The London Lancet.—Many of our readers are familiar with this valuable reprint. We learn with pleasure that Mr. Herald, the New York publisher, will hereafter continue the publication of the *Lancet* at the old rates of \$5.00 per annum. Such of our subscribers as prefer to take the two journals together will receive the *Lancet and Observer* and *London Lancet* for \$7.00, thus saving \$1.00 per year by the arrangement. The *London Lancet* is one of the most valuable practical journals of Medicine and Surgery extant, being a faithful mirror of London hospitals and lectures.

A Monkey Surgeon.—We vouch for nothing of the following from Cassal's Popular Natural History, except the story, which is a pretty good one :

“The small-pox having spread fearfully amongst the monkeys of South America, Dr. Pinkard, Secretary of the Bloomsbury-Street Vaccination Society, was struck by the idea of arresting its further progress. Vaccination was of course to be the means of staying the plague, and his scheme for its introduction was entirely ingenious. He bound two or three boys hand and foot and then vaccinated them in the presence of an old monkey, who was observed to be closely attentive to the proceedings. He then left him alone with a young monkey, with some of the matter on the table, and beside it a lancet, guarded, that it might not cut too deep, by a projecting piece of steel. The Doctor witnessed the result from a neighboring room ; the old monkey threw the young one down, bound him without delay, and vaccinated him with all the skill of a professor.

Surg. Gen. of Pennsylvania.—Dr. JAMES KING, the late able Surg. Gen. of the State of Pennsylvania, has resigned his position and is succeeded by Dr. Joseph A. Phillips, who acted as Asst. Surg. Gen. during the service of Dr. King.

What has become of our Neighbours ?—It is now nearly a year since we heard any tidings of the *Ohio Medical and Surgical Journal*. We

suppose it has suspended ; and we have our fears for the *New York Medical Independent*—has it too, yielded to the pressure ? We have missed it from our table for several weeks.

Dr. Brown Sequard.—We regret to notice by the *Boston Med. and Surg. Jour.* that this distinguished gentlemen will be prevented by ill health from delivering his course of lectures contemplated in connection with the course of the Boston Medical College this winter.

University of Edinburgh.—Mr. Spencer has been elected to the Professorship of Surgery in this school, lately made vacant by the death of Professor Miller.

Promotion.—Surgeon Richard S. Satterlee, Medical Purveyor U.S. A., has been promoted to the rank of Brigadier General “for diligent care and attention in procuring proper army supplies, as medical purveyor, and for economy and fidelity in the disbursement of large sums of money.”

Business Notices.—We call special attention to our Prospectus for 1865. We advance our own rates to \$3. a year ; and it will be noticed the terms of most other publications being advanced, we have also been obliged to modify our terms for commutation. Our friends will take note of these changes, and forward their remittances and new subscribers as fast as they please and accept our continued thanks.

Dr. Bedford—*J. B. Lipincott & Co.*—Our readers will see the advertisement of “*Dr. Bedford's Obstetrics*”—the new edition of this great work ; and a new book from Lipincotts' publishing house.

Location for a Physician.—See the card in its proper place.

John Keshan's—well known drugstore—affords a new card this month, to which we direct attention.

Eye Surgery.—Dr. Waldo's card appears in our advertising department.

Cutaneous Diseases.—We have heretofore noticed Dr. Bruen's Specialty.

[For the Cincinnati Lancet and Observer.]

OBITUARIES.

DIED.—In the U. S. service, at Huntsville, Ala., February 20th, 1864, of hepatic abscess, Dr. G. S. GUTHRIE, of Pomeroy, O., aged 51 years.

Dr. Guthrie was a native of Pennsylvania, but was educated in Ohio. He graduated at the Medical College of Ohio many years ago, and subsequently received a degree from one of the Philadelphia Medical Colleges—the Jefferson I think. He located in Pomeroy about the year 1844, since which time he has maintained an honorable standing as a practicing physician, living fully up to the honor of the profession, and the “code of ethics.” He possessed fair natural talents and respectable literary and professional attainments. He was an influential elder in the Presbyterian Church, unassuming in manner, an ardent patriot, and in the highest sense a Christian gentleman. He accepted the commission of Asst. Surgeon of the 32nd Regt., O. V.I. dated June 20th, 1863. The labors of the field proved too onerous for his declining constitution, and he has gone to his reward. In his death the community have sustained a loss. Long should he live in the grateful memory of those whom he has so conscientiously and faithfully served.

J. P. BING.

In Memoriam.—At a meeting of the Physicians of Hamilton, on the occasion of the death of F. D. MORRIS, M.D., Dr. J. Hittle was called to the chair, and W. H. Scobey appointed Secretary.

By request, Dr. McNeely gave a brief history of the disease of which the Dr. died.

On motion, Drs. W. H. Scobey, McNeely and Caldwell be a committee to report such action as may be proper for the profession to take on such occasion.

The committee reported as follows :

WHEREAS, it has pleased our Heavenly Father to remove from our midst, F. D. MORRIS, M.D., Surgeon of the 35th Regt., O.V.I.; Therefore,

Resolved, That in the death of Dr. MORRIS, the Profession has lost a devoted member; the country a firm and tried friend and an efficient medical officer—the Church and community a highly respected and worthy member.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of these proceedings be sent to the family of **ceased**, with our sincere condolence in this, their time of afflic-

tion and bereavement, and that they be published in the Hamilton papers, *Cincinnati Gazette*, *Commercial*, *Lancet and Observer*, and *Lebanon Star*.

Obituary Record.—It is with profound regret that we have to record the death of Professor JONATHAN KNIGHT, of New Haven, which sad event occurred on the 25th of August last, in the 75th year of his age.

Dr. Knight for many years filled, with signal ability, the chair of Surgery at Yale Medical Institution. He was the President of the Convention which organized the American Medical Association, and it was in no small degree owing to his firmness, and knowledge of preliminary rules, that the convention was saved from disruption without accomplishing any thing. On the organization of the Association he was elected Vice President and subsequently (1853-4) President. Indeed, in all cases of difficulty, he was looked for to preside, his exalted character, pre-eminent urbanity, and knowledge of legislative rules always commanding respect and acquiescence in his decisions.

Dr. K.'s great skill as a surgeon was second only to his lofty moral character, and as a physician, and as a man, he presents a model worthy of all to emulate, but which few can hope to equal.

Died, in Lancaster, Pa., July 12th, Dr. P. CASSIDY. Dr. Cassidy was a prominent Practitioner and Surgeon of the Board of Enrollment of the 9th Military District.

Army Medical Intelligence.

WASHINGTON ARMY MEDICAL DIRECTORY.

Brigadier-General J. K. Barnes, Surgeon General—Office corner 15th street and Pennsylvania Avenue.

Lieutenant-Colonel John M. Cuyler, Act'g Medical Inspector General, U. S. A.—Office, No. 302 H street, corner of 17th street, first floor.

Lieutenant Colonel John Wilson, Medical Inspector U. S. A. Inspector of the Army of the Potomac—Office at Rev. Dr. Ransom's, Columbian College, Washington, D. C.

Lieutenant-Colonel A. C. Hamblin, Medical Inspector Department of Washington—Office, 303 I street, north.

Surgeon R. O. Abbott, Medical Director, Department of Washington—132 Pennsylvania Avenue.

Ophthalmological Department.

Edited by E. WILLIAMS, M.D., CINCINNATI.

Stricture of the Nasal Duct.

But few years ago there prevailed among surgeons a general dissatisfaction bordering on disgust, with all the then known methods of treating dacryocystitis with stricture of the nasal duct. It was at this period that Desmarres revived and popularized the ancient method of obliteration. His results and those of others after him, were brilliant compared with the almost uniform failures of the numberless devices of his predecessors, for the restoration of the natural passages.

In the first few years of my practice I was a zealous advocate for occlusion of the sac, using at first Desmarres actual cautery and afterward more frequently nitrate of silver and chloride of zinc. During those days I was sorry to be consulted by patients with mild cases of blenorrhœa of the sack. I could not conscientiously recommend the hot iron for so trifling an ailment, and yet I had no confidence in any thing else. It was my custom to send such patients away with directions to return when that trouble became so intensified that they were willing to submit to the operation for occlusion. In other words I let them *ripen for the roust*.

In the midst of this general longing for something better, the genius of Bowman struck out a new path. Still imbued with the idea of *mercy* rather than *sacrifice* he persisted in the conservative efforts to remedy and restore rather than destroy. The natural and happy idea of opening the sack from the conjunctival surface instead of through the skin, suggested itself and was put in practice by slitting up the inferior canaliculus and reaching the sack through it as a guide. Through the opening thus so easily made, he practiced injections and dilatation of the stricture. His plan of operating and series of stiles are so generally known that I need not detail them here. Suffice it to say that it opened up a new channel and formed a new era in the history of the diseases of the lachrymal passages.

This treatment was beneficial in most cases, but relapses were not unfrequent when the patients were observed for some months or years after the use of the stiles was left off. The entire failure in some cases, and the relapses after temporary success in others, diminished

obtained as above, he enters with one of these, passes it down in the direction of the nasal duct and ascertains the situation and character of the stricture. If the stricture is membranous and elastic, he lays aside the silver explorer and uses the smallest elastic bougies such as are employed for the urethra, taking care that they be somewhat conical at the point. After a few days a larger one may be passed through the stricture, and so on up to No. 9 or No. 10 of the bougie scale, finishing the treatment with wax instruments in the course of three or four weeks. Should he find the stricture narrow and callous or complete atresia, he then, after injections for a few days with tepid water, forces it with the conical silver probe and dilates it to the size of Bowman's No. 6 at once, then finishes the dilatation with the elastic bougies as before. He thus dilates the canal to the utmost normal capacity. Although Dr. Weber does not say so, I infer that he introduces the bougies for a short time every day, as advised by Bowman.

As topical applications to the diseased mucous membrane, he injects daily a solution of sulph. zinc, sulph. cupri, or acetos plumbi, through the same opening. In cases of considerable soreness with but little secretion he uses $\frac{1}{2}$ –1 gr. zinc, or 10 grs. of the lead to the ounce of water. Where there is a more abundant purulent secretion he resorts to the injection of from 10 to 20 grains solution of sulph. of copper. For further particulars of Dr. Weber's treatment I must refer the reader to his valuable paper above cited.

After trying pretty faithfully, first Bowman's and afterward Weber's method, I have adopted a combination of the two, with certain modifications of my own. My results for the past two years have been so uniformly successful that I deem it a duty to give my plan of treatment to the Profession that it may be tested by others. I follow Weber in choosing the superior canaliculus, and practice the operation with his knife and essentially as he directs. After the sack is sufficiently opened I enter with one of his conical silver explorers, search for the stricture and pass the instrument through, if I can do so easily. If not I take a silver stile, of the size of Bowman's No. 8, which is No. 5 in the bougie scale, as nearly as may be one-sixteenth of an inch in diameter, slightly conical at the end, and force the stricture according to Bowman. If I find that the stricture yields easily, I withdraw this and introduce the large end of the conical explorer and pass it down so as to dilate the stricture almost or quite to the full capacity of the nasal duct, at the first sitting. Bleeding from the nose after its withdrawal always occurs and some profuse.

Should the stricture prove to be firm and rigid, I content myself with forcing it with the No. 5, leave it in a few minutes, remove it and have the patient return next day, when it is passed again and left in half an hour or more. The same thing is repeated each successive day for four or five days, when the stile is left in all the time. For the first week, about, I wash out the sack with tepid water and a small gutta-percha syringe. The instrument should have a small point bent at right angles for convenience and be in perfect order. The syringing is done once a day, when the stile is taken out, the water of course passing freely into the nose. My object is to get the patient to wearing the stile day and night, as soon as it is tolerated. Most of patients will be able to do so in from four days to a week; while a few very irritable subjects have to be *coaxed* along for two weeks before they can bear it more than a few minutes daily. Even after they have commenced wearing it constantly so much swelling may occur that it has to be omitted for a few days and then resumed. This is however rare. For wearing I have had a series of five silver stiles made by Max Woche, of this city. The smallest with which I always commence, is marked No. 5, in size equal to Bowman's No. 8. I have them marked 5, 6, 7, 8, 9, and they correspond in size to the same numbers of the bougie scale as used by Mr. Woche. No. 5 has a diameter of one-sixteenth of an inch, and No. 9 one-eighth of an inch. Where Bowman *leaves off the dilatation, I begin* and go up to the full capacity of the duct, which is usually about No. 9. In children under ten years of age No. 6 is as large as need be used. The stiles are from $1\frac{1}{2}$ to 2 inches long, a little conical at one end and flattened at the other, and slightly curved. They are long enough so that when passed down to the floor of the nostril the flat end will extend about one-fourth of an inch above the inner canthus and rest on the skin of the upper lid. The upper flattened end can be bent forward a little or in any other direction to make it comfortable. The smaller numbers, 5, 6, and 7, especially should be bent forward almost at right angles, to prevent their *working down and disappearing in the sack*, which has happened to me twice. In one instance I had to incise the sack a little more to get it out with a fine pair of forceps. In the other patient, who is a soldier now under treatment at the Marine Hospital, I introduced No. 5 in the afternoon and told him to wear it till next day. When I called again he told me he was waked in the night by its hurting him, and he found it was gone, and believed he swallowed it. As it could neither be found in the sack, nor in the

bed I concluded he was right. Four days afterward it passed his bowels by a little *obstetrical assistance*.

After letting the patient wear the No. 5 a few days, (generally only two or three days,) it becomes easy and loose, so that the next larger number can be substituted, and so on up to No. 9, which is usually attainable in from two to four weeks. During the whole treatment the stile is taken out daily, the sack washed out with tepid water and then injected with a solution of 20 grains of sulph. cupri, after which the stile is reintroduced. The length of time the patient is made to wear the No. 9 after it is attained, depends upon the amount of secretion and the dilatation of the sack. As long as there is any perceptible discharge of mucous from the sack, the stile and injection should be continued, the latter being made weaker or less frequent as the case improves. It is astonishing often to see how rapidly the blenorrhœa and dilatation of the sack disappear under the constant use of the stile and injections.

In most of my cases, I have finished the treatment and abandoned the stiles in about six weeks. A few have been obliged to persevere longer, and some, finding so much relief and fearing a relapse, insist on wearing the stile for months. One lady, the wife of a retired physician, who had a fistula on each side with profuse suppuration which had tormented her for years, has been wearing two stiles since last March. She will not give them up although she has long since been well.

I have now treated a large number of cases many of them most aggravated, with such success that I scarcely ever find it necessary to resort to obliteration. The chief advantage of entering the sack from the superior canaliculus rather than the inferior, is that it runs more nearly in the direction of the sack and nasal duct, so that the stile can be passed down without changing the direction but very little. If passed through the inferior it must enter horizontally and then be raised toward the glabella to the perpendicular. This causes more pain and the point is liable to catch in the folds of the mucous lining of the sack, or even slip out as the hand is raised. The sack and ligamentum mediale, can be better divided from above, and the large opening necessary for the higher numbers of the stiles, shows less, and closes more satisfactorily after the dilation is suspended. It contracts and becomes invisible in a very few days, although often the patient can blow air through it for a long time. I have not observed that it ever closes entirely as Dr. Weber says he has seen in some of his cases. Theoretically, as he urges, the elastic and wax bougie

should adapt themselves more perfectly to the shape of the nasal duct, as it is not cylindrical but flattened from without inward. Practically however I have not found it so, and the silver stile is more convenient and when made of the size I use produces abundant dilatation. By wearing them constantly the cure is effected much more rapidly and is much less painful than the daily temporary introduction. Besides this the patient very soon learns to take it out every day, inject the sack and return it himself, which he cannot do if the stile is not worn constantly. It patients live at a distance from the city, I often furnish them with the 20 grain solution of sulphate of copper, a suitable syringe, and an extra stile a size larger than the one at the time worn, and send them home to return in three or four weeks. After No. 7 or even No. 6 is reached and well tolerated, the syringe enters easily and the patient or nurse, or any physician can use them without difficulty, and advance to the higher numbers when they can be readily introduced.

The advantages of forcing the stricture with a large stile, as my No. 5. and then, if practicable, dilating with the conical instrument to almost or quite the full capacity of the duct immediately, are a great gain of time, quite as certain a result and less danger of making a false passage than with a small stile as used by Bowman. I believe that every case where the nasal duct is not obliterated by callos or bony tissue in its entire length, whatever other complication may exist, is curable by the method I have described.

Dr. A. Von Graefe on Basedows Disease.

In the *Klinische Monatsblätter für Augenheilkunde*, for June, 1864, is a synopsis of a lecture by Dr. Graefe, before the Berlin Medical Society, on the exophthalmus, hypertrophy of the thyroid gland and acceleration of the action of the heart, called Basedows disease from his having published the first good account of it in 1840. According to V. Graefe there is another symptom of pathognomonic value, especially in the incipiency and in slight degrees of the affection where the diagnosis is uncertain. It is the loss of *consensus between the movements of the eye lids and the elevation and depression of the visual plane*.

In health when the eyes are rotated upwards or downwards the upper eye lid follows in a corresponding movement. With persons suffering from Basedows disease, this *consentaneous* action of the lid is abolished or very much reduced. As the cornea, for example, is

depressed in looking down, the upper lid does not follow and the anterior part of the sclerotic above is exposed to view and to the action of the air. That this is no direct result of the exophthalmus, is proven from the fact that in tumors of the orbit and other causes of protrusion, the symptom is wanting, although in high degrees the lids are moved with difficulty. On the contrary it is present in the slightest degrees of Basedows disease. Hence its diagnostic importance. Another proof that this phenomenon does not depend upon the exophthalmus, is that it may disappear while the protrusion remains the same. Dr. G. has seen a case where it disappeared suddenly after an injection of morphia without the least change in the prominence of the eyes.

It results therefore evidently from a lesion of innervation of the lid muscles. It is possible that the symptom is caused by a spasmodic contraction of that portion of the levator palpebræ supplied by the great sympathetic nerve, and which was discovered by the lamented Heinrich Muller. It is perhaps just this portion which regulates the consentaneous movements of the lids and the globe.

In a practical point of view the symptom is of much value because it assists in the diagnosis of slight degrees of Basedows disease which is not very uncommon among females, and in the earlier stages is more amenable to treatment. In the incipency of the affection, the enlargement of the thyroid gland is often absent and the whole difficulty then consists in an increased frequency of the heart's action, without change in its volume and valves, and the abolition of the consensus in the movements above mentioned, with or without slight protrusion of the globe. Temporary improvements in the feeling of the eyes of such patients are often solely due to an amelioration of this symptom.

H. Remak first demonstrated by experiments, that by irritating the sympathetic nerve in the neck, an elevation of the upper eye lid is produced. After this H. Muller demonstrated the existence of non-striated muscular fibres in connection with the levator palpebræ, which are endowed with filaments from the great sympathetic. The simultaneous or successive implication of the non-striated muscular fibres of the lid, of the thyroid body and of the heart, points to derangement of the sympathetic in the neck, as the connecting pathological link. Bezold has recently proven that irritation of the sympathetic in the cervical region increases the frequency of the heart's action. Remak's therapeutic experience as to the action of a constant current upon the sympathetic in the neck in palpitation of the heart, corroborates the same idea. If the enlargement of the thyroid, as Dr. Graefe

contends, does not occur till *after* the contraction of the upper eye lid, it is a proof that the hypertrophy is the result of derangement of the sympathetic nerve.

The above is the substance of the interesting paper of Von Graefe and the additional comments upon it. I have observed the loss of consensus between the movements of the globe and upper lid, in some of the numerous cases of Basedows disease which have come under my observation, but it did not make any important impression on my mind, in the absence of light which discoveries have since shed upon the phenomenon. In a paper published by me in this journal, three years ago, detailing the histories of several cases and the facts in regard to this curious affection, so far as they were known to me then. I did not speak of the symptom which Dr. G. develops in the above valuable contribution. I am therefore very glad to complete the symptomatology of Basedows disease by calling attention to the paper of the ingenuous Graefe, whom we all delight to honor.

Treatment of the Bites of Venomous Reptiles and Insects, and of Dissection Wounds.—Dr. Julius Lemaire highly extols the efficacy of cauterization with phenic acid in the treatment of all poisoned wounds. He states also that moist gangrene may be arrested by the same application. Mr. L. claims that in all these cases cauterization by phenic acid is more effectual than by the actual cautery, or by any other caustic. Two or three drops of the acid applied to a puncture are sufficient to arrest the dangerous effects of the poison. In cases of bites or wounds the acid should be applied to the whole of the wounded surface.—*Le Moniteur Scientifique Aug. 1st, 1864.*

Successful Ligation of the Innominata.—Dr. D. L. Rodgers, in a letter to Prof. V. Mott (*Med. Times and Gaz.*, Aug. 20, 1864), communicates a brief notice of the successful ligation of the innominata by Dr. A. W. Smith, one of the surgeons of the Charly Hospital New Orleans.

The subject was a mulatto man, aged 33 years, with a large aneurism. On the 15th of last May, Dr. S. applied a ligature to the arteria innominata and to the right carotid about one inch above the its origin. Hemorrhage from the wound recurring, Dr. S. on the 19th of July, ligated the vertebral artery. The patient, it is stated, recovered.—*Am. Jour. of the Medical Sciences.*

DECEMBER, 1864.

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Cincinnati Lancet & Observer.

EDITED BY

ARLD B. STEVENS, M.D., , JOHN A. MURPHY, M.D.



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Original Communications.

ARTICLE I.

Gastrotomy, for the removal of Non-Malignant Tumors from the Abdominal Cavity.

BY R. NELSON, M.D., NEW YORK.

Having reported at different times to the Medico-Chirurgical Society of the city of New York, cases of gastrotomy for the removal of ovarian and other tumors from the peritoneal cavity, I was requested by several members to write and read a paper on the subject, founded on my own experiences, irrespective of the literature on ovariectomy. At last I complied and furnished the following paper, read, January, 1864. The members expressed themselves gratified with the production, and wished that it should be published.

I have frequently been called on for a copy, and was specially invited in May to read it before the medical section on obstetrics of the New York Academy of Medicine. I complied and received no less than four subsequent invitations to re-read it. On all of these accounts, I now publish it.

I am well aware that several of the statements made clash with received opinions—they are, nevertheless, true, and important, being founded on facts of my own observation; and, I am fully aware that my remarks on the mode of operating may be considered as offensive to operators in high esteem, and deservedly so; but my excuse is—the interest of the patient before that of the operator.

Gastrotomy—The operation of gastrotomy may be needed for several purposes; but principally for the removal of tumors situated

within the peritoneal cavity. There are three kinds of tumors that particularly call for gastrotomy; and which, without this operation, always ends in death; 1st. Ovarian tumors. 2nd. Fibrous outgrowths from the uterus. 3d. A fibro adipose mass that may have its origin and seat between the layers of the broad ligament, or in the parenchyma of the ovary; or in the annexes of these organs.

The *ovarian tumor* most frequently met with is the *multilocular*, commonly called ovarian dropsy. It occurs between the ages of 18 to 25 years, and 30 to 60 years; that is, about the periods of nubility and its cessation. It consists of a general hypertrophy of all the tissues that constitute the ovary—its internal structure, its capsule or external coat, and the peritoneum that covers it. All these enlarge, not by stretching, but by growth. Within, it is made up of numerous cysts that vary in size from that of a currant to an orange, and some of them even to a sac capable of containing ten to fifteen pints of fluid. The smallest of these cysts are the newest, and are filled with a glutinous transparent fluid; but that which is contained in larger and older cysts is thick, ropy, opaque, and colored from light bluish to dark brown. Each cyst is lined with its own proper membrane, of a quasi mucous character, and they are separated from one another by intervening septa of cellular tissue, which tissue gives passage to the long, slender and delicate vessels that supply the cysts. They are said to be graafian vesicles. They adhere to one another, and to the outward envelop when next to it. The whole mass is of rapid growth, enlarging the abdomen in the space of a year or so, to the size of a full pregnancy; and when after repeated tapping and refilling, the parieties of the abdomen yielding with more and more ease to the distention within, the tumor may attain to a size weighing 70 lbs. The largest cysts lie in front, and by paracentesis will discharge from a few to fifteen or twenty pints of fluid. This operation gives all the other cysts an opportunity to increase, and to the lately emptied one to refill. When the tapped cyst is quite emptied, the trocar is compressed by the adjoining cyst out of the line of entry, and made to lie against the front of the abdomen. Some operators have taken advantage of this to thrust the instrument into a second cyst; but not without danger, for an intermediate vessel has been before now wounded, and has bled internally into the sac, even to filling it, and unto the death of the patient; for the patient is generally much reduced at this time, and her volume of blood greatly diminished. Such an error would be avoided by a practitioner acquainted with the structure of an ovarian dropsy, and the distribution of the

vessels that run in the septa. Another error, one that has run the rounds of the journals, would not have been committed and cruelly repeated—that of emptying *one* cyst and injecting it with that universal panacea—iodine—had the operator reflected for a moment that he had treated only *one* cyst, while he left *one* hundred untouched; to say nothing of the stupidity of supposing that an analogy existed between hydrocele, and the cysts in an ovarian dropsy—the first a disease in a serous membrane and a single cavity, attackable in its whole extent, and capable of throwing out adhesive matter subject to organization; while the second consists of a multitude of separate and uncommunicating cysts, each lined with a *quasi mucous* membrane, incapable of throwing out plastic (fibrinous) matter, and becoming organized into an adhesion that should unite the parieties of the sac, and so obliterate the cavity.

The growth of an ovarian tumor is rapid, but unaccompanied with pain, excepting that which is due to distention of the parieties of the abdomen. There is also distress, when large, from its encroachment into the thorax, pushing the diaphragm as high as to the fifth, or even the fourth rib, producing dyspnoea; also, by pressure on the stomach, leaving to that viscus little capacity for the reception of food. In a few cases it will cause a partial ascites by its pressure on the large visceral veins and on the kidneys. When the tumor has attained to a large size, the length of the linea alba from the pubis to the ensiform cartilage has reached the extent of 28 inches in two of my cases.

Fibrous out growths from the uterus into the peritoneal cavity generally proceed from the superior part of the uterus; sometimes from the front, or back, or any other part of it, and is immediately covered by peritoneum, hence called *subperitoneal*. A portion of the tumor is contained in the walls of the organ, the two commingling by degrees that render it difficult to say where one structure ceases and the other begins. When the tumor is largely developed, between it and its peritoneum, numerous broad veins are seen on the surface, leading inexperienced spectators of an operation to exclaim, “What large *varicose* veins.” These veins are not in a varicose state, not having their parietes thickened or hypertrophied; but are only expanded laterally; they are nearly flat, and their parietes are thin like ordinary veins, and being flat contain little blood, since like all flattened tubes, their area is much less than those which are cylindrical, a form of the greatest capacity. The arteries that lead into the tumor are few in number; but within the new structure, they become numerous, though of small calibre; yet their united areas much exceed that of

abdomen, was the treatment pursued unavailingly. At last the tumor presented a bi-lateral or double appearance, the larger one filling one iliac region and the lesser one occupying the opposite region; between the two, under the linea alba, there was a distinct hiatus. She was now told that she had enlargement of both ovaries; various medicines were persevered in unavailingly; and she at last gave up "doctoring." All this time she enjoyed perfect health except the disturbance occasioned by futile medication. Her appearance was attractive, and her sexual desires great, led to a second marriage, after she had honestly made her case known to her suitor. She married. All went on as usual for two years, when, without perceptible cause, the "two" tumors began rapidly to increase in size. I now saw her for the first time, and got from her the foregoing history. On examination, not finding fluctuation nor elasticity, conditions that belong to ovarian dropsy, and thinking of the slow progress of the case, I told her and her husband that there was no disturbance in the ovaries (her catamenia regular, and the sexual appetite as generous as heretofore); but that the resisting nature, and the hardness of the "two" tumors was different from what had happened in ovarian tumors.

They requested an operation, which I hesitated to undertake, but at last consented to do it. She went home, a distance of a hundred miles, to settle household affairs, and returned in eight days. In this short period, so rapid had been the increase, that the tumor reached half way between the umbilicus and scrobiculus, and she had become lean and looked much exhausted. A long incision, from the pubis to near the pit of the stomach was made, exposing the tumor, which was a single one, with two outgrowths from its surface, the whole springing from the greatly enlarged base of the uterus. It was cut off and removed, she made a good recovery in four weeks and continued well after. The tumor was covered under the peritoneum with broad meandering veins. The arteries that entered the pedicle were small where it was divided, and easily secured. The tumor itself was a solid homogenous mass, hard and resisting, and divisible into large yellowish slices, showing very few sections of vessels.

The second case is that of a married lady, the mother of two children, the youngest approaching puberty. A year after her last confinement she thought there was something unusual going on in the pelvis. In the course of a few years, a round, hard tumor gradually ascended into the hypogastrum, which continued to grow very slowly when I saw her, about ten or twelve years after its commencement.

She suffered no pain or inconvenience from it. I therefore advised her to do nothing. I heard of her a few years after, and she was in her usual health.

A third case I may as well mention. A married woman who had borne children, presented an abdomen as large as a pregnant one. She had had it some years. I saw her about a month before she died, in considerable suffering, but without fever of any kind. It grew from a much enlarged uterus, as seen on dissection, was solid throughout, and resembled the one first described.

The *Fibro-Adipose Tumor* is composed of large fatty masses separated from each other by tenacious cellular tissue and fibrous bands, but no where distinctly separate. These masses vary in size, from that of a fist to a foetal head. The whole are enclosed in a fibrous envelope, and the peritoneum is spread in front above and over all. One that was removed by operation weighed thirty pounds, and another forty. They seem to be generated within the broad ligaments, at least this was the case in both instances just now mentioned. Hypertrophied fibres of these ligaments, much lengthened and more or less separated from each other, enveloped the mass all round and sent bands into the new structure, growing with the growth of the tumor. The peritoneum expands before it, behind and all round, excepting where it has its attachment, which is very extensive, like a mesocolon, to the last lumbar vertebra, promontory and hollow of the sacrum. In the few cases I have seen it had extensive adhesions to the whole front of the abdominal parietes—some few to a loop or two of intestine. Through the parietes of the abdomen the tumor gives a softer or more yielding feeling than does the fibrous outgrowth from the uterus; and on palpitation there may be felt a deceptive sense of fluctuation, which is due to the quantity of the fat, of a very soft nature, in them, it being much less dense than that which is met with in lipomas under the common integuments. This apparent fluctuation I have known to deceive a surgeon. These tumors and their lobules are supplied with a few but not large arteries; and abundantly with expanded veins, some of them resembling sinuses. These fatty tumors are less rapid in growth than are the ovarian, but more so than the purely fibrous outgrowths from the uterus.

There are other abdominal tumors occasionally met with that might possibly be relieved in some cases by an operation; but the three kinds I have mentioned are those that especially call for gastrotomy, which may be undertaken with hopes of success, and which are sure to end in death if not removed.

Adhesions.—All these tumors, when of long standing and grown large, are liable to become adherent to the anterior parietes of the abdomen, sometimes even to the liver, which they crowd up, to the diaphragm, or to the spleen or to some portion of the omentum ; but this last, in most cases of very large tumors has become more or less absorbed by the pressure they make against it. Posteriorly there are few, if any adhesions, which absence is due to the almost ceaseless peristaltic movement of the intestines, and their alternate distention and collapse, affording no time for union to become effected.

These adhesions are not due to inflammation, effusion of lymph and its subsequent organization ; for in all the cases I have observed, excepting one, has at no time suffered from any—the slightest—symptom of fever, or from that peritoneal pain that invariably accompanies inflammation. The adhesion is due, simply to great pressure of the tumor against the tensely stretched abdomen. In the early stages this tightness does not exist, and the lesser size of the tumor admits of its sliding to some extent during the movements of the patient while getting up, lying down or walking. On the contrary, when the tumor has attained a great size, its anterior surface presses forcibly, and *constantly*, against the front of the abdomen, causing the epithelii of the two surfaces to disappear, and by the same cause—its great size—is held steadily in one place, immoveably. The two peritonei having come into *immediate* contact coalesce into a single membrane apparently, in those places where the pressure is greatest, constant and fixed ; but in other parts less pressed the two membranes adhere less intimately, and can be easily separated by the fingers of the surgeon pressing between them, without giving escape to so much as a tinge of blood, because no vessels exist.

Having heard that adhesion of separate parts cannot take place without the intervention of inflammation, and its office of throwing out fibrous matter to become organized between adjacent surfaces and thus affecting union between them denied, I may as well give one or two examples, out of many, to prove that an intimate union of naturally separated parts can take place without the intervention of the famous *adhesive inflammation*.

CASE: A child affected with intervertebral softening, ends with distortion of the spinal column which draws the ribs with it. The arches of the ribs on the convex side of the curvature become widely separated from each other ; while the arches of the ribs on the lesser curvature are approximated. The intervening intercostal muscles was by pressure which arrests nutrition and permits the absorption of the effete material to go on, and when the upper and lower edge of two

adjoining ribs approach nearer and nearer, until at last the periosteum of each has ceased to exist, the two ribs touch, unite, and in that place form a single, broad and flat rib. All this goes on without the slightest complaint of pain or inflammation, because it is a natural process. It is common enough to get such a skeleton if sought for; and many are to be seen in museums, where not only but two but three ribs are united into a single one on the concave side of a distorted trunk.

Another example may be mentioned: A man had his foot badly crushed, it swelled enormously under the treatment, and sinuses formed in the course of some of the thecæ of the tendons. When consulted at a late period, I advised his surgeon to put a thick compress above and below the phalanges with a roller over all, with the view of diminishing the swelling by the absorbent effect of pressure, and to keep all wet with water. This was persevered in too long, the epidermis between the second and third toes was washed away, gradually admitting the *retia mucosa* of each to come into immediate proximity. When I saw the case subsequently the two toes were united, as regards the soft parts, into one. All this occurred in the complete absence of inflammation, and the effusion of fibrin to become organized subsequently. In this way toes have united, little by little from simple entertigo, they being maintained in contact by pressure. In the case of burns it is different, for here fibrin in a thick coat is quickly thrown out, and if not peeled off will surely organize, and in the subsequent stage, long after having healed, the fibrin becoming absorbed, irremedial contractions gradually follow.

Tumors do not become adherent to the parietes of the abdomen, or viscera, as long as they are small or of recent growth because they exert no great pressure on the opposite parts, and are so mobile as not to stay long enough in contact with one point to become connected.

CASE.—A girl about twenty years of age had ovarian dropsy, which, from the first perception of it to when I removed it lasted 18 months. It was unadherent although nearly 30 pounds in weight. Other patients with similar tumors of about the same size and standing, were without adhesions. A fibroid outgrowth from the uterus of ten years standing, had reached only a little above the umbilicus, when it suddenly took to rapid growth and in two or three months after, when I removed it, was unadherent, although it now filled both iliac regions and reached half way up between the umbilicus and scrobiculus; but then for a long time it was small, and when grown large at last had done so in a period too short to have contracted

union by pressure to adjacent parts. It is quite different in large tumors of long standing. A girl twenty-nine years of age had a very large ovarian tumor of over two years' standing. After removal it weighed 55 pounds. It then adhered to the whole front of the abdomen and sides, to the anterior third of the diaphragm, to a portion of the spleen, and to a part of the liver, but no where to the intestines. The anterior adhesions were easily severed by the hand and outspread fingers, while in other places the adhesions tore into tough ribbons, and a few had to be cut through. No blood escaped. She quickly recovered notwithstanding the great extent of the adhesions severed. No peritoneal inflammation or fever followed, doubtless, because no true peritoneum remained at the seat of adhesions. In several other cases of large and long standing tumors adhesions existed, and must be expected. They will be found strong, according to the length of time they have existed, requiring considerable force to tear through them. In all these cases there need be little fear of hemorrhage to occur from severing them.

Before treating of the operation it may be as well to examine the subject of inflammation; for this is the ghost that haunts many surgeons before an operation—especially so when its seat is in a serous membrane—bewilders and obfuscates the judgment, induces preparatory measures that always add to the disorder, and after an operation is so prolific through fear of it, of numerous injurious medications to the risk of the patient.

Inflammation.—Many practitioners regard wounds of the peritoneum as peculiarly dangerous from the inflammation that follows them. Hence has arisen a dread of performing operations within the abdominal enclosure. This fear has so greatly influenced the judgment and practice of some surgeons that they decided, in cases of hernia, to divide the stricture without cutting into the sac, and in this way avoid wounding the peritoneum, and not expose it to the much dreaded malignancy of the atmosphere. We have all seen the direful consequences of this innovation, founded on the mistaken notion of regarding all peritoneal inflammation as *of one* kind only, while there are at least *two*, differing from each other in cause and course, each of which is subject to different phrases and terminations; which I shall now examine, and endeavor to show that one kind, idiopathic in certain seasons, and countries, is really a fearful disease; and the other that which is likely to follow gastrotomy is less to be feared than the first. Although what follows is not mentioned in books or in lectures, let it be borne in mind as an axiom, that any inflammation is

merely an *accident* to many diseases which differ widely from each other ; that it is never the cause of the malady ; but it is always the effect of a disturbance elsewhere situated—near by, or far off—and sometimes is of so prominent a character as to be taken by some practitioners as being itself the whole disease, and the only thing to be combatted.

1st. Idiopathic Inflammation.—A remarkable example of the erroneous opinion entertained regarding inflammation, among a thousand others that arose and lived a day, was that of the celebrated Broussais and his disciples, a doctrine that overshadowed all “Young Europe” for a few years, and filled so many untimely graves. He and they denied the possibility of Idiopathic or Essential fever, as the schools call it, on the ground that they always found in every fever some one or other organ inflamed—true, so far ; and asserted that the inflammation seen was the cause of the fever. They disregarded the fact that the fever in every case had existed several days before the local disorder (inflammation) became manifest ; passed over the patent fact that, in the same fever, during the same epidemic, patients in the same house, at the same time, might have the local disorder (inflammation) as in typhus, situated in a different organ in one patient, it might be muco-gastritis ; in another an enteritis, in a third a bronchitis ; in another an arachnitis, while the fever (typhus) was the same in all.

In variola, the fever (which is the real disease) exists with violence three days before the eruption ; six, before the commencement of areolar inflammation. In *idiopathic* erysipelas the fever precedes the local disorder at least twenty-four hours ; and so on, for every *essential* fever or disorder.

Idiopathic peritonitis and enteritis are always preceded by fever, more or less marked ; but, the inflammation once become manifest, like in the eruption in variola, and other exanthemata, the inflammation is the most notable condition of the patient. The idiopathic peritonitis is a specific disease, due to a general cause ; it rapidly spreads in high latitudes, over the whole peritoneum—parietal and visceral—throwing out a thick layer of fibrin, and there too often ends in death in a few days ; so also, puerperal peritonitis ; but here, the effusion is less fibrous or solid than in pure peritonitis. These inflammations are due to occult cause hidden in the system. The physician claims the attendance on these cases as peculiarly belonging to his branch of what may be truly called the *back art* of the profession—conjecture bedaubed with speculative imaginings ; claiming that

the physician alone is competent to prescribe, holding the knowledge of the surgeon in contempt as compared with his conceits.

2d. *Traumatic Inflammation*.—As the name implies, is always due to mechanical injury, and varies in severity according to the nature of the lesion—bruising, tearing, or simple clean cutting. It is a very different affair from idiopathic inflammation, which has a prescribed course to run, and which is merely the expression of a disease in the whole system. The traumatic is merely the sequel of a local injury. It rarely becomes manifest before twenty-four hours after the accident; and in four or five days produces pus, a natural crisis, the generation of which mitigates all the inflammatory symptoms, unless the lesion have some poison, morbid or chemical, added to it, in which case it may increase even after the generation of pus, and progress indefinitely. But in a healthy person should the lesion consist of a clean cut, and the edges be brought nicely together, union will take place without the intervention of inflammation, even of that slight degree erroneously called “adhesive.” This result I have seen in several cases of gastrotomy.

There is a difference in the amount of inflammation that follows wounds in different parts of the body, or when the patient is unhealthy at the time of being wounded. A cut into the abdominal cavity of persons that have had it previously much distended, as by pregnancy, by large ovarian or other large tumors, is followed by much less inflammation than in those who have so suffered. Every surgeon of only a few years' practice has noticed that small cuts, like that of a pen-knife into the abdomen of a man, or that of a female who has never been stretched, is a rather serious affair; while a similar stab into a previously distended abdomen, by even a worse instrument, a trocar, is never followed by peritoneal inflammation.

In the case of gastrotomy for the removal of tumors, the cause of this difference is very simple and of easy explanation. In the slowly and long stretched abdomen, all the parts that conspire to form its lateral and anterior boundaries have been gradually expanded in both latitude and longitude, but not in thickness, the parts did not *grow*, as the pregnant uterus. The vessels elongate, but scarcely enlarge, they rather diminish in calibre, for instance, the epigastric artery which, in the natural state reaches from Poupart's ligament to the upper section of the rectus, there to anastomose with branches of the sub-sternal, and lower intercostals, is scarcely 9 inches long, while in the largely distended abdomen from pregnancy or tumors it is drawn out to 24 or 26 inches, according to the degree of stretching of the

abdomen, which I have known, will reach 28 inches from the pubis to the ensiform cartilage. The veins will correspond in elongation, but not in capacity; they appear to superficial observers much larger than natural, while in reality they are not so; they, like all the other tissues, are merely expanded in length and breadth, but not in capacity, for on close examination they will be found, although much broader than usual, to have no more or less capacity than usual, by reason of the approach of their anterior and posterior sides, rendering them into flattened tubes, which shape, however broad, is a of small capacity, by reason of their diminished area. This state of the veins, it may be mentioned here, is very striking in appearance on the surface of any abdominal tumor, so much so, that I have heard spectators of an operation exclaim, "how varicose the veins are," while no varicose state exists.

Once more: All the tissues that conspire to constitute the abdominal parieties are stretched by tumors equally. The skin so much so as to suffer long lines of partial rupture of its chorion, ruptures that are never recovered from, and which leave those marks constantly seen in women who have borne children, wrongly called *vergitures*. The muscles, their tendons and fasciæ also spread out greatly both in length and breadth, but not in thickness, for there is no growth. Each rectus instead of being only $2\frac{1}{2}$ inches wide, expands to 4 or more; its sheath increases proportionally, as I have seen when a bungling operator deviating from the medium line, has laid the sheath open, the edges of the muscle not reaching its breadth and filling its capacity. The length of the rectus with its intervening tendons, in extreme cases, has been 28 inches, instead of 10 or 11, the usual length. What the muscles just named have suffered, all accompanying tissues with their nerves and vessels, have undergone in equal proportion. The consequence of this expansion is, when the distending force, the tumor, is removed, the parieties, whose contractility has been greatly overcome, and to some extent lost, recover their primitive proportions very slowly, but never completely. This recovery is not wholly due to contractility that interests all the molecules of the parts, it is partially so, but is mostly effected by a folding of the fibers one against another; in this corrugation the vessels and nerves participate, bending into numerous flexuosities, a condition that not only retards but obstructs the passage of blood through them, a state ill adapted to furnish that supply of blood which is one of the essentials of acute inflammation. Hence it is, that gastrotomy, for the removal of large tumors, is followed by very trifling inflam-

mation, when the operation has been well performed, and the case well managed subsequently.

On the other hand, an abdomen that has not suffered the expansion mentioned resembles other parts of the body as regards the inflammation that follows injuries. since the tissues are actively contractile elsewhere ; the vessels are short and round, with a full calibre instead of long, and in the case of the veins flat without capacity and contractility ; the nerves also have been stretched and proportionally paralyzed.

Having hastily noticed the difference existing between idiopathic and traumatic inflammation, and the reasons why the latter is less to be dreaded than the former, especially in gastrotomy when performed on a stretched abdomen, I now proceed to examine the question of *the temperature of the apartment* in which the operation is to be performed. The early operators, anxious for success, but having no facts to rely on, theorize in advance as to what might interfere with, or favor, the result ; and, among other ideas, imagine that inasmuch as the temperature of the viscera was constantly near 100° Fahr., the room in which the operation was to take place ought to be heated to that degree, lest a colder atmosphere should provoke great irritation on the exposed parts. Had these practitioners have called to mind the numerous cases of wounds through which the bowels have escaped, been exposed for some length of time, and which subsequently did well, they might have banished the fear of cool air, and have saved themselves and their patient from the oppression of a torrid atmosphere. The length of time necessary to complete a well conducted operation is so short, that a moderately cool air (between 50 and 60 degrees) has not time to act injuriously, while the heated room will prove far from beneficial. I operated on a patient living in a temporary house, a mere shanty, where there was no means of heating it, on a dark, rainy day in the month of December, while the temperature was so low as 46° Fahr., so low that our breath was visible, as was the steaming hillatus from the open abdomen of the patient. Not one anxious symptom followed, the patient recovered perfectly in twenty days, and has since become the mother of two fine children.

Another patient was operated on in a room opposite a large window which was kept open to admit light, and through which blew a smart breeze at 60° Fahr. This patient did well, and quite recovered in the space of three weeks. In every case that I have had since these, the operation has been performed regardless of either temperature, for

cases of non-adherent tumors. When there are adhesions a sponge may (rarely) be needed to dip away the little blood that sometimes obscures the orifices of a divided arteriole, in order to secure it by torsion or ligature. The sponge ought never to be *rubbed* on the part, for by doing so, the part becomes irritated, the innervation exalted, and the living plug that had closed the vessel drawn out, both these effects setting the bleeding agoing actively when it had ceased. A good operator rarely employs a sponge, and when he does he is careful to make use of a new one, and not one that has been contaminated by use.

The Long and Short Incisions Considered.—Early operators employed the “long incisions;” that is, long enough to admit of the escape of the tumor, and to afford an insight to what they were about, a cut from fifteen to twenty-six inches long. Recent operators, anxious, both for improvement and perhaps novelty, deprecate it as being dangerous from its great extent, and advocate a short cut, since, by puncturing one or more cysts, the contents can be evacuated and so much reduced in size, that the sacks may be drawn through a cut of only a few inches long, and then severed outside of the abdomen, without exposing the viscera to the air. This notion has largely been put in practice of late years with results far from favorable.

A short cut is less painful than a long one. This is its only merit, and which is now overcome by chloroform. In all other respects it is exceedingly defective. The short cut is utterly useless in all cases where the tumor is solid; also in cystic tumors that are adherent; for the solid tumor cannot be reduced in size since its contents cannot be evacuated, and therefore it cannot be brought through a small opening. Should the tumor consist of cysts and be adherent, the adhesions must be severed in the dark, with great risk to the parts to which it adheres, and in total ignorance of any hemorrhage that may occur. It is only ovarian tumors that can be diminished in size by evacuating the cysts, and subsequent dragging the flabby portions through a short cut; a slovenly procedure as any one who has seen this mode of operation can testify; a mode that favors the entry of some of this unnatural fluid into the abdomen, there to set up irritation and that inflammation which is so greatly feared. The advocates of this method say a great deal about the advantages it gives of fixing the “stump” in the cut, and outside of the abdomen by means of a clamp, which is to strangulate the peritoneum and tissues within its grasp, until the part sloughs off outside; rather than leave

it within the abdominal cavity, therein to slough, to putrify, and en-
poison the patient.

All this surgical complication is due to hypothetical speculation in
advance of what is expected to happen ; to a fear of hemorrhage ; to
a fear of leaving ligatures in the abdominal cavity ; to a fear of ex-
posing the viscera to a malignant influence of the atmosphere ; all of
them imaginary and unfounded fears, completely disproved by expe-
rience ; and what my old friend Blundell would call " meddlesome
surgery."

The long cut admits of the only means of severing adhesions safely,
without injury to adjoining parts, and admits of means to arrest any
hemorrhage that, possibly, might happen from a divided arteriole ;
and in the case of solid tumors is absolutely necessary to get space for
it to pass through ; enables the operator to see what he is about, and
to get at the few small vessels going to it that may require ligature.

Some operators advise and employ a thick ligature—whip cord,—
with which to tie the whole stump in a single noose. In this way a
large "stump" will no doubt be left to putrify ; a disgraceful piece
of surgery, when it is so easy to tie the few arteries that enter into it,
divide it, and leave no stump of any notable size, behind. But to
tie these vessels neatly and efficiently, it is requisite to have room,
which the short cut cannot give ; hence the lugging out of the stump,
and strangulating of the whole in a clamp ; thus carrying surgery
back to the epoch of horse-gelders and sow-spayers, who know not
how to arrest hemorrhage otherwise than clamps and searing iron.

By the clamp process the stump is forcibly stretched from the broad
ligament, or the spine, according to the attachment, to the abdominal
surface, like the yoke about the goose's neck. The viscera have to
place themselves within the abdomen as best they can, on each side,
above and below, like about a post set up among them. The two
edges of the abdominal incision bear on the left and right sides of the
hauled out stud, and must contrive to unite with the serous surfaces
of the stud by some strange process, cut surfaces with serous surfaces.

There need exist no fear of hemorrhage in ovarian cases, since only
two sets of vessels travel along the broad ligament to the tumor, both
of which can be rolled under the peritoneum and collected into two
groups ; one the spermatic at the upper edge ; the other, some uter-
ine from the internal iliac at the lower edge, each group to be stran-
gled with a fine ligature into a compass merely as large as the size of a
crow quill, as is manifest by the loop of several ligatures in my pos-
session that have come off in the course of cure.

The fear of inflammation from leaving two or more ligatures attached near the sacrum, and hanging out at the lower end of the cut over the pubis is unfounded. The greatly relaxed parieties in these cases render them much less liable to inflame than do parieties that have never been stretched and are tense.

Another fear, that of air entering by the side or track of the ligatures, is also unfounded; since during the first few days after the operation the peritoneal liquor oozes constantly out, a discharge from within being opposed to an entry without; and this discharge ceases only when by a little fibrinous exudation around the ligatures in their whole track it encloses them in a canal and by this means virtually excludes them from the abdominal cavity.

There is no difference in the length of time requisite to heal a short and a long cut; since the agglutination takes place throughout the whole length of each at the same moment, and not progressively from one point to the next successively. The process that unites one atom of the cut goes on in all at one and the same time. In gastrotomy, in cases of a previously distended abdomen, when properly performed and judiciously dressed, I have found union to take place without any inflammation, even of that low degree erroneously called adhesive, and have only seen a little of it with a harmless suppuration where the ligatures come out above the pubis.

The Operation.—Any medication of the patient previous to the operation is either useless or hurtful, as fretting the economy to some extent. All that need be done is to give a dose of castor oil the day previously, or an enema in the morning before the operation, merely to empty the bowels; and the enema should be tepid water simply.

The patient well under chloroform, being on her back, should the tumor incline to one side more than to the other, let an assistant push it so much to the other as to make its centre of convexity lie directly under the *linea alba*. The operator now commences by making a steady, deliberate cut from a little above the pubis to half way above the umbilicus, or higher up or quite to the scrobiculus, according to his judgment of the size of the tumor. Let it be made fearlessly through the skin down to the fascia over the *linea alba*. No blood, or less than a spoonful will escape if it be made exactly in the median line. Let him next either above or below the umbilicus, exactly in the centre of the *linea alba*, neither to the right nor to the left of it, cut carefully three or four inches long until he comes to the peritoneum, which is readily distinguished should the tumor be non-adherent in the centre. To enter the abdomen in this way there is no need

of probes, directories, forceps, etc., and that scratching, and lamina after lamina dissection too often seen done. Having entered the cavity of the peritoneum he will insert two fingers; on one or between both, place the back of the knife, the edge forward, and then carry it down and upward in the direction of the first incision to the extent needed, and thus effectually and safely open the abdomen. This much completed, insert the hand, palm towards the tumor, one on each side of it, and if there be no adhesions, turn the mass out; but care must now be had that an assistant support it when outside of the abdomen, lest by its great weight it draw too much on the broad ligament, tear or do other injury. The next step is to secure the vessels, which is easily done by collecting them as already said, into two groups, since they roll freely under the investing folds of the peritoneum, one set at the upper edge of the broad ligament, the other set or group at the lower edge, dividing the space between, which contains no vessels. A careful cut must be made through the peritoneum, which lies on and under the vessels which can be done without the slightest risk of wounding them, in which cut the ligature must be buried, in this way the peritoneum will suffer less than when strangulated. Let the ligature, a small one, be drawn quite tight, and the same done to the other group. Leave at least nine inches long of the ligature to hang out at the lower end of the incision over the pubis. Next cut through the attachment or pedicle of the tumor about half an inch from the ligatures; in this way no fearful "stump" will be left behind, more than is left in the case of arteries in amputations. The tumor is now extirpated. Wait a few minutes and see that all is right, there need be no hurry. During the operation the intestines may escape when the tumor is small, or from straining of the patient when the chloroform be insufficient, or excite vomiting; but the escape of intestines is a rare occurrence when the tumor is large, because the patient has not had capacity sufficient in the stomach to take in enough food to nourish her; she is lean and the pressure of the tumor has caused the absorption, more or less complete, of the mesenteric and omental fat, so that what with emptiness and absence of adeps, I have seen the intestines remain in the cavity of the abdomen resembling flat ribbons. However, should the intestines escape, suffer no meddling with them, which will injure them more than leaving them outside, untouched by busy hands, until it is time to close the wound. The surgeon ought to do this without assistance, and without touching them, by merely taking hold of each side of the cut as he would the open mouth of a bag, and lifting the loos and

flabby parieties up, the intestines will naturally slip in of themselves. Any attempt to restrain their exit during the performance of the operation will be to bruise them, and embarrass the operator.

The next step in the operation—the enclosure of the abdomen—is a very nice one, to exactly and neatly approximate the edges of the incision. For this purpose four twisted suture pins will be required to transfix and maintain the edges in perfect coaptation. These pins must be at least three inches long, made of brass, copper or iron wire well tinned—copper is the best, as being very pliable and easily bent after insertion to suit the track it lies in. To insert them, pass the steel needle through the skin an inch from the edge of the wound on one side of it, thrust it obliquely inward until it pierce the peritoneum half a line from its cut edge within the abdomen, again pierce the opposite side in a corresponding way to come out at the same distance as the first entered. Fit the cut edges exactly and neatly together and with a figure of 8 ligature secure this first pin. Do the same with the three remaining pins at equal distances from each other. This done insert at suitable intervals a sufficient number of common interrupted sutures between the interspaces of the pins. Add long straps of adhesive plaster, and place over the line of cut a strip of old rag moistened with a little blood that can be had by squeezing out the veins of the removed tumor. This blood dressing is the most congenial to a wound; it soon dries, and retains the parts like as plint, and is easily removed when *quite dry*. Lastly, lay a compress, made of one or two folded napkins on with a sufficiency of tow to fill up the empty belly to the level of the ribs, so as to press up the liver and support it from hanging too heavily on its ligaments, until the rib come down. Retain this thick compress by a many tailed bandage; the only kind that will fit snugly and not roll up out of shape and place as does a broad napkin. The many tailed bandage ought to have its slips scarcely four inches broad, and so laid on each other that the center one opposite the navel will be the first one lapped on, and the next one above and below to shingle over each other alternately, to reach as high as the ribs and low as the pubis; the last slip to be passed under the nates, come over the groins up in front of the abdomen, there to be pinned, or tacked with stitches to those that already encircle the belly.

Subsequent Treatment.—The operation is now finished; the patient in bed, and soon out of chloroform, is to take three grains of solid opium (no morphine or other fancy preparation). After this she will probably sleep six or eight hours. After that period some slight

pain will return, and is to be met with another dose of one or two grains more. It may be necessary to repeat the opium in two grain doses for a few days more, morning and evening, but the larger dose should be given in the evening, as that is both the time of exacerbation and the natural period of repose when opium acts most kindly. It is better to give one adequate dose that will last several hours, than tease the system with repeated small doses. After a full dose the system may be allowed time to recover from its unnatural state—the effect of opium; but never give more, nor oftener than there be real need for, indicated by pain. Where there is pain there is irritation, and where there is irritation inflammation is likely to be set up—*ubi dolor, ibi fluxus est*.

No heed need be taken to move the bowels, a routine practice, injurious after an operation that requires the greatest repose of the body and viscera; nothing interferes more with the recovery of the parts than acting on the bowels. The patient may well go five or six days without a motion, unless flatulency require an enema, or a small dose of castor oil to restore peristaltic action of the intestines; as the bowels were never full for a long time before the operation, and what little remained was removed by the enema, and nothing since accumulated within them during the low diet. But the diet must not be too low, the stomach must not be left empty, like a mill without grist to grind itself, therefore she must have a little bread and toast water, or tea, or both, according to her previous habit of living, for a few days.

The dressing need not be changed earlier than the fifth or sixth day, when some of the sutures may be removed, and the dressing carefully replaced.

In cases where there has been no adhesions and the peritoneum remained natural, it will secrete as usual a small quantity of *liquor abdominalis*. This will escape at the exit of the ligatures, and wet the lower portion of the dressing for a few day; a little later, the ligatures become enclosed in a sort of canal made by a slight deposit of fibrin, and becomes shut out, as it were of the abdominal cavity, and now no more will escape. Care must be taken to secure the outward ends of the ligatures under adhesive plaster to prevent them being drawn out before the vessels they constricted become completely closed. The ligatures, left to themselves, will take from three to five weeks to come away of themselves, because they always include a few fibres of the fibrous tissue that accompanies the vessels in the broad ligament.

But no inconvenience results from their so remaining, since the patient can go about as in health.

The forgoing description of the operation of gastrotomy may be taken as the type of any one form for the removal of tumors generally, from the abdominal cavity. Variations may be needed in particular cases, as when adhesions exist. Also when the case turns out to be a fibrous out-growth from the uterus, and fibro-fatty tumors.

Gastrotomy may be availed of for the extirpation of the uterus, as suggested by Blundell nearly fifty years ago. On one occasion I hesitated between extirpation of the uterus, or excision of a large fibrous tumor that grew from its base and ascended mid-way, between the umbilicus and scrobiculus, filled both iliac regions and encroached in the hypochondrii, its pedicle, if pedicle it might be called, was over three inches in diameter, and was confounded with the substance of the enlarged fundus of the uterus. It was severed close to the uterus, the patient recovered perfectly in three weeks time. At the time of the operation it was hard to say which of the two, severance from the uterus, or extirpation of the latter with the tumor, was likely to be the safer operation. Had I decided on the removal of both, I should have first tied the two internal iliac arteries, a simple and easy operation in the then open abdomen, where the vessels lie very apparent. In such a case the principal difficulty will be to sever the organ from the urinary bladder in front, and from the rectum behind, besides a careful regard not to wound the uterus. The open vagina can be closed with a couple of sutures, so inserted as to permit the ends to come through the vulva.

Very rarely gastrotomy may be needed for the removal of a fœtus in case of its escape into the abdomen through a ruptured uterus, and for the removal of the remains of an extra uterine conception. Such an operation is very simple in its execution, and the incision will be of very limited extent.

Cæsarian section I think ought never to be performed. There are very few cases of natural obstruction so complete as will not admit of instruments capable of extracting the fœtus, piecemeal at least, by the natural passage, and so save the mother in preference to the fœtus. I have seen several Cæsarian operations performed in 1832 and 1834, to satisfy or rather gratify a bigoted clerical prejudice. They were all unfortunate and cruel.

A FEW MISCELLANEOUS REMARKS.—It is not without great interest that we look into the empty abdomen after the removal of a large tumor, for the cavity looks empty. The stomach will be found very

small all the intestines nearly empty, and so reduced in size as to resemble flat ribbons; no fat anywhere, in long standing cases, even about the kidneys. In this state of emptiness, and no support on the vessels, we cannot help smiling at the caution so seriously inculcated in cases of paracentesis to keep up great pressure, without which it is supposed that syncope, even mortal syncope, may occur.

Whipcord as a ligature to the pedicle is too large to be capable of being drawn sufficiently tight to compress the small vessels it is so disproportionately applied to. It will stand a strain of nearly a hundred pounds without breaking, a force much greater than needed. A single thread well applied I have found adequate to every purpose.

The Ecrasure (crusher) a novel instrument recently introduced to sever parts without the risk of hemorrhage. It is a more barbarous instrument, if possible, than the gilder's clamp, and equally disgraceful to the progress surgery has made. Where it can be applied with precision, and bruise its way through parts a knife can cut with exactitude, and any severed vessels tied, should the surgeon possess no more than limited abilities.

One word more about hemorrhage in the case of extirpating ovarian tumors. Here, hemorrhage can come from two sources only—I say nothing about adhesions. The first is from the spermatic vessels; these cannot give trouble. The second source is more important, furnished by the uterine vessels, deep in the hollow of the sacrum, where in a few cases, difficulty may be encountered from the "welling up" of blood. But this can be easily commanded by a good assistant compressing the internal iliac with his finger against the brim of the pelvis, alternately pressing and relaxing, to enable the operator to see the point of escape, and there apply a ligature with the aid of a forceps or tenaculum, or the old method with a needle.

ARTICLE II.

The Exhausting Air Treatment of Chronic Diseases.

Cases reported by J. A. FORD, M. D., Lexington, Ky.

EDITORS OF THE LANCET AND OBSERVER:—With your permission I will trespass on the columns of your Journal, by reporting several cases of disease cured by an instrument lately introduced to the profession by A. F. Jones, of this city. The instrument of which I write, is an Air Exhauster, with a pump attached, and a gauge,

which indicates the amount of air exhausted. The patient sits in this instrument — which is made air-tight — without any pain or inconvenience, the breathing organs being out, so that he can breathe while the air is being partially exhausted from around the body, (the exhaustion being regulated by its effect on the body,) he at the same time breathing the natural, heavy air. You therefore perceive that the patient is in two atmospheres, a heavy and a light one, at the same moment.

The inventor claims that this instrument acts on the system as an alterative, and when the patient is under its influence, induces the blood from the centre to the periphery, and extremities of the body, thereby breaking up congestions, and equalizing the sanguineous and nervous flow. The inventor also claims that this instrument stimulates the lymphatic absorbents to take up and throw off morbid secretions.

This instrument is called a "Restorator," which, in my hands, has made many cures. The history of several of these cases, I now proceed to report to you. In my next, I will cite you to other very interesting cases cured, if you will allow me a place in your Journal. This mode of curing diseases is called "The Exhausting Air Treatment."

CASE I. Paralysis.—Lee Talbott, Esq., of this city, aged forty-seven years, commenced treatment, January 2d, for a condition of Paralysis, of over twenty-two months' standing.

Symptoms.—Left side of the body paralysed to such an extent that he had hardly any use of his left arm, and used his left leg with much difficulty, with the aid of a stick. Both limbs were considerably withered. Bowels so much constipated, that it was difficult to move them with the most powerful purgatives, often going as long as twelve and fifteen days without an operation. Appetite abnormal, eating large quantities of food without any enjoyment, as nothing tasted natural to him. Body emaciated; urinary organs partially paralyzed, urinating twenty or thirty times daily, voiding small quantities of water at each time. Commenced improving rapidly after the first application, and cured in seventeen applications of five minutes each, without any pain or inconvenience, and without any medicine whatever. Mr. Talbott remains in a good state of health up to this date, and has a perfect use of his limbs. His father died of paralysis, aged fifty-six years.

CASE II. Spermatorrhea.—Samuel F. Gray, aged 26 years, com-

menced treatment, March 10th, 1864, for a case of seminal weakness, of over five years standing.

Symptoms.—Liver torpid; bowels constipated; appetite bad; seminal discharges frequent; was reduced in flesh from one hundred and thirty-eight pounds, to one hundred and twenty-four pounds.

After the second application of exhausted air, had a very large operation on his bowels, which have been in a healthy and natural state ever since. After the seventh application, the seminal discharges entirely ceased. After the fifteenth application, was restored to perfect health and strength, having rapidly improved from the first to the fifteenth application, when the treatment was closed. Each application occupied five minutes of time, and was not attended with any pain or inconvenience; neither was there any medicine given. Mr. Gray remains in a good state of health up to this date.

CASE III. *Paralysis.*—Sarah Jane, aged seventeen years, one of the family of Randolph Hailey, Esq., applied for treatment May 20th, 1864, for Paralysis of over three months standing.

Symptoms.—Both legs paralyzed to such an extent that she walked with much difficulty, with the aid of a crutch, and the assistance of another person. Both hands were completely paralyzed, and her arms nearly so. General health bad. Menses suppressed.

After the fourth application, did fine sewing, and could walk well, without any assistance whatever. After the sixth application, was discharged, entirely cured, and has remained in a perfect state of health ever since.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M. D., Secretary.

HALL OF ACADEMY OF MEDICINE, }
Monday Evening, Oct. 17, 1864. }

Dr. Almy the President in the chair.

Cutaneous Diseases.—Dr. Bruenn wished to ask his medical friends if they had seen of late many cases of skin diseases amongst children? Stating that he had been called by a number of families who thought they had itch amongst them. Even the children at school suspected of having this trouble had been sent home by the principal. A great deal of prurigo existed, but it is of a mixed nature; in some cases the prurigo with some pimples, but of the same color as the skin others

complicated with lichen or erythema. In children between the ages of 8 and 12, of a sanguineous temperament there is no lichen or erythema with the prurigo, but in younger children the lichen is always present. In children of sanguineous temperament the lichenous eruption goes still further and pustules are formed by which not only the people in general but the profession had been deceived and called it itch.

He was called in the country to a family where their family physician had diagnosed the trouble itch, but it was not so; in a great many cases sulphur had been used, but it was improper treatment, for under its use the skin becomes more irritated, and the prurigo more exaggerated. The treatment pursued by Dr. Bruenn was of a mixed nature. In simple prurigo a warm bath is the best remedy; but in lichen when the suppurative state has begun this is very injurious. So in pure prurigo he ordered the alkaline bath daily, of 1 lb of saleratus to ordinary bath tub of water, for an adult. After the bath, a towel wet with as cold water as could be obtained was laid over the part, and then rubbed with a dry towel. Internally he gave alkalis—the best he thought the liquor potassa—10 to 15 drops in half a tumbler of water, two or three times a day.

The urine in prurigo always reacted acid, and therefore he used the alkalis; as to the diet he gave a mild but bland and nourishing one.

In lichen when the pustules are formed, the baths are of no benefit and he used the oxide of zinc ointment twice a day; confining the hands of the patients to keep them from scratching. When the pustules are drying and the skin becoming soft and smooth, then he used the warm bath and not before.

The Doctor said he had been led to make these remarks because he had heard that there were so many cases of scabies, when in truth there were but few. These cases arose during the hot weather, like the tropical lichen, or prickly heat, which was caused by perspiration, this always reacted acid, and therefore it was no wonder the mouths of the follicles became irritated; for they are situated near the mouths of the sudoriparous follicles—and here is where the trouble originates—caused as said before by the acidity of the perspiration. All the variety of skin diseases spoken of belong to the same class and proceed from the same cause. In grown persons we have generally prurigo, but in children the lichen.

Case of Triplets.—Dr. Quinn reported the following case: On last Saturday morning he was called to see a large robust Irish woman, the wife of a blacksmith. He learned from her that she then had no

pains ; she had been in labor from 10 o'clock at night with grinding cutting pains, but which were not severe enough to induce her to send for a physician. At 6 o'clock A. M. the bearing down pains commenced when she sent for him. Immediately after her husband's departure the membranes ruptured while she was on the floor ; she then went to bed and found a foot presenting, at which she was much alarmed. Dr. Quinn found on examination a foot presenting in the vagina, but not externally, the cord wrapped around the leg of the child keeping the foot up ; on disengaging the leg, the foot appeared externally, and in five minutes from the time he entered the house the child was born. On examination he found another child ; there was capacity enough for the hand to be well introduced into the uterus. In three-quarters of an hour, the pains again began, by which the first was pushed down toward the pelvis ; the second pain brought it into the cavity of the pelvis, when he now ruptured the membranes, which was followed by a very large gush of the waters, and another pain delivered the child, head presenting. On examination he found the head of another child high up in the fundus of the uterus ; introducing the hand he grasped the sac and by the aid of the uterus, the third child was delivered five minutes after the second. By gentle traction he delivered the cords, and by grasping the uterus externally with the hands, the after-birth was soon delivered and the uterus contracted promptly. All the children were females ; the first and second each weighed 8 lbs, and the third weighed a little over 7 lbs. The placenta was very large, and a single one without any septum being as yet discovered there were three cords, each arising from different points on the placental surface. The children were all healthy and cried lustily. It was computed that the woman must have carried a weight of 30 lbs before delivery. The first sac contained but little liquor amnii ; the second a large amount, and the third an ordinary quantity. The second child twenty minutes after birth had a spasm, attended with difficult breathing, and obstructed circulation, which was speedily relieved by a warm bath. Soon after it had another spasm, for which he administered a little warm water internally ; in the night the eldest child had a spasm, for which he was summoned—when he also found all the children troubled with difficulty of breathing, from accumulations of mucus in the bronchial passages. Next morning he found mother and children doing well.

MONDAY EVENING, Oct., 24th.

Vice President Dr. Carroll in the chair.

Per Chloride of Iron in Croup.—Dr. J. B. Smith related the fol-

lowing case of diphtheria, with reference to the success of a certain plan of treatment. In the last number of the *Lancet and Observer* he had noticed an article, copied from some London journal, in which the treatment of croup by a solution of per chloride of iron was recommended. On last Thursday he was called to see a little girl ten years old. The mother stated the child had some trouble about her throat ; on examination he found external enlargement of the glands, and internal swelling of the fauces and tonsils ; pulse 120 ; skin cool ; a plastic discharge from the nostrils ; and the fauces covered with diphtheritic exudation. Dr. Smith first ordered a mixture which he had been in the habit of using in such cases, of chlorate of potash, muriated tincture of iron, and spirits of mindereri ; also giving beef essence. In three or four hours he found the child much worse, with great difficulty of breathing, the discharge from the nostrils increased, and a bluish condition of the skin. He then gave the following solution : 30 drops sol. per chloride of iron in 8 ounces water, directing a tablespoonful every half hour. When she first took it most of it passed back through the nostrils. In the evening the child was a little better, he ordered the solution given every ten minutes. Next morning she was much worse, owing to the fact that the parents had neglected to give the medicine ; the medicine was then directed to be given every five minutes ; while taking the solution thus often, the child improved and coughed up mucus, blood and the peculiar diphtheritic exudation. He continued the treatment until this morning when there was no appearance of the exudation, the pulse 80, and the patient convalescing nicely. On the second day of sickness, the child's face presented a peculiar bluish appearance, resulting from the impeded circulation of the capillaries, with great dispnoea, a hoarse, croupy cough, and it appeared to the Dr. as if the disease was extending into the larynx and trachea ; she was throwing her arms wildly about, grasping everything, in fact just in that condition when death might be expected very soon. But upon the more frequent administration of the medicine there was immediately a decided change for the better. In this case, either nature or the remedy effected a cure ; and Dr. Smith thought that some portion of it should be attributed to the medicine.

Judging from the success of this case, and if all that has been claimed for the per chloride of iron in croup is true, the Dr. thought it an invaluable remedy. In reply to a question, Dr. Smith stated that the child took altogether 48 ounces of the mixture during its four days of sickness.

A Case of Dislocation of the Shoulder—Mode of Giving Chloroform.

—Dr. Tate, reported the following case of dislocation of the shoulder to illustrate, as he thought, the best way of administering chloroform. He was usually able to reduce dislocation without chloroform by simple manipulation; but in this case the patient being a stout, robust young man he was unable to effect it. The dislocation was of the humerus into the axilla, caused by the patient being thrown down descending from a car. The man was laid down, and the mouth nostrils having been guarded to protect the skin, chloroform was given after the manner of Mohr by placing a very thin handkerchief over the mouth and nose, and a very few drops of chloroform produced æsthesia; the quantity used in this case was not more than a tumbler full. Immediately after the dislocation was reduced; the man recovered with all his intellectual faculties good; notwithstanding his fears that the anæsthetic might prove dangerous to him.

Correspondence.

Letter From Dr. Parvin.

DUBLIN, September 2d, 1864

DEAR DOCTOR:—In my last letter, I spoke of Dr. Church as being over sixty years of age, and thus I was informed by one of the profession here. It was a mistake, nevertheless; Dr. C. is fifty-six, and hardly looks that old. He, more than any other authority has been my obstetrical teacher and guide; and my respect for him and his teachings, thus acquired, has been increased by personal acquaintance. Would you like to see him? Imagine a man six feet two or three inches under the medium height—erect, but slight form; a very dark eye; an unusually heavy, yet black, eye-brow; a head not at all bald, but whereon the silver is triumphing over the dark hair of youth and manhood—a head, too, remarkable for its round and full appearance; a face with a complexion somewhat dark, but beaming with benevolence and kindly feeling—a face, whereon you read no guile, but sincerity of purpose, and honest expression. There you have a hurried pen-sketch of Dr. Church—not merely as he *seems*, but as he *is*—for seeming and being are one with him. He makes you feel quite at home, listens patiently to your questions, and will solve your difficulties without any of that air of haughty condescension, or of vexed hurry, which I have known men no greater, not as great, indeed, exhibit. He has a

tion of Dr. Hodge's pessary — indeed, says that it is *the* e, himself, was very near making the same invention some

By the way, what a massive volume the ex-Professor of sity of Pennsylvania has created! It is big enough to other obstetrical volumes; and to most book-cases will be sable as the Vicar of Wakefield's picture was to his home. f the book here — there is one copy on sale — is not so ere will be much competition to obtain possession — three bout forty dollars in greenbacks, according to the last gold I have seen,) will drive away all private purchasers.

etern: Dr. Churchill's practice, which is now more in dis- nales than in obstetrics, of course is quite large and lucra- like some other Dublin practitioners of note, realizes more lice business, than from visiting patients. In practice, he vative — trusts to safe, even if tedious modes, rather than possibly, reckless ones; "be assured of the nature of the d simply go on, go on, in the treatment, even if it takes s." The operation of slitting up the cervix, introduced or Simpson, and for which men have such a passion, now ften done, I am assured, where there there is no narrowing the true disease is entirely overlooked, meets with no favor ds. By the way, referring to contracted cervix uteri, let u, that an admirable material for producing dilatation has en found in the *Laminaria Digitalis*, or Sea-tangle. The d, of course, is used, and it will expand by absorbing rom the mucus secretions of the canal, to five or six times en introduced. This sea-tangle may be used, not only for he os and cervix, but also the urethra; or as a substitute in surgical practice. The discovery is so recent, that but made use of it. Dr. Churchill told me that he had not t, but he intended to, the first opportunity; Dr. Denham, blin Lying-in Hospital, has, and finds it of great value.

singular case occurred last Sabbath, at the Hospital just l: A woman was delivered, at the full term, nothing unu- ng marked her pregnancy — of a healthy, perfectly formed, d after the birth, a hard, jagged body having been felt, at in the labor, just within the os, Dr. Denham introduced , and removed this body, which, upon inspection, proved to ater part of a superior maxilla, containing a molar tooth, xh, had one found under other circumstances, he would onged to a person about fourteen years of age.

I find that chloroform is very little used here in obstetrical practice, save in instrumental deliveries. This abstinence from chloroforming the parturient, is mainly caused by the popular dread of the agent; though some obstetrical practitioners, with whom I have conversed, themselves raise an objection to the anæsthetic, on the ground that it seriously interferes with the strength and the frequency of uterine contractions.

In addition to the Dublin Lying-in Hospital, which now has more than a century of age upon it, with which so many famous men have been connected, and which has contributed so much to obstetrical science — there is a similar institution here, known as the Coombe Lying-in Hospital. Of this institution, at which I spent some time to-day, with Dr. Kidd, one of the staff, I propose speaking in a future communication. Dr. K. is the editor of the Dublin *Quarterly* — which is now one of the exchanges of the *Lancet and Observer* — and is a most estimable gentleman, and justly occupies a prominent professional position in Dublin.

This city, I need not tell you, is an excellent place to see typhus fever. At the Meath, at the Cork Street Fever Hospital, and at the Hardwicke — more particularly the last, I have had an opportunity of seeing several cases of genuine typhus; and certainly it is a very different disease from the typical cases of enteric fever that Dr. Wood used to show us in the Penn Hospital. Typhus, of course, is treated here mainly by the administration of stimulants, wine or brandy, and these in no small doses: recovery generally commences in from fourteen to twenty-one days, and this commencement — as Professor Banks of the University informs me — is marked, not by any critical discharge — indeed free perspiration, for example, would be generally a fatal omen — but by sleep.

In one of the fever hospitals, I confess to no little astonishment at the stethoscope in use — it was nearly long enough for a cane — too long for the most adventurous louse to crawl from patient to physician; indeed, even a flea would be in sad want of sustenance, who would attempt so great a flight: whether the fever poison is equally discriminating, is doubtful.

You remember Dr. Wood in his "Practice," refers to Dr. Corrigan, and his instrument for "firing." It has been a great pleasure to me to become acquainted with Dr. C. He impresses one as no common man, and at the same time there is a frank heartiness which makes you quite at ease with him; while you admire the clear, sharply defined views he presents, no matter what may be the sub-

ject of conversation ; it has also been a pleasure, less indeed than the former, but still a pleasure, to see his instrument, and to observe the benefits from its application. In many cases of sciatica, and in the severe pain in the back, of fever, the results of "firing" are remarkable. Through the kindness of Dr. Gordon, a very able colleague of Dr. Corrigan's at the Whitworth and the Hardwicke, I have witnessed some of the practical uses of Dr. Corrigan's instrument.

To-night I start for Edinburgh, whence I hope to write you again.

T. P.

Letter From Boston.

BOSTON, Mass., November 14, 1864.

MESSRS. EDITORS—The Massachusetts Medical College was formally opened, on the 2nd inst., by an introductory address from Prof. Clarke. His subject was the *Materia Medica* : its improvements and progress for the last fifty years. It was an able exposition of what the science of chemistry, and a more thorough knowledge of the physiological action of drugs, had done in modern times. The address will be published, and will be a valuable addition to the literature of this branch of medicine. The attendance of medical gentlemen and others was large. I learn that the class numbers some three hundred and fifty.

Dr. Brown Sequard will not deliver his course of lectures, in his special branch, owing to his impaired health. His valuable library was sold a few days since, as he was about to return to Europe.

Dr. John E. Tyler, of the McLean Asylum, commenced a course of lectures, on the 10th inst., at the Medical College, on Mental Diseases and Insanity. These lectures are given weekly, and open to all. You may recollect the atrocious murder of young Converse, committed last December, by Edward M. Green, in the Malden Bank. The question was raised as to the state of mind of Green, when the deed took place. The prisoner petitioned for a commutation of his sentence to imprisonment for life, on the grounds of insanity and imbecility. The Committee on Pardons, after fully considering the matter, refused to recommend a remission of his sentence. I subjoin the report of the Medical Commission on the subject :

To His Excellency John A. Andrew, Governor of the Commonwealth :

In accordance with your wishes, we have endeavored to make a careful and thorough examination of the mental condition of Edward W. Green, now confined in the Middlesex County Jail.

We have failed to discover any trace of insanity in him, nor we consider him "an imbecile." But he is a man of inferior capacity, little education, and little desire for it, and of limited general information.

His affections are strong. He is fond of children, and loves wife and child.

In all common matters of social life, his moral sense is quick correct. He by no means confuses right with wrong. He had notions of personal obligations to God, but of religious knowledge and experience he is most astonishingly ignorant.

Until his arrest it appears that he has led an idle, frivolous, self-indulgent life, though not given to the excesses most common among young men, caring for little but to be popular, to write a good deal to drive a fast team, to eat, and to have a good time, giving hardly thought voluntarily to other things than these, and rarely one to religious subjects.

He *knows* that he has committed a great crime, and that he deserves punishment for it. He *feels* in a measure that he has wronged parents and friends of Converse, his own wife and child, and the community in which he lived, and in a measure he lamented this his greatest grief seems to be that by any act of his he should have placed himself in so sad a position.

We can not consider him irresponsible. He came to his crime as other men have come to great crimes, through a preparation of previous misdeeds, and by permitting the object of his desire to fill his whole field of view, and to utterly exclude everything else. We believe that he was less qualified to resist the temptation to wrongdoing than many other men, but that this disability grew rather from neglect of cultivating his moral powers, than from any congenital absence thereof.

We are ready to give a more detailed account of the examination and our reasons for the above opinion, if your Excellency should desire it.

Your obedient servants,

JOHN E. TYLER,

CLEMENT A. WALKER

The statistics of the Boston Dispensary for the year ending October 1st, 1864, are as follows: Number of new patients treated at Central Office is 12,469. Of these 9,008 were in the medical department—men, 1,092; women, 4,095; children, 3,821. In the Surgical there were 3,461; men, 875; women, 1,125; children, 1,461. In the District there were 9,701; men, 1,630; women, 3,743; children, 4,328; making a total of 22,170.

There were treated at the Central Office, old and new patients—Medical—18,064; Surgical—5,114; Total—23,178. Average attendance—78½. Births in District—126. Deaths 237.

Reviews and Notices.

Lectures on Venereal Diseases:—By WILLIAM A. HAMMOND, M.D. Philadelphia: J. B. Lippincott & Co. 1864.

The volume before us, is a compact and very satisfactory synopsis of the doctrines of the pathology of venereal disease, and its best treatment, as taught by the best writers of the present time. It consists of twenty lectures; the first five of which, as is stated by the author, were delivered at the Baltimore Infirmary in the spring of 1861, and, as delivered, were published in the *New York Medical Times* of that year: the remaining fifteen were prepared, but not delivered, owing to the author's return to duty in the army. The whole series are now revised and presented as a connected outline of the subject; though in his preface Dr. Hammond modestly disclaims for his little work the excellence or completeness of such recent works as that of Dr. Bumstead, to which as we think he very properly gives the credit of covering "all the ground a work of the kind can cover."

Having said that the volume embraces in brief a fair outline of the recent teachings of the subject, we need scarcely enter into a minute consideration of its matter. A very large portion of the book, fifteen of the twenty lectures, is devoted to a discussion of syphilis. The duality of the poison; that is to say, the distinct nature of the soft and Hunterian chancre, is very fully discussed in the introductory lectures, and the doctrine of duality accepted. Several lectures are occupied with a consideration of the lesions of secondary and tertiary syphilis; one lecture on the History and Claims of Syphilization and one lecture on the Transmissibility of Syphilis through the blood.

The concluding chapters are taken up with the consideration of Gonorrhœa and its complications. Contrary to the opinions of the best syphilographers of the present day, Dr. Hammond holds to the doctrine that gonorrhœa has its *origin* in the matter of a chancre. Further that we have two distinct forms of gonorrhœa, just as we have two forms of chancre—the pus secreted by a hard or Hunterian chancre deposited on a mucous surface giving rise to one form of gonorrhœa—and pus in like manner from a soft chancre (or chancroid) giving rise to a distinct form; *originally* in chancrous matter, but once developed being capable of reproducing by infection the disease in others. We have not time to present the arguments and observations the author has collected in support of these views; at present we can only spare space to present the peculiar doctrines of the book.

The publisher has as usual done his part in good style; the paper being good and tinted, and the presswork clear and satisfactory.

For sale by Robt. Clarke & Co. Price \$3.00.

Diphtheria: Its Nature and Treatment: With an account of the History of its Prevalance in various countries. By DANIEL D. SLADE, M.D. Being a second and revised edition of an Essay to which was awarded the Fiske Fund Prize of 1860. Philadelphia: Blanchard & Lea. 1864.

As stated in the title this little volume, first made its appearance in 1860, being the Essay to which was awarded the Fiske Fund Prize for that year. Upon its first appearance we made due notice of its character, in this journal. The author remarks in a brief prefatory notice to the present edition, that he is thus afforded an opportunity for its thorough revision, and for such additions, as experience and observation have taught. Dr. Slade's treatise has very generally been regarded as one of the best on the subject, and as a resume, at any rate of the subject, may be considered the most reliable of anything to which we can readily refer; giving in a convenient shape and compass about all that we know of the nature and treatment of this terribly fatal disease.

For sale by Robt. Clarke & Co.

The Army Surgeon's Manual: For the use of Medical Officers, Captains, Chaplains, and Hospital Stewards; containing the regulations of the Medical Department, all General Orders from the War Department, and Circulars from the Surgeon General's Office. From January 1st, 1861, to July 1st, 1864. By WILLIAM GRACE, of Washington, D. C. Published by permission of the Surgeon General. New York: Bailliere Brs., 520 Broadway. 1864.

We have not in a long time seen a little book so apropos to the times, and so fully yet modestly fulfilling what it proposes to do. Its somewhat lengthy title page very well expresses the character of the book, though as sometimes happens we have a somewhat formidable title to a volume of moderate dimensions. Part I. contains a list of the medical staff of the U. S. Army, up to July 1st, 1864. proceeding with the order of rank—Surgeon General ranking as Brigadier; Asst. Surg. Gen. ranking as Colonel; Medical Inspector Gen. ranking, also as Colonel; Medical Inspectors, ranking as Lieut. Colonel; Surgeons ranking as Major; Asst. Surgeons ranking as Captain; Asst. Surgeon ranking as First Lieut. Then we have in the Volunteer Service, the list of Surgeons, ranking as Major, and Asst. Surgeons, ranking as First Lieut. Part II. gives the Regulations of the Medical Department as taken from the revised regulations for the

army. Part III. embraces the General Orders relative to the Medical department from March 1861, to July 4th, 1864. Part IV. gives in regular order the Circulars issued from the Surgeon General's Office from May 1862 to July, 1864. The whole concludes with a copious index enabling the reader to find almost any order, regulation, change, appointment, dismissal, or promotion, since the beginning of the war. Every officer connected with the Medical Department of the army will appreciate the service which is thus rendered by Mr. Grace. The publisher will please accept our thanks for this early copy which is before us.

For sale we suppose by all booksellers. Price \$1.50.

Gunshot Wounds and other Injuries of Nerves: By S. WEIR MITCHELL, M.D., GEORGE R. MOREHOUSE, M.D. and WILLIAM W. KEEN, M.D. Act. Asst. Surgeons U.S.A., in charge of U. S. Army Wards, for Diseases of the Nervous System, Turner's Lane Hospital, Philadelphia. Philadelphia: J. B. Lippincott & Co. 1864.

The little volume before us is another of the scientific contributions which has been called out in the progress of the present civil war: The Authors state in their preface that "the cases upon which this little volume is founded, were studied during about fifteen months, beginning in May, 1863."

We can scarcely give so good an idea of the scope of this book and the process by which it has been made, by any critical analysis of its contents, as by a free extract from the introduction chapter itself:

"When the U.S.A. Hospital for the Diseases of the Nervous System was organized in May, 1863, it was at first proposed to limit its usefulness so that only those cases should be received. It soon became plain that it would be advisable to include also wounds and other injuries of nerves, and accordingly an order to that effect was issued.

"No sooner did this class of patients begin to fill our wards, than we perceived that a new and interesting field of observation was here opened to view. Before long, so many of these cases were collected, that, for a long time, they formed the majority of our patients. Among them were representations of every conceivable form of nerve injury—from shot and shell, from sabre cuts, contusions, and dislocations. So complete was the field of study, that it was not uncommon to find at one time in the wards four or five cases of gunshot injuries of any single large nerve. It thus happened that phenomena

ably traces the clinical study and observations, of which they are the representative.

A not very thorough reading of this little book, will permit a very favorable regard for the many points of interest which are so frequently presented. Among these interesting points, we notice quite a number of interesting pathological reflections, which appear to have come up incidentally in the record of individual cases: of these we instance the paragraphs on—The effect of wounds on the nutrition of the skin and its appendages—Muscular Hyperæsthesia, and Anæsthesia—Pain—with many of like interest.

We are gratified with the beautiful, clear type which the publisher has used in the printing of this volume, but can not but express our surprise that a little book, so worthy in many respects, should be sent forth to the world in paper covers.

For sale by Robert Clarke & Co. Price, \$1.00.

Transactions of the Medical Society of the State of New York, for the year 1864. The Fifty-Seventh Session of the Medical Society of the State of New York, met in the city of Albany, on the 2nd of February, 1864; Dr. T. Bissell, of Utica, Presiding, and Dr. S. D. Willard, of Albany, Secretary. The deliberations and papers, make a large and valuable volume of about 500 pages. Many of the contributions are copiously illustrated, and illustrate some of the most important topics of medical science. The essay to which was awarded the Merrit H. Cash, Prize, was by Dr. Bell, of Brooklyn, and discusses a subject which is interesting a large portion of the profession. The completeness of the protection of vaccination, and the danger of communicating other diseases with the vaccine. The general results or conclusions of the essay may be summed up in brief—that small pox and cow pox are identical; that the protection of cow pox is immense, and may be regarded as complete, when a repetition of the vaccination does not again take effect: that the transmission of other diseases, as syphilis, for example, with vaccine infection, may be *perhaps* regarded as possible, but the asserted instances doubtful, and rarely probable.

Dr. Taylor, of New York, contributes a paper on Spinal Irritation, or causes of back ache among American women: this paper is profusely illustrated; as is also a paper by Dr. Buck, of New York City, giving the History of a case in which a series of plastic operations was successfully performed, for the restoration of the right half of the upper lip, and adjacent portions of the cheek and nose.

Perhaps one of the most practically useful papers in the volume, by Dr. Swinburne of Albany, on compound and comminuted gunshot fractures of the thigh, and means for their transportation: Dr. Swinburne has given a great deal of attention to the surgery of fractures, and his suggestions, therefore, are to be received with much respect. It is not easy to understand his plan for transportation in these cases, without the accompanying cut—but it is devised upon the philosophy of the treatment of fractures much dwelt upon by the Doctor in past contributions on this subject—to wit: the placing the limb so completely on the stretch, as to compensate for the lost extension normally afforded by the sound limb: he proposes a stretcher for this purpose, which completely extends the fracture, and gives it relief, even while the patient may be carried off the field.

We can not further notice these transactions—they contain more than thirty essays, reports and memoirs, and reflect great credit on the profession of a great State.

Editor's Table.

[*End of the Year.*—The rapidly changing seasons, has brought around another close of our yearly task; and yet we do not altogether so regard our work, else it had closed forever long ago. The labors of editing and conducting a medical periodical in America has various vexations and embarrassments, but it has its pleasures too, and we strive to banish the disagreeable from our thoughts and dwell upon the pleasant. The present year has been for us particularly annoying in many respects; our expenses have been unusually heavy; and with the increased liabilities we have not yet at any time during the year been able to present our journal with promptness to our subscribers. Our arrangements for the coming year are such that we hope to be more prompt, and with a new dress, and other features and promises, certainly hope to meet the just expectations of our readers. We also desire to resume the custom of embellishing our volume with the engraving of some distinguished member of the profession—we shall therefore accompany an early issue of the year with a medical portrait, though our present purpose is to furnish the portrait only to *paying* subscribers.

For any shortcomings of the year, we respectfully solicit the kind forbearance of our readers. If we have inadvertently wounded the feelings of any professional brother, or by any editorial paragraph

done injustice, we still beg absolution for we have in thought and intent studiously avoided all such purpose.

For the future we only offer the records of the past, and its sincere honesty of purpose, to labor still for the advancement of the profession; we shall more than ever, work for the interest of medicine and medical teaching in this city and this great valley.

Friends, we ask your hearty co-operation for the future as heretofore; your aid in extending our circulation; your pecuniary aid; your full, mature and constant contributions; all these are necessary to build up a prosperous and strong journal.

Small Pox Prohibited by Public Edict.—The village of Noblesville, Indiana, is a very clever village, and they have therein some very clever practicing physicians; their corporation legislators, however, have some queer notions, of which the following, which we may regard as a sort of quarantine regulation, is a specimen:

"NOTICE.—Be it ordained by the town council of the corporation of the town of Noblesville, that the marshal of said corporation is hereby instructed to notify all persons having the disease commonly called the small pox, that at every where any person has the small-pox a piece of red flannel shall be hung out for a sign of the small-pox.

"Be it further ordained that any person having the small-pox, or exposed to the same, shall all use proper means to keep the said disease from spreading through the town.

"Be it further ordained that any person violating said ordinance shall be fined in any sum not less than five nor more than twenty dollars.

Noblesville, Ind., December 28th, 1863. Signed by the Clerk."

We suspect that in this case, as elsewhere, corporation legislators fancied they held the reliable wisdom, and were not vulgar enough to consult with the doctors.

Our Young Folks.—An illustrated monthly magazine for boys and girls to be edited by J. T. Trowbridge, Gail Hamilton, and Lucy Larcom—well known contributors to the *Atlantic Monthly*—will be issued shortly by Messrs. Ticknor & Field, of Boston. Some of the most popular writers in this country, especially of juvenile works, are announced as regular contributors to the proposed new magazine. Each number will contain at least 64 pages, and will be fully illustrated. The price will be \$2. a year, with a generous reduction to clubs. The success of the publishers in conducting the *Atlantic Monthly*, universally recognized as the leading literary periodical of

this country, is a fine guarantee of the forthcoming—*Our Young Folks*. The little folks will eagerly anticipate its appearance.

The American Medical Times.—We are gratified to learn from a private source, there is a probability that this excellent weekly medical journal will resume its publication at an early date.

Private Medical Instruction.—By reference to the advertising department of this journal, it will be seen that Drs. Parvin, and Bartholow have entered into a regular systematic plan of private medical teaching, which will consist of examinations, occasional lectures and demonstrations. For particulars see the card of these gentlemen.

Quack Advertising.—Some friend has forwarded to our address the very flaming advertisement of a Dayton quack doctor; but as these literary effusions are very similar in their style and character, we do not see that we would benefit science particularly by ventilating the matter. As usual various individuals of that community have had the bad taste and lack of good sense, to furnish their names to give character to this "doctor;" but then that's so old a human infirmity that we scarce care to be troubled about it. The advertisement claims the privilege of referring to Commodore Winslow! and several prominent surgeons, paymasters, etc., etc., but then we are not entirely certain that this is by permission till we hear otherwise.

Medical Colleges.—In the Medical College of Ohio, the class for the present session, we understand is about one hundred and sixty.

The new school at Cleveland enters on its first session with very flattering prospects, the class numbering sixty.

We learn from our Boston correspondent that the Medical Department of Harvard College has a class of 350. We have heard from no other schools definitely.

B. Frank Palmer—Artificial Limbs.—We have no intention of entering the list in the discussion of merits of the various patent artificial legs offered to those who have lost a limb. Some of these are manifestly inferior; others require a knowledge of mechanics, or a personal experience, or a special study of these inventions which we are ready to acknowledge we have never given. We have for many years, however, entertained a great deal of regard for the "Palmer Leg," as we have frequently expressed ourselves in this journal; and we think we have never seen anything so elegant and ingenious as the

"Palmer Artificial Arm," as we observed it several years ago. These remarks have been suggested by reading a pamphlet from Palmer reviewing his connection with these inventions, and the efforts made by him early in the history of this rebellion, to have Government assume in behalf of the maimed soldier, a share of the expense of a new limb. We also observe that Palmer has associated with him in the manufacture of artificial limbs several gentlemen who have constituted themselves into a body corporate under the name and title of the "American Artificial Limb Company." The company have offices in Philadelphia, New York, and Boston, and represent their facilities for the manufacture commensurate with the demand. It is wonderful how the importance of these inventions has grown with the progress of our civil war; and it is some consolation to friends that our gallant soldiers can have a substitute for a lost limb of such elegance and wonderful mechanical completeness.

Incident in Army Practice.—Case of twins—one white the other black.—A correspondent of the Boston *Medical and Surgical Journal* relates the case of a colored laundress, confined at Post Hospital, New Iberia, La., December, 1863, with twins; one child had regular features and was white; the other was purely African in color, features, and form; each child having its accompanying placenta and envelope.

Wayne Co., Indiana Medical Society.—Our friends at Richmond, Ind., have formed a medical association and have entered upon its profitable enjoyment in a vigorous manner. This is right; it will cultivate the profession of that vicinity, and do away with a large degree of the petty jealousy incident to doctors who neglect or refuse to cultivate friendly relations and intercourse. The secretary, Dr. Waring, will accept our acknowledgements for a report of proceedings and discussions, too late for use in this number of the *Lancet and Observer*.

We are also pleased to learn that the Indianapolis Medical Association has harnessed up for the winter. We hope to hear from our friends there.

Communications are also received from Drs. Fletcher, Kipp, Wells, Finrock, and Langdon, which will appear in regular order; and for which the authors will accept our thanks.

Our Thanks are due to *Dr. Douglass Bly*, of Rochester, N. Y., for a copy of the transactions of the New York State Medical Society, for the year 1864.

Canada Medical Journal.—We have received Nos. 2 and 5 of this new cotemporary and hope our neighbors across the border will supply us with the missing numbers and accept our thanks and good wishes.

OBITUARY.

[For the Cincinnati Lancet and Observer.]

HEADQUARTERS, 116th O.V.I., Oct., 31st, 1864.

It is with regret that I have through your columns to announce the sad death of Thos. I. Shannon, Surgeon of this regiment. He was mortally wounded at Middletown, Va., in the engagement of the 19th inst., and died on the 20th inst., at Winchester, Va., to which place he was carried after receiving his wounds.

Surgeon Shannon had served with distinction ever since he entered the army, which he did in the first place as assistant, being afterwards promoted to the position of Senior Surgeon. In his decease the regiment and command at large, have lost a man who was ever prompt at his business, being always at his post.

Respectfully your Obt. Servt.,

THOS. SMITH, Asst. Surg., 116 O.V.I.

We find the following account of a most ingenious and useful invention in a recent number of the *Philadelphia Medical and Surgical Reporter*, from which we copy it :

Electricity in Household Use.—Boston claims the birth of the philosopher who first drew electricity from the clouds; and New York, the residence of him who utilized it in the art of telegraphy; and now Philadelphia demonstrates her right to the great brotherhood of practical science, by a new and beautiful application of it to an important domestic purpose. The name of Cornelius is soon to rank with those of Franklin and Morse.

Henceforth that very useful, heretofore indispensable, generally disagreeable, and oft times dangerous little article, the Lucifer match, may be dispensed with. Its days are numbered, and it may be said to have received its mortal wound by a stroke of lightning.

The improvement which elicits these remarks is called the *Electrical Bracket*, and consists of an ornamental attachment to the ordinary gas burner, by which the gas may be lighted at any moment by the instantaneous production of a spark of electricity. The means of accomplishing this is as simple as it is ingenious, and so easily operated that an infant cannot make a mistake.

The application of electricity to the ignition of the current of gas issuing from an ordinary burner is not a new thing. Many public apartments, as the Representatives' Hall at Washington, the Cooper Institute in New York, and others, having had arrangements for the simultaneous lighting of the gas jets for some years. But the apparatus there employed is the ordinary voltaic battery of cups, plates,

acids, etc., requiring daily and careful attention, and sometimes failing in spite of the best supervision.

The genius of Robert Cornelius, of Philadelphia, has furnished us with an arrangement for the creation of the electric spark, entirely different and avoiding all the paraphernalia of the old method.

The means he employs is simple friction of two surfaces of suitable material, by a movement as simple and easy as the turning of a key. The apparatus consists of a brass cup of about the size and shape of an apothecary's four ounce measuring glass, lined inside with lamb's wool and silk. Into this cup is loosely fitted a plug of hard rubber, and these furnish the surfaces whose friction produces the electric spark. The cup, supported firmly on the bracket, is connected on the gas burner by a fine copper wire covered with silk, and terminating in a platinum point one-sixteenth of an inch from the aperture of the burner; merely lifting the rubber plug from its bed in the cup suffices to produce a spark, which, darting from the platinum point to the burners ignites the escaping gas. This little apparatus, being without any fluid or screws, or any other adjustment than is described above, cannot get out of order by ordinary usage, and is always ready for instantaneous action. To render it infallible at all seasons and temperatures has been the inventor's chief anxiety, by the use of such materials for the friction surfaces as could not fail to produce a spark in the most unfavorable weather; and judging from the daily observation of one in our own dwelling during the present summer, at times when the exceedingly damp atmosphere would, if ever, interrupt its action, we are convinced that the present arrangement needs no improvement.

This elegant addition to our household convenience, when placed before the public (as it soon will be), will command universal attention and gratification.

The same principle is applied by the inventor in other forms. We have seen five burners of a chandelier simultaneously ignited by one turn of a screw. In this case the friction surfaces have the form of flat discs of about six inches in diameter, and merely raising one from the other with a slight twisting motion, causes a spark which is communicated to each burner by a separate wire conductor at the same moment.

Another form is that of a small brass tube enclosing a movable rod or piston, which slides from end to end of the tube as the latter is turned in the hand. The friction caused by the sliding of the piston produces the spark which is communicated to the burner when the tube is brought into juxtaposition with it. By this arrangement any gas jet may be ignited without either match or torch.

This is one of the neatest inventions it has ever been our fortune to witness; and will doubtless bring to its ingenious and philosophical contriver, what he justly deserves, an ample pecuniary return.

Why Animals to be Eaten must be Killed.—It is universally understood that animals which die from disease are not fitted for our max-

kets. It is also understood that when cattle have been overdriven, their meat is notably inferior to that of healthy animals, unless they are permitted to recover their exhausted energies before being slaughtered. Why is this? The first and most natural supposition respecting those which die from disease is that their flesh is tainted; but it has been found that prolonged agony or exhaustion is quite as injurious, though in these cases there is no taint of disease. M. Claude Bernard propounds the following explanation: In all healthy animals, no matter to what class they belong, or on what food they subsist, he finds a peculiar substance analogous to vegetable starch, existing in their tissues, and especially in their liver. This substance, *glycogene* or liver-sugar, is abundant in proportion to the vigor and youth of the animal, and entirely disappears under the prolonged suffering of pain or disease. This disappearance is singularly rapid in fish, and is always observed, in the spontaneous death of animals. But when the death is sudden, none of it disappears. In a rabbit, killed after suffering pain for five or six hours, no trace was found of the sugar-forming principle, and its flesh has a marked difference in flavor. The same remark applies to exhausted, over-driven animals; their muscles are nearly deficient in *glycogene* and yield a decidedly larger per centage of water than muscle in normal condition. M. Bernard likewise finds that animals which are suffocated lose more of this sugar-forming substance than similar animals killed in the slaughter-house. To this let us add the fact, that the blood of over-driven animals will not coagulate, or coagulates very slowly and imperfectly; and we shall see good reason for exercising some circumspection over the practices of our meat-markets.—*Edinburgh Medical Journal*.

Caution to Critics.—A novel action was lately brought in Paris by a surgical mechanic, against two medical officers. The latter, Drs. Goupil and Bernurts, have published a book on the diseases of women, and therein stated that a peculiar pessary, invented by M. Grandcollot, did not, as far as they had seen, answer the purpose. The latter thereupon brought the action, laying the damages for the injury sustained at £1,000, requesting, besides, an apology in thirty newspapers, and also a rectification to be inserted in the above mentioned work. He, however, lost his cause; the verdict was for the defendants, and the plaintiff was saddled with the costs—*London Law*.

Ophthalmological Department.

Edited by R. WILLIAMS, M.D., CINCINNATI.

Hypopium-Keratitis.

Prof. Roser, in the *Archiv für Ophthalmologie*, for 1856, gives an excellent description of a common and very dangerous form of corneal exudation; usually in the deeper layers of the cornea and varying in size from a small pin's head to that of a split pea or even larger, attended very generally by hypopium. He calls it *hypopium keraticum* and laments the inadequacy of the then known means of treatment for its control. Since then Graefe, in the same periodical for 1860, has published an account of a similar affection occurring mostly in children under eight years of age. His description is given under the head of "Tepid and Warm Fomentations in Certain Ophthalmic Affections." Among other affections, he says that these have a most happy effect in the treatment of a form of keratitis which he calls, for want of a better name, *reislosses eiterinfiltrat*, non irritable infiltration of pus. It begins as a yellow speck in the central region of the cornea, which in a day or two, increases to the size of a line or more. At this stage there is an absence of all haziness of the cornea immediately surrounding the well defined spot, little or no injection of the conjunctival and anterior ciliary vessels—the eye does not weep and is freely opened in a bright light. The peculiarity of the yellow exudation, extending deep into the substance of the cornea and more or less ulcerated, is that it terminates abruptly in the perfectly transparent cornea, without any grayish, slightly elevated line or zone of demarcation, as is seen in ordinary inflammatory exudation in that membrane. At this stage, the disease may come to a stand still, and may go through certain stages to resolution, leaving only an opacity of the cornea. But more commonly, the purulent yellow infiltration, tends more and more laterally, showing little tendency to perforation, which occurs only at a later period. As the exudation extends deeply into the cornea, the epithelial layer of the membrane of Descemet participates in the inflammation, causing a diffused yellowish discoloration of the aqueous humor, without however terminating in hypopium. The iris now begins to appear of a yellowish or reddish-yellow color, becomes infiltrated and swollen, but still without pos-

terior synechia or exudation upon its surface. If the case at this stage changes for the better, it is indicated by an *increase* of the symptom of irritation with the formation of the grayish zone of *demarcation* immediately around the abscess or infiltrated patch. In contrast with common keratitis with exudation, it shows a decidedly destructive tendency. The former, through excess of inflammatory reaction leads to suppurative destruction of the part involved, showing but little disposition to spread laterally, but rather to extend in depth and lead to perforation. The latter shows exactly the reverse tendency. It spreads laterally and destroys an extensive portion of the lamellæ of the cornea. The process of suppuration and ulceration advances rapidly in width and slowly in depth, till a large portion of the cornea is destroyed, perforation takes place, with synechia anterior totalis and large leucoma or staphyloma, or it may be atrophy of the globe.

Dr. Graefe thinks, and I believe justly, that there is not enough of inflammatory reaction in such cases to *establish the line of demarcation*. After satisfying himself of the worthlessness of the usual antiphlogistics, and the decidedly pernicious effects of cold application in such cases, he gradually came to the use of fomentations with warm camomile tea at a temperature of from 26° to 28° Reaumur. He found this to establish the process of *elimination* so favorably that he abandoned all other agents except atropine. The occasional instillation of a solution of atropine and the warm fomentation, are used together for a day or two till the reaction is sufficiently established to eliminate the ulcerated and necrosed portion, when the former is continued and the latter left off. In traumatic abscesses of the cornea which often present the same appearance and tendency, he uses the same treatment, and in cases where there is extensive hypopium he resorts to repeated paracenteses and even iridectomy, which is an exceedingly valuable remedy where there is large ulceration and iritis with abundance of pus in the anterior chamber.

His plan of using the warm applications is to apply folded cloth squeezed out of the warm camomile tea and laid upon the eye and changed every five minutes, with intermissions of a quarter of an hour every hour.

Dr. Adolph, Weber of Darmstadt, has contributed more recently, a very valuable paper on the pathology and therapeutics of this subject—Archiv für Ophthalmologie, May, 1861. He styles it, *necrotic abscess of the cornea*, and insists that the hypopium results nearly always from perforation or opening of the abscess backwards and the escape of the pus into the anterior chamber. This he maintains in

the rule, while hypopium from irritation of the membrane of Descemet and from iritis in such cases, is the exception—the reverse of what is advocated by Roser and others. He contends that the disease described by Graefe as occurring in children, and sometimes epidemically, is essentially the same as inflammation of the cornea with abscess, as it shows itself in adults, mostly among laboring men, mechanics and farmers, and generally traceable to a *traumatic* cause. Contusion of the cornea with or without abrasion, as it is often produced by a blow from the twig of a tree; the scratching of wheat beards; particles of stone, coal, wood, steel etc., flying into the eye, is very often followed in the course of a few days, by circumscribed central abscess of the cornea complicated sooner or later by hypopium. This result is especially liable to occur from such accidents, in old people. A few days after a trauma of the character above mentioned, there appears a well defined milky white, or dirty yellowish white spot on the cornea, usually near the centre. The color in a few days, becomes more saturated and yellower, and a narrow hazy zone immediately surrounding the infiltrated spot, is all that intervenes between it and the perfectly transparent cornea. There is more or less intense injection of the sclerotic vessels, with moderate tenderness to the light and epiphora. From this time, there are usually severe circumscribed pains which are more intense at night. In old people, or broken down subjects however, the pain is sometimes entirely absent, and there is little intolerance of light from the commencement to the end of a process that leads to complete destruction of the cornea and subsequent staphyloma or phthisis bulbi. The surface of the infiltrated patch, is usually slightly elevated above that of the surrounding cornea; but when the abscess or deposit is in the central lamellæ or nearer the posterior surface, there is a bulging backwards into the anterior chamber. When the opacity has become decidedly saturated and the vascular injection and subjective symptoms marked, the hypopium is apt to show itself. A slight yellowish collection in the extreme lower part of the anterior chamber, is first seen, which increases rapidly, and in bad cases may mount up to the middle of the pupil or even fill the chamber. Soon the surface of the infiltrated spot appears abraded or ulcerated, the necrosed tissue is gradually eliminated and perforation, to a greater or less extent, takes place, usually with prolapsus of the iris and subsequent leucoma adhaerens with loss of vision.

One fatal peculiarity about this affection is its tendency to spread laterally by yellowish or grayish infiltration of its edges and a cor

of undermining, similar to that of a phagedenic ulcer of the skin. It may thus by eating away the anterior layers of the cornea, spread nearly or quite over its whole surface, producing finally, as the deeper lamellæ are broken down by suppuration, extensive perforation and entire destruction of the eye. In ordinary keratitis with ulceration, as soon as spontaneous perforation takes place, or the tension of the eye is relieved by a paracentesis, the ulcer ceases to spread and shows a disposition to heal. This is by no means always the case in the peculiar form under consideration. The ulcer both before and after perforation, shows the greatest tendency to extend downward, in consequence of the gravitation of the pus between the layers of the cornea. But I have often seen it extend upward and to the sides quite as rapidly as in the natural direction of gravitation. A light grayish zone around the ulcer, with smooth edges is a favorable symptom, but ragged edges with here and there saturated yellowish, or grayish specks extending beyond its margins indicate further spreading. Dr. Weber maintains that these are all cases of abscess in the cornea and subsequent sinking of the pus, causing the progressive destruction already described. It is by the breaking through of the contents of the abscess into the anterior chamber that he accounts for the hypopium, and its perpetuation or frequent reproduction he attributes to the repeated refilling of the cavity of the abscess and its re-discharge through the same direct or sinuous opening. He alleges that in all cases, careful examination by oblique focal illumination, reveals the presence, first of bulging of the posterior layers into the anterior chamber, and afterwards the open rupture or ulcer with more or less surrounding infiltration. Also by numerous careful examinations after the discharge of the abscess into the aqueous chamber, and after its anterior wall also had given way, he has been able to find the point of perforation with a small Anel's probe. Sometimes the opening is direct, but oftener oblique and sinuous so as to be of a valvular character and require that the probe be bent to find it. On the correctness of these views of the pathology, he recommends an important modification of treatment of such cases. Instead of depending on the evacuation of the abscess by simply puncturing its anterior wall with a needle or carteract knife, or treating the case by repeated paracentesis near the margin of the cornea, he makes an *oblique puncture or paracentesis through the abscess*. He uses a broad paracentesis needle (Desmares') or a narrow spear knife, enters a little below the lower edge of the abscess, passes obliquely upwards and backwards through its cavity and enters the anterior chamber at its upper margin. As

the needle is slowly withdrawn, the external opening is enlarged if necessary, so as to afford a free outlet for the gravitating pus and prevent its subsequent burrowing. As the aqueous humor escapes, either following the needle or after the wound is made to gape by slight pressure with the end of a small probe, it enters the cavity of the abscess and *washes out* the pus completely. If after that there is opaque substance in the cavity, he enters carefully with a delicate toothed forceps and removes the pyogenic membrane with any shreds of partially broken down corneal tissue. The spot then at once becomes transparent and the case gets well like magic.

All this looks very nice on paper and no doubt in many cases has been actually done with complete success. Of his method of making the paracentesis I approve, provided it is done carefully and early, before spontaneous perforation of the cornea is about to take place. If the weak spot is about ready to burst, it is rather hazardous to make a paracentesis through the ulcer, and I prefer to do it through the margin of the cornea. The tension of the eye is thus relieved and the healing of the ulcer favored. If afterwards the pus shows a tendency to burrow, the cataract knife can be passed through the corneal layers below it, so as to allow it to escape, without entering the anterior chamber; or the ragged undermined edges of the ulcer can be shaved off or scraped off, as I have several times done with good effects. In a case of ulceration of the cornea after small-pox, in the Commercial Hospital last winter, matter burrowed from the ragged trougning ulcer at the superior margin down through the centre to the lower limbus, making an opaque grayish yellow strip about a line wide. I made several paracentesis through the outer transparent edge of the cornea, with partial relief, but the gravitation went on till I incised the superficial lamellæ with a cataract knife at the lower limbus and let the pus escape. In that case shreds of necrosed corneal tissue appeared in the wounds, and I entered with a small forceps and removed quite a number of them in the manner recommended by Weber. No spontaneous perforation ever occurred, and as there were no marked symptoms of iritis, the hypopium which was present, was pus secreted no doubt from the irritated membrane of Descemet along the course of the gravitating matter. The case recovered and very fair vision was restored.

In two cases of circumscribed inflammation of the cornea with grayish yellow infiltration, both central, occurring in middle aged healthy laboring men, and attended by hypopium, I made the paracentesis through the abscess as recommended by Weber, and with the

result of arresting the ulcers and saving the eyes, although in both there will remain a central opacity. They both came under my treatment last week and on the same day. In one the abscess was traumatic, having been caused by a small piece of wood from a circular saw; while in the other the exciting cause could not be ascertained. In the former, one paracentesis was sufficient, in the latter the cornea was punctured three times at intervals of twenty-four hours. Both were at the same time treated with a strong solution of atropin and compression with cotton and an elastic bandage kept on day and night.

I am disposed to think that Dr. Weber exaggerates when he says that nearly all cases of the kind described, are actually abscesses with perforation backward into the anterior chamber. Still that is undoubtedly the explanation of a large portion of them, and the method of evacuating the abscess and anterior chamber at the same time and in the way he recommends, is highly philosophical and worthy of a faithful trial. There is no species of inflammation of the cornea more dangerous than these necrotic abscesses or less amenable to ordinary treatment. I have long since abandoned the use of all treatment in such cases, but the energetic use of atropin, repeated paracentesis and compression. Where the ulcer is large and spreading, with abundant hypopium, I have several times performed iridectomy with great advantage. But in some cases all these fail and the eye is inevitably destroyed. Where the line of demarcation does not show itself and the symptoms of reaction are absent, warm fomentations as recommended by Graefe, are a valuable adjuvant to the means I have mentioned. Paracentesis performed early and often, through the abscess if one actually exists or is about forming; atropin and constant well regulated compression are the means which have rendered best service in my hands. In using compression to the eyes, as well in these cases as in other extensive ulcerations of the cornea, also after extraction of cataract in old people, especially after operations for staphyloma, iridectomy, etc I now employ elastic material such as ladies use for garters, only wider. I take a piece about an inch wide and 18 or 20 inches long, according to the size of the head and the degree of pressure I wish to exert, sew the ends together and then stretch it over the head. It keeps its place admirably, makes uniform pressure and is readily and easily applied.

In conclusion I will remark that the operation of paracentesis in hypopium from any cause, is not particularly to *evacuate the pus* but to *let out the aqueous humor and relieve tension*. When that is accomplished and the inflammatory process controlled, the matter is

rapidly absorbed from the aqueous chamber. As a rule it is better to puncture the cornea where it is transparent, and generally near the outer margin, as that is the most convenient place. As the aqueous humor flows out the matter mounts up toward the seat of the puncture and some may escape, but it makes little difference whether it is discharged or not. If the disease which develops the hypopium is checked by the treatment, the pus disappears in most cases, with astonishing rapidity. If the collection is large and the ulcer extensive, it is better to use a spear knife or cataract knife and make a free incision at the inferior margin of the cornea, so as to evacuate the matter with the humor. It is decidedly better however in such cases, to make an iridectomy, outwards or inwards, as may be more desirable. The tenacious lymphic pus will not escape by a small puncture, and hence it is better in using the needle, to enter above it. I have abandoned the use of Desmares paracentesis needle in general, preferring a sharp, broad needle which penetrates much easier. On the other end of the same handle a small probe can be fixed for opening the wound.

Fluid Cataract.

It is not very uncommon to meet with cases of cataract where the lens has become perfectly fluid. They are sometimes congenital, but oftener a termination of cataracts that date from early life. With the gradual liquifaction of the lens substance, there is spontaneous absorption, and diminution of volume. Sometimes the entire lens is thus absorbed, and a spontaneous restoration of sight occurs. A few years ago, I operated on one eye of a little boy, for a liquid cataract, whose other eye had been restored in that way, the only obstruction remaining, being a slightly opaque capsule.

This species of cataract is recognized by a uniform, milky-white color, extending quite up to the capsule, and interrupted only here and there, by small, whitish, chalky looking specks on the inner surface of the capsule. The substance is very opaque, with no appearance whatever of a nucleus. In addition to this, there are the usual signs of a reduction in size of the lenticular system—that is, increased depth of the anterior chamber, with trembling of the iris, when the eye is rotated. The age at which the cataract was developed, is not of much diagnostic importance, for only a small portion of those occurring in childhood become liquid with advancing years; and occasionally, liquifaction results in those that develop in adults, or

even in old people. I have seen two cases of this latter class, lately — one in a man of 25, the other of 50 years. The first had a liquid lens in one eye, which I removed successfully by an operation; and an ordinary, moderately soft cataract in the other, that still exists. The second has a liquid cataract in one eye, the development of which I have followed with much interest for 3 years. When I first examined him, there was a hard, amber-colored nucleus, having the perfect form of the lens, and over half the normal diameter of that body, surrounded by a white liquid, in which it floated freely. With the pupil of medium size, and the head a little inclined forwards, its upper round margin could be seen in the lower part of the pupil. When the pupil was largely dilated with atropin, and the patient lay with his face downwards, the entire nucleus could be seen, resting on the anterior capsule. If the patient assumed a supine position, it sank back, and disappeared in the white fluid part. I published a description of it at the time, with an account of others, observed by von Graefe. Since then, once or twice a year, I have examined the eye, and saw the nucleus gradually melting away, until at present no trace of it is left, and the cataract is perfectly liquid and white.

When the lens, during and after the process of liquifaction, disappears by spontaneous absorption, there is presented the exact appearance of a secondary cataract — an opaque capsule with whitish precipitates on its internal surface. If the absorption is completed at an early period of life, a moderate vision may be restored, as in the little patient mentioned above. Dr. Graefe, in the *Archiv fur Ophthalmologie*, for 1863, gives an account of a family known to him, in which this peculiar form of cataract is hereditary, and has already appeared in several generations. The affected individuals have an apparent, very thin, secondary cataract, without any operation ever having been performed. They read very fine print, and some of them even without glasses when held extremely near the eyes, although a degree of hyperopia is present, corresponding to ophakia, or absence of the lens. Two remarks I wish to make, right here. The rarity of spontaneous absorption, will not justify us in putting off an operation in expectation of that event. As remarked by Dr. Graefe, this form of cataract, when congenital, is, in a very few years, apt to be followed by amblyopia or amaurosis. Hence the rule that in all cases of cataract occurring congenitally, or in early life, an *early* operation ought to be performed, is particularly applicable to the liquid variety. In lamellar cataract, however, where the opaque disc is small, and the edges of the lens perfectly transparent, it is better to wait and see

if the disease remains stationary. If so, Critchett's operation of *iridesis*, affords better results than destruction of the lens. During the term of waiting, however, it is my practice to keep the pupils dilated with atropin daily applied, so as to diminish or prevent nystagmus, and effect, for the time being, better vision. By the long continued use of this substance, the eyes become usually much stronger to the light, and much steadier.

As to the best method of operating for fluid cataract, Dr. Graefe, in the article already cited, recommends the use of a broad solution needle, which, by being slightly rotated as it is slowly withdrawn, allows the fluid lens substance to escape with the aqueous humor, so that the pupil at once becomes clear. The great advantage of this over the ordinary operation of solution, is that no particles of the lens are left in the eye, to come in contact with the iris, or the membrane of Descemet, and cause dangerous inflammation, as they sometimes do. There is, any how, in these cases, a predisposition to serous iritis, with precipitates upon the capsule, and posterior surface of the cornea. Little or none of the soft substance of the cataract should be left in the eye, when it can be so easily let out. The advantage of the broad needle over the old method of extracting the fluid lens by a linear incision, is that it is a much less serious operation, and there is no danger of prolapsus of the iris, either at the time or afterwards, by the annuliness of the child. Within the last year, I performed the operation on both eyes of a child, with immediate and beautiful success. A few weeks ago, I was consulted by a young man with cataract in both eyes. I diagnosed very soft, but *not liquid* lenses. The right eye, which had been blind several years, was selected for the operation. The pupil being dilated with atropin, I passed a fine solution needle through the cornea, and no sooner had I punctured the capsule, than the liquid lens substance flowed out like oil into the previously clear aqueous humor. After dividing the capsule freely as I could, I withdrew the needle, increased the puncture with a wider one, and by slight pressure on the posterior lip of the wound with a small probe, the aqueous humor with the turbid lens matter escaped. As a few particles remained behind, I closed the eye a few minutes, to let the aqueous humor re-form; then, by a repetition of the manœuvre with the probe, the remainder came out, and in 24 hours, the patient was well, with fair vision. The reason I was mistaken as to the consistence of the lens, was that it was more of a blueish color than usual, and not so opaque. I could see *considerably into its substance* by oblique illumination, which is usually not the case in

liquid cataract. Had I known the consistence, I should have used a broader needle at first, and the extraction would have been still more simple. My success in the use of the wide solution needle in the cases under consideration, has been so gratifying that I can add the weight of my limited experience to the recommendation of Dr. Graef, with very great pleasure and confidence. It is an operation almost entirely without risk, and perfectly and immediately successful.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis.

PRACTICAL MEDICINE.

1. *Notes on three Persons Struck by Lightning. One Death: Two Recoveries.*—By DANIEL MACKINTOSH, M.D.—On the evening of Friday, the 20th of May last, I was summoned to go with all speed, as the messenger would have it, "to see a number of persons who were all killed, or nearly so, by a stroke of lightning." On my way to the place of accident I could already see a crowd of people near to a huge stack of straw to which latter my attention was attracted by the fact that it was enveloped in flames. One person after another told me that a man and two boys had resorted thitherwards for shelter; that the three were struck by the electric fluid; that the same flash that struck them set the stack on fire; and that a laboring man, who also was running for shelter to the same resort, seeing the stack on fire, and finding that it ignited from the very spot where his fated fellow-laborers were in shelter, naturally enough hastened to their rescue, and succeeded in removing them to a proper distance from the devouring element. Here I found my patients, about twenty minutes after the occurrence, to make my own deductions and conclusions.

CASE I.—Edward W—, aged ten, was now able to walk about, although he had twenty minutes previously to be carried from the source of danger. On questioning this little boy as to what he had seen and felt, he told me that he saw the stack take fire, and that he immediately said to his father, who sat beside him, "Father let us run, the stack is on fire." But his father not answering him he tried to move away himself, but found he could not, and he then cried out for help. (This statement was corroborated by the man who carried him away.) On asking him why he could not run away, seeing that he was able to speak, his reply was, "I felt too dizzy all over, and my legs would not carry me." He pointed to the lower part of the abdomen, and said, "It is here it hurts me." On undoing his clothes, a peculiar sulphuro-singed odor was perceptible, and I could at once see several irregular but distinct red streaks of about a finger's breadth running obliquely downward and inward on either side of the chest

to the middle line in front of the abdomen, whence, being met they descended over the *linea alba*, penis, and scrotum, and were lost on the perineum; penis being of a brighter tinge of red than the course of streaks throughout, owing, no doubt, to the higher degree of vascularity of those parts. Neither hair nor clothes were singed; metallic buttons presented no appearance of fusion. He rapidly recovered, and is now attending to his usual calling. The red streaks gradually disappeared, and could hardly be traced four days after the injury.

CASE II.—Jeremiah W—, aged eleven years, lay prostrate and unconscious, with an expression of grim terror and suffering; frothed at the mouth, and moaned piteously; flung his legs and arms about in all directions, and the by-standers expected every moment to be his last. The respiration was deep, slow and laborious; heart palpating; pulse weak, and very irregular; pupils dilated and insensible. Several red streaks converged from the neck and shoulders to the middle of the sternum, and passed down, as in the former case, over the *linea alba*, and were lost on the pubes. From a point over the *tuber ischii* on either hip, narrow streaks emanated, which passed for a few inches, like rays from a centre, in different directions, and then were lost; the resemblance as to the course these stellated rays followed, or to the figure they formed on either hip, being so remarkably striking, that an impression of strict obedience to prevailing law could not help forcing itself on the mind of the observer. In connection with this fact it may be stated that the patient was in the sitting posture when struck. The hair on the back of the head and neck was singed, and the peculiar singed odor above alluded to was emitted from all parts; metallic buttons showed no trace of fusion; clothes were neither burnt nor torn. Stimulants, cold to the head, blistering at the nape of the neck, mustard poultices to the feet, and cathartic medicines, formed the staple part of the treatment. He rapidly recovered, became conscious in five hours, is now at work, and suffers from no symptom of nervous disorder. The red streaks gradually faded away, leaving behind them, where the skin was more deeply burnt, streaks of a scaly, glistening, white appearance, which in their turn also gradually vanished, leaving behind no trace of their existence.

CASE III.—Thomas W—, aged forty-six years, (father of the boy Edward W—,) was struck dead on the spot; he was not observed to have moved hand or foot. He, like the other two, was in the sitting posture when struck. The expression of countenance was remarkably placid; the pupils were widely dilated. The electric fluid entered at the junction of the occipital with the parietal bones, inflicting a large lacerated wound on the scalp, but not fracturing the bones of the skull. It then seemingly divided into two currents, which passed respectively downward between the soft parts and the cranium on either side of the head. That on the left side passed downward anteriorly to the left ear, and terminated on the side of the neck, rupturing bloodvessels and soft parts, which gave rise to swelling and extravasation of blood that closely resembled, and might easily have been mistaken for an extensive bruise produced by mechanical vio-

lence. The right-side current passed directly downward to the supraclavicular region, leaving the ear and soft parts on its way livid and swollen, and terminated, in that region, in a dark-blue, mangle-looking patch of skin, in which there were several free communications with the surface. The hair on the back of the head was slightly singed, that in front of the chest was singed quite close to the skin. The hair which covered the wound at the vertex of the skull was uninjured. Metallic buttons as in the former cases, presented no appearance of fusion, and the clothes were neither torn or burnt; but connection with this it is perhaps right to state that they were drenched with rain. The hat was burnt in the straw-stack, and consequently escaped examination. The left side pocket contained several Lucifer-matches and a tin tobacco-box apparently untouched. The right side pocket contained a knife, which acquired and still retains, strong magnet polarity. The body was carried to a warm room. Strong cadaveric rigidity came on fourteen hours after death. Post mortem examination not allowed.

These cases are important, inasmuch as they tend to cast rays of light, however feeble and glimmering, on a subject as yet but imperfectly known to the scientific world, and in affording proof positive of the fact that parties betaking themselves, during a thunderstorm to such supposed places of protection are actually throwing themselves in the way of danger. And, again, they are interesting inasmuch as they serve to bring afresh, to our recollection the various effects and degrees of intensity which this subtle agent may play in its passage through the animal frame. The reader will observe the strong tendency the electric current had, in these particular cases, to unite and then run along the centre of the body, and will also notice that the general characters of tearing and burning of clothes and fusion of metallic substances about the person were not met with.

I would only add, in conclusion, that in Case 1 a state of conscious reason, and judgment exists, together with temporary suspension of the powers of voluntary motion. In Case 2 the shock given to the economy all but overwhelms the powers of life; the brains and functions are quiescent; volition and sensation are equally lost; the lungs but sluggishly obey the call made upon them; the heart as last to stop, continues to battle for life, and by its continued though irregular action the dormant system is enabled to resume its functions. Had the shock been a shade more intense, the overpowered whole would have succumbed under it; vital action must, as in Case 3, have been at once and completely arrested.—*London Lancet.*

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