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THE  
NEW-ORLEANS  
MEDICAL AND SURGICAL  
JOURNAL,  
DEVOTED TO MEDICINE  
AND THE  
COLLATERAL SCIENCES.

*Robt. B. Smith at Back of Room*

EDITED BY  
A. HESTER, M. D.



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#### ERRATA IN VOL. VI—NO. VI.

At page 712. 1st line, before the word *medical*, which is spelled wrong, strike out the word "*the*."—Page 715, 22d line from bottom, insert the words "*we observe*" after the word *fever*.—Page 716, 21st line from top, strike out the "*the*" before the word *quinine*.—Page 717, 3d line from top, for *cures* read *cases*; same page, 6th line from the bottom, strike out the degree mark. Page 718, 3d line from the top, strike out the "*the*" before *country*.—Page 721, 5th and 6th line from the bottom, read "from the mouth and the bowels, together with many, &c."—Page 722, 20th line from the bottom, for *Williams'* read "*Watson's pract.*" Same page, 12th line from bottom, before *sunny* read "*own*."—The word *peyer* is frequently spelled wrong—





## TO READERS AND CORRESPONDENTS.

Our Correspondents will please send in their communications for the Sept. number of the Journal. We again request them to condense as much possible. Short and practical papers are preferable to communications extended to a tedious length. Our aim is to be brief and to the point; and to this end we solicit the aid and co-operation of our friends.

A communication has been received from Dr. Nott of Mobile, also from Dr. Ely of New Orleans; they came too late for insertion in this number.

We have received the following books, pamphlets, &c., for review:

I.—Remarks on the comparative value of the different *Anæsthetic Agents*. By George Hayward, M. D., one of the surgeons to the Massachusetts General Hospital. Boston, 1850.

II.—A memorial in behalf of the Medical Officers of the U. States Navy; addressed to the Hon. Senate of the United States. Signed by the following naval surgeons: Dillard, Green, Rushenberger, Hunter, Miller and Dodd; all attached to the Navy.

III.—Annual Report of the Physicians of the Marine Hospital. Made to the Legislature, March 16th, 1850. Albany, New York, 1850.

The American Medical Formulary; based upon the United States and British Pharmacopœias. Including also numerous standard formulæ. Derived from American and European authorities, together with the medical properties and uses of medicines: poisons, their antidotes, tests, etc. Designed for the medical and pharmaceutical student. By John P. Reese, M. D. Lecturer on materia medica and therapeutics in the Philadelphia Medical Institute; Fellow of the College of Physicians, etc. Philadelphia, Lindsay & Blakiston, 1850; p. p. 359.

VI.—Valedictory Address to the Graduating Class of the Medical Department of Transylvania University at the annual commencement, March 1st, 1850. By William M. Boling, M. D., of Montgomery, Alab.) Professor of Obstetrics and diseases of women and children, in Transylvania University. Lexington, Ky., 1850.

VI.—The diseases of females including those of pregnancy and childhood. By Fleetwood Churchill, M. D. Author of the "Theory and practice of Midwifery." and "diseases of infants, &c. A new American edition, revised by the author; with notes by Robert M. Huston, M. D. Professor, &c. in Jefferson Medical College and President of the Philadelphia Medical College, etc., etc. Philadelphia, Lea & Blanchard, 1850. p. 32.

VII.—An address before the medical society of the state of North Carolina, at its first annual commencement in Raleigh, April 1850. By Edmund Strudwick, M. D.

VIII.—Remarks on the dynamics of the Mississippi river and other matters pertaining thereto. By J. L. Riddell, M. D., Professor of Chemistry in University of Louisiana. (Taken from the report of the joint committee on levees, La. Legislature 1850.) (From Author.)

IX.—University of New York; medical department; annual announcement of lectures. Session 1850-1.

X.—*Southern Medical Reports*: consisting of general and special reports, on the medical topography, meteorology and prevalent diseases of the following states: Louisiana, Alabama, Georgia, Mississippi, South Carolina, Florida, North Carolina, Texas, Arkansas and Tennessee. To be published annually. Edited by E. D. Fenner, M. D., of New Orleans; member of several medical societies, etc., etc. Volume 1st, 1849, New Orleans, B. M. Norman; New York, Samuel S. & William Wood, 1849, (From the Editor.)

XI.—The Fallacy of a supposed *vis medicatrix nature*, being an inquiry into the nature of disease. By C. Grant, M. D., of Cincinnati. 1850.

XII.—Address delivered before the class of the Baltimore College of Dental Surgery. By C. A. Harris, M. D., D. D. S. Baltimore, 1850. (*The author of this address attempts to compare genius and talent and comes to the conclusion that both are necessary to success and distinction in the dental art.*)

XIII.—Surgical Anatomy. By Joseph Maclise, Surgeon; with colored plates. Philadelphia, Lea & Blanchard, 1850. Part Second.

XIV.—Transactions of the medical society of the state of New York, during its annual session, held at Albany, February 5th, Albany, 1850; pp. 276.

XV.—An historical sketch of the state of medicine in the American Colonies, from their first settlement to the period of the revolution. By John Beck, M. D., Professor, &c., &c. Second edition. Albany, 1850.

XVI.—Journal of proceedings of the Michigan Medical Association for the years 1849 and '50.

Printed under the supervision of the committee of publication. Vol. 1. Jackson, 1850.

XVII.—Minutes of the proceedings of the medical society of the state of North Carolina, at its first annual commencement, held in Raleigh, April, 1850.

XVIII.—*Dietetical and Medical Hydrology*.—A treatise on baths; including cold, sea, warm, hot, vapor, gas and mud-baths; also, on the watery regimen, hydropathy and pulmonary inhalation; with a description of bathing in ancient and modern times. By John Bell, M. D., member of the American Medical Association, etc. Philadelphia, Barrington & Haswell, 1850. pp. 658.  
From Publishers.)

XIX.—A practical compendium of Midwifery; being the course of lectures on Midwifery and on the diseases of women and infants, delivered to at St. Bartholomew's Hospital. By the late Robert Gooch, M. D., prepared for publication. By George Skinner, member of the Royal College of Surgeons, London; fourth American edition. Philadelphia, Barrington & Haswell 1849.

XX.—*Medical Jurisprudence*. By Alfred S. Taylor, F. R. S., licentiate of the Royal College of Physicians; member of the Royal College of surgeons and Professor of Medical Jurisprudence, etc., etc. Second American from the third London Edition, with notes and additions. By R. Eglesfeld Griffith, M. D., etc. Philadelphia; Lea & Blanchard, 1850, pp. 670.  
(From T. L. White.)

XXI.—On the use and abuse of alcoholic liquors, in health and disease, (prize essay.) By William B. Carpenter, M. D., F. R. S., F. G. S., examiner in Physiology in the University of London; Professor of Medical Jurisprudence in University College and author of "Principles of Human Physiology," etc., etc. Philadelphia, Lea & Blanchard, 1850; pp. 204.  
(From T. L. White.)

Our usual Exchanges have been received.

THE NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

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JULY, 1850.

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Part First.

ORIGINAL COMMUNICATIONS.

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I.—*Remarks on the Distinct and Independent Vitality of Blood continued.* By W. P. HORT, M. D., of New Orleans.

I have already shown that Hunter, Simon, and other eminent physiologists believed in the vitality of blood, although without positive evidence to sustain their hypothesis. Schultz was more fortunate in discovering a fact from which a safe inference might be drawn. Finding that the globules of the blood were expanded by the addition of water, and that they could be restored to their original size and form by using certain solutions of neutral salts, he concluded that the blood corpuscle was an organic structure capable of being relaxed and stimulated.

The experiments on the blood, published in the March number of this Journal, have since been repeated by various individuals at different times; and every statement made, and inference drawn, have been abundantly confirmed. Those who doubted when the former article appeared are now impressed with a full and profound conviction of the existence of the facts affirmed.

I was not present at the University on the 11th April, when Professor Riddell became fully satisfied that the movements of the globules of the blood are actually the result of independent vitality. But being



avored with an opportunity of quoting from his notes relating to microscopic observations, I shall make known his opinion in his own words:

"I became satisfied of vital movements in the globules of the blood by adding a solution of common salt, muriate of soda.\* With my finger, I carefully rubbed the mica slip on the plate of glass, the blood corpuscles being between them. It resulted in dismembering and breaking up the large blood globules, and setting at liberty the minute ones which were previously enclosed in the sac of the parent globule. These minute globules were seen to move about in salt-water with perfect freedom, almost precisely after the manner of the moving globules seen in milk. On another occasion the motion was tremulous without change of place. This motion was distinctly visible twenty-four hours after adding the salt water."

The form and appearance of the minute globules are, under the Spencer lens, very perfect and distinct, and in analogical accordance with many established facts; they exhibit much greater activity and vitality than those which appear to be fully matured. That their organization should remain undisturbed for *twenty-four* hours, and that tremulous or spasmodic motion should be distinctly visible during the same time, cannot be explained except on the supposition of actual, independent, and prolonged vitality.

On the 21st April, I confirmed the above conclusive experiment in the chemical department of the University. Dr. Hester, who was present, expressed himself as being much gratified, and he admitted the reasonableness of our conclusions.†

The first appearance of the globules of the blood after the addition of the solution of salt, was that of coins closely packed edge-ways. This, I have occasion to remark, is often seen when the blood drawn is *immediately* examined, and before the addition of any thing to it. Now and then a globule would detach itself from the impacted mass, resume its circular form, and move about in different directions; others occasionally followed, until at last all appeared to be in motion. They passed over and under each other apparently without ever coming in contact.

On the application of a strong solution of common salt, they appeared at first corrugated or shrivelled, as if in pain, and they occasionally trembled. In a few minutes some recovered and resumed their ordinary motions. On the same occasion, the experiment of bruising the blood with force was repeated; the large matured globules were completely disorganized, while the small globules contained within them were neither destroyed nor injured.

They moved in various directions after a few minutes, but were not as lively as usual, which might have been anticipated from their being forced *prematurely* into independent existence. Even here, there is sufficient proof to sustain the inference which I ventured to draw in

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\*Schultz used the same in one of his experiments.

† Professor Riddell and myself.

the first article which I published, on the vitality of the blood. I stated that from twenty to fifty minute globules might sometimes be seen and counted within the sac of the matured parent globule; that often eight or ten could be seen projecting from the circumference; that some apparently contained none, but that around such might be noticed a number of minute globules, resembling in appearance those contained within the sac, and that, therefore, they had once been in the same position as those not yet liberated. And the comparison between the organized globules of the blood and the volvox globator one of the varieties of the monads of the infusoria appears to be justified. But there is still stronger proof, which will presently be adduced in its proper place. The escape of the minute globules when the large globules are washed and broken up, may be owing as much to their very diminutive size, as to their superior vitality; but most probably to both.

We next tried a solution of the muriate of ammonia. This arrested motion instantly, but produced neither disorganization nor sensible change of form. The effect of this salt was evidently directly sedative. In a few minutes some of them partially recovered and exhibited slight motion, which, however, was confined to the very small globules. More general and more active motion resulted from adding salt water.

On a second trial, even while the large globules were apparently paralysed by the muriate of ammonia and incapable of motion, a minute globule was protruding from a large globule, which was evidently detained by the rim of the sac for some time. At last, however, it was detached and moved off to some distance. I was not looking on at the precise moment of the escape, but observed closely what was passing immediately before and after. It appears then that the operations of nature were no more suspended in the globule of blood, so far as reproduction was concerned, by the sedative influence of the solution of muriate of ammonia, than in the numerous cases cited of the safe delivery of females under the influence of chloroform.

On the 23d April, Professor Riddell and myself resumed these experiments at the University. We first examined blood taken from the back of the little finger of my left hand. At first the globules which were very numerous were closely packed edgeways and without motion; and this is generally observable when the blood is freely drawn. It is evidently the mechanism of coagulation. However, by diffusing them mechanically, they were set in motion, and changed position rapidly, appearing as flattened spheroids. These motions did not abate for twenty minutes; we then began a series of experiments with neutral salts in solution. In the course of the morning a most important fact was verified and completely established, which would authorize us to class the globules of the blood with the monads, and to call them the *monads of the blood*. On these occasions of observation I distinctly saw the actual separation of the minute globule from the parent globule. A young gentleman present, who watched closely all that was going while Prof. R. and myself were noting down our observations, witnessed the same event as many as five times, thus fairly and fully confirming the conclusion we arrived at on the 21st of the month.

A solution of bi-carbonate of potash produced about the same effect as the solution of muriate of soda; progressive motion ceased, and was succeeded by a tremulous or vibrating motion. Again, on this occasion two more minute globules were ushered into independent existence. In the second trial with fresh blood, the globules were not nearly so closely packed as in the first instance; the general phenomena observed were the same.

The small globules present very different appearances, due in part no doubt to their different positions in relation to the true focus; and they all appear to be perfectly circular; some are shaded all over; some are white with a delicate black ring; others may be seen with a white central point surrounded by a black band, which is environed externally with a white band.

Great care must be taken in determining the actual moment of the independent existence of the minute globule. The small globules often pass over and under the large ones, which are shaded, and which are apparently without motion. When they pass underneath large globules they may often be observed to emerge from one side of the circular sac, without having been perceived to dip beneath it on the opposite side. Indeed, we should place but little dependence on what we see, or think, without the most careful and patient attention; and in every instance our observations should be substantiated by some other person.

For some time, which we cannot specify, the minute globule may be seen protruding from a portion of the outer ring of the parental sac; after a while we may observe a greater degree of tension and protrusion, which increases up to the moment that it is detached. We may in that case feel certain of the correctness of the fact that we observe. Again, after being detached the minute globule remains invariably, so far as observed, quiet and motionless for some time, so that we may safely infer that whenever we see a small globule suddenly emerge from some part of the outer circular surface of the matured globule, with continuous progressive motion, it is one that had been previously detached, and that has been for some time in motion, enjoying independent existence.

The addition of phosphate of soda immediately suspended motion, and produced partial disorganization of the large globules, much resembling the effect of the spirit of turpentine as described on a former occasion. In this, as in all other experiments, we perceive the great tenacity of life in the minute globules, from their retaining the power of motion so long after the complete disorganization of the large ones, and resisting for so long a time the destructive influence of the various solutions employed, which at once put an end to the independent existence of the matured globules. We repeated the experiment with phosphate of soda on fresh blood; the globules were much impacted, and disorganization of all ensued, except of the most minute globules, and in these no motion could be discovered.

There can be no more doubt of the sedative action of the muriate of ammonia when mixed with the globules of blood, than there is of the stimulant effect of the muriate of soda. We may here trace some interesting analogies, for specific action should be relatively the same.



whether aggregated masses are acted on, or simply one of the atoms of which the masses are composed. We will turn our attention first to the use and effect of common salt, the muriate of soda, or chloride of sodium.

It acts both as a stimulant and a conservative. It is not in the ocean alone that we find it. Nature is most bountiful in her supply of this great necessary of life to man and animals. There are mines of salt in Germany, and salt lakes and salt springs in almost all parts of the world; and the salt licks of the Western prairies, where for centuries the buffalo has been able to gratify the craving of a natural appetite.

Every planter and farmer must be aware of the importance of salt to preserve his live stock from disease, and to keep them in full vigor of health. The tastes of men may be artificial, but the tastes of the inferior animals in a state of nature are unsophisticated and natural. The most robust men of fibrous temperament, who labor daily, and who undergo much fatigue, and encounter every kind of hardship, require the stimulus of salted meat. Old experienced soldiers are well aware of the importance of such a diet; it sustains their strength better than any other animal food during long and fatiguing marches; it is often eminently conservative of health and vigor on those trying occasions which occur in every campaign, when without it human nature would succumb. It best prepares them for the fierce strife of the battle-field where stout hearts and strong arms are needed. The experienced soldiers in our revolutionary war, and especially those from the Southern States, invariably gave the preference to salted meat, and would at any time exchange for one pound of it, three pounds of fresh meat.

It may be objected that the crews of ships on long voyages have sometimes experienced serious constitutional disease from the constant use of salt meat; but it should be remembered, that instead of a plentiful supply of fresh vegetables and ripe acescent cooling fruits, the only accompaniment to their salt junk, as the sailors call it, are hard flinty biscuits made probably years before of musty or sour flour, with an occasional alternative of worm eaten beans. Furthermore, the salt meat during a cruise of two or three years, stowed away in some hot and unventilated part of the ship, must necessarily experience some change in its quality, and at last become deleterious and improper as an article of food.

Dr. Rusk informs us in one of his interesting essays that several gentlemen, whom he had professionally attended and who were apparently doomed to certain and speedy death by the fatal wasting of pulmonary consumption, enlisted in the American army, feeling that it would be more glorious and honorable for them to die the death of a patriot soldier in defence of all that is dear to man, than to pine ignobly and waste away inch by inch in bed. Whether it was the stimulus of patriotism and martial excitement which roused the minds to a pitch of exalted energy and renovated their feeble frames; or, that it was something else, as change of air, climate and scenes, we may not positively affirm. One thing at least is certain; their diet was salt meat, and both diet and regimen, with almost every other circumstance in which they were

placed, were suddenly and essentially changed. They recovered; the tuberculous had given way to the fibrous diathesis, for as I have remarked on a former occasion, the very temperament can be changed. This subject was ably advocated theoretically and practically by Professor McDowell, of Louisville, Kentucky, who lectured in this city some years ago on the various phases and modifications of pulmonary disease.

Physicians of experience in the Southern States have no doubt often had occasion to remark that a patient *absolutely* requiring nourishment, after having barely escaped from one of our malignant autumnal fevers, will refuse every preparation of delicate nourishing food which may be suggested to him, and which is universally deemed appropriate under the circumstances. But here nature, the great and almost unerring nurse, instructs us; for the very last thing appropriate that would occur to the physician being refused, the patient, prompted by nature, makes known his want. Should it be a northern man, he will surely ask for the tail of a red herring; but if a native of the south, he will desire broiled ham. There is no danger in gratifying this natural instinct, however reason and professional science so called may be adverse to it. The globules of blood in the villous coat of the stomach require the stimulus of salt, and when they are sufficiently reanimated, the normal secretion of the gastric juice ensues, and the light and nutritious food at first suggested is freely taken. I might speak of the immediate beneficial effect of salt in arresting dangerous hæmoptysis; of the importance of salt in the pediluvium, or when rubbed on the surface of the body in certain cases;\* of its powerful stimulating and tonic effects which are experienced after sea-bathing; but enough has been said; salt acts as a stimulant on the surface of the body, on the mass of the blood and on the whole system through the stomach and assimilating organs, as well as on individual globules of blood as examined by the microscope.

Muriate of ammonia acts differently; its influence on the globules of the blood is sedative; and precisely such is its effect when applied to the surface. We often meet with cases where it becomes very desirable to check and arrest the secretion of milk in the female breast, which milk, be it remembered, is as well supplied with living globules as the blood. An alcoholic solution of the muriate of ammonia steadily applied, will seldom fail to accomplish the object in from twenty to thirty hours. We find it equally beneficial when there is active inflammatory action in the breast, causing us to apprehend the formation of an abscess. In both instances a soft piece of old linen, kept constantly wet with the solution, should be applied to the part affected.

April 27th. Professor Riddell and myself continued our experiments. To blood taken from a finger, chlorate of potash was added. The globules appeared at first much misshapen and corrugated; in a short time the form gradually improved, and we noticed a strong vibratory motion. The globules became exceedingly and unusually prominent and well

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\* It was once a favorite practice in the West Indies to rub the skin of yellow fever patients with salt and lemon juice.

defined; some turned in one direction and others in another; proving that their motions were spontaneous and perhaps voluntary, for we cannot confine instinct to large masses and organizations. Many of the large globules were literally filled with the minute ones; their diameter was ascertained by measurement to be .00016 to .00035 which is rather less than the ordinary normal size. The tension of the outer surface of the parent sac, produced by minute globules probably already matured and about being ushered into independent existence, was more distinctly seen than on any other former occasion. Progressive motion was soon apparent, it was less lively than usual; it was continuous in some instances giving the idea of a current and capillary attraction; but as often, the motions were totally disconnected, and in all directions. I distinctly saw three globules pass out of the field of vision, and two other come within it, the direction of the motion in the one case being the reverse of that in the other. Three quarters of an hour after the solution of chlorate of potash was added to the blood, I witnessed the escape of a globule from its parent, which I had long expected, but which, from some cause unknown, was long delayed, for it was in a very forward condition when first observed.

Our second experiment was with a solution of sugar chemically pure, which was added to blood taken from one of my fingers. It produced a contraction of the globules, while there was no change of form; indeed, they looked vigorous and healthy, and were very well defined. The first motion observed was vibratory and energetic. In a few minutes currents of motion and spontaneous independent progressive motion was observed; these finally ceased, while the vibratory motions continued for half an hour afterwards.

The third experiment was with brandy. The first appearance was very uncertain; we saw minute dark moving bodies which we thought belonged to the brandy, while we could at the same time discern several small distinct and well formed globules. On the examination of brandy by itself, we were satisfied that it contained no living entity visible to our eyes. In blood taken from Dr. Donellan's finger, to which brandy was added, we perceived remarkable vibratory motions; the globules were much contracted and aggregated in groups resembling bunches of grapes. These manifested a tendency to adhere to the glass on which the blood was placed. There were, however, others that moved in various directions with different degrees of intensity, imparting the idea of currents, counter currents and cross currents. On the addition of more brandy, the greater part of the globules became grouped as before; yet the number of the detached minute monads was increased, and although they were very much contracted or shrunk, they were well defined, unchanged in form, lively, and moving in all directions. Their diameter was determined to be .00001 to .00002.

The fourth experiment was with a very strong solution of carbonate of soda, and here we were presented with a remarkable and entirely new aspect of the globules. Each globule was nearly of the same size, very well defined, and apparently at an equal distance, each one from the other. They were rather below the largest normal size. They



were very round and curiously shaped, so as to represent the appearance of cannon balls. Their motions were vibratory. Many of them contained minute globules which were distinctly visible. Their diameter was estimated at about .000167. After twenty minutes had elapsed, some appeared to slide over others, but in a few minutes they were all in their original position, nearly equidistant. So long as we observed them no change occurred in form, or in general appearance, or in vibratory, and the other occasional motions spoken of. There was not the slightest tendency to coagulation, impaction or disorganization. We often take the carbonate of soda to relieve acidity, or a feeling of oppressive weight in the stomach. It is a valuable remedial agent, and furnishes another proof that what is not injurious to the globules of the blood when examined on a small scale, is so far from being hurtful to the system, that we may assuredly calculate on its beneficial action.

We may not in every instance comprehend the *modus operandi* of a medicinal agent by comparing its influence on the globules of the blood with its effect in the stomach. And perhaps this is true of the carbonate of soda. We suppose, however, that the acidity of the stomach having become neutralized by a purely chemical action, the surplus carbonate next acts on the globules of the blood in the internal coat of the stomach, and by producing a change in the condition of the globules removes the very abnormal arrangement on which the depraved secretion depended. But we no doubt will be able in most instances to trace a corresponding effect in the system, with what we witness in the globules of the blood produced by the solution with which we may be experimenting at the time. And this is a most important consideration as regards diagnosis and prognosis, for it may often enable us to prescribe intelligibly and scientifically from the peculiar appearance of the globules of the blood, and the known effect of a medicine upon them, and upon the system. Many things may thus be ascertained which otherwise would only be revealed by the dissecting knife at post mortem examinations.

We have already considered the action of chlorate of potash, muriate of soda, and carbonate of soda on the globules of the blood, from which we would infer a beneficial effect when the same are taken into the stomach. The experiments with those chemical agents may explain the rationale of a mode of treatment of cholera, by Dr. Hopkinson, of Philadelphia, in 1831 and 1832. The plan was eminently successful. The following is his prescription :

Super carbonate of Soda, ℥ss.

Muriate of soda, ℥i.

Chlorate of potash, grs. viii.,

to be dissolved in a little water, and given every hour so long as necessary. Several physicians have testified that the same or nearly the same prescription has proved more generally successful than the ordinary remedies prescribed for cholera.

I shall resume this subject after having made other experiments on the blood ; the further consideration of it at present would be premature

When the experiments made on the blood, the 27th April, with car

bonate of soda, brandy, chlorate of potash, and sugar chemically pure, had been thoroughly investigated and noted down, the slips of glass were carefully put away wrapped up in paper just as they came from the microscope, each one being marked, so that it could thereafter be identified.

On the 1st of May, these slips of glass were re-examined, and although Professor Riddell was in a great measure prepared for the result from observations made at anterior investigations with the microscope on animalcules, I was decidedly sceptical as to the existence of any thing of interest. 1. We found the blood which had been treated with a strong solution of carbonate of soda very dry; and it was consequently necessary to moisten it, (the same solution being used,) and then to rub the atoms apart with the point of the finger. This rubbing impaired the form of the blood corpuscles, but the minute monads were still circular and apparently perfect in form. Decided vibratory motion was distinctly and repeatedly noticed by both observers in those corpuscles whose sympathy of form was much impaired, as well as in the monads whose form was unchanged.

The terms corpuscles and monads of the blood, are used for convenience and clearness of explanation; the former term is applied to the large matured living entities as represented in the wood cut appended to the first article on this subject in the March number of the Journal, by figures No.\* 1, 3, 4, and the latter refers to the smaller entities No. 5, in the same wood cut. It must, however, be remembered that there is no real difference between them except in point of size and age. The monad that emanates from the corpuscle gradually enlarges, and becomes in its turn a parent corpuscle.

By changing the field of vision, a corpuscle of very nearly the original size and form in lively motion was brought into view.

2. We re-examined the blood taken from Dr. Donellan's finger. It, also, was quite dry, and more brandy was added to moisten it, and the result was the same as before. Most of the corpuscles were impaired in form, while others and the monads were unchanged. The examination was much embarrassed at first by strong currents of motion which frequently became so increased in intensity as to suggest the idea of ebullition. After patient watchfulness, however, the currents having in a great measure ceased, we became fully convinced of the existence of vibratory and tremulous motion.† The monads did not present that variety of appearance which has already been described; the greater part of them seemed to consist of an extended white circular or central part surrounded by a broad black band; there were a few very minute circular black spots, which were observed to be occasionally moving in various directions.

3. We next turned our attention to the blood which had been tested

\* No. 1 should be designated as No. 2, and No. 2 as No. 1.

† Vibratory motion is an oscillation from a right line; tremulous motion is a shuddering without change of position.



with chlorate of potash, and we had to prepare the dry blood for observation by moistening it with distilled water, and grinding as before. It would be desirable to dispense with this process, as it breaks up and disorganizes so many of the corpuscles, yet it is necessary in order to separate the mass into distinct entities. The currents of motion were nearly as strong as when brandy was used. The form of the monads was generally unimpaired; vibratory motion was perceptible, but it was feebler than in the preceding instances. These experiments cannot be deemed of much importance beyond establishing the fact that vitality unquestionably exists after the lapse of four days. The intensity of motions may, and probably does, depend on the greater or less degree of mechanical force employed in separating the atoms of blood.

4. Re-examined the mixture of blood with a solution of sugar; it had to be moistened with distilled water and treated like the others. There was no very great change from the first appearance; no currents of motion were discerned, several of the monads were unimpaired in form, exhibiting the usual vibratory motion.

These experiments suggest an interesting analogy between both the corpuscles and monads of the blood and certain of the infusoria, in another respect besides the similarity in the mode of propagation. The rotifer redevivus can only live in water, and is usually found in stagnant water in the gutters of houses. It may be deprived of this fluid and reduced to perfect dryness, so that all the functions of life may be completely suspended, yet without the destruction of the vital principle.\* And as the atom of dry dust in the gutter can be revived by the addition of water, so can vitality and motion be restored to the dry atoms of the blood by the same means. The *length of time* that the vital functions may be completely suspended is not important to the analogy. It is the simple fact that the dry dust of both may be revived by the same means, after remaining for several days dry and apparently inanimate. We are not prepared to say how long the blood would remain in a dry state without the extinction of its vitality; that may be determined hereafter. It is enough to know at the present stage of enquiry and observation that the corpuscles and monads of the blood have had vital motions restored four days after being removed from the blood of a healthy man and after becoming quite dry, and being subjected to considerable force, which was required to break them apart and detach them from the plate of glass to which they firmly adhered.

Having concluded the foregoing examinations, we tried the result of mixing aqua calcis with blood drawn from a finger. The appearance was very similar to that presented on the 27th April, when we used carbonate of soda. We did not perceive any distinct monads liberated from corpuscles; the whole field of vision appearing to be occupied by corpuscles, some of which contained monads, circular in form and very distinct, without any tendency to coagulation. They were somewhat below the usual size; none of them were edgeways either individually or in masses. They were delicately shaded, which gave them a globular or spherical appearance.

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\* New Orleans Medical and Surgical Journal, January, 1846.

When fresh blood, without the addition of anything, is examined, it appears to be impacted in confused masses—the corpuscles lying edgeways, and this probably is the first stage of coagulation to which blood from a healthy person appears to have a tendency as soon as it is exposed to the air. Motion may be gradually excited by mechanical agitation, but the remarkable change which takes place on the application of carbonate of soda or lime is no less sudden than surprising.

A solution of sulphate of magnesia was next used. The corpuscles appeared to be much shrunk, and were of various sizes; they were circular and distinct. Currents of motion annoyed us for some time, but on their subsidence the tremulous vibratory motion was perceptible as usual, but not so vigorous as when produced by a solution of common salt. None of them were edgeways, nor was there the slightest tendency to coagulation. In another field of vision subsequently examined the motion was more lively, and the monads in some of the corpuscles were grouped so as to present a mulberry appearance, of which the wood cut No. 2, (which should be No. 1,) being the whole field of vision under Raspail's microscope, will give a tolerably fair idea.

The effect of a solution of sulphate of soda is so similar in all respects to the foregoing, that a particular description is unnecessary.

The action of a solution of nitrate of potash applied to the blood is much the same as that produced by chlorate of potash; we do not perceive any currents of motion, yet there was very lively vibratory motion. The corpuscles were shrivelled, but at the same time very well defined; the monads were unimpaired in form and also well defined.

At the University, 6th May, 1850; we tried the effect of a solution of borate of soda on the blood. The corpuscles were very abundant, many of them containing monads. They were much crowded together and rather shrivelled; they, however, exhibited lively vibratory motion. The general idea of form was circular, although very irregular; some on the outskirts of the field of vision were circular and well defined. In another field of vision, after a few minutes had elapsed, the corpuscles were very distant, circular, and shaded so as to present a spherical appearance. A gradual change went on until, about fifteen minutes after the solution was added to the blood, the resemblance became very strong to the effect produced by carbonate of soda. There was ample space between them, and tremulous motion. There may be a difference between vibratory and tremulous motion. The former appears to me to be the actual spontaneous movement of the corpuscle; but the latter seems to result from the lively motions of the contained monads. As its action on the blood would indicate, this as a safe medicine that may be given to children as well as adults, and it proves very beneficial in certain cases.

The next experiment was with cream of tartar; the purified super tartrate of potash. The first appearance was what may with propriety be called the alkaline arrangement. The corpuscles were very circular and well defined; on one part of the field of vision they were much shaded; we could perceive no motion in them, although we saw considerable vibra-

tory motions in the liberated monads. They also appeared to have a certain degree of locomotion; they would advance a certain distance and retreat as if they were mechanically restrained from passing beyond a given limit. Occasionally, we observed weak currents of motion when they would become crowded together.

Although the action of this chemical agent on the blood was on the whole favorable, it should be remembered that if this medicine is cooling to the system, acting as a diuretic and consequently useful in dropsies, it produces very lamentable effects if *habitually* used. It impairs the condition of the stomach and bowels, and finally of all the assimilating organs. The examination of the stomach of persons who made an inordinate use of this salt of potash has revealed its effect on the organ. The villous coat of the stomach appeared as a smooth, white, shining membrane, without any blood or blood vessels that could be seen; and there was general relaxation of the coats of the small intestines. It is true, that this remark is equally applicable to other medicines which, when occasionally given in proper doses, produce a happy result, but which if abused, may act fatally.

The effect of nitrate of silver was such as we expected. The blood was generally in disorganized masses without motion; some corpuscles that were not crowded together could be discerned, but their forms were very obscure. A few monads were liberated by rubbing the mixture slightly; they were very distinct with lively tremulous motion, which, however, soon ceased, when organization was as probably broken up as vitality was extinct. The blood contains more or less of muriate of soda as one of its chemical constituent parts. This would convert some portion of the nitrate into a chloride of silver, which, however, would not probably vary the result.

The effect of calcined magnesia was very similar to that produced by carbonate of soda. The corpuscles were under the ordinary size, and very well defined; they were carried along by currents of motion, yet monads could be seen moving in the opposite direction. The corpuscles were delicately shaded, and to the eye spherical. In another field of vision, what was supposed at first be a current of motion, proved to be spontaneous progressive motion, for the corpuscles, after traveling a certain distance in one direction, would reverse their course. They were not crowded, but sufficiently apart to admit of free motion.

The alkaline appearance also resulted from the use of sulphate of potash. The greater part of the corpuscles were circular and well defined; a few were edgeways and others apparently folded; these gradually assumed the circular form. But few liberated monads were seen. In all, there was lively vibratory motion. The corpuscles were under the general size. This appears to be a peculiar and regular effect of the alkaline salts and earths. Many of them were shaded, presenting the usual spherical form.

Caustic potash produced partial disorganization immediately; such corpuscles as could be distinguished were shrivelled and badly defined; there was a slight tremulous motion to be observed occasionally; the monads were few in number but well defined; they exhibited motion



for a short time. Aware that all animal substances are immediately attacked and destroyed by this agent, we were much surprised after the lapse of four hours to see distinctly vibratory motion in a corpuscle the form of which was elongated and elliptical, situated between the others, but not in contact.

Its change of position in relation to the two other corpuscles that were stationary, was clearly perceived on several occasions and deemed demonstrative of the existence of motion. And what is still more remarkable, on examining the same field of vision the next day, May 7th, 11 A. M., we found the corpuscles generally destroyed, having left mere traces which could not be recognized or identified as corpuscles, but monads were still distinct, with lively motions.

Same day we tried a solution of carbonate of ammonia. The corpuscles were very distinct and in lively motion; monads also were well defined and traveling about in different directions; they, especially the corpuscles, were rather crowded in the first field of vision, but in two others they were seen to great advantage, with ample space between them; some were deliberately shaded, which as usual gave them a spherical appearance. I noticed four kinds of motion; 1. progressive voluntary motion; 2. vibratory; 3. tremulous; 4. currents which sometimes carry them along with great rapidity. The general appearance of the corpuscles was decidedly alkaline; all circular and well defined.

A solution of acetate of lead was then used. There were but few circular corpuscles to be seen at first; the greater part were edgeways, or apparently folded up; most of these changed position and became circular in a short time; the motions were lively, both tremulous and progressive without established current. Small monads were well defined and in motion; the corpuscles were under size and some of them had vibratory and progressive motion at the same time, which I have never noticed when there are currents.

With the exception of muriate of ammonia, which acts as a sedative, and phosphate of soda which suspended all motion, and produced considerable disorganization of the blood corpuscles, the neutral salts whose effects have been tried on the blood, present great and striking similarity of action. *They are opposed to coagulation in a remarkable manner.* Instead of a confused impacted mass of corpuscles, which, as I have already remarked, is the general appearance of blood when first drawn, we see under this influence a beautiful, regular and harmonious arrangement, each corpuscle occupying its position without touching or pressing upon another, and with more or less space to admit of free vibratory motion between them all. The idea conveyed to the observer as they rapidly unfold themselves and abandon their edgeways position and assume their usual circular form, reminds one of the rapidity and precision with which regular troops can be deployed into line or thrown into squares.

It occurs, then, at once to the mind that these remedial agents, when scientifically combined, and given at proper intervals, and in such doses as experience may determine, should exert a powerful influence in resisting the tendency to the congestion and coagulation which we see

often witness in several varieties of our malignant fevers. They should not in such cases be administered as laxatives or purgatives, but as *alteratives* to exert their specific action on the sluggish or impacted blood. In the mean time none of the usual efforts to excite action on the surface by counter irritants should be neglected; on the contrary they should steadily and perseveringly be made.

What a modification in our plans of treatment may be brought about by these singular discoveries! And what a substitute for mercurials and drastic purgatives which are often prescribed at random without any definite object in view, and salivation, with its present and consequent miseries, in many instances relieved only by death, may we not find in the use of cooling alteratives whose *modus operandi* on all the sanguineous tissues and blood vessels is now apparent and intelligible, and whose influences and effects leave no deadly sting behind! It is surely a subject worthy the consideration of all humane and intelligent physicians.

Is it not better to endeavor to regulate the deranged condition of the blood, and to restore it to its normal state, than to abstract it by the lancet, or drain it of its watery part by drastic purges?

It is difficult to understand how a man who rises in the morning in the enjoyment of his wonted health and strength, and who has no more blood than what is compatible with the vigorous, healthy, and harmonious action of the complicated machinery of the human body, should, when attacked by a paroxysm of fever a few hours afterwards, have too much blood and require depletion. Whence has come the sudden increase of blood? It exists only in the imagination. The fever, pain and restlessness arise from a *disturbed* circulation, and not from an excess of the circulating fluid.\* The plain indication, therefore, is to calm the disturbance by removing the cause, and restore the equilibrium of the circulation. There are various ways of accomplishing these objects without using violent remedies and entailing misery on the sick. One of the simplest and most successful plans for calming the pulse and allaying the irritation of the nervous system and to carry off the superfluous animal heat, the bowels being freed from all offending matters, is to persevere in the application of a stream of cold water poured from a pitcher or tea-kettle by a person standing on a table from the back of the patients' head, which for that purpose should extend over the side of the bed. This should be continued till the body is cool all over, and all pain and agitation and restlessness have disappeared. It should be renewed so long as there is any manifestation of the return of the fibrile heat, &c., and until a warm healthy perspiration breaks out, and the patient sinks into a calm and refreshing sleep, when we

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\* It is true, that unknown to the individual, some morbid secretion may have been eliminated by the glands between the time that he rose from his bed in health apparently as usual, and the access of the febrile attack; yet what has bleeding to do with morbid secretions. Absolutely nothing; while we get rid of these offensive matters as speedily and easily as possible, let us not forget to inquire into the cause of such secretions, and endeavor to correct that peculiar condition of the blood on which they depend.



may feel assured that the blood is restored to its normal quality, distribution and motion. This plan of treatment, in addition to the administration of certain neutral salts prescribed as alteratives, would seldom fail to conquer the autumnal fevers of the remittent type. The more we reflect on the prolonged vitality of the blood, the better we shall be able to understand many of the phenomena which occur after sensorial death has taken place. It accounts satisfactorily for the growth of the finger nails and beard, for the duration of animal heat, the susceptibility of the nerves to the influence of electric or galvanic impulses, and for the contractility of muscular fibre. As a general rule, these evidences of the existence of animal life do not last more than a few hours. And here it may be asked how comes it that the exhibition of vital actions is limited to a few hours in the body, while in blood removed from the body such phenomena may under certain circumstances endure for days? It is because there are tissues and substances in the body in which decomposition speedily commences, which destructive process soon involves the blood with its living entities, but out of the body, the small portion of blood used in microscopic observations is protected from the atmosphere by the slip of glass beneath, and the cover of isinglass above, in which position, when wrapped up in paper, it soon dries.

A singular case, which I never before could comprehend, occurred in the spring of 1824 in the vicinity of Monticello in the State of Georgia. A young negro woman, while laboring under excessively violent religious excitement, suddenly fell to the ground in a Methodist church. This was not an unusual circumstance, and it produced no alarm at the time. She was carried home a short distance, supposed to be in a trance. Before night, however, the family became concerned about the case and sent for a physician who after examination stated that she was dead. I saw her the next morning and was surprised to find the natural heat of the parts about the thorax unabated, especially in the region of the heart. Mr. Grant who owned the woman, would not consent to have the body opened, so difficult was it for him to believe that death could occur so long as animal heat remained. Tuesday evening, however, the animal heat had so much abated that I obtained permission to examine the body. No lesion was any where to be seen except in the thorax; the pericardium was enormously distended with dark coagulated blood, which, when cleared away, exposed to view a recent rupture rather exceeding an inch in length involving a portion of the varieties of the heart and a portion of the base of the aorta. There can be no doubt that this woman was dead when she fell, yet there being no circumstance present to destroy during fifty hours the vitality of the corpuscles and monads of the blood, protected as they were by the pericardium, animal life and heat were retained in the surprising manner described. The upper and lower extremities and the lumbar region become cold in the usual time after death.

It may also tend to calm our fears about premature interment, a subject which has so excited the public mind and engaged the attention of philosophers in different countries and at various times. Spasmodic twitchings of the muscles may be seen for some time after death has

ensued from a violent and painful disease. This may account for the changes of position said to have been observed at an examination of the coffin made some time after the burial of the dead, although it might arise from awkwardness in handling the coffin. And these muscular movements depend on the vitality of the blood which under certain circumstances may remain for days after sensorial death has occurred. A person who has fainted, or who is in a trance, requires the stimulus of air and light at least, and how can we suppose sensorial life to be regained when the body is placed in the coffin and the lid screwed down excluding air and light, and the coffin either buried several feet beneath the surface, or entombed in close brick work?

To say the least, it is extremely improbable, and in my opinion impossible that there could have been any suffering or consciousness in the instances of change of position to which I have alluded.

Dr. Rush, in an article entitled "an inquiry into the cause of animal life" says, "I include in animal life, as applied to the human body, *motion, heat, sensation and thought.* These four when united compose perfect life. It may exist without thought, sensation, or heat, but none of them can exist without motions." Fully concurring in the foregoing remark, that when motion ceases there is an end of life, animal as well as sensorial, I would venture to suggest as a test of actual and complete death, in addition to others which have at different times and in different countries been recommended, the examination of a drop of blood under the microscope. If we can excite motion in the corpuscles and monads by the means that we have been in the habit of employing successfully for that purpose, we may feel assured that animal life is not extinct, and may infer that decomposition has not commenced its disorganizing work. If we fail, it may I think safely be concluded that complete death has taken place.

The same author, in speaking of the stimuli which act as the causes of animal life, places air first on the list; light next; 3, sound; 4, odors; 5, heat; 6, exercise; 7, the pleasures derived from the senses. These are external stimuli. 8, food. Now which of these causes can act on a body immured in a coffin and confined to the tomb? There is probably much more of excited imagination than of stern reality in these stories of premature interment.

Having in conversation with Dr. Adler mentioned the result of the experiments on the blood made by Professor Riddell and myself at the the University, he stated that he was much gratified to learn the facts, and that he perceived an accordance between the effects of combination of neutral salts which he had long been in the habit of prescribing in certain cases of disease, and the effects produced by the same on blood taken from the system and examined by the microscope. In reply to a note which I addressed to him on the subject, I received the following communication which, taken in connection with the experiments recorded, cannot fail, I should think, to prove interesting and instructive:

NEW ORLEANS, *May 12th*, 1850.

DEAR SIR:—In reply to your request of the 2d inst., to communicate

to you my experience in the use of certain neutral salts which I am in the habit of prescribing with advantage, I take pleasure in stating to you the following :

Since I have resided in this country I have freely used combinations of neutral salts with beneficial effect in a number of complaints. Such as acute rheumatism, catarrhal affections, influenza, bilious, remittent, and intermittent fevers, also in inflammatory fevers *when there was no irritation in the stomach and intestines*; also in particular stages of dyspepsia, &c.

These observations were first made in Europe between the years 1828 and 1842, in the North of Germany, and in Russia where they are extensively prescribed by the first men in the profession both in hospitals and private practice. From 1839 to 1842, I employed them with good effect in London in many cases of the above mentioned complaints, and have continued the same practice since 1842 on this side of the Atlantic, in this city, in marshy countries of Mexico and Central America, in regions known as unhealthy where fatal fevers prevail through a great part of the year. One of the compositions I have made use of, is the following :

R—muriate of ammonia,  
Nitrate of potash, aa. ℥i., ℥ii., ℥iij., according to circumstances,  
Mucilage of acacia, or decoction of the root of althea, ℥vi.,  
Liquorice juice to correct the taste, ℥i., ℥ij., ℥iij.,

Of this mixture one large tablespoonful should be taken every one or two hours. The extract or juice of liquorice is often omitted, as it is not prescribed on account of any active medicinal qualities but simply to counteract the taste of the muriate of ammonia.

In cases of great vascular excitement, (except in the stomach and intestines) either local or general, I add sometimes one or two grains of tartar emetic, and if a narcotic should be required to allay nervous irritation, I direct from eight to fifteen grains of the extract hyoscyamus. To assist these remedies, I order as a drink, light lemonade, or acidulated linseed water, and warm foot baths with several ounces of muriate of soda.

I find this mixture very useful and of quick effect in complaints arising from the sudden or gradual suppression of the functions of the skin brought on by atmospherical or terrestrial influences, a state of things which if not speedily relieved, will disturb the circulation, and the temperature of the body, directing an under proportion of blood to organs of vital importance, producing morbid changes in the vast surface of the mucous membrane as well as in the great number of organs to which, and into which it spreads. More or less derangement of the organs of secretion and of digestion, and of the respiratory, biliary, and urinary systems will soon occur. The secretions are changed in quality as well as from the normal quality. The healthy peripheral current is checked and incomplete, with a sense of general oppression and alternate flushings of heat and sensations of cold. It is in such a condition of things that I have found the above named mixture of much service, but it must be continued until the system is relieved from all internal and external suffering, and all deviations from the normal standard.



Similar compositions have of late years proved very useful in Germany and the North of Europe in attacks of epidemic influenza. In 1843, I treated several cases of the same disease, where much suffering and alarm existed, and as soon as the excitement was thoroughly abated, I prescribed an infusion or light decoction of Colombo root, which soon restored them to their usual health.

In the fall of 1848, I treated several cases of the dengue fever on the same plan; the fever and pains were relieved by three or four doses; and the continued use of the same for forty-eight hours removed them entirely. In other cases I gave them two grains of sulphate of quinine three times a day for several days as a tonic, which succeeded equally well as the Colombo.

With the same or similar combinations I have speedily overcome those bilious remittents (unattended with gastro-intestinal irritation) which are often so tedious.

These remedies are also useful frequently in congestions of the lungs and brain, in pneumonia, pleuritis, &c. If such are early attended to, they will frequently require nothing more than a persevering use of this saline mixture. A mild tonic may sometimes be required when irritation is subdued.

Combinations of sulphate of magnesia and muriate of magnesia, constituents of the seidlitz water found in Bohemia, with the addition of magnesia, given repeatedly in small doses, are often very useful in particular cases. The superiority of a judicious combination of the neutral salts as a plan of treatment, over other remedies by which the disease becomes protracted, is, that if early prescribed and faithfully continued, they afford relief promptly without doing any injury to the constitution which cannot be said of some articles of the materia medica that are much used in the treatment of the autumnal fevers of the Mississippi valley. I could mention other combinations, and the facts as to their use in disease, but you say you cannot wait as the most of your article is in the press, and the printer's calling for the remainder."

(Signed.)

E. ADLER, M. D.

While such combinations may prove very useful when judiciously administered as alteratives in mild aperients, the free use of cream of tartar, and of the sulphate of soda or magnesia as active purgatives, might prove very injurious, and to my personal knowledge often have proved so in this climate, although in high northern latitudes, they, and especially the two last mentioned salts, can be used with decidedly good effect.

Certain symptoms, and particularly the loud complaints of the sick may often induce us to believe that the case is much more urgent and dangerous than it really is, and hence we are in too great a hurry to cut it short by what are called decisive measures. Now such treatment often aggravates and protracts the disease, and we find ourselves after several days compelled to adopt some other plan. It must be understood that whenever combined neutral salts are used as an alterative, the primæ viæ must be first cleansed, as gently as the nature of the case will admit of, and thoroughly relieved from all fæcal matter and collections of morbid secretions. This plan of treatment is quite com-

patible with the application of counter irritants to the surface, as cataplasms, epispastics, dry cupping, &c.

Before concluding this article I will recapitulate briefly what I believe has been fairly and satisfactorily established. The blood designed for examination with the microscope, and for various experiments was in every instance taken from the back of one of the fingers of a person present. 1. Vitality has been established beyond all doubt by a variety of motions, such as tremulous, vibratory, and progressive motion apparently spontaneous and voluntary. 2. By these motions being prolonged for hours and even days as witnessed by several persons. 3. By the anlaogy, and affinity of the corpuscles of the blood with the monads of the infusoria, as they have been seen to contain living entities within them, with which in due time they part—the law or manner of reproduction being the same in both cases. 4. The action of various solutions on the blood corpuscles and monads has corresponded as well as could have been expected with the known action of such agents in the living body.

Of sixteen solutions the effects of which have been tried on the blood, the action of the following neutral salts and alkaline earths appeared to be favorable, by exalting vitality, increasing motion, and exhibiting a tendency to a peculiar arrangement of the living entities decidedly opposed to coagulation, or congestion of the blood. They are the

Muriate of soda,  
 Borate of soda,  
 Carbonate of soda,  
 Chlorate of potash,  
 Sulphate of potash,  
 Bi-Carbonate of potash,  
 Supertrate of potash,  
 Carbonate of Ammonia,  
 Calcined magnesia.

Solutions of the above salts and alkaline earths, produced a very similar arrangement and appearance, which Professor Riddell and myself have thought proper to denominate the alkaline arrangement, where the corpuscles are all well defined, circular, and with sufficient space intervening to admit of free motion. Whenever they are shaded, they present the same appearance of spherical form. This alkaline arrangement is so peculiar that when once seen, it will ever after be immediately recognized.

The effect of brandy (cognac) and the solution of refined sugar was on the whole favorable to the blood corpuscles and monads; they certainly did not impair either their form, or their *vitality* as indicated by motions considerably prolonged.

Muriate of ammonia in solution acted as a sedative without entirely arresting motion, or producing congestion or disorganization. I have seen this alkaline salt spoken of as a stimulant, an opinion probably founded on a misconception of its *modus operandi*. Some time after a woman has become pregnant, nature directs an increased flow of blood to the breasts, to stimulate and supply the numerous glands by which milk is secreted from the blood. In this case, there is local excitement,



and when it becomes expedient to check or altogether stop the secretion of milk, as when a child is born dead, or dies very soon after birth, the alcoholic solution of muriate of ammonia allays this excitement, and hence acts a sedative. It may be supposed by such as consider it a stimulant, that it excites the absorbents to carry off the secreted milk; but there is no necessity for this, for having calmed the excitement which nature produced for a specific purpose, no more milk is secreted, and the glands are restored to their ordinary passive condition.

Solutions of caustic potash,

nitrate of silver,

acetate of lead and phosphate of soda

exhibited a decided tendency to disorganization, and although some monads continued to move, and even faint tremulous motion was seen twenty-four hours afterwards in partially disorganized corpuscles or a fragment of the same, the effect was unequivocally unfavorable. There was a direct and immediate tendency to disorganization. We need not be surprised at such a result; the only wonder is that it did not occur sooner.

The desultory manner in which I have been under the necessity of writing this article, has prevented me from arranging the parts as I could have desired.

I shall resume this subject as opportunity to observe and leisure to write, may permit.



## II.—*Remarks upon Malignant Dysentery, or "Bloody Flux," with cases illustrative of the Pathology, and treatment of the Disease.*

By ROBERT J. DRAUGHON, M. D., of Claiborne, Alabama.

This disease consists in an inflammation, terminating in ulceration, of the mucous follicles of the large intestine, and particularly of the rectum. Under all circumstances it is found to be more or less intractible; but when complicated with gastro-enteritis, and derangements of the chylopoietic viscera, peculiarly so. These complications some practitioners have failed to detect, and hence the name applied to it, in such cases of *bilious* dysentery, or "flux." Such an application of an unmerited term, has led heretofore, and will continue to lead, to very erroneous deductions in practice. Calomel has been exhibited in large doses; and from time to time, until the liver has been incited to the normal discharge of function, and then again perverted in its action by its use; and still the disease has persisted in the lower bowel. That vorpor of this organ usually attends an attack of flux, the writer is willing to admit; but that it is the cause of the affection he is fully prepared to deny. It will be seen, presently, that very opposite modes of treatment are required for the cure of the two forms, and a nice discrimination is to be observed, lest injury be done to the patient.

Simple irritative dysentery, known by a præternatural laxity of the bowels accompanied with a little frothy mucous sometimes streaked with blood, and attended with more or less tormina and tenesmus, may occur sporadically, at any season of the year, or regularly every year upon the opening of spring, or about the close of warm weather in the fall; but malignant dysentery or bloody flux prevails exclusively as an epidemic, or is propagated by contagion, and is but little dependant upon the season of the year, or upon the climate. That cool and damp spells of weather, succeeding hot and sultry ones, often give rise to it, in sections of country not previously visited by it, may not be denied; but that such has been the case, when it was not prevailing in districts, contiguous has not been observed. When so prevailing, as with other epidemics, there is a manifest disposition on the part of other diseases to take on its peculiar garb and hence the variety of fluxes from and irritations of the bowels attending the ordinary fevers and pneumonias of the country, so annoying to the practitioner, and distressing, if not hazardous, to the sick.

The *symptoms* of flux are—a frequent irresistible desire to evacuate the bowels, and sometimes without the corresponding ability, accompanied with violent pains and cramps in the abdomen, which immediately precede every discharge, and in consequence of the severity of which, the patient cries aloud, and rolls upon the bed, in a paroxysm of agony. The dejections are, at first, composed of the natural fœcal matter, broken down and reduced to a liquid form, but ultimately assume a sanguineous, or muco-sanguineous character, and are voided very frequently, but in small quantities. In some instances, pure blood alone is discharged, but for the most part it is mixed with mucous, cheesy matter, albumen, or lymph, occasionally hardened lumps of fœcal matter are expelled from the bowel, giving ease and comfort to the patient. These are denominated scybalæ, and their expulsion permits the bowel to contract, without embracing painfully, a solid substance within its folds. The writer is in the habit of comparing the dejections in flux to the common tree moss, dipped in blood, and cast into a chamber glass. Others compare them, and with much correctness, to the “washings of meat,” in which the separated fibres, fat and blood, are intimately blended. The disease is commonly preceded, for some days, by a general feeling of *malaise*, loss of appetite, with an unpleasant taste in the mouth, nausea, and wondering pains in the bowels, while more or less of constipation attends, and is usually, though not always, ushered in by a chill, of slight severity, followed by reaction more or less intense, as evinced by an increased warmth of the skin, and frequent pulse. It is not uncommon, however, for the surface to remain cool, and the pulse quiet, while the sufferer is constantly harassed with pain and bloody dejections.\* The tongue is loaded with a white fur, in the centre, while the edges have a livid hue, or is perfectly clean, and of a dingy red color, looking as if stained with red ochre; this last appearance may, with certainty, be relied on as a *diagnostic* symptom of the disease. In the latter stages the organ becomes, in

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\*This is frequently the case when the disease is confined to the rectum.

a large number of cases dry and pointed, indicative of a high degree of inflammation, with ulceration—the same as observed in typhus fever. Sometimes an ulcer may be detected on the tongue, and is a very disagreeable symptom, betraying an extensive spread of the ulcerative process. There is restlessness, and sometimes, though not often, delirium. The tone of the stomach is often weakened, especially in cases complicated with gastritis; and in such circumstances blood is not unfrequently thrown up with the secretions of the organ, variously changed. In cases complicated with enteritis, or with a vitiated state of the biliary secretion—the conditions obtaining in autumnal fever—the discharges are of a sanguineo-green, or indigo color, with now and then a lump of grumous blood, and putrid matter.\* The tongue, in these instances, is usually very red, and very dry, and the pulse is small, frequent, and quick, but not always corded, while the thirst is insatiable, and the skin is either preternaturally cool, or hot and dry.† The disease thus complicated proceeds rapidly to a fatal termination, if not arrested, and must be treated with much care.

It is unnecessary, after thus detailing the symptoms of flux, to speak of the *diagnosis*. This is arrived at with so much ease and certainty, that it is impossible to be misled in its formation.

Of the *Prognosis* it is also required to say but little. In proportion to the extent of the inflammation and subsequent ulceration, must be estimated the danger of the patient. Complications, as observed, are always unhappy. The appearance of *pus*, or purulent matter of a light yellow color in the discharges is always a harbinger of good, showing that the ulcerated surfaces have assumed a healthy tone, and are making an effort to heal by *granulation* and *cicatrization*. Sickness of stomach and extreme jactitation are unfavorable. The discharge of fœcal matter after the disease has progressed for several days, betokens a coming improvement, as also a warm, moist skin, full, soft pulse, and relaxation of the tongue.

In regard to the *treatment* of flux, no fixed rule may be laid down, unless it be to purge, but always with the milder articles, as Castor or Olive Oil, Rhubarb and Magnesia, Sulphur, Manna, etc., until the tract of the bowel is thoroughly cleansed.‡ The symptoms are exceedingly variable, and such treatment must be adopted as seems to suit best each particular case. If the pulse be frequent, jerking, and corded, although not very voluminous, and the skin hot and dry, the abstraction of blood will be attended with benefit; after which a mild but brisk purgative should be given every four or five hours, until the bowels are thoroughly evacuated. With this view, the following may be

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\*This green discharge, the writer found, upon close inspection, to be composed, as in fever, of particles of an adventitious membrane, thrown out from the congested vessels of the intestine, upon the mucous coat, to which it adhered.

†In these cases the patient complains of no pain, but is exceedingly restless.

‡The use of purgatives should be persisted in until the alvine matter appears in the evacuations.



taken, in the dose of a table spoonful every three or four hours, until a free action on the bowels is obtained:

℞.—Ol. Ricini ℥jii:  
Sat. Sol. Gum Arabic ℥jii.  
Sach. Alba ℥ss. M.

This impression on the bowel must be maintained for some time, in moderate degree, with a view to carry off the vitiated secretions constantly accumulating, and to keep the ulcerated surfaces cleansed. For this purpose the same mixture may be exhibited, but with the addition of—

℞.—Ol. Terebinthinæ ℥jii.  
Tinct. Opii ℥j. M.

The turpentine and laudanum are added with a view to overcome spasm, allay irritation, and promote the healing of the ulcers. It is needless to advert, in support of this treatment, to the powers and virtues of turpentine, as an application to ulcers and particularly to those of a phagadænic character. Every surgeon regards it as opposed, both in its local and constitutional action, to the extension of the ulcerative process, and uses it with the happiest results to promote the restoration of the loss of substance, by granulation. Its alterative tendency is deservedly held in high regard—instituting a train of movements in the system which is eminently calculated to subvert the morbid processes which may be in progress in any part of the organism. Turpentine will arouse the susceptibilities and dormant energies of the system, when no other article can be found sufficiently exciting; and herein lies its strongest recommendation—its power and tendency to associate constitutional and local action.

The rectum, in its sympathetic relations, it is well known, is less endowed than any other organ of the same size and importance, in point of function. This is exemplified not only anatomically, by its position at the very extremity of the vast intestinal tube, but by the little influence, generally, of its diseases upon the system at large, as in rectitis, both acute and chronic; hemorrhoids, and the existence of foreign bodies in this organ, etc.\* In flux, in many cases, this part of the bowel is alone embraced, and almost suffers disorganization ere the system manifests any degree of sympathy in its sufferings, as is evidenced by the quiet pulse, the natural temperature of the skin, and the calm and regular play of organs. Turpentine in these instances, is a favorite article with the writer, and he has never failed to effect the object had in view by its use. To explain satisfactorily its *modus operandi* he does not pretend, but it does appear to increase the vital resistance and energy of the organ. Be this as it may, however, enough is it for him to know, that the above-mentioned important object has been repeatedly accomplished by it in his hands. Another important property possessed by the spts. turpentine, and by reason of which it seems peculiarly applicable to the cure of dysentery, it may not be im-

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\*Through the medium of the sympathies the general system comes with its recuperative energies to the aid of a part, and, by sharing its troubles, saves it from destruction.

proper to mention. It is that of a diuretic. Eminently directed to the mucous membranes generally, it seems especially to act upon the kidneys and urinary bladder. On the principle of a counter irritant, therefore, it may be employed with singular advantage, as a diuretic. The writer has invariably seen all of the symptoms of confirmed flux subside upon the occurrence of a stranguary; indeed, to such an extent does he rely upon this condition, that he has been induced to use it repeatedly with the view to produce it. Analogically reasoning, moreover, it seems peculiarly applicable from the signal success attending its exhibition in similar diseases of the mucous membranes as in the latter stages of obstinate diarrhœa, cholera infantum, typhus fever, etc.; it is opposed, moreover, to that peculiar and indeed properly named *specific* inflammation, terminating in ulceration, as well as to the extension of the latter condition, which may only exist in a weakened part; besides it is a valuable antiseptic, increasing the tone of the tissue verging upon gangrene, and thereby preventing the occurrence of mortification. Nor is the oil of turpentine less opposed to congestion, which not unfrequently obtains as a complication in flux, in consequence of some predisposing condition of the atmosphere. Turpentine, then, is a remedy deservedly held in high repute in flux; but, unrivaled as are its powers, and unprecedented as have been the success attending its employment, it must, as with all other active remedial agents, be used with caution and discrimination. In those cases complicated with gastritis or enteritis, in which inflammation of an *active* character presents as a prime element, the propriety of its exhibition must not for one moment be entertained. Highly inflammatory in its nature, it will invariably enhance the urgency of every symptom, and hurry on the patient to an already threatening grave. Here mercury, and mercury alone, may be fully relied upon. But it must be cautiously managed. The bowels should be emptied in the commencement of the treatment, by some mild purgative, and then some one of the mercurial preparations, calomel preferably, should be given, in moderate quantities, and at regular intervals, so that it shall gradually accumulate in the bowels until enough of it has been taken to effect the end desired. Should it evince a tendency to hypercatharsis, opium must be combined in such quantity as is necessary, let it be what it may; and if, under the action of the compound, the tongue becomes fiery red, and *dry*, and the restlessness and thirst of the patient increase, some one of the *preparations of antimony* must be added, in small quantity, to each dose.\* The influ-

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\* To administer the preparations of antimony in dysentery, where the tongue is "fiery red and dry;" not only conflicts with the well ascertained principles of pathology, but also militates against the positive experience of every observant physician. If, by the "preparations of antimony," our author means emetic tartar, the practice recommended is unquestionably hazardous and should be condemned. If the influence of mercury be poisonous in such cases, surely it would require no additional stretch of the imagination, to include the preparations of antimony in the same category! We know that a "red and dry tongue," in certain forms of dysentery and typhoid fever, may be made to assume its normal appearance, under the influence of stimulants; such as camphor, carbonate of ammo-



ence of mercury is sometimes poisonous in inflammations of the stomach and bowels, and particularly when combined with opium, stimulating and constringing the capillaries, instead of relaxing them, thus effectually depriving them of the power of absorption, and the eliminating-secreting vessels of the privilege of relieving themselves of engorgement by secretion. Under such circumstances, the due admixture of antimony will be attended with the happiest results. The tongue will fade, and become relaxed and moist under its use, and the inordinate heat of skin, thirst, and restlessness will subside: these, with a softened pulse, affording to the practitioner the happy assurance that the evil tendency of the mercury and opium has been corrected; the capillary system is relaxed, and, in the event of a bluish tinge being imparted to the tongue, the system is then brought under a salutary mercurial impression. The following formula has been used by the writer with the above-mentioned pleasing results:

Hyd. Chloridum Mite. 4 grs.

Opium, 1-8 gr.

Pulv. Antimonialis 1-2—1 gr.

To be taken every four hours.

With this should be applied contemporaneously a poultice of flaxseed or slippery elm, to the stomach and bowels; or if venesection has been premised, a blister of Spanish flies. Should the bowels become irritable, or have been so at first, the following may be substituted:

Pil Hydrarg. Mass. 32 grs.

Sat. Sol. Gum Arabic,  $\frac{3}{8}$ viii.

Camph. Tinct. Opii, 3jiii.

Tablespoonful every four hours.

If, after the inflammation of the stomach and small intestines has been reduced, the ulceration is still progressing in the colon and rectum, the following will generally succeed:

Vinum Ipecacuanhæ 4 oz.

Aqua Camphora 4 oz.

Camph. Tinct, Opii 8 drachms.

A tablespoonful every four hours. Or the following:

Pul. Doveri 8 grs.

Sage Tea, q s. Three times per day.

Should none of the foregoing prescriptions succeed in checking the disease, it will be necessary to resort to the use of turpentine enemata, of which the following may be received as a formula:

Spts. Terebinth. Gutt. xxx.

Tinct. Opii gutt. xv. (vel.) xx.

Melted Fresh Butter, 16 oz. M.

Repeated three or four times per day.

Nothing can be more soothing than injections of fresh butter; and they are highly proper in every stage and form of the disease, with or

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nia, serpentaria or even wine-whey and brandy; but neither our knowledge of pathology, nor the observation of several years practice, has convinced us that tartar emetic or other preparations of antimony, can ever act otherwise than injuriously upon the stomach and bowels in the cases indicated by our author.—E.D.

without laudanum, as the circumstances of the case may demand. Should they not succeed in allaying the extreme irritability of the bowel, however, a suppository of opium may be substituted. Blisters are beneficial, both in the simple and complicated forms of the disease, but must be employed under proper circumstances, or they will aggravate the symptoms and increase the sufferings of the patient. Equally in point of correctness, will the remark apply to blisters, as to mercury and opium; that in cases of violent reaction, venesection should invariably precede them. The constitutional effect of the lytta, is that of a powerful stimulant, expending its influence mostly upon the heart and circulating vessels, and upon the secreting surfaces and organs, but not a little affecting the nervous matter, exalting every sympathy, and exciting painfully the motor energies. Prudence then would suggest their use only in cases in which their stimulating impression may be tolerated by the system. Blisters affect mainly after the heart and larger arteries, the capillary system of vessels, and their effect is to stimulate and constrict them, as is shown conclusively by the jerking pulse, and heightened temperature whenever they begin "to draw." It might be demonstrated, did the limits of the present treatise admit of it, that these vessels are principally concerned in the inflammatory process. We have these four remedies in flux of acknowledged utility, but all requiring the exercise of discretion on the part of the practitioner, viz:—*turpentine, mercury, opium* and *vesicatories*,—and in cases marked by strong reaction, *venesection*. The first should be discontinued as soon as the discharges assume a healthy appearance, as of thick yellow mucous or pus; or when the bloody discharges have ceased and a thin albuminous looking mucoid secretion only continues. The second must be discontinued as soon as the symptoms requiring its employment subside, or the system is brought under its constitutional action. The third may be continued as long as there is pain and other evidences of irritation—not unfrequently it is the only article required in the latter stages, when the bowels are thoroughly cleansed, and the discharges present that gleety appearance just mentioned above. Under these circumstances the bowels only require rest to insure their restoration to health, and discharge of function. Vesication should only be resorted to under the restrictions alluded to above, and where there is a probability that the superficial inflammation, created by the use of blisters, shall be more extensive and of higher grade than that existing within, and should be discontinued as soon as possible as they disturb that repose so necessary to the restoration of health, in affections of the bowels. Some practitioners, after blistering the abdomen, when the whole arch of the colon and the entire tract of the rectum are inflamed and ulcerated, and being disappointed in their expectations, have unhesitatingly denounced the measure as not only of no value but as positively injurious in flux. If the writer has derived benefit from any application in flux, it has been from blisters. *Venesection* of course will not be resorted to, except in cases really requiring the lancet, and should then be used early in the disease. In conclusion, it is proper to remark, that medicine should be laid aside as soon as possible, in the treatment of malignant dysentery or flux.

The *convalescence* from this disease is slow and tedious. During an attack, many inroads are made upon the constitution and strength of the patient, and great feebleness attends his "getting up." The exercise should be moderate, and short of fatigue; the food light and digestible. The bowels are often left in a debilitated condition, and the least degree of excitement of body or mind is liable to bring on a cholera morbus or colliquative diarrhœa, or else a return of the original disease. In order, more effectually to guard against a relapse, and to insure a restoration of tone to the bowels as well as to the system in general, a *good* article of Port wine may be used several times during the day, in moderate quantity and at first diluted with water; or, if this is not to be had, good madeira wine considerably diluted and sweetened with sugar, to which may be added nutmeg. On the slightest appearance of a return of the irritation of the bowels, an opiate should be exhibited and perfect quietude enjoined upon the patient. In these cases that assume a chronic form and threaten to run on to an indefinite length of time, the oil of turpentine should be used three times daily, in small quantity dropped on sugar and taken just before meals.

The following are some of the more prominent cases of dysentery occurring in the practice of the writer in the summer and fall of 1849:

*Case 1st.*—R. P——, aet. 8 years, of delicate constitution, light hair, thin skin and blue eyes, was seized on the 27th August with a slight chill, followed by fever, vomiting and purging, with several pains and cramps in the bowels and considerable thirst and general uneasiness. I was sent for in the evening, but owing to circumstances did not see him until the next morning, 10 o'clock. Sent him, however, the following preparation:

Mercury with chalk, 24 grains,  
Dovers' Powders, 16 "

Divided into eight powders; one to be taken every three hours.

August 28th, 10 o'clock, A. M. Patient more comfortable but not essentially better. Had considerable fever and thirst; tongue foul and apparently swollen; nausea and jactitation; pulse frequent and quick, but compressible. Discharges sanguinolent and frequent, but voided in small quantity, and owing to the opium perhaps, attended with less pain. Medicine had not acted so far as we could learn from the nurse, and an inspection from the last discharge. Prescribed 4 grains calomel combined with 1-8 grain of opium, to be repeated every four hours with blister to epigastrium reaching down to the umbilicus.

August 29th, 8 o'clock, A. M. Found patient but little better; had an unpleasant night. Under the influence of the opium he slept soundly. Fever slightly moderated this morning. Thirst less but still troublesome. Nausea and jactitation. Pain in abdomen not so great. Tongue but little changed; medicine had operated twice; discharges of a greenish and muddy color, mixed with sanguinolent and cheesy matter, and very offensive; pulse frequent, small and quick, but still compressible; blister had drawn well; directed blister to be dressed with a warm and emollient poultice and continued. Prescription of yesterday with mucilaginous drinks.



August 30, 8 o'clock, A. M. Patient comparatively comfortable; had some pain, however, immediately preceding every evacuation of the bowels. They were this morning more copious and bloody with a quantity of mucous and lymph. Had a number of consistent bilious dejections nearly free from blood and other matter during the night. Tongue relaxed, less swollen and of a slightly bluish color. Thirst greatly diminished. Pulse softer, more equable and slower. Surface cool and perspirable. Blister running well; concluding that the inflammation of the stomach and small intestines was greatly reduced and that by quieting the bowels for twelve hours the improvement would continue, I directed the blister to be dressed with cabbage leaves and an anodyne occasionally during the day.

August 31, 7 o'clock, P. M. Patient apparently a great deal better. Countenance calm and happy in expression. Pulse natural, with exception of a little fullness. Surface pleasantly warm and perspirable; tongue cleaning, but the clean surface of a deep red color and the sanguineous discharges were very frequent and copious but unattended with much pain. Intending to stay with my patient to-night and desirous of avoiding the farther exhibition of potent medicine at least so long as I could be with him, gave him on my arrival a full dose of paregoric. This put him to sleep and checked the action of the bowel until about midnight when I was aroused and requested to see him as he was constantly up and seemed much exhausted after the last operation. I found him lying quite calm and disposed to sleep, which I attributed to fatigue. Surface cool on the body and face and cold on the extremities. Pulse weak but sufficiently full. Gave him another dose of paregoric; directed warm applications to extremities and lay down again.

August 31. Patient better than when I examined him last. Surface warm. Countenance placid and pulse nearly or quite natural. Slept until sunrise. Bowels still quiet. Concluded to wait till ten o'clock and watch its progress. Before the hour of departure had arrived, he again become restless with pain in the region of the sigmoid flexure of the colon, extending down the rectum and had several copious evacuations in rapid succession. These looked like moss dipped in *fluid* blood and cast into the "chamber." Upon examining his tongue, found it still cleaning but of a deep red color. Directed a large dessert spoonful of the following mixture every four hours:

℞.—Spirits turpentine, ℥jij.,  
Tinct opii,           xx. gutt.,  
Olive Oil,           ℥vi mix.

Sept. 1st.—Patient very unwell. Restless, thirsty and feverish; surface dry and harsh; tongue dry and red except in the centre which was brown. Discharges, however, were of a lighter color and thinner, having very much the appearance of evacuations produced by the drastic purgatives in which shreds of lymph, mucous, blood and serum were mixed. These induced me to persevere in the use of the mixture notwithstanding its otherwise unpleasant effect. Directed in conjunction with its use, the application of emolient poultices to abdomen and the liberal use of demulcent drinks.



Sept. 2d.—Morning.—Patient more composed; thirst less; pulse less jerking but still quite frequent; surface soft and slightly moist; tongue less red and moist in the centre but dry at the tip, still cleaning slowly, but cleaned surface unnaturally red. Dejections less copious but in other respects the same this morning; last night about 12 o'clock had quite a number that were large and contained a large quantity of bilious and fœcal matter. Since then patient rested well, and attendant had not given the medicine. Directed a tablespoonful of the following mixture to be taken three times during the day and enemata with the addition of a few drops of oil of turpentine and laudanum to be used as last night:

R̄.—Castor Oil, Sat. Sol. Gum Arabic, a. a.	ʒjii,
Oil of Turpentine,	ʒji,
Tinct. Opium,	gutt. xxxii.

Sept. 3d.—Morning.—Patient slowly improving; more alvine matter discharged last evening; discharges of light color and reduced in quantity; treatment continued.

Sept. 4th.—Morning.—Patient “on the mend;” discharges having a muco-purulent appearance of a light yellow color and containing but little blood; treatment continued.

Sept. 4th.—Did not see my patient to-day.

Sept. 6th.—Patient somewhat restless, thirsty and feverish. Harsh dry skin, &c. This I attributed to the mercury taken at the outset as his gums were slightly swollen and had a number of bilious discharges in my absence. He was, also, suffering from a slight strangury. His tongue was again dry and of a dark color in the centre. Directed use of mixture to be discontinued. Poultice to bowels; emolient enemata and demulcent drinks.

Sept. 7th.—Patient very much improved. Strangury has passed off and all unpleasant symptoms have subsided. Body of tongue now clean and relaxed. Discharges less frequent, small and of a light yellow color, having the appearance of mucous stained with yellow bile. Directed the occasional use of paregoric to keep the bowels quiet and a little port wine occasionally. Discharged.

*Remarks.*—This was a case of flux complicated with gastro-enteritis. The latter could only be dealt with by mercury; the former with oil and turpentine. The evil effects attributed to the turpentine were due to a latent mercurial impression which protracted the cure and increased the danger of the patient inasmuch as it prevented the turpentine from having its usual happy effect in such cases and by constricting the surface, converted it into a capillary stimulant alone, instead of a diaphoretic stimulant, continued purging seems to have expedited the cure which was consummated upon the occurrence of strangury.

*Case 2d.*—W. P., aet. 26, of phlegmatic temperament and delicate constitution, was seized on the 10th September, with the usual symptoms of flux, viz: Pain in the abdomen, nausea and purging with some fever and considerable jactitation; tongue loaded in the centre with a white fur with tip and edges of a dark red color. Had been complaining for several days of wandering pains in the bowels and a

feeling of uneasiness and debility. Upon examination found that the disease embraced the whole of the colon and rectum and that the stomach was sympathetically affected. The dejections were sanguinolent, in every respect like those in the preceding case. Prescribed 10 grains calomel and 1 grain opium in pill and applied a hot poultice to bowels with mucilaginous drinks.

Sept. 13.—Patient easier but disease continued unabated; the quantity of blood had increased in the discharge. Soreness upon pressure throughout the entire length of colon and rectum; some nausea at times; medicine had not acted. Prescribed 10 grains calomel with 1 grain of opium. Blister to abdomen and demulcent drinks.

14th.—Morning.—Patient said he felt better and was disposed to sleep. Medicine had acted well bringing away a large quantity of dark bilious matter but as soon as these had ceased the sanguinolent discharges returned. The pain, however, immediately preceding them was less severe and seated lower down. Blister had drawn; gums "were touched." Prescribed the turpentine mixture; directed blister to be dressed with a poultice and free use of demulcent drinks.

15th.—Patient felt "pretty well;" no fever; tongue moist but unchanged; discharges contained an increased quantity of serum and some alvine matter but were still frequent and bloody; continued treatment of yesterday with turpentine enemata.

16th.—Patient improving; no fever; quite composed; tongue unchanged; pain less and discharges considerably lighter and somewhat purulent in appearance. Patient was now suffering from a slight stranguery. Discontinued the use of the turpentine and directed emollient anodyne enemata and use of demulcent drinks as before. Discharged.

*Case 3d.*—L. T., aet. 12; sanguine bilious temperament and robust constitution, was attacked on the 13th of September, with the usual symptoms of "flux" implicating the chylopoietic viscera. The element forming the complication being congestion of a rather passive character; applied mustard and hot poultices to overcome the congestion and gave three powders during the day composed of mercury with chalk and Dover's powder.

14th.—Patient better; medicine had acted well. Congestion was removed but the sanguinolent discharges continued; tongue still heavily loaded in the centre but cleaning at the tip; tip and edges of a dark red, approaching to a livid color. Prescribed the turpentine mixture with turpentine enemata and mucilaginous drinks.

5th.—Patient improving; surface cool and perspirable; tongue increased in redness but cleaning; discharges assuming a healthful appearance; complains a little of pain and heat in urinating; discontinued the medicine; allowed a little porter and water and mucilaginous drinks. Discharged.

*Case 4th.*—L. W., aet. 24; sanguine nervous temperament, of delicate constitution but usually enjoyed good health was taken on the 1st October with slight pain about the sigmoid flexure of the colon and frequent sanguinolent dejections. Had no fever, nausea, thirst or other symptoms of constitutional disturbance. Prescribed the turpentine mixture and mustard cataplasms to affected part.

Oct. 2d.—Patients, sufferings somewhat increased and dejections larger, more frequent and of a darker hue, having the appearance of moss dipped in grumous blood; continued treatment of yesterday except that a blister was substituted for the mustard poultice and emolient enemata with the addition of a few drops of turpentine and laudanum.

Oct. 3d.—Patient better; pain relieved and dejections more watery and less bloody besides containing a considerable quantity of clay colored fecal matter; compact and hard; continued treatment.

Oct. 4th.—Patient convalescent; discontinued the mixture and enemata.

*Remarks.*—This was an uncomplicated case of dysentery seated in the lower part of the colon and rectum and did not call for the use of mercury. This gentleman lived on a healthy track of pine land remote from the causes of miasmata and other morbid agents. His recovery was rapid and there were left none of the marks of constitutional disorder about him as in those cases denominated bilious, but which should be properly considered as complications.

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III.—ON THE *Diseases of Cahawba and vicinity, during the year 1849.* By JNO. A. ENGLISH, M. D., of Cahawba, Ala.

The winter of 1848—'49 was an uncommonly mild one. There were a few cold days in December, a few in January, and in February some six or eight very cold days; indeed it might be truly said that this spell of cold weather was the only winter that we had.

The winter, too, was an uncommonly dry one. There were two or three rains in January, one or two light ones in February, and none in March till the 14th, on which day a very heavy rain fell, as also on the next day. The health of the community during this period was unusually good; in fact, it was the healthiest winter that we had had for several years past. I treated but one case of pneumonia during this period. The subject of the case was an adult male, overseer, aged about forty years. His habitation was immediately on the bank of the river, and his occupation called him out early, and detained him late. His general health had been good; sanguine nervous temperament. He was attacked on the 3d of February, with chill, followed by high fever. He had had slight cough for several days previously. I visited the patient on the 4th; his face was flushed and countenance anxious, lips purplish and dry, skin hot and dry, pulse one hundred and twenty, corded; impulse of the heart strong; the tongue was coated with a yellowish fur, except the edges and tip; which were red; great thirst; restlessness; no abdominal tenderness.



The sound elicited on percussing the left side was natural, but on the right side—about midway between the apex and base—there was marked dulness, and on application of the stethoscope over this point, there was a mixed sound of mucous and *crepitant rales*. He coughs frequently, and expectorates at times almost (rather dark colored,) pure blood; at others, blood intimately blended with viscid mucous; his extremities are cool, and he complains of chilliness, on removal of the cover. He had taken a dose of castor oil the day before, which had operated several times. I took from his arm about a pint and a half of blood, when he complained of sickness; the vein was closed.

℞.—Tart. Ant. et Potassæ, 1-2 gr.,  
 Nit. Potass. 5 grs.,  
 Dov. Pulv. 2 grs.,

to be given every two hours in flaxseed tea—mustard footbath.

5th.—Patient rested pretty well during the night; cheeks still flushed; pulse not compressible; skin warm and moist; less blood in expectoration; some pain in the right side, and considerable oppression in breathing; dulness increased; respiratory sounds almost imperceptible; had had two or three thin evacuations from the bowels. A large blister was applied over the seat of pain, and the medicine continued.

6th.—Found my patient pretty much in the same condition as the day before; he had spent a restless night; thirst; tongue dry and red; coughs frequently, and expectorations assuming more the characteristic sputa of pneumonia.

Pres. 2 grs. Calomel,  
 1-2 gr. Tart. Ant., and  
 1 gr. Dover Powder every two hours;

poultices to abdomen—footbaths.

7th.—Patient more composed; respiration nearly natural; pulse 100; bowels had acted several times; tongue moist; still some flushing of the cheeks and heat of skin. He coughs less frequently, and expectorates more easily. Ordered:

Sulph. Potass. 5 grs.,  
 Tart. Ant. 1-2 gr.,  
 Pulv. Dov. 2 grs.

To be given every three hours;

8th.—Patient better; pulse 90; respiration natural; tongue moist; slept well; skin cool; some appetite. Continue the medicine at intervals of four hours, and allowed a little chicken soup.

9th.—Patient still improving; had slight fever the evening before; did not last but three or four hours; pulse eighty; expectoration yellowish mucous, free from the stain of blood. The bowels not having been moved for twenty-four hours, gave a dose of oil, to be followed by four grain doses of quinine, at intervals of two hours.

10th.—Patient convalescent: discharged.

On March 15th I was called to see Miss K. B., twenty-two years of age, sanguine nervous temperament. Considerable emaciation; face pale; respiration hurried; voice a little hoarse; hands cool; forehead warm and dry; pulse 120—small. Coughs frequently, and expectorates small quantities of nearly transparent mucous. Percussion on the right side



clear and sonorous. On the left there was dulness above and below the clavicle, for some distance. Auscultation on the left side: rude respiration, with mucous rale; she felt chilliness every day about noon, which was followed by fever and flushed cheeks. The fever continued until nine or ten at night, and was succeeded by copious perspiration. I was informed that she had contracted cold in October, while attending an "Association," where she was exposed to inclement weather; that she had occasionally spit blood in small quantities. Up to the period of the commencement of the attack, had had good health; menstruation regular, but freer than usual; no spinal tenderness; knows no one of either branch of the family that had had consumption. Her appetite was bad; bowels regular. Diagnosis tubercular phthisis; no large cavities yet formed. Prognosis unfavorable.

Pres—Ipecac 1-2 gr.,

Digitalis 1-2 gr., Quinine 3 grs. M.

to be taken three times a day, with syrup morphin, Tinct. Hyosciamus and syrup squills to procure rest at night. Tart. emetic ont. to the chest; wholesome food, and exercise in the open air.

The parents, as I learned next day, were dissatisfied with my prognosis, and called in another physician. Miss B. died on the 28th May, as I learned, with all the symptoms of phthisis.

The remainder of the month of March continued dry—unusually so for this month. About this period hooping cough made its appearance, assuming a mild type, except in a few cases which were complicated with dysentery; these became, in several instances, of a serious character; but one, however, proved fatal, apparently from suffocation, caused by inability to dislodge the mucous accumulated in the bronchial cells. The treatment was emetics of ipecac or hive syrup, with an occasional mercurial purgative, when symptoms indicated it, and plasters to the chest and between the shoulders.

April set in pleasant and mild; vegetation put forward rapidly; the crops of corn and cotton were never more promising. The planters looked forward to a rich harvest, and already began to calculate the income of his growing crop; but, alas! for human foresight and human calculations, on Sunday, the 15th, a cold chilly rain began falling, and continued during the day, the cold increasing towards night. Some time during the night the clouds dispersed, and on Monday the 16th, the ground was covered with a white frost; several others succeeded, and vegetation was checked and killed; corn and cotton fields, with a few exceptions, were destroyed.

The health of the community during this period was very good, till about the 1st May, when bowel affections became quite prevalent among both adults and children. They assumed the dysenteric form; the pain in the abdomen in many cases was very severe, and the discharges continued more or less mucous. The cases which I treated were all deficient in the secretion of bile. A few small doses of calomel, ipecac, and opium restored the bilious secretions and relieved the patient. Opium *alone* would allay the pain and arrest the discharges for several hours, but the unpleasant symptoms would recur again, until bile was poured off.

May was quite a pleasant month, not being as warm as we generally have it; there fell occasional gentle and pleasant showers, followed by a considerable reduction of temperature. Bowel affections were quite prevalent; some cases amounting to a mild cholera morbus. Is it that our climate has some neutralizing effect upon the poison, or remote cause of Asiatic cholera, and thereby lessens its virulence, so that with us it manifests itself in the form diarrhœa, mild dysentery, and occasional cholera morbus?

The month of June was warm and sultry, particularly the middle and latter part; rain fell almost every day, accompanied with lightning and thunder. There was a singular tendency to abortions during this period; no less than seven cases threatening this result, in my own practice, besides several in that of my partner, Dr. Ulmer, all occurring in our town. But one, however, terminated in abortion.

There were peculiar symptoms in this case, at least they were to myself. The subject was a negro girl about eighteen years old; first pregnancy; about the sixth month. I found her complaining of intense pain about every two minutes. On examination I found the lower extremities and body of the fetus expelled, and was informed by the midwife in attendance, that this had been the case for two or three hours. With considerable difficulty I drew down the arms. The contractions of the uterus were very strong, and I expected every moment the expulsion of the head. I waited for an hour, the pains continuing. The uterus contracting formed around the neck, with no progress towards expulsion. A full dose of laudanum had been given previously, with no beneficial result; venesection was resorted to with a like result. The slightest touch would produce violent contractions of the womb. I gave tartar emetic, with a view of relaxing the system, but it had no effect. I then, with considerable difficulty introduced the finger of my right hand, and succeeded in breaking down the skull, so that it was expelled. The placenta was retained several hours. No bad symptoms supervened, and the patient was soon well again.

I encountered a case of pleuro-pneumonia in the month of June. The subject was a mulatto woman thirty-five years old; delicate constitution; mother of several children; had taken off her flannel the day before, and stood on the wet ground, engaged in washing. She was seized with chill, followed by fever and pain in the right side; cough, prune juice colored expectoration; dullness on percussion, and other symptoms characteristic of pneumonia. She was bled, cupped, took tartrate of antimony, blistered, and finally large doses of quinine; but were of no avail, she died on the eighth day. Her pulse was never below 130 beats to the minute during her entire sickness. This case is reported for the purpose of showing that we sometimes have pneumonia in summer.

The whole of the month of July was exceedingly rainy; indeed since 1840 I never knew so much rain to fall in the same length of time, in summer. The thermometer ranged unusually low, say from seventy to eighty-two, until towards the latter part of the month, when the temperature rose several degrees. More rain fell on the 20th and

21st than is usually allotted to a month. The health of the community continued good. The principal diseases were bowel affections among children. Many of the cases were exceedingly obstinate. The discharges from the bowels were characterized by a total absence of bile; sometimes they have a whitish, greasy appearance, somewhat resembling chyle; again, they have a dirty bluish cast. The appetite fails; there is a great degree of lassitude and peevishness; the patient falls off rapidly; there is considerable thirst; the tongue has a whitish fur, with red edges and tip, and prominent papillæ. The pulse is nearly natural; there is generally slight febrile excitement in the evening; there is no unusual swelling of the belly; no tenderness, but generally more heat in that region. Mercury and opium failed to arrest or alter the secretions in many cases, though persisted in for several days. In some obstinate cases, small doses of acetate of lead and laudanum were given, and succeeded in arresting the discharges; then calomel and rhubarb were given in grain doses, which caused bile to pass off, and the patients were relieved. The warm bath was also used at night, with a view to its revulsive effect, as well as to excite healthy capillary action.

After all febrile excitement has ceased, and the skin was acting well, and the bowels were still loose, as was frequently the case, I gave chalk mixtures and brandy toddy, with good effect. I encountered two cases, in which all the remedies spoken of above, failed to relieve, that were rapidly cured by a drop of strong nitric acid, and two drops laudanum, given three times, in some demulcent drink. Creosote had been tried in both cases, with no benefit.

The rains continued almost daily, up to the 3d of August, at which time the Cahawba and Alabama rivers attained an unusual height for summer, being within twenty-five feet of high water mark. (The rivers rise here about fifty feet.)

Fevers of a typhoid character began to develop themselves on one or two plantations in the vicinity; also some few cases of mild remittent, which yielded readily to purgatives and quinine. Bowel affections were still pretty rife among children.

The remainder of the month of August was comparatively dry, averaging from one to two rains a week. The river fell, and left large quantities of alluvion deposited in low places, and on the sides of its banks. This being exposed to a temperature ranging from eighty to ninety degrees, induced many to predict a very sickly fall. Fortunately for the community, they proved to be false prophets; for, instead of a sickly, we had a very healthy fall, particularly in town. There were but three or four cases of mild typhoid fever during the entire fall; these cases were protracted, but did not assume a grave character at any stage of the disease.

On some of the plantations, however, the disease assumed a more malignant type. Two cases proved fatal in my own practice—one on the seventh, and the other on the ninth day of the attack. They were negro girls of nine and eleven years of age. I could not obtain a post mortem examination in either case. The abdominal organs seemed to be most deeply involved in these cases; indeed it was the case in all my



patients who had typhoid fever, but more particularly marked in the two which proved fatal. The symptoms which indicated derangement of the abdominal viscera, were—diarrhœa from the commencement; furred tongue, with red edges; thirst, and tenderness on pressure; sometimes vomiting and tympanitis. Few cases manifested much derangement of the brain; and where delirium did supervene, it was of a mild grade; it was more a wandering of the mind than absolute delirium. The skin was moist, in some cases, throughout the disease; sometimes profuse sweating, with no reduction of the frequency of the pulse, and no abatement of the disease. The pulse varied greatly; sometimes rarely exceeding ninety beats to the minute; in others it would seldom be less than a hundred and twenty. It was generally full, soft, and compressible. There did not appear to be much derangement of the functions of the kidneys. There was cough in two or three cases, early in the attack, with expectorations of tough mucous; in all the cases which continued more than fifteen days, pneumonic symptoms intervened.

The treatment pursued was not uniform, but varied to some extent in each case. In consequence of a suggestion of the Editor of the *New Orleans Medical Journal*, in a note in the September number of that publication, I was induced to try the efficacy of large and repeated doses of Quinine. It was given in quantities ranging from forty to sixty grains a day; it would produce intense deafness, clammy sweat, and reduce the frequency of the pulse, but would not arrest nor diminish the duration of the disease, so far as I could observe. I would here remark that partial deafness was present in some cases, where little or no quinine had been given.

The months of September, October, and November were dry and warm, there having been up to this period (Dec. 6th.) but few frosts, and those not at all severe. During this period we have had a number of cases of intermittent, several cases of typhoid fever, a few cases of pneumonia, and some diarrhœa and dysentery. The cases of intermittent are easily arrested by quinine; but if this treatment is discontinued at the termination of the last paroxysm, the chill is very apt to return at the end of three weeks. Where a patient can be induced to take a bottle or two of Twining's Spleen Mixture,\* after the paroxysms are arrested, a cure is generally effected. In some cases it is necessary to use mercury in combination with antiperiodics.

I can offer no uniform treatment, or suggest any particular medicine in the treatment of typhoid fever. I am more convinced than ever, that any heroic treatment with a view to cut short the disease, will result in serious consequences to the patient. If there is any one remedy to which I attach most importance in the treatment of this fever, it is the oil of turpentine given in teaspoonful doses, every three or four hours; this, with cupping and blistering the abdomen, proved most successful during the year.

A fact occurred within my own observation, which tends to establish the contagious nature of typhoid fever. Mr. M——, who has a

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\*See Twining, on the diseases of the Spleen and Liver.



plantation within a mile of Cahawba, had a number of cases of this disease. His residence was six miles east of Cahawba, on the opposite side of the Alabama river, to which place he moved several of his sick, in order that he might give them his personal attention, and have them better nursed. Previous to this period his "home" place had been unusually healthy. Scarcely a case of fever of any description had occurred. Subsequent to the removal of the sick from the river place, a number of cases of typhoid fever had developed themselves, two of which have proved fatal—both adults; and I learn from the attending physician that, at the present time, four or five cases are yet under treatment.

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IV.—*Facts and Observations tending to prove the existence of Jaundice as an Epidemic. With an attempt to explain the phenomena of that peculiar form of disease.* By C. J. CLARK, M. D., Jacksonville, Ala. 1850.

(To the Editor of the *New Orleans Medical and Surgical Journal.*)

DEAR SIR:—In noticing the communication of Dr. Pitman in the March number of your Journal, in relation to the prevalence of jaundice in an epidemic form in the vicinity of Rocky Mount, N. C., you say, "we apprehend, however, that the cases observed by Dr. Pitman and reported as jaundice were examples of bilious remittent fever, &c." If this decision is based upon the opinion that jaundice never prevails epidemically, it is probably erroneous. A part of the cases at least would seem, from the date of the correspondence, to have occurred in mid-winter, when it is not probable there was any bilious remittent fever in the vicinity of Rocky Mount, to be confounded with it; and I shall proceed to show that jaundice has occurred in an epidemic form at other times and places, although, I believe there are but few instances to be found on record.

Mr. Samuel Cooper in a note to the article "icterus," in Good's Study of Medicine, says, "the disease (jaundice) appears to have been epidemic at Cronstadt in 1784 and 1785, and at Geneva in 1814. In the latter city, it occurred after the hot weather in summer, being in some cases combined with bilious fever; in others, not associated with any manifest disorder."

Dr. James C. Harris in the *Western Jour. Med. and Surgery*, for July, 1848, has described an epidemic jaundice as occurring at and in the neighborhood of Wetumpka, Ala.

Jaundice occurred in an epidemic form in this place and the vicinity in the summer and fall of 1839. The first case in the community was accompanied by febrile excitement of a high grade, and was pronounced by a practitioner not very extensively read, to be a case of *yellow fever!*

A large number of cases occurred subsequently during August, September and October. A few were accompanied by febrile symptoms, but much the largest number were free from them; and there was no case except the first, and perhaps one other, that could be taken, or mistaken for bilious remittent fever. The disease confined itself almost exclusively to *adult males*. There were a few females affected, but no children. Three physicians out of five in the village had the disease.

The disease came on very gradually and was characterized by languor, loss of appetite, a bitter taste in the mouth, furred tongue, sense of weight at the epigastrium, yellow skin and conjunctivæ; urine a deep color, staining the linen, and constipation of the bowels, with clay colored stools. A few complained of some fullness or pain in the head. In one case, there was great irritability of the stomach and vomiting, the dejections consisting of the articles swallowed, mixed with the secretions of the stomach, but without any bilious matter. There was no case of death, and many of the persons who had it, were able to attend to their ordinary business most of the time.

In a few instances the patient had to keep his room, and perhaps his bed for a few days. The greatest complaint was of a feeling of excessive lethargy; a disgust for food, and the sense of sinking or weight at the epigastrium. The loathing of food and bitter taste were frequently compared to that produced by measles; and it was a common remark with patients that they had "never had anything to make them feel so mean."

The treatment was various and all modes were attended with about the same success, as there seemed to be a natural tendency in the disease to terminate in from about ten days to two weeks or a little more. The first case that came under my charge was in a young man twenty-three years old. I undertook to vomit him for the purpose of arousing his liver. Tartar emetic was administered in divided portions until he had taken six grains. It produced great nausea and distress with but slight vomiting. No bile ejected. His pulse sunk to 45 beats in the minute; he became deathly sick and the tartar emetic was stopped. A full dose of blue pill was given followed by rhubarb, and subsequently by two ounces of castor oil before alvine evacuations could be procured. The stools were of an ashy color and small, without the least appearance of bilious matter.

Calomel was next exhibited pretty freely without any better success with the liver. After the first few days the treatment was rather expectant than otherwise, and the patient recovered in about the ordinary time.

I succeeded in vomiting another patient freely after giving a considerable quantity of ipecac and tartar emetic, and found some slight traces of bile after severe straining.

Another patient in taking calomel to "act on his liver" was severely salivated. The ptyalism did not appear to affect the functions of the liver, or modify the disease in any way. The fact is, that until the disease began to subside of itself, or from other remedies, the boasted "Sampson" of the materia medica seemed to have lost all its influence

over its peculiar organ. The best treatment finally appeared to be the use of occasional purgatives with the regular exhibition for some days of such tonics as quinine, barks, and an infusion or tincture of the bark of the wild cherry. The latter was the popular remedy and was all that several persons used.

Epidemic jaundice is no doubt produced by the same cause that gives rise to bilious remittent fever; its influence being in some manner modified so as to give different results under different circumstances.

It was at Geneva, found occurring "after the hot weather in summer" and "in some cases combined with bilious fever." Dr. Harris describes it as occurring in company with a form of fever that was evidently bilious remittent fever. Dr. Pitman finds some of his cases "complicated with intermittent fever;" while it occurred with us in the season of our autumnal fevers, appearing for the time to take the place of them. We had bilious remittents during the latter part of the time, and after the jaundice prevailed.

As epidemic jaundice has seldom if ever proved fatal; there have perhaps been few if any opportunities of determining by post mortem examinations the precise condition of the liver, the organ at fault in the disease. In searching for its immediate cause in such cases as those presented by epidemics, we may set aside calculi, obliteration of the biliary ducts, organic diseases of the liver, pressure from tumors and enlarged viscera—spasm of the gall ducts; inflammation of the liver, and inflammation of the duodenum. It has been thought to be produced sometimes by a closure of the choledochus duct by a viscid mucous. This we may dismiss also, as emetics and cathartics would certainly dislodge such an accumulation without difficulty; and these are not found to cure epidemic jaundice.

If we agree with Darwin, Chevreul and Mayo, that the bile is *formed in the blood* and merely separated by the liver, we might suppose the morbid agent had simply caused a cessation of the functions of the liver, leaving the bile in the blood; and therefore that the yellow skin and secretions resulted from a *suppression* of bile. If this hypothesis were true, then every individual whose liver ceased to secrete, even temporarily, would become jaundiced, which we have reason to believe is not the case. Our skins would be constantly becoming yellower or clearer as the formative power or separating power preponderated. It is very certain that in many diseases the functions of the liver are almost if not entirely arrested for several days, as are those of the salivary glands, skin, &c., and that without inducing jaundice. Further, all analogy teaches us that the bile is not formed in the blood but by the action of the liver; while chemical analysis has failed to detect it in that fluid.

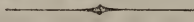
The true pathology of epidemic jaundice will perhaps be found in the increased activity of the absorbents of the liver produced by the action of the morbid agent, resulting in the absorption of the *biliverdin* or coloring principle, a portion of the bilin or bitter principle, and the main part of the water, (which amounts near to eighty-five parts in the hundred,) leaving the balance of the constituents in the ducts and gall bladder in a state of inspissation. It is not improbable that this ab-



sorption takes place mainly in the larger ducts and gall bladder.

It has been urged against the theory of absorpoin that the absorbents would not take up such an irritating fluid as the bile. But it does not appear from observation that the absorbents are less disposed to take up irritating fluids than bland ones; and moreover, the absorbents would be as apt to tolerate the bile, as the delicate endangium, upon the hypothesis of its existence in the blood vessels ready formed. Besides, it remains to be proved that the bitter and coloring principles in the state of solution in which they are supposed to be taken up, are peculiarly irritating.

The coloring principle of the bile just taken into the blood constitutes foreign or effete matter and is thrown off by the kidneys and cutaneous emunctories, or lodged in the cutis vera—the delicate tissues of the conjunctiva, and the mucous membranes. The loss of appetite, impaired digestion and constipation, are readily accounted for by the absence of bile from the alimentary canal.



V.—*A case of Gangrenous Stomatitis.* By —. REESE, M. D.

(*To the Editor of the New Orleans Medical and Surgical Journal.*)

DEAR SIR:—As a matter of record, I transmit to you an abridged account of a case of gangrenous stomatitis which came under my care, and which has terminated fatally; duration five months from the commencement.

The subject, a white boy aet. six and a half years, had tertian fever eight or ten months, and in fact, he had an attack almost every year of his life. The mother has been a dyspeptic ten or twelve years; always complaining of an excess of acid, unless she took antacids in large quantities, of a phlegmatic temperament, and for two years past almost scorbutic; nearly all the members of this family, (seven or eight,) had in January and February ulcerated tonsils. In one case extensive sloughing occurred in both sides; they were treated with nitr. argent—iodine and astringents, with the exception of the boy, who also had tonsilitis, and it is believed that the gangrenous action commenced at this point. When it was first seen, 15th February, the disease had extended to the left cheek, the gums of the inferior maxilla of this side were first involved, from which the mother had taken three of the teeth with her fingers. The swelling was considerable; tongue thrust to opposite side; externally the swelling presented a pale, smooth, shining surface hard to the feel. A profuse discharge of insupportably offensive saliva; does not complain of any thing except slight pain in the limbs; appetite good, sleeps well at night; bowels regular; the disease ran its usual course through slowly, he was cheerful until within a few days of his death, when he called for a looking glass (as he frequently did) to examine his face, and upon



seeing the black spot on his cheek, "commenced crying and asked what that was on his face." This was the left side from which a round slough, one and a half inches in diameter, was nearly ready to drop out, which it did the next day, leaving the inside of the mouth exposed, and presenting an awful sight. At this time a small black streak was noticed, which rapidly extended and was just ready to drop out when he died 1st inst. Sensorium unaffected to the last; articulation was very imperfect and inquiries were made to know what he wished to eat. One article after another was mentioned, "fried squirrel" was the article he wanted, and when it was obtained and finely divided he ate it with avidity, taking it between two of his fingers putting it far back into the mouth, and with much difficulty swallowing it. The treatment was strong, tr. iodine washes, nit. argent, the former was used externally part of the time, chlrd. sodium was used as an antiseptic; from inability to open the mouth but partially, local applications could not be employed with any degree of precision. The disease was undoubtedly held in check by the remedies employed.

For a graphic description of this disease, the reader is referred to the valuable lectures of Dr. West, on the "Diseases of Children," American edition, p. 335. The writer regrets that this book did not fall into his hands before the above case passed that point beyond which little can be expected from remedies, however, vigorously employed.

Very Respectfully,

W. P. REESE.

*Collirene, Ala., May 10th, 1850.*

We have at this time dysenteries, remittent, typhoid and catarrhal fevers, prevailing to a considerable extent in this part of our country. I have heard of several deaths from typhoid fever in Dallas and the western part of Lowndes counties. The first case of remittent fever occurred in my practice on the 6th of March, it was adynamic in its character as all the cases which since occurred have been; three or four cases of typhoid fever have had their commencement in dysentery, they have been treated with small doses of spirits turpentine, camphor and regular bathing; cool alkaline enemata.

W. P. R.

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VI.—*A Case of Hemiplegia: (Cured by an attack of Fever.)*

By A. MORRIS, M. D. of Lowndes county, Ala.

February, 1848—Enoch Singleton, (64)—Attacked with hemiplegia: the only treatment for the first few days, as far as I could ascertain, was mild laxatives and strychnine. I saw him for the first time ten days after the attack: entire loss of motion on one side of the face; but very little use of either extremity of same side; considerable pain in the occipital, extending front, below the ear of side affected: cups to

the nape of the neck; blister to the same region; continue use of the strychnine. Treatment continued for a few days. No improvement. Ordered all medicines stopped, and use cold bath once a day. Improved slowly; able to get about tolerably; face worse; sensation and motion both gone. Continued about the same until August 5th; had a chill; took a small dose of calomel on the 7th; drank very freely of pepper tea, in hopes to keep both disease and chill off. I was called in on the evening of same day; found him with much fever, and pulse quick, soft, and intermitting; skin hot and dry; tenderness over the abdomen generally; pain in head; delirium.

℞—Sub. Hyd. x gr;

Pulv. Dov. gr. xv. M. No. vi.;

one every two hours until fever subsides, or all are taken; mustard poultice to abdomen; left twenty grains quinine in five powders, to be taken one every four hours: to commence as soon as skin becomes moist.

Morning of the 8th, 10 o'clock.—No fever; pulse seventy—full and soft; skin moist; hiccough; complains of pain in head; bowels have been moved twice; taken all the quinine.

℞—Sulph Morph. 1-4 gr. immediately.

℞—Gum Assafœtida,

Quinine *aa.* x gr. M.

in pill No. vi, one every three hours.

℞—Sulph. Morph. 1 gr. et divid.

in four powders—one every four hours till hiccough ceases.

9th.—Much worse; hiccough constant; great prostration; pulse soft; no pain; blister two by eight over diaphragm; one, two by six to spine; cups; internally camphor, musk and assafœtida.

10th.—Prostration complete; no pulse at wrist; breathing laborious; hiccough constant; blister drew well; brandy and quinine freely—can't say what amount; camphor poultice to abdomen; spent the day with him; no change until six in the evening; pulse to be felt occasionally; at midnight distinct; skin moist; hiccough continues; 1-4 gr. morphine repeated every half hour.

Morning of 11th—Hiccough less frequent; health better; slept about an hour for the first time: Quinine and assafœtida 2 1-2 grains each every three hours; blue pill and aloes *aa.* v grs.

12th.—Much better; pulse tolerably full; hiccough continues, but at intervals; recognises me, but unable to articulate; bowels moved twice; gums sore; has been frequently ptyalised before; continue quinine and assafœtida; took a little gruel.

13th.—Has slept considerably; hiccough continues, but at intervals of an hour or more. From this time took nothing but quinine and assafœtida; improved regularly on, until finally discharged on the 19th, well both of the present attack and the paraplegia—not a vestige remaining; face straight, and in fact all correct; in better health from this time until Nov. 18th 1849, than for years previous. At the above date he called on me to show a sore arm of some few days' standing; upon examination I found he had phlebitis of the left arm; it was much swollen; painful, stiff, and red, in the course of the vein from the

shoulder to near the hand; the vein felt like a cord, and full of knots—size of filberts; complains of cold chills running over him constantly for the last twelve hours; constitutional symptoms very trifling, but slight acceleration of pulse; no fever.

R.—24 grs. calom., vi grs. opii. M.

Divide in pulv. No. xii;

one three times a day; keep quiet; use poultices; whiskey and water, or water, as may feel best to arm. Saw him a few days after; three of the knots had gone on to ulceration; opened spontaneously; looked very much like common boils. He is now well.

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VII.—REPORT of a case of Yellow Fever for 1844. *With remarks.*

By the EDITOR.

The fever of 1844, although not very prevalent, was characterized by a strong tendency to hemorrhage; and this observation is equally true of all low forms of fever, particularly all such as were attended with typhoid symptoms, and protracted to any great length of time.

Perhaps the cause or causes—whatever they may be—of yellow fever, are always the same, notwithstanding some difference in the symptoms, type, etc., of the disease, not only in different localities, but in the same place in different seasons. Thus, in New Orleans, the disease may be inflammatory, persistent, and open in one season, attended with more black vomit; and in the next and succeeding epidemic, the febrile phenomena are less intense, the remission more distinct, and better marked, with but few cases of black vomit. Hence, during the season of 1844, hemorrhage, in proportion to the number attacked, was observed to be much more frequent than usual. Even early in the season, at the beginning of summer, all kinds of fevers, characterized by symptoms of adynamia, manifested a decided tendency, in the latter stages, to hemorrhage. The poison, whatever its specific nature, evidently expended its force upon the blood, and so alters its elementary constituents as to favor its escape through the tissues, by exosmosis. Of twelve or fifteen cases of yellow fever received into our wards, at the Charity Hospital, in 1844, only one or two of that number escaped hemorrhage from some part or parts of the body, either early or late in the attack—generally the latter. Hemorrhage from the nose, tongue, and gums was the most frequent, and from whatever part it escaped, it was difficult to arrest. To illustrate the nature and obstinacy of these hemorrhages, we will close these few observations by copying from our notebook the following case of yellow fever, attended with bleeding from the tongue and scrotum, followed by death and a post-mortem

George H—, a German, aged thirty-seven; in this city eight days; came to the Hospital [Charity] on foot; sick twenty-four hours;



received in Ward 24, September 28th, 1844, and died October 9th. About 4 o'clock on the morning of the 27th, he was attacked with pains in head, back, limbs, and eyes, without the usual chill. He was stout, robust, with fine muscular developments; light and thin hair; ruddy complexion; short neck, and inclined to obesity. On the morning of the 28th September, twenty four hours after the seizure, we remarked the following: face and breast of a florid, mixed with a livid hue; swollen and skin tense; head painful and hot; feet and hands of a deep livid and bronzed appearance, and rather cold to the touch; restless at times; bilious vomiting; skin hot over the body; thirst, but not tormenting; pulse a hundred—full but feeble; bowels open; cephalalgia and articular pains persist. Ordered cups to mastoid; has sinapised pediluv.; cold lotions to head, and to take mass hydrargyri grs xii. *statim.* P. M.—Cups relieved the head symptoms; blue mass operated kindly; pulse eighty-five; skin hot, but soft; cephalalgia slight; no alteration in the color of the face, breast, and extremities. Ordered re-application of cups to mastoid and to epigastrium, now the seat of some pain; cold lotions to head continued; repeat foot baths; emol: cataplasm to epigastrium.

Sept. 29th—Some sleep during last night; cups relieved head, and removed the epigastric distress; pulse eighty—full and soft; skin hot and perspirable; patient quiet; face still injected; tongue coated towards base, but clean, and of a bluish aspect at its apex; some thirst. Ordered sulph. quinine  $\mathfrak{D}$ i, divid. in chart No 5, one every two hours;\* light cataplasms to epigastrium; cold lotion to head continued; iced gum water. Evening—Patient quiet; pulse eighty-five, soft; little thirst; skin hot but moist; head hot; tinnitus aurium. Continued same treatment, omitting quinine and frictions with dry mustard over extremities; *aqua calcis*.

Sept. 30th.—Some sound sleep last night; feels better this morning; slight hemorrhage from nose; skin warm and soft; the livid color of hands and face in a great measure disappeared; countenance more cheerful; eyes still injected; tongue same; free flow of urine; thirst; slight cephalic pain. Ordered quinine repeated *ut supra*. Same treatment.

October 1st.—But little sleep, which was interrupted by *hunger*; bowels free; flow of urine; pulse eighty; skin warm and perspirable; still cutaneous capillaries highly injected, pressure on which leaves a white spot for some time; some appetite; no nausea; some headache; hæmatemesis yesterday. Repeated prescription of previous day.

Oct. 2d.—Quiet yesterday until the afternoon, when, about six, he began to vomit blood, and continued to do so until nine o'clock; then it ceased, to be renewed this morning. The matter vomited consisted of a bloody mucous, with a precipitate of some dark, coagulated blood; gaseous eructations; sense of burning at the epigastric centre; † some pain and distress in the stomach and around umbilicus; respiration

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\* This was a grave mistake; the 20 grs. should have been given at one dose.

† This is the usual precursor of fatal black vomit.



rather hurried; both eyes of a slight icteric tinge; in other respects as last described. Ordered sulph. morph. gr. ss.; cups to epigastrium, and the following: bicarb. sodæ ʒi, aquæ menth. f ʒii, aquæ distill. f ʒv. M.; tablespoonful, to be repeated *pro re nata*; iced gum water.

Oct. 3d.—Cups dissipated the uneasiness at the stomach and around umbilical region, and checked the hæmatemesis. In the course of last night he threw up a cupfull of clear blood, after which his *sputa* alone were tinged with blood. Thermometer this morning stands at 67° (F.) a remarkable fall in a few hours. All the symptoms more favorable. Continue same treatment.

Oct. 4th.—Rested badly last night; singultus; vomiting, with retching; epigastric pain returned; eyes more deeply tinged; urine scanty. Ordered sinapised cataplasm to epigastrium; white decoction, composed essentially of phosphate of lime.

Oct. 5th.—Some sleep, attended with low muttering delirium; pulse ninety-five, and rather feeble; constant motion of left leg; skin warm and moist; icteric tinge about *ala nasi*, angles of mouth, neck, etc.; short slumbers, and constant starting; hiccough and retching, but no vomiting; lower lip stained with a bloody exudation; a disagreeable, nauseous odor of breath; intellect disturbed; headache; tenderness at epigastrium; left arm demiflexed and in motion. Ordered surface sponged with lime juice; fly blister to each ankle; sinapised cataplasm to epigastrium, and the following: sulph. quinine ʒi, beef tea. Oss. M.

For two enemas; white decoction; lumps of ice. Evening, delirium; hemorrhage from *scrotum* and *tongue*; skin cool and sweating; icterus extending over the whole surface. Does not recognize those around him; panting respiration; picking at the bed clothes, &c.

Eyes closed, and brows corrugated into a heavy frown; he startes from these temporary slumbers; subsultus tendinum; universal tremors. Ordered porter and ice in small quantities.

6th. Some broken sleep during the past night; hemorrhage from scrotum and tongue continued; singultus; an attack of convulsions this morning for five minutes, followed by slight coma, and a gurgling noise during expiration; pulse 100 and small; icterus now fully developed and universal; he is still conscious when aroused. Ordered, continue white decoction; frictions with dry mustard; enema of sulph. of quinine in beef tea. 7th. About four in the afternoon of yesterday was again attacked with a convulsive fit of the same duration as the first, succeeded by a profound slumber of thirty minutes; then awoke and appeared better; some delirium last night; found him this morning with hiccough. The wall near his bed is stained with dark blood, which he spit in every direction. Pulse eighty soft and regular; skin good and very yellow in patches; partly rational; has a wild and wandering look, as if astonished; respiration normal. Hemorrhage from scrotum arrested by cold lotions; tongue and fauces stained with coagulated blood; brow smooth and calm, and seems decidedly better. Ordered, repeat prescription of yesterday. 9th. After 9 o'clock last night was quiet, in other respects as before; pulse ninety, skin cool; urinates; subsultus; hiccough. Died about 8 o'clock in the afternoon of the 9th, with black vomit.

The *post-mortem* was made next morning about ten o'clock. *Exterior habitude*: intensely yellow; muscles rigid; black matters escaped from his mouth after he was laid on the table. *Thorax*: some old adhesions in the right and anterior part of the lungs. *Abdomen*, intestines also yellow and distended with gas; spleen very soft and of a light brown color; omentum yellow and loaded with fat. *Stomach* contained some mucous and other dark fluids; mucous coat softened and easily detached from muscular tunics—highly injected, reddened, more so near the *cardiac* and along the lesser curvature than elsewhere. This redness was in large patches and presented a fine specimen of a highly vascular yellow fever stomach. The contents of the intestinal tube resembled those found in the stomach; its mucous surface was also injected in patches and very vascular. *Liver* large and of a fine mustard color, soft, friable, easily penetrated by the finger. It also contained a quantity of dark blood. *Gall-bladder* had about three drachms of a dark, thick tenacious bile. Kidneys engorged with blood and easily torn. Heart of a yellow color and contained large coagula; it was also softened. The inner surface of the aorta also yellow. Bladder contained turbid urine. *Brain*: dura mater yellow and vascular; about five oz. of bloody serosity beneath the arachnoid. Substance of brain injected and dotted with red points. Arachnoid thickened in some parts and opaque. Choroid plexus contained a yellowish serum. Ventricles filled with a bloody serosity. The *vena galena* distended with dark blood.



VIII.—MORTUARY STATISTICS. *A report of deaths in New Orleans for the months of January, February, March and April, 1850. With some observations on the same. By the Editor.*

We must confess that we are not very partial to statistics, since they often lead to erroneous deductions and false conclusions. If each particular disease, or even class of diseases could be accurately defined, each had a particular exciting cause, and that cause could always be detected and thus linked with the disease to which it may have given birth, the great value of mortuary statistics would be everywhere acknowledged, as tending in an eminent degree to ward off disease and thus increase the sum total of human life. To obtain a correct list of the dead and wounded after a great battle, is of the utmost value to the commanding general, as without information on this point, he could not estimate his effective force. But the statistics of deaths as at present got up does little more than record the ravages of disease and serve as a warning to the living to prepare for that great and final change to which all are rapidly tending.

The list of diseases which are to follow, embrace the total of deaths

from all diseases, in the city of New Orleans for the four months, ending April 31st, 1850. It will be seen that we have not attempted to classify them, after the plan recommended by the National Medical Association; we have only arranged them alphabetically, believing that this will answer all practical ends. Indeed, we look upon the classification suggested by our National Medical Congress, as both defective and objectionable; defective because it is too general and objectionable since it conveys no definite idea of the tissue affected. The tissues should constitute the only basis for the classification of disease, since if founded upon peculiarity of structure, the classification would be at once both natural and easy. Bichat established a new epoch in pathology when he urged the necessity of studying diseases according to the organic structure of the human system.

Thus, under the head of "*zymotic*" diseases, are included by the Medical Association, all epidemic, endemic and contagious affections; and that too without the slightest reference to the part or tissues assailed. Can cholera, yellow fever, measles, small pox, scarlatina and a long list of affections, wholly different in their nature and seat, be correctly embraced under one general head? If we understand the word *zymotic*, it means "fermentation," hence we infer zymotic diseases to be such as originate in a corrupted state of the fluids of the human body; this revives then the humoral doctrine of the sixteenth century.

Does any enlightened pathologist of the nineteenth century, believe that the cause of cholera and small pox—of cramp and syphilis, of pertussis and measles, of erysipelas and influenza, can be one and the same thing in all these diseases?

If such be the case, it has not yet been demonstrated, and we apprehend some time will elapse before we can arrive at any positive conclusion on this subject.

In the classification of diseases, then we should rarely speak with reference to the causes which excited them—because many of them are utterly unknown, and if understood, could never lead to any practical results. Again, the same cause or agent, it is well known, may produce different and distinct affections, not only in different individuals, but likewise in the same person at different times. For example, exposure to a cold-damp air, when the skin is moist, will produce a catarrh in one individual and an attack of rheumatism in another, or a bronchitis in the one case, and a diarrhœa in the other. It is not necessary to multiply examples of this kind.

We think, then, with all due deference to the highest medical authority in this country, viz.: the N. Medical Congress, that the classification of diseases should be based upon the anatomical difference of the tissues which enter into the human organism. According to the present mode of arrangement, "*apoplexy*" comes under the diseases of the "*nervous system*," whereas, its pathology teaches us that it is an affection of the circulating system, of the vascular tissue; because we have apoplexy of the lungs—of the kidneys—and in fact of any part or organ of the body, through which the blood may circulate.

Similar objections to the foregoing might be urged with equal propriety, against the examples comprehended under the disease of the



respiratory, circulatory, digestive, urinate, generative, locomotive and integumentary systems as recommended, and adopted by Dr. J. Curtis in his paper published in the 2d volume of the Transactions of the National Medical Association.

By reference to the annexed table, it will be seen that we have not only furnished at great labor,\* an alphabetical list of all diseases, causing the deaths mentioned, but have likewise given the age, sex, color and enumerated the various cemeteries in which our dead are buried. This last is highly important in order to give the distant reader some idea of the class of people, who are most obnoxious to our climate and who consequently fall victims to our diseases.

The deaths for the four months ending April 31st, number 2328, of which 173 died and were buried in the city of Lafayette, with a population of about 10,000 inhabitants. Of the 2328 deaths, *consumption*, constitutes a fraction over 9 per cent; and *cholera* over 30 per cent, of the entire number. The heavy mortality from consumption may be traced to several causes: the most obvious and striking of which is the great influx of invalid strangers to this city during the winter and spring, in search of a more mild and genial climate than that in which they may have contracted the disease. Many consumptive cases perish in this city either on their way to or from Cuba. All this serves to swell our bills of mortality, more particularly of those diseases for which a mild and uniform climate is recommended. To charge all the deaths, which may chance to take place in this city, in the manner already mentioned, to our climate, would lead to erroneous conclusions and would, if not explained, deter many from our city, who might, under a different impression, seek and find in our usually temperate latitude, some mitigation of their sufferings, if not entire relief.

We acknowledge that the disease occasionally originates among our people; but in these cases there exists a strong hereditary predisposition, accelerated in some instances by great carelessness—an irregular life, and the entire neglect of the usual prophylactic measures. As the cholera may be regarded as an accidental disease, and therefore in estimating the salubrity of a place, should not be considered, we shall let the figures speak on this subject—only remarking that most of the deaths from this disease embraced in the four months, occurred in the course of ten or fifteen days. The number of interments in the different cemeteries of this city will convey some idea of that class of people among which disease and death are most rife. By glancing at the table, it will be seen that of the 2328 deaths for the cities of New Orleans and Lafayette, 539 were buried in the St. Vincent de Paul grave yard; 520 in the Charity Hospital; 295 in the Catholic; 253 in the St. Patricks and 381 in the Potter's Field Cemetery. Most of those who are interred in the Potter's Field and Charity Hospital Cemeteries, may be included among the poor and destitute, who arrive in this city sick, without friends and means, either from foreign ports, or via the river, from the neighboring states, and are admitted into the public hospital

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\* To B. W. Cohen, Esq. we are indebted for this elaborate table.



Table Continued.

REPORT OF DEATHS AND THEIR CAUSES IN NEW-ORLEANS,

FOR JANUARY, FEBRUARY, MARCH AND APRIL, 1850.

DISEASES.	JANUARY.				FEBRUARY.				MARCH.				APRIL.				GRAND TOTAL.
	WHITE.		COL'D.		WHITE.		COL'D.		WHITE.		COL'D.		WHITE.		COL'D.		
	M. Adult.	F. Children.	M. Adult.	F. Children.	M. Adult.	F. Children.	M. Adult.	F. Children.	M. Adult.	F. Children.	M. Adult.	F. Children.	M. Adult.	F. Children.	M. Adult.	F. Children.	
Hysteria,																	1
Icterus,																	2
Ileus,																	4
Indigestion,																	3
Influenza,	1	1															2
Injuries from explosion of St. St.																	9
Intemperance,	3																5
Jaundice,																	1
Kidney's, disease of																	1
Laryngitis,																	1
Leg, amputation of	2																2
Leprosy,																	1
Lungs, congestion of																	1
" disease of																	1
" effusion upon																	1
Marasmus,	1	1	2														19
Measles,	1	1	1														11
Meningitis,																	17
Metro-peritonitis,																	1
Old age,	2	1	1	1													21
Paralysis,	1	1															6
Parotiditis,																	1
Pericarditis,	2																4
Peritonitis,																	6
Pertussis,																	2
Phrenitis,																	1
Pleurisy,																	5
Pleuro-pneumonia,																	8
Pneumonia,	1	2	1	2													8
" typhoides,																	4
Poisoned by morphine,																	1
" by laudanum,	1																1
Rhumatism,	1																6
" chronic,																	1
Scald,																	1
Scrofula,																	3
Skull, fracture of																	4
Small pox,	5																29
Spasms,																	11
Spine, disease of																	1
Still born,	11	4	2	3													87
Stomach, cancer of																	1
Strangulation,																	4
Stricture,																	1
Suicide,	1																2
Suffocation,																	6
Syphilis,																	2
Tabes mesenterica,																	2
Tetanus,	4	2	1														20
Traumatic tetanus,																	1
Trismus nascent.																	4
Ulcer,	4	3	1	2													44
Uncertain,	4	5	7	3	7	1	2										3
Uterus, cancer of																	1
" disease of	1																2
Vermine disease																	3
Womb polypus, of																	1
Wound penetrating,																	1
" do.																	1
" gun-shot,																	1
TOTAL.	196	52	73	42	30	14	24	15	129	53	51	21	7	21	9	291	73
AGES.																	
Children uncertain,	11	10	6	5					12	2							6
Under 1 month,	24	11	6	3					28	14	4	4					4
" 1 year,	7	17	7	8					11	2	3	11					4
" 5 "	32	16	6	6					19	10	3	2					3
" 10 "	5	7	1	3					3	3	3	2					2
" 15 "	3	5	1	4					4	4							1
" 20 "	20	6	4	4					1	4	1	2					4
" 30 "	65	26	7	7					47	16	4	3					3
" 40 "	55	18	6	2					40	18	3	1					4
" 50 "	35	10	3	4					28	5	3	4					4
" 60 "	16	3	2						12	5	2	4					4
" 70 "	2	1		4					2	3	3	2					4
" 80 "	2	1							2	2	2	2					3
" 90 "									1	2	2	2					2
" 100 "																	2
Adults uncertain.	24	13	19	8					22	9	11	6					8
TOTAL.	309	150	69	54					232	99	49	45					2328
CEMETERIES.																	
St. Vincent de Paul,	29	21	10	11	11	9			13	28	11	6					539
Charity Hospital,	127	230							77	110	1	1					530
Catholic,	7	8	7	10	8	10	8		12	8	7	2	6	5	10	9	295
St. Patrick,	20	16	9	15					20	11	9	7					252
Peters Field,	29	17	12	14	11	7	6	4	22	13	11	8	10	3	3		381
Cypress Grove,	3	3	3	5					5	3	3						62
Protestant,	8	5	4	3	2	1	1	1	5	3	4	2	3	1	1		103
Lafayette,	5	9	4	7	5	2	2	2	4	9	4	6	4	2	3	2	172
Hebrew Portuguese,																	2
TOTAL.	228	81	84	66	42	27	30	24	158	74	68	31	29	20	28	17	2328



for treatment. Correctly speaking, but few of these should be included among our citizens, since they only visit the city to receive medical treatment free of expense.

The reader cannot fail to notice the great number of still-born children in this city, in proportion to the actual mortality, being over three per cent of the total of deaths. This circumstance, if not arrested, threatens to diminish the growth of our population, and consign to a premature grave nearly one-fourth of the products of conception.

The great number of ignorant and half educated *sages femmes* in this city, is, we believe, the fruitful cause of three-fourths of the deaths at birth in this city. For this branch of the profession we have *accoucheurs* from France, Germany, Ireland, and, indeed, from almost every part of the civilized world, most of whom are utterly ignorant of the mechanism of labor, and who seldom interfere but to the serious injury of the mother, or the certain death of the child. The evil can only be corrected by restricting within proper limits the duties of this class of charlatans, and by consigning to the care of the regular practitioners, the management of all cases of labor. In this latitude conception seems to be easy, and sometimes takes place before the maternal organs are sufficiently developed to sustain a new being; hence, another cause, perhaps, of the number of still born children in this city.

Among the numerous diseases to which the young of our climate fall victims, soon after birth, is *trismus nascentium*. This affection is not confined to cities; it is, perhaps, more prevalent in the country. On many of the large plantations in Louisiana, the disease is *endemic* among the slaves; and we have been informed that, at intervals of two, three, and sometimes six or seven years, *trismus* attacks every infant born on the plantation, and almost invariably terminates fatally. After prevailing in a particular locality for some one or two months, destroying sometimes as many as ten or twelve infants, it suddenly disappears, to revisit the same plantation again, at the end of a given time. In the instances above mentioned, the disease could not be traced to any appreciable cause, for the parturient female and her offspring received, both during the existence, and in the absence of *trismus*, the same kind nursing, and careful attention. Meteorological changes did not seem to influence, check, or aggravate the disease: it ran its course, exhausted itself, and suddenly disappeared. On inspection of the table, it will be seen that 181 perished of diarrhœa and dysentery; and add this to the other gastro-intestinal affections, including *all forms* of cholera, such as *c. Asiatic*, *morbus infantum*, and gastro-enteritis, etc., and we shall swell the total of *primary* intestinal diseases to 884 of the grand total 2328 deaths for the four months. From this statement it may justly be concluded that affections of the gastro-intestinal mucous membrane, constitute a large—a very large proportion of the diseases of our city, whether we regard them as primary or secondary affections. To what shall we attribute the great prevalence of the diseases of the mucous tissues lining the *primæ viæ*, in our climate? Confessedly the relaxing and debilitating influences of an almost tropical temperature for more than six months in the year, together with other deleterious surrounding agents, such as a humid

atmosphere, sudden changes of temperature, etc., all tend to predispose, in a very marked degree, our systems to gastro-intestinal affections. Of the accidental, the contingent causes, the habitual and excessive use of *iced* drinks, particularly during the prevalence of warm weather, may be enumerated as among the highly predisposing, and if taken too freely, when the system is fatigued and overheated, as the exciting cause of this class of affections. In the course of many of our fevers, especially such as persist for any length of time, the mucous membrane of the *primæ viæ* is exceedingly prone to become affected; and this may be manifested, either in the form of a diarrhœa, dysentery, or some other kind of irritation, or of positive inflammation; and it is generally of this latter, this secondary disease, that the patient ultimately dies. The reader will not fail to notice, in referring to the table at the close of this short article, the comparatively small number of cases of *hepatic* diseases in the list. We could scarcely expect, *a priori*, such a result in a climate so similar to those which have been signalized by writers on hot regions, as the chosen spots for the development of diseases of the liver!

As corroborative of the preceding statement, we may assert, that among a great number of *post-mortem* examinations, made in our presence, in this city, during the last ten or eleven years, we have not found more than five or six cases of abscess of the liver; and, indeed, comparatively but few serious diseases of the liver of any kind. True, this organ is frequently found (especially in the intemperate and dissipated,) slightly hardened, sometimes cirrhotic; again a little softened, perchance enlarged, and otherwise changed in its texture; but seldom, in any of the instances above mentioned, to such an excess as to justify the physician in ascribing death to this cause. It may be discolored, as in yellow fever, in common with all the organs and tissues of the body, but in these instances, no sensible pathologist would think of pronouncing such to be cases of hepatitis or other affection of the liver.

When we commenced these observations, we did not intend to extend them beyond a few desultory remarks in explanation of the table; but we have deviated from our original intention, by commenting on the great prevalence of particular diseases, over others, and on the probable cause or causes of their greater or less frequency, in this city. We have not attempted to give anything like a connected or elaborate article, but simply to direct the attention of the reader to certain *facts*, as influencing the health, and consequently the mortality in New Orleans.

## Part Second.

### REVIEWS AND NOTICES OF NEW WORKS.

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- 1.—*The American Medical Formulary.* By JOHN J. REESE, M. D., Lecturer on Materia Medica and Therapeutics. Philadelphia; 1850.
- 2.—*A universal Formulary, containing the methods of preparing and administering officinal and other medicines.* By R. EGLESFIELD GRIFFITH, M. D.

The medical formulary by Dr. Reese, is based upon the United States Dispensatory—that tower of knowledge, and the British Pharmacopœias, including the French Codex, and the best standard works on materia medica.

The alphabetical order, in the arrangement of the work has been followed, because it makes it easy for reference, and likewise does away with the necessity of all classification.

To formulate the articles of the materia medica, and to designate their dose and therapeutic application, as has been done in the work before us, required no small amount of labor; and the author, whilst he has done his work well, has really added little or nothing to our previous stock of knowledge.

If to condense and compress into a small compass, a large mass of matter, be regarded as meritorious in a compiler, Dr. Reese is entitled to commendation.

The work contains all the officinal preparations recognized by the best standard works of the day, besides a number of valuable recipes, which must prove highly useful to the young practitioner. The alphabetical arrangement of the various articles of the materia medica, makes the work at once highly acceptable as a book of reference; and taking



it collectively, we believe it will supply a desideratum in the general practitioner's library. Be it understood, however, that we do not assert that such a work should be consulted to the exclusion of the United States Dispensatory—Paris' Pharmacologia; Pareira's *Materia Medica* and works generally of that class.

The appendix contains a number of "dietetic preparations"—in which is detailed the best method of cooking and preparing food for the sick and convalescent. Although regarded as an unimportant portion of the physicians' studies, still some acquaintance with the *cuisine*, will greatly add to the resources of the physician. A few pages are devoted to poisons—their antidotes and tests, and this is a subject with which every medical man should be well acquainted, because hesitation and ignorance may be the cause of death in cases of poisoning. Here too, some knowledge of the chemical behavior of medicinal substances is required, as without it, confusion and mischief will be likely to attend such cases.

In cases of poisoning, we usually have no time to refer to works for information, we must act promptly and select our antidotes according to the known habitudes of the poison with which we have to cope. It is in such cases, that delay becomes *par excellence* dangerous; and to fail to meet the exigencies of the case from ignorance, is a disgrace to the science of medicine and a lasting stigma upon the reputation of the physician. Many of our graduates in medicine know as little of toxicology as of equations or logarithms; and recently in our hearing an *alumnus* of one of our best medical schools, when asked to name the antidote for arsenious acid, replied "albumen."

But it is too painful to discourse of our ignorance of chemical and medical science; we might say more; we could scarcely say less on this practical subject. We recommend Reese's Formulary as a highly useful little work of its class, to the profession.

Whilst the formulary by Dr. Reese is particularly adapted to the practising physician, that of Dr. Griffith, will, we feel persuaded, prove more useful to the pharmacist and compounder of drugs. The first is adapted to the sick room, the second to the laboratory of the apothecary; the first treats of medicinal substances in detail; the second by the quantity and in the gross. Dr. Reese's formulary will be consulted by the physician. Dr. Griffith's by the compounder of unguents, plasters, &c.

Both will be found useful to the two branches of the trade; the one, Dr. R.'s is founded upon the United States Dispensatory; whilst the work by Dr. G. is based partly upon the same great book and the United States Pharmacopœia. In the first the physician will find all the requisite information for making up his prescription; in the second, the apothecary will learn to prepare and compound all the formulæ requisite for a retail druggist. Both are prepared with care, and will, therefore, be in great demand. White, of 53 Canal Street, has both works for sale.

II.—*The Diseases of Females; including those of Pregnancy and Childbed.* By FLEETWOOD CHURCHILL, M. D., &c., &c., &c. With Notes, by ROBERT M. HUSTON, M. D., President of the Phila. Med. Society, &c. 1850. P. 632.

Messrs. Lea & Blanchard, the liberal publishers of the above work, have forwarded to our address, through T. L. White, Canal street, a new American edition of Dr. Churchill on the Diseases of Females. The author, with much modesty and great candor, states that his object in publishing the above work, was to confine in an accessible and convenient form, such facts and useful information on the diseases of females, as were scattered through the various periodicals, monographs, and books of the day.

In this treatise he has given us an "outline" of the history, pathology, symptoms, and treatment of those diseases peculiar to women, both before, during, and after parturition. Avoiding all those questions of a speculative and controversial nature, Dr. C. has collected and arranged all well ascertained facts and principles appertaining to his subject—in many instances throwing the weight of his respectable name in the scale of truth, and thus aiding, by his example and influence, the cause of science, and the interests of suffering humanity. With great good taste the author has embodied in notes at the foot of the pages, the conflicting views and opinions of writers on the several subjects discussed in the text; hence, the reader may consult them at his leisure, without trenching upon the more useful and practical part of the book. So much by way of explanation, and now for the "chops."

The work is divided as follows, and comes in the order named: Section I. *Diseases of the external genitals.* Section II. *Diseases of the internal genitals; including, 1st, Diseases of the vagina; 2d, Diseases of the Uterus.* Section III. *Diseases of Fallopian Tubes.* Section IV. *Diseases of the Ovaries.* After the foregoing, comes—Section I. *The Diseases incident to Pregnancy and Childbed; Diseases of the genital organs in pregnant females.* Section II. *Disorders from sympathetic irritation.* Section III. *Disorders arising from mechanical pressure or distention.* Part II. of the work treats of *Diseases incident to Childbed, &c.*

The diseases of females may be embraced under two heads, viz: general or common and special; by the first, we mean those incident to men as well as women, and are therefore not special in their nature and seat; on the other hand, special diseases are such as invade those organs which are peculiar to females, and which stamp them as distinct and peculiar beings. Of the first, we shall say but little, since the same observations on this subject are equally applicable to both males and females.

It should not be forgotten, that those diseases which are alike common to both sexes, may be greatly modified, aggravated, and controlled by those affections peculiar to such organs as distinguish the two sexes.

Thus, to illustrate our meaning: An attack of yellow fever, in an advanced stage of pregnancy, is always regarded as a serious complication, and greatly enhances the dangers of the case. Other examples might be given, but these are so obvious and numerous that it can scarcely be necessary to cite them.

If it be true, as asserted by an old writer, that "mulier id est quod est propter uterum solum," it is of the first importance to understand the diseases which assail her as a *woman*, and as a mother.

In the work before us we find a careful and accurate delineation of all the maladies to which our "better half" is liable; but as the work is entirely practical, and must be examined at leisure, we deem it useless to attempt anything like a resume of its contents.

The notes by Professor Houston, add greatly to the value of the work, and they are introduced at a proper time and place.

As a full and complete treatise on the diseases of females, we unhesitatingly recommend it, believing it to be equal, perhaps in some respects superior, to any book on the same subject, of the present day. Indeed, most of the works written now-a-days, on this branch of medicine, contain pretty much the same general views of the pathology and therapeutics of female diseases; they differ only in the detail—in the unimportant part of the subject.

The work can be obtained at 53 Canal street.



III.—*A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian and Esquimaux varieties of its population.* By DANIEL DRAKE, M. D., Cincinnati. Winthrop B. Smith & Co., 1850. 8vo. pp. 878.

An author expects commendation; if he be vain, it gratifies his ostentation; if disinterested, it diffuses throughout his entire being an inexpressible satisfaction, which arises from the hope that his labors will promote the well being of society. But, in no case, can a well balanced mind, derive real pleasure from the approval of others, when, he, at the same time feels conscious that he does not deserve it. Whatever may be the aims of an author, they must fail if his work be not read and appreciated. An unread book is, in effect, no book—a non-entity. "The misfortune of a book," says Boileau, is not the being ill spoken of, but the not being spoken of at all."

One of the ends, aimed at by the modern system of periodical reviews—a self imposed one, is that of preludeing, the true value of the books, which appear from time to time. The self-appointed forerunner and critical informer general, whose vocation consists in giving opinions



about other people and their works, is, in the present organization of society, a necessary evil, but still a happy invention for those who cannot, or will not examine for themselves. It has been supposed that reviewers have a predilection for bad books, because "bad books make good reviews, as bad wine makes good vinegar."

The writer of a good book, would probably be, in most cases, the best reviewer of it, were he willing to express his own estimate of its value. After all, a review is but one man's opinion, perhaps, an impertinent one, concerning another; \* but, so unlimited is the assumed jurisdiction of a reviewer, in many cases, that it is not necessary to speak of the work reviewed at all; for its title, will serve as the point of departure for an independent essay. Reviews, however, proceed in general upon the principle of the division of labor. "People do not think for themselves; their reviewer thinks for them." A grievous evil this is. Gœthe, says:

"Books are now written not to be read for the sake of information and instruction, but to be reviewed, to the end that people may talk and descant upon them *ad infinitum*. Since it has been the custom to review books, no soul reads them but the reviewer, and he too but so-so. To be sure it rarely happens now that any one has something new to say and communicate something proper to himself, the growth of his own brain, instructive and worked out with love and industry: so it is all one in the end."

It has been said, that if the Devil himself were to write a book, his desire to get readers, would induce him to write in favor of virtue; because every body would buy the book—the good for use—the bad for ostentation.

The cultivation of science for its own sake, from a love of truth, and for the purpose of advancing the well-being of society, without expecting or even thinking of profit or material wealth or reward, presents the moral sublime in its highest form. Wealth commands not only the physical comforts, but the worship of the multitude. The plaudits of millions greet the powerful politician and the victorious soldier, but the philosopher and the discoverer are passed by unnoticed; or, perhaps, they meet with opposition and persecution.

It may be said without irreverence, that this spiritualism, this self-sacrifice, this devotion to truth, approximates, in some degree, the character of the Divinity itself. The history of literature, with few exceptions, teaches,

That where thou beholdest genius,  
There thou beholdest, too, the martyr's crown.—GÆTHE.

The commercial spirit of the age, comprehends not the disinterested work of science for its own sake; it comprehends not the import of La Place's last words during the death struggle: Did he complain of

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\* Seeing that this is the case, why should the reviewer, as is the custom with critics who write in the English language, assume the ponderous editorial we, and launch forth his anonymous, perhaps, sectarian dicta, marked by impersonality. The French who invented reviews, as early as 1665, affix their proper names to contributions of this kind. It is natural for the dove to wish to know whether the hawk is the reviewer. The wolf and the lamb, the fox and the hound, must have a similar curiosity.

the ills of fortune, or the pangs of dissolution? No. The last expressed generalization of his vast intellect, was, a lamentation over his own ignorance—how little is known—how much remains unknown.

“Ce que nous connoissons est peu de chose ; ce que nous ignorons est immense.”

And so died Newton: “I have picked up,” said he, “a few shells by the seashore, but the great ocean of truth lay undiscovered before me.”

In a similar tone, Dr. Drake concludes his preface to the work above mentioned: “The author is obliged to confess, that the labors of a pioneer in many things have not been auspicious, to a high degree of perfection, in any; and, that a new country, with its diversified scenes and objects, is not favorable to the concentration of attention, upon any one. If the work prove a failure, as it respects public favor, the author will not be without his reward; for he has found enjoyment in the labor of producing it; and, having confidence in its general accuracy, knows that it must stand as a great collection of facts; a picture of the etiological condition and the diseases of a newly settled country, in the middle of the nineteenth century; with which future, and more gifted, medical historians, will compare the causes, phenomena, and treatment of the maladies which may then prevail.” (viii.)

The Ideal of such a work as that expressed in Dr. Drake's titlepage, is necessarily better than its Actual, so far, at least, as the history of diseases is concerned. The method itself is imperfect—essentially so, and no ability of the learned traveller himself can compensate for the insufficiency, inaccuracy, and incompetency incidental to desultory, verbal statements, gathered during rapid journeys through “the Valley.” Goethe, in one of his songs, declares, in relation to courtship, that “the best were not to be had.” Laborious observers, whose researches are really worth having, are often very chary in giving their results to another—results which, if valuable, must have cost many years of toil and reflection. If the traveller be ever so honest and competent, he can learn but little, even of the manners, customs, and character of a people, in any place, without a long, previous residence. He may live the next door to a neighbor for a quarter of a century, and yet, not know his true character. But, in medical travelling, the difficulties are infinitely greater; the number of the witnesses—their character; competency; agreement; motives; and knowledge, must be estimated. “We must take,” says Dr. Chalmers, “the testimony of each man to the worth of that which he does know, and reject the testimony of each to the comparative worthlessness of that which he does not know”—otherwise travelling researches will be a compound of Allopathy, Homœopathy, Hydropathy, and the like.

Dr. Drake's work is valuable for what he, himself, *saw*, rather than for what he *heard*. The medical traveller, travels fastest, whose locomotion is the least. His topography “of coasts,” relates chiefly to the bed-side; his North America, is the gloomy dead house; his “Great Interior Valley,” lies within the limits of the dead subject; his etiology

\* May 5th, 1827.

is worked out in a closet, by the light of profound reflection. For example, had Dr. Drake resided for ten years in New Orleans—had he witnessed four or five yellow fever epidemics—had he spent one third of the day with the sick—another third in the examination of the dead, and, another third, in journeying towards deductions, then, indeed would his travels, so far as yellow fever is concerned, be enormously enhanced in value. Pathology, like molten gold, passing through the experimental crucible of such a mind, would, in that case, be refined from dross. But no man's life is long enough to investigate, in this manner, all of "the diseases of the interior valley, over eighteen degrees of latitude." Dr. Drake cannot be required to do impossibilities. The history of the diseases of the valley, though highly important, is really the least valuable part of the work. The statesman, the geographer, the geologist, and the civil historian, will dispute with the pathologist for the right to this work, notwithstanding the medical import of its title page. To all classes it will be interesting.

Dr. Drake's book is unrivaled, as an elegant and learned summary of the topographical, social, and vital physics of "the interior valley of North America." But, he leaves the great problem still to be solved, namely, the invariable connections between the physical agents, and the special diseases of localities. The great desideratum which connects, as cause and effect, the meteorology, the hydrography, and general topography of a delta, a basin, a plain, a lake, a river, a swamp, a mountain, and a country, with the maladies of the population, is still an open question. May the learned and honored author grapple with this difficult problem, in his forthcoming volume, and may he be successful!

The learned author, in his beautiful, brief, and comprehensive introduction, seems impressed with this fundamental idea. His prelusory remarks, so entirely just, give rise to an expectation, which ends with more or less disappointment: "The work on which we are entering, is an attempt to present an account, etiological, symptomatic, and therapeutic, of the most important diseases of a particular portion of the earth. \* \* \* Physical causes lie at the bottom of whatever differences the maladies of different portions of the earth may present; and hence the regions which a medical historian selects, should have well defined natural, and not merely conventional boundaries. \* \* \* Faithful to this duty, and adopting a hydrographical method, I have ascended our streams to their mountain sources, or descended them to the sea, at points exceedingly distant from each other. The vast extent of this field of inquiry would, at first view, seem to be a great disadvantage; but it is, in fact, highly favorable to the development of results, as it enables us to trace a disease, in continuity, from its points of greatest prevalence, to its disappearance under new physical or moral and social conditions." These conditions he resolves into three groups: "The first comprehends all that belong to the earth, considered in the composition and mechanical arrangement of its superficial strata, the qualities of its soil, and the amount, distribution, and quality of its waters: these are the telluric or geological influences. The second comprises all that belong to the atmosphere, in its mechanical



action, sensible qualities, and adventitious impregnations: which make the climatic or meteorological influences. To the third belongs whatever appertains to society, considered in reference to national physiology, density of population, diet, drinks, clothing, occupations, amusements, intellectual cultivation, and moral improvement: in which are embraced the social and physiological influences." (2. 3.)

How sterile have been the results obtained from researches of a physical nature, in reference to the causes of diseases—their invariable antecedents—their essential relations! Physics, physiology, and pathology, constitute the trinity of medical science. The contributions of the physicist, so far as they determine the antecedents, causes, and essential conditions of diseases, give certainty to medicine. But, hitherto, a vitiated logic has prevailed, and assumption has been received as absolute demonstration, at least, to a very great extent. A medical topographer shows, as he thinks, the physical agents, on the shores of the Illinois river, in the campagna of Rome, in the marshes of the Chesapeake bay, the true causes of intermittents; while, on the shores of the Lower Mississippi, these causative agents, as heat, vegetable matter, moisture, and the like, exist in the most concentrated form known to man, without the assumed effect—that is, intermittent fever. "In deep valleys and other humid localities," says Dr. Drake, "intermittents prevail." (736.) Look at the swampland, arid, sand-ocean of Africa! "Araby, the blest," has ten times more intermittent fever than Louisiana, the swampy. Portions of South America, where it has rained but once in a century—where swamps are unknown—where the hydrographical etiology can refer only to the pure mountain springs, used for artificial irrigation—where the dead animal lies on high plains, without putrefaction, being dried up like a mummy, and, where, nevertheless, intermittents prevail extensively! The army of General Scott, on the high, dry, rocky lands of Mexico, suffered probably more from this malady in a few months, than the natives of New Orleans have suffered during a century.

In order to illustrate this subject, namely, the connection of the geographical with the medical, two points will be selected from Dr. D.'s book, simply, because the reviewer has had a better opportunity of studying the topography and diseases of these places, than, perhaps, any other person alive. I mean, New Orleans, in Louisiana, and Clarksburg, in Virginia. Dr. Drake's assumption, that "physical causes lie at the bottom of whatever differences the maladies of different portions of the earth may present," is, probably, true, but it is a sterile truth, which, in the present state of our knowledge of physical causes, cannot be employed in a scientific manner—that is, with certainty.

The topography of Clarksburg will be given entire—that of New Orleans must, for want of space, be restricted, but always in the exact words of Dr. Drake. Explanations and errors will be included within brackets.

"CLARKSBURG.—This is one of the oldest towns of the Monongahela Basin. It is scatteringly built on a small tract of uneven table land, on the left bank of the west branch of the Monongahela. The

stream sinks very low in summer, has a rocky bed, and but little side alluvion. Its elevation above the sea is between eight and nine hundred feet. That of the immediately surrounding hills is about two hundred more. [Six to seven hundred.] The region in which this town is situated is rugged, with narrow valleys, transient streams, no swamps or ponds, and but few springs; the substrata are shale and sandstone, with seams of coal, and very little [considerable] limestone. On traversing this region, from the west, I was told by the people, that ague, or intermittent fever is unknown, or nearly so; but that every fall they have "*the fever*," by which they meant remitting bilious fever, tending to a continued type. In Clarksburg, I conversed with the venerable octogenarian, Doctor Williams, who had resided there forty-seven years, and he assured me that ague and fever had never *prevailed* through that long period, and had scarcely ever occurred sporadically, in the town or its vicinity. Even along the West Branch of the Monongahela, he had never seen a case. Every year, however, he had witnessed more or less of remittent fever. This representation was confirmed by Dr. McCally, who had also practised in Clarksburg for many years. 'The agues he had seen were contracted elsewhere; but remittents occurred scatteringly every autumn, on hill and valley alike, and were, now and then, moderately epidemic.' (266, 267.)

"NEW ORLEANS is nearly surrounded by lakes and bays; to the west only are they absent; and there, the river, in some degree supplies their place, by meandering from west to east for seventy or eighty miles. Even this, however, presents an inadequate idea of the extent of watery surface; for, in every direction from the city, (unless when we travel on the 'coast,' or river bank,) we encounter cypress swamps, terminating, either at the shores of a lake, or in grassy savannas, too wet to be traveled over. Before levees were raised upon the banks, the whole region was annually overflowed; but, during nine months of the year, a strip on each side, varying from a few yards to a mile [miles] in width was dry on the surface, yet abounded in water underneath. At New Orleans, as everywhere along the lower Mississippi, this strip was highest next the river; and not only the overflowings of the stream, when swollen, but the rains, took a direction from the river, and replenished the swamps and smaller lakes. The elevation of the banks on which the city stands, was but a few feet above the surface of Lake Pontchartrain and Lake Borgne, [and the Gulf of Mexico.] The inhabitants of the suburbs of the city, who live subjacent to, or within the swamp, but seldom [often] affected by yellow fever, are liable [not often] to intermittent and remittent fever; but cases of great malignity are not particularly common—[and then almost entirely among the non-acclimated.] These fevers sometimes reach the center of the city, but such invasions are not usual."

"From the various sources which have been indicated, after making ample allowances for what is floated off by the current, there must be annually deposited with the river silt, upon the sloping margin of the batture, for three miles in front of the city, a deep and foul stratum of organic recrements." [Imaginary.]

“FEVERS ON THE RIVER SIDE.—For the purpose of comparing this side of the city with that adjacent to the swamps, I will remark, that this is the locality of yellow fever, [imaginary] as the other is of autumnal intermittent and remittent [imaginary as to remittent.] The latter occur here also; but many of the cases are in persons from the interior, who arrive with the semina of the fevers in their systems and become patients, either in the boats [and ships which number about three thousand per year,] which bring them down, or in the watermen’s boarding houses.”

Now with respect to this “foul stratum,” and the supposed influences of the “river side,” or levee, in causing a greater numerical proportion of yellow fever cases, compared with other localities, a few explanatory remarks may be necessary.

From this “deep and foul stratum of organic recrements, three miles in front of the city,” New Orleans is supplied with water, which, from the earliest foundations of the town, has been reckoned not only the muddiest but the healthiest in the world, tending to invigorate the physiological functions, particularly, in reference to fecundity. Authorities might be cited, which, prove the prevalence, if not the truth of this opinion—“*ses eaux pures et agreables ont, dit-on, la propriete de contribuer meme a multiplier l'espece humaine,*” etc—a compliment greater than any other river ever before received, not excepting the fruitful Nile, and the sacred Ganges. Captains of ships prefer this water to any other for sea voyages. A current so deep, so wide and so constant, could not be made foul by the filth of London, Paris and Peking.

But, admitting that yellow fever is most prevalent on the “river side,” near this “foul stratum,” this will not show that the levee is more insalubrious than other parts—for yellow fever will be most prevalent in such parts of the city as contain a greater numerical proportion of strangers. If the levee were occupied with city creoles, not a case would occur. If all the strangers were restricted to the levee, the same exemption in the residue of the city, would be observed.

The Rev. Mr. Twichell, in his late address to the Sons of Temperance, estimates the number of persons who annually visit New Orleans in ships and steamboats, at one hundred and twenty three thousand. These strangers pass their time chiefly on the levee, and give to that district a greater numerical proportion of the only class liable to yellow fever, than central districts. Any increased sickness on the levee, in the city, or beyond its limits for hundreds of miles, is not owing to a “foul stratum,” or increased insalubrity of the topography, but to the enormous preponderance of non-acclimatees. Everywhere in lower Louisiana, the levee is the most healthy region. Epidemics of intermittent fever are unknown among the natives and acclimatees of New Orleans. Intermittents not unfrequently occur in the rear or swampy part of the city among strangers, having families and intending to settle in the city, who flock thither, because rents are cheaper there than elsewhere.

Dr. Drake’s topographies of Clarksburg and New Orleans have been selected, not with a view of showing any errors in description, but for the purpose of illustrating a fundamental principle, namely, the impos-



sibility of tracing, in the present state of our knowledge, an invariable and necessary connection between the topography and maladies of places. "Physical causes," says the learned doctor, "lie at the bottom of whatever differences the maladies of different portions of the earth may present." A truism this is. It is sterile. So far as the present means of exploring the physical are concerned, multitudes of places, have identical topographies and meteorological conditions, while their reigning diseases are dissimilar. Clarksburg or rather Harrison county, (Virginia,) including the former, has the minimum of all the supposed causes of bilious or remittent fever, while New Orleans has the maximum of "these physical causes." The physical and medical conditions of these places, balanced, stand as follows: The topography of New Orleans presents an almost unvaried level, while Harrison county is probably the most hilly, well populated district, in America. New Orleans has a great river on one side, swamps and lakes in almost all directions; Harrison county has but few and failing streams, and no swamps whatever. In the former, the winters are mild, and the general range of temperature very limited; in the latter, the contrary. In New Orleans creoles and acclimatees enjoy sanitary advantages over strangers: the natives of Harrison county, do not.

There are no epidemic fevers among the city creoles and the acclimatees; these are almost annual among the natives, as well as the strangers of Harrison county. New Orleans has acclimating diseases; Harrison none—none that exempt persons long resident compared with those recently arrived.

If a "foul stratum" causes yellow fever in New Orleans, why should not a similar stratum, in similar latitudes and places in Africa and Asia, produce similar effects? Why should yellow fever prevail in Vera Cruz—in Havana—on the arid rock of Gibraltar, and upon the dry plains of Spain where no swamps, no foul batures exist? If bilious remitting fever be owing to swamps, Harrison county ought to have no epidemics of that kind, and New Orleans a great many. But the contrary is true. There is not in the hilly regions above mentioned, a single physical agent or topographical peculiarity known to be the cause of the epidemics, which prevail there.

It is melancholy to reflect, that after the vast amount of geological, geographical, meteorological, climatic and social research, no definite, comprehensive, and practical generalization has been yet discovered, whereby the cause of remittent, yellow fever, cholera and many other epidemics can be determinately known. It is not probable that the causes of these diseases will forever elude the grasp of the human intellect. But whether the causes, antecedents and invariable preludes, shall be discovered, or not, certain it is, that a knowledge of the modifying influences of locality, humidity, temperature and social conditions, is highly valuable to the physician, in hygienic, pathological and therapeutic points of view. But to comprehend the whole in one word, etiology or the science of the causes of diseases, is of vast extent, implying the phenomenal history and the essential conditions, anatomical, physiological, pathological, chemical and topographical, together with their order,

succession, and invariable connections in the constitution of nature, so far as they exercise a control over the sanitary condition of mankind. Vast is its Ideal; very limited is its Actual.

Dr. Drake, however, is too good a man to slander the Mississippi river—for having shown at length, (70, 71, 72,) that the river is excessively foul, and that “the catalogue [of its impurities] is rather startling,” he concludes that “the salubrity of the Mississippi water, or that of the Missouri, which imparts the character of turbidness, is not an open question. From St. Louis to New Orleans, the testimony of the population on its banks, and those who spend a great part of their lives upon it as watermen, is unequivocally in its favor. Many persons drink it before its suspended materials have subsided, and seem to prefer it to that which has been rendered transparent by time or art. That it produces some effects on the system, which transparent water from wells and springs, and our other rivers, does not, is an established popular opinion. It is even regarded by many persons as being to a certain extent, medicinal and especially adapted to the cure of chronic functional disorders of the stomach, bowels, and liver—an opinion in which I am disposed to concur. That its daily use averts some forms of disease, may be admitted as probable; but precise observations on all these points are wanting; and I shall dismiss the subject with the presentation of two facts, in which, I trust, the reader will take a pleasant interest. *First*, Professor Bailey, after observing its numerous shoals of microscopic animalcules expresses the opinion, that they are sufficiently abundant to render the water somewhat *nutritious*. *Second*, In his letters on Louisiana, written in the year 1751, Captain Boissu informs us, that the Mississippi water has the property of contributing to the *fecundite des femmes*.” 72, 73—Lozieres and other authors, down to near the close of last century, (before the appearance of yellow fever,) maintained that the salubrity of New Orleans, with its exemption from epidemics, was owing to the hygienic influences of the Father of Waters. In a book of voyages, (1794 to 1798, p. 17,) this “pleasant” story of the fecundating property of the Mississippi water is re-asserted. The story of the youth-giving stream which Don Juan Ponce de Leon sought in the Peninsula of Florida—the gold-revealing current of the Sacramento—the love-inspiring Venus, rising from the foam of the sea, must “pale their ineffectual fires,” before “the Big Drink.” All that Dr. Drake has said against the Mississippi river, is more than compensated by what he says for it.

It is, it may be repeated once more, highly probable that an able geologist and chemist, could for example, show conclusively the physical agents and the essential conditions which give rise to the prevalence of stone or calculus in Kentucky, where that cruel malady, is, probably, fifty times more common than in Louisiana. On my return from the meeting of the American Medical Association, a young physician living near the Mammoth Cave of Kentucky, showed me sixteen calculi, mostly large, varied and splendid specimens, which he had extracted by the process of lithotomy, with the loss of only one patient. I regret that I cannot recall this young man’s name, though I will venture to call him the *future Dudley of Kentucky*. He showed me two calculi

taken from two children, brothers, in a widow's family consisting of four. He also, promised, in accordance with my request, to investigate the physical history of his vicinity, with other places, in order to determine the etiology of stone. Let him take for his points of departure, Kentucky and Louisiana—the crystal drinking water of the former, and the diluted mud drank in the latter. Such investigations, based on the sordid question of commercial value alone, are highly interesting. A house, lot or farm, must, other things being equal, be comparatively valueless, where half of the family writhe in the agonies of the stone, even though the most successful of all operators, B. W. Dudley, might be at hand.

I will further add, that Dr. Mosely, in his elaborate work on Tropical Diseases, maintains that *stone* is scarcely ever met with within tropical regions. Still more than this—he says, “I have known many Europeans, subject to the gravel at home, who had no symptoms of it during their residence in the West Indies.”

Although Dr. Drake's topographical description of many portions of Louisiana are highly interesting—as that of the Balize for instance, yet, his attempt to account for the absence of fevers in the lower portions of the State, including its littoral, is altogether unsatisfactory, and amounts almost to a theoretical bias: He says of the topography, “that it does not abound in those elements to which malaria is generally ascribed. Thus, *a priori*, we should not expect to see as much autumnal fever in that region, as in those further up the river.” 79–85. This is exactly the region, where all these elements are the most concentrated, as might be shown.

As a topographer, compared with others, Dr. Drake is remarkably correct, so far as the reviewer can testify. Errors could be pointed out, but they are not of a fundamental character, and never seem to proceed from undue biases towards preconceived theories—as for example, his account of the temperature of the Mississippi river, which is erroneous, though, his own personal observations, are, doubtlessly, altogether accurate. The entire spirit of the work is in accordance with the author's character, lofty, energetic, sagacious and catholic.\*

A thorough review of Dr. Drake's large and valuable work, will not be attempted in the narrow limits of this paper, which will be concluded with a few remarks on the topography of one or two places, and some notice of his definition of the word creole.

If the Demon of Marsh-poison, has anywhere in earth, air or water,

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\* At home, that is, in Cincinnati in the American Medical Association, no one surpassed Dr. Drake in courtesy, tact, talent, anecdote; eloquence, he must have, for he sways the minds of men to a great extent. Doctor Drake's services as chairman of the Committee of Arrangements at the late meeting, and in other relations, were performed with great ability and kindness. The following anecdote deprived of the easy, quiet eloquence of the occasion, may seem spiritless in writing, but, as it develops his cherished identification with Cincinnati, it will not offend the reader. Dr. Drake in complimenting Louisiana, by calling on its delegate, remarked; “I wish to introduce you to Dr. \*\*\*\*\*, of Boston. I have lived to see Cincinnati rise out of the wilderness, and, now, I see the medical men from all parts of the Union assembled here, and, here, I have the happiness of introducing Boston and New Orleans.”



“a local habitation and a name,” it must be in the amphibious region of the Balize, where, an almost tropical sun rises and sets in a heterogeneous compound of sea and land, lakes and swamps, salt water and fresh, grasses and crocodiles; where the *debris*, both vegetable and animal, of the ocean and the great “interior valley,” meet, mix, ferment, accumulate and rise into mud banks, swaying to and fro with the contending billows. Now what are Drake’s conclusion as to the sanitary condition of this town, built, theoretically speaking, at the very debouchment of the river of death, at the entrance to Tartarus? Hear him: “the population of the Balize is about two hundred and fifty, consisting almost entirely of pilots, about forty in number, with their families, a few artisans required by their vocation, a teacher, a physician, and a number of slaves, Many of them have resided on the spot for twenty or twenty-five years—a population sufficiently numerous and diversified to test the salubrity of this remarkable spot. The prevailing disease at the Balize and South West Pass is intermittent fever, generally of the tertian type, and mild in its character, with a tendency in the patients to relapse. Doctor Van Antwerp had only seen two malignant cases. Remittents appear to be decidedly rare, and the same is true of yellow fever, notwithstanding almost every vessel from Havana and Vera Cruz enters through this Pass, and is visited by the pilot and boarding officer. Doctor Van Antwerp arrived in October,\* 1839, when the fever was extensively prevalent around the shores of the Gulf, including of course New Orleans, in 1841 and 1842, it was prevalent in that city and some other places; still he had seen only four cases; one of which occurred in a person from New Orleans; two others seemed to have originated in the village, &c. These occurred in different years.. The summer gastro-intestinal affections are unfrequent. The negroes of the Balize are fed on nearly the same food with the whites, but lodged in damper situations near the ground. Nevertheless, they enjoy still better health than their masters. Almost their only disease is mild intermittent fever. They average fifty in number and during three and a half years there had been but two deaths. It results from this rapid sketch that no new disease has been developed in this locality; that several appear to be less prevalent,” &c. Dr. Drake notices croup and pulmonary diseases as being almost unknown, in this town of pilots, wherein that old pilot, Charon, must live an idle life, since it is rare for him to ferry a ghost over the polluted Styx, from that region; rarer indeed, than in Cincinnati, Dr. Drake’s favorite—the growth of which, he says, would “justify an ample notice of its condition, even if the medical historian were not identified with it in feeling, interest and early recollections;”—289—of its topography, he says, “there is no other spot on the banks of the Ohio, where so great a number of per-

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\*The reviewer has interrogated Dr. Van Antwerp as well as Dr. Drake: Vol. 12, MS., October 13th, 1842. Dr. Van Antwerp, physician to the Balize, ill for a month from intermittent fever contracted in that place, says, that the only endemic of the town, (which contains three hundred people) is intermittent, and, that a few of the inhabitants, long resident there, have had this malady.

sons could reside with as little exposure to the causes of intermittent and remittent fever. From observations continued through forty-eight years, I am enabled to say, that while, in early times, autumnal fever, occurring every year, was seldom, except in some very limited spots, a violent and frequent disease, it has regularly diminished; and that parts once infested have become exempt." Dr. Drake admits that Mill Creek, one and a half miles from the centre of the city, (the part where the town is extending most rapidly,) is anything but salubrious.

"Up the valley of Mill Creek, which is equal in width to that of the Ohio, (although in summer there is scarcely the feeblest current of water,) autumnal fever is annual endemio-epidemic." The growth of Cincinnati to one hundred and ten thousand, Dr. Drake, "ascribes to the slight prevalence of autumnal fever; by which we are instructed, that medical topography has an intimate connection with the progress of population and civil improvement." 302, 303—Two cases of malignant fever at the Balize! Thousands at Cincinnati! Almost none among the natives and acclimates of New Orleans!

Dr. Drake's leading generalizations, which he calls "a few unquestionable facts, are: 1. "That all other circumstances being equal, the fever prevails most where the organic matter is most abundant, in or resting on the soil.

2. That where the surface is not moist enough to favor the decomposition of organic matter, the fever has but little prevalence.

3. That a temperature of sixty degrees of Fahrenheit or above, is necessary to fermentation and putrefaction and that the fever ceases in going north, when we reach a summer temperature below that degree.

4. That particular localities have experienced the fever in an epidemic form, when a surface abounding in organic matter has been newly exposed to the action of the summer sun.

5. That under long cultivation, which exhausts the organic matter of the soil and presents its accumulation on the surface, the fever almost ceases to appear. These facts undeniably establish a connection between a certain condition of the surface and autumnal fever." 722.

That these conclusions are in accordance with the almost universal opinion of medical men, cannot be denied; but with the exception of the influence of temperature, every one of them may be regarded as hypothetical, nay, scarcely reconcilable with well established facts, which European, American, African, Asian and Oceanic vallies and mountains, supply abundantly. Even temperature itself, is as yet, but an etiological enigma, since similar temperatures, do not give similar, equivalent, or even analagous diseases. It were, however, a useless waste of ink, paper and time, to attempt an enumeration of the physical and etiological features, which the scarred face of this planet, present, when viewed on a large scale, and, which oppose, or render doubtful these conclusions—and the more so, because few are willing to have their opinions unsettled, unless satisfactory substitutes are furnished, which, seems to be impossible. Faith in Dr. Drake's creed, is, perhaps, more expedient than scepticism. He is no bigot. He expressly renounces "malaria or a gas as the efficient cause of fever." 722.

In the present state of etiological science, it may be affirmed, that

the medical faculty have no meteorological knowledge, or other physical test by which they can indicate the approach of an epidemic yellow fever. Here the drayman's knowledge is equal to the doctor's. Nay, the doctors of all people have been, hitherto, the most unskilful prophets. A few years ago, some of the most eminent of the faculty, published to the world that the certain signs of an approaching epidemic, were present—since that time, an official proclamation or bulletin was published to the same effect—yet both of these years were to an unexampled degree, salubrious, to the great scandal of etiological prognostication.

Havana, and Rio Janeiro, situated at nearly the same distance from the equator, having the same mean temperature, have hitherto, differed, greatly in their sanitary histories. The former has no swamps (visible to the reviewer,) though, the travelers quoted by Dr. Drake and others, say it has; Rio has both salt water and fresh water marshes in its vicinity. The former has long been the hot bed of yellow fever; and now, after exemption for centuries, Rio, is, for the first time, suffering by an epidemic yellow fever of unexampled mortality, amounting, it is reported, to five hundred deaths per day. No one had discovered the forerunners or physical agents, meteorological or topographical of this epidemic, in advance of its occurrence.

As to the *Campagna di Roma*—what are the "physical differences" now, compared with its condition in the days of the Cæsars? This "valley and shadow of death," (a belt of 14 miles,) across which the modern traveller hurries at the peril of his life, to escape the demon of malaria, is described by Forsyth in these words: "A climate where heaven's breath smells sweet and woingly—a vigorous and luxuriant nature unparalleled in its productions—a coast which was once the fairy-land of poets, and the favorite retreat of great men. Even the tyrants of creation loved this alluring region, spared it, adorned it, lived in it and died in it."

The Lower Mississippi, almost every year, submerges from twelve to twenty thousand square miles; and, yet the exhalations from this vast realm "of organic recrements," and alluvial mud, during desiccation, are seldom attended with increased insalubrity. It is difficult to see how the Pontine Marshes of the Campagna, (which are represented as good pasture lands,) manufacture marsh-miasma, or any other known physical agent, so much more virulent than that of the Mississippi swamps. The river itself annually discharges an amount of water, nearly four hundred times greater than the Thames, and one third more than all of the following European rivers; Thames, Rhine, Loire, Po, Elbe, Vistula, Danube, Dneiper, Don and Volga. The Mississippi, then presents the physical agents upon the most gigantic, etiological scale. But, alas! we know not what these are!

Dr. Drake's definition of a *creole*, is better than that too often given in remote latitudes, as implying more or less of negro blood.\* but it

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\* Wm. W. Prescott, Esq., long a resident of Jamaica (now of New Orleans) has recently informed me, that the word *creole* in that island, is applied to those who have more or less negro blood. His surprise was great, when he first heard whites, call each other *creoles*, in Louisiana.



falls short of the Louisiana standard. Dr. Drake says, "creoles are the natives of French or Spanish parents."

In Spanish America, criollos or creoles, were in the early days of the colonial governments, the native whites of European extraction; neither the native, indians, nor native negroes, nor mixtures of the races, were so denominated.

Towards the close of the last and beginning of the present centuries, Drs. Mosely and Williamson and many others, used the word creole, as applicable, not only to the whites born in the colonies, but to negro natives also.

"CREOLE.—A native of Spanish America or of the West Indies; descended from European ancestors." Webster's Dict.

"CREOLE.—A name given to the descendants of whites born in Mexico, South America and the West Indies; in whom the European blood has been unmixed with that of other races." Brande's Encycl.

"CREOLE.—Nom qu'on donne a un Europeen d'origine qui est ne dans les colonies." Dict. L'Acad.

In Louisiana, every native, be his parentage what it may, is a creole. They are convertible terms. "All who are born here, come under this designation, [creole population] without reference to the birth place of their parents." (Norman's New Orleans and Environs's, 73.) This honor, involuntarily thrust on the Louisianian, is held in high estimation. A creole clerk, a creole slave, a creole horse, cow, chicken, egg and the like, have a commercial value, always higher (often one-fourth) beyond others, all else being equal. Long urban residence (with or without having had yellow fever,) is, in a sanitary sense, an equivalent to nativity, among the people of the city. It is a kind of naturalization, or rather creolization, which, in choosing a preacher, doctor, husband or wife, is a consideration of high import. A creole or acclimatee, in advertising for a situation, fails not to inform the public of this advantage which he has over other applicants.

The typographical execution of Dr. Drake's work, is better than the average character of such works in this country. It contains numerous plates, maps and tables, which add to its intrinsic value. That this work will be received with alacrity by the enlightened of all professions, is more than probable. Dr. Drake's style is simple, chaste, lucid and and attractive.

*Addendum*.—As to a number of the physical agents, including cold and heat, there can be no doubt that they cause and cure diseases, when applied in certain conditions. Exposure to cold, or to wet, will, without any mysterious poison, cause diseases, while the proper application of cold, in certain stages of fever, will prove highly curative. Filth, even when it does not cause, will probably aggravate all epidemics. Cutaneous diseases, often appear to owe their existence to personal filthiness. Heat, is sometimes, a highly curative agent.

BENNET DOWLER.

IV.—“*Observations on Planetary and Celestial Influences in the Production of Epidemics, and on the Nature and Treatment of Diseases.*” By JOHN S. BROWN, M. D., late Commissioner of the State of New York, in reference to Public Hospitals, &c. New York: John S. Taylor, Publisher. 1850. P. 72.

THIS is an exceedingly interesting pamphlet, consisting of seven letters, written in a smooth, *currente calamo* freedom, and addressed to a professional gentleman, Dr. Joseph M. Smith, who has distinguished himself by writing the best standard work on Epidemics.

These letters embrace the following subjects: “Planetary Influences—Cometary Influences—Solar Influences—Phenomena of Living Beings—Animal Electro Magnetism—Organic Contagion—Poisonous Fungi.” Under these various heads the author has, with commendable diligence, collected a vast number of historical records to show, the coincidence at least, if not the connection, of Planetary, Cometary, and Solar occurrences with malignant and widely devastating epidemics.

Whether they existed as *cause and effect*, the more exact science of the present day will be disposed to be somewhat skeptical: the coincidence certainly seems to be very remarkable; and when we are told that, upon more than one occasion, *more than one half* the then existing population of the globe fell victims to those disastrous astral influences! we feel inclined at once to conclude, that, *if the records are true*, either the celestial influences then and now are materially different, or that there has been a great and important change in the constitution of man.

That the ancients were more extensively engaged in studying the phenomena of the heavens than the moderns, there is no doubt; but, still, that their knowledge of the laws by which these bodies are governed, was much less exact than ours, does not admit of a doubt. Hypocrates was said to have been so profoundly learned in physical astronomy that he was able to predict, from celestial observations, the approach of pestilential epidemics, and to have sent his disciples into different countries in order that they might be prepared to meet it on its first invasion! It is hardly necessary to say, that no man even pretends to such *astrological* information at the present day. Doubtless it would not be difficult to tell, a few days in advance, what the weather will be—or that such and such a condition of things is existing some hundreds of miles distant, but that man can, *or ever did, with any kind of certainty*, foretell what would be the atmospherical, and *therefore the sanitary* condition, many months hence, is carrying credulity a little beyond the bounds of the science of the present day. If celestial influences ever existed to produce disease, we know not why they should not now; and it would be much easier, with our present more exact knowledge of these laws, to predict their recurrence, (were such a thing possible,) not only months in advance, but many years—nay, half a century or more! But the science of the day is not satisfied with influences so remote, and authority so equivocal, and is disposed

to look into the *quo modo*—to ascertain, if practicable, through what secondary means such vast results are produced—not *Marcus dixit, ita est*; it is not now sufficient to say that a comet approached near to our earth, and there followed such and such disastrous epidemic: the connection must be shown in a much less equivocal manner: that there has occurred any very material disturbances in the equilibrium of the atmosphere or ocean by them—any great droughts or deluges, there are few well authenticated facts to show: that the electrical or magnetic influences have been materially altered by them, we have no knowledge; or even that the more sensible qualities of the atmosphere, as heat, moisture, &c., have been increased or diminished by them, has not been stated—only the dry record of occurrences, the one following the other, *post hoc, igitur propter hoc*; which by no means satisfies the inquiring spirit of the present day.

Our author very properly says: “a thorough and competent knowledge of medical science embraces a wider field of research than any other profession whatever. Indeed all other sciences can be made subservient to principles of correct medical practice. It is owing to a deficiency of a general knowledge of the principles of astronomy, chemistry, natural philosophy, mathematics, and the science of organic life, that greater advancement in medical etiology has not been attained. We are too apt to consider organic life as an independent existence, uninfluenced by those changes in the material world which are constantly operating on all things around us. Whereas, it is an established truth that animal life is only a forced existence, evanescent and fleeting as a shadow, and ultimately destroyed and annihilated by the more profound and permanent laws of the physical universe. When, indeed, we carefully examine the fragile and casual forms of all organic existence, and survey the potent influences by which they are surrounded, we shall be led to wonder how forms so slender and feeble, are able to survive for a single day amid the mighty powers which pervade the universe.”

The author might very properly have added, without a knowledge of the great principles and extensive bearings of meteorology how is it possible to understand the *medium* in which we live, and move, and have our being—the data embraced in the widely meaning term climate or the great fundamental principles of hygiene; and yet there is not a medical school in this country in which it is taught. That great medical philosopher—the father of medicine in America; Dr. Rush thought so highly of it, that he advised all his pupils to keep a meteorological journal, that it would be of incalculable advantage, if it only taught them the habit of making observations methodically. This almost criminal neglect of an important duty, is accompanied with a knowledge of the fact that no one pretends to deny, that a large proportion of the causes of disease which we are called upon to treat, result from meteorological conditions. If it is the indispensable duty of every sailor to watch the face of the sky, that he may be enabled to make the most effectual provision against the desolating storms and the destructive tempests that await him—so it is with the medical man, it is his important



duty to do so in order to understand the constantly varying influences that control the health of all and particularly in warm climates.

If then formerly, the then imperfect philosophy of the day attributed pestilence and disease to astral influences; and a speculative spirit little less enlightened ascribed it to the supposititious effect of an unknown agent—the result of the putrefactive process which they denominated *miasm*—the greater precision of a more enlightened period, taking its with from a better knowledge of the laws of natural philosophy, discarding the *idola specus* which leads us from the true path, and contented with nothing but what has a demonstrative tendency for a basis, now *applies a principle in place of an hypothesis*, and shows that the great laws of being are deeply if not *solely influenced by the laws of the medium in which we live.*

If the former conjecture of an astral influence was no explanation at all, we have not gained one step in intelligent progression by arming the latter agent—Briareus like—with a hundred powers and attributes. There is hardly one, so called law, ascribed to this unknown agent which is not beautifully and philosophically explained through Doctor Wells' experiments on dew and which now have the universal credence of the philosophic world.

The varying proportions and influences of heat and moisture—ventilation and electro-magnetism, which really constitute the great differences of climate and locality, and which in fact explain almost every thing in relation to health—excepting man's personal habits and constitution; leave little wanting when they are perfectly understood. With the skepticism then in relation to 'astral influences,' because we are ignorant of a satisfactory explanation of their agency; we fully concur with our author in referencé to *solar influence* on nearly all that relates to health and disease, and to vegetable and organic life on this globe—that "the degree of heat, light and electricity emanating from the sun is constantly varying the seasons and at different times during the same season. That upon its influence, latitudes and climates derive their characteristics—that "the electrical power of the sun is transmitted through the whole extent of the solar system—that it operates upon all created matter, organic and inorganic, that there is scarcely a change in the animal, vegetable or mineral kingdoms, but that this subtle power is in action, modifying and controlling every thing within its sphere, and that it operates directly upon organic life producing many forms of disease without the interposition of a morbid poison. But, this is not all, though they are its more obvious, visible effects; there is another condition which it influences and controls, upon which investigation has been very much limited, but which plays an equally, probably a more important role than those to which we have alluded, and yet derived directly from solar influence, we mean the *hygrometric condition* of the atmosphere. The proportions of the general constituents of the atmosphere (oxygen, nitrogen and carbonic acid gas) are the same every where, according to the most unexceptionable eudiometrical tests known to science, on mountain elevations; in deepest vallies; over lagoons and marshes; or in pestilential seats; on the healthy inland prairies or

finest cultured garden; not so, however, is the hygrometric condition, this, on the contrary, is the *only fluctuating ingredient* in the composition of the atmosphere, and its varying amount is felt by the robust, as well as the delicate and diseased. Are there any so vigorous that they do not feel oppression and languor during close and sultry weather, while in other conditions they feel exhilaration of spirits and accession of muscular energy? And yet it is the hygrometer that is the sole measure of this and not the thermometer. Whence is derived the explanation of the peculiar influence of these horrid blasts, the vehicles of suffering and death so prevalent in the east; the Sirocco and Harmattan winds? Whence the cause of those influences that tend to suicide in England—in the West Indies and the East? Unquestionably the hygrometric condition of the atmosphere; the winds; when there are winds, being only the vehicles of it; it has been measured and is well known. We will make this more plain to a considerable proportion of our readers by bringing it within our recent experience; every body has been remarking how backward and cool a spring we have had in this city, while in fact the meteorological record shows that it has been *actually warmer* than the average of a number of years back! The sole other difference existing in the hygrometric condition, (its great dryness!) some of the months scarcely having two-thirds the moisture of similar months in other years! The consequence has been a rapid evaporation from the surface producing coolness, though the thermometer showed an elevation of temperature, and vegetation was burnt up from the same cause! We thus account for the catarrhs and colds that affected the city for the last few months, in greater aggravation producing influenza, a rapid and unusual evaporation from the extensive mucous surface of the lungs, producing an irritation that really constitutes the disease, the uniform precursor of cholera; and an aggravation and continuance of the same, producing by sympathy and extension, the *intestinal erethism* the first link in cholera. We have thus from now well known causes, a rational explanation of effects that have been attributed to opposite conditions by a most obviously lame interpretation. Indeed we have been in the habit of attributing loosely to excess of moisture and heat in a general sense, every change in the state of our feelings and health, without a proper investigation and analysis.

That a high dew point (much moisture) should produce disease is not difficult to explain, it prevents evaporation by which alone the body is cooled; detains in it all those salts, effete substances and worn out matter, which the system is in the habit of thus getting rid of and of purifying itself, produces a relaxed and weakened condition with increased susceptibilities to injurious and morbid impressions, depriving the system of its due proportion of atmospheric air, and pro tanto, the vivifying and decarbonizing qualities of oxygen, with all the injurious consequences resulting therefrom. A high dew point accompanies, if it does not cause fevers; it is found in all those situations that are low and unhealthy; as swamps; the estuaries of rivers, &c. while a salubrious atmosphere with reversed components is elastic and dry.

This is not the place to go into an extensive explanation of this sub-

ject in all its bearings, and we only now invite the earnest attention of our professional conferees to this important, though neglected department of meteorology, and in the meantime hasten to close our few additional remarks, on the balance of this interesting brochure.

We have stated before that we were compelled to withhold from the talented author our entire credence in relation to planetary and cometary influences, but accorded to him our full belief in reference to Solar power, nay, we went even much farther in exhibiting an extension of this influence to meteorological conditions far beyond the general belief of the present day. We must again withhold our faith in his theory of the influence of "organic contagion and poisonons fungi" as the cause of disease, being satisfied that if the vital force is allowed to have its proper agency in resisting deleterious influences, there is no more need for these in the production of disease, than there is for miasm; each sufficiently obscure for boundless speculation. Nor do we deem it very consistent in our author to ascribe in his first letters to astral influences all pestitential effects, and in his last, to call in the agency of "organic contagion and poisonous fungi;" for ourselves we are satisfied in endeavoring to follow the good old philosophical rule of ascribing to effect no more causes than are sufficient to account for the phenomena."

The beautiful subject of the animalcular origin of disease at once invites the admiring philosophical student by its captivating influence, into the deepest recesses of nature and unfolds some of her most recondite arcana; that it should sometimes lead us astray from normal to abnormal conditions, is not at all astonishing; with the recent astounding developments of the microscope, the main difficulty consists not in conjecturing where life is, *but where it is not*, that animalculæ have not only been found in fog; rain; dew\* and snow; the ocean; in stagnant water; but in all animal and vegetable juices; in volcanic ashes; pumice stone and opal; in the mummy immersed in its close cerements for thousands of years; in the dusty air that falls on the ocean; nay, in ice; boiling water, and even in substances exposed to a temperature of 300° Fahrenheit!

Our author admits; nay, no one doubts it; that "every variety of climate; every peculiarity of soil; the diversified waters of the ocean and its tributary rivers; every organ, tissue and fluid of the living body, *are each and all adapted to the production of certain species of living beings* and not to others of a different genera." That animalculæ should be found in them in a state of disease is not only not extraordinary, but *it would be extraordinary* if they were not! That they may be now increased in number as a result of the fluxionary movement due to diseased and increased vital action is highly probable—nay that they may

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\* That even organic matters should be found in dew is not at all extraordinary, when they are found every where else; it is now well known that carbonic acid is found in the dew, collected from the leaves of plants, and that the vinegar of Sennargalee (the acid dew of some authors,) so highly prized by the rich Hindoos and Moorsmen, is obtained from muslin spread on the flowering Senega (the cicer arictinum) and afterwards wrung out.



be altered from *the same cause* may be readily credited upon *the same principles*. But, that they are the *cause* of these abnormal conditions is much more difficult to prove; this is really the *petitio principii*, the true begging the question. And if true the whole therapeutic theory, not based upon exclusive local condition, is founded on erroneous principles! In fact, the whole theory of physic must then be recommenced anew! It is not at all strengthened when it attempts to account for periodic action in disease by supposing it due to embryotic growth from the germ to maturity and complete physical perfection, for this under *all circumstances* must be constantly taking place, for it is equally, if not more true, that all normal vital actions are periodical than that abnormal ones are; hence to make the theory true as the *origin of periodicity*, it must be equally applicable to all organic actions! which I take it, is bordering upon the argumentum ad absurdum. But let us "cut the chord," though it is so easy to untie it, that links us to a speculation so visionary, and let us believe that the vital organization, with all its complicated mechanism has an origin more divine than that of parasitic life and that it is influenced by meteorological agencies acting under laws that are being more developed every day, as rational science explores the phenomena of nature, and that are infinitely more in accordance with the great fundamental principles that govern the universe.

E. H. B.

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V.—*Transactions of the Medical Society of the State of New York during its Annual Session held at Albany, February 5th, 1850.*

Were proof wanting of the benefits accruing from the principle of association among the liberal professions, we might adduce the volume of "transactions" &c., as amply supplying that want. The annual meeting of the New York State Medical Society, for the past year, has given to the public, matter of a vaired interest, not only to the profession at large but of direct concern to the public interests of that growing and prosperous commonwealth. The leading papers in this volume of transactions discuss the paramount question of a system of public hygiene and are from the pens of Prof. A. H. Stevens and Mr. Shattuck. The latter gentleman is already favorably known to the American public as a zealous and able vital statistician and his facility and labors in expounding the science of numbers in its relations to life and death have already been acknowledge by the scientific world.

The fourth paper of this volume is a "*contribution*" by him "*on the vital statistics of the State of New York,*" and taken in connection with the first paper, "*the annual address before the State Medical*

Society" by Prof. Stevens, affords a pretty fair criterion of the estimate held by the profession of the value of a plan of public hygiene, answering all the desired wants of a growing, opulent and enlightened state. Mr. Shattuck points out the defectiveness of exciting laws to meet the great issues, involved in a correct judgment of the salubrity of localities and influence on the growth and health of population and suggests such changes and improvements in their statutory law, as will meet those deficiencies. The difficulty is one, however, which will only admit of approximative relief, as it seems to concern itself with habits and modes of thought, on which Americans every where manifest a prompt sensitiveness. The registration of births, marriages, deaths and removals look so much like inquisitorial processes that the least prejudiced regard them with distaste if not downright suspicion. And under the promptings of said feelings, they are disinclined to expose these domestic events to the eye of science, although that eye regards only their direct value and relation to the public weal. The article of Mr. Shattuck will repay one for the toil in threading its formidable piles of numbers.

We are sorry we are unable to say as much for the communications of Prof. Stevens. They are not even clever expositions of subjects so trite as those he ventures to discuss. The second communication is an attempt to prove the contagiousness of cholera and it is criticism sufficient to say that it is altogether an attempt. Really at this period of the history of that fatal scourge something more than dogmatic assertion will be required to demonstrate the existence of a contagious principle in the modes of spread of that fell destroyer. And we had a right to expect, from one of his position, advocating so serious a feature in the nature of this disease, strong facts and reasonable deductions to warrant the declaration of so certain a truth as its contagiousness. If this be so, how awful the responsibility of our municipal administrations and the whole body of the profession, (with inconsiderable exceptions) in failing to guard and protect the lives of their fellow-men.

The humanity of the age is impeached in this view of the question, and we might fairly question the usefulness of a body, whose especial vocation it is to search into the nature of disease and its modes of action and propagation, if they overlooked what Prof. Stevens seems to see so clearly and to believe so implicitly. To seriously refute the Professor's assumptions would be a work of super-erogation, as luckily we find that ably done by a paper of the same volume, communicated by Dr. McNaughton in his "annual address before the Albany County Medical Society." This latter address, be it understood, is or was not written as a reply, but it investigates this element in the nature of cholera and is a neat and admirable resume of all the reasons pro and con on this subject,

The third article is an "Historical sketch of the state of medicine in the American Colonies from their first settlement to the period of the Revolution." By J. B. Beeck, M. D.

We have but one word to say of this and it is to express our sincere regret that our crowded columns forbid its entire transference into our pages. It is a most interesting historical brochure, written in an elegant style and with a genial appreciation of its subject. It will bear a

reprint in a more enduring form, and we trust its author will see a fit occasion to more widely circulate so deserving an effort.

The whole number of articles, comprising the "transactions," &c., reach to twenty-four, making a volume quite respectable in size and in the character of its material. Had time permitted, we should have seriatim noticed each article, but we feel as if it would be too flagrant an oversight not to specially allude to an interesting case, on a subject just now attracting much attention from the profession. "The case" in point, "is one of premature delivery, artificially induced, at the seventh month of gestation on account of contracted pelvis." By Thos. W. Blatchford, M. D., and is the tenth in order.

The recent attention, given to this point in obstetrics, has resulted in a rule of action, at once certain and conservative of life, not only to the parturient woman, but, in a large number of instances, to the life of the fœtus. It can be designated as an important improvement, in the practice of an art, which, not very long since, it was fashionable, to consign to the care of super-annuated women or their rivals in our sex, timid and trifling grey-beards.

But when a knowledge of its principles was recognized as indispensable to the exercise of the act and its important relations to the well-being of society admitted, it soon grew to the precision and exactness of a positive science and ranks now, as a department not inferior, in the certainty of its fundamental principles, to surgery or anatomy. We are glad to witness the growing disposition to give to the public eye a survey of the "Transactions" of medical men, in their respective associations. Its happy influences, in inducing a spirit of emulation and in stimulating them, as a professional corps, to the investigation of problems of the most intimate relations to the welfare of society, can never be too highly appreciated.

But for these influences, it may be questioned whether many questions, now almost adjudicated, would not be *res nova*, an untrodden field. This one of sanitary improvement is particularly prominent in the category we have just hinted at. (The hints first collected at these annual meetings,) with the various experiences and diverse observations of different minds, in different localities, necessarily supplied the rude material, from which some system would be contrived to abate the action of such general agencies, which everywhere seemed to originate and aggravate morbid conditions. Beginning thus humbly and by dint of the occasional intercourse of the medical men of a community, it was but a step forward to compare these experiences, to diversify these observations, to allow for local differences, at once, to found a plan of hygiene, of which its elementary truth and its close connection with the ramified pursuits of society, would at once commend itself to the fostering care of the intelligence and humanity of every properly organized community. Now this is precisely what is done by this volume we have been noticing and exemplifies the justice of the observation, that we cannot over estimate the influences resulting from the periodical re-union of the medical mind of a state or body politic. A.



VI.—*Surgical Anatomy.* By JOSEPH MACLISE, Surgeon, with colored plates. Part Second. 1850.

We have received the second *Fasciculus* of Maclise's Surgical Anatomy, and two more are promised to complete this splendid work. For beauty of coloring, elegance of design and anatomical correctness, this work is not surpassed by any of the present day. The various parts of the human body—the arteries—the veins—the nerves—together with all the abdominal and thoracic organs, are marked out and defined in the most natural and striking manner. To each plate is added a text explanatory of the same, with full references. To the surgeon as well as anatomist, this work is invaluable, and will, we feel confident, command the attention of the profession in this country. When completed, it will be all that can be required in the way of plates, on surgical anatomy. Surgeon Maclise has rendered a real service to the medical profession, in the publication of this book, and it must become popular. T. L. White, 53 Canal street, has beautiful copies for sale.

# Part Third.

## EXCERPTA.

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I.—*Medical History of two Epidemic Yellow Fevers. Translated from the French, with notes.* By the EDITOR.

### CHAPTER III.

[Continued from page 787, vol. vi, May number, 1850.]

#### *Varieties of Yellow Fever, etc.*

I relate these different facts to prove the various modifications of which the yellow fever is susceptible: this character of localizing itself upon the thoracic organs will be hereafter called up by me, as well as the complications which give rise to intermission, upon which I shall proceed to dwell a short time. *Intermissions.* Can the yellow fever assume an intermittent character? We only find in authors isolated observations on this point; but, in connecting them they mutually support each other, and it then becomes possible to reply to the question.

Deveze, who has given us a very good description of the yellow fever which prevailed at Philadelphia in 1793, says that it is impossible to assign a certain type to this disease: at one time it was entirely continued, at another, and most frequently, it was remittent; again, but rarely, it assumed the intermittent type.

Valentine, page 39, in the introduction of his work, expresses himself in these terms: "I believe we ought to mention those pernicious remittent fevers which infest certain spots near the sea coasts, by reason of their great analogy with the yellow fever, and the identity of the causes which produce them, according to certain modifications, and general or particular influences. And farther on, at page 69: "These two diseases only differ from each other by the vomitings which is so difficult to arrest; by the bilious suffusion, and, ordinarily, by the hemorrhages." Page 172: "Other patients having remissions, or complete intermissions, and who might have been cured by a better mode of treatment, had violent pains, considerable prostration, syncope, and died when least expected."

Lastly, in order to remove every doubt, if any should remain in the mind of the reader, Valentine adds, at page 201: "Yellow fever should be considered under two principal points of view, and we must seize the differences or shades that it may present on its invasion: it either presents itself with remittent or intermittent symptoms, similar to marsh fevers, or it does not abate any during the two or three first days, and the remission is then obscure and imperfect.

In the first case, it is a pernicious fever which we have to combat, but which does not the less frequently carry in its train a *cortege* of accidents which have won for it the name of yellow fever; then we should hasten to administer barks in substance, without regard to the dose, and in as large quantities as the stomach can support."

M. Dalmas relates that, in 1789, a very hot year at Saint Domingo, the inhabitants of the mountains suffered from obstinate intermittent fevers; "In the plain, the pernicious fever of Hayti prevailed: it assumed at the Cape the character of yellow fever. Of all the means (medicines,) the *Peruvian bark* was the most efficacious, either given alone or rendered laxative by a neutral salt, according to the indications." Doctor Rolland, in his medical account of the epidemic yellow fever on board the brig Griffon, in 1838, at Port-au-Prince, cites the successful employment of quinine united with calomel, of which M——, a French physician, so often availed himself in practice; and Rolland asserts that he himself derived evident advantages from the quinine treatment. Does not these fact go to support the preceding observations? Doctor Arejula, who witnessed the epidemics both of Cadiz and Malaga, attributes to the yellow fever the most marked remissions. In the description of the yellow fever of Barcelona, M. Audouard says, that the disease is sometimes terminated by sweats, in the beginning, or during its first period; for many days this transpiration continues, and it returns more abundantly at a particular hour of the day or night, which constitutes a paroxysm.

There is something peculiar in this—that, as the perspiration diminishes, the paroxysms become more distinct, and they gradually run into intermittent fever. M. Audouard relates a very remarkable case on this point, which is very curious; it is the thirty-second chapter of his book: "The first symptom announced a case of yellow fever; the first and the second stages were well characterized, and when the third period commenced, sweats and regular paroxysms of a certain order, suddenly changed the face of things; or, to adopt more appropriate language, some fortunate change supervening in the organism of this individual, the organic apparatus which is adapted to intermittent fevers, became the seat of morbid movements, and the organic apparatus whose derangement produced yellow fever, was thus relieved of its embarrassment. M. Rochoux relates four examples of the yellow fever complicated with intermittent fever; three were his own, and the fourth he borrowed from Desportes.

To the fourteenth case (page 198,) P. bark administered in the dose of an ounce, checked the paroxysms; but a relapse, followed by black vomit, soon destroyed the patient. It is correct to state that this patient, abusing his convalescence, had drank to excess; besides, a purgative had been given to him, and M. Rouchoux was at a loss to determine which of these three causes of excitement, directed to the stomach—the bark, the potations, or the purgative—played the most important part in producing death. It is probable, he adds, that all three bore a part in this matter, and that the advantage of having arrested the returning paroxysm by means of the febrifuge, is not to be compared to the danger which its administration produced. For myself, I do not see why we should condemn the bark: there had been four days of perfect convalescence,



*Observations on Yellow Fever.*

when the relapse took place; two days had already elapsed since the administration of the Peruvian bark; it is, then, to the intemperance of the patient, seconded by the action of the purgative, that we must attribute the fatal termination of the case. Moreover, to the fifteenth case, no quinine was given, and yet death ensued.

In the epidemic of Saint Louis, in 1830, M. Calve has stated that, in convalescence from chronic intermittent fever, the yellow fever appeared suddenly in its latter period, as if the previous intermittent fever had occupied the place in the first phases of yellow fever. The same physician has remarked that men under the influence of intermittent fevers, prior to contracting yellow fever, have found themselves a prey, the second time, to the first, in the convalescence from the second; and that, in those cases of intermittent fever, these are some of the symptoms of the epidemic fever, although of a feeble character.

We have before mentioned the evident intermission which Dr. Cheve observed at Goree; we shall not return to this subject. The epidemic of 1838 at *Point a Pitre* was preceded by numerous cases of intermittent and remittent fevers, which had for a long time resisted the *sulphate of quinine*; a circumstance which induced M. Amie and Tazeuille to think that the cause which, subsequently, had given rise to the yellow fever, had, also produced pernicious remittent fever. In the epidemic of Malouine in 1837, described by M. Menu Dessables, the disease appeared successively under the form of pernicious fever, typhus and yellow fever. Lastly, I will mention the death of our unfortunate colleague, Sandemay Dulac, who, after having passed with impunity, through the epidemic of 1837 at Goree, when he had acquired such strong claims to public gratitude, succumbed to a pernicious intermittent, over which the sulphate of quinine, would have triumphed, but which he obstinately refused to swallow.

I know not if my conviction will be shared by others, but it appears to me that all the preceding facts prove even according to the evidence, the possibility of an intermittent type of yellow fever, and consequently a striking analogy in certain cases. Between this latter disease and grave intermittent fevers, one may perceive the importance of this view of the subject in the choice and application of the curative means.

*Scorbutis*.—Many authors struck doubtless with the alteration of the blood in the two diseases, have associated yellow fever with scorbutis; of this number are Schotte, (p. 72,) Valentine, (p. 81,) and M. Dalmas.

When we reflect, says this last physician, upon the phenomena which the yellow fever presents, we are astonished at the connection and analogy which we discover between the yellow fever and scorbutis.

All the difference consists in this, that one reaches its term in seven and even in four days, whereas the other requires from four to seven or eight months for its completion. Whatever it may be, I consider scurvy as a disease complicating yellow fever; I shall have occasion in the second part of this work to recur to this subject.

## CHAPTER IV.

*Progress and duration of the Disease.*

The catalogue of symptoms which we have passed in review is so long, that one readily perceives that they do not exhibit themselves at one view; some are even extended; hence, the various classifications of authors, which in spite of their minute details, yet remain sometimes insufficient. Moreover to appreciate justly the disease which we are studying, it would perhaps be better to content ourselves by dividing yellow fever into two classes, only :

1st. Plain or simple yellow fever, such as we observe in the immense majority of cases. 2d. Complicated yellow fever. In this second class the most prominent symptoms of complication may be so diversified, that it would be extremely difficult to trace the progress of the disease. Besides, the details, into which we have entered in the preceding chapter, seems to us to have given an idea so clear and positive that there is no necessity for our dwelling any longer at this place. Suffice it to say, that the mind should be continually fixed on those kinds of transformations which the yellow fever is susceptible of undergoing, in order to adapt our therapeutic resources to the indications which are furnished by the encephalic, the thoracic, and the typhonic symptoms, and its remittent or inter-mittent character.

As it is rare to observe well marked crises, so the more easy is it to recognize the influence of critical days in yellow fever. Chisholm has said with reason, that in no disease, are they more appreciable. Experience daily confirms the truth of his remark. Finally, more than half of the subjects laboring under yellow fever, perish from the fourth to the sixth day. Then come the seventh, the ninth and the eleventh, beyond which it is rare for the disease to continue.

We do not mean to say by this that patients may not die, or be cured on other days. Every one knows that in violent epidemics, we see some perish before the third, and even before the second day, (Valentine & Caillot.) Some die, and some are also cured, the fourteenth, the sixteenth, the eighteenth and the twentieth day. But, in general, these last days are those in which we rather observe the changes that indicate the manner in which the termination will take place in one of the odd days. This knowledge of the influence of particular days is, in some measure, common in the colonies, (M. Rochoux, page 163.)

Such a mode of complication necessarily influences the duration of the disease; and hence the impossibility of establishing any general rule on this particular point. Convalescence, when it is established, should likewise participate in the phenomena which the disease presented; it is complete, rapid and permanent, when simple yellow fever has been promptly combated by proper treatment; it is protracted, incomplete on the contrary, relapses are to be apprehended, when the progress of the disease has been insidious, and especially when it has been complicated with typhoid symptoms.

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#### CHAPTER V.

*Diagnosis.*—What are the signs by which we may recognize yellow fever? They are *icterus* and black vomit, responds the greater number of authors. But black vomit being almost always mortal, it follows from this that the yellow fever is an incurable disease. In the dictionary of the medical sciences, (tom. xv., p. 340,) we read thus: "There are phenomena which invariably manifest themselves in this fever; such are black vomit, acute pains in the stomach, retention of urine, *icterus*, and the progressive diminution of the pulse. Every individual who has experienced these symptoms has had yellow fever." This doctrine which is manifestly erroneous, possesses a serious inconvenience; it leads us to disregard or neglect that stage of the disease which precedes the development of the formidable symptoms, and consequently induces us to overlook the most favorable period for opposing them by an energetic medication. Moreover, *icterus* and black vomit are often entirely wanting, even when the termination of the disease has been fatal!

It is then in all the symptoms of invasion (taken collectively,) especially

*Prognosis, Causes, etc..*

by paying due regard to the reigning epidemic, that we should seek the solution of the question which we have prepounded at the beginning of this chapter. I cannot do better than *cite verbatim*. M. Lefort, who has, for so long a time, studied the yellow fever in the Antilles, and whose experience is now in daily demand at Fort Royal. "If, (says he) to more or less cephalagia, to a pulse, full, hard, and sometimes depressed, to great heat of skin, are united pains of the loins—of the lower extremities and of the joints, and these symptoms shall have suddenly declared themselves, you will recognize a case of yellow fever.

CHAPTER VI.

*Prognosis.*—In enumerating the symptoms, we have indicated the different degrees of gravity which each of them presents, the favorable changes to which some of them may give rise, and the difference of prognosis which the epoch of the appearance of certain ones among them, may induce. We shall avoid then on this subject, useless repetitions, and we shall simply remark that every phenomenon which deviates from the normal type of the yellow fever, and consequently, every complication, adds still more to the danger of this disease, already so grave in itself; perhaps we should exclude from this number the character of a well marked intermittent, because, in this case, the sulphate of quinine becomes an all powerful weapon in the hands of him who has the good sense to use it with proper skill. There is likewise a symptom, which I have purposely omitted, because it is very rarely observed: it is the blindness with which some subjects have been struck, often twenty-four hours before death. It is almost always concomitant with convulsions of the superior extremities that this symptom is declared. (M. Rochoux, p. 134.) M. Pariset who has witnessed some examples of this kind regards it as a sign of approaching death. The mortality in yellow fever, is generally one-third; this unhappy proportion may, however, be much modified. 1st. By the mode of treatment, to which we have recourse. 2d. By the period of time at which patients call for medical advice; we shall see, when we develop the therapeutic part (of our subject,) the results obtained, under the last point of view, by MM. Belot, Gatel, &c.

Here the question may be asked if one attack of the yellow fever ought to be regarded as a safe guarantee against a second. Examples are not wanting of individuals, who, in certain places and at different times, have been more than once sufferers from the fever; in the same epidemics, it frequently happens, that relapses are frequent; however, the contrary rule is generally admitted.

CHAPTER VII.

*Causes.*—In our examination of the causes of yellow fever, we shall follow the methodical division which M. Rocheux has adopted.

PREDISPOSING CAUSES.

1st. *Individual Causes.*—Females appear less liable, than males to contract the yellow fever, or if an equal number of the first are seized by the disease, the mortality among them is much less; this remark has at least been made in reference to Barcelona.\*

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\* The same is the case in New Orleans, and it is a well known fact.—*Translator.*



Infancy and old age are the epochs of life, the least exposed to the yellow fever; adult age on the contrary, is that which is most predisposed to it: 1st, adults; 2d, children; 3d, the aged: such is the decrease in the order of frequency which we may establish.

The sanguine temperament which predominates in cold regions, is that which renders an individual the most liable to yellow fever. It is a well ascertained fact that more French and Spanish, and more English than French, perish in the Antilles. The chances for preserving life will be better and more multiplied, as the subjects approach in temperament, the inhabitants of hot regions, which is bilious and bilioso-lymphatic, (M. Rochoux.)

Among robust constitutions we number more victims, than among the meagre, feeble and cacochymic subjects.

Acclimation consists in those modifications which a disease impresses on the organism; according to Valentine the derangement produced by yellow fever in the animal economy has the effect of diminishing the activity of the sanguine system, and of exercising consequently, the same influence over the process of exhalation and absorption.

The yellow fever is then the agent which nature employs, in order to reduce the sanguine temperament, the only one which is adapted to the climate of the colonies. We see that a young and vigorous European may triumph over this severe ordeal, preserve his constitution in a state of health after having once suffered from yellow fever; *par consequent*, not to have acquired this protective acclimation is to remain thus exposed to the hazard of a second attack.

Certain professions appear to exercise a favorable influence over the development of the yellow fever, they are those in which fire is employed, viz: smiths, bakers and *cuisiniers*.

Others on the contrary, seem to be *prophylactic*; we believe it has been remarked, but the statistics given are not sufficiently positive to admit of its direct proof, that those who trim strings for musical instruments; leather dressers and workers in oil were less liable than others to be attacked by the yellow fever.

Negroes are not subject to yellow fever; transported directly from Africa to the Antilles, they do not contract it.\* "The perspiration of the greater number of blacks, (says Shotte, p. 83) possesses a disagreeable smell during the wet season especially, when labor and other exercises augment its secretion; this leads me to suppose that their bodies are better disposed from their primitive formation for expelling from the system, the deleterious fluids, through the emunctories of the skin, than are those of Europeans; it is, without doubt, on this account that they are less subject to putrid diseases which emanate from the retention of these impurities in the body; this faculty or aptitude is conformable to the views of nature who has formed them to inhabit this climate." We must remark, however, that negroes born in the north do not enjoy this immunity, and finally severe epidemics spare none whatever. Hence M. Cheve relates that during the epidemic of Goree, many small boroughs lost all of their inhabitants, both men and beasts, and the entire population of blacks was destroyed.

2d. *Hygienic Causes*.—Heat is incontestibly the most active cause of yellow fever; we see this disease break out and spread on the continent of America, with heat; and in the Antilles, this fever never subsides, because the heat continues there from year to year; it diminishes only in frequency when the heat has abated. (M. Rochoux.) M. Moreau de Jounes says, how-

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\* This is not true of New Orleans: our colored population is subject to mild attacks of yellow fever.—*Translator*.

## Hygienic Causes.

ever, that a high range of temperature is by no means a necessary condition for the irruption of yellow fever. He cites, in support of his opinion, the following fact: "In the month of December, 1807, the frigates Charente and the Hermoine, having on board three hundred conscripts, arrived at Fort Royal; fourteen of them perished of yellow fever in the month of January, which was remarkable for its fall of temperature; the thermometer sunk in the morning below  $16^{\circ}$ . Centigrade, and never rose above twenty degrees." But we know that a temperature less than  $16^{\circ}$  is high enough for fermentation to be established; if then the yellow fever is due to a focus of infection, the temperature will not suffice to produce it, more particularly cases of a sporadic character, such as those quoted by M. Moreau de Jounes. This observer likewise discovered that although there had been some examples of the spontaneous production of yellow fever, during a very low temperature, yet the mortality increased every month, at the Antilles, in a ratio commensurate with the progressive elevation of the thermometer and hygrometric indications, manifesting the highest degree of atmospheric humidity. According to M. Lefort, there are no instances on record where yellow fever has ever made its appearance or been sustained in an atmosphere, whose temperature was below  $14^{\circ}$ . In the *Dictionary of the Medical Sciences*, it is put down at  $22^{\circ}$ .

I am much indebted to my friend Chauvert, secretary to the council of health of Fort Royal, for the following note, which is too interesting for me to omit transcribing it entire: "In 1828, the opinion of M. Dunvier, then captain of the fortification at Saint Pierre, was, that yellow fever, only declared itself under certain influences, and particularly under a temperature of  $28^{\circ}$  Rey.

This officer, who is now colonel of the infantry of the line in Algiers, showed me in June, 1828, the thermometer which he had placed in an exposed situation, and this instrument, rose at 2 o'clock to  $28^{\circ}$  and mounted in the course of the day half a degree higher. The yellow fever broke out on board a commercial ship which had brought powder from France; it likewise appeared in a ship laden with mules. The disease raged with such severity that M. Hilain Gaubert, chief of the medical service of St. Pierre, inserted in the local government journal for the month of June, an article which attracted the attention of the minister of marine, and a commission having Parent Duchatelet for its reporter, was appointed for the purpose of investigating those means which might oppose the deleterious effects of these kinds of cargoes. Since that period up to the present day, (February, 1839,) I have constantly observed the thermometer, and I never saw it reach above  $28^{\circ}$  at Fort Royal, until in October, 1838. This interval of ten years, has been notorious in consequence of the absence of yellow fever; or at least, if a few sporadic cases had been observed, it is correct to state that the symptoms never possessed that character of intensity which they assume in a genuine epidemic. Thus, whether this degree of heat, joined to the other exciting causes, may be really necessary to the production of yellow fever; or whether chance alone may have determined this coincidence (namely  $28^{\circ}$  and yellow fever,) after an interval of ten years, this fact I think deserves an examination; I was for myself so strongly imbued with the opinion of Duvivier, that whenever sporadic cases led me to fear an epidemic, I consulted my meteorological table, and I replied with the more boldness and assurance as the cyphers fell short of the point, at which my own convictions and (observations) had fixed them.

Whatever may be the truth in this matter, heat plays, according to all authors, an important part in the production of yellow fever; and we shall constantly see that it is one of the two causes which M. Rochoux admits to be capable of developing this disease.

says, however, that at the Antilles, the most rainy seasons are those in which the yellow fever is much less prevalent, so that one would be induced to believe that the rain tends to destroy or diminish the force of intensity of the yellow fever: but according to the account of Doctor Ramsay, the months of August and September of 1799, were at *Charleston*, the most horrid of the whole year;\* it rained for seventeen days in the first month during which period the yellow fever became epidemic, and for ten days in the last month, when it continued its ravages. Abundant rains have preceded the appearance of yellow fever at Point a Pitre; in June 1838, they continued the entire quarter and coincided with a high range of temperature; at Saint Pierre, Martinique, the quantity of water which had fallen during the months of July, August, September and October, 1838, was by measurement forty-two milli metres, "and the mean temperature" during the same space of time was 31 degrees. (R.)

I believe with Thomas, that an abundance of rain is opposed to the generation and (propagation) of yellow fever, because it prevents the putrefaction of standing waters, by continually renewing them; but in order to this, the rains must continue; for in the intervals of dryness and intense heat, the putrefaction of animal and vegetable matters deposited in stagnant waters, will go on more rapidly, and constitute a center of infection. At equal degrees of elevation, I think that a humid temperature is more favorable to the development of yellow fever than a dry temperature.

The influence of particular winds over the origin and progress of epidemics, has been remarked by all close observers. At the Antilles, for example, the south wind is the most fatal. In 1802, says M. Moreau de Jounes, as often as the wind blew at Martinique, which frequently happened, the epidemic renewed its ravages and the intensity of its symptoms.

In 1814 on the contrary, at the time of the debarkation and sojourn of the unacclimated French troops at Fort Royal, the south wind rarely prevailed, and there were but a few isolated cases of yellow fever. M. Amie in 1819, M. Lefort, in 1823, wrote that yellow fever was never developed but by, and under the influence of the south winds, which are at the same time, the hottest and the most humid of the compass. I have before me the meteorological observations taken at Fort Royal for the year 1839, and observations for the month of October, during which time the yellow fever appeared at Saint Pierre and at Fort Royal; I read in this table the following, viz: "*Winds from the south, south-east, south-west, calms, intense heat, diluvial rains, overflowing the rivers.* How or in what manner do the winds act? Is it by passing over the foci of infection and charging themselves with miasmatic molecules, whose absorption engenders the disease? or rather by producing tempest, heavy showers, great heat, in a word by augmenting the unfavorable conditions of the atmospheric constitution? I believe in the simultaneous action of these two agents.

"Any other etiology, (but heat and a focus of miasmatic infection) says M. Rochoux, "does not bear the slightest examination. The influence of a single agent, among all those which have been enumerated, deserves *perhaps* to be taken into consideration; it is electricity. Lastly, the electric fluid, as every one knows, accelerates in a remarkable manner, the acid and putrid fermentation of organic matter." The part which M. Rochoux attributes to electricity in the production of yellow fever, is limited to these few words, and do we not here find a "perhaps" and a "probably;" other

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\* In New Orleans in the summer of 1841, the yellow fever, notwithstanding the almost constant rainy and damp season, raged with unprecedented violence, producing great mortality.—*Translator.*



authors hardly mention electricity: at the Antilles, however, the fatal influence of storms has been mentioned and M. Belot, at the Havana, *has remarked* that a large quantity of the electric fluid diffused in the atmosphere, exercised an evident influence, not only on the appearance and development of the epidemic in general, but likewise on the progress of the yellow fever, in individual cases. M. Belot, has observed with reason, that the animal economy, when exposed to a grave disease, experiences perhaps some change analogous to that which takes place in animal substances, when corrupted in so short a time, during storms.

But have we arrived at the history of the most important cause of yellow fever? I mean *the focus of infection*; we shall relate in the first place, the opinion expressed by M. Rochoux.

(To be Continued.)

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II.—*The Pharmaceutical preparations of Manganese.* By M. HAN-  
NON. (Braithwaite's Retrospect, 1850.)

The preparations of manganese have this immense advantage over those of iron, that they can be combined with vegetable tonics and astringents, namely, tannin and the substances which contain it, as gallnuts, rhatany, catechu, dragon's blood, kino, monesia, canella and cinchona. These can all be combined with malate of manganese. *Syrup of manganese* consists of, simple syrup, ℞xvi; malate of manganese, ℞i; essence of lemon, ℞j: an ounce of syrup contains 29 grains of malate of manganese. *Pills of malate of manganese.* Malate of manganese, gr. xv; powder of cinchona, gr. xv; honey, a sufficient quantity to make twenty pills. *Lozenges of malate of manganese.* Malate of manganese, ℞i; sugar, ℞xi; mucilage of tragacanth, a sufficient quantity. To be formed into lozenges, each 12 grains in weight; each of which contains a grain of the salt.

*Tartrate of manganese* is prepared in the same way as the malate, tartaric acid being used. It may be substituted for the malate in all the above mentioned formulæ; and is used to prepare the following highly tonic syrup. Syrup of tolu, ℞xvii; extract of rhatany, ℞iiss; tartrate of manganese, ℞iiss. Dose, from four to five spoonfuls daily.

*Phosphate of manganese* is best prepared by dropping a solution of phosphate of soda into a solution of sulphate of manganese. The precipitate is collected after filtration, dried and preserved in well stopped bottles.

This preparation may be employed, like the phosphate of iron in cancerous affections. *Pills of phosphate of manganese.* Phosphate of manganese, ℞iiss; powder of cinchona, ℞ss; syrup of catechu, a sufficient quantity. To be divided into four-grain pills. *Syrup of phosphate of manganese.* Phosphate of manganese, ℞ss; syrup of tolu, ℞iii, ℞iii; syrup of cinchona, ℞v; essence of lemon, ℞iiss; powder of tragacanth, gr. x. This preparation must be made quickly, and preserved in a well

The humidity of the atmosphere, is, in the estimation of almost all writers, a powerful cause for the development of yellow fever. M. Rochoux stopped bottle. *Lozenges of phosphate of manganese.* Phosphate of manganese,  $\zeta$ i; sugar,  $\zeta$ xii. Mix and divide in lozenges, each containing one grain of the phosphate.

*Iodide of manganese* is prepared by digesting recently precipitated carbonate of manganese with fresh hydriodic acid; then filtering and evaporating, the access of air being prevented. It may more conveniently be prepared extemporaneously by mixing together an ounce of iodide of potassium and the same quantity of sulphate of manganese, perfectly dried, and in the state of powder. It is then made into a pill mass with honey and divided into pills, each containing four grains of the iodide; which should be kept in a well-stopped bottle. The dose is at first one pill daily, gradually increased every three days, to six pills; the medicine is then omitted for eight days, after which it is resumed again. *Syrup of iodide of manganese* is prepared by adding concentrated hydriodic acid to a drachm of perfectly pure hydrated carbonate of manganese, until it be entirely dissolved; then mixing with the solution 17 oz. of a syrup of guaiacum and sarsaparilla. Dose from two to six spoonfuls daily.

In cases where iron has not succeeded, it is desirable not to make a sudden transition to manganese, but to combine the two remedies as in the following formula. Pure crystalized sulphate of iron,  $\zeta$ xiii.; pure sulphate of manganese,  $\zeta$ iiiss.; pure carbonate of soda,  $\zeta$ xviiss.; honey  $\zeta$ x.; syrup as much as may be sufficient to make a mass to be divided into four grain pills. Doses from two to ten pills daily. The insoluble preparations of manganese should be first used, as the carbonate, phosphate and oxyde; then the more soluble preparations, the tartrate, malate, &c., may be employed. The use of this medicine should not be persevered in so long as that of iron, as its preparations are more rapidly assimilated. Manganese is not like iron, found in the excrements of persons who take it—at least it is in very small quantity.

In the depraved state of the blood which succeeds intermittent fevers, manganese is useful; it is the most certain remedy for preventing a return of the attacks. Leucophlegmasia and engorged spleen, of long duration, are rapidly reduced by the use of iodide of manganese with syrup of cinchona. The preparations of manganese should also be used in urethro-vaginal catarrh in chlorotic patients, and in chronic blennorrhœa, especially in individuals weakened and rendered anæmic by excess. The salts of manganese with which we are acquainted, are powerfully astringent, and may be used as external applications, in all cases where other astringents are not indicated. In this respect they possess no other peculiarity.

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### III.—*On the state of Medicine among the people of Morocco.*

Dr. Poggio, attached to the Spanish service in Africa, gives us some interesting information on the diseases of the people of Morocco.

*Medicine among the Moors.*

In September 1848, this surgeon was presented with an opportunity, of which he made haste to avail himself, to study some of the diseases with which this people is afflicted.

Scarcely had it been made known that Dr. P. was a medical man, when a great number of invalids was brought before him, nearly all of whom were afflicted either with an *ophthalmia*, the *itch* or *tenia*.

The ophthalmias says Dr. Poggio, were chiefly catarrhal, complicated with granulations—with more or less photophobia—keratitis and pannus.

The people of Morocco readily exposed to him their arms, their legs, etc., covered with pointed vesicles, transparent at the summit; in other words called *itch*, but to which the inhabitants applied the term *ayed*. Great numbers are afflicted with the *impetigo granulata* of Biett. The number and variety of cutaneous diseases among the people is ascribed by Dr. P. to their *impure* personal habits.

A few days after Dr. Poggio's visit to the Morocco camp, he was waited upon by a tall Moor, with an olive complexion; large black eyes and a long grey beard, apparently about 50 years old. His neat dress and easy manners proclaimed him a man of consequence. This venerable Moor introduced himself to Dr. P. as *Mohamet Cadur*; a physician [*tebib*] of Trajana. He stated that the object of his visit was not only to see Dr. P., but to obtain some of the receipts which Dr. P. had some time previously ordered for the sick of his camp. Mohamet Cadur stated that he desired to know what medicaments the christians used to cure the diseases of the eyes and the itch. Dr. P. gave him several prescriptions, written in the language of the country; and pointed out to the Moorish *Tebib*, the period when purgatives and other measures of depletion should be used; also the mode of applying local remedies—such as lotions—collyria—ungents, etc.

The Moorish doctor was particularly astonished with the use of liquid collyria in ophthalmic diseases. These people employ in such cases all kinds of unguents—especially of alum; and use them as follows: at the hour of prayer, and after purifications, they take the egg of a white pullet recite some verses of the Koran, and then pierce the egg with a needle and gather the albumen as it escapes, and to this they add a little powdered alum. (This is pretty much the same as the alum-curd of the present day.) This mixture is allowed to stand exposed for one night; on the day following they add a little water to dilute it, and to impart to it a convenient consistency. This application is used amidst many religious ceremonies; the physician urges the patient to have faith in God: to believe in his word; and to avoid offending him; then placing his right hand several times upon the patient's head, at the same time, raising his eyes to heaven, he utters in a solemn manner, the following prayer:

“My God, thou art the only Being in the universe; the sea, the earth and all things that exist is thine who created them. Dispense thy favors, and forget us not. Lord, I beseech thee, by the four angels who guard thy throne, to bless and pardon this afflicted patient.” Then, the above prayer taken from the Koran, and written upon a slip of paper, doubled several times, is placed upon the part or organ diseased. The physicians of Morocco travel from tribe to tribe, carrying with them their unguents—a few rude surgical instruments and certain amulets, and with these they attempt to heal some of the most obstinate diseases, encountered in their peregrinations. They have little or no knowledge of anatomy, physiology, materia medica or pathology. And this too in a country that gave birth to an Avicenna, Rhases, Avenzoar, Averrhoes, and an Ali-Abbas? (Trans. by Editor.)—*L'Union Medical*.



IV.—*Medical men in France in the early part of the 19th century.*  
*Pinel, Barthez and Corvisart.*

Three men governed French medicine at this epoch: Barthez, Corvisart and Pinel.

The last was the medical philosopher, Barthez was the metaphysical physician, and Corvisart was alone of the three, the truly practical physician.

Pinel, a geometrician by taste, and by study a naturalist, failing to reduce medicine to equations, set about classifying it.

Barthez, a profound, although an obscure metaphysician, endeavored to transform a science of facts into a science of abstractions.

Corvisart, possessed of a correct and sound judgment and a close observer, and being neither a savan nor a philosopher, was content to see; touch; to feel, and did not pretend to travel beyond his senses in the study of medicine. In a patient, Pinel beheld a species—a genus; Barthez an entity; but Corvisart alone examined the symptoms. With Pinel the patient was a problem to be solved; with Barthez a principle to be laid down; but with Corvisart an enemy to be conquered. Pinel treated of medicine as did Linnæus of plants; Barthez as Plato of politics; and Corvisart as a physician whose mission it was to relieve or to cure.

The Emperor Napoleon, who knew his man, gave to Barthez the title of his first physician, but he took care never to consult him. Of Pinel he said: "he is a savan;" but he took Corvisart, as his physician and friend.

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*Treatment of Typhoid Fever by Calomel.*

Professor Schænlein of Berlin, after denouncing the use of emetics in typhoid fever as advised by Hildebran, Stoll and Ritcher, speaks in high terms of the use of calomel in the early stages of this fever. The employment of neutral salts—so popular with the French physicians, he condemns, and we think with good reason as they are apt to determine a fluxionary movement towards the gastro-enteric mucous membranes not always conducive to the safety of the patient. Prof. S. thinks the evacuations produced by calomel, more consistent; and less prone to assume the form of a diarrhœa, than such as are brought about by the neutral salts. Calomel should not be given after the first week, but generally, during the first week of the diseases: the earlier the better. He condemns its use, after this period; when pressure on the abdomen is painful; when the tongue is red and dry and the pulse frequent, with subsultus. He gives calomel in fifteen grain doses every other day, and continues it until the green stools became rare. To obviate acidity, he combines carbonate of magnesia with the calomel—salivation is regarded as hurtful, although it cannot be always avoided. We condense the above observations from a paper in the London Lancet.—EDITOR.

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*A new Anæsthetic Agent.*

M. Velpeau, with his usual tact and hardihood, has hit upon a new method of rendering insensible particular portions of the body. It is a refrigerating mixture, composed of two parts of ice and one of marine salt; the

part upon which the operation is to be performed, is covered with this refrigerating mixture for five or fifteen minutes at the end of which time the parts are found destitute of all sensibility, and may be cut without the least pain. Two cases of inverted toe-nail are reported, as having been operated on after the parts were subjected to the mixture, and in both instances, not the slightest pain was experienced, although it is well known among surgeons that it is a very painful little operation. In the excision of small, or even large tumors—in puncturing abscesses—such as buboes—felons, &c.. this seems to us, will answer an admirable purpose; the only drawback to the use of this anæsthetic agent, would be the violence of the reaction consequent upon the sedative effects of the refrigeration of the part.

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#### VII.—*Monuments to Jenner and Baron Larrey.*

We observed it announced in a late number of the London Lancet, that a numerous and influential meeting of the medical profession was recently convened in London, to devise the necessary means to raise a monument to the illustrious Jenner. Mr. Bond Cobdell, member of Parliament was called to the chair. A committee was appointed to carry out the objects of the meeting. This is right, and every one who admires genius and wishes well to our profession, will rejoice that all due honors are about to be paid to the memory of the illustrious dead.

Since recording the above, we are pleased to learn from the same authentic source that a statue is very shortly to be erected to the memory of Napoleon's favorite Chirurgeon in the court-yard of the *Val de Grace*. Upon the basso-relievos of this statue are to be inscribed the principal deeds of Baron Larrey. Thus, France and England, ever mindful of the fair fame and good name of their cherished sons, consecrate their deeds and perpetuate their memory. What has America done for her great medical philosophers! The ashes of Rush, Physic, Godman, etc., sleep undisturbed.

[Ed.]

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#### VIII.—*A new mode of treating Retroversion and Anteversion of the Womb.*

At a recent sitting of the *Academie de Medicine*, under the Presidency of M. Bricqueteau, M. Amussat, reported a new method of treating certain affections of the uterus. The means adopted up to this time, says Amussat, for treating retro-version and anteversion of the womb, have had but little effect in correcting those evils. He has treated with complete success, several cases of retroversion, by cauterising the posterior wall or face of the neck of the uterus, thus causing it to adhere to the superior walls of the vagina, and by this means the organ (uterus) has been restored to its original position. Although it may be correct to assert that two opposing mucous surfaces will not unite—will not coalesce, yet by slight cauterization, as done by M. Amussat, cicatrization may readily be established and the parts brought together.—*L'Union Medical.*

IX.—*Paracentese du Cerveau.*

This operation is now performed without any or much alarm for the result. Recently M. Merei of Pesth has had the hardihood and boldness to operate upon two cases with complete success; the effusion upon the brain being the result of acute inflammation of the arachnoid. The cases upon whom M. Meri performed the operation of *paracentesis cerebri*, were young subjects whose fontanelles were not completely closed, being between three and six months of age.

The water having been drawn off, by one or more punctures with the trochar, M. Meri relies upon the internal administration of the iodide of potass or cod-liver oil, according to the respective indications; at the same time the head is gently compressed with bandages and the cold douche to the head is freely used.—*Ib.*

X.—*The French Republic and the Military Surgeons.*

By a decision, dated April 1st, 1850 and issued from the office of the Minister of War, the French Surgeons and their assistants, attached to the Military Hospitals, will no longer be supported at the expense of the government.—*Ib.*

IX.—*Insanity from the use of Chloroform during Parturition.*

Dr. Webster related the following case, communicated to him by a professional friend, in consequence of perusing the *Lancet*, a report of the three similar circumstances he had mentioned at a previous meeting of the Society. Only one drachm of chloroform was used; but the effect it produced was so sudden and violent, that the patient, after inhaling, remained quite insensible, which greatly alarmed the attendants. With the insensibility there was likewise deadly paleness of the countenance; however, she slowly rallied, but had a painful and protracted labor. During several days subsequently, the lady continued in a very nervous condition, although not then actually incoherent, but she soon became so furiously maniacal as to require coercion by a strait-waistcoat. After being insane during many months, the patient gradually recovered her reason, and ultimately got convalescent. Considering it was only from accumulated facts and extensive experience that sound practical knowledge respecting the employment of chloroform in midwifery could be acquired, Dr. Webster then said he had related the present, as likewise the previous examples of insanity following its use, in order to contribute data towards that important object: and he availed himself of the present opportunity to state, that he should esteem it a favor if other practitioners would communicate to him any well-marked cases of the same kind, with particulars, which they may have met during their practice, as he (Dr. Webster) was very desirous of collecting additional evidence upon this interesting subject, of course, on the express understanding that neither the patients's name should be divulged nor the correspondent in any manner compromised, all such communications being considered strictly confidential in regard to individuals.

[*London Lancet.*



# Part Fourth.

## AMERICAN MEDICAL INTELLIGENCE.

### *Original Communications.*

NEW YORK, May 2d, 1850.

Dr. A. HESTER, *Editor of N. O. Med. & Sur. Jour.*

*Dear Sir* :—According to promise, I shall endeavor to give you some brief inklings of medical men and matters in this hyperborean region. When I left New Orleans, I did not expect to come further north than Cincinnati, but unforeseen events have urged me onwards, and on the 16th of April, I found myself snugly ensconced at the Astor House. I spent one day in Cincinnati, where I received the kindest attention from Dr. Lawson and Dr. Mandenhall, I did not have the pleasure of seeing Dr. Drake, but was informed that the first volume of his great work on the Topography, Climate and Diseases of the great Western Valley of North America, was just completed and would be issued from the press in a few days. The physicians of Cincinnati were putting every thing in readiness for the American Medical Association, which was to assemble there on the 7th of May.

From that place I took the rail road to Sandusky city on Lake Erie. I started early in the morning, and by eight o'clock in the evening of the same day, I was at the latter place, having been wafted like the wind a distance of two hundred and sixty-nine miles. We then took a steamboat for Buffalo, but happening to encounter a nice bit of a *snow storm* and the vessel not belonging to the class of "*fast ones*," we did not arrive in time for the Albany cars and consequently were thrown out of our regular course. In addition to this misfortune, the following was rest-day, (Sunday,) and we were thus to be delayed two days at Buffalo. However, detention could not have occurred at a better place, as it allowed me an opportunity to see something of the physicians and institutions of Buffalo and visit the celebrated cataract of Niagara.

As soon as I reached my hotel, I sent a card to Prof. Austin Flint,

editor of the Buffalo Medical Journal, who promptly called and welcomed me in the kindest manner. He took me to see the medical college and city hospital, both of which were in an unfinished state, but well adapted to their purposes. The hospital is under the care of the *Sisters of Charity*, whose benevolent faces and plain dress appeared quite familiar. On learning I was from New Orleans, they made many affectionate enquiries after the Sisters there. The weather was very cold, but variegated with alternate sunshine and snows, instead of showers, as we have in our southern Apriils.

As I am on medical matters alone, I will pass by Niagara with the single remark, that at the first glimpse, late in the evening and from the American side, it came far short of my expectations; but when I surveyed the whole scene fully and fairly, as I did the next day, I realized its grandeur and sublimity and no longer wondered at its exciting the admiration of all its beholders. On returning to Buffalo city, I spent a very pleasant evening with Professors Flint and White, whose kind hospitality will long be remembered.

On the morning of the 15th I took the cars for Albany, where I got on one of the magnificent North river steamers and found myself in New York on the morning of the 16th. All I have seen and done since I have been in this great city would require more time to relate than either my leisure or your patience would permit; so I will only touch upon such incidents and topics as I think will be most interesting to you. I cannot express the gratitude I feel for the marked civilities and unexpected kindness I have received from the leading physicians of this city, since my arrival. I can but attribute it to their respect for the place where I reside and my former connection with your highly prized Journal. I have met with but few subscribers to your Journal; yet all the profession seem to entertain very high respect for it. The few friends I had made on a former visit to this city welcomed my return with much cordiality, and have taken every opportunity to extend my acquaintance amongst the most respectable members of the profession. I have been invited to several medical societies, to the Academy of Medicine and to the Hospitals, and will proceed to notice some of the most interesting incidents that have fallen under my observation.

*The Kappa Lamda Society—Extraordinary tribute to professional merit.*

This Society was established by Dr. Brown, who was one of the first Professors of the Transylvania school some twenty-five or thirty years ago. It was originally a very private association of honorable physicians, organized for the purposes of mutual encouragement and protection. There were branches in various parts of the country. I was a member of the one at Lexington, Ky., and have its diploma. It seems that the society in this city has always been kept up and comprises some of the oldest and most respectable physicians here. I was invited to attend an extraordinary meeting of this society, which was appointed for the purpose of doing honor to the venerable Dr. Gilbert Smith, who was about to lay off the harness and retire from the Profession, after having practised it *more than half a century*, maintaining during the whole time, an irreproachable character, and commanding the respect

and esteem of all who knew him. The meeting took place at the house of Dr. Morris, a gentleman of wealth, who furnished a splendid collation. There I met some thirty or forty of the *elite* of the Profession and witnessed a spectacle which in point of *moral beauty*, could not easily be surpassed and one that can never be erased from my memory. Dr. Smith is now about eighty years of age, but still possesses all his faculties, together with a sound and vigorous constitution. He has a fine head, with countenance strongly indicative of intelligence and benevolence. He was surrounded by hoary-headed confreres, together with younger men whose names are familiar to the Profession throughout the country. Among those present I may mention the names of Stevens, Cheesman, Manly, J. M. Smith, Wood, Rodgers, Post, Griscom, Buck, Bulkley, and others equally familiar to you as a Journalist. The venerable J. C. Warren of Boston was also there as an invited guest.

The society being called to order and the reading of the minutes dispensed with, the President, Dr. A. C. Post, rose and in the name of the society addressed the venerable gentleman, in a truly eloquent and touching strain—expressing admiration of his unblemished character, his high professional standing, his dignified and correct deportment and his well known benevolence and wishing him uninterrupted peace and happiness to the close of his long and eventful life. He said, the members of the Kappa Lambda Society, who had so long enjoyed the pleasure of his company and the benefit of the noble example he had set them in his honorable career both as a citizen and physician, could not permit him to retire from their ranks without offering him this marked demonstration of their respect and esteem.

At the close of this address, Dr. Smith raised his venerable form slowly from his chair, evidently encumbered by overpowering motions. With measured words and tremulous voice he expressed his grateful acknowledgement for the unexpected honor conferred on him by those whose approbation he prized above all earthly considerations. It had been his earnest desire to lead an honorable and upright life, but in his loftiest aspirations he had never hoped to attain so distinguished a compliment as that now offered by his Professional brethren, who alone are qualified to judge correctly of professional merit. He could but attribute it more to the partiality of his friends than to any merit he possessed. To whatever source it might justly be attributed, it was still most grateful to his feelings and afforded the richest reward he had ever received for all the toil, care and anxiety he had experienced in the course of his Professional career. He saw around him grey-heads which had commenced the study of medicine since he was established in practice—others in the meridian of life who had already attained distinction—and others still younger, who bid fair to reflect honor upon our noble Profession. He wished them all happiness and prosperity and that they might live to realize such emotions as now thrilled his bosom. Here he was completely overcome by his feelings, and language failed. After standing a moment in silence, he dropped into his chair and covered his face. A solemn pause ensued; during which, all eyes were suffused with tears. At this moment, the *tout ensemble* presented



a scene of moral beauty and sublimity such as I never expect to witness again!

After this, Dr. A. H. Steevens rose and said, he could not permit the occasion to pass without adding his testimony to all that had been so favorably mentioned of Dr. Smith, by the President of this Society. During the long period in which he had practiced the profession in this city, he had been well acquainted with Dr. Gilbert Smith, and had never known or heard of a single instance in which he had deviated from a correct and honorable course. He had ever been looked upon as an example of virtue and benevolence and his professional judgment and skill had always commanded the highest respect.

Remarks to the same purport were offered by nearly every member of the society, from the oldest down to the youngest. Dr. Manly, himself almost a septuagenarian, said he endorsed all the fair compliments which had been bestowed upon his worthy friend Dr. Smith, for he richly deserved them; but that for his part, he thought Dr. Smith was *doing wrong* in thus retiring from the practice of the Profession whilst possessed of a vigorous constitution and unimpaired intellect. He thought that a physician of real merit and commanding the confidence of all, should work on till the close of life and "*die in harness.*"

These interesting ceremonies being over, the company were invited to an adjoining room, when they found a magnificent collation provided by their generous host. Here the scene was changed, and quite a different view of the picture was presented. After a judicious display of gastronomical attainments by the company, the soul-stirring goblet was called in requisition, and evoked the most joyous hilarity. The serious gravity which had so recently sat upon every countenance, and the deep feelings of sympathy which, upon this extraordinary occasion had started the briny tear in eyes not unfamiliar with grief, were now completely dispelled, and wit, humor and song rose in the ascendant. The conviviality was kept up till a late hour, but was characterized by the observance of the strictest decorum. We parted for the time, under feelings of warm attachment, as well for our Profession as for one another, each one doubtless inwardly resolving so to direct his future conduct as to merit such a compliment from his professional brethren as he had witnessed upon this occasion.

I trust, my dear friend, I have not wearied you with my rude sketch of this extraordinary incident. It made an indelible impression on my mind, and I thought it worth communicating to your readers. A few such examples would have a most happy effect upon the members of our Profession. There should be held out to physicians some higher reward than *wealth* can possibly bring—some distinguished honor that is calculated to excite the loftiest aspirations of our nature.

#### *The New York Academy of Medicine.*

A few evenings since, I was invited to attend a meeting of this institution of which Dr. Isaac Wood is President. There were some forty or fifty members present, and the proceedings were quite interesting.

Dr. Van Buren, one of the most promising young surgeons of the city, presented to the Academy, a man on whom he had performed *amputa-*

tion at the hip joint, for an immense bony tumor of the femur. He reported the case very minutely and exhibited the specimen. It appears that he had decided the tumor to be *non-malignant* and first performed amputation of the thigh. The patient stood this operation well; the wound healed kindly and all danger was thought to be passed; but, a few months afterwards, the disease re-appeared in the upper portion of the bone and proceeded so far as to point to amputation at the hip-joint as offering the only hope of escape. Dr. Van Buren performed the operation some six or eight weeks ago, and the patient is now going about on crutches. He described the operation very minutely and displayed complete familiarity with every thing relating to the subject. After he concluded, some interesting remarks were made respecting the diagnosis of bony tumours as to their *malignancy* by Drs. Stevens, Parker, Detmold and Batchelder. The case will be published at a future time. It reminded me forcibly of the case operated on at the Charity Hospital in 1848 by Dr. Moss. If I am not mistaken after a lapse of time the disease returned in Dr. Moss's case, but I never learned what became of it finally.

This subject having been disposed of, Dr. Detmold presented to the Academy a well marked case of *plica polonica* and which he believed to be in the incipient stage of that horrid disease. These were the only cases that were brought before the Academy on this evening.

Prof. S. H. Dickson of Charleston, Dr. Hooker of Norwich and myself were the only visitors present, and all three of us had the honor to be elected corresponding members of the Academy.

*New York City Hospital—Consultation—Amputation of the leg by  
Dr. Cheesman.*

I have visited this elegant institution several times and found it conducted in the same systematic style mentioned in my letters from the North published in your Journal in 1846. Through the politeness of Dr. Cheesman, the visiting surgeon for the time, I attended a regular consultation of surgeons on the case of an immense tumour on the arm, involving the entire humerus and presenting the most formidable aspect. The consultation was attended by Drs. Stevens, Watson, Buck, Post and some others. The operation required, if any, was amputation at the shoulder joint. After due deliberation, it was decided that the disease had progressed too far to be reached by the knife and therefore the operation would not be justifiable. The patient, a man of mature years, was anxious to be operated on, but the prospect of benefit was so very gloomy, it was thought that the attempt would be discreditable to American Surgery. Such a case would hardly escape the knife of the Parisian Surgeons; but, you know British and American Surgeons are not quite so fond of playing the *executioner*. The man left the hospital soon after this consultation, perhaps, in search of a bolder surgeon.

A few days since, I saw Dr. Cheesman amputate a leg in a very handsome style at this hospital. His hand was remarkably steady and he seemed to be perfectly *au fait* at the business. The subject was a young man of about eighteen years, who was laboring under scrofulous ulceration of the ankle joint. He was put under the influence of *ether*, and did not

evinced the slightest pain during the operation. When consciousness was restored, he was astonished to find the operation was finished and his limb dressed.

Dr. Cheesman gives a decided preference to *ether* as an anæsthetic agent. He says he has never known it to fail or do harm, and therefore, seeks nothing better. I find that Dr. C. is considered one of the safest and most judicious surgeons of this city, though he resorts to no indelicate means to have his name blazoned before the public.

I have visited none of the other hospitals yet; though I intend to go to Bellevue and the Quarantine before I leave.

I attended a meeting of the medical and surgical society or club at the house of Dr. Macready, where I met some very clever gentlemen and heard some interesting cases discussed. A few such clubs organized in our own city would doubtless be attended with happy results.

The delegates to the American Medical Association left here on yesterday. Dr. Warren, and others from New York had passed on their way previously. The meeting will doubtless be well attended, and I deeply regret that I cannot be there. I have met with unexpected delay in the publication of my *Southern Medical Reports*, but the work is now fairly under way and I hope to present it to you by the 1st of June.

You will have learned that Prof. S. H. Dickson has withdrawn from the University Medical School and will return to Charleston. This movement is deeply regretted by the leading physicians of New York. I am pleased to find that Prof. D. commands the respect and esteem of the Profession here in an eminent degree. He is certainly one of the most elegant and accomplished gentlemen I have ever had the happiness to meet. He will doubtless be heartily welcomed to the scene of his former labors.

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## II.—Natches; its population; its health; its mortality; Marine Hospital, etc.

NATCHEZ, June 15th, 1850.

To the Editor of the *New Orleans Med. and Surg. Jour.*

DEAR SIR:—Perhaps you will regard it with favor, should I attempt to make a few desultory remarks, upon medical matters, state of health, list of mortality, &c., in this city.

In February and March there were strong cholera symptoms prevalent; the enteric diseases partaking strongly of that disease. Some sporadic cases occurred here. Sundry cases were discharged from river craft in all stages of the disease. A flatboat, containing a company of



emigrants in great want and destitution, stopped at this place in February, and remained two weeks; epidemic cholera broke out among them, nearly one-fourth of the whole number died. The disease was not communicated to the sisters and those who repaired to their relief, in not a single instance. You will also perceive by the table of deaths at the hospital quite a number of cholera cases are reported, and supposing the usual average of cases existing in the institution recovered, and the disease was not communicated in a single instance to the attendants or inmates, is it not proof, conclusive the disease is not contagious, if proof upon this point is necessary. Since the above date, say 1st April, disenteric affections have been common, in fact the leading disease, and of an entirely different set of symptoms from the choleric diarrhœas of the previous months. During the past month we have had cholera morbus cases, as they are familiarly called, all owing to excesses, or improper management; both classes of the enteric diseases have yielded to treatment and perhaps the mortality of the city never was less, during a corresponding period of the year.

Measles are now prevailing all over the city to a limited extent; owing probably to the want of material, as it is only two or three years since they passed through this population, leaving at this time only the new comers liable to an attack. They are of a mild character, for the most part; pulmonic and disenteric complications are common. The head and nervous system is not seriously affected by it; its course is generally regular, but little treatment required, only to attend to the pulmonic and enteric complications.

The members of the profession are moving along harmoniously, in their appropriate spheres; a fraternal feeling exists among them generally and they are enjoying the confidence and esteem of the community. Homeopathy has possession of some minds and is backed by two practitioners. "*The little doses are charming things.*" Thompsonian quackery is dead, the last requiem sung; eclecticism is slightly in vogue. Biology arrived soon after it left your city, from whence it came—it made great pretensions, done nothing but fleece the pockets of the unfortunates and departed; so now it is an obsolete idea, numbered with the things that have been.

The United States Marine Hospital, is progressing rapidly towards completion. It is a magnificent structure, containing twenty-four wards, with every convenient appurtenance. It is well built, of handsome proportions and of great architectural beauty. The site is one of the best in the whole country, commanding a fine view of the river, lake Concordia, the city of Natchez, and an extent of country only bounded by the horizon. Doct. L. P. Blackburn of this city, is the medical appointee to this splendid establishment.

From one of the prints of this city, (Free Trader,) I have taken most of the statistics below as compiled from the Sexton's records of deaths for the year 1849. This record is defective in many particulars. The law does not compel colored persons to be reported, or the disease of which they died, age, nor the name of the attending physician. Thus, there may be, and probably were, more cases of death from cholera and consumption, chronic disease, than the table shows. I have put down the first two diseases, for two reasons: one to show the more contagious-

ness of cholera and the other, that consumption is rapidly on the increase.  
*Table showing the number of deaths and their causes in the city of Natchez for the year 1849.*

1849.	Whites.	Children.	White Colored.	Strangers.	Deaths. in Hospital.	*Of Cholera	*Of Consumption.	Chronic Diseases.	Total deaths each month
January, : : :	3	3	6	11	6	3	3	10	23
February, : : :	2	3	2	4	3	2	1	4	11
March, : : :	4	1	12	6	5	3		2	23
April, : : :	2	1	7	3	1			3	13
May, : : :	3	3	5	4	2	2	1	4	15
June, : : :	2	4	6	5	5	6	1	3	17
July, : : :	1	3	4	4	1	1	1	3	12
August, : : :	3	1	1	2	1		1	3	7
September. : : :	5	1	6	8	3		2	6	20
October, : : :	2	3	4	9	5		1	4	18
November, : : :	6	2	3	4	5		1	9	15
December, : : :	3	3	2	7	5		1	2	15
Total : : :	36	28	58	66	42	17	13	53	188

(These cases of cholera and consumption include all out of the hospital as well as in it.)

Population of the city is not accurately known; supposed from previous data and facts to be near 5000; 3000 whites and 2000 colored. This makes the ratio of deaths among the whites (excluding strangers,) near one to every forty-seven.

The ratio of deaths to numbers differs widely from this in particular classes. In the institute, (public school,) the whole number of children admitted during the year, was 555, deaths two; nearly the same ratio in the Odd Fellows and Sons of Temperance orders. When the deaths at the Hospital, being all whites, are taken from the total of whites it leaves but 88 cases, as occurring in private practice; of this number 18 are reported by the homeopathic physicians, being nearly one fifth, thus showing that death "*may occur without the aid of medicine.*"

The admissions to the State Hospital were as follows: 1st quarter, 60; 2d quarter, 38; 3d quarter, 62; 4th quarter, 96; total, 256; making the mortality as one to six. Owing to radical defects in the law regulating the vital statistics, it is impossible to make a full and satisfactory report. Yet enough can be shown to clearly prove this locality to be one among the most salubrious and healthy in the whole country.

Respectfully yours,

C. S. MAGOUN, M. D.

A. HESTER, M. D., New Orleans.

III.—*Epidemic Bloody Flux.*PRAIRIE, BLUFF, *May 17th, 1850.**To the editor of the New Orleans Med. and Surg. Journal.*

There is prevailing in the vicinity of this place, an epidemic of (bloody flux,) so called; about twenty miles south of this place it has proved very fatal. I treated the first case, on the 28th of April; I saw the patient on the 9th day—I failed to make any impression upon the disease, and it proved fatal on the 11th day. My treatment was that most usually employed in dysentery, viz: calomel, gr. ii.; pul. opii., gr. i.; ipecac, gr. iv., every two hours; gum water, ad libitum; blisters, reverllents, counter-irritation to the spinal column, mucilaginous injections, &c. I had the pleasure of making an autopsy in the case and found the *rectum* principally involved; there was in the case complete ulceration of that gut. I since have treated twenty-eight cases of the disease, and up to this time none have proved fatal; I have not time to give you the symptoms or treatment of the disease; but should you desire it, I would be pleased to lay it before the profession, through your valuable journal. Suffice it to say that the ordinary system of treatment for derangement of the alimentary canal will not do in these cases, that I have spoken of. In several instances, during the convalescence, the patients have been attacked with typhoid fever; but in a mild form. I have been practising for twelve years, but never have I met with such diseases as this bloody flux. I should be pleased had I time to relate to you the cases that are under treatment at this time; but my time will not admit. I have found more benefit from the use of crystalized nitrate of silver as injections; say gr. xv. to the ℥j. of water and internally pills, gr. iii., one every two hours, until the system is under its influence. I use kino, catechu and blue mass, if the liver is deranged; gum water, &c. I find my time will not allow further comment.

Respectfully your Obedient Servant.

A. A. J. RIDDELL, M. D.

IV.—*The late Epidemic Cholera in St. Louis.*

In the March and April number of the St. Louis Medical and Surgical Journal, we are furnished a detailed statement by Dr. McPheeters, of the ravages of cholera in that city. From this report we learn that although persons with cholera continued to arrive almost daily, by way of the river from New Orleans, many of whom died in the public hospitals, yet in no instance was the disease communicated to those individuals who waited upon these cases. The first case of the disease that originated in St. Louis, occurred on the 5th of January, 1849, in



the upper part of the town, "where he had no connection whatever with any one affected with cholera." The patient, a stout laboring man, when under an attack of diarrhœa, ate heartily of *sour krout*—was attacked in a few hours with purging and vomiting; cramps; collapse and soon thereafter died in the hospital, whither he had been removed. Soon after this death, cases began to multiply all over the city, and the disease soon became epidemic.

Dr. McPheeters tells us that as early as the months of October, November and December of 1848, *bowel affections* were unusually prevalent, so much so indeed, as to make it hazardous to administer purgative medicines, especially in the hospitals. This excessive irritability of the gastro-enteric surfaces foreshadowed the coming of cholera, and this apprehension was speedily realized as the sequel will prove.

We shall not follow up this report methodically, we shall omit that portion of it, giving a detailed statement of the progress of the cholera from the 5th of January up to the first of May.

We shall now let the author of this sad history speak for himself:

"The first week in May showed a fearful increase in the progress of the disease, there being 78 deaths from cholera, with a total from all diseases of 135. Still the mortality was principally confined to the lower classes, and to the unacclimated immigrants coming among us in great numbers. This state of things, however, did not continue long, for the very next week revealed the astounding result of 193 deaths of cholera and 273 from all diseases. The panic at this time, among all classes of our citizens, was at its height; not even afterwards, when the daily mortality reached 145, was it even greater. At this juncture (May 17th) the great fire occurred, and for two weeks immediately following it, there was a perceptible decrease in the number of deaths. From 193 for the week preceding the fire, it was reduced to 128 the first, and 118 the second week thereafter. This circumstance, which was, probably, only a coincidence, or one of those variations which frequently occur during the prevalence of an epidemic, was attributed to the influence of the fire in purifying the atmosphere, and it was confidently believed by many that the disease would thenceforward decline. The sequel shows how little foundation there really was for this opinion. By making a powerful impression on the minds of the people, and for a time diverting their attention from the all-absorbing subject of cholera, the great fire may have influenced the disease in temporarily suspending one of the chief exciting causes, to-wit: fear, but in no other way that I can perceive. The summing up for the month of May shows an aggregate of 786 deaths, and of these 517 were of cholera—showing an increase of 386.

"The first week in June, there were 74 deaths of cholera, and in all, 144. During the second week, 139 of cholera, and 283 in all.

"At this period, the increase in the mortality was so great, that it now became necessary, in order to convey a just idea of the progress of the epidemic, to give the daily, as well as the weekly mortality.

"From the details already given, and particularly from those which are to follow, it will be seen that the number of deaths from other dis-

eases, besides cholera, is unusually great. This greatly increased mortality attributed to other diseases, is, unquestionably, owing to the all-prevailing cholera influence.

“During the months of June and July, and, to some extent, throughout the epidemic, such was the almost irresistible tendency to death, that comparatively slight affections, which, under ordinary circumstances, and during other seasons, would have yielded readily to treatment, now became serious in their character, and not unfrequently ran on rapidly to a fatal termination. Besides, in the weekly reports of deaths during the year, 432 are returned as occurring from “unknown” diseases.

Nine-tenths of these, it is fair to presume, died from cholera, and were buried without regular certificates from physicians and consequently were reported by the Sextons as “unknown.” It is manifest, therefore, that this enormous mortality (4,046) from diseases other than cholera, is, in a very great measure, to be attributed to the baneful influence of the epidemic.

The following tables exhibit the daily mortality from June the 12th to July 30th, inclusive :

	Deaths from Cholera.	Other Diseases.	Total.
On Tuesday, June 12th, there were	47	12	59
Wednesday, “ 13th, “ “	65	18	83
Thursday, “ 14th, “ “	58	10	68
Friday, “ 15th, “ “	62	12	74
Saturday, “ 16th, “ “	61	13	74
Sunday “ 17th, “ “	69	16	85
Monday, “ 18th, “ “	64	15	79

making an aggregate for the week of 426 from cholera, 96 from other diseases, and 521 in all.

	Deaths from Cholera.	Other diseases.	Total.
On Tuesday, June 19th, there were	74	16	90
Wednesday, “ 20th, “ “	67	35	102
Thursday, “ 21st, “ “	85	10	95
Friday, “ 22d, “ “	95	25	120
Saturday, “ 23d, “ “	98	27	125
Sunday, “ 24th, “ “	118	21	139
Monday, “ 25th, “ “	99	28	127

being for the week 636 from cholera, 162 from other diseases, in all 798. We here see a rapid increase within the last two weeks from 47 to 118 deaths a day from cholera.

	Deaths from Cholera.	Other Diseases.	Total.
On Tuesday, June 26th, there were	94	20	114
Wednesday, “ 27th, “ “	115	25	140
Thursday, “ 28th, “ “	123	32	155
Friday, “ 29th, “ “	119	43	162
Saturday, “ 30th, “ “	83	39	122
Sunday, July 1st, “ “	100	25	125
Monday “ 2nd, “ “	105	28	133

This week presents the largest aggregate mortality during the whole year, there being 739 deaths from cholera and 212 from other diseases, in all 951, though the most fatal days yet remain to be mentioned.

		Deaths from Cholera.	Other Diseases.	Total.
On Tuesday	July 3d, there were	103	- - - 28	- - - 131
Wednesday,	" 4th, " "	108	- - - 29	- - - 139
Thursday,	" 5th, " "	98	- - - 28	- - - 121
Friday,	" 6th, " "	81	- - - 27	- - - 108
Saturday,	" 7th, " "	89	- - - 34	- - - 123
Sunday,	" 8th, " "	80	- - - 27	- - - 107
Monday,	" 9th, " "	101	- - - 24	- - - 125

making 654 deaths from cholera during the week, and 197 from other diseases, in all 851.

		Deaths from Cholera.	Other Diseases.	Total.
On Tuesday,	July 10th, there were	145	- - - 39	- - - 184
Wednesday,	" 11th, " "	124	- - - 33	- - - 157
Thursday,	" 12th, " "	105	- - - 31	- - - 134
Friday,	" 13th, " "	87	- - - 13	- - - 100
Saturday,	" 14th, " "	89	- - - 42	- - - 131
Sunday,	" 15th, " "	58	- - - 34	- - - 92
Monday,	" 16th, " "	61	- - - 27	- - - 88

Tuesday and Wednesday of this week were the most terrible days of the whole year. On the previous Saturday and Sunday, there were heavy rains; on Monday the sun came out with great power, and the number of interments on Monday were the fearful consequences of the combined heat and moisture. Monday and Monday night, July 9th, will long be remembered by the citizens of St. Louis. But having once reached its height, the disease began rapidly to decline. Whole number of deaths from cholera during the week 669, and from other diseases 219—in all 888.

		Deaths from Cholera.	Other Diseases.	Total.
On Tuesday,	July 17th, there were	61	- - - 23	- - - 84
Wednesday,	" 18th, " "	50	- - - 34	- - - 84
Thursday,	" 19th, " "	36	- - - 30	- - - 66
Friday,	" 20th, " "	37	- - - 29	- - - 66
Saturday,	" 21st, " "	33	- - - 20	- - - 53
Sunday,	" 22d, " "	21	- - - 13	- - - 34
Monday,	" 23d, " "	31	- - - 22	- - - 53

Total from cholera for the week, 269, and from other diseases 171, in all, 440. This exhibits a manifest improvement.

		Deaths from Cholera-	Other Diseases.	Total.
On Tuesday,	July 24th, there were	19	- - - 16	- - - 35
Wednesday,	" 25th, " "	22	- - - 26	- - - 48
Thursday,	" 26th, " "	14	- - - 15	- - - 29
Friday,	" 27th, " "	10	- - - 16	- - - 26
Saturday,	" 28th, " "	11	- - - 15	- - - 26
Sunday,	" 29th, " "	9	- - - 18	- - - 29
Monday,	" 30th, " "	15	- - - 25	- - - 40

Total from cholera for the week, 100, from other diseases, 131, in all 231.

"From the data here furnished, which have been carefully revised, it



appears that the whole number of deaths from the cholera during the year was 4,557—from other diseases, 4,046—making in all, 8,603. As frightful as this array of figures may seem, they do not tell the whole story, as it is well known that scores, and even hundreds, were taken to the country and across the river, or otherwise secretly buried, without having been reported to the Register.

At the commencement of the epidemic, our city contained a population of near 70,000, but this number was reduced to about 50,000 by July, so that the greatest mortality occurred at a time when the number of inhabitants was greatly diminished.

The following table exhibits the whole number of deaths from all diseases during each month of the year 1849—the number from cholera, and also the proportion of children of 5 years and under.

Whole number of persons in

January,	-	276	—from Cholera,	38	—5 years and under—	97
February,	-	241	“	“	20	“
March,	-	294	“	“	68	“
April,	-	456	“	“	131	“
May,	-	786	“	“	517	“
June,	-	2,440	“	“	1,799	“
July,	-	2,668	“	“	1,895	“
August,	-	436	“	“	62	“
September,	-	305	“	“	13	“
October,	-	310	“	“	5	“
November,	-	189	“	“	2	“
December,	-	202	“	“	5	“
Total, . . . .		8,603		4,557		2,173

“ The infantile mortality, as exhibited by the above table, while it is fearfully great, (2,173,) yet, as compared with the whole number of deaths, is smaller than usual, being less than *one-fourth* of the whole number. Yet, of these 2,173 deaths among children, only 526 are reported as having taken place from cholera, from which fact it appears, that while no age, sex or condition are exempt from the ravages of this ruthless disease, it at least showed some respect to the tender age of infancy.

#### V.—American Medical Association.

The following resolution, appended to the report of the *Committee on Medical Literature*, was adopted by the Association at the meeting at Cincinnati in May last.

*Resolved*, That the sum of ONE HUNDRED DOLLARS, raised by voluntary contribution, be offered by this Association for the best *experimental essay*

on a subject connected either with **PHYSIOLOGY**, or **MEDICAL CHEMISTRY**, and that a committee of seven be appointed to carry out the objects of this resolution: Said committee to receive the competing memoirs until the first day of March 1850; the authors' names to be concealed from the committee; and the name of the successful competitor alone to be announced after the publication of the decision.

Dr. Francis G. Smith, Philada., Chairman.

Dr. Alfred Stille, Philadelphia,      Dr. James Moultrie, Charleston, S. C.  
 " Franklin Bache,      " Robert Bridges; Phila.  
 " L. P. Yandell, Louisville. Ky.,      " Washington L. Atlee, Philada.

In accordance with the above resolution, the chairman gives notice that the sum of *one hundred dollars* is secured and will be paid over to the successful competitor, or, if preferred, a gold medal of equal value bearing a suitable inscription.

The competing memoirs must be transmitted to the chairman, free of expense, and should be designated by some appropriate motto; the author's name accompanying it in a sealed packet, designated in like manner. The successful essay will become the property of the Association, and in case of sufficient merit is offered, the time will be extended for another year.

After the decision of the committee, the sealed packet containing the author's name will be opened in the presence of the Association.

Medical Journals throughout the country are requested to give publicity to the above notice and to aid in furthering the wishes of the Association in this respect.

FRANCIS G. SMITH, M. D., Philada., *Chairman.*

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*Assimilated Rank in the Navy.*

At the annual meeting of the Medical Society of New Jersey, held at New Brunswick, May 14th, 1850, the following preamble and resolutions were adopted, viz:

Whereas, it is a manifest duty, that organized medical bodies should exercise a proper influence for the protection of the rights of such regular members of the profession as are necessarily detached from the great body of their brethren; and, whereas, many of the medical officers included in the military organizations of the country, are placed in this condition; and whereas, we have heard with regret, that there is a disposition on the part of a portion of the naval service, to deprive medical men connected with that Department, of the benefits arising from an assimilated rank, conferred by a general order of a late Secretary of the Navy. Therefore be it

*Resolved*, That the "New Jersey State Medical Society" regards with much pleasure the successful efforts of the "Navy Boards," in raising the standard of literary and Medical and Medical knowledge, for an admission to their ranks.

*Resolved*, That this Society is also much pleased to learn, that in their system of examinations the *Diploma* of the schools (which are now but too easily obtained) are wholly disregarded; and that the moral character of the candidate, and his scientific and professional attainments, are his only passports to the medical corps of the navy.

*Resolved*, That this Society cannot look with indifference on any attempt to depress or degrade a whole class of public men, belonging to a liberal profession, and so indispensable in the proper organization of the navy of their country.

*Resolved*, That as a well defined "Assimilated Rank," has been assigned medical officers of the army, by an act of Congress, dated Feb. 11th,

1847, this Society cannot believe, that an invidious distinction will be made, between the *medical departments* of the public service; but, that the National Legislature will protect the surgeons and assistant surgeons in their just claims to a *nominal rank*, or a *social position*, as respectable among the other grades of the Navy, as the *medical staff* of the Army now enjoy *by law*, in relation to their *brethren of the Line*, in that service.

*Resolved*, That a copy of these resolutions be forwarded to the Secretary of the Navy, through the Chief of the Medical Department; and also that a copy be forwarded to the chairman of the Naval Committee, in each house of Congress.

W. PIERSON, M. D., Rec. Sec. of Med. Soc., New Jersey.  
New Brunswick, N. J., May 14th, 1850.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION,  
At the third Annual Meeting, held at Cincinnati, May, 1850.

The Association met in the "College Hall," May 7th, at 10 1-2, A. M.  
The President, Dr. Warren, in the Chair.

Dr. Strader, on behalf of the Committee of Arrangements, read a list of the delegates who had registered their names. About three hundred delegates were present.

The President delivered an address.

On motion of Dr. Watson, of N. Y., the Constitution was read.

The rules being suspended, Dr. Watson moved that Drs. Drakes, Rives, Lawson, Dodge, Strader and Richards, members of the Committee of Arrangements appointed in 1849, but not belonging to the Association, be elected permanent members.

On motion of Dr. Stille, the name of Dr. C. C. Caldwell, of Louisville, was added to the number, and the whole elected by an unanimous vote.

An invitation was presented from the "Mercantile Library," offering to the Association the use of its reading room, for which, and for all similar invitations, the thanks of the Association were, on motion of Dr. Phelps, directed to be tendered.

On motion of Dr. Phelps, it was *resolved*, that the afternoon session of the day commence at 4 P. M.

The names of delegates first recorded on the list of the several States were then read, on motion of Dr. Watson, and the gentlemen requested to call their colleagues together, for the purpose of constituting a nominating committee. Adjourned.

*Afternoon Session.*

The President in the Chair.

The Committee of Arrangements reported the names of persons recommended by various delegates as members by invitation.

Dr. White, of N. Y., moved that the subject be referred to a special committee of five, who should report, at the morning session, the names of all who ought to be elected by the Association; which was agreed to, and the following committee appointed:

Drs. Ware, of Mass., Johnson, of Miss., Dowler, of La., Parrish, of Pa., Flint, of N. Y.

The Committee of Arrangements presented an invitation to the Association from the Western Art Union to visit their rooms.

The names of delegates arrived since the morning report were read by the committee.

The Secretary read a letter, addressed by the Secretary of the Smiths-



nian Institute to the President of the Association, relative to the registration of diseases, &c., through the United States, and offering, in behalf of the Smithsonian Institute, a room in its building as a place of meeting for the Association.

On motion of Dr. Phelps, of N. Y., that portion of the letter having reference to the annual meeting, was referred to the nominating committee.

On motion of Dr. Knight, of Conn., that part bearing upon registration was referred to the committee on hygiene.

The Secretary asked and obtained leave to present the reports of the publishing committee and of the Treasurer.

They were accepted, and referred to the Committee on Publication, and the resolutions appended to the report of the Committee on Publication were adopted, as follows:

*Resolved*, That the assessment for the present year be *three dollars*.

*Resolved*, That those delegates who pay the assessment shall be entitled to one copy of the Transactions of the present year; and that the payment of two dollars, in addition, shall entitle them to two additional copies.

*Resolved*, That permanent members shall be entitled to one copy of the Transactions of the present year, on the payment of two dollars, and three copies on the payment of five dollars.

*Resolved*, That Societies which are represented at this meeting shall be entitled to copies for their members on the same terms that such copies are furnished to permanent members.

*Resolved*, That permanent members, unless present at the meeting as delegates, shall not be subject to any assessment.

*Resolved*, That any delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

*Resolved*, That the several committees be requested to bring their reports correctly and legibly transcribed; and that they be required to hand them to the Secretaries as soon as they have been read.

On motion of Dr. Martin, of Indiana, the Committee of Arrangements were requested to procure another room for the meetings of the Association.

On motion of Dr. Parrish, of Pa., the report of the Committee on Medical Education was made the order of the day for the next morning.

The Secretary presented and read a part of the report on Hygiene.

Dr. Phelps moved the reference of the report to the committee on Publication.

Dr. Lawson, of Ohio, moved that it be laid on the table, for the further consideration of the meeting.

The amendment was negatived, and Dr. Phelps' motion was then adopted.

A communication from Dr. Fenner, of La., was received, accompanied by a portion of a work, now in the course of publication, upon the Meteorology, medical topography, and Diseases of the Southern States, and asking the co-operation of the Association.

The subject was laid upon the table, in consequence of the entrance of the Nominating Committee, prepared to report the names of the officers of the Association.

The Committee, consisting of one from each State, reported the following as Officers of the Association:

*President*.—R. D. Mussey, M. D., Ohio.

*Vice Presidents*.—J. B. Johnson, Missouri, A. Lopez, Alabama, Daniel Brainard, Illinois, G. W. Norris, Pennsylvania.

*Secretaries*.—Alfred Stille, Pennsylvania, H. W. De Saussure, South Carolina.

*Treasurer*.—Isaac Hays, Pennsylvania.

The report was accepted, and Dr. Smith, of N. J., moved that the officers thus nominated be the officers of the Association for the ensuing year.

After some discussion by Drs. Storer, of Mass, Yandell, of Ky., McNally, of Ohio, White and Watson, of N. Y.

Dr. Holt moved the previous question, which was sustained, and

Dr. Smith's resolution was adopted.

On motion of Dr. Roberts, of Md., the Association then adjourned until 9 A. M., May 8.

*May 8th. Morning Session.*

Dr. Warren in the Chair.

The minutes of the previous meeting were read and approved.

The Committee of Arrangements reported the names of delegates arrived since the previous report.

The following resolutions, offered by Dr. Bowditch, of Mass., were then unanimously adopted.

*Resolved*, That the American Medical Association has learned with deep regret of the death of Prof. Harrison, their late Vice President, and they hereby wish to express their high sense of the virtues, talents and professional merit of their distinguished associate.

*Resolved*, That in dying, as he did, while engaged in ministering to the wants, and relieving the sufferings of his fellow citizens, this Association recognized in him a noble example of professional self-sacrifice.

*Resolved*, That the warmest sympathies of this Association are hereby most respectfully tendered to the family of their honored and deceased associate.

On motion of Dr. Stille, it was

*Resolved*, That a properly authenticated copy of the resolutions be transmitted to the family of Dr. Harrison.

Dr. Blackburn, of Ky., moved that a committee of three be appointed by the Chair to introduce the newly elected officers, and to conduct the President elect to the Chair.

The Chair appointed Drs. Knight, of Conn., Corbin of Va., and Blackburn, of Ky.

The President elect having been introduced by the Committee, was presented to the Association by the President. Dr. Mussey then returned his thanks to the Association for the honor conferred upon him.

On motion of Dr. Corbin, of Va., the late President and Vice Presidents were invited to take their seats upon the platform.

The following resolution, introduced by Dr. Kerfoot, of Pa., was unanimously adopted:

*Resolved*, That the thanks of the Association be tendered to the late officers, for their very gentlemanly, courteous and efficient manner of conducting the business of the Association.

Dr. Stille moved a suspension of the rules, for the purpose of hearing the report of the Committee on members by invitation.

Dr. Ware, chairman of the committee, made a report, concluding with the following resolutions:

*Resolved*, That all those gentlemen who have been nominated to the Association be admitted as members by invitation.

*Resolved*, That, at the next meeting of the Association, a committee shall be appointed, at an early period of the session, to whom shall be presented all nominations of members by invitation, who shall report such of them for admission as shall appear, according to liberal interpretation of the Constitution, to have a claim to this privilege.

Dr. White, of N. Y., moved the adoption of the resolutions; but on motion of Dr. Rives, of Ohio, the resolutions were considered separately, and the first was adopted. The second, after much discussion, was, on motion of Dr. Palmer, of Michigan, indefinitely postponed.

Dr. Hocker, of Conn., offered the following:

*Resolved*, That the section in the Constitution relating to members by invitation be repealed.

This lies over, according to rule, until the next meeting of the Association.

Dr. Evans, of Ky., also offered a resolution of the same purport.

The President announced the report of the Committee on Education as the order of business of the day.

Dr. Watson asked a suspension of the rules, for the purpose of bringing before the Association the communication of Dr. Fenner, of N. O., which was refused.

Dr. Blatchford, of N. Y., presented the report of the Committee on Education, which he requested might be read by the Secretary, as the chairman of the Committee was absent. The Secretary read the report.

Dr. Blatchford offered the following resolutions, prefacing them with the remarks that although a member of the Committee, he had not seen the report, until late on the preceding evening, and that he dissented altogether from the opinions it expressed.

*Whereas*, This Association has learned through its several committees, appointed from year to year to examine into the state of medical education in our country, that many of the medical colleges invested by law with the power of granting degrees, still continue a system of instruction which we cannot regard as defective both in the time allotted to the delivery of lectures, in the attention paid to practical anatomy, in the facilities afforded for clinical instruction, and in the low standard of the requirements for a degree, therefore,

*Resolved*, That this Association reiterates its former recommendations upon these points, and would urge upon the medical colleges to continue their efforts to elevate the standard of medical education, by adopting such changes in their courses of instruction as shall satisfy the just and reasonable desires of the profession.

*Resolved*, That the thanks of the American Medical Association are due to the faculties of the *University of Pennsylvania*, and of the *College of Physicians and Surgeons of New York*, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association for the improvement of Medical Education.

Dr. Roberts of Md., also a member of the committee, had never seen the report until the preceding evening, and did not entirely approve of it.

Dr. Stille wished to correct a statement made in the report, "That none of the Colleges of Pharmacy in the Atlantic cities seem to be in active operation." Dr. Stille called attention to the fact that the Colleges of Pharmacy of New York and Philadelphia were in active operation; and had shown their activity, amongst other ways, by taking an efficient part in procuring the passage of the law to prevent the importation of spurious and adulterated drugs. Dr. Isaac Wood, of N. Y., also desired to say that the College of Pharmacy of New York was in active and efficient operation.

Dr. Parrish, of Pa., expressed himself at length in opposition to the doctrine of the report, but moved that it should take the usual course, and be referred to the Committee on Publication.

Dr. Annan, of Ky., moved to amend by referring the report and the resolutions of Dr. Blatchford to a Select Committee, of which Dr. Parrish should be Chairman.



After much discussion, Dr. Stille offered the following as an amendment, which was adopted :

*Resolved*, That the report of the Chairman of the Committee on Medical Education be re-committed for correction as to matters of fact, and then handed to the Committee of Publication.

*Resolved*, That the resolutions of Dr. Blatchford be made the special order for the meeting of this afternoon.

On motion of Dr. Knight, of Ct., it was

*Resolved*, That the committee appointed to nominate the officers of the Association be continued, and that they be directed to nominate the several Standing Committees of the Association for the ensuing year, and also to designate the place of the next meeting of the Association.

Dr. Reyburn, of Mo., on behalf of the Medical Society of the State of Missouri, tendered an invitation from said Society to the National Medical Association to meet in St. Louis after the next annual meeting.

The Chairman of the Committee of Arrangements informed the Association that they were unable to obtain the permanent use of the only other Hall suitable for its meetings. On motion of Dr. Roberts, of Md., the Association continued to meet in the present Hall.

Adjourned to half-past 3 P. M.

#### *Afternoon Session.*

Dr. Johnson, Vice President, in the Chair.

The discussion of Dr. Blatchford's resolutions was resumed, and Dr. Miller, of Ky., moved to amend the first by inserting after the word "efforts," "and the lay members of the profession who take office students to begin their efforts," which was accepted by Dr. Blatchford.

Before coming to a vote, the Association adjourned to 9 A. M., of Thursday.

#### *May 9th.—Morning Session.*

Dr. Johnson, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

The Chairman of the Committee of Arrangements offered the following:

*Resolved*, That no member shall speak at one time longer than fifteen minutes, nor on any motion more than twice, without permission of the Association, which was adopted, after having been amended by changing the word "fifteen" to "ten."

The Secretary read a letter from the Dean of Cleveland Medical College regretting the inability of their delegates to attend the meeting of the Association.

Letters of invitation were received from the Steward of the *Commercial Hospital of Ohio*, and Prof. C. M. Mitchell, of the Observatory, to the members of the Association, to visit their respective institutions. On motion of Dr. Eve, of Ga., it was *resolved*, That half-past 2 o'clock, P. M., be the hour at which the Association will attend at the Observatory; and on motion of Dr. McPheeters, that in order to give the members time to visit the Observatory, when the Association adjourns, it does not meet until 4 P. M.

The President announced the resolutions of Dr. Blatchford, amended by Dr. Miller, of Ky., as the first business in order.

Dr. Eve, of Ga., moved that the resolutions be indefinitely postponed, which was not adopted.

After much discussion, the previous question was moved by Dr. Edwards, and carried.

A motion for a consideration having been made, was carried, and the

resolutions being again open for discussion, it was moved by Dr. J. R. Wood, of N. Y., that the Association go into Committee of the Whole, with Dr. Knight, of Ct., in the Chair. This resolution being adopted, Dr. Knight took the Chair.

When the Committee rose to report, on motion of Dr. Lopez, the rules were suspended, in order to enable him to make an explanation and read a protest on behalf of the delegates of the State of Alabama, against certain statements made in the report of the Committee on Education in 1849, and published in the volume of Transactions of that year; the protest concluding with the following resolution:

*Whereas*, The 3d section of the report on Medical Education, entitled "Legal requirements exacted of medical practitioners in the several States of the Union," being discordant with the laws of the State of Alabama, now existing and in force from 1823, unrepealed; and now especially at variance with a strict sense of justice and respect to the medical faculty of that State in their professional relations and public standing.

*Resolved*, That the foregoing protest be entered upon the minutes of this present Convention, and entered on its published proceedings.

On motion of Dr. Cox, the protest was accepted, and referred to the Committee of Publication.

Dr. Lopex, 2d Vice President, then took the Chair, and the Chairman of the Committee of the Whole reported that they had had under consideration the preamble and resolutions of Dr. Blatchford, and certain other resolutions herewith submitted, proposed by Drs. Lawson and Drake, of Ohio. Theobald, of Md. and Gross, of Ky., which were recommended by resolution of Dr. Flint, of N. Y., to be referred to the Standing Committee for 1851; and that they afterwards adopted the accompanying resolution of Dr. Morris, of Pa., offered as a substitute for the above.

On motion, the report of the committee was adopted.

Amendment offered by Dr. Lawson, of Ohio:

*Resolved*, That this Association earnestly recommends to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men into offices as students, that they are of good moral character and that they have acquired a good English education.

*Resolved*, That all medical colleges be advised to require of their students to exhibit evidence of a good English education prior to graduation.

*Resolved*, That medical colleges be advised to extend their lecture term to at least five months.

*Resolved*, That medical colleges be most earnestly requested to elevate the standard for graduation, and that no candidate be permitted to receive a degree who does not evince a thorough knowledge of the elements of medical science.

*Resolved*, That the schools which fail to comply with these resolutions, be refused a representative in this Association.

Amendment offered by Dr. Drake.

*Resolved*, That the medical schools of the United States should require pupils to remain till the end of the session, whatever may be its length, except when permission may be given to depart.

Amendment offered by Dr. Theobald, of Maryland:

*Resolved*, That those medical schools in the United States which have laws requiring a student to be 21 years of age, and to study medicine three years, before he is eligible to the degree of M. D., be requested to enforce said laws; and that those which have no such laws, enact them.

Amendment offered by Dr. Gross, of Kentucky:

*Resolved*, That the resolution be so far amended as to strike out the

words, "of the University of Pennsylvania and the College of Physicians and Surgeons of New York."

Resolution offered by Dr. Morris, of Pa., as a substitute, passed in Committee of the Whole, reported to the Association and adopted by it:

*Resolved*, That the recommendation of this Association at its former meetings in regard to medical education, be affirmed, and that private preceptors be still urged to receive into their offices only those duly qualified by previous education to engage in the study of medicine.

On motion of Dr. Flint, the report of the Committee on Practical Medicine was made the special order of business for the afternoon session.

Adjourned to meet at 4 P. M.

#### Afternoon Session.

Dr. Lopez, Vice President in the Chair.

The Association met at 4 P. M.

On motion of Dr. Stille, the report of the Standing Committee on Surgery was made the order of the day for Friday, at 9 A. M., and certain resolutions proposed by Dr. Caldwell, the next succeeding business.

Dr. Drake announced that a case of samples of Tilden & Co.'s inspissated extracts had been presented to the Association, and that they were ready to be distributed amongst the members.

Dr. Morris, of Philadelphia, asked leave to correct an important clerical error in the resolution offered by him at the morning session in Committee of the Whole, and subsequently adopted by the Association, and that where the word *preliminary* occurs therein, the word *medical* be substituted for it. Leave was granted.

Dr. Flint, of N. Y., offered the following resolution, which was lost.

*Resolved*, That a popular address, on some medical subject, shall be annually delivered during the session of this Association, before the citizens of the place in which it shall meet, and that the Nominating Committee shall nominate some member of the Association for this purpose, with an alternate in case of his failure.

Dr. Watson, of New York, presented the following resolution, which was adopted.

*Resolved*, That Dr. Fenner's projected annual publication on the Diseases and Statistics of the Southern portion of the United States, meets with the cordial approbation of the American Medical Association, and is worthy of the active support and co-operation of the profession.

Dr. J. K. Mitchell, of Phila., presented and read the report of the Standing Committee on Practical Medicine, which was on motion received and referred to the Committee on Publication.

The following list of nominations was presented by the Nominating Committee:

#### Medical Sciences.

Dr. Bennet Dowler, of New Orleans, Chairman.

- |                           |                             |
|---------------------------|-----------------------------|
| Dr. Fenner, N. O.         | Dr. F. G. Smith, Philada.   |
| " Upshur, Petersburg, Va. | " Carr, Canandaigua, N. Y.  |
| " Johnson, Marion, Ala.   | " Meers, Indianapolis, Ind. |

#### Practical Medicine.

Dr. Austin Flint, Buffalo, N. Y., Chairman.

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|----------------------------------|---------------------------------|
| Dr. Conger, Buffalo, N. Y.       | Dr. G. L. Corbin, York Co., Va. |
| " R. H. Davis, Baltimore, Md.    | " J. McNaughton, Albany, N. Y.  |
| " W. A. Norwood, Hillsboro' N.C. | " R. Haymond, Brookville, Ind.  |

#### Surgery.

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|------------------------|----------------------------------|
| Dr. J. N. Simmons, Ga. | Dr. S. D. Gross, Louisville, Ky. |
| " John Watson, N. Y.   | " C. A. Pope, St. Louis, Mo.     |
| " H. H. McGuire, Va.   | " A. B. Palmer, Tecumseh, Mich.  |



*Obstetrics.*

Dr. H. Storer, Boston, Chairman.

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|------------------------------|--------------------------------|
| Dr. Reynolds, Boston,        | Dr. S. Thompson, Albion, Ill.  |
| " H. Miller, Louisville, Ky. | " Parker, Kenoska, Wisconsin,  |
| " T. M. K. Smith, Delaware.  | " A. J. Mullen, Napoleon, Ind. |

*Medical Education.*

Dr. Worthington Hooker, Norwich, Ct., Chairman.

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|-----------------------------------|----------------------------------|
| Dr. T. W. Blatchford, Troy, N. Y. | Dr. J. R. Wood, N. Y.            |
| " J. B. S. Jackson, Boston,       | " N. S. Davis, Chicago, Ill.     |
| " E. W. Theobald, Baltimore,      | " C.J. Blackburn, Covington, Ky. |

*Medical Literature.*

Dr. Thomas Reyburn, St. Louis, Chairman.

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|----------------------------------|-----------------------------------|
| Dr. W. M. McPheeters, St. Louis, | Dr. Jas. Couper, Newcastle, Del.  |
| " L. M. Lawson, Cincinnati,      | " G. Tyler, Washington, D. C.     |
| " S. Annan, Lexington, Ky.       | " N.L. Thomas, Clarksville, Tenn. |

*Committee on Publication.*

Dr. Isaac Hays, Philada., Chairman.

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|----------------------------------|---------------------------------|
| Dr. Alfred Stille, Philada.      | Dr. J. R. W. Dunbar, Baltimore, |
| " D. F. Condie, "                | " Isaac Parish, Philada.        |
| " H. W. De Saussure, Charleston, | " N. Sanborn, Henniker, N. H.   |

*Committee of Arrangements.*

Dr. H. R. Frost, Charleston, Chairman.

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|---------------------------------|-------------------------------|
| Dr. P. C. Gaillard, Charleston, | Dr. J. P. Jervey, Charleston. |
| " H. W. DeSaussure, "           | " R. Leby, "                  |
| " W. T. Wragg, "                | " D. J. Cain, "               |

The Committee also recommended that the next meeting of the Association be held at *Charleston, S. C.*

It was by Dr. Bowditch, that the whole report of the committee on nominations be received and adopted.

Dr. Lawson moved that the report lie on the table, but this motion was negated and the original motion decided in the affirmative.

Dr. Evans, of Chicago, presented a brief report from Dr. Prioleau, chairman of the Committee on Obstetrics, which was read and referred to the Committee on Publication, to be published or not, at their discretion.

Dr. Evans also presented a paper relating to a new instrument invented by him, called the *Obstetrical Extractor*, and which he exhibited to the Association, describing upon the manikin, the mode of manipulating it. The paper was referred to the same committee, and with like conditions as the last.

Dr. Drake, as Chairman of the Committee of Arrangements, introduced a paper by Dr. S. Davis, upon the question, "Has the cerebellum any special connection with the sexual propensity or function of generation?" It was read by its author, and referred to the Committee on Publication.

Adjourned till Friday at 9 A. M.

*May 10th.---Morning Session.*

Dr. Johnson, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

Dr. Parsons, of R. I., Chairman of the Committee on Medical Sciences, presented the report of the committee, which was received and referred to the Committee on Publication without being read.

The Chair announced the report of the Committee on Surgery as the special order of business.

Dr. Breckenridge, of Ohio, moved a suspension of the rules, which was lost.

Dr. Blatchford, of N. Y., asked a suspension of the rules, to enable him to present a resolution, which was refused.

Dr. Mussey, Chairman of the Committee on Surgery, stated that he had been requested by Dr. Huston, Chairman of the Committee on Spurious and Adulterated Drugs, to be permitted to read that report first, as he was about to leave the city. On motion of Dr. Smith, of N. J., the rules were suspended in order to allow the report of the Committee on Spurious and Adulterated Drugs to be read first, to be immediately followed by the report of the Committee on Surgery.

Dr. Huston read his report, concluding with the following resolutions:

*Resolved*, That the various State and local Medical Societies be requested annually to appoint Boards of Examiners, whose duty it shall be to procure specimens of drugs from the stores within their limits for examination, and report upon the same to their respective Societies at least once a year.

*Resolved*, That the respectable druggist and apothecaries throughout the United States be requested to take active measures for suppressing the fabrication and sale of inferior and adulterated drugs; and that it is respectfully suggested to them, wherever practicable, to form themselves into Societies or Colleges, for the promotion of pharmaceutical knowledge, and general improvement in their profession.

*Resolved*, That a committee be appointed, consisting of one member from each State here represented, whose duty it shall be to collect information with regard to spurious and adulterated drugs, and report the same at the next meeting of the Association.

On motion of Dr. Stille, the report was received, and referred to the Committee on Publication, and the resolutions were adopted.

Dr. Mussey, Chairman of the Committee on Surgery, presented and read the report of the Committee, which, on motion, was received and referred to the Committee on Publication.

Dr. C. C. Caldwell, of Ky., presented the following resolutions:

*Resolved*, That a committee of — be appointed, to take into consideration, and report at the next meeting of the Association, how far the sciences of Phrenology and Mesmerism (or Animal Magnetism) are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases

*Resolved*, That a committee of — be appointed, to take into consideration the subject of Vital Organic Chemistry, and report at the next meeting of the Association, whether a branch of science justly entitled to that name exists, and if so, how far a knowledge of it can be rendered available to the welfare of man.

Dr. Stille, of Pa., offered the following resolutions as a substitute for the above. Dr. Caldwell accepted the substitution, and they were adopted.

*Resolved*. That Dr. Caldwell be requested to prepare a report, to be presented at the next meeting, showing how far, in his judgment, the sciences of Phrenology and Mesmerism are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

*Resolved*, That Dr. Caldwell be requested to take into consideration the subject of Vital Organic Chemistry, and report to the next meeting whether, in his judgment, it can be justly called a branch of science, and if so, how far a knowledge of it can be rendered available to the welfare of man.

The Committee on Nominations reported the following names as composing the Committees:

*Committee on Indigenous Medical Botany and Materia Medica.*

Dr. A. Clapp, New Albany, Indiana, Chairman.

Dr. J. M. Bigelow, Lancaster, Ohio, Dr. J. Carson, Philadelphia,  
 " G. Engelman, Mo., " N. B. Ives, New Haven, Conn.  
 " H. R. Frost, S. C. " U. Parsons, Providence, R. I

*Committee on Hygiene.*

Dr. Jas. Moultrie, Charleston, South Carolina, Chairman.

Dr. P. C. Gaillard, S. C., Dr. L. H. Anderson, Sumpterville, Ala.  
 " H. W. De Saussure, S. C. " G. Emerson, Philadelphia.  
 " D. Drake, Cincinnati, Ohio, " J. Parrish, Burlington, N. J.

On motion the report was accepted, and the nominations confirmed.

On motion, the report of the Committee on *Medical Literature* was made the special order for the afternoon session.

On motion of Dr. Yardley, it was

*Resolved*, That the Committee on Hygiene be requested to report the best plan of warming and ventilating public and private buildings.

Dr. Blatchford, of N. Y., offered the following :

*Resolved*. That a Special Committee on Pharmacy and the Adulteration of Drugs shall be appointed by the President, consisting of seven members, of whom Dr. T. O. Edwards, of Ohio, shall be Chairman, to report at our next annual meeting; and that the Special Committee on Forensic Medicine last year under Dr. Steven's resolution, be re-appointed, and that it be optional with Dr. Stevens to continue as Chairman, or to appoint a successor, which was adopted. On motion of Dr. Morris, of Pa., it was

*Resolved*, That it is with great satisfaction the members of this Association have observed the establishment of drug stores in which neither patent medicines, nostrums, nor other articles by which the artful and designing impose on the ignorant and credulous are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

Dr. Phelps, of N. Y., offered the following resolution, which was adopted.

*Whereas*, The clerical profession often, though perhaps sometimes unwarily, yield their extensive influence in the community in giving currency to quackery and quack medicines, therefore

*Resolved*, That this subject be referred to the Committee on Hygiene, to consider and report at the next annual meeting of the Association.

Dr. W. Hooker, of Ct., offered the following resolutions :

*Resolved*, That the rule in relation to nostrums and secret medicines, contained in our code of medical ethics, ought to be strictly observed by the medical profession under all circumstances.

*Resolved*, That when a physician claiming to be the inventor of a new medicine, and using the measures of the common quack in effecting its sale, manage to escape censure and punishment, and to obtain even the countenance of a portion of the profession, by revealing the composition of his medicine to such of his medical brethren as may desire it, he is guilty of a dishonorable evasion of the rule referred to, and should be so considered and treated by the whole profession.

Dr. Lawson, of Ohio, moved to amend by the addition of the following :

*Resolved*, That this Association regards it as contrary to its system of ethics for medical journals to advertise nostrums or secret remedies, although their composition may have been made known to the editor.

The resolutions and amendment were then adopted.

Adjourned to half-past 3 o'clock, P. M.

*May 10th. Afternoon Session.*

Dr. Johnson, Vice President, in the Chair.

Dr. Miller, of Kentucky, moved a suspension of the rules, and offered the following preamble and resolution, which were adopted.



*Whereas*, Clinical instruction in medicine and surgery is now generally acknowledged to be essential to the proper qualification of students for the practice of these branches of our profession, and, *whereas*, it must be admitted that clinical instruction in midwifery would be equally valuable, therefore,

*Resolved*, That the Committee on Medical Education be instructed to inquire whether any practical scheme can be devised to render instruction in midwifery more practical than it has hitherto been in the medical schools of the United States, and report at the next meeting of this Association.

The secretary presented several reports, &c., which, on motion, were made the special order immediately after the report on Medical Literature.

Dr. Stille, Chairman, presented and read the report of the Committee on Medical Literature, concluding with the following resolutions :

*Resolved*, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

*Resolved*, That in the opinion of this Association it is equally the duty and the interest of the profession to sustain its periodical literature, both by literary contributions and subscription.

*Resolved*, That since literary excellence is best developed by literary studies, the formation of medical reading clubs, after the plan set forth in the report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

*Resolved*, That the standing committee on Medical Literature be instructed to report to the Association at its next meeting, what medical work published during the year of their service, in their judgment is the most valuable, and with the consent of the Association, such work shall be formally proclaimed by the President.

*Resolved*, That the State and local societies are hereby recommended to offer pecuniary reward, or other distinction, for the best memoir founded upon original observation.

*Resolved*, That medical colleges are hereby recommended to distinguish the best inaugural thesis by a public announcement of its subject and the name of its author, and in such other manner as they may deem appropriate.

*Resolved*, That the sum of *one hundred dollars* raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution : said committee to receive the competing memoirs until the first day of March, 1851 ; the authors names to be concealed from the committee ; and the name of the successful competitor alone to be announced after the publication of the decision.

On motion the report was accepted, and referred to the committee of publication, and the resolutions were adopted.

The report and memorial of the committee on an international copyright law, ordered to be prepared at the last meeting of the Association, was read and accepted, and the memorial ordered to be signed by the officers and transmitted to Congress.

The report of the special committee, appointed to consider the measures suggested in the report on Medical Literature, for 1849, was submitted : the following resolution appended to the report was read and adopted.

*Resolved*, That in the opinion of this Association, the only legitimate means within our reach for the encouragement and maintenance of a national medical literature, is to increase the standard of preliminary and

professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to encourage the establishment of district medical libraries, and to induce every practitioner to cultivate, with care, the fields of observation and research that are within his reach.

On motion the report was accepted and referred to the committee on publication.

Dr. Gross, of Ky., offered the following preamble and resolutions which were adopted.

*Whereas*, The interests and dignity of the medical profession of the U. States, as well as a true spirit of patriotism and a love of independence demand that we should use all proper and honorable means for the establishment of a national medical literature, and, whereas, we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own, Therefore

*Resolved*, That this Association earnestly and respectfully recommends to the medical profession generally, and to the various medical schools in particular, the employment of native works as text books for their pupils, instead of the productions of foreign writers.

*Resolved*, That the editing of English works by American physicians, has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the objects contemplated in this preamble.

*Resolved*, That this Association will always hail with satisfaction the reprint, in their original and unmutilated form, of any meritorious works that may emanate from the British press.

On motion of Dr. Roberts, of Md., it was

*Resolved*, That a committee of three be appointed by the chair for the purpose of preparing for the action of the Association at its next convention, all unfinished business found upon its records.

Dr. Roberts, also offered the following, which was adopted.

*Resolved*, That all proposed alterations of the constitution be, and they hereby are, laid on the table for the present.

Dr. Drake, of Ohio, offered the following as an amendment to the constitution.

*Resolved*, That the second section of the regulations of the Association be so amended, as to require that candidates for membership, by invitation, be nominated in writing by five members: that when elected they shall enjoy all the rights of delegates, and that all permanent members shall be entitled to vote. The resolution involving an amendment to the constitution lies on the table till the next meeting.

Dr. McGuire, of Va., offered the following preamble and resolutions, which were unanimously adopted.

*Whereas*, in every properly organized community governed by military laws, every member of it should possess a recognized position; as no military organization can be efficient and complete without including a corps of competent surgeons; as the value of their services depends in a great measure upon the degree of respect accorded to them, the common interests of our country and of our profession demand that a legal position of medical men in the army and navy should be such as will secure them due consideration by their military associates, independently of a contingent courtesy; and as efforts are now being made to deprive medical officers in the navy of the relative position or assimilated rank conferred by a general order of the navy department, it concerns the honor of the whole profession to assist its members in the navy to obtain and secure an assimilated rank by law. Therefore

*Resolved*, That the American Medical Association is gratified by the legislation of Congress which has conferred military rank on medical officers of the army, as it places them on an equality with officers of the several staff departments, and thus gives them a position to which the importance and dignity of the profession they represent entitles them; and it is earnestly desired that Congress, in its present session, will extend the same privileges and immunities to medical officers in the navy.

*Resolved*, That the members of the American Medical Association will exert their influence to sustain the just pretensions of their brethren to an assimilated rank in the military organizations of the country; and they would view with feelings of deep mortification a proposition from any source to deprive the medical officers of the army of any of the privileges or powers secured to them by the act of Congress, approved 11th February, 1847, a law which confers upon them a protective or conservative rank, and enables them to discharge their duties more effectually.

*Resolved*, That the members of the American Medical Association hear with regret that several naval commanders have disregarded the general orders of the navy department, which place medical officers on an equality of rights and privileges, (except military command) with other officers in the navy; and they consider such resistance of the authority of the Secretary of the Navy an assumption which cannot be sanctioned by enlightened men of the present age, and should at once be put down by public opinion and by the authority of the government.

*Resolved*, That a definite position or assimilated rank, not inferior to that possessed by the medical staff of the army, should be assigned by law to medical officers in the navy, and therefore, that the attention of the Senate and House of Representatives of the United States be, and is hereby invited to the subject.

*Resolved*, That copies of these resolutions be transmitted to the Secretaries of War and of the Navy, through the chiefs of the medical department of each service and the presiding officer of the Senate and House of Representatives of the United States.

On motion of Dr. Bowditch, it was

*Resolved*, That the Committee on Medical Education, be requested to report, at the next annual meeting of this Association, whether in their opinion any plan can be devised whereby medical students may receive a more thorough education in practical chemistry, than they receive at present at any of the medical colleges in the Union.

The Secretary presented the report of the Committee on Indigenous Medical Botany; a report on the vital statistics of New Orleans, by Dr. Symonds; Biographical notices of deceased physicians, by Dr. Williams, all of which were referred to the Committee on Publication; and a catalogue of Indigenous Medical Botany which was referred to the Committee on Botany. Dr. Flint of N. Y., submitted the following resolution which was adopted.

*Resolved*, That the manuscript works of the late lamented Dr. Forry be referred to the Committee on Publication, to be published in connection with the Transactions of the Association provided it be deemed advisable by the committee, and consistent with the pecuniary resources of the Association.

Dr. W. L. Sutton, of Ky., nominated by Dr. Drake a permanent member, was unanimously received.

On motion of Dr. Gross, of Ky., it was

*Resolved*, That a committee be appointed to report at the next annual meeting of this Association on the propriety of recommending to the American people the importance of establishing schools of *Veterinary Medicine and Surgery*, in which the diseases of the horse, ox, dog, and



other domestic animals may be investigated, and thorough, and sufficient courses of instruction delivered to such young men as may wish to qualify themselves for the practice of the Veterinary Profession.

Dr. M. L. Kreider, of Ohio, presented a protest and resolution against the vending of spurious and adulterated drugs, from the *Fairfield County Medical Institute*, which was read by the Secretary and referred to the Special Committee, of which Dr. Edwards is Chairman.

The following resolution, submitted by Dr. Mead, of Illinois, was referred to the Committee on Medical Education.

*Resolved*, That the Committee on Medical Education be instructed to enquire into the expediency of recommending to the Colleges to abolish the rule which allows four years' practice to be received as an equivalent for attendance on one course of lectures, and to require all candidates for graduation to attend two full courses; also, the expediency of adopting a uniform rate of lecture fees, varying in amount only between the Colleges of the North and those of the South.

On motion of Dr. Stille, the President was requested to appoint the several committees called for by the resolutions adopted during the session, and not otherwise provided for.

*Committee on Pharmacy and Adulteration of Drugs, under Blatchford's Resolution.*

Dr. T. O. Edwards, Cincinnati, Chairman.

Dr. T. W. Blatchford, Troy, N. Y.      Dr. E. W. Theobald, Baltimore, Md.

“ R. M. Huston, Philadelphia,      “ H. R. Frost, Charleston, S. C.

“ H. J. Bowditch, Boston, Mass.,      “ J. B. Johnson, St. Louis.

*Committee on Prize Essays, under Dr. Stille's resolution.*

Dr. F. G. Smith, Philadelphia, Chairman.

Dr. A. Stille, Philada.

Dr. F. Bache, Philada.

“ R. Bridges, “

“ L. P. Yandell, Louisville,

“ W. L. Atlee, “

“ Jas. Moultrie, S. C.

Dr. Jennings, of Mass., offered the following resolution, which was adopted:

*Resolved*, That the thanks of the Association be tendered to the Messrs. Tilden, of New Lebanon, N. Y., for their samples of their medicinal extracts which they have presented to this Association.

Dr. Morris, of Pa., presented the following resolutions which were seconded by Dr. Yandell, of Ky., and unanimously adopted:

*Resolved*, That the thanks of this Association be tendered to the Committee of Arrangements for the careful and judicious manner in which they have provided for its accommodations, and their constant, assiduous attention to promote the convenience of its members.

*Resolved*, That we appreciate highly the hospitality and courtesy with which we have been received by the Medical Profession of Cincinnati, and assure them of the heartfelt gratitude with which we shall reflect upon the kindness they have manifested in our reception and entertainment.

*Resolved*, That the thanks of this Association be transmitted to the Board of Trustees of the Cincinnati Medical College, for the kindness with which they have placed their Hall at the service of this body.

On motion, the Association adjourned *sine die*.

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NATIONAL MEDICAL CONVENTION.

*For revising the Pharmacopœia of the United States.*

The fourth decennial convention for revising the Pharmacopœia of the United States, met at Washington, on Monday, the 6th inst. The following delegates were present in the Convention:

From the Rhode Island Medical Society, Dr. Joseph Mauran.

From the Geneva Medical College, Dr. James Bryan.

From the College of Pharmacy of the city of New York, Messrs. John Milhau and George D. Coggeshall.

From the Medical Society of New Jersey, Drs. Lewis Condict and Wm. A. Newell.

From the College of Physicians of Philadelphia, Drs. Joseph Carson, Henry Bond and Francis West.

From the University of Pennsylvania, Drs. George B. Wood, and James B. Rogers.

From the Jefferson Medical College of Philad., Dr. Franklin Bache.

From the Medical Faculty of the Pennsylvania College, Dr. H. S. Patterson.

From the Medico-Chirurgical College of Philadelphia, Dr. Clinton G. Stees.

From the Philadelphia College of Pharmacy, Messrs. D. B. Smith, Chas. Ellis and Wm. Procter, Jr.

From the Medical Society of Delaware, Drs. Isaac Jump and J. W. Thomson.

From the Medical and Chirurgical Faculty of Maryland, Drs. David Steward and Joshua I. Cohen.

From the Medical Society of the District of Columbia, Drs. J. C. Hall and Harvey Lindsly.

From the National Medical College of the District of Columbia, Drs. Joshua Riley, Thomas Miller and Edward Foreman.

From the Medical Department of the National Institute, D. C., Drs. Jas. Wynne and S. D. Gale.

From the Georgetown Medical College, Dr. F. Howard.

And from the Rush Medical College, Illinois, Dr. G. N. Fitch.

The credentials of delegates from the New Hampshire Medical Institution, the University of Buffalo, the Medical Department of Hampden Sidney College, the medical society of South Carolina, the Medical College of Ohio, the Cincinnati College of Pharmacy, the Missouri Medical Society, and the Medical Faculty of the University of Iowa, were presented by the Vice President of the Convention in 1840; but these delegates did not make their appearance during the session of the convention.

A temporary organization was effected by calling Dr. Lewis Condict, President of the Convention of 1840, to the chair, and appointing Dr. Harvey Lindsly, Secretary. A committee of five was then appointed, consisting of Dr. Bache, Dr. Mauran, Dr. Thomson, Dr. Miller and Mr. Coggeshall, to nominate the permanent officers of the convention, with instructions to name two Vice Presidents, instead of one, as had been the custom on former occasions. This committee retired, and, after a short consultation, reported the names of the following delegates, viz:

For President, Dr. George B. Wood, of Pennsylvania.

For Vice Presidents, Dr. Joseph Mauran, of Rhode Island, and Dr. D. Y. Simons of South Carolina.

For Secretary Dr. Harvey Lindsly, of the District of Columbia; and for Assistant Secretary, Dr. Edward Foreman, of the same place.

The nominations were confirmed by the convention, and the President took the chair.

In conformity with the directions of the preceding convention, the committee of Revision and Publication appointed by that body, presented a report of their proceedings, which was accepted.

The delegates of the several medical bodies represented in the Convention were then called on for contributions towards the revision of the Pharmacopœia; when reports were handed in from the delegates of the Rhode

Island Medical Society, from the College of Pharmacy of the City of New York, from the College of Physicians of Philadelphia, from the Philadelphia College of Pharmacy, and from the Medical and Chirurgical Faculty of Maryland. These reports were referred to a committee, consisting of Dr. Bond, Dr. Mauran, Dr. Cohen, Dr. Miller and Mr. Milhau, with directions to report a plan for the revision and publication of the Pharmacopœia; after which the convention adjourned to the following day.

At the next meeting, on Tuesday morning, a committee was appointed to examine the accounts and vouchers presented by the Committee of revision and publication of the preceding convention and reported that they had found them correct.

Dr. Bond, from the committee to which had been referred the reports from various medical bodies represented in the convention, reported the following resolutions:

1. That a Committee of Revision and Publication, consisting of nine members, be appointed, to which shall be referred all communications offered to the convention in relation to the revision of the Pharmacopœia and that three of this committee shall form a quorum.

2. That the committee shall meet in the city of Philadelphia, and be convened as soon as practicable by the chairman.

3. That said committee shall be authorized to publish the work after its revision, and to take all other measures which may be necessary to carry out the views and intentions of the convention.

4. That the committee shall have power to fill its own vacancies.

5. That, after the completion of its labors, the committee shall submit a report of its proceedings to the Secretary of this convention, to be laid before the next convention.

These resolutions were adopted, and the following delegates appointed on the committee, viz: Dr. Franklin Bache, Dr. Joseph Carson and Mr. Wm. Proctor, Jr. of Philada.; Dr. Joseph Mauran of Providence, R. I.; Mr. John Milhau of the city of New York; Dr. J. W. Thompson of Wilmington, Del.; Dr. David Stewart of Baltimore; Dr. Joshua Riley of the District of Columbia; and Dr. G. N. Fitch, of Logansport, Indiana.

It was resolved that the President of the convention be added to the above committee, and serve as its chairman.

In reference to the manner of calling and the mode of constituting the next decennial convention, to meet in the year 1860, it was

*Resolved*, That the regulations in reference to the present convention, adopted by that of the year 1840, and published in the last edition of the Pharmacopœia, should be adopted, with the necessary modifications in relation to the dates; the day of meeting being changed from the first Monday to the first Wednesday in May.

A letter was read inviting the members of the convention to a dinner, to be given at the National Hotel by the medical gentlemen at Washington and Georgetown. The invitation was accepted, and the thanks of the convention voted to the gentlemen referred to their hospitality.

The thanks of the convention were also unanimously voted to Dr. Lewis Condict, President of the last convention, for valuable services; and to the Board of Aldermen of the city of Washington, for their courtesy in offering their hall for the sittings of the convention.

The convention then adjourned.

After its adjournment, Dr. William B. Chapman, of the delegates from the Cincinnati College of Pharmacy, arriving in Washington, stated to the Secretary his concurrence in the proceedings of the convention.

HARVEY LINDSLEY, M. D., *Secretary of the Convention.*  
*Medical Examiner.*



VI.—*Metereological Journal for Mobile.* By STEPHEN B. NORTH

Lat. 30° 11' 24' north—Long. 10°. 57' west 43' 48' Washington.  
*Climate.*—Average mean temperature for the years 1840, '41, '42, '43, '44, '48.

January	. . . . .	57,934	July,	. . . . .	82,505
February,	. . . . .	58,448	August,	. . . . .	82,639
March,	. . . . .	62,542	September	. . . . .	80,634
April,	. . . . .	71,414	October,	. . . . .	69,677
May,	. . . . .	76,592	November,	. . . . .	62,533
June,	. . . . .	81,455	December,	. . . . .	55,841

The greatest heat July, 1841,	- - - -	94°
“ lowest cold, January, 1841,	- - - -	30°
“ greatest height of barometer, Aug. 1841,	- - - -	38.50
“ lowest, “ March, 1843,	- - - -	29.36

*Rain.*—Average quantity for the years 1841, '42, '43, '44, '45, '46, '47, '48, in inches and thousandths :

January	. . . . .	5.761	July,	. . . . .	5.557
February,	. . . . .	3.332	August,	. . . . .	6.645
March,	. . . . .	7.115	September,	. . . . .	4.218
April,	. . . . .	3.927	October	. . . . .	2.313
May,	. . . . .	2.789	November,	. . . . .	4.190
June,	. . . . .	6.387	December,	. . . . .	4.705

The largest quantity in any one year, 1843,	- - - -	82,458
“ smallest “ “ “ 1848,	- - - -	32,820
“ largest “ month, June, 1843,	- - - -	16,835
“ smallest “ month, May, 1843,	- - - -	476

In July, 1847 the amount of rain was

1st to 12th, inclusive,	- - - -	3,732
12th in 3 hours,	- - - -	5,746
12th to 31st,	- - - -	3,974 13,452

1848. The amount of rain was unprecedentedly small, although our tables indicate a greater number of rainy and clear days than usual. Greatest, March 4,255; smallest, January 1,211.

The number of rainy and clear days, which were partially or entirely so :

	CLEAR.	RAINY.
1840,	- - 159	- - 105
1841,	- - 144	- - 142
1842,	- - 141	- - 119
1843,	- - 153	- - 146
1844,	- - 159	- - 125
1848,	- - 163	- - 173

1849, January. Although we have experienced several days of severe cold—a self registering thermometer indicating 22°, a lower degree than has been experienced; yet the average of the month was less than any other year noted. February, 15th, at 7 o'clock, p. m. we were visited with a snow storm; next morning thermometer 26°; snow measur-

ed in depth four and a half inches; the first visitation in fifteen years, or of which we have any knowledge.

The average time of peach and plum in bloom, February 6th. Asparagus, February 15th. Cucumbers, February 20th. Strawberries, March 15th. Peas, March 15th. Second crop peas, 1848, Nov. 11th.

Hot-beds are but little used in the neighborhood of Mobile and we rarely suffer from severe frosts. This year, (1849,) March 27th, 28th, and 29th, vegetables were almost entirely destroyed by frost. The cotton plant throughout the state was injured to an extent to require a replanting generally.

The annual rains fall with more certainty at our spring equinox than in autumn, when there is generally only a thin coating of clouds. This, I believe is entirely reversed in the latitude of New York, Philadelphia, &c.

In the spring and summer months our prevailing winds are from the south. We safely infer that our city is invariably healthy when the wind is from that point. The south wind exerts such a constant and commanding influence upon our comforts and well-being, as to become almost interwoven with our existence. Our southerly winds generally set in about 10 o'clock, A. M. and continue all day—invariably in clear weather veering westerly with the rising and setting sun, and remaining westerly until about 3 o'clock, A. M., when, after a short calm of an hour or two, the wind comes from the north, and so continues, with little interruption until November, when the winds are more northerly, with cold chilly mornings and evenings as to render thick clothing comfortable. We are generally visited with frost between the 1st and 15th November, although, some years we have frost as early as the 28th October, when if we have been subject to any of the prevailing diseases of our southern climate, it generally disappears. September and October are our most sickly months.

Fifteen year's residence has satisfied us that yellow fever as an epidemic is the result of local causes, as we find that when the earth is left undisturbed and less building is done in the summer months in the northern portion of our city, we are rarely visited with it. The year 1839 was strikingly marked with an epidemic of the most virulent character, which carried off many of our population. In the latter part of July the showers which we require for health, and which usually visit us at that season of the year ceased, and it became uncommonly dry and sultry. The streams, springs and wells of water about the city and neighborhood became greatly reduced and many of them dried up, with chilly evenings and cold mornings. We were not visited with rain until the fifth of November, being the first for three months. As a consequence, vegetable decay took place at a much earlier period than usual. About the 1st of August the wind, which had been previously southerly, changed to the north and east, and remained steadily in that quarter for three months. On the 10th of August the first malignant case occurred, and from that time the disease continued to spread, attacking strangers and the oldest inhabitants long acclimated, and did not cease its ravages until the first hard frost on the 9th of November.

That the epidemic was the effect of a peculiar condition of the atmosphere is more likely. The scarcity of rain and the prevalent direction of the winds from N. N. E. and East, for three months in succession and the extensive improvements carried on in the various sections of the city, no doubt aided much in producing the epidemic; yet it cannot be attributed solely to that cause, but rather to the noxious exhalations arising from the decay of the vegetable matter of our partially covered swamps,

The annexed statement will show the interments for August, September and October, our sickly months of the last year and the several preceding years extending to 1837. It will be remembered that 1837 was a year in which yellow fever prevailed with much malignity, especially in the month of October, when the city became more densely populated by the return of absent citizens and large accessions of strangers by sea.

*Comparative Reports of Interments in Mobile.*

	1837.	'38.	'39.	'40.	'41.	'42.	'43.	'44.	'45.	'46.	'47.	'48.
Aug.,	74	44	189	46	47	46	56	47	40	28	52	68
Sept.,	95	52	380	66	70	72	90	53	20	41	79	78
Oct.,	200	68	120	46	81	110	164	60	45	41	69	66
Tot'l	378	164	629	158	199	228	310	160	105	110	200	213

VII.—*A Memorial in behalf of the Medical Officers of the Navy of the United States.*

*To the Hon. Senate of the United States,*

*July, 1850.*

The undersigned respectfully represent, that the medical officers of the Navy of the United States, until within a few years, have been without an assigned position relatively to others in the military community of which they are members. It being made manifest that the want of a relative position caused them to suffer, in many instances, grievous inconvenience and mortification, the Honorable the Secretary of the Navy issued a General Order, dated August 31st, 1846, for the purpose of assigning a relative position to medical officers in the Navy. This General Order was acceptable to the medical corps; it called forth an expression of gratification from the body of the medical profession of the Union, represented in the "American Medical Association," (May 1848,) because, in the language of the resolution, it "regards with pride and satisfaction the services rendered, and the position maintained by that portion of their profession associated with the Military Department of the country; and in consideration of the severe and arduous duties which



the medical officers have performed, the risks and dangers to which they have been exposed in the performance of those duties, during a period of warfare, and in an unhealthy climate, it is deemed just and proper, by this Association, that their services should receive from the government, an acknowledgment correspondent to that awarded their brother officers." The members of the medical corps would be content with the assimilated rank thus conferred, although below that which has been justly given by law to their professional brothers in the Army of the United States. But as some officers of the line in the Navy have avoided obeying the General Order of August 31st, 1846, with impunity, and even question the authority of the Secretary of the Navy to issue the said order, which, in effect, confers no power on medical officers, and takes away neither power nor dignity from officers of the line; and as experience has shown, that observance of the order cannot interfere with the general discipline of the naval service, nor lessen its efficiency, your memorialists pray that *the grades of medical officers of the Navy shall have the same degree of rank relatively to officers of the line in the Navy, as corresponding grades of medical officers in the Army now possess according to law, relatively to officers of the line in the Army, provided that the assimilated rank hereby conferred shall not entitle any medical officer in the Navy to increased pay, or to take precedence of any officer who may be in legal command of any post, station or vessel, to which said medical officer may be officially attached for duty.*

The medical officers of the Navy seek, in this measure, only what is just and reasonable; they do not ask a right to command officers of the line, nor any power not designated in their present commissions, nor exemption from any duty.

It is believed that members of Congress will enact the medical profession generally, throughout the United States, cannot be indifferent to any executive or legislative action, which may stamp a sign of low appreciation on the science of Medicine and Surgery when exercised in the military services of the nation. It is hoped, therefore, that the justice and propriety of their cause will not be less apparent, because it is urged against a comparatively small corps of men, separated only while on duty from the great body of their medical brothers, to which they are united by the common bonds of professional, social, and scientific fellowship. And, as in duty bound, your memorialists will ever pray.

*Signed by six Naval Surgeons.*

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#### VIII.—*Trismus Nascentium.*

Dr. D. P. Calhoun writes us from Trinity, La., that since the views of Dr. J. M. Sims, of Alabama, on *trismus nascentium*, were made public about three years since, he has had frequent opportunities to test the practice

he recommends, and has found it highly successful. He observes, that he has almost invariably, on his arrival, found the little patient resting on its back, and on further inquiry he has ascertained that they have been confined to this position since birth. On examination, he found the "occipital bone much depressed," and the margins of the parietal bones riding over the *os occipitis*, with all the train of symptoms which usually characterize a case of trismus nascentium. On restoring the infant to a proper position and adjusting the bones of the head, all the formidable train of symptoms disappears. Our correspondent observes, that he might relate a great many cases in which this practice proved entirely successful, without the administration of a particle of medicine. He is highly pleased both with the simplicity and certainty of Dr. Sims' method of treating this usually fatal affection.—Ed.

# Part Fifth.

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## BIBLIOGRAPHICAL NOTICES.

[Under this "*Part*" or division of the Journal, we propose hereafter to furnish short *bibliographical* notes of such new works, periodicals, &c., as may reach us after the close of the "Review" department.

Critical observations will rarely be attempted; under this head, our object, is, simply to give the reader some general idea of the new books as they issue from the press of this and other countries.

We are urged to this course in order to place before the profession at as early a period as possible, such bibliographical information as may be transmitted to us by publishers and authors.

By adopting this plan, we shall be enabled to render speedy justice to all parties and keep pace with the progress of medical science.

It frequently happens that books and pamphlets reach us just after we have closed the review department, and consequently we are forced, much against our wish, to postpone a notice of such to our succeeding number; by this delay, we may, in spite of ourselves, do material injustice to authors and publishers of medical and scientific matters.]

[Ed.

*On the use and abuse of Alcoholic Liquors, in Health and Disease.*

By WILLIAM B. CARPENTER, M. D., F. R. S. F. G. S. pp. 204, '50.

A prize of one hundred guineas was recently offered by an enlightened gentlemen of London for the best essay on the above subject; and of the fifteen M. S. S. Essays on the use and abuse of alcoholic liquors, transmitted to the adjudicators, Drs. Forbes, Roupell and Guy, they unanimously selected the one by Dr. Carpenter, as the best exposition of the subject and as containing the most satisfactory answers to the questions propounded in the "advertisement."

The questions proposed to be answered were the following:

1st. What are the effects, corporeal and mental, of alcoholic liquors on the healthy human system?



2d. Does physiology or experience teach us that alcoholic liquors should form part of the ordinary sustenance of man, particularly under circumstances of exposure to severe labor or to extremes of temperatures? Or, on the other hand, is there reason for believing that such of them is not sanctified by the principles of science, or the results of practical observation?

3d. Are there any special modifications of the bodily or mental condition of man, short of actual disease, in which the occasional use of alcoholic liquors may be necessary or beneficial?

4th. Is the employment of alcoholic liquors necessary in the practice of medicine? If so, in what diseases, or in what forms and stages of disease, is the use of them necessary or beneficial?"

The name of Carpenter is the best guarantee that to all the above questions the most scientific answers were rendered; and he studies the influence of alcohol upon the PHYSICAL, CHEMICAL and VITAL properties of the several components of the animal fabric. The PHYSICAL change which alcohol effects in the softer tissues of the body, is first to *corrugate*, to contract—to condense them. Dr. Carpenter illustrates this by reference to the well known difference in the capillary attraction of the tissues, respectively for alcohol and water. The attraction of alcohol for water is so great that almost any substance held in solution by the latter will be given up to unite with the former, when the two fluids are brought into contact. We have only to refer, as an illustration, to the milky appearance produced by adding water to the alcoholic solution of camphor; the water uniting with the alcohol, the camphor is set free, and hence the milky appearance produced.

This effect of alcohol to attract water and thus corrugate the tissues is still further increased by the power of the former fluid to coagulate any *albumen* it may chance to encounter either in its course through the circulation or tissues in which it may be deposited. Our limits warn us to drop this interesting subject; we may enter more fully into the influence of alcoholic drinks upon the tissues and fluids of our bodies in our September issue. We have barely touched the great questions proposed to be solved in this prize essay. The facts which it contains, are based upon a knowledge of chemical and physiological science, and the deductions drawn, are in perfect harmony with those two progressive sciences.

To the advocates of temperance, no less than to the habitual tippler, we would commend the work; it is a fair—a candid and a dispassionate examination of the influences of alcoholic liquors upon the human system. Mr. White, 53 Canal street, has the work.

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II.—A *Memoir on the nature of Miasm and Contagion*. By JOHN L. RIDDELL, Professor of Chemistry in the University of Louisiana.

This memoir of twenty pages was read before the *Medical Society*

of *Cincinnati* in 1836, and from the nature of the subjects examined, must necessarily be speculative in its character.

The author candidly acknowledges that the views advocated in this pamphlet, were suggested to his mind at various times and by various writers. The reader may gather something of the aim and scope of Prof. R.'s remarks by the following bold declaration :

“I assume that the matter of contagion is of an *organized* nature, and consequently subject to the same general laws, which regulate the origin, increase, modes of existence, and duration of animal or vegetable bodies. I assume also, that the same is true of the morbidic miasms which are exhaled from putrid marshes, and of the occult causes of cholera and other epidemic diseases.”

It would appear from the above paragraph, that more had been assumed than could be demonstrated ; but let us not be too fast—hear before you judge. Having premised thus much, Dr. R. then proceeds to point out the most prominent points of contrast between organized and inorganic bodies ; the former possess, he says, forms more or less rounded, and never grow beyond certain limits ; minerals on the contrary, and other inorganic bodies, hold no determinate form, except in the case of crystals and without any assignable limits as regards size. The composition of organized bodies is more complete than that of inorganic matter. The author then makes some philosophical observations on the mode of increase of inorganic and organized matter ; and here he displayed at once a profound knowledge of his favorite science—Chemistry and of physiology—two departments of medicine which are cultivated at the present day with much zeal and great success.

Prof. R. claims for the corpuscles which cause malarious and infectious maladies, the rank of belonging to the lower confines of organic nature ; and he maintains that these organic corpuscles bear the same relation to animals and sentient beings, as do the *fungi* and *algæ* to the more perfect tribes of vegetables.

He seeks to strengthen his theory by the following facts which can not at present be refuted :

“So far as investigation has been carried, this proposition is fairly established : that animal or vegetable food is essential to every subject of the animal kingdom. It must, therefore, follow, if the proposition be universally true, that the *infusoria* feed on organic substances ; and it is probable, that many of them subsist on corpuscles more minute than themselves. Some of them are known, indeed to be carnivorous. To adduce an instance, Goez has seen the *trichoda cimex*, a bristly, microscopic creature, of an oval form, seize upon and devour the lesser animalcules with great voraciousness.”

Prof. R. believes the remote cause of cholera may lurk unappreciated in the atmosphere ; and he states a well known fact that a minute quantity of small pox virus—altogether too much attenuated for detection, may develop a disease that will infect thousands. This idea, although promulgated several years since, is now entertained by many able medical men of the present day ; and the Professor is clearly entitled to all the merit of being among the first to advocate the animalcular origin of epidemics.

After displaying much research and strengthening his positions by analogical reasoning, he concludes this original paper in the following words :

“The doctrine I have espoused might be elucidated still farther, if need be, by analogies from the vegetable kingdom. Perhaps nearly all the true diseases to which plants are liable, arise from encroachment by parasitic and fungi and lichens. The rust which infest the culms of wheat, was found by Sir James E. Smith, to consist of highly organized microscopic fungi. We hardly know a single species of the more perfect plants, on whose mature leaves, may not at times, by careful examination, be discovered some minute and obscure species of this order; and I question much whether a tree can be found in the forest, on whose bark cannot be seen the spreading and parti-colored lichen.

“In like manner do parasitic growths affect animal bodies. Do not warts, cancers, sarcomatous tumors, hydatids, and intestinal worms, possess an animal vitality insulated from that of the individual in whose body they occur? For myself, I cannot but regard them as holding about the same relation to the animal system, as the parasitic fungi and lichens do to the more completely organized vegetables.

The majority of medical writers now living, have expressed their belief in the existence of terrene and paludal emanations, which they suppose to be of gaseous and inorganic nature. No doubt it will be often repeated, that it is unphilosophical to recognize vital corpuscles, as morbidic agents, before they have been demonstrated to the sight. “Show us your corpuscles or animalcules, before you call on us to believe in their existence.” In reply, it may be said, that we have infinity on either hand; infinite expansion, and infinite minuteness. The range of man’s vision, though aided by all the resources of art, is but a point on an infinite line. As well might the skeptic assert, that there were no worlds, no stars, no globes of matter, save what his feeble vision descried, as that the mysterious attributes of life could not attach to beings invisibly small.”

Had we space, it would afford us pleasure to notice many of the views and arguments contained in this ingenious monograph.

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III—*The Fallacy of a supposed vis Medicatrix Nature.* By C. GRANT, M. D., of Cincinnati, Ohio.

When we encounter the writings of a medical man who dares to think for himself, we invariably give him our earnest attention, because we are sure to be edified and instructed.

There are many errors in medicine, so gross and palpable, so monstrous and repulsive to a reasoning and reasonable mind, that we are astonished at their perpetuity, and wonder how it is that they have been



copied from one book into another, and thus so constantly kept before the profession, that we are ultimately persuaded of their truth.

As a proof that our author is determined to wage war against the long recognized doctrine of a *vis medicatrix naturæ* in the cure of diseases, we copy the following remarks on the subject: He says, "Notwithstanding the antiquity and the universal acknowledgement of a *vis medicatrix naturæ*, I take the liberty of utterly denying its existence, and assert that *nature never cures disease*."

"If 'nature cures,' then there must be some natural principle at variance with disease. No such principle exists. There is no power of the body, the legitimate function of which is to counteract morbid conditions: if there is, in what does this principle consist? in what circumstances is it made manifest?"

"The physiological play of the system, in a state of health, is carried on safely, and the vital powers are kept up by a regular and harmonious action of all the organs of the body. We have no difficulty in understanding what are the healthy *forces* of the body. When, however, we come to inquire what are the *health-restoring* powers, it is quite another matter, and one by no means so tangible.

"It cannot be claimed that the harmony of the organic functions or sympathetic relation between them, is a *health restoring power*, because we find that the moment disease is developed in one organ, the harmony of the whole is destroyed.

"Physiology contemplates a machine moving on with order and regularity. Disease, on the contrary, recognizes a machine interrupted in its harmony, displaying unusual phenomena, and often working out its own destruction. In the first of the instances here spoken of, we have nature in the performance of her legitimate work; and so perfect is the harmonious sympathy of the organs in a state of health, that we find them always ready to relieve each other, if fatigue or any other temporary cause should interrupt their function. This however cannot be depended upon in the event of disease invading the system, either generally or locally."

"It is claimed that metastasis is but an 'effort of nature' to throw off disease. Admit that metastasis does take place, what evidence does this afford that it is to throw off disease, more than that it is an 'effort of nature' to extend disease? The argument is at least as confirmatory of the one view as the other. Is it not nearer the truth to say, that disease has so effectually deranged the organism, that any or all the organs are liable to take on the diseased action? Metastasis is dependant, not upon an 'effort' of nature, but upon a sympathetic relation of organs. This sympathy is a physiological principle, and by it this transfer is effected; but by what train of reasoning are we led to conclude that the end or aim is to cure more than to kill? The change that may take place, on a transfer of diseased action, cannot be depended on as a sanitary change. True, it may possibly occur that the organ, to which the disease is removed, may be less subject to the destructive influence of the inflammation or disease in question—then the change will be sanitary; but if, on the contrary, it should be more subject to its destructive influence, the danger is enhanced. In this last case, if we adopt the hypoth-

esis that it is 'an effort' of nature, we must say that it is an effort of nature to *destroy* the patient. It may be as well to mention here, that as there are some nice points of distinction to be kept in view, it is the design of this paper to show that *physiological* action has nothing to do with either the producing or the curing of disease. Among healthy powers there is one to replenish the waste of the body, and, also to a limited extent, to restore losses occasioned by disease."

Again, to illustrate his meaning, Dr. G. makes the following observations:—

"If purulent matter be formed as the result of this inflammatory action, it tends naturally to the external surface, and this is thought to depend upon an effort of nature. This is not, however, from any special *effort* or design, but from the simple circumstance that the vital powers of the body are stronger internally than externally. As a consequence, ulceration from destructive inflammation advances towards the surface externally. This view receives additional confirmation from the fact that if any resistance is met with in its exit externally, as *faciæ* or other structures not easily perforated, then it goes internally."

"If fever supervene in the system from some slight but general irritation, there is then a temporary suspension of the secretions. When the fever subsides and the system returns to its natural condition, the secretions are set up again; and the organ first brought into action, is most likely to eliminate the superabundance of matter accumulated during the temporary suspension. The 'crisis' that may occur is attributed to a *vis medicatrix*."

Dr. Grant assumes that "nature never cures disease from any inherent power in itself, considered either physically or metaphysically, and that all spontaneous cures of disease are simply the result of its cessation—of a *deficient force* in the disease-producing cause." We have never yet thought that any sensible physician believed that there existed in the human system, an independent power,—a genuine *vis medicatrix*, ever watchful in the conservation of the organism, and able to repair lesions of structure. The process of disorganization may be self-limited or checked by such agents as the skilful physician may bring to bear against it; thus we cure an inflammation of one organ by transferring it to another, less important to life, and more under the control of remedial measures. There is in all comparatively organized bodies a constant tendency to be resolved into their simple—original elements, or to vary their mode of combination; and any force or agent which may chance to second this tendency of organized structures, to solutions of continuity, may, by destroying the equilibrium of the vital forces, end in their derangement, and perhaps death, of the structures.

Dr. Grant contends, that the efforts of nature, far from aiding the case, actually becomes detrimental to the health of the individual. We quote the following observations of Dr. Symonds in reply to Dr. Combe on this point:—"A man has died of a wound; we find in the main artery, which has been divided, and through which his life has gushed away, an imperfect coagulum. We say that nature had tried to save him, but had failed. We examine a child who died of croup. The windpipe is all but entirely blocked up by the albuminous exudation, but we do not

say 'nature very nearly succeeded in choking the poor child.' On the contrary, if we find ever so small a portion of false membrane detached from the mucous lining, we exclaim, 'see, nature has made an effort to save the child.' Or take the case of a patient dead of typhoid fever.—Death had been immediately induced from the hemorrhage from a pye-ran ulcer; on examining one of the elliptical patches in the ileum, we find that, at the base of the ulceration there is nothing but the thin layer of serous membrane. But we do not say, 'nature had very nearly killed the patient by spontaneous perforation.' On the contrary, the least flake of albumen on the peritoneal covering of the gut, would be enough to make us take it as a hint of nature's kind intention of strengthening the parts by an adhesion to an adjoining surface. Such views occur to us, partly because the sanative purpose is ever uppermost in our minds, and partly because, in normal anatomy and physiology, we are familiar with most wonderful and extensive provisions for the safety and well being of the living organism."

Dr. Grant evidently thinks for himself, and does not seem to care a jot whether he runs current with the popular doctrines of the day or not.

Let him continue his attacks against theories and fallacies in medicine, and he will ultimately open the eyes of the profession to the true doctrine—that doctrine which is progressive and enlightening.



IV.—*Southern Medical Reports.* Edited by E. D. FENNER, M. D., of New Orleans.

At length we have received the proof-sheets of these "*Reports*," and we are free to confess that they come fully up to our expectations.

The editor has devoted his time and talents to the preparation of these reports with a singleness of purpose and an assiduity, worthy of the highest commendation.

The "*Reports*" embrace much valuable information on the climate, diseases, &c., of the south; the following articles comprise, among others, the present volume of these Reports:

ART. 1st. *General Report of the medical topography and meteorology of New Orleans, with an account of the prevalent diseases during the year 1849.* By the Editor. This is a long report, and is drawn up with all that care and pains-taking, so characteristic of the author. It is an interesting memorandum of the sanitary condition of this city for 1849.

ART. 2d. *On the inundation of New Orleans, in 1816, accompanied with a chart.*

ART. 3d. *A chapter of the hydrography of the Mississippi river.* By C. G. Forshey, A. M., C. Engineer. This paper gives us a description of the famous Saucy crevasse of 1849, by which a large portion of the rear of our city was inundated. This report will be referred to



with additional interest as time elapses.—This subject is illustrated by some well executed maps and charts.

ART. 4th. *Annual Report of the New Orleans Board of Health.* This report has already appeared in the Journal, and received from us high commendation.

ART. 5th. *Special report on the fevers of New Orleans, particularly the yellow fever of 1849. By the editor.* This paper contains much useful information, although we cannot endorse some of the views contained therein.

ART. 6th. *Statistics of yellow fever and of all diseases, in the Charity Hospital of New Orleans for thirty years—from 1820 to 1849. By J. C. Simonds, M. D.* This is a short article, and is prepared with all the care possible under the circumstances; but from some knowledge of the great defects, heretofore existing in our records at the Charity Hospital, we do not think much importance should be attached to statistics derived from this source.

ART. 7th. *Report of an epidemic cholera in the city of New Orleans, for 1848—49. By the editor.* This is a *resume* of the opinions and reports, emanating from this city, and which have already appeared in print in the progress of epidemic cholera in this city.—As an historical record, this report will be found valuable.

ART. 8th. *Special report of an epidemic colic, which prevailed in the city of New Orleans in the summer of 1849. By the editor.* Dr. Fenner has furnished the readers of his reports, in this paper, with a very graphic description of a new disease—a species of epidemic dry colic, of which we saw several examples, and found that our best directed remedies had but little influence in controlling the disease.

Dr. F. examined all the soda-fountains and *beer hauses* in the city, to find out the cause of this disease—suspecting it to be lead. He, we believe, satisfied himself that this metal had nothing to do in causing the disease.

ART. 9th. *Report on the topography, climate and diseases of the Parish of St. Mary, La. By James B. Duncan, M. D.* Dr. Duncan is a good writer and a close observer, and his report will be read with satisfaction.

ART. 10. *On the cholera of Lafourche Interior. By Wm. A. Booth, M. D.* This is a very long paper, and is written with perhaps more ability and originality of thought than any contained in the volume. Dr. Booth is a bold thinker, and has the independence to express his thoughts without regard to popular notions or professional predilections. For all this we respect him.

ART. 11th. *Reports on the origin and sanitary condition of the Orphan Asylums of New Orleans and Lafayette. By J. Rhodes, M. D., O. Carey, M. D. and W. P. Sunderland, M. D.* These reports possess only a local interest, but will be read everywhere with avidity.

At this stage of our synopsis, the "Reports" have suddenly *disappeared* from our editorial table—some evidence of their merit, and the great anxiety felt by our confederates to examine into its claims. Besides the papers above enumerated, they contain a number of others, of much merit; these we cannot notice for the reasons above stated.

We looked to the "Reports" as the means of rescuing much valuable information and many ably written communications, on medical subjects, from neglect and oblivion;—because if incorporated in a neatly bound book of respectable size, they must necessarily attract more attention and live longer than if simply published in the ephemeral periodicals of the day. During the last five or six years, many original papers have emanated from the medical profession of the south, treating particularly of our climate, practice, &c., much of which must necessarily be lost to the profession, because it has not been embodied in a durable form. It was scarcely to be expected that the *first* volume of these "Reports," would be unexceptionable, either in the nature of the matter they contained, or the arrangement under which they have been produced; we simply offer the foregoing suggestions to our estimable and tried friend, for his consideration, in that spirit of frankness and honesty, which has ever marked his conduct towards us. Every physician in the south-west, should have a copy of these Reports.

We must now close with some general observations on these "Reports." When we say the work is creditable to the editor, we but echo the opinion of all who have inspected the proof-sheets as submitted to us. The paper on which it is printed is of fair and good quality; and the general typographical execution of the whole is neat and in good taste. We think the "Reports" might have been improved by dividing it into *two departments*, one for *original* papers; the other for *reviews* or *critical analyses* of such papers, monographs, books, &c., on medical and surgical science, as may have been written by *southern* physicians. By adopting this simple arrangement, the editor could have given us a much greater variety of matter and on a far greater number of subjects.

A *resume* of the views and practice of the medical men of the southern section of the Union, would have filled an *hiatus* in medical literature, long anxiously desired, but not likely soon to be accomplished.

## THE MEDICAL AND SURGICAL JOURNAL.

VOL. VII.]

NEW ORLEANS, JULY, 1850.

[NO. 1.

In entering upon our *seventh* volume, we have no new pledges to offer, or serious complaints to make; on the contrary, we have much for which we should feel grateful; our friends and patrons have generously rallied to our support, and from this fact we infer that they approve the course which we have endeavored to pursue.

As an evidence of the industry and talent of the physicians of the South and West, we may refer with just pride to the amount of valuable original matter annually contributed to our pages; and it is a source of infinite satisfaction to reflect, that we have been the humble means of communicating to the professional public many interesting facts and observations, which, but for our unpretending sheets, might have been consigned to oblivion.

We are ready to admit that a few articles are published by us, to which we might individually object; yet this consideration should not always induce us to exclude such papers from our pages.

In medical matters, an honest difference of opinion, should always be encouraged, especially among the younger members of the profession; because this prompts them to think for themselves and thus advance the science of medicine.

If some of the articles of our correspondents are not written with all that elegance of style and polish of diction which mark the productions of an Addison or Steel, yet we would fain hope that all of them embody some valuable facts or elucidate some principle not yet fully determined.

It certainly is not expected of an editor to entertain *all* the *diverse* and conflicting opinions and doctrines put forth by his various correspondents—although he may *endorset* hem—as a *merchant* would paper, believing at the time it might be returned protested. These remarks are not intended to reflect upon the literary or doctrinal merits of any of the communications heretofore published in the Journal; they are intended to shield us for the future, and we deprecate any intention to wound the feelings or to deter young aspirants for professional fame from committing their experience to paper.

*Health of the City, &c.*—We might dismiss this subject with the single remark that the *sanitary* condition of this city, during the month of May and June, has been as satisfactory as our citizens could desire.



Although the temperature of the atmosphere has been subject to frequent and sudden changes, and but little rain has fallen, still the health of the city has been uninterrupted, and from present appearances, (and for aught we know,) we see no reason to fear the approaching summer and fall. The crevasse, some miles above the city—through which an immense body of water has made its way into Lake Ponchartrain, (thus mixing fresh and salt water,) might be regarded by *miasmatists* as a source of mischief to the future health of our population; especially when it is contended by the advocates for the malarial origin of fevers, that a union of *salt* with *fresh* water, quickens the activity of the paludal poison and adds to the foci of elimination.

Again, the additional quantity of water thus suddenly drawn into this lake, has necessarily swelled it far beyond its ordinary limits, and caused it to overflow all the swamp lands located between this city and the lake; indeed, in many places, to reach some of the populated portion of the rear of the city. Besides, much of this overflowed land, is covered with a rich and an abundant vegetable growth; but whether or not, on the recession of the waters of the lake—consequent upon the fall of the river, any injurious effects are to follow the death and decomposition of this vast amount of vegetable matter, remains to be seen; for ourself, we apprehend no evil consequences to public health—first, and because a great deal of this growth is *aquatic*—and second, because past experience refutes the doctrine of the origin of our fevers, caused by decomposition of vegetable material.

Moreover, the river is now very high, and it is probable that the season will be too far advanced before it will recede sufficiently to endanger the health of the city, as in the case supposed above.

Indeed, from past experience and the united testimony of many of our old citizens, we are firmly persuaded that the more abundant the water, in and about the city—serving to protect our alluvial soil from the action of the sun, the less liable are we to epidemic diseases—including *yellow fever*; and we do not hesitate to advance the opinion—that if this epidemic is ever driven from our borders, it must, and will be done by a judicious use of waters, an abundance of which surrounds us on every hand. We leave it with the *authorities* of the city to test the truth of the above suggestions; in the meantime, we shall continue to allude to the question of public health and throw out such observations from time to time as experience and observation may suggest to our mind. Since the middle of June, the heat has been quite oppressive, and our summer promises, notwithstanding a cool and tardy spring, to be marked by our usual quantum of solar heat and showers.

All our public and private hospitals continue unusually free from disease; and we announce it as at once both remarkable and indicative of the high state of public health that *between ten and twelve* of the wards of the Charity Hospital have been recently closed—the number of patients having diminished so rapidly as to vacate a large portion of the building. Such an event at this season of the year should not be allowed to pass unnoticed, and we record the fact with much satisfaction.

“About the 7th of June, the ship *Uriel*” arrived in the river with much ship or typhoid fever on board; during the voyage several died of this and other diseases. The sick were sent to the hospital, and the vessel detained at the Point for a few days to be cleansed and disinfected. No infection was afterwards communicated by the vessel or any of the sick, as far as could be ascertained.

Soon after the arrival of the *U.*, the ship *Elizabeth* was reported off the Point, with small pox on board. On inspection, it was found that between 60 and 70 had contracted the disease, during the passage—of which number eighteen or twenty died. Five or six were still suffering with the disease on the arrival of the ship—most of whom were children and convalescent. These were sent to the private hospitals; the vessel detained below the city and ordered to be thoroughly purified and fumigated. The disease did not extend beyond the ship and its passengers. It was through the carelessness of the inspecting surgeon, that an old woman, convalescing from small pox, was permitted to ship at Liverpool; this case soon communicated the disease to the rest of the passengers who subsequently suffered so severely from the infection.

For some time past, the *Female Orphan Asylum*, Camp street, has been seriously scourged with measles and whooping-cough—the two endemics carrying off in a short time some ten or fifteen of the inmates. The two diseases prevailed simultaneously—the measles attacking those suffering with pertussis and *vice versa*. It was observed that whooping cough caused the measles to yield, making its characteristic symptoms.

During the prevalence of the above affections in that well-conducted asylum—a peculiar disease, more fatal than either of those above mentioned, among those attacked—made its appearance. The child was seized with high fever; had hot and dry skin; quick, small and rather corded pulse; attended with great prostration, &c. In two or three days from the onset of the disease, the lips became tumid and pouting; also redder than usual; by and by a thin frothy, bloody fluid oozed from the interior of the cheeks, gums, tongue and perhaps fauces, emitting in the latter stages of the disease, a most sickening and offensive odour. A few hours before death, which usually occurred between the fourth and sixth day, a dark bluish, rather livid circle surrounded the lips, especially the inferior one, and gradually lost itself about the chin. At this stage of the case, the patient lies stupid and comatose, with eyes half closed, with a bloody sanies issuing from the mouth—and the breathing carried on by the action of the diaphragm and abdominal muscles. What is the nature of this disease? Is it *cancrem oris*—acute scobutis or simply a relaxation or softening of the solids attended with a dissolution of the fluids of the body? Whatever the specific character of the affection, it was probably induced by the crowded state of the asylum; want of exercise in the open air, and other *physical* causes so well known to predispose children when congregated together, to malignant forms of disease. At the time we visited the asylum, about the 1st of June, the total number of children in the enclosure, was 212, at least 100 more than the building could safely accommodate.

We must not omit to notice the very neat and cleanly appearance of every thing in and about the Institution; all under the watchful care and matronly supervision of Sister I——.

To Dr. Carey who has charge of this asylum, and to whose courtesy we are indebted for the above information, is entitled to much praise for the zeal and intelligence he displayed in striving to ameliorate the sanitary condition of the orphans.

Since the above was noted down, we are pleased to learn that the general health of the asylum is quite good and daily improving.

*Mortality in the city during the last nine weeks.*—We continue our report as usual.

	<i>Total.</i>	<i>Cholera.</i>
Deaths for the week ending April 27th,	126	11
“ “ “ “ May 4th,	119	26
“ “ “ “ “ 11th,	101	12
“ “ “ “ “ 18th,	125 (includ. Lafayette)	9
“ “ “ “ “ 25th,	126 “ “	10
“ “ “ “ June 1st,	133 “ “	11
“ “ “ “ “ 8th	117 “ “	9
“ “ “ “ “ 15th,	109 “ “	4
“ “ “ “ “ 22d,	102 “ “	17
<b>TOTAL.</b>	<b>1056</b>	<b>110</b>

Thus, the total of deaths all of diseases, for the nine weeks ending June 22d, 1850, numbers only *one thousand and fifty-six* of which *one hundred and ten* perished of cholera.

Let those who annually abandon all the comforts and conveniences of “sweet home,” and travel to the north, in search of health, at much expense of both time and money, examine the above statement and compare the mortality of this city with those of the north, before they determine; this will correct their erroneous opinions and satisfy them that with the exercise of ordinary discretion and some acquaintance with the principles of hygiene, life is just as secure in New Orleans as at any of the famous watering places of the east and north.

For the week ending the 1st of June, one death from *yellow fever* was returned to the Board of Health; but the subject of it contracted the disease in Vera Cruz, and arrived here in a moribund condition.

The following is a correct history of this case as far as it could be made out at the time—with a post-mortem.

On the 26th of May, 1850, the brig Water Witch, Capt. Brown, arrived at the levee, opposite the Picayune tier, 1st My., in seven days from Vera Cruz. When the W. W. sailed there was much yellow fever at Vera Cruz; just before sailing, an American, a New Yorker by birth, and a deserter from the American army, appealed to the captain and begged to be brought to New Orleans without charge, stating at the same time that he had been in Mexico for some time and was destitute of means.

Capt. Brown, prompted by those feelings of charity and humanity peculiar to his calling, received this deserter on board, and when at sea about two days, he was seized with a chill followed by high fever, vio-



lent pains in limbs, stomach, back, head, &c. He remained on board, with little assistance, although a physician was present, until he reached the levee, when he was immediately transported to the Charity Hospital, where he expired, in a short time afterwards with all the worst symptoms of yellow fever. During the voyage, he had vomiting of blood, hiccough, hemorrhages from nose, tongue, gums, and finally died with these symptoms, to which were added during his last moments, delirium coma and black vomit.

This unfortunate man, who refused to give his name correctly as supposed, was between 30 and 35 years of age; of small stature; light hair; well developed muscular system; and had evidently been ill but a short time, as he still retained his *embonpoint*. About twenty hours after death, the body was opened in our presence by Mr. DeButts, an accomplished and laborious medical student, now resident in the Hospital, and by whose courtesy, we were enabled to make the subjoined notes of the post-mortem.

A quantity of black vomit escaped from the mouth, in transferring the body to the dissecting table; the entire surface intensely *jaundiced*, relieved, however, in places, by a shade of a faint marble color. In a word, the cadaver presented all the exterior symptoms of a well-marked case of yellow fever. On opening the abdomen, the tissues were found of a rich yellow tinge; the stomach and intestines contained an abundance of black fluid; genuine black vomit; the mucous membrane about the cardiac orific, was highly injected and very vascular; the liver was of a mustard color and easily torn; the spleen was very large and was readily reduced under pressure to a soft grumous mass. Beyond this point the examination was not carried; suffice to state that sufficient information was elicited to stamp the above as a case of genuine yellow fever. About the time the Water Witch arrived at the levee, (May 26th,) the weather was excessively warm and rather oppressive for the season; and we note this fact in connection with the above case, to see what effect the introduction of this case may have upon the health of our city. The importation of yellow fever into this city, particularly at this season of the year, should not, and does not excite the least alarm; as no facts have yet come to our knowledge, in the least calculated to induce us to believe in the contagiousness of this fever.

Since the report of this case, we have neither seen or heard of any sickness simulating this form of fever; indeed, without exaggeration, we may safely assert that no community has enjoyed more uniform good health for the last five or six months than ours, and from present appearances, we may venture to predict a healthy season for New Orleans.

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UNITED STATES MARINE HOSPITAL, }  
New Orleans, June 1st, 1850, }

SIR: Agreeably to your request, I beg to hand you enclosed an analytical report of the Marine Hospital, for insertion in your Journal.

I have the honor to be, sir, your most ob'dt humble serv't,

A. W. SINGLETON, *Res. Med. Stu.*

A. HESTER, M. D., Editor of the Med. and Surg. Jour.

DISEASES.	Admitted in April.	Disch'd in April.	Died in May.	Admitted in May.	Disch'd in May.	Died in May.
Abscess,	3	2				
Amaurosis,		3				
Arthritis, chronic,		1				
Bronchitis,	3	2		1	2	
Carbuncle,		1				
Cholera, asphyxia	1		1	2	1	
Colica, pictonum,				1		
Contusion,	5	2		1	2	
Delirium, tremens	2	2		2	2	
Diarrhœa,	8	5		9	8	
Dislocation of the shoul.	1	1				
Dropsy,	1					
Dysentery,	1	6		1	1	
Erysipelas,	1					
Exostosis,	1					
Fever, intermittent,	3	3		9	8	
"    remittent,	1	2		1		
Fistula in ano,	1	1		1	1	
Gonorrhœa,	4	3		5	4	
Gastralgia,	1					
Ganglia,				1		
Hæmoptysis,				1		
Hydrocele,				1	1	
Insanity,	1	1				
Necrosis of rib,	1	1				
Ophthalmia,	3	1				
Orchitis,		1		1		
Paralysis,	3	2		1	1	
Paronychia	5	3			1	
Phthisis,	5	3	1	5	1	2
Pleurodynia,				1		
Psoriasis,		1				
Rheumatism,	10	10		10	10	
Scorbutis,	1					
Sprained ankle,				1		
Stricture, (urethra,)	1	2		1		
Syphilis,	11	16		11	10	
Typhoid fever,				1		
Ulceration of larynx,			1			
Ulcers,	6	5		7	10	
Vertigo,		1				
Wound, (incised,)	1	1				
Total,	85	82	3	75	63	2

RECAPITULATION.

Remaining in the Hospital, April 1st, 1850.	-	-	-	-	69
Admitted to June 1st, 1850.	-	-	-	-	160
<hr/>					
Discharged to June 1st, 1850,	-	-	-	-	145 229
Died, " " " "	-	-	-	-	5 150
<hr/>					
Total remaining in the Hospital on the 1st June, 1850,	-	-	-	-	79

Charity Hospital.

APRIL.

Admitted, . . . . 909. Discharges, 772. Deaths, . . . . 106

MAY.

Admitted, . . . . 788. Discharges, 710. Deaths, . . . . 86  
 Number of patients actually in the hospital, . . . . . 639

HENRY VANDERLINDEN, Clerk.

June 19th, 1850.

ABSTRACT of a Meteorological Journal for 1850. By D. T. LLILIE & Co., at the city of New Orleans.

Long. 39 deg., 57 min., Long. 90 deg., 07 min. west of Greenwich.

WEEKLY.	THERMOMETER.			BAROMETER.			Course of Wind.	Force of Wind Ratio 1 to 10	Rainy days	Quantity of Rain. — Inch's
	1850.	Max.	Min.	Range.	Max.	Min.				
April 28th	84.0	49.0	35.0	30.11	29.90	0.21	S. E	3 3-4	3	2.350
May 5th,	81.0	45.5	35.5	30.20	29.82	0.28	W	3	2	1.345
" 12th,	82.0	47.0	35.0	30.15	29.86	0.29	S. E.	2 3-4	1	2.615
" 19th,	84.0	60.0	24.0	30.15	29.80	0.35	S. W.	2	1	1.870
" 26th,	85.0	65.0	20.0	30.18	30.10	0.08	S. W,	2		
June 2d,	89.0	71.0	18.0	30.11	29.85	0.26	E.	2 1-4	1	0.570
" 9th,	82.0	60.0	22.0	30.18	30.04	0.14	W	2 3-4		
" 16th,	85.0	62.0	23.0	30.18	29.95	0.23	S. E.	2 1-2	4	2.155
" 23d,	94.0	67.0	27.0	30.18	30.05	0.13	E.	2 1-4		



# MEDICAL JOURNALS,

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JULY, 1848.

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*Established in the City of Louisville,*

UNDER THE AUSPICES OF THE

### MASONIC UNIVERSITY OF KENTUCKY.

THE Session will open on the first Monday in November next, under the direction of the following Faculty, viz :

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ROBERT PETER, M. D., Professor of Medical Chemistry and Toxicology.

SAMUEL ANNAN, M. D., Professor of Pathology and the Practice of Medicine.

SAMUEL B. FLINT, M. D., Professor of the Principles and Practice of Surgery.

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*Dean of the Faculty.*

☞ For any additional information in regard to the above Institution, application may be made by letter or otherwise to Professor Peter, at Lexington, Ky., or to the Dean at Louisville.

THE NEW ORLEANS  
MEDICAL & SURGICAL JOURNAL.

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SEPTEMBER, 1850.

Part First.

ORIGINAL COMMUNICATIONS.

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I.—*Researches on the Nervous System—Doctrine of a Diffused Sensorium.* By ALBERT WELLES ELY. M. D. of New-Orleans,

It has often been observed of all first attempts at giving the *modus operandi* of imperfectly understood natural agents, such as gravitation, electricity, in any of its forms, the mind, that they are characterized by more or less of complexity. The same observation may also be made of all attempts at constructing mechanical engines for any purpose whatever—the first attempts are always complex, and as the machine advances to perfection its parts are more and more curtailed, if not entirely taken away. These observations are peculiarly applicable to the mind, the *anima*. How it acts is a profound mystery—how it causes the phenomena ascribed to it, and undoubtedly produced by it, has been the study of profound philosophers in all ages, and still is their study. What it is no one can tell; and only that it is, is all that can be said of it. And yet it is one of the most common of all things—for thing we must call it. Earth, air, and water are not more common than this all-pervading, this unspeakably wonderful and profoundly mysterious *anima*. How humbling to man's pride of intellect is this fact—that as yet we know absolutely nothing of the nature and modes of operation of an agent which we all carry about with us, and which man has been studying to find out ever since "God said let there be light and there was light!"

Who is there that has read and understood all that has been written on the subject of mind from Plato to Kant, that can now say what mind is, and how it acts upon matter? Many and ingenious are the theories that have been invented to solve this vexatious problem; and the young inexperienced student, just entering upon the threshold of philosophy, might be led to suppose, on opening some of our best works on physiology and metaphysics, that we know all about both mind and matter. This mistake they very naturally fall into, discovering as they do, that the physiologists treat of the *modus operandi* of the mind, the how and the why of its phenomena, as knowingly as the chemist does of the various minerals, salts and gases of his laboratory, or the geologist of the different strata of rocks and their characteristic fossil remains.—But years of study correct this mistake, and as the student looks back upon the world of volumes that giant minds have written, his entire knowledge, gleaned from them by the labour of years, is summed up in the sigh of Persius:

O curas hominum! O quantum est in rebus inane!

We propose, in this paper, to examine briefly some of the leading physiological doctrines of the day, as understood and set forth by some of our most learned and most popular physiologists, regarding the *mind* and its residence, or instrument of action, the *nervous system*.

The good of science requires that men should occasionally turn over, with an enquiring eye, the labours of scientific men—the books they have written, the theories they teach, and ask themselves, Are these facts, facts; are these the true theories? Are these things established? Men are too apt to take things for granted, and this is one reason why many errors have been perpetuated for ages. It is much more true now-a-days than in King Solomons time, that “of making many books there is no end;” but we doubt whether they made books in those days as they do now—by wholesale compilation. This is the way error is perpetuated and science retarded, in our age and generation. We propose to see what stuff some of these compilations are made of.

To begin, then, the mind is known to exist through the phenomena it manifest by means of that very complicated apparatus called the Nervous System, consisting of an immense number of bundles or fasciculi of small cords, each of which is composed of a series of fibres still smaller, extending to every part of the body from certain grand centres, such as the encephalon and spinal marrow. The leading doctrine of the day is that the encephalon is the residence of this all-doing, all-ruling mind—that there it sits enthroned, independent of all matter, and ready to take its leave of it at the bidding of the divine Creator and Ruler of the universe; that by means of the nerves, as so many delicate tentaculi, it performs all of its wonders upon matter, and holds communion with itself and the external world; that these nerves, consisting of the same kind of matter as that of the encephalic and spinal centres, serve nevertheless only as passive conductors or messengers, or rather as high ways for the mind to travel upon, in order to bring itself in contact with the external world.

2. That there are two kinds of nerves, and that without these two kinds the mind cannot act upon matter. These two kinds of nerves are



called *afferent* and *efferent* nerves. The afferent (ad fero) or *nervi ento-baenontes*, convey impressions made on the periphery, to the great nervous centres where the mind resides, while the efferent (ex fero) serve exclusively to convey the nervous influence, the biddings of the mind from its residence in the encephalon to the circumference, the periphery of the body, the external world.

3. Such is the prevailing doctrine of the day taught in our medical schools regarding the mind and the nervous system. Let us now inquire into the truth of this doctrine. And first, is the Encephalon the residence of the mind? Is the sensorium, or common centre of sensations exclusively confined to that part of the nervous system included within the cranium? We think not. These are facts sufficient to establish the position, that there is no one fixed centre to which all sensations, thoughts, emotions and volitions are to be referred; but that, on the contrary, these functions of the nervous system taken as a whole; that the soul, or mind pervades the whole nervous system—occupies all parts of it at once—is equally present in all of its parts—that it has no preference of one part over another, and that it can in no sense, be said to *reside* in any one part of it. In other words we avow the doctrine of a *diffused sensorium*.

4. Let us endeavor to explain our views more fully. We contend that the mind, or thinking, willing agent, occupies all parts of the nervous system just as water or steam occupies all the cavities or apartments of a vessel or receiver having many minute and tortuous ramifications, into which they may be introduced. We regard the animus as an agent pervading every fibre of the nervous system, in quantity in proportion to the quantity of neurine or nervous substance in the different parts of the system; that is to say, there is just as much of the mind, of the reasoning and willing principle in an ounce of nervous substance or neurine in the spine, spinal ganglia, plexuses, or in the nerves of any part of the body, as in one ounce of cerebral neurine. We reject *in toto* the old doctrine, that it is the brain, or that part of the nervous system enclosed in the cranium, that does all the thinking, reasoning, willing, loving, hating, etc.

5. All parts of the nervous system are continuous and identical in substance. By this we do not mean to say that there is an equal distribution of cineritious and medullary matter in all parts of the nervous system. The two appear to be very unequally distributed, and as yet discoveries in neurology have not established any method in the distribution of the two kinds of nervous matter. The nervous cords are not composed exclusively of medullary matter, for we find in some of them as in the nerves of the sympathetic and in some of the encephalic nerves of the cerebro-spinal system the cineritious matter also. We also find it in the spinal marrow, in the extremities of the auditory and olfactory nerves, and in the retina. Microscopic examinations of the peripheral extremities of the nerves, show that they also come into relation with a substance very analogous to the gray matter of the centres. But it is not material whether the matter of the nerves and encephalon are identical or not since it is not known whether the functions of the medullary and cineritious matter are the same or different. It is *supposed*, by eminent physiologists, that the cineritious matter is the source of the

nervous influences, the origin of all power, the seat of the mind, while the medullary matter serves only to conduct the *vis nervosa*. But this is not established. We therefore maintain that for all that has as yet been proved to the contrary, there is no difference in the functions of the medullary and cineritious matter of the nervous system, and further, that for the explanation of phenomena it is not necessary to suppose such a difference.

6. If, then, it cannot be established, that different portions of the nervous matter are endowed with different functions, what reason have we to suppose that one part, the cineritious, does the thinking, reasoning and willing, while the other part—the medullary, is degraded to a mere conductor of mental forces? We scout this old doctrine and prefer to think, that the mind pervades the whole of it, and that it is all equally engaged in manifesting mental operations.

7. Mental phenomena are the result of certain changes of the state of the nervous system, or rather of the mind which pervades it; and it is the whole mind that acts, and not a part—the whole nervous apparatus that feels the change, and not a part. If we admit a division of the nervous system into two parts with distinct and diametrically opposite functions, and this upon mere theory, (for demonstration is wanting,) why not go farther; why not run into all of the nonsense and vagaries of the phrenologists, with their thirty five distinct organs, each the seat of a distinct faculty.

8. But we have demonstration to support the theory of a *diffused sensorium*, in opposition to the old theory of the sensorium being confined to certain circumscribed centres approachable only by this modern double-track rail road system of *afferent* and *efferent* rails. As the experiments of the old physiologists, by which they think they have established their theories, are those made on the lower orders of animals chiefly, such as frogs, turtles, crocodiles, dogs, cats, pigeons and the like, they cannot object to counter-experiments made on the same animals. We shall therefore give a few, such as all have seen. We have often seen chickens attempt to run, after decapitation, and actually take several leaps without falling before ceasing to move, and when touched, after sinking to the ground, they would rise on their feet, aided by their wings, and renew the attempt to run from those touching them. They evidently experienced sensations, they were sensible of danger, of violence and endeavoured to escape it, and all this they did after decapitation—after the sensorium was removed. What then after witnessing such movements in a decapitated fowl, are we to think of the old doctrine, taught in all of our schools, that muscular motion require a sensorium, seated in the brain, and afferent and efferent nerves leading from the muscles to it, before the muscles can, act? If such an experiment is not proof positive that the seat of the sensorium is not in the brain of animals in general, it is that it is not, at least, in the brain of a fowl; and that in fowls, at least, sensation, volition, and the power to produce muscular motions are not dependent entirely upon the brain. What becomes of this modern machinery of afferent and efferent nerves, the one carrying impressions to the brain, the other transmitting the *vis nervosa* to the muscles, after looking at the movements of the decapitated animal? Let the advocates of the reflex theory tell us.

9. A few mornings since, we rose at 5 o'clock, and took a long morning walk with a literary friend. Among other places, we visited the old French market, where, quite unexpectedly, we had an opportunity of testing, amid the confusion and uproar of that polyglot mart, the accuracy of the reflex theory of the neurologists. We saw, in the fish-market, exposed to the view of the ruddy morn, several large turtles.—Several hours previous to our arrival they had been decapitated, and the inferior plate of their shells had been entirely removed, so as to expose completely the entire contents of their bodies. The entire abdominal viscera, including the oviparian apparatus, teeming with eggs, were exposed to view. The hearts of all of them, were fully exposed, and particularly attracted our attention by their continued and regular beating. Their legs were continually in motion, as if labouring to escape, which they doubtless would have done, headless as they were, if their unscientific vivisectors had not taken the precaution to lay them on their backs.—Little did we think when we left our drowsy beds to inhale the morning air, and sharpen our appetites for a breakfast, by walking, that we were about to hold a scientific consultation, before sunrise, over a collection of vivisections that would have made even M. Hall, Sir C. Bell or Magendie, forget their breakfast and all their experiments on rabbits, dogs, cats and frogs. Shade of *Æsculapius*, what a sight! Seven fine turtles, emboweled and decapitated, and yet with palpitating hearts and legs labouring to escape! “What a pity that our friend Bennett Dowler is not here,” exclaimed my companion. Such would indeed have been a tempting sight to our distinguished southern vivisector, for he would have seen before him, seven palpable and palpitating demonstrations of the truth of his views regarding the reflex nonsense of the day. It was evident, that energetic and protracted muscular motions *in all parts* of a turtle's body, at least, were not all dependant on the brain, for the heads were not there. To ascertain whether sensation and consciousness still remained, we resorted to manipulations, and found that they behaved, in all respects, like turtles *with* heads. If we caught them by the foot, they pulled it away from us, and renewed their exertions to escape. Their perfect sensibility to external impressions made by us upon them could not be doubted, and the entire absence of the heads, demonstrated that the seat of the sensorium of turtles, at least, is not in the cranium.

10. The prevailing doctrine of the day, is “that there is no positive ground whatever for regarding any part of the spinal cord, as a sensorium independent of the brain.”\* If a decapitated animal makes resistance against acts of violence in the same manner after decapitation as before, must we say that in the one case the animal experienced painful sensations, and in the other not? According to the theory of the day, a decapitated animal ought not to experience painful sensations, the head, the alleged seat of the sensorium being gone; but no one can look upon the movements of a decapitated turtle or alligator, when violence is offered them, without being convinced that these animals experience pain. We can explain their movements upon no other supposition.

\* Carpenter's *Human Physiology*, p. 136.



And these movements, too, show something more than mere sensation; they show that the animal is *conscious* of violence and *anxious* to escape it, in other words they show *intelligence*. And this proves that the *sensorium* is not, in some animals at least, confined to the brain. The same evidence of intelligence exists after death as before, for a short time; and in some animals for a considerable length of time. It is denied that these movements of animals, after decapitation, evince intelligence; it must also be denied that they evince intelligence before, for they are the same.

11. We wish to be understood, we do not say that an animal evinces *as much* intelligence after decapitation as before; but only that he shows *some*, and therefore we infer that the sensorium is not seated exclusively in the brain, but that it pervades the entire nervous system—that the residence of the mind is the nervous system, the whole nervous system; and that although it has been located by some, in one place, and by others in another, there is as yet no evidence produced showing it to be seated in any particular part. This latter doctrine of a fixed sensorium which has been maintained in all ages, and which has nothing but its great age to recommend it, has done more to retard the progress of human physiology and psychology than all other retarding causes combined. In a future paper we shall discuss the prevailing doctrines regarding the functions of the nervous system, and the manner in which the mind is brought into connection with the external world.



II.—*Post-Mortem examination of the Rev. John Newland Maffitt, aged 56, who died on the 28th June, 1850, in Mobile, Ala. from Fatty Degeneration, Ulceration and Rupture of the Heart.* By JOSIAH C. NOTT, M. D., Mobile.

The subject of this case occupied a large share of public attention for many years, and was a man of no ordinary ability or attainment. The case itself is full of interest and instruction to the medical enquirer, and for this reason alone would well merit a page in a medical journal; but there are other and weighty considerations which induce me to place it on record.

The fact is notorious, that this gentleman had been arraigned before his church, at the North, to answer charges deeply implicating his character, and which had caused great mortification and distress to his family and friends. He arrived at Mobile about two months ago, and immediately commenced the exercise of his sacred avocations—immense crowds were attracted day after day by his extraordinary pulpit eloquence.—When at the zenith of his success, evil reports pursued him—articles, derogatory to his character, were republished in Mobile from

the New York Police Journal—considerable excitement in the town followed, and parties were arrayed for and against him.—He became very much excited himself—was much occupied in writing for several days and nights—in writing was suddenly taken ill on the evening of the 27th, and died in about seven hours.

Suspicious of suicide by poison, were soon bruited over the town, and some of those friends who had proved true to him through all his heavy trials and afflictions, still confident in his purity and innocence, and fully aware of the confirmation which this charge would add in the eyes of many, to the grave accusations already urged, demanded a *post mortem* examination, which I made at their request.

Mr. Maffitt, at the time of his death, was staying with a friend about three miles from the town, and when taken ill, a young friend of mine, Dr. E. P. Gaines, a well educated and intelligent practitioner, then in the neighborhood, was called to his assistance, and has kindly furnished me the following note of the case. The doctor had had no acquaintance with the patient before, nor had I ever seen him previous to the *post mortem*.

“Monday, May 27th, 1850, between the hours of 7 and 8 o'clock in the evening. I was called to see the Rev. John Newland Maffitt; found him in great pain, which he referred to the inferior sternal region. Suspecting immediately an affection of the heart, I questioned him if he had ever had any pain in his heart before, he answered that he had had on several previous occasions some slight pain in his left side, with slight palpitation, but not of much moment. Auscultation detected no abnormal sounds, no palpitation, but the heart beat regular and slow.

He belched up great quantities of wind, but there was no distention of the epigastrium, or tenderness. He vomited occasionally, undigested food, but said he had no nausea. He was perfectly cold all over, and bathed in a cold sweat. I administered anodynes and carminatives, applied a warm poultice with mustard, to the seat of pain, endeavored to bring about reaction, by warmth, to the extremities, but nothing gave relief; he still complained of the pain, and would beat his breast with his clenched hands. At 10 o'clock, I gave him a large dose of calomel and morphine, also gave several enemas, under which, in the course of two hours, he *seemed* to react and get warm, and he remarked, “Doctor, I feel better now every where else, but that pain still remains—it is a persistent and abiding pain that seems to press through me against my spine.” All this time his pulse was *regular, full, strong*, but rather *slow*; his strength was good, for he got out of bed several times without help. At one o'clock I repeated the calomel and morphine; at two o'clock, he said “the pain has left my breast and gone to my heart and left arm—do you think that is a good sign?” I asked him if in changing, it still retained its severity, and he answered me “yes;” I applied my hand over the heart, but there was no palpitation. He also said, “doctor, I think I am getting weaker, feel my pulse,” I felt it, and though it beat regularly, it seemed slower and weaker. I left the room for about fifteen minutes, when I was suddenly called in to see him die; his heart had already stopped beating, but he breathed two or three times after I got to the bed-side. The diagnosis throughout, was difficult and obscure.”

*Post-Mortem.*—Stature short, stout, muscular, inclined to be fat, chest remarkably large and well developed. Neither head or abdomen was examined. *Lungs* perfectly sound throughout, free from adhesions or any signs of disease, acute or chronic. *Pericardium*, fully distended with fluid, and when opened was found to contain blood and serum. This being carefully removed by a sponge, I introduced my hand into the sac, beneath the heart and on grasping this organ, the contained blood was seen to spirt from a small perforation in the anterior wall of the left ventricle, disclosing at once the immediate cause of death. The heart was then removed from the body for farther inspection.

*General appearance of Heart.*—Large, pale, flabby, and coated with fat over the greater part of its surface; the auricles, aorta, pulmonary artery and veins completely imbedded in fat.

*Right Ventricle.*—Somewhat dilated, whole exterior surface coated with fat, muscular substance flaccid and thinner than usual, diminishing towards the apex, near which muscular fibres were entirely wanting, except a few scattered ones on the external surface; the blood here seemed to be retained in the cavity simply by the fat, together with the investing membranes; the posterior surface of the cavity was free from fat; the coating of fat at different points, was from three to five or six lines in thickness.

*Left Ventricle.*—This fatty covering extended from the right over to the left ventricle for about an inch in width the whole length of the septum, and the apex also for about an inch or more was fat. On the anterior, middle portion of this ventricle, commencing at the margin of the fat, was an irregular, bruised looking patch, about the size of a dollar, and on the outer edge of this, was the fatal rupture. When cut into, this bruised looking part, presented a dark bruised, bloody appearance, not unlike recently hepatized lung, the fibrous, muscular appearance being destroyed. The corresponding internal surface, showed evident marks of ulceration, a portion of the substance being excavated and covered in part with a thin cyst; the surface around the patch, on the inside, was red, inflamed, with deposition of coagulable lymph. It is worthy of remark, that this spot of the heart, which seemed to be the most diseased, and in which the rupture took place, was more free from fat than any other; it joined the fat portion *abruptly* in half its circumference. This ventricle, I think, was a little dilated. There was nothing peculiar in the auricles except being buried in fat, and the mitral, tricuspid and semi-lunar valves were all perfectly healthy.

Mr. Maffitt as stated had only been in Mobile a few weeks and I could get no satisfactory information as to the previous history of the case—He had been for some days previous to his death, laboring under a slight attack of diarrhœa, but his friends believed him to be in vigorous health. When questioned by Dr. Gaines he stated that he had had some slight palpitation and pain in his left side. It is remarkable that so much disease should have existed, with so few symptoms to indicate it, though similar examples are on record.

There can be no doubt that organic disease had existed for months, leading inevitably to death—What influences his protracted mental ex-



citement exercised in causing the disease, must remain a matter of doubt, and though the malady is one which marches steadily onward, it is highly probable that its termination was hastened by moral causes.

I have never investigated the grounds on which are based the charges which have been brought against Mr. Maffitt and am unprepared to express an opinion as to his guilt or innocence; but it affords me much gratification to say to his family and friends that the *post-mortem* examination has at least wiped from his memory the damning sin of suicide.



### III.—*Apnœa produced by the inhalation of Chloroform.* By H. M. JACKSON, M. D., of Montgomery, Alabama. 1850.

Case.—May, 27. At Mr. S——'s request, I called at his residence at 10 o'clock, A. M., to administer chloroform to Mrs. S—— to annul the pain of extracting a tooth. I found her suffering severely, with cheek and gums very much swollen. The tooth proved to be the second upper molar, of the left side, with the crown entirely destroyed, leaving the three fangs to be extracted separately. Two ounces of chloroform was used in the usual mode, by pouring upon a handkerchief, folded cup shape, and held sufficiently far from the face to admit a little atmospheric air. Complete anæsthesia was induced but once; when the gums were freely scarified by Dr. Samuel Rambo, Surgeon Dentist. In consequence of the hemorrhage, complete anæsthesia was not produced again, and the effects of the chloroform passed off so rapidly, that only one fang could be extracted, believing it to be unsafe to continue the inhalation longer, from the sudden depression of the pulse, from 84 to 56 beats in the minute, I withdrew the chloroform. At Mrs. S——'s urgent request I returned, at 4 o'clock, P. M., to repeat the administration; one drachm was poured upon the handkerchief; after eight or ten inspirations, Mrs. S—— complained of palpitation of the heart; no change in the pulse or respiration perceptible, after permitting one or two more inspirations I withdrew the chloroform, and Mrs. S—— being apparently but partially affected, when Dr. Rambo extracted another fang; immediately Mrs. S—— was seized with a violent clonic spasm; the spasm lasted for a minute or two; complete relaxation then supervened. Every symptom of severe apnœa presented itself, the head fell forward, the face became livid and cadaveric, the lips, eyelids and under the finger nails, purple, evincing venous congestion of the capillaries; the functional action of the heart and lungs ceased, not the faintest indication of the action of either could be de-

ected. The patient was placed in the horizontal position upon the floor, as soon as possible, and the usual means of resuscitation vigorously used, such as the cold douche, sp'ts camphor, eau cologne, and applying ammonia to the nostrils, but unavailingly. Insufflation suggested itself, but not having instruments of any kind convenient, I determined upon direct insufflation, with but slight confidence in its efficiency. I had not at that time seen a report or notice of Record's cases. Closing the nostrils with one hand and supporting the chin with the other, at the same time pressing the thyroid cartilage down and backwards, I applied my mouth directly over Mrs. S——'s and inflated the lungs, the effect was instantaneous, the chest expanded and contracted, the eyes opened, a sigh was breathed, and the heart pulsated for a few seconds, when all functional action again ceased and death apparently claimed his victim. The insufflation was repeated two or three times, until the functions of life were reestablished; my efforts rewarded, and the safety of my patient evidenced by a smile. The prostration indeed was so great, and the capillary circulation so languid and incompletely re-established, that, for one hour and a half, upon the slightest exertion of the patient, syncope would supervene; this occurred some eight or ten different times, at intervals of ten or fifteen minutes. The livid hue, and purple spots, had given place to a deathly pallor. Friction to the extremities, sponging to the face, with spirits camphor and cologne, ammonia to the nostrils, with brandy internally as a stimulant, were the means resorted to, to produce reaction, and this course of treatment was continued for one hour or more, when, at my request, Dr. Ames was called in consultation; the treatment was changed to sinapisms to the wrists, and the spirits ammonia aromat. Ten drops in a little water, given every half hour, strict and absolute rest, in the horizontal position, (still upon the floor,) was enjoined. It was not deemed advisable or safe to remove Mrs. S—— to the bed until near ten o'clock, P. M.

28. Nine o'clock, A. M. Mrs. S—— more quiet, pulse 80, respiration 32, laboured, complains of slight pain in the præcordial, and left pulmonary region.

Pres.—Amonia continued, with equal quantity of tinct. opii. camph. sinapisms to chest.

Twelve o'clock, M. Pulse 90; complains at times of pain and difficulty of respiration, with agonising sensation of pressure upon the chest, a sensation experienced the evening previous repeatedly. No change in pres.

Upon my next visit, four o'clock, P. M., I learned that there had been another paroxysm of apnœa, presenting the same phenomena as the first and second paroxysm. Mr. S——, with great presence of mind, immediately resorted to direct insufflation, again it proved instantaneously efficient in producing resuscitation.

Pres.—Ammonia continued, dose increased to fifteen drops; sinapisms to cervical and dorsal vertebra. From this time the improvement was slow and gradual until June 7th, when discharged.

One or two points in the above case may require a passing notice. The assertion that paroxysms of apnœa and syncope both occurred, may be doubted by some hypercritics, and attribute them to the excited imag-

ination and fears of the author. The two states were so distinctly marked in this case, that no one could be mistaken in the diagnosis, who had ever witnessed a paroxysm of each. In the apnœus condition, superadded to the cessation of the functions of the heart and lungs, was the livid hue, and cadaveric expression of the face and extremities, and marks of venous congestion of the capillaries. The distinction is carried farther by Mrs. S——, an intelligent lady, with a highly cultivated mind, fully capable of observing and explaining her different sensations. Mrs. S—— describes the second attack of Monday, and the subsequent one on Tuesday, as being preceded by a feeling of suffocation, pain in, as if proceeding from a heavy weight pressing upon, and a cord drawn tightly around, the chest; retaining throughout, a consciousness of the efforts being made to resuscitate her, and that when the lungs were inflated, the relief was immediate. In the paroxysms of apnœa, with the exception of the first one on Monday, though the functional action of the heart and lungs ceased entirely, yet consciousness existed. The reverse occurred in the paroxysms of syncope, consciousness was suspended while respiration proceeded, and the heart continued to pulsate, though faintly.

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IV.—*Remarks on the Distinct and Independent Vitality of the Blood,*  
*continued.* By W. P. HORT, M. D. of New-Orleans.

Those persons who are familiar with the writings of the most distinguished physiologists are well aware that two very different opinions have been entertained as to the cause of the phenomena observed in a living entity. The preponderance of authority is decidedly in favor of the opinion that vitality is something which does not result from a combination of the molecular atoms, of which our earth with its inhabitants is composed. There are others however who argue with much ability and ingenuity that what we call life is the result of refined and complicated chemical combinations. And some again attribute all the phenomena of life to electricity. These writers speak of the chemistry of the laboratory as constituting the first great department of that branch of science. They observe that in this department chemistry may be supposed to be still in its infancy; that as several substances, once believed to be elements, have been demonstrated to be compound bodies, so hereafter, of the sixty or more elementary substances now spoken of in treatises on chemistry, two thirds or even more, may be discovered to be compound bodies. The ancients, wrong as they were in admitting of four elements, air, earth, fire and water, three of which



are compound, and the fourth simply the effect of intense molecular action, were very little further from the truth than the moderns. They called compound bodies, elements, we call elements what are probably compound bodies,

From the laboratory they pass to the human system, and talk of the wonderful developments of animal chemistry; of the infinity of results produced by the varied, and apparently never ending combinations of a few elements as carbon, hydrogen nitrogen and oxygen; and what is more surprising, of essentially different phenomena produced by the combination of the same elements in the same proportions, owing to a peculiar arrangement of their atoms, which I have on a former occasion ventured to designate as their special polarity.

Mulder observes, "If we pass in review the substances present in the organic kingdom, we perceive an endless series of combinations from either two, or three, or four elements only. This is enough to show that there is an unlimited capacity for modification in the primary forces which operate in the elements. The influence of one upon another is thus unlimited also. A slight difference in the state of an element is sufficient to give it the appearance of a new and peculiar substance as compared with other elements. \*\*\*\*\* And we cannot attribute this difference to any thing but the difference of forces by which the same substance is governed. Thus the carbon, hydrogen, oxygen, is not in any two cases supplied with the same properties. They assume in each substance a peculiar form,"

How can we account for these wonderful differences of result but from peculiar polarisations of atoms brought about by motions in some other term or terms of matter? what idea do the physiologists convey when they speak of forces peculiar to molecular matter, admitting of almost infinite variations?

If we reflect upon the able and ingenious reasonings of the great European physiologists and chemists of the present age, we see the stupendous efforts of great minds to account for the phenomena they so faithfully observe in the vegetable and animal kingdoms, yet they appear to have but the one idea of molecular forces in one term of matter. Hence their difficulty; matter has no innate force in its passive state; when set in motion, it imparts impulses to the matter with which it may come in contact.

They speak of organic and inorganic matter, and evidently have an idea of vitality which they do not clearly comprehend, and which they labor in vain to explain. What idea is conveyed to a student's mind by the first sentence in Richerand's physiology "Life is a principle super-added to matter"? The work of Mulder referred to is on the "vital force; and he speaks of the doctrine of life, and admits that "man has an *immaterial* and *immortal* part which is identical with his real being, and of which alone he will consist when the material frame by which he is bound to the earth shall be dissolved."

In the laboratory there are no men superior to Mulder, Liebig & Muller, but when they attempt to connect chemical with vital laws, they become unintelligible, and are evidently blundering in the dark.—They reason at times of vitality as something *per se*, not absolutely de-

pending on particular arrangements of molecular atoms, and yet on other occasions it appears that they cannot disconnect this idea from the operations and facts of the chemistry of inorganic matter. This will ever be the case so long as they conceive of but one term of matter, and reason from the known combinations of its atoms according to the doctrine of what they call *particular forces*. What independent innate force can matter possess? Until set in motion, it is inert and unproductive of any result whatever; it simply occupies some portion of space. But let the term *laws of motions* be substituted for the expression *laws of forces*, and we may begin to see our way more clearly. It can readily be understood how motions of every possible variety acting upon an indefinite series of terms of matter may produce by the polarisation or peculiar arrangement of atoms all that is visible or tangible in the physical world.

It is absurd for persons to speak of vitality as the result of electrical or chemical action, and admit at the same time the immortality of the soul. If vitality be but the result of chemical action in molecular matter producing a certain organisation, it must cease with the breaking up of the organisation, and the decomposition which ensues when death occurs. Immortality and vitality must therefor be inseparable. The existence of one necessarily implies that of the other. An immortal soul then must be endowed with vitality; then comes the irresistible inference that vitality is something independent of chemistry or electricity, or of the organisation of the body, which has been buried, become decomposed, and devoured by worms. We may therefore conclude that vitality is a property of some refined or spiritualized term or terms of matter—one producing in man the phenomena of reason or intellect; another the phenomena of the instincts of animals—a third, accounting for the instincts of plants.

The word immaterial as connected with immortality is a palpable misnomer—It is in fact a contradiction, an entity can only exist as matter. That which is immaterial—which means *something that is not matter, and that occupies no portion of space*, can have no actual existence.

I have spoken of the endurance of animal life after sensorial death has occurred. Can the foregoing reasoning be reconciled with this fact? When we sleep soundly after severe labor, and without dreaming, there is a temporary suspension of sensorial life; also when a person faints, or is in a trance. And when a person is believed to be sensorially dead, it does not follow, because we can perceive no evidence of sensorial life, that it has entirely ceased to exist. Dr. Wollaston when dying, was supposed to be insensible; he heard the remarks made by his friends to that effect, and rousing himself by a powerful effort, he made signs that he wanted a pen and paper; and set down several columns of figures and added them correctly, and when to the astonishment of his friends the calculation was found to be correct, the philosopher was dead, Dr. John Hunter remained on a certain occasion for hours apparently sensorially dead, without pulse, or respiration that could be perceived, and yet his reasoning powers were in active and vigorous operations all the time.

In the first article on the vitality of the blood which I published in the march number of this journal, I used the following language "The sensorial and animal life, which in the alligator appears to be one and the same thing, are by no means so intimately associated in man, in whom *sensorial* death often precedes *animal* death for several hours."

Further examination and reflection induce me to modify the foregoing observation. I can now only say that sensorial death often *apparently* precedes animal death. We have no fact to prove that it does actually precede animal death, and facts, recently developed, tend directly to the contrary opinion.

I also observed, in the same article, "if the distinct and independent vitality of the blood can be established, it will be a fact in physiology, sustaining by an interesting analogy, the *diffused sensorium* of the alligator."

The distinct and independent vitality of the blood has been fully established by repeated experiments, and in a variety of ways; and I have no more doubt of the fact of a diffused sensorium than I have of a diffused vitality. Dr. Bennett Dowler is, in my opinion fully sustained; and it is much to his credit, that he had the good sense to discriminate, and the moral courage to explode and annihilate a dogma, which, for years, has weighed as an incubus on physiological science.

If vitality is inseparably connected with the intellectual soul, then the *analogy* suggested between the diffused vitality of the blood, and the diffused sensorium *becomes an established fact.*

It is amusing to notice with what extraordinary tenacity metaphysicians and physiologists have adhered to the doctrine of a *central sensorium in the brain*, the nerves being, according to their doctrine, mere passive communicators, like the wires in the electric telegraph.

In an article published in the journal, January, 1848, I had occasion to remark that "some persons may be mistaken by supposing that cerebral development is something entirely different from lower forms of organization and formation, and may say the analogies do not hold good, because plants, some animals, and insects have no brain. But no such difference actually exists. \*\*\*\*\* The substance of the brain is the same as that of the nerves whether the amount be greater or less, or the organization higher or lower." If there is identity therefore between the substance of the brain and the substance of all parts of the nervous system, whatever property belongs to the brain, must belong, in a relative degree, to every part of the nervous matter. What does it avail when learned professors, arguing against the doctrine of a diffused sensorium, ask how can there be different sensations and different perceptions and volitions? Who has affirmed this? Does the doctrine of a diffused sensorium overthrow the unity of the nervous system? A large army consists of divisions, brigades, battalions, regiments and companies, intelligence pervading the whole, from the head quarters of the commander-in-chief, to the most remote outposts; and so it is with the nervous system; there is a diffused intelligence in the army, and there is a diffused sensorium in the body of each individual soldier composing that army. But in each case there is unity of perception and action. Whatever occurs at distant points is conveyed promptly to head-quarters.



And if we admit the brain to represent the head-quarters of the nervous systems, it only receives the sensations and perceptions noted by the diffused sensorium from all parts of the body and extremities. We may mystify this plain subject, by metaphysical transcendentalism, but we cannot do away with facts. Can all the sophistry in the world persuade a man that all pain is in the brain? Does not a man, as rapidly as thought, refer an injury received to the precise spot wounded? But there is a remarkable fact which admits of no other explanation than what I have here attempted to make:—that patients who have suffered amputation of a limb for some painful chronic disease, do for weeks, and even months, refer a sense of acute pain to the amputated limb, and to the very imaginary spot where the disease existed. This, at first sight, may appear to prove too much; yet on reflection, it exemplifies the powerful effect of habit, and demonstrates that during the existence of the disease, and prior to the amputation of the limb, the pain and disease were referred to a certain point, where the first perception of the sensorium must have occurred.

It must be conceded that a sensation of pain might be conveyed to the brain without any perception of injury and pain at the wounded part; but how could the brain refer the pain and injury to the particular spot, unless sensation and perception had previously occurred there?

We find in all parts of the body, not only nerves of every calibre, from the largest in the important vital organs and limbs, to the mere filaments on the surface, but we find nervous centres, established as head-quarters in every section of the nervous system which is appropriated to some particular part of the body. These are called ganglions and plexusses, as the semi-lunar ganglion, the superior and lower cervicle ganglions, the solar plexus, and the superior and inferior mesenteric plexus.

It is unphilosophical and illogical to locate and insulate sensorial power in the brain. What is the brain but a larger mass of the matter which composes the medulla oblongata, the ganglion, plexus or nerve? We must infer that whatever property or properties belong to the matter of the brain, belong relatively and proportionably to every portion of the same matter, diffused throughout the system, with an unbroken continuity. The contrary of this may be affirmed, but cannot be sustained by a single fact.

We cannot convince some minds that sound, and light, and heat, are not entities; and it would be equally difficult to convince them that vitality is not an entity; and hence the difficulty they experience and the darkness in which they are involved, when they attempt to reason on these subjects. It is, as I have before suggested, an inherent and essential property of those terms of spiritualized matter which produce mind in man, and instinct in animals and plants; and the phenomena of vitality are only developed to us when an intimate and misterious union exists between the spiritualized and molecular matter. The sensorial and vital phenomena are then intimately associated, and are equally present in every part of the living body.

These views may seem to conflict with the well established fact of

the vitality of the blood corpuscle I have however spoken of their vitality as being distinct and independent. If a monad has some kind of a sensorium as indicated by voluntary motions, and a power of contraction and expansion, I see no reason why a blood corpuscle which manifests vitality by a variety of apparently spontaneous motions, and propagates like the *volvox globator*, should not also have some kind of independent sensorium. This may be inferred from the striking analogy; but it can neither be demonstrated nor disproved. We may by study, acquire a vast amount of knowledge, but there ever will be, while on earth, a limit to our researches. Not only are the blood corpuscles living entities, but microscopic parasites of different species abound in all the secretions and tissues of the human body. If one cannot explain every thing, let us aspire to do it, and be satisfied if we can but advance inch by inch in the pursuit and acquisition of knowledge.

The foregoing observations have been suggested by developements made in the prosecution of researches into the true nature of the blood by professor Riddell and myself during the last six months,

Next in importance to the well established fact of the distinct and independent vitality of the blood, is the peculiar action of certain substance on the blood corpuscles. The effect of the alkalies and alkaline earths has been pointed out, and the several articles employed were enumerated in my last article. I shall proceed with the relation of such experiments as we have since had time to make.

On the 20th May, at the University, we tried the effect of nitrous ether or sweet spirits of nitre. The appearance of the blood corpuscles was decidedly alkaline, but they were not so systematically arranged as when treated with solutions of neutral salts. They were too much crowded, and although there were currents of motion in various directions, we could not perceive any voluntary motion. On the addition of salt water however both vibratory and tremulous motions became distinctly visible. The corpuscles also become much scattered. The monads presented the usual appearance.

On the 24th May at the same place, we used spirit of turpentine.—To our great surprise the first appearance was alkaline; in a short time the blood corpuscles became closely congregated, resembling Raspail's field on the wood cut; in arrangement presenting the mulberry appearance. After fifteen or twenty minutes, vibratory motions were perceived, although the number of corpuscles was much diminished; currents of motion had probably carried them beyond the field of vision. The Corpuscles gradually became disorganised and in about twenty minutes after the vibratory motions were noticed, they speedily disappeared, the monads as usual retaining their form and vitality.

On a trial with kreosote, we observed rapid disorganization of the corpuscles; the monads were apparently uninjured, but no motion except what could be referred to currents was detected. Diluting the kreosote freely, the same effects were produced, but more gradually. The corpuscles were at once much diminished in size, and in a minute or two completely disorganized. The monads were unimpaired in form, but without spontaneous motion.

Strong aqua ammonia was applied to blood from my finger, on the 28th May. The effect was very singular and unexpected. The alkaline appearance was fully developed, and there were motions of every kind, more lively and remarkable than we had previously observed in the corpuscles. Monads were very abundant and in lively motion. This state of things continued for more than half an hour. Professors Forshey and Riddell were both present, and concurred in the note which I made at the time.

The next experiment was with a solution of sulphate of iron. It acted as a powerful astringent; the corpuscles were much shrunk and without motion; after a few minutes they became very much misshapen, but without disorganization taking place. We noticed but few monads; they however became very abundant, with distinct voluntary motions on the addition of salt water.

A strong solution of sulphate of copper produced immediate and thorough disorganization; a few monads without motion were observed. With a weak solution, the corpuscles were well defined, exhibiting all the motions already described. There were very few monads to be seen.

Our investigations on the 30th May were very interesting. A solution of alum produced an effect decidedly astringent, but without anything like disorganization, or causing a cessation of motion. Both the corpuscles and monads were well defined. The first motions perceived, were evidently currents, soon after which they became vibratory. I have already observed that the tremulous motions observed in the blood corpuscles, is attributed by Dr. Riddell, to the active motions of the contained monads. Of this we had a clear demonstration, for we both distinctly saw the lively motion of a monad, contained within the parent corpuscle. In about half an hour the astringent effect ceased in a great measure, and the corpuscles presented the true alkaline appearance, beautifully shaded near the circumference, making them apparently spherical or globular. They were all well defined. The monads from the beginning were usually abundant, and connected with this fact, there was much fever to be seen in the parent corpuscles. We could not determine whether this was purely accidental or the effect of the solution of alum. This question may and will be decided by subsequent experiments.

Oxalate of ammonia produced the alkaline appearance; the corpuscles were somewhat reduced in size; they were not corrugated as they were at first by the solution of alum. In fifteen minutes the alkaline arrangement of the corpuscles became more decided, but the shading which produces the spherical or globular appearance was not observed. Motions of the corpuscles and monads were voluntary and lively.

Prepared chalk produced very lively motions, and the monads were abundant. The corpuscles were unusually indistinct. The mixture was too opaque, rendering the experiments in part, quite unsatisfactory.

In the London Medical Times,\* it is stated that Professor Hunefield

\* New York Journal of Medicine, Nov. 1844, p. 418.



tried the effect of coneia on the blood. It changed it into a dirty, reddish-yellow, greasy mass, in which blood corpuscles cannot be detected by the microscope. The muriate of coneia does not produce this effect. I have not had time to confirm these results, which may prove to be very different when examined under the Spencer lens.

There are several interesting works on the blood and urine; but they treat of the chemical properties of both, and very few writers allude to the vitality of the blood, which is surmised or inferred, without any attempt at a practical application. As regards the urine, chemistry is of great importance, for analysis enables the physician to prescribe those substances which will speedily afford relief; as acids, when alkaline substances are to abundant in the system; or alkalines, when there is an undue quantity of uric acid; or solvents when they may be required. But I am not aware that a knowledge of the chemistry of the blood has ever led to any important practical result in the treatment of disease.

We have seen that various effects are produced on the blood corpuscles when blood has been taken and examined with the microscope, and it was a most interesting question to decide whether the same effect could be produced on blood circulating in the body, for it was evident that herein depended the importance of our knowledge of the vitality of the blood.

In the latter part of May, we examined blood mixed with some urine, which had been discharged from the bladder of a man forty-two years of age. It was furnished from the Charity Hospital by Dr. Hale. The blood corpuscles were well defined, presenting the *alkaline* appearance which has been already described; monads were very abundant, but we could perceive no motion either in the one or the other. We however noticed numerous small delicate worms, which we at the time referred to the urine: they were in very lively motion. I do not think we were right in appropriating them to the urine exclusively, for we have seen them since, when no urine was, or could be present. My attention was forcibly attracted to the alkaline appearance, and Dr. Hale informed me three or four days afterwards, that on consulting his notes, he had, about twenty-four hours before the blood and urine were voided, given the man two or three doses of sedleitz powder.

About ten days ago Dr. Irvine the resident physician in the Luzenburg Hospital on the Ponchartrain Rail Road, sent me some blood abstracted from a female mulatto twenty years of age who had been affected with epilepsy for four years. The blood was remarkably florid, the color resembling arterial much more than venous blood. The general appearance of the corpuscles, which were amply abundant, was decidedly alkaline; they were beautifully shaded presenting the spherical or globular form; some few were disorganised. This may have occurred in the preparation for microscopic observation. We observed some that we could neither call corpuscles nor monads; they were about half the size of a matured corpuscle. Some were dark inside with a black circular rim; and others were dark inside with a white circumference, very few of the corpuscles contained monads within them. No motion could be

discerned in the corpuscles, but the monads were very lively and active in their motions. When diluted with distilled water, the blood corpuscles became more distinct and better defined; monads in motion were more abundant; we could also perceive monads contained in the corpuscles, but the number was very small when compared with what we see in normal blood.

In a new field of vision, a strong current of motion was perceived, and one of the corpuscles manifested vitality; it contracted, turned edge ways and assumed a variety of forms but finally became completely expanded and presented its usual appearance. While contracting, it turned round several times showing a motion entirely distinct from the general current. We also noticed something like a short thick worm, and watching it attentively we were struck with its singular convulsive motions, and finally became convinced that it was a blood corpuscle which seemed often on the point of assuming the ordinary circular form, yet without the ability to accomplish it. In reference to the alkaline appearance spoken of, Dr. Irvine, informed me on enquiry that twenty four hours before, she had taken sulphate of magnesia and carbonate of magnesia.

Dr. Mercier, obliged me by sending blood taken from an Irishman in the Charity Hospital; his disease was tetanus opisthotonos. It was examined perhaps two long after being drawn. There was the most remarkable appearance of disorganisation of the blood corpuscles; it might be called *complete*. There were a few minute monads which were unimpaired in form, yet without perceptible motion. Whether this condition of the blood was the result of the disease, that is its general appearance under such circumstances, or whether it was attributable to some other cause, I cannot decide at present, never having had but the one opportunity of examining the blood of a tetanic patient.

The result of the examination of the blood furnished by Drs. Hale & Irvine is important and highly interesting, not in establishing the fact that medicines will act directly on the blood, but that precisely the same effect is produced on the blood in the system by the use of certain agents, as when it is removed from the body and subjected to microscopic observation.

It appears surprising that the direct action of medicine on the blood should ever have been denied, since it has been long well known that madder will color the bones, that rhubarb will impart to the urine a deep red color in a very short space of time; that the peculiar smell of asparagus can be perceived in ten minutes in the urine after that vegetable has been eaten, and that nitrate of silver taken internally will produce discoloration of the skin just as if it were externally applied.— In what way can these substances reach the bladder, the skin, and the bones from the stomach but by a passage through the blood vessels? I know that it has been supposed and conjectured that there are absorbent vessels which the best microscope has been unable to detect, which lead directly to the bladder without passing through the blood; but that kind of physiology which is made up of assumptions and conjectures will not do for the present age of enlightened reason.

Now in the experiments I have just spoken of, there is positive proof of the direct action of certain agents on the blood corpuscles while

circulating in the living subject, and this is a fact that will probably lead, as I have already in a former article suggested, to great modification in the practice of medicine. At least so far as the blood is concerned, we shall know better what we are about, and what results will be produced.

I would not be understood as considering the condition of the blood corpuscles to be the sole subject of consideration when the physician stands by the bed side of his patient; the study of the nervous system with its ramifications, and sympathies—the result of the law of continuity, and utterly unintelligible without an accurated knowledge of those connections between important and comparatively distant organs, I have ever deemed of paramount importance; for it leads the intelligent physician's mind at once to the suffering organ, enabling him, aided by attention to the state of the pulse and of the skin &c., to judge of the greater or less intensity of disease, whether it is a functional derangement which he has to prescribe for, or a structural lesion which he must endeavour to arrest. I am not writing a treatise on the practice of medicine, nor on physiology, but simply stating certain facts connected with the blood, with such comments and reflections and practical bearings as may be suggested to my mind as new facts are developed.

A knowledge of the chemistry of the blood is perhaps almost as important as that of its distinct and independent vitality. When the water in the blood is increased beyond its normal quantity, it has been found that there is a corresponding decrease of the number of blood corpuscles. In Simon's chemistry of man may probably be found all that was known a few years since of the chemistry of the blood, and of the changes that have been observed. In the *Excerpta* (page 253) of this Journal for September 1849. I find some very relevant observations connected with this subject made by the ablest European Physiologists of the present age, some of which I shall quote.

I have mentioned that the solutions of the neutral salts produce a very uniform appearance of the living blood corpuscles. Profess Riddell and myself deemed the term *alkaline* appearance the most appropriate that we could use, because potash, soda and magnesia are the bases of most of the neutral salts.

We find in the *Excerpta* spoken of, the investigations of Dumas, which were principally directed towards ascertaining the relation of the blood globules to solutions of salts. His process for estimating the blood globules is founded on the fact that they are not decomposed by a solution of sulphate of soda when exposed to a full current of air, so as to maintain them of a full arterial color \*\*\*\*\* He found that all alkaline salts possessed the same properties as the glauber salt, (Sulphate of soda) such as phosphate of soda &c. as also salts of organic acids. On the other hand chlorides of sodium and potassium appeared to act differently; for if blood be mixed with these solutions and then exposed to the action of oxygen, it will remain of a dark violet (color). sal ammoniac acts in a similar manner. Dumas remarks that there is some connection between this action and the commonly received supposition that scurvy is produced by the use of salted meat, and also of



the injurious action of salt ammoniac on the blood. It is worthy of remark that those substances which leave the blood the power of becoming arterialized by oxygen, are exactly those which do not injure the blood globules,\* and by the use of which a colorless serum can be obtained. \*\*\*\*\* Dumas made comparative experiments with different portions of the same blood from which he draws the following conclusions :

1. That the salts of the complex organic acids, such as tartaric, citric &c. have less influence in preserving the integrity of the blood globules than salts with mineral acid.

2. That the salts with soda as a base preserve them better than those with potash or ammonia, It thus appears that between the integrity of the blood corpuscles, the arterial condition of the blood, the phenomena of respiration, and the nature and quantity of the salts of the blood, there is an important connection.

Comparing these results, of what was intended to be purely a chemical process, with the effects on what we have established to be living entities in the blood, some curious accordances will be observed by the attentive reader. While the remarkable discrepancies on other occasions tend to establish the facts of the vitality of the blood corpuscles. We can herein clearly perceive the difference between ordinary chemical action, and *that* action when controlled by vital laws.

In the following remarks found in the same article, a singular coincidence will be perceived, “ Bonnet has rediscovered a fact long since observed by J. Muller that if one half part of blood be directly received from a vein into a solution consisting of one part sugar syrup and three of water, it may be filtered without coagulation.\*\*\*\*\* Before coagulation took place he tried the effects of various substances on the mixture with the following results.

1. Weak solutions of pure or carbonated alkalies; solutions of different neutral salts, as saltpetre, common salt, iodide of potassium, sulphate of soda &c. (with many other substances), do not allow coagulation to take place.

The blood spoken of here had probably not lost its vitality, and hence the very same phenomenon was observed by treating it with solutions of neutral salts &c. which we have remarked and called the alkaline appearance; which I have before observed, is an effect completely opposed to congestion, impaction, or coagulation.

We also learn from the same article that Dugardin and Didiot surgeons to the Hospital of Val de Grace at Paris, have applied Duma's method of examining blood globules to diseased cases. They speak of a difference in the appearance of the blood globules in mild and severe cases of typhus fever, the tendency to dissolution being greater in proportion to the violence of the disease. In spontaneous erysipelas phthisis, organic diseases of the heart, and typhoid inflammation of the lungs, the globules presented the same apparent tendency according to the severity of the case. In fact all the writers with whose opinions I

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\*This may have some connection with the recently alledged beneficial effect of the use of oxygen gas in Cholera.

am acquainted, make the same remark when speaking of the result of their chemical tests of the blood in disease.

Becquerel and Rodier found the chemical constitution of the blood almost normal in plethora.

If they mean, by plethora, a well developed sanguineous system, and well filled, constituting what is usually called a full blooded person, I cannot agree with them. In all our experiments on blood drawn from persons of this description, we have observed a tendency to, if not some degree of impaction, or even congestion, which condition was promptly relieved by a solution of muriate of soda and other neutral salts.

The same gentleman found the composition of the serum to be normal in chlorosis, the change that takes place in the blood of persons laboring under this disease, being confined to the blood globules. This last observation is confirmed by Sir Henry Marsh and Dr. Hill, who state that in chlorosis there is no diminution in the quantity of the blood, while the quality is altered.

As far as my experience extends, the foregoing remark is sustained. Small quantities of blood, taken from such patients for examination as to its condition, (but not with the microscope,) satisfied me at an early period of my professional career, that the serum was very abundant, with great deficiency of the red coloring matter, a case indicative of altered quality, and of the want of blood globules or corpuscles. This, together with the paleness of the face, a general torpid appearance of skin, morbid appetite, and much disturbance of functions, suggested at once a treatment both tonic and stimulating. And I generally succeeded well with some one of the various preparations of iron, ascertaining which individual one was most beneficial in each particular case, combined with, or followed by the volatile tincture of guaiacum; the great torpor of the bowels, which is an invariable symptom in this disease, is probably best relieved by pills of rhubarb and aloes.

Andral, attributes the prostration occasioned by long continued intermitent fever to the diminution of the globules, (quere? in size or in number?) and probably to a loss of power in absorbing oxygen. He also mentions the result of bleeding in dysentery of a highly inflammatory character, in which Gavarret coincides with him. In every case, the bleeding was serviceable. The fibrine was in general increased, and the globules had a tendency to increase.

This is a result which I should hardly have anticipated, but as the authority for the fact affirmed is unquestionable, I can only account for it by supposing that the growth and propagation of the monads were seriously impeded, as well as impaction of the blood corpuscles occasioned by the high degree of inflammation existing, which unpropitious condition of things was relieved by bleeding. Any other plan that would have restored the equilibrium of the circulation, would I presume have answered the same purpose as the bleeding.

Becquerel and Rodier assumed 152 as the physiological maximum; and 110 were assumed as the minimum by Andral & Gavarret. As a mean in all cases they found 111, as a mean in recent cases of fevers of the intermitting type; as a mean of relapses 108, 8; from which it results that with the duration of the disease, the blood globules diminish.

It is evident that they here have assumed a given number of blood corpuscles merely for the sake of comparison. The passage however is rather obscure.

The following observation of the physiologists just spoken of is worth attention as a practical fact. In cases where the quantity of water in the blood is increased, the globules are generally diminished. \*\*\*\* when the water is normal, the blood globules are generally so, and also the solid constituents of the serum, although there are greater proportional varieties in the latter. Diminution of the water takes place very seldom, and always occurs with the increase of the globules.

Hersent, another author quoted in the *Excerpta* draws the following conclusions from his researches.

1. In case of violent puerperal fever the quantity of water is very much increased, and the blood globules and albumen diminished.
2. In proportion as the changes are slight, so is the disease.
3. The fibrine is generally not diminished; nay even some times increased.
4. There were some cases, where the fibrine having been diminished, the blood showed symptoms of dissolution.
5. Probably the change of the blood precedes the appearance of the disease, but it cannot be considered as its cause, although it increases the violence of the disease.

This last remark should have been better qualified, for the blood cannot undergo a change in its normal quality without some previous disease, which often may escape our notice. And it certainly may and will aggravated any new disease that may supervene without this being occasioned by the morbid condition of the blood.

Becquerel and Rodier have confirmed by new experiments, the fact that during pregnancy the blood globules diminished, and the fibrine and albumen slightly increase, but at the same time the specific gravity of the serum diminishes. This latter fact they imagin may give rise to many forms of dropsy, which arise towards the end of pregnancy; but according to Vogel, the result are caused principally by mechanical disturbances of the circulation.\*

From Henrich we learn the following interesting fact. In all investigated cases of recent mania, the blood does not exhibit any great variation from the normal condition. The blood of a patient laboring under this disease corresponds to that in a mild case of hydræmia. Mania therefor causes no particular condition of the blood, but is rather dependent on the existing condition of the body. In the seven cases examined, the fibrine was not increased, and consequently there was on acute inflammation.

Mania I believe is brought on by an altered condition of the atomic organisation of the brain, which perverts the organs of sense, which consequently create false images in the mind, leading to perverted and absurd reasonings. But I cannot readily believe that this state of things can exist long, without producing more or less general derangement, or at least some altered condition of the blood. It will be ob-

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\*I am satisfied that Vogel is right.



served that the writer quoted speaks of *recent* cases. From the prodigious muscular strength which maniacs sometimes exhibit, it is evident that the nervous system must have received a tremendous impulse from the brain.

Much more curious matter connected with the blood and bearing on certain diseases might be quoted; but it is too purely chemical, without the least allusion to, or any connection with, vitality. From the cases I have selected, I think the importance of studying the blood both in relation to its chemistry and its vitality, in health and in disease, has become evident.

In the *New York Journal of medicine* for Nov, 1844, it is observed that Simon & Andral show that in the early stage of tubercular consumptions the blood corpuscles greatly diminish in number. This remark was abundantly confirmed by professor Riddell on the 17<sup>th</sup> July. He examined under the microscope fitted up with the Spencer lens, the blood of a consumptive patient furnished by Dr. Fenner, within two minutes after it had been taken. He informed me a few days afterwards that the appearance which peculiarly struck him, was the remarkable irregularity of the blood corpuscles. That they differed much in size and shape from normal blood, but that there were those of a mean size which exhibited no great difference from healthy blood. This blood coagulated readily, and when treated with chlorate of potash, the vibratory motions were observed, which have been witnessed and described on former occasions.

It will be remembered that we could distinctly see the blood corpuscles, and in motion *four* days after healthy blood was drawn. But in the blood of the consumptive patient, which I had an opportunity of examining the *third* day afterwards, I did not see a single matured corpuscle. A few monads could be seen; but small slim vibratory worms were more abundant.\* I saw two or three half grown monads or corpuscles, and one with a decided alkaline appearance. Dr. R. was not willing to affirm that there was a very sensible falling off in the number of the blood corpuscles, when he made the examination, but he stated that he inclined to the opinion. It is probable that his attention was not directed to this particular point; for we often have before us a field of vision which may have comparatively much fewer blood corpuscles and monads than what may be seen in another field. Hence unless there is some particular object in noticing the particular points, it may escape observation. From a comparison between normal blood, and the blood of this patient as alluded to above, there is evidently a tendency to more rapid disorganization in cases of consumption, than in healthy blood.

The writer of the article physiology in the *Encyclopædia Americana* speaking of blood, says it is a fluid endowed with life, and is spread all over the organisation, diffusing new matter and life in innumerable currents. From remarks in connection with the foregoing, I am induced to believe that the vitality of the blood is more frequently inculcated by German professors and physiologists than I was aware of.

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\* Such as were referred to the Urine in the blood and urine furnished by Dr. Hale.

From the foregoing remarks and quotations we see what importance has been attached to a correct knowledge of the blood by the most eminent physiologists on the continent of Europe. Some have devoted themselves solely to the consideration of its chemical properties. They have estimated the average normal quantity of serum with its specific gravity; the quantity of fibrine and of albumen; with a careful analysis of the whole; nor have they been inattentive to the normal or deficient quantity of water, or to the number and size of what they call blood globules, or to the amount of iron in the blood, constituting directly or by chemical combinations, the coloring matter of the venous and arterial blood. They have used the microscope diligently. They have measured the diameter of the globules, not only of the human blood but of frogs and other animals, including various kinds of fish.

Others have studied the blood in connection with disease. They have patiently and carefully noticed the changes that take place, not only in different diseases, but at different periods of the disease; in recent and in chronic cases. They have examined it in cases of plethora, anæmia chlorosis, hæmorrhagic diseases, intermittent fever, dysentery, typhus fever, puerperal fever, in diseases of the spine, scorbutis, carcinoma phthisis, diabetes mellitus, mania &c. &c.

The result of their labors forms a mass of most important and interesting facts, with which every student and every practitioner of medicine should endeavor to make himself acquainted. We have moreover seen that both in France and Germany, (and probably elsewhere) there have been amongst the most distinguished philosophers and physiologists, some who inferred the vitality of the blood, although they could neither prove it to themselves, nor demonstrate it to others. But how much must the importance of this subject be enhanced, by the discovery of the distinct and independant vitality of the blood, established by all those proofs, which naturalists demand, and deem as final and conclusive.

Every Hospital should be provided with one, or more microscopes of great magnifying power; and especially of powerful defining capacity, so that blood in all diseases could be examined without any delay, in relation to the exalted or depressed vitality of the corpuscles, and all other circumstances of importance or interest therewith connected. What an admirable opportunity this would afford for trying the effect of various medicinal agents on the blood, with the view of establishing the most definite and clear ideas of the precise remedies to be prescribed as best adapted to this or that disease. An amount of knowledge might hereby be developed and accumulated, which would throw such light on pathology and therapeutics, as could scarcely fail to produce something like a consistent uniformity in the practice of medicine. The expression "Doctors will differ," is as old probably as the origin of the science of medicine, and *that* together with the fact that certain diseases have ever been deemed incurable, has been the cause of the opprobrium of the profession; and is undoubtedly the true reason why there are so many irregular practitioners, and such a variety of systems from the Thompsonian to that of Homœopathy.

We can clearly see that many articles that act unfavorably on the blood after its vitality has departed, exert a very different influence

during the existence of life. Dumas speaks of sal ammoniac as producing a dark violet color of the blood when exposed to the action of oxygen, and hints that there is some connection between this action and the commonly received supposition that scurvy is produced by the use of salted meat, and he also speaks of the injurious action of sal-ammoniac on the blood.

In our experiments we did not find this article to act unfavorably on the blood, and it cannot be denied that properly prepared, it may be applied externally with good effect, and in proper doses be internally administered with safety and advantage.

I have already spoken of muriate of soda as being one of the necessities of life, and endeavoured to explain the circumstances which bring it into disrepute as the cause of scurvy. There is no necessary connection in the case. It has been seen that of every thing we have tried on the blood, muriate of soda has exerted the most beneficial influence, putting an end at once to any tendency to impaction or congestion, and exciting the most lively motions in the blood corpuscles and monads. Salt Meat is almost the sole article of animal food in many of the southern states, and is consumed alike by black and white, rich and poor, old and young, and yet scurvy is not the consequence of this diet. A case may occasionally be seen, and yet be attributed as much to other causes as to that particular kind of diet.

In connection with this subject and towards the close of this article, I shall here introduce some remarks which I have just met with in the Boston Medical and Surgical Journal, by Dr. Leonard who has written on the different varieties of Diarrhœa. Writing of lienteria diarrhœa, he says alteratives, tonics, &c., were not alone sufficient to make up for the great waste of the system; that the food which can be thoroughly digested, and that kind of nourishment which contains what will best supply the lost atoms \* must be furnished or the patient will inevitably sink. "Having seen the good effects of salt meats and fish in Lienteria, reasoning analogically, I came to the conclusion that the salt increased the serum of the blood, as is the case when injected into the veins of fever and cholera patients, and that the fatty matters were taken up for margarine, oleine, and other compounds of the body. In 1848 I communicated my opinion on this subject to one of the Medical Colleges in New York. In reply to my letter, the learned Professor says, "your suggestions as to the *modus operandi* of salt provisions is certainly ingenious, and the analogy with the benefit supposed to have been derived from saline injections into the veins in cholera is striking. Yet more striking is the analogy with the cases of fever reported years ago by Stevens.\*\*\*\*\* The fact, the great practical fact that salted meat and fish do good is well established." Dr. Leonard continues: "The circumstances that salt has been used in cholera, and that out of a thousand cases not more than six per cent died of those who had the saline treatment, has at length given me more firmness in my theory than I possessed before. Dr. Stevens gave salt itself (after using saline medicines) in the second stage of cholera, with most wonderful success."

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\* He no doubt means blood corpuscles.



He speaks of salt rendering the blood serous; if it increases the quantity of serum in the blood, without injuring the corpuscles, of which I think we have sufficient proof to cause us no fear, it cannot, I should suppose, be otherwise than beneficial in cholera. This accords with the practice of Dr. Hopkinson of Philadelphia, to which I alluded in the first number of this series, and with the interesting facts contained in the letter with which Dr. Adler favored me, and which was published in the second number. It also accords so well with the experiments made on blood under the microscope in the university, that I feel disposed to make another quotation, even at the risk of being thought tedious.

“I could relate several instances where this kind of saline treatment has been successful, one instance was in my own family, the patient a child of two years and a half old. He had dysentery most severely, and *lienteria* came on as a sequel. I had despaired of his recovery; but in this emergency when he was scarcely able to lift a hand or speak, I took him in a chaise and carried him a short distance every day. He took salt pork and brandy and *nothing else* for many days. I shall never forget with what greediness he seized the first morsel of broiled pork that we gave him. Had he possessed sufficient strength, his voraciousness would have appeared like the ferocity of a hungry beast, so eager was he to take it. He was allowed only a small bit at first, and gradually the quantity was larger. Weak brandy and water was his principal drink. He regained his wonted health in a few weeks.”

I have to omit much interesting matter in relation to the use of saline and alkaline remedies in malignant cholera, and cholera infantum cited by Drs. Lepnard and Stevens. Dr. Rush observes that he has seen many children recover from being gratified in an inclination to eat salted fish.

I regret that all that has been written in these articles on this subject could not have been embodied, so that accordance of testimony might be clearly seen. It will not however be overlooked by careful and attentive readers who feel an interest in the subject.

I have not met with a more remarkable proof of the prolonged vitality of the blood, after sensorial death has *apparently* taken place, than in an article called the “catechism of parturition” by J. E. Pattison M. D. in the *Western Lancet*. He says “cases are also on record in which delivery has been effected without mechanical assistance, even after the death of the mother.”

Some might be inclined to refer this to a lingering contractile muscular power, but I can form no such idea of contractility or of any other of the phenomena of the living body, any longer than the vitality of the blood endures.

V.—*Practical Remarks upon Ipecacuanha, with a formula for a more uniform and efficient preparation of the syrup, than that laid down in the Dispensatories.* By EDWARD JENNER COXE, M. D. New Orleans.

Before noticing the main object of these remarks, it may prove neither uninteresting nor unprofitable to direct attention to some of those diseases in which this medicine, or some of its preparations and combinations, may be employed. The value and efficacy of ipecacuanha, as an emetic or expectorant in many affections of the respiratory organs, more particularly of children, are too generally conceded and acted upon to require an extended notice.

In dysentery, ipecacuanha has been and continues to be much used.

By Mosely who held it in high repute, ipecacuanha was given in doses of half a drachm to two scruples, and by the late Professor B. S. Barton, it was regarded as almost a specific, particularly in cases of a typhoid character. In chronic diarrhœa, small doses of the powder repeated several times a day, either alone, or preferably in conjunction with opium or dovers powder, will be found of great value, and frequently, with strict attention to a proper regimen, will succeed in curing many most unpromising cases.

In these last cases, when dependent upon, or connected with, derangement of the biliary secretion, additional power will be given to the above by uniting with them two or three grains of blue mass to be repeated every night for three or four nights, and subsequently every third or fourth night as long as may be deemed requisite or advisable for the individual case. In hemorrhage from the lungs, or uterus, small doses of ipecacuanha, combined with sugar of lead and opium are used with decided benefit.

In hemorrhage from the stomach, large doses of ipecacuanha have been strongly recommended, more particularly by Dr. Condie who has published some valuable practical remarks upon the subject.

In the early stages of the bowel affections of children, no less than in adults, an emetic of ipecacuanha, will often succeed in arresting the progress of the disease, and rarely fail to prove beneficial.

Combining from one fourth to half a grain of ipecac, with a minute portion of opium, and two or three grains of blue mass, the alterative properties of this last are materially enhanced, and will be found of great benefit in most of the mild cases of biliary and bowel derangements so prevalent in this region, at different seasons of the year.

With the exception of that sudden and often fatal disease, croup or Hives, there are perhaps none of the pectoral diseases of children, in which the syrup of ipecacuanha may not be resorted to with advantage; but in croup, no little experience, and an almost uniform success in its treatment, authorize the confident belief, that we possess no one remedy or combination of remedies comparable or equal to the well known Coxe's hive syrup, provided it be properly prepared. Dr. Good has remarked, that the ipecacuans concur in operating very generally upon the skin,

at the same time that they excite the stomach, increasing in a slight degree the discharge of mucus from the lungs, and adding a little to the peristaltic motion of the bowels, while the antimonials act more violently upon the stomach, bowels and skin, but less upon the mucous secretions.

To recur to the syrup of ipecacuanha, I may remark, that being obliged to prepare it frequently, and finding the process recommended in the United States Dispensatory attended with unnecessary trouble, and, without constant care, great probability of a want of uniformity in the preparation, I adopted, after many trials, the following formula, which can be depended upon at the bed side, and which has been found to keep well in this climate.

℞.—Ipecacuan. Rad. Contus.	℥iv,
Aqua	℔ ij,
Ip. Vin. Rect.	℥x,
Sacch. Alb.	lbs. iiij.

Macerate the bruised ipecac in one pint of boiling water for 12 hours, then add the remainder of the water and alcohol, and continue the maceration for five or six days. Place the whole in a small displacement apparatus, returning the fluid that passes until it becomes perfectly clear, and then continue to pour a small quantity of water occasionally upon the surface, until two pints and ten ounces by measure shall have passed. Now add the sugar, and with a gentle heat, evaporate until the syrup shall be of a proper consistence, readily ascertained by occasionally taking out a small portion and allowing it to cool. When of a proper consistence, pass it through a small quantity of fine tow placed in the tube of a funnel to render the syrup clear and transparent. Three pints and ten ounces of syrup is the quantity obtained, and is in point of strength nearly double of that prepared by the usual formula, which I consider an additional recommendation.



VI.—*Plan proposed to be pursued, to investigate the organized matter, contained in the atmosphere, during the prevalence of Yellow Fever, in New Orleans.*

(Branch Mint New-Orleans, September 13, 1847. Read before the Physico-Medical Society, September 1847. By J. L. RIDDELL. M. D.)

A year since, yellow fever prevailing moderately, in sporadic cases, I rigged up an apparatus, to detect organized matter in the atmosphere. The apparatus consisted of an india rubber bag holding 100 gallons, to which a stop-cock was adapted. This bag was twice filled by means of a large hand bellows, from the air on the west side of the mint, a few feet, say 2 feet, from the surface of the ground. Each time, the bag was subsequently placed under weights, apparatus was adapted to it, so that a very fine stream of the air was delivered 3 inches below the surface of water thrice carefully distilled, and contained in a 10oz. glass stoppered numbered bottie. It took about 72 hours to run the 100 gallons of air through the 5 ozs. of water. Before beginning this experiment of washing air, each time, the water was examined with a magnifying glass, and scarce any thing in the way of dust could be perceived in it. As the experiments progressed to the conclusion, myriads of microscopic motes became visible. The silver end of the air-delivering tube became in both cases incrustated with minute, white bright shining crystals, which I presumed were derived from the condensation of vapors of naphthaline, or some analagous substance: for the bag was made of strong cloth saturated with some preparation of caoutchouc, which I presumed was the source of the crystals. After standing exposed to light for a year, the bottle carefully stopped and covered, there appears a whitish deposite of filamentous and granular matter, considerably more copious than I expected from the appearance of the water immediately after transmitting the air through it.

Now from many observations made, and facts known to me I am of opinion that motes of organized matter always exist in the air of the atmosphere. The atmosphere is doubtless the recipient of myriads of forms of organic life, so minute in size as to elude observation, even when the eye is assisted by the microscope. The amount of these organized motes, as a constituent proportion of atmospheric air, must be inconsiderable: and this amount, whatever it may be, escapes detection in the ordinary analysis of air. In these processes of analysis, or of eudiometry, the oxygen is removed by chemical means, and is therefore directly and correctly estimated. The carbonic acid and aqueous vapor are in an analagous manner easily and justly determined. The residue is set down as nitrogen containing a trace of ammonia. Were it practicable to exactly estimate the nitrogen by a direct process, I am confident its amount would be found to fall somewhat short of its amount estimated as a residue. And further, were it possible to ascertain the truth, I think this difference would be found at least partly accounted for by the presence of the organized motes above alluded to.

It is not easy perhaps, to devise and put in practice a plan for determining the relative amount of organized matter in air. Within a year past

I have thought much upon the matter, and it seems to me the most promising plan which I have as yet thought of, consists essentially in the condensation of the aqueous vapor contained in the air by means of ice or cold water.

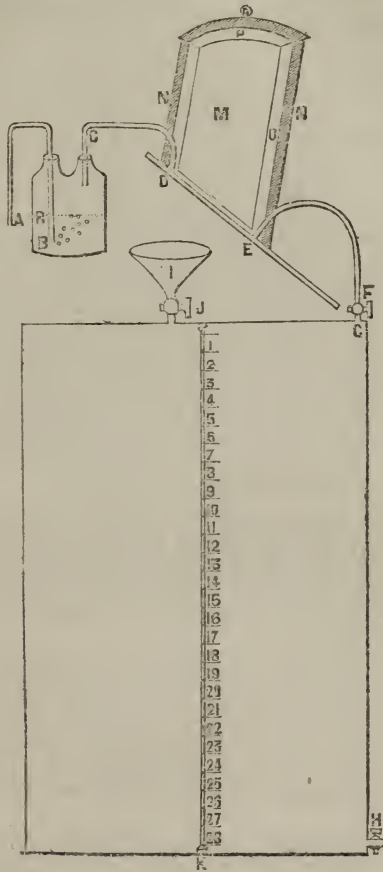


FIG. 1.

The above figure represents the essential parts of the apparatus, which I have now in progress of construction.

The air to be examined for motes, is admitted into the apparatus at A, a glass tube. It gurgles up through pure distilled water at B, in perhaps a 3 oz. two necked bottle, R, the surface of the water. The water at B, may retain a portion of the organized matter sought for; no doubt it will; but I am of opinion that most of the motes will still pass on, the principal object in passing the air through the water at B, being to saturate the air with the vapor of water, in order to render more efficient the subsequent condensation. The air proceeds on through

the tube C, to D, where it passes through a piece of French plate glass, say six inches wide by ten inches long, there being another similar plate below and parallel to it, say one twentieth of an inch distant, or any other small distance. The structure of this part of the apparatus may

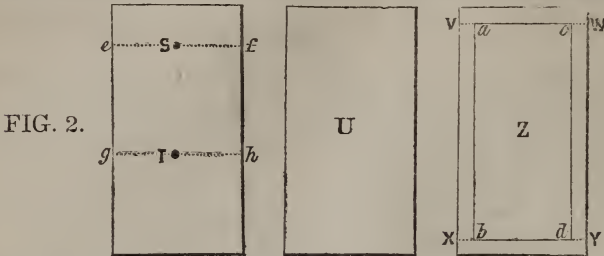


FIG. 2.

best be understood by reference to the above figures. It is a rectangular vessel made from three pieces, of best Frenchplate glass. Thus: S T is the top piece, S on opening corresponding to D fig. 1. T, an opening drilled through, like S, and corresponding to E, fig. 1 U, is the bottom piece, perfectly plain; Z is a middle piece, prepared by a glaziers diamond. Two cuts are made, V W and X Y. the glass is broken to correspond. Two cuts are then made upon the middle portion a b and c d; the strips are broken off, and saved, the middle portion Z is rejected. Place the four reserved strips upon U, adjust them with great care, lay S T upon them and clamp them securely together.

A copper box M. Fig. 1. is placed upon the plate glass structure, the base of said box corresponding to e f. g h. Fig. 2. This box is laterally surrounded by a wooden box N, N, Fig. 1. the intervening space O, being filled with saw dust or charcoal powder, and a similar structure P, used as a cover. M, is designed to contain ice, which is to keep the space of S, T, e f. g h. Fig. 2, cool.

A deposition of dew must take place in the plate glass below M. as the air comes in contact therewith. That portion of the rectangular space below E. Fig. 1, is designed to receive the accumulated deposition of dew. I presume that the formation of this dew will moisten and entangle the organized motes contained in the air; and that a notable portion of them, perhaps most of them, will be deposited along with the liquid water.

G H L is a copper vessel holding 28 gallons. It is filled with water by means of the funnel and stop cock I, or by connecting I, with the city water works. When all is ready for operation, the stop cock at H, is opened, and also the stop cock at F, connecting with the apparatus before described, while I, is closed. The exit of water from H, will cause a simultaneous current of air, through the apparatus, in the direction A, B, C, D, E, F, G. J, K, is a glass tube connected with the copper vessel, and showing by the accompanying graduation, the amount of air that has traversed the apparatus.

If it be required to pass through this apparatus, the air from any particular locality, it can be done by collecting the air first in a large gas bag, which may then be connected with the apparatus at A, Fig. 1.



In the construction of the apparatus before described, several screws, coupling arrangements and supports will be found essential, which are not depicted in the figures. Gallows screws or coupling arrangements will be found necessary at D, and E, where the pipes connect with the plate glass recipients.

What results may be anticipated from these experiments and researches ?

1st. I suppose the recipient R, will detain the most of the mechanical dust, dead filamentous matters etc, and some of the living motes of which I am in search. 2d. I suppose the plate glass recipient will collect most of the more subtle organisms, the more attenuated living motes, from which are somehow produced in men and animals, miasmatic maladies. I must construct very small phials, with plate glass, on the same principle as the recipient D, E; into these I must carefully transfer the liquid that will accumulate below E. Thus I may conveniently subject the liquid to microscopic observation. I will take a known and aliquot part of all the liquid so collected, evaporate carefully, and attempt to determine the weight of the residue. I will perform a similar evaporation when I have pure sulphuric acid present: a dark stain will indicate the presence of organized matter, and perhaps by this evaporation I may better determine the weight of the residue.

The liquid collected below E, if it contain much organized matter, will, if inclosed for some considerable time, probably take on the putrefactive fermentation, which will doubtless be obvious from the odor exhaled.

And if, while the atmosphere is charged with the germs of yellow fever, the said liquid be carefully collected, may it not contain the living cause of yellow fever? And might not that disease be produced in the system of an unacclimated person, by introducing some of this liquid into his veins, or into a fresh wound, or by applying it for some time to a denuded surface? Might not immunity from danger be commanded by judiciously resorting to this kind of inoculation?

All these are queries perhaps premature at present. I set them down, that they may not hereafter be overlooked, if fortunately there should be opportunity to investigate them.

One hint further I will record, regarding the construction of the plate glass phials, for microscopic inspection of the liquid collected: Vide Fig. 2. Let the plates S, and V, be of thin transparent mica, say one inch square, and let the intervening plate Z, be of plate glass, cut and prepared as before described. The clamp holding the parts of the vessel together might be four straps of sheet brass, each strap bent so as to clasp the two mica plates on opposite sides.

UNIVERSITY OF LOUISIANA,

NEW ORLEANS, July 23, 1850.

DR. HESTER; Dear Sir:—Months and years have elapsed, since the foregoing plan of making certain atmospheric researches, was submitted to the Physico-Medical Society. The apparatus has been principally constructed as set forth, yet I have failed to make the thorough researches intended. In truth, I find I devise habitually more work in

the way of research, than I accomplish. By submitting the foregoing to the readers of your journal, the hints may be improved upon and put in practice by some one, resulting perhaps in an increase of knowledge of the constitution of the atmosphere.

By recent microscopic observations, with the very best instrumental means, I have seen what others have heretofore described, earth, air and impure water teeming with minute active forms of life; or abounding with passive organic germs, of exceeding minuteness, readily capable of assuming, under favorable circumstances, the active functions of vitality.

That organized corpuscles exist abundantly in air, is with me, a matter demonstrated. To determine whether the relative amount, (always small, perhaps near 1 part by weight to 50000 parts of air) varies, in different localities and seasons, requires researches like those I have described. Such researches, by the aid of the microscope, might also show, that corpuscles of different appearances predominate at different times and places. In short, the whole subject is well worthy of diligent pursuit. J. L. RIDDELL, M. D.

Prof. Chemistry, University, La.

VII—*Extracts from the Proceedings of the Mobile Medical Society, Ala.* BY GEO. A. KETCHUM, M. D.

*Cod liver oil in incipient Phthisis; Singular idiosyncrasy in an asthmatic patient, relieved by the use of strychnine. Chinoidine a substitute for quinine. Vaccination; Hemorrhagic diathesis; extraordinary case of gun shot wound of the knee-joint. Election of Officers of the Society for the ensuing year. Members of the Board of Health of Mobile, July 1850.*

MAR. 15. *Cod liver oil in Commencing Phthisis.*—Dr. Ross said that a man had applied to him who was troubled with an almost constant spitting of red arterial blood, slight irritation about the lungs, and a constant tendency to cough. The blood was spit up without any apparent effort. He had prescribed at first, pills of opium and acetate of lead without any relief; counter irritation, antimony, and digitalis were also used but with no beneficial results. The hemorrhage still persisted and cod liver oil was advised. The improvement in a very short time was most decided and under the continued use of the remedy the symptoms disappeared entirely.

MAR. 15th. *Singular idiosyncrasy in a patient with asthma.*—Dr. Geo. A. Ketchum, mentioned a singular circumstance attending a case

of asthma of two years standing. The patient, a man of thirty five years of age, had been a great sufferer from the disease for two years, during the whole of this time he had been unable to repose on a *feather bed* or even a feather pillow, without provoking a severe paroxysm of his disease. In fact the moment an article of this kind was brought in contact with him his sufferings began. The Dr. had several opportunities of satisfying himself that the imagination had nothing to do with this peculiarity; strychnine was used with much advantage in this case.

APRIL 26th. *Intermitting Fever.* Dr. R. L. Fearn remarked that he had seen several cases of intermittent fever in which the paroxysms returned with the greatest regularity every twenty-one days. Dr. Gaines said he had recently seen a case in which the attack occurred every fourteen days, on one occasion, quinine had been administered and the paroxysm was prevented; but on the fourteenth day following, the quinine being omitted, the patient suffered from an attack. The disease was finally controlled by anticipating the attack for several successive periods and administering quinine.

APRIL 26th. *Chinoidine.* Dr. Jno. P. Barnes stated that he had lately been using chinoidine quite extensively in his practice as a substitute for quinine, and that he was much pleased with its practical utility. He had found it quite efficient in controlling the ordinary attacks of intermittent diseases. Dr. Fearn remarked that he had first seen this remedy used in 1826 in the alms house in Philadelphia by Dr. Witherill. The experiments with it were quite satisfactory. He had however made but little use of it since, until recently, when he had employed it in several cases where quinine usually produced unpleasant effects, he had been particularly well pleased with it in one or two cases of phthisis when the patient had an attack of chills and fever differing from the ordinary hectic exacerbation observed in that disease. He advised its use in all such cases.

APRIL 26th. *Vaccination.* Dr. W. H. Anderson having read a very interesting paper on vaccination, Dr. Fearn observed that it brought to his mind a very interesting experiment that he was witness to in Mobile some years ago. Twenty persons in one family were exposed to the contagion of small pox. In thirty hours after the first exposure they were all inoculated from the person ill with the disease. The day after the inoculation and two days after the first exposure, they were all vaccinated. The vaccine took in every instance, after the vaccine pustule run through its usual course and declined the inoculated pustule, rose, dried prematurely and fell off, not one of the subjects of the experiments had small pox. Dr. Fearn explained, that these facts were observed under the following circumstances. The head of a family was attacked with the small pox, the children and other members of the family were necessarily exposed to it; no vaccine matter could that day be procured, and it was thought better to inoculate all who were exposed to the contagion than have them take the disease in the natural way; the day after they were inoculated, some vaccine virus was procured from New-Orleans and the result of its use was as above stated.



MAY 24th. *Hemorrhagic diathesis.* Dr. R. L. Fearn reported the following case: A young lad nine years of age had from infancy suffered much from a peculiar hemorrhagic tendency. On one occasion having received a slight scratch from a briar a very obstinate hemorrhage occurred, which was controlled with great difficulty after the lapse of three weeks. Again, on another occasion a brick struck him, and broke the skin to a trifling extent; here the same difficulty manifested itself, and the bleeding continued for twelve days. Fifteen days before this report was made, he unfortunately stuck the blade of a small knife between the thumb and fore finger; it penetrated about one inch. Dr. Fearn who had been his physician from infancy was absent from the city at the time of the accident, and he applied to another doctor to arrest the profuse hemorrhage from the wound; a compress of lint was applied and the hand firmly bandaged. Dr. Fearn saw him on the eighth day, and found after removing the dressings a diffused aneurism filling the palm of the hand and a bleeding fungus protruding from the wound. He supposed that either the *arteria radialis indicis*, or a branch of the *palmaris profunda* had been severed, and hence the aneurismal tumor. The wound was suppurating and pouring out blood continually. Pressure was made on the radial artery but failed to check the bleeding. The ulna, and at last the brachial artery were also compressed, but still the hemorrhage continued unchecked. It was deemed unwise to make any incisions with a view of tying any of the larger vessels. The following plan of treatment was then adopted: the patient was made to keep the recumbent position, with perfect rest and quiet for the hand, low diet was prescribed, the wound was filled with dry lint, and kreosote was administered internally. The object of the treatment being to diminish the quantity and momentum of the blood, and to change, if possible, the hemorrhagic tendency of the constitution.

May 24th *Gun shot wound.* Dr. F. A. Ross related a case of gun shot wound of the knee joint which had presented a remarkably favourable appearance throughout; a pistol ball entered the joint just below the external condyle of the femur, and passing directly through between the articulating surface of that bone and the bones of the leg, came out at a corresponding point on the opposite side, shaving off a small portion of the articulating surface of the tibia in its transit. The Synovial fluid escaped, and about one pint of blood was lost. The patient was brought about 30 miles over a rough road in a carriage and an appropriate treatment was at once begun.

Strange to say, there had been no constitutional disturbance—no pain no tenderness, and but little swelling—rest and quiet had been most strictly observed and the patient was rapidly recovering without even the dread of an ankylosed joint; and without having suffered from any thing save the annoyance from his close confinement.

JUNE 7th. *Annual meeting.* The principal object of this meeting being the election of officers of the Society, little else of importance was attended to, the election for officers resulted as follows: *viz.*

President, F. A. Ross, M. D. Secretary, Geo. A. Ketchum, M. D.  
 Vice President, W. B. Crawford, M. D., Treasure, Jno. P.  
 Barnes, M. D.

Reporter, W. H. Anderson, M. D.

The Board of Health consists of:

Drs. Ross, Crawford and Ketchum

The Board of Medical Examiners of:

Dr. R. L. Fearn,

Dr. A. Lopez,

“ W. B. Crawford,

“ F. A. Ross,

Dr. W. H. Anderson.



VIII.—*On the Treatment of Pneumonia*, BY BENJ. R. JONES, M.  
 D., OF MONTGOMERY, ALA.

A large proportion of deaths amongst our black population (perhaps a sixth) may be traced to pneumonia and its consequences. Its treatment then is a matter of great importance. According to our standard authors, all that would seem to be necessary, is, to use the lancet with a bold hand and to give tartar emetic by the drachm; each of which, my observation teaches me to use sparingly in this climate—that the lancet can and should be used in many cases, in the incipient stage, I do not deny; but not to the extent, nor with the frequency that the young physician would be led to believe, who will consult any of our systems of practice. At least one half of the cases that I have seen, would not bear depletion by the lancet—the pulse being compressible, small and frequent, the vital energies of the system requiring support, instead of reduction. When, however, indications warrant it, the patient having a free, strong, or corded pulse, I invariably bleed, and with advantage, but yet I have seldom repeated the operation, and never for a succession of days as some do.

The intolerance of blood-letting is not peculiar to pneumonia, but is equally observable in other inflammatory affections incident to our climate.—Here, too, the strength of the system seems to succumb more readily to active cathartics, and to a violent paroxysm of disease, than it does in higher latitudes.

As to the use of tartar emetic, so highly lauded by Laennec, and placed second only to bleeding by most other writers, I have been peculiarly unfortunate; having, in almost every case in which I have used it, brought about the very state of things least conducive to a favorable termination of the case, viz, a gastro-enteritis, of which, the only two patients, that I now remember to have lost of this disease in the last six years, died.

The first, I left as I supposed in a very favorable condition about the

fourth day of the disease, taking an antimonial mixture, in conjunction with other prescriptions, with a request that another physician should be sent for if one should be needed, as I was about to be absent from home for some length of time.

On my return I learned that my patient had died of irritation of the bowels, the physician who was called in never being able to restrain them from the time he saw him, which was a day or two after I left.—The other was a negro man whom I saw the second day of his attack, and never had a case to yield more readily to treatment, so much so that I came near dismissing him on the fifth day, but unfortunately, as I think, in this case, I had directed a solution of tart. emetic to be given to control the cough—on the night of the fifth his bowels became irritable, having four large operations, and on the morning of the sixth day, I found him in a state of collapse from which condition I could not succeed in restoring him, and he died the morning of the seventh. Now this termination might or might not have been brought about by the use of the tart. emetic—yet since they both terminated fatally, and are the only two in which I have used the antimonial mixture recently, where I have had the entire control of the case, I think I may be excused for not ranking it amongst the first of our remedial agents in the treatment of pneumonia.

On referring to Dr. Bolling's article on inflammatory affections of malarious Districts, in the July No. of the American Journal of Medical Sciences for 1844, we find his case No. IV—headed "pneumonia;" and treated with quinine, calomel and tart-antim. On the fifth day he records, "three or four thin bilious evacuations,—he continues the antimonial mixture every second hour; on the seventh day, he says, "the bowels have been very open and the discharges thin and watery, tongue furred at the edges, and covered on the dorsum with a thick brown coat, cough has almost entirely ceased" and from this time his utmost exertions are required to combat this metastasis into gastro-enteritis, for the next thirteen days before the patient is considered out of danger. He then remarks: "In this case an occurrence took place, which is by no means unusual with us here, in the treatment of acute thoracic diseases, particularly when tartaremetic or calomel is used to any extent and more especially when they are used in combination; viz, the supervention of gastro-enteritis, about the time or soon after a considerable amendment, has taken place in the original disease, sometimes indeed the secondary disease and that very rapidly too, proving fatal after all evidences of disease of the lungs have disappeared." He then records his case fifth, headed Pneumonia succeeded by congestive gastro-enteritis. This patient is treated by bleeding, calomel, quinine and antimonial mixture; on the fourth day of his attack we find he has three bilious evacuations, but he is much relieved of his thoracic affection; on the sixth day the quinine is omitted, but the antimonial mixture continued, & on the morning of the seventh, we find the notes beginning: "he is much worse; about midnight the perspiration ceased and his skin gradually became hot and dry, he became restless and uncomfortable, vomited once and had several thin, serous evacuations, his tongue is dry and fiery at the edges,



abdomen tympanitic, pulse 140," and despite of every effort made to relieve him he died about dark..

Now, why this sudden transition of disease should be "no unusual occurrence with us here in the treatment of thoracic affections, is a mystery to me, as I can see no sympathy between the lungs and bowels, likely to produce so powerful an effect, unless we find it, as the Dr. very shrewdly conjectures, in the administration of tartar emetic and especially when used in combination with calomel."

*Prompt and effectual blistering I regard as the great remedy in the treatment of pneumonia in this section of the country.* The free discharge of serum produced by blisters renders them evacuates as well as counterirritants and this property must be taken into account in judging of their remedial powers; it is not uncommon to find, after a blister is dressed, having discharged serum freely, the pulse weaker and the patient disposed to sleep. Their effect as *local depletories*, gives them a superiority over all other kinds of counterirritants; in the first instance drawing off the irritability from the diseased part and then removing or exhausting it by an effusion of serum; this effusion proves the means of so deriving to the blistered part, that the morbid deposits in other parts are re-absorbed and drained off. In acute inflammations the blistered surface should be large, as their depletory effects are thereby greater, and the irritation not increased in proportion to their size. By covering the entire surface over the seat of the pain with a well spread plaster of tinct. lytta. and allowing it to draw a full blister, you will seldom fail to remove nearly all the distressing symptoms, and although I have used them on the first day of the attack, (and even bled the patient and applied the blister at the same visit,) I never regretted their too early application, or saw any of those unpleasant results ascribed to them by authors; but on the contrary, have had to renew them two or three times during the treatment of a case, where they have not drawn sufficiently at first; in order to allay that irritation and excitement, which we would be led to expect as a result of the blister, instead of its being relieved by it. I account for this discrepancy of opinion in the same way that I do in regard to bloodletting. That just the same causes which operate on the human system in our locality which precludes the abstraction of blood in the proportion that it is required in more northern latitudes, prepare it for the early application of blisters with us. The stage of the disease in which we ordinarily see them prescribed, seems to me to be merely the infliction of unnecessary pain on our patient; for after we have overcome the disease by depletory and other remedies, it is certainly worse than useless to subject him or her to the pain of drawing a blister which now comparatively gives no relief, but confines the patient to the bed for another week.

It is important that the blistered surface should be kept discharging freely, by dressing it occasionally with some irritating ointment or if necessary, by the reapplication of the blister for an hour or two at a time (to effect that purpose,) until all traces of disease have disappeared from the affected lung. It is also necessary to control the exacerbations of fever which occur during the attack, generally once every twenty-four

hours, as also the cough which is always increased at that time; this we will be able to do by the administration of quinine in combination with the comp. pulv. ipecac in the proportions of  $\mathfrak{z}$ i of the former to  $\mathfrak{z}$ ii grs. of the latter given during the remission and about the same amount of the latter with about 1-4 gr., of morphine divided into six portions and given as occasion may require during the twenty-four hours. This prescription I think should be continued daily until the critical period or seventh day is passed. I prefer using the ferrocyanuret of quinine, as, according to my experience, it acts more freely on the cutaneous vessels, and does not distress the patient with tinnitus aurium to the extent that the sulphate of quinine does; and as we have to use it generally for a succession of days, it is very desirable to remove that objection to its use.

Sometimes circumstances may justify or even demand the administration of a mercurial, yet in many cases I have not found it necessary to use any cathartic medicine, but merely to stimulate the bowels to an occasional action, by injections; but in the event that hepaticization should occur in the lung, it would certainly be advisable to repeat mercury with the view of producing ptyalism in order to assist the efforts of nature in removing this diseased condition.

The diet should be strictly antiphlogistic, and of the lightest and most unirritating kind, indeed sage tea alone for its action upon the skin, is much preferable to any thing else. In illustration of the course I have usually pursued, and of the importance of keeping the blistered surface discharging freely, I will here relate a case or two.

Nov. 16.—I visited a little negro girl ten or twelve years of age, who was taken sick two days previously with a chill followed by fever, cough and pain in the side, the fever lasting six or eight hours; it came on again the next night and I saw her early the following morning. She complained of great prostration, pulse small and very compressible, breathing about forty, pain in the left side and very much aggravated by full inspiration; the lower portion of the left lung giving a crepitating sound to the ear applied to the chest, tongue slightly furred, bowels constipated. I immediately directed a blister over the entire seat of pain and gave her six grains of calomel and three grains of Dovers' powder and directed pills containing three grains of quinine one every three hours until twelve grains were taken, leaving small powders of comp. pulv. ipecac with the addition of a little morphine to be given as occasion might require to control the cough. 17th.—11 o'clock—blister had drawn well; pain very much relieved only felt on full inspiration, expectoration free; but slightly tinged with blood, pulse 120, bowels had acted twice,  $\mathfrak{R}$  quinine grains twelve, compound pulv. Ipecac grains six, made into four portions and taken at intervals during the day. 18th.—4 o'clock P. M. patient complaining of more pain in the side, cough more frequent, skin acting well, pulse 110 but feeble, expectoration the same, restless; blister almost entirely dry, as it had been dressed with only one or two thicknesses of cabbage leaves which had not kept it sufficiently moist. I directed a reapplication of the blister and a removal of as much of the detached cuticle as could be gotten off and a continuation

of the pills as the day before. 19th, blister discharging freely, pain relieved, expectoration easy and no traces of blood with it; pulse 90, patient wanting to eat; continuation of the pills two days longer and my patient recovered without any farther difficulty.

Case 2nd.—Mrs. J—, a delicate lady about 35 years of age, was attacked on the night of the 20th of Nov. last, with a chill followed by fever and pain in the right side. She sweated off the fever the next day (21) but on the morning of the 22nd, she had chilly sensations followed by considerable fever with increased pain. I saw her about 3 o'clock of the afternoon of that day; pulse 128 and feeble, dry skin, short and hurried respiration, hacking cough, and pain at every inspiration, no abnormal sound communicated to the ear, that I could detect over the lower half of the lung, but the upper lobe gave the cripitus ronchus indicative of this stage of the disease. She had taken no medicine except a dose of oil which had not acted. I gave her 1-4 gr. of morphine with three grs., of Dovers' powders and directed twenty four grs., of quinine to be given in six gr., doses by 6 o'clock the next morning and a blister covering the entire right lung, except the mamma, to use sage tea when she wished to drink instead of water.

Nov. 23d, 1-2 10 o'clock, A. M. Blister had drawn well with an entire abatement of all the symptoms, pain only on full inspiration, very little cough, pulse 96, bowels had acted once, the cough had required only one or two of the powders of morphine and comp., pulv., ipecac which I had left the day before, with directions to give one as occasion might require. R ferrocyan. quinine grs., twenty-four, comp., pulv., ipecac grs., x. made into eight pills, one to be given every three hours until all are taken.

Nov., 24th. In consequence of constant rain, I did not see my patient until 4 o'clock P. M.—found her pulse 112, a little corded, perspiring freely, which she had done from soon after she commenced taking the ferrocyan. quinine pills; restless with considerable pain in the upper half of the diseased lung. On examination I found that the blister was not discharging, but nearly dry. Gave 1-3 gr., morphine, reapplied the blister for an hour or two and directed a continuation of the pills only diminishing the quantity of the quinine to  $\mathcal{D}i$  in the 24 hours. Nov. 25th, 10 o'clock A. M. patient much better, she says, "as soon as the blister began to burn her the pain was relieved" the blistered surface is discharging freely this morning; skin moist, pulse 100, no cough, but slight pain on full inspiration, slept comfortably last night. I directed that the blister should be kept running freely, and denuded them myself to insure it; pills containing 2 1-3 grs., of quinine and 1 1-2 gr., of Dovers' powders to be given every three hours until I returned, leaving enough to last two days at which time I visited her and finding a pulse of 84 and no return of the pneumonic symptoms, dismissed her cured.

These two cases will suffice to show the general plan of treatment, that I would recommend. I consider prompt and efficient blistering the chief remedy for the local disease, while the paroxysmal character of the accompanying fever is to be moderated by quinine; and the cough con-



troled by the free administration of anodynes. The blister should be large (say eight by ten inches or more. The sooner it is applied the better; and it should be kept discharging during the whole course of treatment.

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IX.—*The History,—Symptoms and Characteristics of Typhoid Fever, as it presented itself to the writer,—with an outline of the Treatment.* BY A. V. FAUT, M. D. OF NOXABEE CO., MISS.

In the May number of this journal an article met my eye, from the pen of Dr. J. C. Harris, of Wetumpka A'a., entitled "an enquiry into the nature and existence of typhoid fever in the South," in which the author remarks, "If such a type of fever as a distinct variety has really an existence, and is generally, or occasionally, endemic in the Southern portion of the United States, it is, we think, time that the profession should be informed of the fact, and of the ground on which its advocates rest its claims for such distinction.

In responding to this call upon the profession, I shall simply give the history, symptoms and character of typhoid fever, as it presented itself to me, during a practice of fourteen years, with a brief outline of the treatment pursued.

The term typhoid is inappropriate, not being expressive of the anatomical lesion so characteristic of the disease. *Iletis* is a better term; and the best description of typhoid fever, which I have met with in books, is under the head of the former disease, by Dr. Stokes. But of its vagueness Dr. Harris cannot complain, since his addition of the term malarial fevers—malaria having no existence, save in the imagination. Without stopping, however, to dispute about names or causes—being useless and unprofitable, practically, I shall at once enter upon a description of the disease called typhoid fever, as it has presented itself to my observation.

Having met with this disease but seldom, in an idiopathic form, I can but believe that it is a rare disease. In the winter of 1843, whilst living in Talladega, Alabama, I met with the disease for the first time in an idiopathic form. It made its appearance on the plantation of Mr. C., situated about twelve miles north-east of Talladega town. Out of fifty negroes, of various ages, living on this farm, not more than five escaped the disease; and they were well fed, clothed and housed.

The symptoms in these cases, were marked and characteristic; the tongue being pale and slightly covered with a white coat, and as the disease progressed, and the inflammation approached the stomach, the coat increased and the edges became red; no headache; a peculiar

brilliance in the expression of the eye; the pulse, for the most part, soft, compressible, and as often below as above the normal standard—ranging from fifty to eighty and ninety beats to the minute. The skin is dry and but little changed in temperature from that of health; no thirst; urine but little changed as to quantity, but high colored; appetite generally craving, without ability to take much when presented. There is sometimes slight tympanitis; no pain upon pressure over the abdomen, but almost invariably a gurgling sound is produced by pressure made over the iliac region; watery discharges from the bowels—difficult of change by mercurials, or of restraint by opiates or astringents, and as the disease progresses, become mixed with blood. There is no local pain; no restlessness or complaint—the patient frequently sitting upon a chair. In the latter stage of two of the cases, paralysis came on, at first partial and then general; without derangement of the intellectual faculties. One of these patients was about twenty-five and the other five years of age; the former died and the latter recovered. These cases, at the outset, were under the care of another physician, and were treated actively with quinine and all of the other remedies usually administered in remittents. Nine tenths of the cases thus treated died, and the post-mortem examination developed inflammation and ulceration of the glands of Peyer and Brunner, and if the case had been protracted, the greater part of the ileum had become implicated. After being called in, twenty cases received treatment at my hands and recovered. The course of treatment pursued was expectant in its character. A dose of castor oil and sp., terebinth. was given to clean the alimentary canal of irritating ingesta; cups over the iliac region, followed by warm poultices of wheat bran or mush, and these frequently preceded by the rubbing in of a drachm of the oil of terebinth. Alterative doses of pill. hydrarg., at long intervals, combined with opium or the act. plumbi.; and where the powers of life are much prostrated, plying blisters and the camphor mixture. Where ulceration exists, the nitrate of silver can be administered with great advantage. Light animal broths constitute the regimen in these cases.

Since my removal to this state, I attended a case of idiopathic typhoid fever, in a negro boy about 17 years old and remarkably stout. The symptoms in this case were so insidious and the boy made so little complaint, that his owners, though indulgent and tender with their servants, could not believe that he was seriously ill, and compelled him to sit up and take nourishment until a few hours before his death.

Typhoid fever, consequent upon intermittents and remittents, is remarkably frequent in this locality. The symptoms, however, are very different from those that mark the idiopathic variety. The tongue has a thick coat of white in the centre, changing to brown and black as the disease progresses, with redness of the edges; thirst; tympanitis, delirium, loose state of the bowels, but more easily controlled by medicines, than in the other variety. Heat of skin, sometimes intense, especially over the abdominal region; pulse small and frequent, sometimes tense and sometimes compressible. In the last stage, petechiæ and sudamina, and occasionally epistaxis and intestinal hemorrhage present themselves.

In these cases you can break the periodical fever with quinine, but

the disease progresses, in its secondary form, frequently to a fatal termination. The treatment in these cases should be more active.

What is the difference between typhus and typhoid fever?

In typhus there is nausea, dull, heavy and suffused state of the eyes, an entire disgust for every kind of food, sometimes vomiting; there is considerable thirst, the bowels usually torpid; frequent delirium and restlessness. There is often tenderness of abdomen, and in most cases, a general soreness throughout the whole body is complained of. The heat of skin is considerable at all times and frequently intense.

In typhoid of the idiopathic variety, there is no nausea nor vomiting in the premonitory stage; the eye is peculiarly brilliant; the appetite tolerable: no thirst for cold drinks—the bowels almost invariably loose, delirium seldom, no restlessness, nor tenderness of abdomen, or general soreness, and there is scarcely any heat of the skin. There is invariably a greater frequency and irregularity of pulse in typhus than in typhoid fever.

The difference between typhus and secondary typhoid is not so striking, but sufficiently distinctive to the practised eye.

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X.—*Epidemic or Asiatic Cholera.* By CHARLES McCORMICK, M. D.  
U. S. A., New Orleans.

Cholera is characterized by profound disorder in the vital functions, viz: innervation, circulation and respiration, attended with gastro-intestinal flux, more or less profuse, and a special alteration in the blood and in its circulation.

Like fever, it has its precursory signs, its premonitory symptoms. There is a sense of general uneasiness, (*Malaise*) lassitude, want of appetite, giddiness, sometimes amounting to vertigo,—headache, dimness of sight, dullness of hearing, griping or colicky pains of the stomach and bowels, a sense of oppression—of weight, of rumbling motions of the intestines.

In some rare cases, the period of invasion is passed over, and the patient, without any premonitory symptoms, is plunged at once into collapse.

In a vast majority of cases, however, diarrhœa is the most prominent and extensively recognized *premonitory symptom* of cholera. It comes on suddenly, without the patient having noticed any other of the many deviations from health that may immediately have preceded it.



It is a symptom that can scarcely be overlooked, and therefore arrests the attention of the sufferer immediately.

Epidemic cholera has four distinctly marked stages :

I.—Loose dejections.

II.—Watery discharges by the stomach, bowels and skin.

III.—Corpse-like coldness, and blueness of the skin, or collapse.

IV.—Reaction, choleraic fever, an ataxic condition.

The first consists of a simple looseness of the bowels, the dejections being frequent and more or less copious and thin, the consistence decreasing with each evacuation until it arrives at the next plainly marked stage of the disease. The second period—the evacuations now consist of little else than a watery fluid. With these discharges, the thirst is always intense and the voice begins to fail. The stomach becomes involved, pouring forth the same watery fluid in greater or less abundance ; the skin becomes covered with a cold clammy sweat, at times very profuse and ushered in with this evacuation from the stomach, bowels and skin, and apparently intimately connected with it, is seen the most *painfully* distressing phenomena of this terrific malady ; the cramps and spasms causing the patient at times to writhe in agony, giving forth every expression of pain that human torture could provoke.

The third period follows, and consists of collapse. This seems naturally explained by the waste of the watery portion of the blood, and the great exhaustion of the nervous system, so intimately connected with it, and with the violent cramps and spasms. The voice has become more feeble, the watery evacuations cease, the agony is over, for the spasms have also ceased, and the patient lies indifferent, apathetic, fearless, and craves only drink. The thirst continues intense, becomes insatiable, and seems to exist in a direct ratio to the quantity of watery fluid poured forth by the discharges, and to depend thereon. It seems to arise from an instinctive desire, an urgent demand to supply the waste and drainage of the system. The whole body shrinks, the features become contracted, pointed, peculiar (choleraic countenance,) the patient has a cadaverous aspect, the eyes deeply sunken in their sockets, eye balls rolled upwards or natural, expressing great suffering or total indifference. The skin is as cold as a corpse, clammy and moist, of a blueish hue, varying both in intensity of color and extent of surface it occupies ; the hands and feet, particularly, are so shrivelled and corrugated, and greatly shrunken, having lost at least one third of their bulk, and look as if long macerated in water, (like a wash-woman's hands ;) the pulse is scarcely discernible or extinct, and the action of the heart, feeble ; the air enters the lungs, but respiration is laborious, with a sense of suffocation from the changed condition of the blood, that prevents the full vivifying influence of the air on it—the spissitude being such that it does not flow in the usual channels, which expose so great a surface to the action of the air throughout the minute and abundant capillaries of the lungs. (Hence, from this *obvious* symptom, the name cholera asphyxia.) The voice enfeebled and greatly diminished, has become husky and nearly extinct, and the demand it makes is still for cold drinks, iced water. They complain of being parched, burning up, and yet the whole surface is icy cold, and possesses an exalted sen-

sibility; sinapisms, blisters, &c., are loudly complained of as burning like fire—insupportable; even the hand of a healthy person, brought in contact with a collapsed cholera patient, I have heard loudly complained of as burning. The tongue is cold, broad, flat and dry, or mucous and pasty—the abdomen retracted. In short the whole body has become collapsed, the patient looks more like a corpse than a living being. The blood, changed in its character, deprived of its watery portion, no longer traverses its accustomed rounds, but collects in the heart and veins, especially in the larger trunks, in undue quantity. This change of place, arising from a change of spissitude of the blood, gives rise in its turn to other changes. There is no arterial blood—there is no secretion, perhaps, except that of bile, for, as before stated, the blood has forsaken the arteries and retreated into the veins.

Throughout all this frightful havoc of the physical frame, the mind moves calmly, clearly, self-possessed and begins to feel the destructive influence, or is gone (with but few exceptions) *only* when the brain has ceased to be supplied with ærated blood—only when the individual is in *articulo mortis*.

The fourth stage occurs when an individual becomes collapsed and lives through it, it is one of reaction, a state of ataxic fever, or as Sydenham termed it, *ataxia spirituum*—a nervous disorder: the nervous system not having as yet recovered from the profound shock it has had.

The chief, constant and most conspicuous pathological phenomena is seen in the blood—this fluid is fundamentally changed; it is deprived of its watery portion; its density becomes greatly increased; its equilibrium throughout the entire system is destroyed; it accumulates in undue quantities in the right cavity of the heart—in the vena cava—in the portal and emulgent veins; in fact the whole nervous system is found turgid with this *thick black coagulated* blood; the arteries mostly empty as also the left-side of the heart.

In twenty bodies examined a short time after death such was constantly found to be the condition of the blood—it was also found on placing a quantity of it aside in a vessel until the following morning, coagulated in every instance, but one, the whole quantity in the vessel not containing one drop of serum.

The case mentioned as an exception was that of a woman who had been ill two weeks with typhus fever—took the cholera during the time and died very shortly after. In her case, on examining the next morning the blood that had been taken from her body and set aside it was found all fluid—but *very thick* and *dark*, no sign of *coagulation*—no appearance of serum. In this case it would seem the typhus fever had diminished the fibrin to such an extent that no coagulation took place, and the cholera had robbed the blood of its watery portion; next in frequency and importance to this changed condition of the blood is seen in the bladder—it is empty, no urine in it—perfectly contracted on itself to the size of a black walnut with the hull on. The mucous surfaces, all bedewed to a greater or less extent with a fluid strongly resembling the rice water discharges and which turns litmus paper red, and is coagulated by nitric acid.—The gall bladder is turgid, the ductus chole-

dochus usually pervious—the liver often engorged, the blood returning from it with difficulty on account of the obstruction in the central organ of the circulation—The lungs are collapsed; and usually bloodless.

All the serous membranes are found covered with a tenacious pasty exudation; they are drier than natural.

Usually also the solitary glands throughout the intestinal canal are very much enlarged, become very distinct and prominent, the surface of the intestines somewhat resembling in roughness a nutmeg grate. The glands of peyer also become in most cases exceedingly conspicuous and distinct.

The brain and spinal chord; pancreas, kidneys and spleen, healthy, the latter looking shrivelled and corrugated.

The mucous membrane of the stomach and bowels offered at times widely different appearances—It was seen in some cases intensely inflamed; in others white and anæmic.

Such then are the phenomena of this terrific malady and such the fatal devastations it makes upon the human frame.

Let us now endeavor to trace in as concise a manner as possible its commencement, progress and course, and by the aid of physiology and the pathological conditions found to explain its phenomena. It is thus we may hope to adopt a safe, philosophical and effectual treatment. Alarminglly severe, and fearfully rapid in the course it runs its prominent features are intensely vivid.

From a careful examination of the symptoms of this disease, it is readily seen, that, in this, as in all other cases, the first impression of the cause producing it is made upon the nervous apparatus, that after this its plainest manifestations are all clearly referable to the alimentary canal; there is an exalted sensibility of the stomach and bowels, at the first outset—an uneasiness that very speedily results in loose dejections; an irritation seems to be set up throughout the alimentary canal—the peristaltic movements become rapidly increased—the secretions are profusely poured forth, becoming thinner and thinner, the irritation augments, until it resembles somewhat that caused by the hydragogue cathartics, such as elaterium, but which in its action far outstrips them in effect. When it arrives at its height, the discharges consist solely of the watery portion of the blood, separated from it throughout the whole extent of the intestinal canal. At times it is so extremely abundant that it gushes from the mouth, apparently, as profusely and forcibly as water from a fire plug, and at the same time the dejections are almost as copious and free, resembling in fluidity and color a mustard foot bath, or they are of a rice-water character with a fine white powder settling at the bottom of the vessel, or watery, with white flakes or flocculi interspersed in it, making it somewhat turbid, resembling whey. With this profuse evacuation from the stomach and bowels is also poured out by the skin, a cold, clammy perspiration, more or less copious; sometimes so profuse that the patients look as if they had but that instant been dragged out from a river.

Very soon after these profuse evacuations set in—the vital powers sink rapidly, apparently in a direct ratio to the quantity of fluids poured forth—(although at times they come on after little or no discharge, as



some individuals bear the loss of blood better than others.) The pulse becomes very small and feeble or extinct; intense thirst sets in; the voice begins to fail, the whole system is shrunken and cold, and the circulating blood thrown in upon the intestines and the large venous trunks becomes *darker and darker, thicker and thicker as the disease progresses*. All these occur with apparently but little suffering on the part of the patient, but the instant the cramps and spasms seize him his sufferings become intense and increase with the force and violence of the spasmodic action; he shrieks, he writhes, and begs relief from the agony he suffers.

The disease is now most rapidly approaching to the critical stage—as it progresses, the watery discharges decrease in frequency and quantity until they cease altogether; the virulence of the cramps and spasms, also abates until they too cease; but not so the thirst and husky voice, the thirst at first intense, now becomes insatiable—and the husky voice has become feeble and is only heard in a faint whisper begging for water, iced water; the patient is now in the state known as collapse. The watery discharges have ceased, so also the spasms, and he now lies indifferent, apathetic, fearless.

During the whole progress of this disease, no bile has been seen in the evacuations. No urine is now found in the bladder—none has been secreted.

The patient lies in this condition a greater or less length of time—the system urgently demands fluids; he craves only drink: the favorable symptoms are the return of the pulse and with it the returning warmth of the surface, and generally of the mouth and tongue (for they are the last to get warm again,) the gradual restoration of the features, and disappearance of the blueness, together with the reappearance of bile in the evacuations, and the restoration of the urinary secretions. That there is great disorder in the nervous apparatus is plainly manifested by the changed condition of innervation, (the function of this system which holds under its influence in a more or less direct manner, all the phenomena of life.) When the innervation of an organ is interfered with its functions are seriously impaired. This is the case in cholera, where secretion and absorption, calorification and respiration are so universally and profoundly disordered.

This derangement of the nervous system has doubtless, much to do with the changes subsequently occurring in the circulatory and respiratory systems. But whatever the causes of cholera may be, in what manner soever it may act upon the human frame, its earliest, most intense and constant action, is centered upon the alimentary canal, setting up throughout its whole extent, an irritation, followed by such vehemence of action, that it would seem as if the whole fury of this headlong and destructive malady was here concentrated and continued until by drawing of the watery portion of the blood, the vital powers become depressed, the system undergoes such exhaustion, becomes so deeply and profoundly changed, that it seldom rallies. This drainage—this waste of the watery portion of the blood, is the true pathological condition of this disease; if this condition of the blood obtains long, if it

cannot be changed, in some measure restored to its former tenuity, whereby it may traverse the entire round of the circulation and become properly decarbonized, and the elements of the bile, urea &c., duly eliminated from it, death takes place.

Here then we find a powerful, dangerous irritation set up in a system of nerves, which are "distributed to the organs of digestion and secretion, to the heart and lungs, and particularly to the walls of the blood vessels, on which they form a plexus, whose branches probably accompany their minutest ramifications. The innervation of these organs is interfered with, and their functions consequently, materially impaired; but added to this difficulty, one of the effects resulting from it, in its turn becomes a cause of great difficulty itself, and has a direct and energetic action to increase the morbid changes resulting herefrom. Not only does the deranged innervation make, or cause, great derangement or disorder in the other vital functions, circulation, calorification, respiration, &c.; but the waste and drawing off of the watery portion of the blood which follows, adds to, and greatly embarrasses the already established loss in the equilibrium of the circulation.

The circulation of the blood through the capillaries is determined, 1st, by the action of the heart; 2d, by the contractions, governed by the great sympathetic; 3d, by the active performance of the nutritive, and other operations to which they are subservient.

All this, in cholera, is changed, and partly owing to this deranged state of the function of innervation, but mainly attributable to the loss of the watery portion of the blood—comes on all the alarming phenomena witnessed in the terrible disorders of the circulation, calorification and respiration. The blood, changed in its character, loses its tenuity, becomes thicker and more dense—until its spissitude is such that it cannot enter freely, either the pulmonary or systemic capillaries. In the lungs it is spread out only to a limited extent on account of this physical condition, preventing the blood from entering the pulmonary capillaries—it is therefore but imperfectly decarbonised—even in the arteries the blood is thick and dark—almost in its character venous—the round of the circulation is very imperfectly traversed—the different organs, that for the due maintenance of their normal functions require *arterial* blood, are only supplied with this imperfectly decarbonized blood; its affinities\* in the functions of nutrition and secretion are destroyed, and hence another cause for the retardation or interruption of the circulation, and also for the change and disorder of the functions of the different organs. Of all the organs of the body, the brain seems least disturbed—and when it is so disturbed, we can account for it by the easily venous character of the blood circulating in it.

On examining the bodies of those who have died of this disease in the collapse we universally find—the bulk of the blood greatly diminished—deprived of its watery portion—of the consistence of calf's

\*Arterial blood, containing oxygen, with which it is ready to part, and being prepared to receive, in exchange, the carbonic acid, which the tissues set free, must obviously have a greater affinity for the tissues than venous blood, in which both these changes have already been effected." (Carpenter's Elem. Physiology, page 346.)

foot jelly, and occupying chiefly the right side of the heart, and all the venous trunks leading thereto—the portal veins, the vena cava, in fact the whole venous system is turgid, the arteries empty, or containing but little—so also the left side of the heart usually.† The lungs are collapsed—their capillaries contracted—the blood of such great density that the right ventricle cannot overcome the contraction of the capillaries, and the blood at the same time being so extremely dense, that if there were no contraction, it could not enter. The function of respiration and calorification are deeply impaired. The blood in traversing the round of the circulation, undergoes little or no change in the lungs, and thus becomes unfit for the change it should undergo in the capillaries of the system at large. In the lungs, it cannot get rid of its carbon, or only does so imperfectly, and consequently has but little oxygen to give out in the systemic capillaries.

Syncope, convulsions, and death itself, are the well known and immediate effects of loss of blood, when carried to a certain extent. The cramps and spasms in cholera, are closely connected with the watery discharges, the drainage of the blood—the serous hemorrhage. They are seen to occur at that period when a sudden and considerable quantity of fluid has been lost. They seem to depend thereon and continue until the watery discharges cease and the vessels have become accustomed to the new condition.

The intense thirst and the failing voice also make their appearance with the gastro-intestinal flux and seem to be severe or mild in proportion as the flux is more or less profuse. They too are intimately connected with this loss of the watery portion of the blood.

“The conditions of the sense of thirst are very analogous to those of hunger; that is, it indicates the deficiency of fluid in the body at large;

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† “As the air included in the lungs loses more and more of its oxygen, and is more and more charged with carbonic acid, the aeration of the blood in the pulmonary capillaries becomes more and more imperfect; the quantity of the blood, which is allowed to return to the heart, is gradually diminished, and its condition becomes more and more venous; and at last, the pulmonary circulation is altogether suspended. From the relation which the respiratory circulation bears to the system, in all the higher classes of animals, save reptiles, it follows that the systemic circulation, in like manner, must be brought to a stand. The venous blood accumulates in the pulmonary artery, in consequence of the obstruction of its capillaries; it distends the *right* cavities of the heart; and the accumulation extends to the venous system of the body in general, especially affecting those organs which naturally receive a large quantity of venous blood, such as the liver and spleen. The arterial system, on the other hand, is emptied in a corresponding degree; nearly all its blood having passed through the systemic capillaries; and no fresh supplies being received from the heart. From this deficiency, and from the venous character of the blood which the systemic arteries *do* contain, it results that the nervous and muscular systems lose their powers; insensibility comes on, at first accompanied with irregular convulsive movements; but in a short time there is a total cessation of all movement, except the heart; and the pulsations of that organ become feebler and feebler, until they cease altogether.” (Carpenter’s Elements Physiology, page 706.)



but the immediate seat of the feeling is a part of the alimentary canal,—not the stomach, however, but the fauces. It is relieved by the introduction of fluid into the circulating system, through *any* channel; whilst the mere contact of fluids with the surface to which the sensation is referred, produces only a temporary effect, unless absorption take place. If liquids be introduced into the stomach by an œsophagus-tube, they are just as effectual in allaying thirst, as if they were swallowed in the ordinary manner; and the same result follows injection into the veins, (as was most remarkably the case when this method of treatment was practised in the Asiatic cholera,) or the absorption of fluid through the skin or the lower part of the alimentary canal. The deficiency of fluid in the body may arise,—and thirst may consequently be induced, either by an unusually small supply of fluid—or by excessive loss of the fluid of the body, as by perspiration, *diarrhœa*, &c.’ (Carpenters Elements—Physiology; Lea and Blanchard 1846, paragraph 488, page 284.) A vast majority of the cases of cholera as I witnessed them in Washington city in 1832, and in this city since December 1848, presented the phenomena here traced and although many cases of simple looseness of the bowels or diarrhœa passed off and the patient recovered, this does not invalidate the position I assume, (that during the prevalence of cholera in any place it is right and reasonable to look upon all cases of diarrhœa as the first stage of cholera,) more than, that those cases of mild attacks of fever which we see every year getting well, spontaneously, or with prudence in diet and drinks without the aid of medicine, prove that the vast majority will also get well under the same plan of prudence and care. We know such is not the fact. We know that we possess speedy and sure means of allaying all fevers at their outset, except those rare cases whereof Broussais speaking of the causes of fever says: “at its highest degree of intensity it acts violently on the nervous system, paralyses its energies, and kills in a few moments, without permitting any reaction”—such also happens at times in the action of the cause of cholera upon the human system and with this exception we have effectual means of arresting it also in the far greater majority of cases. In both cholera and fever, the success is far more certain the earlier in the disease we commence the treatment.

To call nothing cholera but collapse and its approach, would be on a par with disclaiming all cases to be yellow fever unless attended with hæmorrhage, or black vomit conditions, nearly, if not quite as dangerous as collapse.

It may be as difficult to diagnose simple diarrhœa from the loose dejections that form the first stage of cholera, as to diagnose remittent from yellow fever. In both cases when we know the epidemic exists, it influences us very much in deciding all doubtful cases. In my opinion diarrhœa is as much the first stage of cholera as a chill is of intermittent fever.

There is no disease milder in its first attack—none more frightful and fatal if neglected. Like a hay rick on fire, at its first outset a grasp of the hand may extinguish it—neglected a few moments, destruction is inevitable.

It is always of great, and sometimes even of vital importance that the patient should be in bed. If this precept is duly attended to in the first stage very often a simple dose of laudanum in a little brandy and water or a table-spoonful of paregoric or a dose of seven or eight grains of camphor in a tea-spoonfull of Hoffmans' anodyne joined with prudence in diet, will prove all sufficient, but this should be trusted to only in slight attacks.

I have usually commenced in ordinary cases by giving one of the following pills, after each loose evacuation, viz:

℞.—Calomel, 3 ss,  
Pulv. Opii. gr. vj,  
M. ft. Pil. No. vj.

In this way in the course of a few hours you will probably have give twenty grains of calomel and four grains of opium, which in ordinary cases, will generally prove sufficient, and even in most severe cases you will have administered as much calomel as will be necessary.

When this has proved sufficient, the evacuations will have become far less frequent and changed in character, especially in consistence. In this early stage, the danger is greater the more frequent and the thinner or more liquid and watery the stools may become. You can continue, therefore, to give one of the calomel and opium pills after each evacuation if of *this character*, until the whole six are taken; and if the passages still continue, it becomes necessary to continue the opium as follows:

℞.—Pulv. Camph. gr. xij.  
Pulv. Opii. gr. vj.  
M. ft. No. vj.

Giving one of the pills after each evacuation, rest in bed, fomentations or flaxseed poultices, applied to the abdomen, and mustard plasters and warm mustard foot baths, prove also highly beneficial.

When the attack is sudden and severe give, ℞j of calomel and from three to four grains of opium at one dose—and even, if very urgent, as much as six or eight grains of opium.

In all cases when the disease comes on *suddenly* and *violently*, or progresses *rapidly* it becomes the practitioner to adopt a vigorous course of treatment, for the second stage supervenes rapidly; in all such dangerous cases the nervous derangement is *intense*—as also the irritation of the mucous membrane of the alimentary canal—at all hazards this gastro-intestinal flux must be arrested—the special alteration that is about taking place in the blood must if possible be stopped; for as it progresses the patient's danger becomes imminent—every watery evacuation adding to his peril.

The remedies that I have found most potent for the second stage with the *rice-water discharges*, are the various preparations of opium, camphor, Hoffman's anodyne, acetate of lead, tannin, brandy broths, seasoned with red pepper, carb. ammoniæ. &c.

Opium is a remedy of infinite value; in the early stages of this disease, I consider it as nearly indispensable. There has scarcely a prescription been given for this disease in any part of the world where the disease has prevailed in which some preparation of opium has not been

named as one of its ingredients. The almost universal consent of physicians in all parts of the world is in favor of the early administration of opium; I myself have found it of far more value than any other. It can always be safely and beneficially employed by any prudent practitioner.

Inasmuch as the danger of the disease depends upon the frequency and profuseness of the discharges. I have found it a very safe and good practical rule to direct one grain of opium to be given after each loose evacuation---thus in severe cases the discharges being more frequent a large quantity of opium is taken in a given time, and it is required because the irritation is greater.

There are many cases, however, in which there is no time to lose, and the remedies must be given in as full doses as safe at the first outset. I have given six grains of opium at the first dose in extremely hazardous cases, and with signal success, in many followed up by the use of camphor and Hoffman's anodyne, as follows, viz :

R.—Pulv. Camphor ʒj.  
Hoffman's Anodyne ʒj,  
M. of.

A tea-spoonful to be given every half hour or hour, in a little brandy and water---This is a very valuable sedative and is found to favor the action of opium and can safely be given, when to give more opium would be imprudent. Opium has a direct tendency to tranquilize and calm the nervous derangement so conspicuous in severe cases; beside in a great majority of cases, promptly arresting that most dangerous of all the phenomena of cholera---the gastro-intestinals flux. But the moment the watery discharges cease, opium is capable of doing, and has doubtless done sad mischief, during collapse, its administration is fraught with danger even in small quantities; and in large, it is eminently perilous, and should not be given. It must also be used sparingly and with great caution during the ataxic period following collapse.

I have combined the calomel with the opium, with a view to its laxative effects, and find less costiveness following this treatment than where the calomel has been omitted.

In the second stage, where the *watery* evacuations set in, I have derived great benefit by combining acetate of lead with the opium, and also from the use of tannin as before stated, the formula is, viz :

R.—Acet. plumb., ʒj.,  
Pulv. opii., gr. xij.,  
M. ft. pilul., No. xij.

Giving one after every watery evacuation, and if these are copious, oftener, or in larger doses, say two or three pills at a time.

Or it may be given by injections thus, viz :

R.—Acet. plumbi., ʒj  
Tinct. opii., ʒj.,  
Water, ʒvj.,

Give one-half as an injection, and repeat if necessary. The use of brandy toddy, and of beef or chicken broth, seasoned with salt or red pepper, will be found useful, and should be given the more freely, the more severe the attack is.



Whenever the first stage is severe, and always in the second stage, direct a large blister to be applied over the epigastrium—and give in addition to the other remedies, viz :

℞.—Carb. ammoniæ,  
Pulv. gum Arabic, a. a., ʒij.,  
Water, ℥vj.

Next direct a table-spoon full every fifteen minutes or half hour, as may be necessary, using with it, brandy toddy freely.

In the collapse, little can be done except to endeavor by all means in our power, to restore through the absorbents, the lost serosity of the blood.—Give broken ice as freely as it is craved.—Give animal broths, seasoned with salt and red pepper—also brandy toddy. Most usually in this condition but little can be retained in the stomach and it will therefore be found judicious to exhibit them by the rectum. Say, to give from one to two table-spoons full of brandy, mixed with four ounces of beef tea, chicken broth, &c., and repeat it every hour or two as it can be retained. I have several times known *good* champagne wine, when properly cooled, by surrounding the bottle with ice, to be retained in the stomach, when no other fluid would be. If we can, by any means cause *fluids* to be retained in the stomach or rectum, during the collapse, we give our patients every chance we can of his recovery. It is *thus* placed in contact with the absorbents, and this is all we can do, it remains for them to act; if they do act, life may be saved, otherwise it cannot.

The ataxic fever is the condition in which death oftenest occurs. It is extremely dangerous, and requires judicious treatment and close attention, the main indications are to sustain the system, to supply it freely with nutritious broths, and try by these means combined with stimulants, such as brandy, champagne, carbonate of ammonia, &c. combined with camphor and opium, using, the latter especially, with extreme caution, I have found mostly useful.

There is one fact fully established, during the late epidemic, at the Charity Hospital. It is this, those patients (and there were a great many of them,) who passed through the disease without having had any opium given to them at any period of the disorder, passed through the following stages of the disease and died precisely as those who were treated with opium: died apparently narcotized—comatose—this is readily accounted for, by the circulation of black blood through the brain.

## Part Second.

### REVIEWS AND NOTICES OF NEW WORKS.

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I.—*A Practical Treatise on Inflammation of the Uterus and its appendages, and on Ulceration and Induration of the Neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, &c., &c., &c. Philad., 1850.

Nominally, this claims to be a second American edition, but it is in fact a new work, being more full and complete in all its parts, embracing a full history of the various pathological changes produced by inflammation of the uterus and its appendages, at the various epochs of female life.

Taking *inflammation* as the basis of the work—as the primary source of nearly all the serious diseases to which the uterus and its annexæ are subject, Dr. Bennet has thrown much new light upon this important branch of pathology, and effectually demolished many of the visionary speculations of writers who preceded him in this field of investigation.

The work before us proceeds to discuss some of the following questions: viz, chronic metritis, internal metritis, inflammation and abscesses of the lateral ligaments in the non-*puerperal* state, inflammation and ulceration in the cavity of the cervix, inflammation and ulceration in the virgin—in the pregnant and *puerperal* condition—in the aged,—and in connection with polypus and with uterine tumors, and the diagnosis of cancer.—The book closes with an appendix.

As the substance of this work has already appeared in the columns of the *London Lancet*, and as most of our readers are, in all probability, familiar with the views and practice therein laid down, we omit any attempt to analyse the doctrines and plan of treatment recommended by Dr. Bennet.

If seven year's observations and study of uterine diseases in the great *Maternities* of Paris, part of the time as *interne*, and the balance as resident physician, can qualify a man to teach uterine pathology, certainly Dr. B., may justly claim to be heard on this important branch of medicine.

We are free to confess that until M. Recamier directed the attention of the profession to uterine pathology, this department of medicine was grievously neglected, and consequently but little understood; during the last fifteen or twenty years, however, much attention has been bestowed upon the diseases of the female organs of generation, and thereby many of their ailments, more fully elucidated.

All the functions of the womb point to utero-gestation as their ultimate end and aim; leaving this important office out of view, the uterus becomes a very insignificant organ, an organ, the existence of which is by no means necessary to the perpetuation of the life of the individual; hence, in studying its diseases, we must keep this fact constantly in view. Since the attention of the medical public has been directed to uterine diseases, by the writings and lectures of Lisfranc, Waller, our author, and others, certain practitioners of this and other countries, refer all symptoms to affections of the womb—trace all the morbid phenomena, in the female, to inflammation, engorgement or ulceration of the cervix uteri.—Armed with a speculum vaginæ, and brandishing a stick of caustic, these practitioners pursue the *ignis-fatuus*—inflammatory ulceration of the neck of the uterus, and will not suffer a single female, however trifling her symptoms or shrinking her modesty, to escape the explorative virtues of the one, and the magic touch of the other.

This desire to refer all evils to one source—to see all the diseases emanating from one organ, and that one too but poorly endowed with sensibility, has been carried so far as to become a favorite hobby with many honest and intelligent physicians; others, again, either from unfounded prejudices, or ignorance of uterine pathology, will not use the means which the progress of medical science has placed at their disposal to alleviate and to cure this class of affections. Both parties are guilty of grave errors,—the one seeks to do too much,—the other, too little;—the first would persuade us that uterine diseases become epidemic in some communities—and like Aaron's rod they swallow up all other affections. With the former, uterine disease is an entity;—with the latter, an hypothesis,—the one sees through the speculum engorgement and proximate ulceration of the *os tinctoria*,—the other is content to refer all the morbid phenomena to imaginary hysteria—to “nervousness,” and to other neurotic affections which exist only in the imagination of the practitioner.

In this case, both parties, in striving to avoid Sylla, run headlong into Charybdis,—they shun the middle course, and hence their patients suffer, on the one hand, from too great officiousness, and on the other, from too great neglect and inattention.

Inflammatory engorgement of the neck of the uterus, or of its body, must be treated precisely like similar states of other organs of the system,—by local depletion, either by leeches or scarifications, aided by



counter-irritation, or such means as are known to reduce vascular congestion or local plethora. If ulceration be the result of protracted hyperemia of the part or parts, depletion, directly from the seat of lesion, is the first step, and afterwards, slight cauterization of the ulcers, may be practised with signal advantage. It may be laid down as a general rule, that similar lesions of different organs, require and yield to the same therapeutic agents,—hence, inflammation of the lungs—of the liver—of the uterus, etc., demand essentially the same method of treatment.

We are free to admit that uterine diseases are either becoming more frequent, or that they are much better understood and more fully developed now than at any time previously in the history of medical science. This may be traced partly to the modern mode of dress, whereby the abdominal organs, by means of stays and corsets are crowded down upon the pelvic organs, thereby restricting their full development and free action, often causing more or less displacement, irritation and too often, permanent disorganization.

The uterus is antagonistic of the lungs, and whatever suspends or interferes with the functions of the one, is certain, sooner or later, to manifest itself upon the other. For example: a state of pregnancy is known to suspend the progress of phthisis,—but after delivery—after the fœtus is expelled, the lung-disease resumes its course, and the expulsion of the child sometimes seems to quicken its pace by way of reprisal.

Medical writers who treat of the diseases of particular organs are exceedingly prone to exaggerate their importance, and to see nothing but that which they set out to find. For example: The gifted *Broussais*, read a *gastritis* in all the cases submitted to his examination,—*Lallemand* referred a host of symptoms to morbid irritability of the urethra, and found a panacea for half the ills of man's life, in his *porte-caustic*;—*Hamilton* attributed nearly all diseases to constipation of the bowels, and proclaimed cathartics as a specific,—in this strain we might continue this notice to an interminable length, but it is needless to enforce further the idea sought to be conveyed.—In a few years, all the reasoning and specious pleadings of the above named authors, have been exploded, and the practice recommended, fallen into desuetude.

These remarks may be applied, we doubt not, in a few more years, to the doctrines and practice, now so forcibly recommended by Dr. Bennet, and so implicitly adopted by many zealous and candid practitioners throughout the country.

However, the book is entitled to consideration and contains much new and original matter, worthy the attention of physicians.—We simply desire to guard the young practitioner against the great error of too much credulity in the statements contained in all the books treating of *specialities*. We do not doubt their integrity of motive or sincerity of purpose, but they deceive themselves—they see what does not exist in nature—but only in their excited imaginations; with them, the slightest discoloration of a part under examination, is positive proof of an inflammation; the least elevation or depression of surface, is construed into

ulceration; and any apparent deviation from the normal size, is an engorgement or induration of structure! Then let us beware of such teachers of medicine and book-makers, lest we too should be lead into error, and the evil fall upon our confiding patients.

The book may be obtained at 53 Canal Street.

## II.—*Report of the Eastern Asylum of Virginia, for 1844.*

From this report, we perceive that since the 30th Sept., 1843, two hundred and fifteen insane persons have been admitted into this institution for support and medical treatment; of these, one hundred and twenty-five were males and ninety females. Since the above date, fifty have been received into the asylum—of this number, only seven were discharged as cured. The deaths were twenty-five—thirteen males and twelve females.

The number of patients at this time quartered in the asylum, is one hundred and eighty-one—one hundred and seven males, and seventy-four females. The superintendent and physician to the asylum, Dr. John M. Galt, complains to the Board of Directors, that other institutions for the insane have heretofore selected their patients from a great number of applicants, and hence many such as were regarded as chronic and incurable, have been driven from necessity to appeal to the officers of the Eastern asylum, for admission and treatment; hence a number of incurable cases have necessarily accumulated in the Eastern asylum.—Patients are received in the asylum, according to the date of their applications.

The following is the per cent. of recoveries of those received into the following institutions:

In the state lunatic hospital of Massachusetts,	-	46.46
In the Vermont asylum for the insane,	-	44.74
In the Ohio lunatic asylum,	-	44.71
In the state lunatic asylum of New York,	-	40.41
In the insane hospital of Maine,	-	39.74
In the Eastern asylum of Virginia,	-	50.00

From the above statistical data, it would appear that about one-half of those admitted into the eastern asylum of Va., are discharged recovered; a gratifying proof this, of the skill of the medical superintendent, and the admirable manner in which the institution is conducted.

In this report we find\* the following very curious case of an epileptic; the disease, (epilepsy,) in this instance, was of twenty years standing, and of severe grade. It commenced at the age of four years; and the frequency of the paroxysms had gradually increased, so that from being monthly, they had become tri-weekly. The patient was a robust man and a hard laborer. No change was made in his exercise and diet, but due attention was given to the regulation of the digestive organs.

The treatment was continued with occasional interruptions for twelve months. The effect upon the skin was barely perceptible by Dr. Laycock of Indiana, who treated the case.—The following was the recipe for the medicine by which the patient was cured.

R.—Argent. Nitrat., ʒi.

Extract Gentian, ʒss. m. ft.

Pills No. 120—of these one pill was given at first, three times daily, and afterwards the dose was gradually increased to twelve pills daily.”

For two years, the treatment being omitted, the patient has enjoyed excellent health.—Query: was it the nitrate of silver or the attention given to the “regulation of the digestive organs,” that effected a cure in the above case? We are much inclined to ascribe wonderful effects to inadequate causes; and in testing the virtues of a medicine in a particular disease, we too often overlook the powerful auxiliaries by which these extraordinary results are accomplished. We do not pretend to deny the efficacy of this salt in the treatment of epilepsy; the testimony of many highly respectable names is recorded in its favor; but we should be extremely guarded in matters which may lead to serious—to fatal errors, and at the same time induce us to repose confidence in one medicament, when, in truth, the cure may have been effected by regimen—repose and the avoidance of those causes known to aggravate the complaint, under treatment.

On the subject of insanity, in its relations to medical jurisprudence, Dr. Galt makes the following reflections:—

“Insanity, in its relations to jurisprudence, presents an important aspect. It is important, for example, with regard to the capacity of certain individuals to make valid wills; and again, as to violence proceeding from persons of doubtful sanity. In the newspapers of the day, the plea of insanity in criminal cases is a subject of not unfrequent discussion. There is no doubt that the pretence of mental alienation is sometimes brought forward as a screen for the protection of guilt: and perhaps it takes place oftener than was formerly the case. This, indeed, should induce great care and caution in deciding the question of mental disease. But, on the whole, we think that the evils here attendant have been somewhat exaggerated. As exhibiting, however, the tone of the public press on this matter, we quote the remarks of a journal of very extensive circulation. The editors observe, that “it cannot be denied by any one at all familiar with the proceedings of judicial tribunals, that the frequency of the plea of insanity has wonderfully increased of late years. Scarcely an important trial takes place now on a capital offence, but a horde of learned, ingenious, contriving and pugnacious lawyers, are employed to prove the person an insane individual. The success of this plea has become alarmingly common.” As regards the patients admitted into the Eastern asylum during the past eight years, who had been previously arraigned for criminal off-



ences, three deserve particular mention. One of these was supposed by those having charge of the asylum to have feigned insanity; he had been sent to this institution under precept of a judge, to remain until he should be mentally capable of standing his trial. He was remanded for trial in a few days after his reception, and was found guilty of the misdemeanors charged against him; we believe he is still suffering the penalty of his errors. A second was acquitted on the ground of insanity, and was then sent to this institution as an ordinary patient. He was retained the usual period of three months, and was then discharged, not as a recovery, but as an unfit subject, never whilst here having exhibited any traces of mental alienation. Although deemed to have feigned a state of mental disease, yet it should be observed that there were certain circumstances connected with both of these cases which would argue a peculiar psychological condition. The remainder of those committed under criminal charges may be considered to have been decidedly insane. One of them had been condemned unjustly, and had already expiated a portion of his punishment, an insane person being thus treated as a criminal; for the desperate act leading to his condemnation was most indubitably committed whilst in a confirmed and incurable state of madness.

In turning over the records of history, we find its pages stained with the blood of a multitude of supposed evil-doers, who, it is evident, under the present knowledge of mental disease, were merely insane; this circumstance alone being the origin of the deeds for which they meet with condemnation and death. In comparing, then, our own times with past ages, it is some compensation for the occasional defeat of justice through the plea of insanity, that many innocent persons escape punishment who, in the past, superadded to the calamity of mental disease, would have been wretched victims to the pains of a cruel and ignominious execution."

Three justices of the peace have the power to determine the insanity of a patient, and to order him or her to be received into the asylum. This holds in Virginia; but we presume, although it is not so stated in this report, that said justices have the right to obtain the opinions of medical men in particular instances,—in cases where some doubt existed as to their insanity.

The steps required to send an insane patient to the asylum in Louisiana, are, in substance, the following; (we have not seen any law on the subject.) A petition is presented to the Judge of the *First District Court*, (Criminal) in which is set forth the evidences of the person's insanity, and the reasons are given for confinement of the patient in the asylum; if the judge is satisfied, from the testimony adduced, of the patient's insanity, he forthwith issues an order to the sheriff of the parish of Orleans to have the patient conveyed to the asylum at Jackson; but if, on the contrary, the proofs are insufficient, the Judge issues a writ *de lunatico inquirendo*, and orders the subject to be brought before the court and examined by a council of medical men or attorneys, before the jury, on whom, in this event, devolves the right to decide as to the sanity or insanity of the patient, agreeably to the evidence adduced.—A short time since, we were called upon in connection with a medical friend, to act in a case of this kind, and the proceedings adopted were such as have been described. We regret that we have not a copy of the law before us; we have briefly sketched the course pursued in the case in which we were summoned to give an opinion,

III.—*Essays on the Puerperal Fever and other Diseases peculiar to Women.* By FLEETWOOD CHURCHILL, M. D., M. R. I. A., &c., &c. 1850.

At the request of the "Sydenham Society," Dr. Churchill was induced to collect, arrange, classify and publish the present handsome volume, of 460 pages, on puerperal fever, selected from various sources, and written by British authors, previous to the close of the eighteenth century.

In republishing these papers, the author has added occasional notes and corrections, wherever and whenever he deemed them called for; this course was indispensable, in order to point out the errors of those who wrote on this question at a time when our knowledge of puerperal fever was exceedingly vague and unsatisfactory. Dr. Churchill, the editor, gives us an historical sketch of the epidemics of puerperal fever which will be found highly instructive.

Puerperal fever, he remarks, when it prevails epidemically, is fraught with associations of distress, because the brightest—the fairest hopes of fond and anxious parents are blighted just at a moment when they begin to be cherished. The sadness of the picture is deepened where we are forced to confess that no precautions heretofore adopted—no plan of seclusion, yet recommended, can avail us in checking the spread of this fatal form of fever. Dr. C. then proceeds to furnish a history of the aspect, symptoms, etc., of all the known epidemics of puerperal fever which have occurred in England, Ireland and Scotland.

Child-bed fever was known to, and described by, Hippocrates—by Avicenna and others of that remote period; all of whom attributed it to suppression of the lochial discharges. Our author enumerates, from the earliest records of medicine, those who have written on the subject; it does not appear that any of them witnessed it in an epidemic form.—The first account of the disease in this form, (epidemic) is by M. *Peu* who states that a "prodigious number of women died in the Hotel Dieu of Paris, after their confinement." From all we have been enabled to glean of the history of this fever, we are led to believe that the disease was almost unknown, as an epidemic, until lying-in wards were opened in hospitals. This, if true, is an important fact, and points clearly enough to the remedy. The first epidemic of puerperal fever, of which we have any positive account, occurred in Paris in 1746, and is thus described by an eye-witness:—"The disease usually commenced with a diarrhoea,—the uterus became dry, hard and painful; it was swollen, and the lochia had not their ordinary course; then the woman experienced pain in the bowels, particularly in the situation of the broad ligaments,—the abdomen was tense; and to all these symptoms were sometimes joined pain in the head, and sometimes cough." The same author describes some of the post-mortem lesions: they correspond as far as the description goes, with the lesions witnessed at the present day. Puerperal fever was not epidemic in Britain until 1760,

when it prevailed to a fatal extent in the lying-in wards of the hospital.

In 1717 puerperal fever first attacked the inmates of the lying-in hospital of Dublin, and in 1773 it was witnessed for the first time in the Edinburgh royal infirmary. Since that period, it has reappeared from time to time, in almost all the large hospitals of Europe and this country, and frequently in civil practice—sometimes sporadic—and others epidemic or endemic. Wherever and whenever it assumed an epidemic form, it has proved extremely fatal; and of this fact John W. Hunter was convinced, since he writes that “*treat the disease in what manner you please, at least three out of four will die.*” Thanks to the progress of medical science and to an improved system of therapeutics, the disease now-a-days, is much more under the control of remedies than in the time of Hunter.

On opening the bodies of those dead of this disease, the uterus, and the abdominal viscera, and many other parts are found inflamed. A quantity of purulent matter was found in the cavity of the abdomen, and the intestines were all found glued together.—Thus wrote those who described the disease about 1770.

From this epoch, Dr. Churchill traces epidemic puerperal fever down to the present day; and his narrative is full of interest to the practitioner. Through this long period, we shall not attempt to follow him, nor shall we pretend to give a description of all or any of the symptoms, other than those already mentioned, which characterized this form of fever; for this would be to repeat the same story, and to describe what is already familiar to the general practitioner.

Many attempts have been made to account for the origin and development of puerperal fever; but hitherto with but little success, or show of reason. The suppression of the lochia cannot be the cause—it is undoubtedly one of the effects of the fever; it may *precede*, but this does not argue that it is the *cause* of the fever; it almost always follows it as an effect. When the disease subsides and convalescence begins, the suppressed lochia returns and continues, as if it had not been interrupted. The same is also the case with the secretion from the mammary glands. Between epidemic and sporadic puerperal fever, although the prominent symptoms of both are pretty much the same, there is, nevertheless, some points of difference worthy of notice. In the epidemic form, the pulse is usually small, contracted, and not always hard; the skin less hot; the head less affected; the eye less injected and suffused than in sporadic cases of this disease. In the latter form, we find a full, hard, bounding pulse, a hot and dry skin, flushed face, severe head symptoms—in a word, all the evidences of genuine synochial fever. Depletion in the first form, must not be pushed too far, else the patient will succumb with typhoid symptoms; whereas, in the sporadic form, we may—we *must* abstract blood until the force and strength of the pulse; the heat of the skin; and the intensity of the abdominal symptoms are subdued.

We have already remarked that we should not attempt anything



like a minute description of the symptoms, progress, etc., of puerperal fever; these may be readily recognized by the attentive physician who will be materially aided by the condition of the patient; the early development of the disease, soon after parturition, and the existing state of public health, etc., etc., etc.

As preliminary to our observations on the treatment of puerperal fever, to which we shall direct the reader's attention, we may without much flattery, maintain that the American physicians are remarkably skillful and quick in forming a correct diagnosis of all our fibrile diseases; this point being definitely settled,—an energetic treatment is immediately adopted, and a decided impression sought to be made upon the course of the disease in its early stages. When the disease prevails as an epidemic in large maternities, neither ventilation nor isolation, nor fumigation, nor all the hygienic measures, heretofore known to the best informed, seem to exercise the slightest influence in checking the spread and fatality of this dreadful fever. We could cite a number of facts to corroborate this melancholy truth.

The disease may supervene in from one hour to ten days or more, after delivery; it may prove fatal in twenty-four hours or in one week; these facts teach us that no time is to be lost in attacking and overcoming the disease.

The duration of labor seems to have but little effect in hastening an attack of puerperal fever; this we could scarcely *a priori* believe, did not the observation of a number of writers clearly prove the fact. Before, however, we enter upon the treatment proper of this disease, it may be well to state that females, pregnant, out of wedlock, are said to be more obnoxious to the disease than married women. Although we have more than once alluded to some of the lesions found after death, yet we will, for the satisfaction of the reader, copy the following summary of 222 cases; of this number 193 presented traces of peritonitis; in 39 there were none. In 197, lesions of the uterus were found; such as simple inflammation of that organ and its appendages; inflammation of the uterine veins and lymphatics—with softening of the uterine parietes. In sixty cases the ovaries were inflamed. In 90 cases, there was inflammation of the veins,—in 40 of the lymphatics alone. In 49 cases the uterus was softened superficially; deeply in 20 cases.

In 29 cases there were the usual evidences of pleurisy,—in a few there were effusion of blood and serum in the pleural cavities.

Abscesses were occasionally found in the lungs; some had pneumonia; tubercles—apoplexy. Purulent deposits were detected in the muscles and joints in a few cases—We saw one case which terminated in the formation of a large abdominal abscess—it opened externally, and under the profuse discharge, the patient perished almost immediately. Baudelocque\* states that perforations sometime exist in the peritoneum, which, extending to other parts, establish a communication with the exterior, either through the abdominal parietes, or the intestinal canal. They may open into the bladder. The small and large intestines, some-

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\*See his work on Puerperal Peritonitis.

times open into each other through ulcerative inflammation. The same distinguished authority on this subject observes that lesions of other organs than those situated in the abdomen, and especially of the pleura, are very common.

When puerperal fever becomes epidemic it appears to be closely allied to, if not identical with, erysipelas—in fact many writers, among whom, are Nuneley, Young, Horne, Loder, Whiting &c. maintain that the two affections are the same; the difference being in the seat; the one located upon the internal, the other upon the external tissues of the body. At all events, the two affections seem to have prevailed at the same time in many of the lying-in hospitals of Europe, and were almost invariably attended by precisely similar constitutional symptoms, ran the same course, assumed the same type and terminated at about the same period, either in convalescence or death,

We now propose, after what has been said of the history, symptoms, character and lesions of puerperal fever, to close this notice with some remarks upon the treatment proper of this serious disease. Practitioners and writers have not yet fully agreed as to the means to be used in staying the progress of this disease; while some who contend for its purely inflammatory character, and sthenic type, insist upon the free and frequent use of the lancet, cups, leeches etc; there are others, on the other hand, with equal pretensions and show of reasoning, deny its inflammatory character and contend that the fever is of a typhoid form, and denounce the abstraction of blood, as at once unsound in theory and dangerous in practice. Both parties are wrong; in the epidemic form of the complaint, when the disease is for the most part characterized by evidences of adynamia—of asthenia, etc., the abstraction of blood, by the lancet, must not be inconsiderately insisted upon, nor carried too far; for here much judgment is required to conduct the case to a favorable termination. In sporadic forms of the fever on the contrary marked by high inflammatory symptoms and attended by much arterial excitement, pain, heat of surface, etc., depletion may be pushed almost to any extent to subdue the threatening symptoms and allay the intensity of the general sufferings. In a case of puerperal peritonitis, which came under our care some years ago, attended with metritis, caused by retained placenta, we practised two copious bleedings, each of 30 or 40 oz., repeated in rapid succession, which were followed by the application of 60 large leeches to the abdomen and hypogastrium. By this active course of depletion, seconded by a large blister, and the free use of calomel as a purgative, a train of formidable symptoms was speedily dissipated and convalescence established.

Burns, speaking of the treatment of puerperal fever, observes that he finds it much easier to say what remedies have failed, than what have done good. Ernst Horn has remarked that this disease, in spite of our best directed efforts, pursues a certain determinate course, and generally ends in death, at the end of a few hours or days. Jæger, of the lying-in hospital, of Vienna, denies that a single example of a cure of this disease can be cited, notwithstanding every system of practice hereto-

fore recommended, has been faithfully carried out. So wrote a distinguished physician in 1795; but we of the present epoch, are pleased to believe the Vienna professor either did not understand or treat the disease as skilfully at that time as those of the present day.

Boer, on the contrary, boasted that he possessed a specific for the disease, which he called his "*puerperal powder*;" he retained the secret of his success until his death.

As a mode of depletion, cups may be used, particularly after the lancet has subdued the intensity of the general symptoms; but one objection can be urged against cupping in these cases, viz: the excessive pain caused by the pressure of the glasses on a highly tender and sensitive surface.—Leeches to the inguinal regions—to the inner surface of the thighs, &c., may act as efficiently in controlling the disease, as if applied directly to the abdomen,—in the former case they not only deplete, but they likewise draw off a portion of blood from the already loaded and engorged vessels, and thus limit the amount of mischief likely to ensue from suppuration and effusion.

French practitioners frequently avail themselves of these two points from which to abstract blood, in order to relieve inflammations of the abdominal and pelvic viscera.

After the disease has terminated in effusion or suppuration, the loss of blood will be positively injurious; and now we must resort to revulsives, blisters, alteratives, diuretics, etc., etc.

Having dismissed, thus briefly, the subject of sanguineous depletion in the early stages of this disease, we propose to notice a few of the most prominent and popular articles of the *materia medica*, which have been recommended by various writers, in the treatment of this serious affection. Of purgatives, such as calomel, jalap, oil, senna, some of the neutral salts, magnesia, &c., particularly early in the disease, we are disposed to speak favorably; they at once evacuate the *primæ viæ*, thus removing one source of irritation, and if given in large doses, and continued for any length of time, they become powerful means of depletion.

Dr. Collins, of Dublin, has given, or seen administered, in puerperal fever, from 300 to 500 grains of calomel in the course of a few days; but after much experience in the treatment of the fever, he says that no additional benefit was obtained by enormous doses of calomel.

Dr. Faussett,\* who has written recently a very instructive article on the *treatment* of puerperal fever, reports several cases cured, without the loss of an ounce of blood, notwithstanding the sthenic—the inflammatory character of some of his cases; he began with two grains of calomel every half an hour, to which one grain (?) of muriate of morphia was added, for the first dose and the fourth. In the course of the first twenty-four hours, the patient took *ten* doses of calomel (20 grs.) and two grains of the muriate of morphia, exclusive of one grain of the latter article, which had been given before the doctor saw the patient. The excessive pain and tenderness, over the abdominal and hypogastric regions, were greatly mitigated, and ultimately subdued by the free application of the strong tincture of iodine to these parts, by means of a

\*See the Dublin Quarterly Journal of Medical Science for May 1850.



brush. In the mean time the calomel and morphia were continued as at first ordered; and at the end of the second day, all pain and tenderness had nearly or quite disappeared,—the mercurial fetor was perceptible, though she was not salivated; the tongue became quite clean, free secretion of milk, and in fact a most marked amelioration of all the symptoms.

On the third day, a slight return of the pain and tenderness over the uterus, induced a reapplication of the iodine to the parts, and a repetition of the calomel, with some Dover's powders. The fourth day brought with it complete relief of all the symptoms of the disease, and the patient was discharged.

Dr. Faussett is an advocate for large doses of opium, in the treatment of puerperal fever, and of its various preparations, he prefers the muriate of morphia; besides relieving pain, says he, keeping the bowels in a quiescent state, and tranquilizing nervous excitement, opium is well known to exercise a peculiar and somewhat specific effect in controlling abdominal inflammation.

The method of exhibiting mercury in puerperal fever, as detailed above, is claimed by Dr. Fausset as new, and for the first time given to the world. He certainly is entitled to the credit of giving much larger doses of the muriate of morphia in this form of fever, than most practitioners would venture to administer; but we must inform our Dublin *confrere* that calomel has been for a number of years freely employed in this disease, in doses varying from one-half to twenty grains every two or three hours. To claim any honor for prescribing a given dose of calomel at certain intervals, in this or any other inflammatory affection, is certainly strong proof of Dr. F.'s ambition for distinction; certain we are, that such pretensions in this country, would call down upon the author the severest ridicule.

There is a plan of treating this disease, denominated the "*method of Doulcet*," which consists in the administering of fifteen grains of ipecacuanha on the appearance of the first symptoms of the disease: this dose is to be given at two different times, with an interval of one hour and a half between each dose.—The treatment advised and practised by Doulcet, with so much success, was hailed by the profession with acclamation; but like many other discoveries, time and a little experience soon dissipated the hopes of those who reposed confidence in an agent which ultimately proved merely auxiliary to a more decisive and active method of cure.

We do not hesitate to recommend mild emetics, in the forming stage of this disease, particularly, where there is reason to suspect an *embarras gastrique*—bilious matter; mucous accumulations in the stomach,—generally indicated by nausea, epigastric oppression and etc. Counter-irritation; blisters, followed by inunction with mercurial ointment will aid powerfully in limiting the extent of the internal inflammation and hastening it to a healthy resolution. A combination of calomel and opium, to which may be added under certain conditions of the skin and pulse, a grain or two of ipecac, will frequently extinguish all morbid phenomena in the latter stages of the disease.—If puerperal fever should prevail towards the latter part of summer, or in the beginning of

autumn, and in a locality abounding in intermittent fevers, much benefit might be derived from the administration of large doses of quinine, especially in those cases, marked by evening exacerbations and other evidences of periodicity; indeed, we are inclined to believe that even when no proofs of such periodicity exist, when moderate depletion has been practised—when the pulse continues quick, without being corded—the skin dry without being hot—the pains considerable without marked signs of serious inflammation; the prostration great without organic lesion, the *sulphate of quinine*, with or without large doses of opium may subdue the pulse, soften the skin, dissipate the neuralgic pains and restore the secretions generally.

We shall close this hurriedly written notice, by copying the following excellent observations on the subject of puerperal fever, by Dr. Faussett, of Dublin.

“Amongst the many eventful scenes to which our profession introduces us, few, perhaps, partakes of more painful and exciting interest than those which occasionally attend the course of puerperal fever; for sad, indeed, must be the revulsion of feeling, when after having witnessed the wondrous process by which a fellow-being becomes ushered into life, we are destined to see the strong ties of nature severed, the mother scarcely permitted to look on the fruit of her womb, but as the blossom has become evolved, the fair plant itself perishes; while, in the righteous Providence of a great First Cause, we see the helpless creature of so many throes and pangs bereft of the source of its sustenance and protection, to be cast on the cold sympathies of an hireling, or left to the chance pity of a selfish or unheeding world. As considerations, therefore, of the highest social and moral import combine to enlist the first feelings of humanity in behalf of woman in her state of greatest weakness, at a period when her life is doubly precious, because doubly interwoven with the best interests of society, it would be proportionably unbecoming, as well as ignorant, to insist on the applicability of the forementioned course of treatment to *all* the varieties of puerperal fever. Medical practice must vary with the ever-changing phases of disease, and nothing could be more empirical than to maintain the universality of any rule of practice. A general principle, however, has been contended for, viz., that puerperal fever, to be treated successfully, must be treated promptly in its first stages; and that when mercury is deemed advisable for this purpose, in other words, not contra-indicated by idiosyncrasy or other inherent or adventitious cause, that its exhibition in the manner now prescribed will be found generally commensurate with the peculiar exigencies of this too often fatal disorder.

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IV—Acts of the Legislature of California in relation to Health Officers, Marine Hospital and Quarantine of vessels for the port of San Francisco—passed, April, 1850.

Through the courtesy of our estimable friend, Dr. J. F. Thorp, formerly of this State, but now Health Commissioner of the Port of San Francisco, we have received the above acts of the California Legisla-

ture, in relation to Health Officers, Marine Hospital and the Quarantine of vessels.

By this act, a Board of Commissioners, entitled—"Board of Health," consisting of the Mayor of San Francisco, a Health Officer, resident Physician, and one Health Commissioner, is established; but no person is eligible to any of the above offices, (all medical) until the Legislature is satisfied that he is a graduate of some regular medical school, and been engaged in the practice of his profession for at least three years. All the above officers are elected by a joint vote of the Legislature for two years, subject however to be removed for neglect of duty, &c. The Resident Physician's duties are thus defined:

"The Resident Physician shall reside at the Marine Hospital, and shall be the consulting physician of the Hospital; his further duties shall be to visit all sick seamen on board ships in the harbor, and also all sailors and other persons in the city who have paid hospital money, and come properly under the care of, and have been reported to the Board of Health. But all persons afflicted with any contagious or infectious disease shall, if it be deemed expedient by the Board of Health, and the life of such person will not be endangered thereby, be removed to the Marine Hospital."

It is made the duty of the Health Commissioner, to assist the Resident Physician, in the discharge of his duties—to receive, discharge and account for all monies appropriated to the use of the Marine Hospital. The H. Commissioner, before entering upon the discharge of his official duties, is required to execute a bond in the penal sum of \$30,000 for the faithful performance of his trust. The Health Commissioner is also Secretary of the Board of Health. The Health Officer receives the following fees for visiting and examining vessels in the discharge of his official duties, viz: 1st. from every vessel from a foreign port, twenty dollars; (\$20.) 2d. from each vessel from any United States port, not on the Pacific coast, if above one hundred tons, sixteen dollars, (\$16.) not exceeding one hundred tons, twelve dollars; (\$12.) if below one hundred tons, eight dollars. (\$8.) All other vessels trading coastwise, from any U. S. port, on the Pacific, and out of the State of California, shall pay to the H. Officer six dollars. (\$6.)

The Captains of all vessels lying in the harbor of San Francisco, are required to report, immediately on the arrival of the vessel, or during her stay in port, the names of all and every person who may be afflicted with any contagious or infectious disease. A fine of \$1,000 is imposed upon every person who may strive to obstruct the action of the Board of Health in the discharge of its duties. Every master or owner or consignee of a vessel, who shall refuse to conform to the provisions of the foregoing act, shall be fined \$1,000 dollars, and shall be incarcerated until the uttermost farthing is paid—and all monies so collected, is paid into the Treasury of the Marine Hospital.

The following are the commissioners, viz: J. H. Rogers, M. D. Health Officer, Lorenzo Hubbard, M. D. Resident Physician, J. F. Thorp, M. D. Health Commissioner.

Each of the above medical officers are appointed for two years by the Legislature, and receives a fixed salary of \$10,000 per annum.



The act creating a Marine Hospital, for the State of California, embraces numerous important provisions, and reflects much credit both in the good sense, and humanity of the Legislature.

The Captains of all vessels arriving in the Port of San Francisco, are bound by the provisions of this act, to report within the first 24 hours, to the Board of Health, the names and number of all the passengers and crew of said vessel, and in default thereof, he is fined \$500 dollars for each and every person whom he may fail to report in the manner prescribed.

The owners or consignees of all vessels bringing passengers to the port of San Francisco, are compelled to "give a several bond to the State in a penalty of two hundred dollars for each and every person included in each report for the support or medical care of the person therein described."

The Captain, owner or consignee may commute such bond or bonds so required by paying to the Health Commissioner: 1st. for the master and each cabin passenger arriving in an American vessel from a foreign port, three dollars; for each steerage passenger, mate, sailor, or marine arriving in such vessel, two dollars; 2d. For the master and each cabin passenger arriving in an American vessel, from any port in the U. S., not on the Pacific, two dollars; for each steerage passenger, mate, sailor or marine, arriving in such vessel, one dollar. The same scale of charges are continued, but diminished according to the proximity of the port, whence the vessel may have sailed. All monies so received by the Health Commissioner, are denominated "*State Hospital Monies*" and must be appropriated to the use of the hospital, which goes to the Health Commissioner, for collections.

From the foregoing, it will be seen that ample provisions have been made to create a fund to sustain a large Hospital; but we think it will be likely to meet with some opposition on the part of owners and consignees of vessels, more particularly in this new country, where men are exceedingly prone, (as indeed is the case in all newly settled countries,) to resist every measure in the least calculated to curtail their liberties or to affect their purses.

Dr. Thorp, who is an active and highly intelligent physician, will, we feel satisfied, discharge his duties as Health Commissioner, with ability and fidelity. We are pleased to see that the Legislature had the sagacity to appoint one so well qualified to fill a post at once responsible and profitable. Of his associates, we know nothing; doubtless, they are competent gentlemen.

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V—*On the treatment of Cholera on Plantations.* By Dr. C. B. New. 1850.

This little *Brochure* was written by Dr. New, at the request of an intelligent non-professional friend, who had frequent applications, in the capacity of a Druggist, for the prescriptions as directed by the author.

The Doctor does not claim to be original in the selection of his remedies, but in the combination, the doses, and manner of administering them, he differs, as he modestly expresses it, from some of his brethren.

After declaring it to be impossible to lay down any one plan of treatment adapted to all cases of cholera, Dr. New, nevertheless thinks, and correctly too, that by a judicious treatment of the incipient stage of the disease, much of the mortality that usually marks the progress of the disease, in its epidemic form, might be prevented and many valuable lives thereby saved. He says, for example "that he has known the indiscreet use of calomel and red-pepper, very often convert mild cases of diarrhœa into well marked cases of collapse cholera," and he might have added, into violent cases of gastro-enteritis.

Dr. New, without admitting the contagiousness of cholera, advises those who have charge of slaves on plantations, to remove all the well negroes, on the first appearance of the disease, to some remote and comfortable quarters. He believes that when the disease first breaks out, there the atmosphere is vitiated, and from this source, through this channel or vehicle, the infection may be propagated to all who may be brought within or subjected to its malign influence.

In these cases, we should not forget the moral impression made by sickness and death, upon those who may be forced to witness such scenes; and among negroes, it is well known to every planter, cholera creates a panic, which powerfully predisposes them to the disease.—Any thing which tends to impair the general health," to depress the vital forces, to derange the nervous system, such as loss of sleep, &c. will render individuals obnoxious to the disease.

With excellent sense, and a thorough knowledge of the habits of the negro, Dr. New, advises the appointment of "*competent nurses*" to watch the "*going aside*," of the young (and old,) and examine the evacuations of such as report themselves sick; for, he adds, it is not unusual for some negroes to complain of "*bad bowels*," when such is not the case, and for others to conceal a bad diarrhœa. That all this is true, no one, who has been in the habit of watching sick negroes, will pretend to deny. The Traders of this city, during the prevalence of the cholera in our midst, always posted one or more confidential servants at convenient points about the yard, whose duty it was to watch and examine the evacuations of all, both young and old, and report the result to the master; who, on being satisfied with the threatening aspect of the case, promptly administered or caused to be given such remedies as the case required. The result of all this care and watchfulness was that few, very few negroes perished of cholera, during its prevalence even in a malignant form. The following will furnish an outline of Dr. New's plan of treating cholera:

On the first appearance of loose bowels or diarrhœa, the patient must go to bed, and take one pill composed of two grains of calomel, and two grains of acetate of lead, to which is added half a grain of opium.—This pill is to be repeated after each operation; but if the bowels be not quieted, he gives the tinctures of Kino, Catechu and Cinnamon.—At the same time he applies a blister over the abdomen, and covers the blister with a hot mush poultice. To check vomiting Dr. N. adminis-

ters the acetate of morphia, one fourth of a grain at a dose, and continues it until the patient is narcotised.

To check the watery discharges, he gives by enema, spts. Camph. tinct. Opii and sugar of lead, in a little starch and water. In collapse Dr. New resorts to stimulants; frictions with dry mustard, &c, &c.—Such is an imperfect outline of the plan of treatment advised to be pursued on large plantations.

Dr. New is a highly esteemed and intelligent practitioner of Rodney, Miss., and has had much experience in the practice of medicine. His pathology of the disease is quite plausible and his treatment rational.

VI.—*Proceedings of the 21st Annual Meeting of the Tennessee Medical Society.* April, 1850.

It is much to the credit of the Medical Faculty of Tennessee, that this ancient and respectable society should still continue to meet annually, and discuss questions of science, and report the results of the experience of its members, on the history and treatment of disease. The transactions before us, embrace a number of interesting cases, read before the society, by the different members.

We shall copy some of the more valuable of these reports, under the head—"American Medical Intelligence." To indicate the views and feelings of this society on the subject of medical education, we give the following resolutions on this subject, offered by Dr. Gardiner, and adopted.

"*Resolved*, That the long established custom of writing prescriptions in the *Latin* language, should be abolished.

*Resolved*, That natural philosophy and chemistry have an intimate connection with medicine, throwing much light upon it, and should therefore be included among the preliminary studies of medical students.

*Resolved*, That the chief cause of the common complaint of the disrepute and degradation of the medical profession is to be found in the faulty elementary, or office-education, and that the desired elevation of the standard of the qualifications and exaltation of the profession will never be accomplished until suitable measures shall be adopted to correct this evil."

By the minutes, we perceive that Dr. J. B. Lindsley, appointed at a former meeting to read an essay on the medical topography of Davidson county, was fined \$10 for delinquency. The following members also nominated to report cases in practice, but failing to do so, were fined \$5 each:—Drs. J. W. Percy, R. M. Porter, S. H. Stout, W. P. Jones,



J. G. Barksdale, G. Thompson, G. A. J. Mayfield, S. S. Mayfield and J. S. Parks.

The foregoing action of the society indicates a determination to compel its members to do their duty—their whole duty; and on conviction of failure to perform the part assigned them, are mulcted in the amounts above indicated.

Tennessee may be justly proud of her medical faculty, for it embraces much talent and great practical skill in the management of disease.

We thank the society for a copy of their proceedings.

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VII.—*The Half-Yearly Abstract of the Medical Sciences.* Edited by W. H. RANKING and others. January to July, 1850.

This valuable publication continues to be regularly received, and still maintains its high reputation for practical knowledge of diseases and their treatment. The physician who attempts to pursue the practice of medicine with benefit to himself and advantage to his patients, without a careful reading of *Ranking's Abstract* must necessarily labor under serious disadvantages, and will sooner or later, find himself far in the rear of the healing art. It contains an able digest of all the best papers published in the medical periodicals and books of the day, all carefully arranged and ably analysed.

The work is divided into three parts:—Part I. *Practical Medicine, Pathology and Therapeutics.* Part II. *Surgery.* Part III. *Midwifery, and the Diseases of Women and Children.*

Every second number contains an elaborate report on the improvements and progress of medicine, made during the preceeding twelve months—and in this the reader will find a vast amount of useful, practical information on the various branches of medicine. In all the difficulties and doubts incident to the practice of physic, we may refer with confidence and safety for advice to Rankin's Abstract; it contains the very latest and most reliable information on every department of our science; hence the great need of such a work, at all times for consultation.

Two numbers per annum, each of 300 pages, at the extremely low price of a dollar and fifty cents for the two.

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IX.—*The Obstretical Extractor.* By PROFESSOR EVANS.

Dr. John Evans, Professor in the Rush Medical College, has devised a new instrument called *Obstretical Extractor*, for aiding in extracting the child. The advantages derived from the use of this instrument consists in the facility with which it may be applied and the direction of the extractive force, which may be made either directly, obliquely downward, or to either side by pulling more forcibly the opposite straps—(we omit the cut representing the extractor.)

The cases to which it is applicable, says Prof. Evans, are:

1st.—All of those in which the forceps are now recommended, excepting when the head may be so firmly locked between opposite points of the pelvis that it cannot be moved by compressing it upward.

2nd.—All labors protracted in the second stage, where it is possible to deliver with safety to the child. Being applied with little pain or danger there can be no excuse for allowing a patient to suffer the agonizing throes of labor, hour after hour, without progress, as is done in almost all such cases now, should the physician have the Extractor at hand.

3rd.—In labours obstructed at the superior strait of the pelvis it will be especially applicable, for the higher up the head is at the time, the easier will be the application of the instrument. This will be manifest if we consider how readily it can be passed up by the side of the head when the fingers are extended, and that the only obstacle likely to interfere with its application is in passing the fingers from one side to the other, of the head. The higher the head is up, the more loosely it floats, and of course, the less resistance of this kind will be offered.

4th.—Cases requiring speedy delivery at any time, either before labour has commenced (for the os uteri towards the full time is always dilatable enough to allow of its application,) or during its process, as is sometimes desirable in convulsions, hemorrhage, and the induction of premature labour, to prevent craniotomy.

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X—*The New York Medical Gazette, and Journal of Health. Edited by D. M. Reese, M. D. weekly at \$2 per annum.*

We have failed, although in the receipt of all the numbers issued, to notice the appearance of the above *hebdomadal*. It is a neat little paper, and contains, besides some excellent original articles, a running account of medical matters, of the London of America. The Editor, Dr. Reese, displays much industry and excellent sense in the selection and preparation of his matter; and we hope he will receive, as he deserves, the encouragement and support of the profession in every part of the country. We welcome him as a co-laborer in the field of Medical Science.

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XI—*Dietetical and Medical Hydrology. A Treatise on Baths, &c. &c. By John Bell, M. D. &c. &c. &c. 1850—p. p. 658.*

We know of no book better calculated to enlighten the public on those great questions which affect health, than the above; and Dr. Bell will be regarded as a benefactor to mankind, for the able manner in which he has investigated the various subjects elucidated in the text before us. To prolong life and to ward off disease, is a question of deep and lasting interest to every civilized community; and he who points out the means of securing these great ends, is entitled to more praise than the hero of a hundred battles.

He has treated of all kinds of baths—also of pulmonary inhalation, dietetics, clothing, regimen, exercise, &c. &c. A man of learning and of great application, Dr. Bell is eminently fitted to teach us the laws of hygiene, and to point out the way to preserve a sound mind in a sound body. We believe the work will become popular, and if so, useful.—In a future issue, we shall say more of its merits.

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XII—*Medical Jurisprudence. By Alf. S. Taylor, F. R. S., Licentiate of the Royal College of Physicians, &c. &c. &c.—Second American, from the London Edition, with notes and additions by R. E. Griffith, M. D. &c., Philadelphia, 1850.*

Medical Jurisprudence should form a part of the education of every gentleman, who aspires to any distinction, either in law or physic; and for either to be ignorant of the principles upon which the science is based, is at once disreputable to the party, and reflects injuriously upon the two learned professions. This work was brought out in 1844, and since that time has passed through three editions in England, and two in the United States—facts which clearly demonstrate its intrinsic value, and the high estimate placed upon it, by the professional public.

Although the general doctrines of the science, embraced in the first edition, remain without material modification, still this edition will be found on examination, to contain many additional medico-legal observations and interesting facts and cases, gathered up and arranged, since the publication of the last edition.

The rapid strides which chemical, microscopical and pathological science have made, since 1844, enabled the author to add materially to the value and utility of the work. An inspection of the book, will at once convince the reader that Dr. Taylor has brought this favorite science fully up to the knowledge of the times.

Dr. Taylor's late work upon toxicology, renders it unnecessary to devote so much space to that subject in the present edition; yet under this head, he has given us an account of some new *tests* and processes for detecting poisons, together with a description of the *action of poisons* on the body. In his section on "*Wounds*," the following additions have been made in this last publication. The medico-legal examination of wounds; physical, microscopical and chemical evidence in reference to *blood-stains; on imputed or self-inflicted wounds*; medico-legal facts connected with the fatal results of *surgical operations; medical responsibility and malap Praxis; death from the entrance of air into the veins; ruptures of the kidney and bladder; spontaneous fractures; wounds from fire-arms not loaded with ball; varieties of*



*burns; injuries from melted metals, &c. &c.* The discussion of all the above questions, many of them involving nice and delicate points in science, makes this edition of the work more complete and a much better guide for the jurist and medical man.

A thorough acquaintance with many of these scientific questions may often enable us to detect the guilty, or to exculpate the innocent, when charged with the crime of murder; in either event, a real service will be bestowed upon society.

The question of *Infanticide*, has been more fully investigated, and many points heretofore undetermined, in relation to the signs of child-murder, have been definitively settled, by the author.

Material additions have also been made to the chapters on "*Pregnancy and Delivery*," both in reference to the plea of pregnancy and the signs of delivery. In short, the work has been greatly enlarged, and all the recent discoveries which have shed light upon the multifarious branches of medical science, have been most skilfully interwoven with the text, and made to elucidate medico-legal science.

The publishers, Messrs. Lea and Blanchard of Philadelphia, are entitled to praise for the handsome manner in which the work has been brought out. Copies can be had, and what physician or lawyer can do without one! of T. L. White, 53 Canal street.

# Part Third.

## EXCERPTA.

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I—*Medical History of two Epidemic Yellow Fevers. Translated from the French, with notes.* By the EDITOR.

### CHAPTER VIII.

[Continued from page 85, vol vii, July number, 1850.]

Heat and a focus of maritinal infection are the two conditions necessary to the development of yellow fever. The following objection has been urged against this theory: Why, in those places where it has frequently made its appearance, does it not always break out when the same range of temperature prevails? The answer is quite easy: the fermentation has destroyed all those materials susceptible of putrefaction in the midst of which it is developed. Then the heat is in vain renewed as powerful and even more intense than in the year characterised by the ravages of the epidemic: it no longer finds material prepared to enter readily into the process of fermentation; then there will be no miasm, no infection, no epidemic.

Yet the cause which formed the first mass of putrescent materials always remaining and incessantly acting, new materials accumulate and are thrown together. Situated ordinarily at a certain depth, and covered by water charged with salts which retard putrefaction, they collect, until finally fermentation seizing this new mass, throws off into the atmosphere new poisons for another epidemic. And it is thus that the same cities are ravaged every fifteen or twenty years by the same scourge; it is thus they have the less reason to fear it the more recent the last invasion, and that it is the more threatening, on the contrary, as time has the more effectually blotted out its remembrance; lastly it is thus that its absence is explained, in spite of the recurrence of those atmospherical constitutions the best calculated to produce it."

Wherever the yellow fever has been observed, we have found powerful foci of infection; we have but to cast our eyes over the topography of the eastern coast of America, traced by Valentine, of Philadelphia, by Deviz, of New-Orleans; by Gerardin, of Gaudaloupe and Martinique; by

Amie and Lefort, of Saint Domingo; by M. Rolland, of Senegal; by M. M. Cheve and Calve, to be convinced that these different localities contain in themselves, all those malarial conditions, which, by the assistance of an elevated temperature, may engender fatal epidemics of yellow fever.

But if perchance this study should still leave any doubts in the mind, they will all be dissipated by a close examination of the works of Dr. Chervin, whose numberless researches are admirable monuments of that which patience and devotion may accomplish when united to a talent for observation; and which have clearly demonstrated the existence of foci of infection, not only in the new world, but also at Cadiz, Barcelona, Gibraltar, when Mr. Pariset and M. Gazon, led doubtless astray by their notions of contagion, have refused to admit them.

Can this cause of infection, acknowledged to be indispensable for the production of yellow fever, be essentially maritime? Dr. Thomas does not believe the proximity of the sea to be absolutely necessary; Valentine cites some localities very remote from the sea beach, where this disease has been observed; finally M. Pariset speaks of a canton of Switzerland, far from the sea coast, where it made its appearance a century past. But it is well known that, at the present day, we observe yellow fever only in those places bathed by the sea, and it is highly probable that the same has been the case in former times.

Every thing which has a tendency to augment those exhalations which arise from the earth, multiplies the means for the production of yellow fever. M. Thomas remarked, that the first epidemic of New-Orleans occurred in 1796, the year in which some great works were completed, which had been undertaken by Baron de Carondelet then governor of Louisiana--works which consisted in excavating a canal two miles in length, over land occupied by ancient cemeteries, in rearing fortifications surrounded by ditches, and finally, in felling a great number of trees which surrounded the city; this exposed a considerable extent of marshy land, which being operated on by the influence of solar heat, soon disengaged an abundance of pestiferous influence.

Analogous facts have been observed repeatedly at Saint Domingo; at Natchez in 1819; again at New-Orleans, in 1822. Has it not been asserted that in France, in our marshy lands, intermittent fevers are both more common and more grave when we turn up the earth--when we execute works, and ditches.

Such are the general conditions which preside over the development of yellow fever, on land: but we have seen this disease break out sometimes on board vessels at sea, without their having had any direct communication with land, and then it may be demanded if a focus of infection--sufficient to explain the origin of the disease, could not be created from some particular source on board. M. Lefort is one of the first who admitted, that the cause of yellow fever might easily reside in ships themselves.—Professor Forget, who in his naval medicine, has devoted to yellow fever an excellent article which marine physicians may consult with advantage, expresses himself, on this subject, in the following words; "In the ship hold, there exists, powerful causes of infection due to the sea water which becomes corrupted by dissolving putrid materials, both vegetable and animal, such as dead rats, and those insects which infest ships to an innumerable extent in the colonies, called *cancrelats* or *ravets*; we see then that after a protracted anchorage, when this filth is stirred up, deliterious emanations may escape from them." I shall quote from the same author some facts in favour of this theory; In 1821, the corvet *diligent*, and M. were obliged to be discharged at Martinique, because there were not men enough



to man them and also to save the remaining unfortunate individuals of their crew; and such was the activity of the deleterious principles which were found in these vessels, that the men ordered to purify it, were, many of them, seized with yellow fever. We read in the thesis of M. Fribourg, chirurgion of the brig *Antelope* that in 1826, the unstowing the hold of the vessel, was immediately followed by the explosion of a violent epidemic yellow fever, when there had been no epidemic at Fort Royal. At the request of the surgeon, the equipage was landed, and from that period there was no more sickness, yet of, three men left on board to guard the vessel, two were attacked, and one of them died. The ship was ventilated, purified and bleached with lime; and the crew returned to the vessel with impunity.

Similar observations have been made in relation to the brig *Abeille*, the schooner *Topaz*, and the frigate *Astrea*.

The barque *Indefatigable*, of which Dr Fleury of Rochefort was chirurgion major in 1816, presents a new and striking example of the fact.

The corvette *Bacchante*, of General Leclerc's division, arrived at Saint Domingo with its ports condemned; the yellow fever broke out in the vessel with great intensity: the ports were opened and the epidemic ceased. These facts are so striking that they even seem exaggerated; hence Doctor Reider of Vienna, says that the yellow fever originates from, and is the product only, of navigation; that this is the true and only source of the (yellow fever): lastly that those emanations which arise from the water that becomes decomposed in the hold of vessels, are the specific cause of yellow fever, and that the vapours thus confined, attain to a degree of putrefaction or malignity which putrid and marshy exhalations cannot acquire in the open air.

Having remarked that the *palutiviers* abound where the yellow fever is developed, and that these vegetables, being alternately covered and exposed by the flux and reflux of the sea, are subjected, under a burning sun to decomposition; that in the cities of the United States the yellow fever always breaks out near the sea-ports, along causeways, where there are long structures of wood; finally that it appears on board of vessels, far from any continent, and in the midst of a cruise. Mr. John Wilson has concluded from this fact that the decomposition of wood plays an active part in the development of this affection. To conclude—this is the place to speak of the opinion of Audouard, who attributes the yellow fever mainly to the traffic in slaves. According to this physician, the focus of infection generated by negroes confined on board a ship, gives to them typhus and the dysentery; and to the whites yellow fever, which being primitively generated from a limited point of infection, becomes contagious, when it is once developed. We know that in the *Moniteur* of the 24th October 1836, M. Audouard propounded eight questions relative to this mode of etiology; in the *Annales maritimes*, 1837, we find the reply of Mr. Cornuel, who refutes the opinion of Mr. Audouard; in the following year M. Audouard publishes a rejoinder, in the same journal, and we find in that paper (page 298) this sentence; "Yes, Doctor, since 1826 you have had no yellow fever at Martinique, because no traffic has been carried on in that place." At the very time in which M. Audouard wrote these lines, the yellow fever broke out at Gaudalope and at Martinique, where it still continues to rage. At Saint Domingo, at Vera Cruz, and some other points; when the traffic in slaves, is absolutely impossible, the yellow fever prevails, through the year, as the epidemics of the brig *Griffon*, of the frigates B. and the C. fully attest, and also the numerous deaths, which the Mexican garison in the fort Saint Juan d'Ulloa experinced in July and

August of 1838. To recapitulate; a high range of temperature, humidity of the atmosphere, its electrical state, a certain direction of the winds, variable according to the country and a focus of maritime infection; such are the causes of yellow fever; but it is better to say, those already given are sometimes insufficient, and one is then compelled to avow that the immediate cause which engenders it, is utterly unknown. In all cases, the yellow fever has three distinct origins; 1st. In certain cities, on the sea-coast; 2nd. Among the crew of vessels at anchor or far from shore; 3rd. Among persons who are exposed to exhalations from a vessel which may be undergoing purifications.

ARTICLE III.—*Efficient Causes,*

1st. Direct exposure to solar heat in the colonies, is one of the causes which most frequently excites the yellow fever; with encephalitis, determined by protracted insolation the epidemic of 1830 appeared at Gore. Europeans should then avoid solar heat with the greatest care; why, in our transmarine possessions, should we not imitate the English who, even in uniform, do not scruple to protect themselves against insolation with a parasol?

2d. *Percepta.* Nothing is more dangerous than strong and violent moral affections; we have very often seen yellow fever break out after a paroxysm of anger, a fit of terror, after serious vexations, determined by anxiety of mind, by the endless disappointments which chase away the smiling hopes that one expected to realize; a too protracted station, imposed on vessels of war, sometimes demoralise the crew, and then woe to such, if the yellow fever declares itself on board! To become secure against the influence of the yellow fever, the *morale* as well as the *physique* should be acclimated; we must shield ourselves with indifference and egotism.

3d. *Ingesta.*—Excesses at the table—in drinks, by stimulating, habitually on particular occasions, the digestive passages; these are often the exciting causes of yellow fever: persons recently arrived in the colonies, seeing the creoles, who rarely contract the fever, both use and even abuse the use of condiments, spices, &c., believe they can imitate them without any risk; but they have not reflected that their stomachs still enjoy a high degree of sensibility, and will not lose this susceptibility, until they become acclimated; until he has paid his tribute to the new climate, the European cannot safely adopt the usages and habits which it tolerates; his organization will the more readily suffer, as it has now to struggle against a multitude of morbid causes, which assails it on every side.

4th. *Gesta.*—Corporeal fatigue, forced marches, and venereal excesses, expose us to dangerous attacks of the fever.

5th. *Applicata et Secreta.*—Under the influence of great heat, the surface of the body is always bathed in perspiration; it is important, under such circumstances, to avoid currents of cold air; nothing is more hazardous than to remain exposed to a shower of rain and to wear clothes thus saturated with water. Should an individual wear flannel in the colonies, when he is not already accustomed to it? It seems that this question has been resolved in the affirmative, since each soldier of the marine regiments is provided with two wollen shirts; I know not however, if the advantage of being secured against the suppression of transpiration, is not destroyed by the inconvenience of being subject to a degree of heat still more intolerable; during the day I believe we should wear light clothing, reserving cloth for the evenings and nights, which are often cool, and always humid.

*Contagion.*—We now arrive at a question which, up to this day, has been

the subject of an animated debate, viz: whether the yellow fever is, or is not, *contagious*? and first, let us quote some passages from a remarkable report, presented to the Institute, in 1825, upon a memoir of M. Costa; by that we shall define in a few words the extent of this question.

"It cannot be maintained with any show of reason, that the yellow fever which prevailed some years since in Spain, and that which prevails at the present day, in some of the Antilles, emanate from the first yellow fever observed in those climates, as the last borne descends from the first man.

This disease, after having raged with great violence at different times, subsides: it has even disappeared during longer or shorter intervals, to reappear at stated periods more or less remote. At each of these epochs other causes capable of reviving the yellow fever should be discovered, without the necessity of having recourse to any idea of contagion.

"By one unavoidable sequence from the preceding data, we are led to admit that the causes which have produced the yellow fever, shall be able to reproduce it, once, twice, thrice or even an infinite number of times, without its being even possible to acknowledge any contagion.

"Again, about those cases of sporadic and endemic yellow fever, all the world have or nearly agreed; but there still exists some difference of opinion in regard to epidemic yellow fever.

Some will have it that it can only be propagated by the effect of local or accidental causes similar in every respect to those which gave rise to its primitive development.

Others think that yellow fever, when it becomes greatly exasperated, is propagated by those communications which may be established between those affected, and those who are not.

"In the *theory of infection*, the primary cause of yellow fever is the influence which men, when collected together and confined, in low, narrow, obscure and filthy places, and animal and vegetable substances in a state of decomposition, exercise over the surrounding air, under high latitudes and an elevated temperature. These emanations when received and concentrated, to some extent, in a confined atmosphere, which is not renewed or purified, produce speedily an alteration or *infection*, which acts on men like dilitierious gazes, and engenders yellow fever, in a few hours, or a few days, according to the susceptibility of the individual, and according as the atmosphere is more or less saturated with those poisonous emanations.

The centers from which these emanations are disengaged, may be considered as so many *foci of infection*, an exposure to which is extremely dangerous. Should they be developed on board a vessel, they constitute a kind of floating bog or marsh, which diffuses in every direction the infection of which it is the seat and source.

"With this exception, yellow fever can neither be transmitted by men, nor by the clothing or other materials which may have been in their service or profession; such are the fundamental principles of infection.

"In the *theory of contagion*, the disease when once produced, no longer requires to be propagated by the agency or influence of those causes which have created it; of itself and independently of these causes it may be produced.

"A *germ*—a *virus*, is developed within each individual who is affected with it, or an atmosphere charged with the principles of the disease, surrounds him, and which may be transmitted to other individuals, through the medium of the air, by the direct contact of persons or things in which this germ, this virus, this principle. resides.



"This theory serves as a basis for those sanitary measures adopted by the majority of government.

"Neither physics, nor chemistry has as yet been enabled to explain the nature or even indicate the presence of those emanations with which the atmosphere is charged in cases of infection; its presence is however sometimes recognised by the olfactories.

"In regard to the principle of contagion, we have not been able, up to the present time, either to indicate its seat or its nature. We have neither been able to seize, to isolate it, nor to inoculate with it; if this principle exists, it is unknown in its essence.

According to the theory of infection, to obviate the development of yellow fever, we must remove decomposable materials from the action of heat and moisture. If the disease has declared itself, we should hasten to evacuate and purify *les foyers*, when it exercises its ravages, and carefully prevent healthy individuals from coming within the range of its influence; and as the yellow fever can neither be transported nor communicated by men, or by articles, from the spot where it has been created, all those measures, the object of which is to confine whole communities within such infected limits, are not only useless to the neighbouring population who have nothing to apprehend from the freedom of such communications, but they are besides more fatal to those whom they constrain to live within these centers of infection and of death.

It is to these restraints, we must attribute, according to this theory, the ravages which the yellow fever has produced among the population of cities and of countries, with which all communications are strictly prohibited.

"According to the *theory of contagion*; to disseminate without proper caution, men and goods which are fresh from infected regions, to permit an entire freedom of communications, is to expose persons an almost certain manner,

(To be Continued.)

II—On the Prognosis and Treatment of Organic Diseases of the Heart. By

C. J. B. WILLIAMS, M. D., F. R. S.

(*London Journal of Medicine*, April, 1850.)

[ "Although there is no organ whose diseased conditions are more accurately ascertained than those of the heart, the same certainly does not exist with regard to their prognosis. Cases are frequently met with, offering such an amount of disturbance as to give rise to serious apprehension; but we yet, to our surprise, find the patient surviving for years, and even enjoying a fair proportion of health. On the other hand, suddenly fatal results may follow apparently trifling structural change. To throw light on such apparent anomalies is the object of Dr. Williams's paper—He commences as follows; ]

It is then evident, that the pronounced character of the signs is no measure of the severity of the disease of the heart; the *prognosis* is to be determined by other circumstances. My experience leads me to point out the following as the most significant; and I shall afterwards show that they are equally important in reference to treatment. They may be conveniently grouped under the following heads:

1. Circumstances relating to the heart itself.
2. Circumstances relating to the state of the blood, and its general circulation.

A structural disease of the heart may be considered serious in proportion as it impairs the power of the organ to carry on the circulation. This is to be judged of both by the signs of the action of the heart itself, and by the condition of the circulation at large. So long as the natural sounds of the heart are distinct, with their proper characteristics, no matter how loud the accompanying sounds, the heart is doing its work, and there is no ground for present alarm. If on the contrary, they are indistinct, or too faint, or superseded (not merely masked) by abnormal murmurs, then, whether there be loud murmurs or not, irregular action or palpitation or not—whether the heart's action be strong or weak, it may be inferred that the heart's action is seriously impaired, and the case must be considered dangerous.

In illustration of this, the author narrates two cases, in one of which a harsh bruit had alarmed another practitioner; but he (Dr. W.) judged that it did not indicate a great amount of danger, inasmuch as the natural double sound was not superseded. This lady has remained perfectly well for six years, the bruit, however, still persisting.

He continues to observe that instances of noisy regurgitation through the mitral valves are still more common. He says: "I have many patients on my books who have a systolic murmur beneath the left breast.—In some of these cases the patients complain less of the heart than of their breath or their digestion; in others, nervous palpitation or pain is a troublesome symptom, and aggravates the fears of the patient; but none of these symptoms are adequately proportioned to the cardiac lesion, and they may come and go while this is constant. So long as the natural sounds of the heart are distinct, and the impulse does not far exceed its natural limits, although the murmurs be loud and the symptoms distressing, we need not despair of amendment."

In all cases, however, in which the existence of valvular lesion is proved by the persistence of a murmur, the prognosis must take into account not only the present amount of the lesion, but what it is likely to become; whether it be stationary or progressive; and whether although it does not seriously affect the work of the heart, it may not be so increasing as eventually to do so. To determine this point, we have to consider the history of the case, and watch its progress for some time. Thus, if symptoms of disordered action of the heart have only recently ensued, then it is possible that the disease, though moderate now, may be on the increase; and even in a slight lesion, a favourable prognosis cannot be pronounced until further observation determines that there is no tendency to increase. But if the history give no evidence of a recent affection of the heart, and examination, at stated intervals, discover no remarkable variations in the physical signs, it may be inferred that the lesion is stationary, and may be considered less formidable in proportion as the natural sounds are unaffected.

[The author next alludes to cases in which a more serious prognosis is to be formed. Observing that the danger is not in proportion to the loudness or harshness of a morbid sound, but rather to the degree in which it supersedes the natural sound, he proceeds: ]

Thus when, instead of a natural first sound and impulse, there is only a soft blowing murmur, with little or no impulse, or when a murmur of any kind entirely supersedes the second sound, we have at once proof of a serious change of structure; this is commonly evinced by faintness, palpitation, with other signs of failing cardiac function. The most formidable of such cases are those in which the valves are broken by violence, by inflammatory action of fatty degeneration. In the latter cases the change has been slower; and there is evidence of general cachexia, as destructive endocarditis and fatty degeneration do to occur in healthy constitutions.

[ After exhibiting the compensatory powers of Nature in the induction of hypertrophy, as a counterbalancing force to the obstructed circulation, and remarking that the balance is the more perfectly maintained in proportion as the hypertrophy is unaccompanied by dilatation or degeneration, the author next enters upon the second order of circumstances which affect the prognosis in heart disease. ]

The mechanism of the heart is adapted to certain degrees of spissitude and quantity of the blood, and the vital properties of the organ are maintained by its richness and purity. Any considerable deviation from the normal state of the blood will disorder the action even of a healthy heart, and much more so one of which the structure is imperfect. Hence there are no cases more distressing than those of valvular disease, combined with anæmia, and many such are reduced to this condition by injudicious lowering treatment. But so long as the natural sounds and impulse are distinct, and there is no more complication than anæmia, even though the murmurs are loud, the palpitation violent, and even anasarca have commenced, these cases are not hopeless. In many cases they improve under a combined sedative and sustaining regimen, with chalybeats; the murmur still remains, but its intensity diminishes with the improved state of the blood.

The same observations apply to general plethora. This increases the intensity of the symptoms of organic disease of the heart. Under such circumstances, the prognosis is unfavorable only when the proper antiphlogistic treatment cannot be practised, or is delayed too long.

But the most common of all the complications of heart disease, and the most important, is that with deteriorated *quality* of blood. Cachexia and toxæmia, in all their varieties, uræmia, cholæmia, lithæmia, pyæmia, &c., constitute prominent elements in the history of cases of organic disease of the heart.

Experienced practitioners have long known that in organic diseases of the heart it is of the first importance to attend to the secretions of the liver and kidneys: the influence of their disturbance is doubtless in some instances through the nerves; in other cases it is mechanical, as when the stomach is distended with gas; but most commonly the medium which conveys the disturbing influence is the blood. Loaded with morbid matters, it disorders every organ, but none more than the heart; hence attacks of palpitation and other disturbance, which magnify a before quiescent into a distressing and possibly dangerous malady.

The permanent affection of the heart also reacts upon other organs, by inducing congestion; the lungs, liver, kidneys, &c., especially suffer from this; hence the subject of diseased heart suffers frequently from biliary or stomach disorders, from asthmatic or gouty ailments, depending upon imperfect elimination from the kidneys.

[ These secondary disorders, if opportunely treated, are, Dr. Williams observes, quite tractable in connexion with moderate degrees of cardiac lesion, but if neglected may precipitate a fatal event. It is, therefore, of consequence to be aware of their presence, as indicated by their symptoms, and also to know the sequence in which they may be expected to arise. Such information is given by the author in the following table ]



SECONDARY EFFECTS OF ORGANIC DISEASE OF THE HEART.

<i>On the Liver.</i>	<i>Symptoms.</i>	<i>Common Results.</i>
Congestion . . .	{ Soft and variable en-	Increased secretion or deposits.
Deranged or interrupted secretion . . .	largement . . .	
Interstitial deposits, . . .	{ Bilious attacks, jaundice, &c.	Cholæmia, dyspepsia, &c.
“ “ soft . . .	Enlargement.	
“ “ fatty . . .	{ “ soft . . .	Functional disorder, weakness.
“ “ hard . . .	“ “ . . .	
“ granules . . .	{ “ irregular . . .	Cachexia, dyspnœa, dropsy.
“ “ contractile . . .	Decreased size, rounded edges	
<i>On the Kidneys.</i>		
Congestion . . .	{ Urine increased, then diminished, albuminous or bloody; lumbar pain.	Temporary albuminuria; uræmia.
Gradually filling of tubuli with granular cells and fat . . .	Enlargement; urine albuminous, less urea .	
Contraction & atrophy . . .	{ Urine less albuminous, more aqueous . . .	Albuminuria, uræmia; dropsy, &c.
<i>On the Lungs.</i>		
Congestion . . .	{ Dyspnœa; cough obstructed, respiration crepitus, &c. . .	Pulmonary catarrh, emphysema.
Interstitial deposit . . .	Dyspnœa; signs as above, with dullness on percussion, &c. . .	
Pulmonary apoplexy consolidation . . .	{ Increased cough and dyspnœa; expectoration viscid or bloody .	Hydrothorax and general dropsy.
<i>On the Arteries.</i>		
Irregular distension . . .	{ Strong pulsation; pain; jarring pulse . . .	Deranged function of the heart-Tendency to aneurism, rupture, gangrene, atrophy.
Deposit on coats . . .	{ Pulse hard, unequal . . .	

(The general treatment of organic disease of the heart is comprised in the three following indications :)

- 1- To regulate and promote the moderate and efficient action of the heart itself,
2. To improve the quality, and regulate the distribution, of the blood.
3. To prevent or counteract subsequent lesions, functional and structural, of other organs.

# The treatment addressed to the condition of the heart itself will vary. At early periods of organic diseases, whether of valves, investments, or muscular structures, there is commonly a tendency to excite, which in plethoric subjects may even reach inflammation, or assume some form of vicious nutrition, which will further disorganize the organ. Under these circumstances, there is no doubt of the propriety of antiphlogistic measures, proportioned to the urgency of symptoms. Local depletion and counter-irritation will generally suffice for this, the instances in which general bleeding is required being rare. \* \* \*

But in many examples, particularly in nervous persons, in females, and in connexion with dyspeptic and other functional disorders, the excitement of the heart is more nervous than vascular. This is recognised by the suddenness of the paroxysm, and the concurrence of other nervous symptoms, as globus, &c, if the person be anæmic, there will be sufficient evidence of the absence of real vascular power in the pallor and low temperature of the extremities. Under such circumstances, nervous sedatives are more appropriate than depletion, and of these the following are to be preferred in the order mentioned: hydrocyanic acid, aconite, digitalis, camphor, henbane. The sedative action of all these is increased by combination with an alkaline carbonate. In hysterical cases, the fœtid gums, with ammonia, afford the most relief. . . . Another expedient for calming the violent action of a palpitating heart is a draught of cold water. This measure will not, however, be expedient in persons predisposed to syncope.

[The above are temporary means of allaying cardiac excitability. A more permanent effect is to be attempted during the intervals by the use of tonics, a class of medicines which Dr. Williams justly observes are not sufficiently appreciated in organic affections of the heart. They, however, require to be selected with judgment, and in many cases to be combined with sedatives, and in all with such treatment as will insure a free state of the secretions. Dr. Williams next notices the treatment of cases in which a diseased heart is accompanied with defective action. He observes:]

In many cases this is combined with irregularity of rhythm, and irregularity of pulse; but these two states are by no means proportionate; for weak hearts sometimes show no intermission, and considerable irregularity may occur without any prominent signs of weakness. More or less irregularity of pulse is commonly observed in connexion with the following lesions:—Extensive valvular disease, especially of the mitral valve; dilatation with or without moderate hypertrophy; fatty degeneration and softening of the parieties. Advanced stages of pericarditis and adhesion of the pericardium, present a remarkable kind of inequality or intermission in the radial pulse, whilst the heart's action is regular; in fact some of the pulsations are too weak to reach the wrist, and these deficient beats are those which correspond with inspiration.

The chief remedies for defective action of the heart, are of the stimulating and sustaining kind; but this cannot be applied without discrimination. The same organic lesion which contraindicates unguarded depletion during inordinate action, is an obstacle to the free administration of stimuli during irregular depressed action.

It often happens that we have to premise or combine with stimulants means to relieve the heart of a load which it cannot propel. A few leeches, or a blister, with derivants to the secreting organs, may thus enable the stimulant to operate with greater certainty.

[The author next considers the second indication. We pass over his remarks on conditions of over-richness of the blood, and proceed to some important observations on the combination of anæmic states of the system with organic lesions of the heart. He says:]

The poverty of the blood is often the result of injudicious depletion, low diet, &c., in other instances the anæmic condition arises spontaneously as a consequence of rheumatism. The same happens after other acute diseases. The treatment usually proper in anæmia is required in these cases, and the symptoms are ultimately relieved, as the organ becomes invigorated by a supply of better blood; but here, too, we proceed with caution in giving iron and other tonics. The doses should be small, and combined with hydrocyanic acid or other sedatives, and gradually increas-

ed. The secretory organs require the aid of gentle aperients and diuretics at the same time. A good tonic in these cases is the iodide of potassium combined with the citrate of iron.

[The length of this communication has obliged us to considerably curtail the author's remarks on this subject, in order to pass on to the third indication, upon the due understanding of which our success in managing cases of diseased heart will mainly depend.]

The last indication is to prevent, or counteract those lesions of function and structure which supervene in other organs in the progress of heart affections. The first morbid conditions of organs thus suffering, is, for the most part, congestion, with disordered secretion; then follow deposits, altering the structures; lastly, ensue impaction, induration, or degeneration of the deposits, still further impairing the vitality of the structures.

In diseased heart complicated with affection of the liver, in addition to the treatment of the former, it is necessary to use mercury more freely, with reference to its cholagogue effect. A combination of blue pill, squill, and digitalis, may be given till the gums are touched, or diarrhœa or diuresis ensues. Local depletion, and counter-irritation to the hypochondrium, often do good for a time, after which, with muriatic lotions and foot-baths; and extract of dandelion with muriate of ammonia and nitre, will decidedly improve the condition of the liver. Saline purgatives are also beneficial.

The complication of kidney disease, evinced by albumen in the urine, is, in its early stage, by no means so intractable as commonly supposed. Cupping, and large blisters to the loins, with hydragogue cathartics, will often restore the secretion to a healthy state. The purgative most suited to these cases is bitartrate of potass, in doses of from half an ounce to an ounce, taken fasting. Elaterium has the disadvantage of seriously depressing the heart's action; but, when other means fail, we are constrained to resort to it: it appears to disorder least when given in doses of half a grain in a pill, with two or three grains of calomel and one drop of creosote. After the congestion of the kidneys is thus somewhat removed, they become amenable to diuretics.

The long continuance of the renal affection impoverishes the blood, and it becomes an object to counteract this by iron. Generally the remedy is not well borne, causing a diminished flow of urine, and increase in albumen. In some cases the chlorate of potass may be mentioned as having a reviving effect, even in these extreme cases.

Pulmonary complications with diseased heart, in moderate degrees and early stages, are readily reduced by cupping, blisters, calomel, and antimony. Asthma attacks generally depend on pulmonary congestion with bronchial spasm, and are relieved by counter irritation, antispasmodics, and expectorants. More intense degrees of congestion may pass into pulmonary apoplexy, or hepatization, and become the most formidable and most fatal complications of diseased heart.

Disease of the larger arteries in connexion with organic lesion of the heart requires due consideration. At an early period, it is more or less inflammatory, and may require moderate antiphlogistic treatment; but there is an early tendency to deposits, degeneration and dilation of their coats requiring tonic and invigorating measures; of these, iodine, nitric acid, and the preparations of iron, are the most serviceable.

(This paper concludes with a repetition of some remarks by the author on the general regimen required in diseased heart, published by him in



1838. He enjoins a moderately sustaining diet; deprecating the idea that good can be derived from low diet, except in some peculiar cases. He also points out the necessity of guarding against distension of the stomach, and its irritation by indigestible substances. Active exercise is to be avoided; the cutaneous circulation is to be maintained by warm clothing and friction; and, above all things, moral and mental quietude is desirable.



II.—*Assumed frequency of the Ulceration of the os uteri.*—By MARSHALL HALL, M. D.

(In our review of Dr. Bennett's work on the uterus (which may be seen by reference to this department of the Journal,) we animadverted upon the practice of a certain class of physicians, for insisting upon the frequency and great prevalence of ulceration and inflammation of the os and cervix uteri. This alledged frequency of uterine disease, lead, *ex-necessitate*, to the habitual use of the speculum and lunar caustic—the former as a diagnostic, the latter as a curative means.

Since those strictures were penned, we have received a late number of the London Lancet, in which Drs. Tylor, Smith, and M. Hall, have denounced the practice, as not only an outrage upon the morals of society, but, in many instances, useless, and without the least justification.

We copy Dr. Hall's remarks on this point entire: Ed.)

"I have no doubt I was one of a considerable number who, at the last meeting of the Royal Medical and Chirurgical Society (a meeting which will long be memorable in its annals,) wished to express their sentiments on the subject of the use of the speculum vaginae, without having what they deemed the perfect opportunity. I regret that the discussion was not adjourned to another evening.

I think the profession deeply indebted to Dr. Robert Lee for bringing this question forward for discussion. It is not one of mere medical or surgical treatment, but of medical and public ethics; and I confess myself astonished at the light manner in which a vaginal examination was spoken of by one of the gentleman present at the society. I think the challenge of Dr. Bennett should have been accepted at once, and that a committee should have been, and should now be, appointed, to test the existence or the non-existence of the thousand-and-one "ulcers" or abrasions" of which so much has been said of late.

The gentleman to whom I have alluded above, huffed the idea of indecency in making a vaginal examination. There need be no exposure of the person of the patient; surgeons make no scruple about an examination of the rectum (as if the two examinations could, morally speaking, be compared.) But, if there be no exposure of the person, and if the examination of the rectum be frequently made, is there, at first, no wounding of the feelings, and is there, afterwards, no deterioration and

blunting of those feelings, by the repeated daily or weekly use of the speculum vaginæ in the virgin, and in the very young, even amongst the married! I loudly proclaim that there is such deterioration, and that the female who has been subjected to such treatment is not the same person in delicacy and purity that she was before.

I have known cases of the most revolting attachment, on the part of such patients, to the practice and to the practitioner. I have known them to speak of "the womb" and of the uterine organs" with a familiarity which was formerly unknown, and which, I trust, will ere long be obsolete. The current of the ideas becomes hypochondriacally directed to these organs. The very mind is poisoned. A new and lamentable form of *hysteria*, I had almost said *furor uterinus*, is induced, with this aggravation, that the subject of distress is either concealed by the greatest effort, or explained at the expense of virgin or female modesty.

There is a case of "poisoned mind" in the male sex, induced by the quack doings of the day, relative to the existence of impotency, which all of us must have treated and deplored. A similar case of "mental poisoning" is now being induced in the other sex by the frequent, constant, and undue reference, on the part of the profession (?) to the condition of the "uterine organs."

These latter patients become reserved and moody, and perverse, and speak unintelligibly in broken sentences; the peace and happiness of the family circle is broken up; subjects are discussed on the domestic hearth which ought never to be mentioned except in the sick room; words which wound are spoken, and thoughts which are derogatory are expressed, by other, perhaps by the male, members of the family.

One poor miserable patient comes to me weekly, thus afflicted. She had been treated by the speculum and the caustic for months, as an out-patient at University College Hospital. I sent her to Dr. Robert Lee twice. Twice that gentleman examined and declared that there was *no* uterine vaginal disease. Meanwhile, the miserable patient's mind is absorbed by this ideal malady, and the peace of her husband's home is destroyed.

I sent another patient to Dr. Robert Lee a few days ago (whom I had never seen) under similar circumstances, but moving in a different rank of life. The same opinion was given, the miserable patient suffering dire disappointment!

I recently attended a poor curate's wife, who had come to London for medical aid, at, as I supposed, great inconvenience. During my short attendance, this patient was constantly urged by a friend, a titled lady (the aristocracy always take the lead in quackery,) to send for her physician, who is a strong abetter of the speculum. The *course* which followed may be imagined, and need not be described. A case of more complicated misery for a husband cannot well be conceived—a sickly wife, afflicted with uterine hypochondriasis, set upon by a titled advocate of the uterine quackery, with straitened resources.

The advocates of the speculum speak of cases which had resisted the efficacy of the usual general and local treatment, and which yielded to

the use of the speculum and the caustic. I have seen cases in which, the speculum and caustic have been employed—and unduly employed, as I believe—the patient remained more miserably afflicted in mind and body than ever, and this the *effect* of that treatment. Whether the former supposition be as well founded as the latter, I will not presume to determine; but I believe the cases in which the young, and especially, the unmarried, are afflicted so as really to justify the use of the speculum, to be rare; and the cases in which the injection of a solution of the nitrate of silver by her own hand may not take the place of the application of this valuable remedy in substance by the hand of the practitioner to be rare indeed.

I will not advert even to the epithets which have been applied to the frequent use of the speculum by our French neighbors, who are so skilled in these matters: but I will ask, what father amongst us, after the details which I have given, would allow his virgin daughter to be subjected to this “pollution?” Let us, then, maintain the spotless dignity of our profession, with its well-deserved character for purity of morals, and throw aside this injurious practice with indignant scorn, remembering that it is not mere exposure of the person, but the dulling of the edge of the virgin modesty, and the degradation of the pure minds of the daughters of England, which are to be avoided.—*L. Lancet.*

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### III—*The application of the Microscope as a means of diagnosis.*

At a seance, (L'Union medical de Paris) of the Chirurgical Society of Paris, April, 1850, M. Marjolin, introduced to the society a patient having tumours developed about the angle of the jaw. It was at first supposed to be tuberculous; but on submitting a portion of the tumour to an examination with the microscope, its *cancerous* nature was distinctly revealed. M. Marjolin made some pointed observations on the value of the microscope as a means of determining the exact character of certain diseases, seated in the glands and bony structure. He contended that we should never neglect this important means of diagnosis,—he stated that at Berlin, he saw M. Dieffenbach remove a penis, believed by him to be *cancerous*; but which, on examination with a microscope, was found to be merely a syphilitic disease.

In the U. S. the microscope is but little used, in the study of medicine; and as a diagnostic means, we are not aware that it has ever been brought into successful employment.—Ed.

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### IV—*Remarks on Vermifuges.* By M. CAZIN.

DR. CRAZIN, of Boulogne-sur-Mer, having had the opportunity of treating a large number of worm cases, has published the following interesting account of his experience. He states that he has frequently employed the common *Spigelia* or worm-grass. He administers it in the form of decoction, prepared by boiling two drachms of the herb in a quart of water to



one-half. The decoction is then expressed, strained, and flavoured with a little lemon-juice and a sufficient quantity of sugar. The dose for an adult is two wine-glassfuls, followed by a wine-glassful every six hours until the desired effect is produced. To children and delicate persons a smaller quantity is to be given.

Wormwood (*Absinthium*) is an excellent indigenous anthelmintic; it is also a powerful tonic and stimulant, the use of which, continued after the expulsion of the worms, prevents their reproduction. M. Cazin often uses a wine prepared by digesting an ounce of wormwood, with an equal quantity of garlic, in a bottle of white wine, of which he gives from one to three ounces every morning. This wine is well adapted for poor lymphatic subjects, wasted by wretchedness, and suffering from the influence of a marshy soil. The *Absinthium maritimum* is likewise a very good anthelmintic. M. Cazin gives it to the extent of one or two drachms boiled in four or five ounces of water, with the addition of some white sugar, or of any anthelmintic syrup. This is quite a popular remedy in the maritime districts, and almost always succeeds with children affected with worms.

Although a case of poisoning by *Cevadilla* has been reported, M. Cazin has administered this vermifuge with success in cases in which ordinary anthelmintics had but little effect; but he has always commenced with a very small dose, in order to ascertain how far it would be borne by the digestive organs. For children the dose of this plant is from a grain and a half to four or five grains of the powder of the seeds, mixed with syrup of rhubarb; for adults eight or nine grains, with the addition of a little sugar and a few drops of oil of fennel. In each case the dose is to be repeated daily for four days, after which the infusion of chamomile is to be given.

*Assafœtida* possesses acknowledged anthelmintic properties, and is suitable for cases of sympathetic nervous affections produced by the existence of worms. It thus, like valerian, fulfils a twofold indication. In a case of nervous affection, which M. Cazin believed to be idiopathic, the administration of *assafœtida* both determined the disease and revealed its true cause, by effecting the expulsion of a number of lumbrici. This result has, in three cases of cholera and in two of epilepsy, enabled him to recognise that sympathetic irritation, depending on the presence of intestinal worms, was the sole cause of disease in these instances. Under ordinary circumstances M. Cazin frequently combines *assafœtida* with calomel in pills. This combination, of all those that he has employed, succeeds best in expelling lumbrici. He has also combined it with black oxide of iron, particularly in anemic patients. *Assafœtida* may be given in powder, in doses of from four grains to half a drachm.

The essential oil of turpentine is not merely useful in cases of *tœnia*, it is also decidedly efficacious in expelling the lumbrici. M. Cazin has sometimes, in cases of lumbrici and ascarides, administered with advantage turpentine enemata, prepared by suspending, by means of yolk of egg, from one drachm to half an ounce of the oil in decoction of tansy, *absinthium*, worm-seed (*semen-contra*), or Corsican moss.

Common salt is very destructive to worms; it is given alone in large doses dissolved in water; it should be taken on an empty stomach. M. Cazin also frequently administers it in the form of enema, with brown sugar, linseed or poppy oil, and a sufficient quantity of water. With children it almost always succeeds.

Like all tonics, iron has the advantage of destroying worms, at the same time that, by imparting tone to the intestines, it prevents their reproduction. From six to eight grains of iron filings, mixed with an equal quan-

tity of rhubarb, and taken twice or three times a day, have often been sufficient to expel the worms contained in the intestines. M. Cazin succeeded in rapidly curing a boy nine years of age, emaciated and pale, whose sleep was disturbed, and who was suffering from spasmodic movements similar to those which characterize chorea, by the exhibition of pills of sulphate of iron, combined, according to Fuller's formula, with aloes, senna, &c., under which treatment he voided twenty-three lumbrici in four days. He has also used with remarkable success Bosen's mixture, containing extract of black hellebore and sulphate of iron. But what he chiefly gives to children, as well as to adults, is the syrup of citrate of iron (four parts of citrate to sixty of simple syrup, and one of essence of lemon,) in doses of from two drachms to half an ounce to children, and from half an ounce to two ounces to adults.

M. Cazin remarks that calomel, so efficacious as an anthelmintic, ought never to be combined with an alkaline chloride, as the formation of corrosive sublimate would probably ensue from their admixture. In like manner, the combination of calomel with cherry-laurel water, or emulsion of bitter almonds, would give rise to the development of two formidable poisons, corrosive sublimate and cyanide of mercury.

The effects of the male fern, tin, pomegranate bark, hellebore, &c., require merely to be noticed; and the properties of the pomegranate root bark are so well known that they need not be dwelt upon. M. Cazin has remarked nothing particular respecting other anthelmintics. He merely says that cod liver oil has succeeded with him in the cases of two females, one of whom passed twelve lumbrici the same day that she had taken in the morning three table-spoonfuls at intervals of an hour.

But, whatever be the medicine selected, we must not, like routine practitioners, be content, when the worms are killed and dislodged, with this nearly palliative cure. A very important indication remains to be fulfilled, viz., to prevent their reproduction. This object is attained, according to M. Cazin, by the adoption of a tonic and stimulant regimen, which must be long continued, and, above all, by the employment of bitter and chalybeate preparations. He has found the ferruginous chocolate to be sufficient, in the case of children, to prevent the relapses which are for many years very apt to occur. Wine taken while fasting has succeeded with the poor inhabitants of the marshes, accustomed to live only on vegetables and milk; and he has also remarked its efficacy as a preventive of worm affections in other instances.

To these observations of M. Cazin, the editor of the *Journal de Médecine* has appended the following practical remarks. The number of experiments tried by M. Cazin leaves no room for doubt respecting the enormous amount of worm affections which he must have met with. Such a result may appear strange to Parisian physicians, who attribute to the presence of worms in the intestines only a very trifling influence over the symptoms formerly ascribed to them. But if worm affections are rare among the inhabitants of large towns, they are frequent and generally more serious among the peasantry, and particularly among those who are poor and placed in unfavourable hygienic circumstances. We shall, therefore, take the present opportunity of mentioning the efficacy of *brown santonine*, lately brought under the notice of the readers of the *Bulletin de Thérapeutique*, by M. Gaffard, an apothecary at Aurillac.

The difficulty experienced in procuring pure santonine, both on account of its high price, and for other reasons, has induced M. Gaffard to endeavour to obtain from *worm-wood*, a product which may possess the advantages of the former, and at the same time be free from the objections to the use of the latter. The product he calls brown or impure santonine; it is obtained in the following manner:

Take of Aleppo worm-seed, three ounces; carbonate of potash, one ounce; slacked lime, sifted, half an ounce; water, from three pints to three pints and a half. Place the mixture on the fire, stirring occasionally with a wooden spatula; let it boil for an hour; on removing it from the fire pass it with expression through a linen cloth, let it settle, decant, and add hydrochloric or nitric acid until it reddens litmus without being sensibly acid to the tongue. Allow it to rest, pass it through a filter previously moistened, or through a piece of close canvas, and allow the product which remains on the filter to dry in the open air until it acquires the consistence of firm butter. This product, which is a mixture of santonine, resin, and essential oil, will answer for the various pharmaceutic forms in which the practitioner may wish to exhibit it. M. Gaffard gives it in the form of lozenges composed as follows:

Brown santonine, three drachms; powdered sugar, thirteen ounces; powdered gum, one ounce and a half; essential oil of lemon, twenty-five drops. Place the brown santonine in a marble mortar; add by degrees, and with constant trituration, the sugar mixed with the essential oil and the gum, so as to make a homogenous powder. Form with a sufficient quantity of water a mass of the desired consistence, and divide it into lozenges, each of which shall weigh, when dried, fifteen grains; each lozenge will then contain somewhat more than one-third of a grain of brown santonine.

For infants under six months the dose will be one lozenge night and morning; from six months to a year, two lozenges night and morning; from one to two years, three, and from two to four years, four night and morning; for children of five years and upwards a lozenge for each year of the child's age should be given night and morning. The medicine to be continued until the desired effects are no longer produced.—*Journal de Médecine et de Chirurgie Pratiques*, March, 1850.

[A remedy for tape-worm, which has been for some time employed in France under the name of koussou, has been recently tried in King's College Hospital, London, with marked success. It is an infusion of the dried flowers of the *Brayera anthelmintica*, a native of Abyssinia, in which country it is a popular remedy for this worm, which is very prevalent amongst the inhabitants. A single dose, which is prepared by macerating for a quarter of an hour half an ounce of the dried flowers powdered in half a pint of luke-warm water, is taken at a draught, the suspended powder being all swallowed. Lemon juice may be taken before and after the dose. It usually brings away the worm in an hour or two after it has been taken. Those who have tried this remedy state that it is equally safe as effectual; and the only objection to its employment is its high price at present.]—*Dublin Journal*.

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V.—*Report of certain cases of Yellow Fever.* By JOHN FURLINGE, M. D., Civil Practitioner, late in charge of Detachment Hospital at St. John's, Antigua.

Five cases of yellow fever were admitted, of which two died. The men had been marched into St. John's from the Ridge,\* on the 30th November.

\*An elevated spot, about twelve miles from St. John's where the garrison is situated, and where malignant yellow fever was prevailing.



One or two had been complaining on the evening of the 1st December, and ascribed their indisposition to fatigue and cold from the preceding night's march. They took purgative medicine. On the following morning three others were added to the list, and the five were admitted into the hospital with fever. The symptoms were very urgent in three; head-ach was violent; sense of tension from temple to temple, with a feeling as if the brain were compressed; pains of back and calves of leg were prominent symptoms, with hot, pungent skin; injection of eyes; pulse quick and full; tongue generally moist, and in two or three cases rough and furred, but still moist. After thirty-six hours the pulse became slower, sometimes natural as to frequency; skin was tinged lemon-coloured in all; the injection of the eye appeared to be sclerotic, and would seem to indicate a like condition of the dura mater, &c.

The treatment in three was bleeding to fainting.† In one of the three the bleeding was repeated in three hours, as severe headach had returned; when about eight ounces were abstracted; he became faint and had no return of headach. After bleeding, brisk purgation was used; the purgative of calomel and extract of colocynth compound, followed up by a solution of sulphate of magnesia, and carbonate of magnesia. After the bowels had acted copiously, calomel and quinine,‡ five grains of each, were given every two hours, with cold douche to head, and cloths wet with cold water constantly applied to the same, with sponging the body &c.—One man had a blister applied to the nape of the neck. The fatal cases were treated in the same way, with the exception of bleeding, as their symptoms did not seem to warrant the abstraction of blood. They both were apparently doing well, alarming symptoms supervening when every reasonable expectation of their recovery was manifest. On the morning of the evening of the death of one, he was sitting up in bed, taking breakfast, and said there was nothing the matter with him but weakness§ At twelve at noon he had hiccup, and hæmorrhage from his gums; at four P. M. black vomit, and at nine P. M. he was dead. He appeared labouring under cinchonism, as he had become deaf, and complained of noises in his ears. He died on the fifth day.

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† Average quantity taken, thirty two-ounces.

‡ See a condensed but good account of the use of quinine in miasmatic fevers, in "Rankig's Retrospect," vol. iii.

§ The tendency of yellow fever to death in the latter stages of the attack is so insidious and deceptive that the patient, often flattered with the belief that all danger is over, when suddenly, and from some trifling exposure, or indiscretion, a train of formidable symptoms appears and terminates in the death of the patient.

The above case was one of this kind; for here not only the patient but the medical attendant himself was deceived by the fatal calm which almost invariably, succeeds to the febrile stage. The patient was sitting up and taking meals on the *fifth day* when soon after, to the astonishment of his medical adviser and friends, he was seized with hiccup—had hæmorrhages and soon after died. A practitioner acquainted with the nature and course of yellow fellow fever, would never permit his patient to sit up and eat a hearty meal on the fifth day of the attack. During our epidemic seasons, numbers, convalescent from yellow fever, perish from imprudence in eating and drinking, in violation of the positive instructions of the physician—often instigated to commit such indiscretions by officious friends.

ED.

The other man (who died on the seventh day) appeared dreadfully alarmed at the death of his comrade, and became incoherent that night; he began to sink next day; and died the following evening at ten P. M.; he was apparently convalescent on the day preceding the night when he became incoherent; he had no black vomit; but was lemon-coloured.\*

Although a fever of a highly malignant type has been chiefly confined to the Ridge, I think it right to remark that there has been all along a general epidemic tendency to fever throughout the island, and of a rather severe type. I have twenty estates under my professional charge, situated in all quarters of the island, and there a great many labourers on them, white, black, and coloured, among whom a good deal of fever, has prevailed, some very severe remittents, and all manifesting great cerebral disturbance.

The creole blacks, whites, and mulattoes, have suffered, from epidemic, but suffering less severely than Europeans, the type being generally remittent, (with a few intermittents,) among whom some deaths have occurred, the head suffering much; and in some there has been coma from the first, not always fatal—the affection, whether intermittent, remittent, or malignant yellow fever, evidently arising from the same atmospheric inquisition, the type varying according to susceptibility or acclimated state of the individual,—the malignant fever occurring in the recently arrived Europeans; the milder forms in natives, or those acclimated. The orifices made in the veins of those who were bled did not heal, but gaped, and matter formed in each, and the blistered surface in one (who recovered) became ulcerated and of a gangrenous look, and he subsequently suffered much from large boils, and had a carbuncle at the inferior angle of the right scapula. In two of the patients, during convalescence the pulse became very slow—48 & 56 in the minute—for some days; the same had been remarked by other practitioners.

The fever, no doubt, is to be ascribed to the dry and sultry weather in July and August, and followed up by rain, and then, by intense heat, thus giving rise to malaria, of a highly malignant nature, pretty generally over the island, manifesting its effects more severely in certain localities.

The Ridge is considered a very healthy spot, and I understand no officer has died there, of yellow fever, for twenty-six years.

The treatment was that generally followed, although I should think it more scientific and accordant with our pathological notions to bleed, and then give calomel, with nitre and soda, and sweet spirits of nitre, with blisters to neck, cold to shaven scalp, and sponging the body; and on the slightest remission, to administer quinine, in five or ten grain doses, every hour, till cinchonism was induced, or till other symptoms indicated its further use to be necessary. It certainly clashes with all preconceived notions, to give quinine to a patient with hot skin and violent headache, although as far as I have been concerned, I see no cause to be dissatisfied with the result, as regards the cases treated in the Detachment Hospital.

P. S.—The deaths averaged upwards of fifty per cent; and a practitioner of more than thirty years' experience in this island, told me it was the most malignant fever he ever witnessed. A military medical officer of rank and long experience in conversation, said, that after thirty-six hours, treatment was of no avail; they died in spite of everything; and it was a toss-

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\* In this outbreak, the "judicium difficile" was well illustrated, prognosis being quite at fault: one man who had been walking about for two days, took his bed and died.

up whether death or recovery followed. I may mention that the microscope showed the black vomit to consist of blood corpuscles, occasionally mixed with epithelial scales. The corpuscles appeared, I thought flatter than natural.—*London Lancet.*

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VI.—*A Wife's Revenge and a Surgeon's Ignorance.*

(We copy the following *morceau* from a memoir of Sir B. Collins Brodie, contained in a late number of the *London Lancet*. It is a terrible hit at Surgery, and while it teaches us a valuable lesson, proves at the same time the truth of the Poet's remark,

“Sweet is revenge, especially to women.” (Ed.)

“Late one evening a person came into our office, and asked to see the editor of THE LANCET. On being introduced to our *sanctum*, he placed a bundle upon the table, from which he proceeded to extract a very fair and symmetrical lower extremity, which might have matched

“Atlanta's better part,”

and which had evidently belonged to a woman. “There!” said he, “is there any thing the matter with that leg? Did you ever see a handsomer? What ought the man to be done with who cut it off?” On having the meaning of these interrogatories put before us, we found that it was the leg of the *wife* of our evening visitor. He had been accustomed to admire the lady's leg and foot, of the perfection of which, she was, it appeared, fully conscious. A few days before, he had excited her anger, and they had quarrelled violently, upon which she left the house, declaring she would be revenged on him, and that he should never see the objects of his admiration again. The next thing he heard of her was, that she was a patient in \*\*\*\*\* Hospital, and had, had her leg amputated. She had declared to the surgeons that she suffered intolerable pain in the knee, and had begged to have the limb removed—a petition the surgeons complied with and thus became the instrument of her absurd and self-torturing revenge upon her husband!

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VII.—*Reybard's Operation for Paracentesis Thoracis modified.*—

By M. TROUSSEAU.

The patient is to be placed on the edge of the bed, taking care that he shall experience the least possible motion, in order that the portions of false membrane, which would otherwise be detached, may not float in the fluid and obstruct the canula; the trunk should be elevated.—Having placed the patient in this position, an imaginary line is drawn from the anterior edge of the axilla to the level of the eighth rib, a little behind which spot the puncture should be made. A small incision is first made with a lancet through the skin, as if for the operation of venesection; the integument is then to be drawn upwards with the fingers, so that the incision may correspond to an intercostal space. The canula is passed through the centre of a circular piece of goldbeater's skin or pig's bladder previously moistened, which is then tied firmly round it.



neck, so as to project over the orifice for some distance. The trocar and canula thus armed are pushed into the chest where the skin had been cut, to the depth of an inch or an inch and a half. As soon as the operator feels the canula grasped by the muscles, the trocar is to be withdrawn, when the fluid gushes out. If a shred of membrane or an albuminous flake opposes the passage of the liquid, a double-eyed gum-elastic probe, of a little less caliber than the canula, is procured. The goldbeater's skin is to be partially opened, and the probe introduced into the canula; it removes the obstruction, while its eyes give passage to the fluid. This method was devised by M. Lenoir. The removal of the fluid must be assisted by steady pressure on the abdomen and on the chest; and when it has ceased to flow, the trocar is to be rapidly withdrawn. The skin instantly falls back, the superficial and deep openings no longer correspond, and the only dressing required is a small piece of court-plaster over the wound. At the same time that you relax the chest and abdomen, the air, drawn in by the tendency to a vacuum in the cavity lately filled with serum, rushes through the bronchial tubes, extending them and expanding the lung, which partly resumes its normal dimensions, allowing the respiratory murmur to be again heard over two-thirds of the chest, provided the effusion was recent and the adhesions not very firm.—*Journal of Medicine et de Chirurgie Pratique*, March, 1850.

[The intention of this mode of operating is to prevent the admission of air into the pleural cavity during the operation, when the patient inspires; the moistened goldbeater's skin or bladder closing up the orifice the moment there is the least cessation of the flow of liquid, the escape of which, however, it does not prevent. The spot selected for the puncture is much too low down; we prefer the intercostal space between the fifth and sixth ribs.]—*Dublin Quart. Journal*.

# Part Fourth.

## AMERICAN MEDICAL INTELLIGENCE.

### *Original Communications.*

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I—*Epidemic Cholera in 1832. The late Professor Geo. McClellan. His letter on the nature and treatment of that epidemic.*

Editor of the N. O. Medical and Surgical Journal ;

*Dear Doctor* :—Were any one of us, upon the first appearance on our continent, of some fearful, mysterious and devastating plague, to write out our views of its habits, symptoms and appropriate treatment, we should in all probability feel very unwilling, *eighteen* years afterwards, to give, or allow them to be given to the public.

Impressed with this conviction, nothing but my confidence in the views contained in the appended letter, and my admiration for the independence and rare professional resources of the writer, could induce me, at this late day to offer it for publication.

Summary as it is, it contains many characteristics of its generous and gifted author.

In the year 1832, when cholera for the first time invaded our country, and attacked all or nearly all our seaboard towns and cities, your correspondent was a student in the Jefferson Medical College, Philadelphia, and enjoyed the benefits of the personal friendship and instructions of Dr. Geo. McClellan, then the Prof. of Surgery in that institution.

Residing during the summer, on the navigable waters of the Chesapeake Bay, the cholera being on either hand, in the cities of Baltimore and Philadelphia and the State authorities having determined to enforce such sanatory regulations as suggested themselves, I received from the Governor, a commission as Port Physician.

Of course I felt disposed, as every young man under like circumstances naturally would, to avail myself of the best advantages I possessed to enable me to do my duty faithfully and creditably.

An application to my kind and able friend, procured, under circumstances of fatigue, ill health and an enormous pressure of professional engagements, the response which follows.

I am perfectly willing for this letter, hastily written as it is, to be compared with any thing on the subject then extant, provided it be as compendious.

Nay, I will go farther and say, though we are *now* much more familiar with the treatment of the disease than we could by possibility be *then*, and the details given, may, on this account appear common place to us, because so much more has been experienced and written since, than was then to be had; still it is even *now* doubtful whether in the same compass of words, a better epitome of practice can be laid before that portion of our profession inexperienced in the treatment of cholera.

It is greatly to be regretted that Dr. McClellan wrote so little. He was always oppressed and always liable to interruptions by reason of a large and busy practice, and on this account he withstood for years the incessant solicitations of his numerous friends and pupils to publish reports of his extemporaneous lectures. Besides this, Dr. McClellan thought the literature of our profession already too voluminous, and this conviction prevented him from adding to it. In the preface to the only work he ever attempted for the press—his "*Principles and Practice of Surgery*," and which alas! he did not live to complete; after asserting this belief, he says, "As Horace Walpole, after Lord Bacon himself, is reported to have said in his time, we can now almost wish that another Caliph Omar would arise, and burn up the whole library of compilations and plagiarisms which have been accumulating ever since the grand and blessed fire of bibliopolitan Alexandria."

Dr. McClellan, as is well known to his numerous pupils and admirers now in the valley of the Mississippi, had the charge and control of one of a number of temporary hospitals provided by the city authorities of Philadelphia for the diseased in 1832. These establishments were filled with patients, and most ample opportunities were thus afforded for testing the merits of the systems of practice adopted by their respective heads; a practitioner of high reputation, being selected and placed in charge of each. Without the slightest disparagement of others, it is but meet to say, that in this awful trial of professional skill and resources against the deadly whelm of the pestilence, the genius, courage and science of McClellan shone with greatly increased lustre. He was eminently successful.

It is to be regretted that on this very subject of cholera he never wrote, so far as I am aware, any thing for the press.

His use of the tobacco injection in the obstinate spasms of strong muscular subjects, is alluded to in the letter. This practice he employed afterwards far more extensively than he had done at the date of the letter, and in general with the most satisfactory results. So often and so successfully was it used in his hospital, that it became a matter of pride with his students to associate the name of their beloved and honored preceptor with this remedy.



The most common form of administration here, as in strangulated hernia, was an infusion of 2 drachms of the unmanufactured leaves of tobacco, to a pint of boiling water; of which, when cool enough, one half was given at a time, to be repeated if necessary, at an interval varying from half an hour to a longer period, according to the urgency of the symptoms.

As there remain so few written memorials of this great and gifted practitioner and teacher in medicine and surgery, it is to be hoped that those possessing even fragments of the results of his valuable experience, will not hesitate, through the medical periodicals of the day, to give them to the profession.

His work on Surgery, published since his decease, under the editorial supervision of his son, Dr. J. H. B. McClellan, though a moderate octavo in size, will be found replete with the soundest instructions in the *principles*, as well as full of illustrations from the personal *practice* of the illustrious writer.

It is due to his professional memory and to that fame which was European as much as American, that the only volume he ever published should be familiar to those who derive lustre from that greatness, which cost him a life of toil and a premature grave.

By some, perhaps, the subject of cholera may be regarded as exhausted; but while it continues in so many of our eastern cities and even upon the very borders of our own, like a relentless tiger training its muscles and hoarding its strength for a more sure and deadly spring upon us, it cannot be devoid of interest.

With esteem yours,  
J. S. COPES, M. D.

New Orleans, 3d August, 1850.

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PHILADELPHIA, August 26, 1832.

*Dear Sir*:—I have just returned from a hasty journey to my father's in New England, where I spent nine days with a sister in a very dangerous illness.

I did not get home till this morning, and of course did not receive your letter before that time.

I am sadly fatigued and oppressed just now, but will exert myself to say a few words before I retire to my bed. I found the premonitory symptoms of cholera prevailing all through New England, and in some places exasperated forms of the cholera itself. Severe vomiting and purging of watery fluid, attended by cramps and coldness was a common kind of case with many of the physicians with whom I conversed. Lividity of the skin, blackness of the hands and feet, corrugation of the skin on the fingers and toes, coldness of the breath, suppression of the urine and rice-water dejections, were, however, not so common symptoms, and these may be fairly accounted the distinctive ones in this pestilence. Where they all occur in a number of cases in the same neighborhood and a majority of the cases terminate fatally in 6 or 8 hours, the malignant cholera may be pronounced with certainty.—I am not disposed for myself, however, to insist on any particular combi-

nation of symptoms as essential to this disease. There is certainly something pestilential or morbid in our atmosphere which destroys life in a very speedy manner in a great many instances; but the influence of this poison is modified by a great variety of circumstances. Most vomit and purge rice-water fluid; but some die without either of these symptoms, or with one or two of them only, complicated in various ways with others. Some have died after being seized with a sudden fainting and coldness, some have convulsions and perhaps nothing else before death. Some are delirious throughout, but most are perfectly rational and self possessed. Some complain of excessive pain and anguish, while others are quiet and unconcerned throughout. Some are placid and powerless in their limbs; some are rigid and stiffened and some violently convulsed and even tetanic. Some are hot and others, (indeed most of them) are cold and icy.

Now in such a state of things how absurd, it must appear to you, is the practice of routinists. There can be no such thing as a system of remedies for the disease, as a disease. The treatment must be adapted to the cases as they are actually presented in practice. The cold must be heated, the hot and feverish cooled, the convulsed tranquilised by means of narcotics, the pulseless roused by stimuli, the plethoric, depleted, &c. &c. The system, moreover, fluctuates very often in the severe cases, so that the remedies must be changed every three or four hours in order to answer the great purpose of meeting the indications on philosophical principles. When the vomiting and cramps are severe, I give sulph. of morphine in 1-4 grain doses every 8 or 10 minutes dissolved in a small quantity of cold water. I did this by sinapisms over the belly, hot bricks or bottles to the feet, sides, &c.; and the moment I have relieved these symptoms, I omit, or at least diminish the morphine, and begin with calomel, one or two grains every hour. I also rub in camphorated mercurial ointment over the belly and apply some means of maintaining heat over the whole surface. If the mercurial action can be set up by these means in 18 or 20 hours so as to excite the secretions of bile and urine, the patient is safe. Nothing but small portions of some cool demulcent must be allowed however, in the mean time, and other symptoms must be combatted by their appropriate remedies. Severe spasms in strong muscular subjects are best relieved by the tobacco injection into the rectum; flatulency and rumbling sensations by occasional doses of camphor; internal sense of coldness by large injections of very hot water with brandy or camphorated spirits, &c. &c.

A great many have died from neglect of the ingesta during the preliminary diarrhœa. An emetic of ipecac and white vitrol, followed by copious draughts of salt water, has saved several cases most miraculously. Pieces of ham, potatoes, &c. have been rejected and all the symptoms immediately thereafter disappeared. After you get your patient through the severe attacks, there is still danger of inflammation of the mucous membranes, and of fever; which must be obviated by a rigid diet and counter irritants.

In great fatigue, really unwell,

I am your friend,  
GEO. McCLELLAN.

II.—*Practical views on Medical Education.*

(Medical Education calls for reform, and we are glad to perceive that the Professors of Harvard University, have come out boldly and fearlessly in favor of such a reform. The following remarks on this important subject, embody much useful information, and we hope the Professors of other respectable medical colleges, will give the profession their views on a question which will affect the future prospects of our science in this country.

Points of vital interest to us all are coolly discussed and severely examined in the subjoined report addressed to the American Medical Association; to many of these views, we cordially subscribe and recommend them to the careful consideration of the medical profession *throughout* our almost boundless territory.—Ed.)

1. Medical instruction should be adapted to the power of students to receive and retain what is communicated to them, and should be confined to what is important to them in their subsequent life.

2. In modern times the constituent branches of medical science are so expanded, that they are not acquired by any physician in a life-time, and still less by a student during his pupilage. The same is true even of many individual branches. It is not, therefore, to be conceded that "a scheme of scientific instruction should embrace the whole science, and no part should be omitted;" nor that "a well digested plan of lectures embraces all that is to be known and taught." Medical science has at this day become so unwieldy, and contains so much that is unnecessary, at least to beginners, that the attempt to explain to students the whole, is likely to involve the result of their learning but little.

3. In Chemistry, at the present time, a thorough adept is unknown. No man living knows all the recorded facts, or all that is to be known and taught, in that science. Organic chemistry alone fills large volumes, though yet in its infancy.

4. In *Materia Medica* there are some thousands of substances and their compounds, which possess what is called a medicinal power.—Yet it is not probable that any physician effectively reads the one half, or remembers one quarter, or employs in his yearly practice one tenth, of the contents of the common dispensatories.

5. In Pathology, so complicated and various are the conditions attendant on the individual forms of disease, and their relations with idiosyncrasy, temporary condition, and external agency, with organic lesions and functional disturbances, that few of the most experienced pathologists can be said to understand their whole science, or to be always competent to its successful application.

6. In Etiology, the theoretical literature of causes has spread itself out to an extent, which is burdensome and unprofitable. It is true, that "man, from his nature, is subject to suffering, disease and death;"—but it is not equally apparent, that "the causes by which these conditions are produced, are ascertainable." We know nothing of the vehicle of cholera or influenza, nor is it probably in the power of any physician, by any art, or application of his knowledge, to produce in a given healthy man, a case of common pneumonia, or of acute rheumatism,—of diabetes or Bright's kidney,—of hypertrophy or of cancer,—or even of a common boil, or wart.



7. In Therapeutics, many hundred volumes exist, such as would not have existed, could a knowledge of the cure of diseases be made so easily tangible, that it could be spread before the student in the three or five years of his pupilage.

8. In Anatomy, general and special, microscopic and transcendent-al;—in Physiology, with its intricate ramifications;—in Surgery, of which several subordinate specialities constitute distinct living professions; it is not to be admitted that the means or time of any ordinary course of lectures, can furnish full and complete instruction. Certainly it must be difficult to arrange a course of lectures on any of the extensive sciences which now constitute medicine, if it be indeed true, that “the teachers are not justifiable in suppressing any portion.”

9. It is the business of lecturers in medical schools, to condense and abridge the sciences which they respectively teach, to distinguish their essential and elementary principles, to sift carefully the useful from the superfluous, and to confine the scope of their teachings, as far as possible, to what is true and profitable, and likely to be remembered and used by their hearers. It is unfortunately too true that, “in an extended system of instruction, there is much that the student will not master, much that will have escaped his attention, much which he ought to know, that he has not learned.” The remedy appears to be, to teach him well what he can and should master, and briefly to point out to him the sources, fortunately abundant, from which he may obtain the rest.

10. Much injury is done to the cause of true learning by medical assumption, amplification and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn;—in acquiring, not merely the truths of science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary, and now neglected, theories of Rush and Broussais

11. The most commonly exaggerated branch of medical science is therapeutics. Enlightened physicians well know, that many diseases are incurable, and that others are subject to laws of duration, which cannot be interrupted by art. Yet students sometimes return from medical schools persuaded that their instructors know how to cure a large part of these diseases, and that if others are less fortunate, it is attributable to their own fault.

12. Medical teachers should keep pace with the progress of their respective sciences. Yet in their haste for the promulgation of novelties, they should not omit to give the proper consideration to the older and more settled principles of science. Medical men are liable to commit the error of adopting premature opinions, unsound practice and inconvenient changes of language and nomenclature, sometimes from a love of display, and sometimes from a want of self reliance, and a fear of being thought behind the literature of their time.

13. The length of a course of lectures is not the measure of its value to the student. A course of lectures should not outlast the curiosity of

its hearers, nor their average pecuniary ability to attend. Custom in this country has generally fixed the limits of these things at about four months. A comprehensive and judicious course, confined to the enforcing of necessary points, is far more profitable than a more discursive course to a wearied and diminishing audience.

14. Lectures are chiefly wanted to impress by demonstration the practical branches of science, and they are most effective in places where the facilities for such demonstrations can be commanded. Anatomy requires extensive exhibitions by the teacher, and personal dissections by the student. Chemistry and *Materia Medica* require illustrations by specimens and experiments. Pathology needs the aid of autopsies, museums and the clinical demonstrations of large hospitals. A knowledge of Obstetrics is not perfected without apparatus and practice. Surgery is acquired by witnessing numerous operations, surgical diseases, illustrated explanations, and by personal practice on the dead body. Physical exploration is wholly demonstrative. A knowledge of auscultation can no more be acquired from books, or abstract lectures, than a knowledge of music, or of individual physiognomy.

15. The intermediate period between lectures, should be spent by students in active and original study, approved and confirmed by regular recitations, and by such opportunities as can be commanded, for practical, personal experience. Private schools for small classes, and the private teachings of individuals, who are suitably qualified and situated, are more advantageous for two thirds of the year, than either the fatiguing jostle of overcrowded rooms, or the listless routine kept up by the survivors of a passive class.

16. The usefulness of a medical school depends not so much on the length of the session, as upon the amount of education, preliminary and ultimate, which it requires, the fidelity with which it exacts its own professed requisitions, and the train of healthy exertion, active inquiry, and rigid, methodical, self-regulating study, to which it introduces its pupils. The longest lectures are of little use to students who want a common education, and whose medical education does not qualify them afterwards to observe, to inquire and to discriminate. The exacted evidence of three years of well conducted study, is better than the exhibited ticket of a six months course.

17. The subjects most important to be well taught in medical schools, are the elementary principles which constitute the framework of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner in his future career of responsibility.

18. The things to be avoided by medical teachers, are technicalities which are unintelligible to beginners,—gratuitous assumptions and citations of doubtful authorities,—prolix dissertations on speculative topics, excessive minuteness in regard to subjects, which are intricate and but little used, and therefore destined to be speedily forgotten. To these may be added controversies, superfluous personal eulogiums and criminations, and all self-exaggeration, personal or local.

JACOB BIGELOW, Prof. of Materia Medica and Clinical Medicine.  
 WALTER CHANNING, Prof. of Midwifery and Med. Jurisprudence.

JOHN WARE, Prof. of Theory and Practice of Medicine.

JOHN B. S. JACKSON, Prof. of Pathological Anatomy.

OLIVER W. HOLMES, Prof. of Anatomy and Physiology.

HENRY J. BIGELOW, Prof. of Surgery.

E. N. HORSFORD, Prof. of Chemistry.

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### MEDICAL COLLEGES.

#### III.—*Resignations—changes—new appointments, &c.*

The Ohio medical college has, with much foresight and a high regard for the interest of the school, and indeed for the entire profession, recently appointed the Hon. T. O. Edwards, M. D., to the chair of Materia Medica, &c. in that Institution.

To Dr. Edwards, the public, with the medical faculty, is indebted for that important reform—the passage of the “Drug-Law,” as it is called, through Congress, during the last session.

He is an acquisition to any school in the U. States. We congratulate Dr. Edwards on his new appointment, and feel satisfied, that he will materially add to the reputation of the school.

Dr. John Bell, late of Philadelphia, has been appointed, Professor of the Theory and Practice of medicine in the same Institution. The acquisition of these two distinguished men, by the medical college of Ohio, is the best guaranty of the future prosperity of the Institution.

*University of Pa.*—Dr. Nathaniel Chapman—the wit—the scholar, the profound Physician and for 34 years, the eloquent lecturer in this Institution, has recently been induced, by reason of his age and increasing infirmities, to resign the chair of Theory and Practice of medicine in this time-honored Institution.

The Trustees of the School, have with great propriety and a just regard for the feelings and reputation of Dr. Chapman, appointed him *Emeritus* Professor of the Theory and Practice of medicine in the University. The vacancy created by the resignation of Dr. C. has been filled, by transferring Dr. Geo. B. Wood, to the same chair; and Dr. Joseph Carson, has received the appointment of Prof. of Materia Medica, and Pharmacy made vacant by the transfer of Dr. Wood to the chair of Theory and Practice. The latter gentleman is now on a visit to Europe, for the “sole purpose of procuring such preparations, drawings, and other materials as may contribute to the value and usefulness of his lectures.”

*University of N. York.*—We regret to perceive some difficulty has lately risen in the medical faculty of this university. Professor V. Mott, who is now travelling in Europe, received intelligence whilst abroad, that Dr. Detmold a distinguished physician of New York, had



been appointed a Professor in this University; on the receipt of this intelligence, Dr. Mott, who had some personal objections to the appointment of Dr. Detmold, immediately forwarded his resignation to the Faculty, who accepted it; whereupon Dr. Detmold, with great magnanimity and a proper regard for the feelings of the Faculty, likewise resigned in order that the school might retain Dr. Mott. The result was both resignations were accepted, and Dr. Detmold was immediately reappointed to the chair of Surgery, vacated by Dr. Mott's resignation.

The end is not yet.

*Transylvania University, Ky.* Prof. Benj. W. Dudley has resigned his Professorship of surgery in the medical department of Transylvania University, and was afterwards appointed *Emeritus Professor of Surgery*, by the Trustees of the University. He retires with a fame co-extensive with the length and breadth of our country. The chair of obstetrics has also been vacated in this school, by the resignation of Prof. Wm. L. Boling—who returns to the practice of medicine in Montgomery, Ala.

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IV.—*Case of twins; where one of the fetuses became blighted about the fourth month of gestation, and was retained along with its living fellow, till the full period.* Reported by D. MACGIBBON, M. D., Visiting Physician to the Charity Hospital, of New Orleans.

The following case which occurred during my charge in the Charity Hospital of this city, was sufficiently interesting to induce me to write it out at the time; and as it is of a character somewhat rare, I send it now for insertion in your Journal; perhaps, on this latter score you may deem it worthy of a place, where it may be read or be referred to by others.

On the 9th of June, last, Johanna Cummford, aged 22 years, came in to the obstretical wards to be confined; it was her first pregnancy: on her admission she was suffering from uterine pains, coming and going, but irregular. She believed herself to be within a week of her time of confinement; these pains continued to annoy her considerably all that day, and the following; but, apparently without doing much good. At my visit on the morning of the 11th, finding she had suffered so long, and to so little good purpose, I determined to examine and ascertain whether any progress in labor had been made, and if so, to see if the parts were in a condition to enable me to facilitate delivery. Interference, in some one shape or another, I thought had been delayed

as long as propriety would sanction. Hitherto, though she had been getting narcotics, the pains continued sufficiently severe to deprive her of all proper rest since admission; she was, on that account, as well as from her physical sufferings during the period, somewhat exhausted and had become both irritable and anxious about her condition.

I introduced my hand for that purpose. The uterus, which had been active, especially during the early part of the morning, was now passive; the *os uteri* I found dilated to fully the size of a dollar piece, and thin; the presentation however was not as easily made out. I felt the ribs impacted over the opening; and, at first, suspected a cross birth, or shoulder presentation. Gradually dilating the *os*, and getting my fingers insinuated further within the uterus, they came in contact with a lower extremity; but one so small, in comparison with what I had expected, that I scarcely knew what to think of it,—that it was a foot the position of the heel determined; but that it belonged to a premature fœtus and dead, rather than to one at the full period—and living, both the size, and macerated feet of the limb, rendered but too probable. The mother I questioned further, but without mentioning the suspicions I had arrived at, she however repeated her former expressed conviction of being within a few days of her full period; and, added, moreover, that on the preceding night, she felt most distinct motion, but none since.

I got one of my fingers hooked over the thigh, and by gentle extractive efforts, was enabled soon afterwards to remove a dead fœtus, apparently about the fourth month, and considerably macerated; but without traces of decomposition being evident; no placenta came; I severed the cord, and without letting the mother know any-thing of it, placed it aside under the bed clothes.

The uterus, during the foregoing interference, had remained perfectly passive. I then introduced my hand a second time to ascertain what still remained in it, for its bulk evidenced that what I had as yet seen was the smaller portion of its actual contents. I found the head of another fœtus presenting; and from its size inferred it must have reached a much later period of gestation than the first; but to what extent it differed remained to be seen.

The position which the dead fœtus had occupied, lying across the mouth of the uterus as it did, had been sufficient to prevent it from expelling its contents, notwithstanding the muscular contractions had been pretty powerful.

That obstacle being now removed, I was induced to believe that, after a short quiescence, it would be sufficiently able to complete the delivery, without any further interference, and therefore, I determined to leave her; first telling her, by way of encouragement, as well as of preventing a suspicion of any thing out of the ordinary way in her case, that I had put every thing to rights, and that labour might now be expected to go on safely, and she be soon relieved from suffering. The nurse, at the same time, I ordered to call the student who had been in attendance on the case, to acquaint him with the state of matters; but that nothing

should be said by either, to the mother, of the dead fœtus, till the other should be born, at least. She had already been sufficiently excited by her protracted labour, and hence the greater necessity of guarding against any increase of that excitement, by any imprudent disclosure; she was accordingly kept in ignorance, as desired.

Shortly, after I left, which was about ten o'clock, efficient labour set in, and in the afternoon she was delivered of a female child, of the full size, but, it was still-born. That it arrived at the full period of gestation, its appearance, as well as the statements of the mother, would leave but little room to doubt; that the other had become blighted about the fourth month, there is also, I think, as little reason to doubt; and if this be so, then, the dead fœtus must have been carried along with its living fellow for the period of five months after vitality had ceased in it! The woman herself was not aware of any circumstance that had occurred, while she was *enciente*, to account for this partial interruption of gestation. Why one of the twins should have become blighted as it did? as well as, why abortion did not follow on that event? are questions more easily asked than answered; though the latter circumstance is the more unaccountable of the two; certainly it is the rarest. That cases of this kind are "extremely rare" is admitted by all writers on the subject; a few are recorded, and it is probable that others have occurred in the practice of those who failed to make record of them.

(Cases somewhat similar to the above as reported by Dr. Macgibbon, have occasionally occurred in the practice of Obstetricians, and been reported in the Journals.

Burns, Copland, Desormeaux, Jackson and others report cases analogous to the preceding. The facts reported by Dr. Macgibbon, may be relied on as correct, as he is a gentleman of intelligence and truth.

Ed.)

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(FOR THE N. O. MEDICAL AND SURGICAL JOURNAL.)

V—Natchez—its health, diseases, and mortality.

When I last wrote you, (June 15,) measles were prevailing extensively, the cases increased in severity and the complications were more unmanageable as the season has advanced. Cases occurring among the adult population, were characterised by more strongly marked symptoms, in every particular than in the young. The disease has run its course and is now nearly vanished; but another of more serious import has usurped its place. The whooping-cough is now very prevalent and



it would seem as though it was just getting fairly under way. Several deaths among children have already occurred. Dysentery has been the leading disease here during the past two months; it seems at present to have abated. Very few cases of fever are occurring of any kind.—The usual heat of the past month has had an enfeebling effect upon the physical system, causing much langour and general debility. Many systems seem surcharged with bile, frequently verging on jaundice, and when this is not apparent, discharging excessive quantities, by emesis and catharsis. Will this morbid bilious condition of the system predispose it to take on yellow fever? As yet we have no symptoms of this latter disease.

Enclosed I send you a short table showing a few of the vital statistics for the six months ending June 30, 1850. You will perceive the mortality has been small and especially in the months of April and May. In the month of June, there were probably not less than twenty-five cases of well marked cholera—several deaths occurred from this disease; every case was preceded by premonitory symptoms and incited to intense action by some improper ingesta.

*Table showing the mortality of the city of Natchez, from December 31st, 1849, to June 30th, 1850.*

1850.	Whites over 10 years.	White children under 10ys.	Colored of all ages.	Total each month.
January, : : : : : :	2	6	2	10
February, : : : : : :	5	3	4	12
March, : : : : : :	1	4	6	11
April, : : : : : :	3	0	4	7
May, : : : : : :	0	1	2	3
June. : : : : : :	0	2	8	10
Total.	11	16	26	53

From the physicians quarterly reports to the Trustees of the State hospital, we make the following extracts.

1st, Quarter ending March 31st—	Admitted,	:	:	:	52.
	Died,	:	:	:	9.
	Remaining,	:	:	:	3.
	Cholera cases,	:	:	:	5.
	Deaths of Cholera,	:	:	:	2.
2d. Quarter, ending June 30th—	Admitted,	:	:	:	28.
	Remaining,	:	:	:	6.
	Died,	:	:	:	2.
	Cholera cases,	:	:	:	3.

By the foregoing table, it will be seen the white and colored deaths are nearly equal, being as 27 to 26—of the twenty-seven deaths occur-

ring among the whites six (6) are reported by the Homœopathic physician or were attended by him. Of the twenty-six deaths among the colored population, eleven (11) occurred in families, where it is known Homœopathic remedies are used, and it is a matter of inference that that was the system used in the treatment of the cases. Thus it appears that about one third of the mortality occurs under the small *dispensation of physic*. This must show that it has a strong hold on the minds of a large portion of the community, or that this proportion of mortality is entirely too great for a system vaunting itself as being vastly superior to any thing that has ever preceeded it.

Respectfully yours,

C. S. MAGOUN, M. D.

NATCHES, Aug. 16th, 1850.

A. HESTER, M. D. Editor }  
N. O. Medical and Surgical Journal. }

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#### VI.—An Act Relative to the Charity Hospital.

SEC. 1. *Be it enacted by the Senate and House of Representatives of the State of Louisiana, in General Assembly convened:* That within twenty four-hours after the arrival of any ship, steamboat, or other vessel, at its place of final destination in this State, from any place without the same, the commanding officer thereof, or any other officer of such vessel thereto required, shall make under oath or affirmation a written report to any resident Hospital Commissioner, which shall state the name of such vessel, its owners, officers, and consignees, the place where its voyage began, and the name, nation, or birth place, race or color, age, occupation, place of first embarkation, and place and time of debarkation in this State, of every person or passenger, not of the crew proper, and not a citizen of the United States, who shall have landed from such vessel within this State.

He shall also report in like manner, whether or not any officer of such vessel has collected from any person or passengers, not a citizen of the United States, any commutation money, as by this act allowed to be paid, and if so, from, and by whom the same was collected and to what amount.

SEC. 2. *Be it further enacted, &c.:* Every person not a citizen of the United States, and above the age of fourteen years, arriving and landing at any place within the limits of the State of Louisiana, from any place without the same, shall in like manner, report himself or herself to any resident Hospital Commissioner, and give bond in the sum of one thousand dollars, with one or more joint and several solvent

and sufficient sureties, resident in the parish where such person may have landed, conditioned that the principal in such bond shall not, at any time within five years from the date thereof, be, or become from any cause, chargeable or dangerous in any manner to the State, its citizen, or to any charitable institution within its limits; unless such institution be voluntarily supported by foreigners or citizens of foreign birth.

And every person who shall refuse, or wilfully neglect, for twenty-four hours after his or her arrival and landing, to make report and give bond, as by this section required, shall incur a penalty of fifty dollars, *Provided* that persons arriving and landing in the parishes of Plaquemines, St. Bernard, Orleans, or Jefferson, shall report themselves in New Orleans, and furnish bond, with surety resident in said city of New Orleans.

SEC. 3. *Be it further enacted, &c.*: It shall be lawful for any person referred to in the foregoing section, who may be unable or willing to furnish bond as thereby required to commute therefor by paying within twenty four hours after his or her arrival, the sum of two dollars.

SEC. 4. *Be it further enacted, &c.*: The Commutation payments allowed by the foregoing section may be lawfully made to any Hospital Commissioner, or to the clerk or commanding officer of the vessel on which the person making such payment arrives. And every such commanding or other officer shall on arrival of their vessel or on his own arrival, forthwith pay over to any Hospital Commissioner, the sums so received or collected, less a commission of five per cent. which he shall be entitled to retain for his trouble.

SEC. 5. *Be it further enacted, &c.*: All bonds taken, on reports received by any Commissioner, in virtue of this act, shall have the force and authenticity of notarial acts, as against the signers thereof, and every person not a citizen of the United States, claiming to be exempt from making report or giving bond, as required by this act, shall be held to prove his exemption.

SEC. 6. *Be it further enacted, &c.*: It shall be the duty of the President and Directors of the Charity Hospital of New Orleans, to appoint one or more commissioners, removable at will, to be styled Hospital Commissioners, who shall have power, in the name and for the use of said Hospital, to sue for and recover, collect, receive and receipt for all commutation money, bonds, fines, forfeitures, and penalties demandable or imposed by virtue of this act. Said Commissioners shall each furnish bond, satisfactory to the President and Directors of said Hospital, for the faithful performance of their duties as Commissioners. They may also, with the consent and approbation of said President and Directors appoint deputies, for whose acts they shall be responsible, and who shall be vested with the same powers and duties as themselves.

Said Commissioners and deputies shall perform such other duties as may be imposed upon them by said President and Directors, in order to carry out more perfectly and equitably the objects of this law. They are also hereby declared vested with the power of boarding all vessels, and examining their log books and other documents in order to enforce the provisions of this act, and with all powers reasonable and necessary for properly enforcing the same, in all its parts, they being responsible for the abuse of all their powers; and they shall have authority to com-



pound for penalties, fines, and forfeitures incurred, so long as judgment has not been rendered for the same subject always to the control of said President and Directors.

SEC. 6. *Be it further enacted, &c.*: It shall be the duty of the Charity Hospital to receive and attend gratuitously, during sickness, any destitute person, proving that he or she has, within five years previous to his or her application for medical relief, furnished bond, or commutation money as required or authorized by this act.

SEC. 8. *Be it further enacted, &c.*: All bonds, fines, forfeitures and penalties whatsoever, taken or collected by virtue of this act, or arising either directly or indirectly and remotely from any infraction of the rights, powers, duties, or obligations given or imposed thereby, and all moneys collected by virtue thereof, shall belong and be paid to the Charity Hospital of New Orleans, which shall be entitled to recover the same, and to apply the funds arising therefrom to the medical and surgical relief of sick and destitute foreigners, exercising a just and reasonable discretion in the use and application of the same.

SEC. 9. *Be it further enacted, &c.*: Any person opposing or obstructing in any manner said Commissioners or their deputies, in the exercise or performance of their official duties or falsely representing himself or herself to be not subject to any of the provisions of this act, shall incur a penalty of not less than twenty-five dollars or more than three hundred dollars. Any person collecting commutation or other money on behalf of the Charity Hospital, or belonging to it, and concealing the fact, or not paying the same over to its proper commissioner or agent, on demand, shall incur a penalty of not less than one-hundred or more than one thousand dollars. Any commanding or other officer of any steamboat or other vessel, refusing or wilfully and unreasonably neglecting to report, as required by the first section of this act, shall incur a penalty of not less than fifty nor more than five hundred dollars. All which penalties may be recoverable in the name and for the use of said hospital before any competent civil tribunal, in addition to such civil liabilities, and such criminal punishment as may be consigned by present or future laws, for like cases made and provided.

SEC. 10. *Be it further enacted, &c.*: That the act entitled "An act to provide a fund for the support of the Charity Hospital," approved March twenty-sixth, eighteen hundred and forty-two, and the act amendatory thereof, approved twenty-seventh March, eighteen hundred and forty-three, be, and are, hereby repealed.

E. WARREN MOISE,

Speaker of the House of Representatives.

J. B. PLAUCHE,

Lieutenant Governor and President of the Senate.

Approved March 21st, 1850.

JOSEPH WALKER,

Governor of the State of Louisiana.

Certified to be a true copy from the original.

CHARLES GAYARRE, Secretary of State.

VII.—*New Medical Work.*

In a former number, we called the attention of the Profession to a new method of relieving cases of vesico-vaginal fistula, invented and perfected by J. M. Sims, of Alabama. At that time we predicted that Dr. S. would soon give to the public the results of his operations and a detailed account of the steps by which he was enabled to accomplish a permanent cure.

Since that announcement, we are pleased to learn that Dr. Sims, intends to publish in the Fall, a volume on the subject of his new operation, embracing about 200 pages, and embellished with fifty elegant wood cuts. From the well known talents, and industry of the author, we hazard the opinion that this promised new work will reflect much credit on the faculty in the South, and indeed of the United States.

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VIII.—*Concour for Demonstrator of Anatomy in Rush Medical College.*

“The concour for the place of Demonstrator of Anatomy in Rush Medical College, came off on the 17th and 18th of June last. Only two competitors came forward, out of a number who had given the required notice. They were Dr. J. W. Freer, of Wheeling and Dr. E. S. Cooper, of Peoria, Illinois.

The trial was highly creditable to both, and resulted in the appointment of Dr. Freer.

The preparations presented by Dr. Freer, for the inspection of the Faculty, all of which have been made by him since the announcement of the concour, last winter, were very numerous, and would compare favorably with those from the hand of any other anatomist in any country.

This first trial of the concour system on this side of the Atlantic, has satisfied all concerned of its superiority over any other plan for selecting teachers; and although there may be circumstances where it would be inexpedient, for want of time or other necessary condition, still we feel confident that its general adoption will be found of the utmost utility, both to institutions and the profession at large.”—*New York Medical Gazett.*

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IX.—*Death of President Taylor, and the New York Academy of Medicine.*

At a special meeting of the New York Academy of Medicine, held at the Chapel of the university on Friday, 19th instant, the call for the meeting having been read by the Secretary, the President, in feeling terms, announced the object of the meeting—the expression of sympathy with the nation at large, on the occasion of the decease of General TAYLOR, President of the United States.

After appropriate addresses by Drs. James Warren and Kerney Rodgers, Dr. Francis submitted the following Resolutions :

“Whereas the afflicting intelligence of the death of the President of the United States has been made known to this Academy by the public journals, and other sources of information. On motion,

“*Resolved*. That this Academy, uniting in the heart-felt regrets which at present overwhelm the entire American Republic, at the inscrutable dispensation which has removed from the sphere of his exalted station the chief magistrate of the Union, and desirous of uniting with the constituted authorities of this city in their public demonstration of sorrow at this unexpected event, will, as a body, co-operate with the said public functionaries in such ceremonial as may be adopted on this occasion.

“*Resolved*, That a committee of five be appointed with full power to act in the premises.

“*Resolved*, That the usual badge of mourning be worn by the members of this Academy for sixty days.

“*Resolved*, That a copy of these proceedings, duly certified, be forwarded to the afflicted family of the illustrious deceased.”

These resolutions were seconded by Dr. John T. Metcalfe, who had served in the Florida campaign as one of the General's staff. He spoke of high integrity and love of truth, as among the prominent characteristics of the deceased.

The resolutions were then unanimously adopted ; and Drs. Francis, Metcalfe, Kerney Rodgers, Warren, and Reese, were appointed a committee to carry out the resolutions.

On motion of Dr. Buck, it was

*Resolved*, That the proceedings of this meeting be published in four of the daily papers.

The Academy then, on motion, adjourned.

JOHN G. ADAMS,  
Recording Secretary.

*N. Y. Medical Gazette.*

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X.—*Injections of Nitrate of Silver in Dysentery.* By J. W. RICHARDSON, M. D., of Rutherford Co., Tenn., read before the Medical Society of Tennessee.

Dr. RICHARDSON said that he wished to direct the attention of the Society to the use of Injections of Nitrate of Silver in malignant cases of Dysentery. He had first used it in Sept. 1848. The patient was a delicate female, mother of several children, who had been laboring under a severe form of Dysentery for five or six days, and who had been



well treated in the usual manner by an intelligent Physician. All the usual remedies having failed to afford any relief, Dr. R. said that on his second visit to the patient, whilst thinking of the case, and having witnessed the unsuccessful use of many remedies, the inflammation and ulceration of the mucous surface of the large bowels characteristic of Dysentery, suggested the Nitrate of Silver as the very remedy to relieve them. Upon his arrival, he found the patient worse than she was the day before. The discharges were very frequent, consisting of large quantities of dark, gangrenous looking mucus, and more offensive than any he had ever smelled. The woman was nearly pulseless—every discharge produced the most deadly sickness, and she could not be turned on the bed without approaching syncope. Dr. R. advised the Nitrate of Silver, an injection of which was prepared, about 15 grs. to 4 ounces of water, by the attending Physician, and thrown up the rectum. This remained some six hours before it was thrown off, and the bowels were quieted until next morning, when, as there seemed to be a tendency to return to the Dysenteric symptoms, the remedy was repeated. The disease was arrested immediately and the patient recovered. Dr. R. said the result of this case, and the speedy and effectual relief afforded by the Nitrate of Silver, filled him with astonishment and pleasure:—*astonishment*, because he had never before thought of the remedy in intractable cases of Dysentery, when he had so often witnessed its remedial virtues in inflammations and ulcerations of various mucous surfaces: and *pleasure*, because he thought that he had made a grand and important discovery! But he said, when reading Braithwaite's Retrospect a few evenings afterwards, he found that the remedy had been used in Europe in similar cases, before he had ever thought of it. See Braithwaite's Retrospect, part 16, p. 156, c. 7, where you will find some valuable facts recorded in favor of the use of Nitrate of Silver not only in Dysentery, but also in the troublesome, frequent and painful Diarrhea in Typhoid Fevers, and in the protracted diarrhœa of young children. He thought the remedy might be used in much larger doses.

Dr. R. had used the remedy since, in several cases after the usual course of treatment had failed, where the patients were completely protracted, and invariably with success. He used it in about the proportion of 10 grs. to 4 and 5 ounces of rain water, if the latter could be obtained, if not he used common spring or well water, and he had also combined laudanum, and sulph. morph. with the Nitrate, but could not say that the smarting or burning was prevented by the combination.—The pain produced by the injection was not *always* sufficient to make the patient complain, though it did sometimes. He thought that he had used as much as 15 or 20 grs., or that this quantity had been used by his advice in one case. He did not desire to fix the precise quantity of the Nitrate, nor water to be used in the enema so much as to direct the society to the remedy, and solicit their experience.

Dr. AVENT said that having heard of the use of Nitrate of Silver as an injection in Dysentery by Dr. R., that he had tried it in the worst

case of Dysentery he had ever seen, and which had resisted all treatment for five days. He said he gave only one enema, composed of 20 grs. of the medicine to 4 oz. water, which afforded immediate relief, the griping and purging ceasing instantly. He had also used it in another case; not so bad a case however, but with marked relief.

Dr. GORDON said that he was not surprised at all at what he had heard from Drs. R. and A. as to the efficiency of Nitrate of Silver, in malignant cases of Dysentery. He was prepared to believe anything almost as to the remedial effects of this article in diseases of mucous surfaces—indeed it was the greatest of all remedies. But he had been in the habit of treating dysentery in a different way altogether to the one commonly pursued. He converted the dysentery into a diarrhœa by giving Epsom salts in small and separate doses and the patient scarcely ever needed any thing else. He scarcely ever gave any other medicine. The diarrhœa ceased of itself by withholding the salts, and the patient got well.

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XI.—*Pencillings from Abroad. Communicated for the Boston Medical and Surgical Journal.*

On Tuesday the 12th inst., at Guy's Hospital, Mr. Cooper performed the operation of amputation at the shoulder-joint. The subject, a young woman about 30 years of age, had been suffering from necrosis of the humerus for nineteen years, during which time, at two different periods, a sequestrum had been removed with great temporary relief.—Latterly, however; owing to the declining health of the patient, and the fact that benefit was no longer derived from those means which had previously been appropriate, it was deemed advisable to resort to an entire removal of the "offending member." This Mr. C. did in the following manner:—the subclavian being compressed by an attendant, he introduced the point of the knife into the upper and outer edge of the deltoid, and made an incision along the posterior margin of the muscle; another incision beginning from above was then extended along the anterior margin of the deltoid till it met the previous incision, the distance from the accromion to the extremity of the flap thus marked out being about four inches; he then dissected the flap up to the joint, severed the tendons lying over it, and the capsular ligament, disarticulated, and with one sweep of the knife divided the muscles, skin, &c., of the opposite side; the axillary and other minor arteries were then secured. The whole operation, occupying only forty-two seconds, was worthy of the former surgeon in India, and at present one of the first on the staff in England. De la Faye, I believe, was the first who amputated at the shoulder joint in this manner; and although many other modes have been devised, the simplicity and almost invariable success of this method seem to recommend it as superior to all others. In the

case of this young woman, the wound is rapidly healing, her general health improving, and a spirit of cheerfulness returning after long years of suffering and sadness.

Towards the close of the last year a woman was brought to Guy's Hospital with dislocation of the hip on the dorsum illii. There was nothing remarkable in this, but it was the *twenty second* time the same accident had befallen her. The dislocation was well marked with shortening of the limb, unnatural rotundity of the thigh, knee flexed, the patella tumid towards the inner side of opposite knee, with the toes resting on the dorsum of the opposite foot. The head of the bone was easily felt in its new position, especially as the gluteal muscles were much atrophied, and the adjacent parts very lax and flabby. The first dislocation occurred when she was 25 years of age; in general it was produced by sudden stooping, and was easily reduced; but has been prone to slip out again, sometimes immediately after reduction, and occasionally after a lapse of several days. She is now 40 years of age, married, but never had any family. The dislocation was reduced by placing the heel against the pelvis and making moderate extension across the opposite limb; the head of the bone moved from its favorite but unnatural position, forward and downward, and with a loud snap slipped into the acetabulum. The knees were afterwards brought together and retained in that position for a few hours, at the expiration of which time she arose and went on her way rejoicing.

I have recently had an opportunity of seeing that which in my own mind has heretofore had a doubtful existence, namely, a true case of what Bertin calls *concentric hypertrophy* of the heart. Indeed, most medical writers have delt cautiously with this subject, recording the observations of others, and either coinciding with, or differing from them. Cruveilhier is skeptical on this point, asserting it as his belief that the contracted appearance of the cavity is owing to the fact that "death surprised the heart in the act of contracting." In the case to which I allude, the patient died of *pectoral abscess*—a lingering death, the advent of which caused no "surprise." The organ weighed about twelve ounces,

Yours, &c.

EDWARD M. FIELD, M. D.

London, March, 22 1850.

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## XII—Fatal Mistakes.

A number of instances have recently occurred in which, by mistakes of apothecaries in putting up wrong medicines, life has been sacrificed. In a recent instance at Boston, Corrosive Sublimate was sent instead of Calomel, as prescribed, and the dose of ten grains was taken by the patient, with a fatal result, as is supposed, and the apothecary has been arrested for manslaughter. His conviction and punishment, however,



will not restore the victim to life; but it will not be in vain, if it shall lead to measures which may prevent the repetition of similar mistakes.

Upon this and the like cases, we remark that there are in all our cities numerous drug stores kept by parties who are wholly ignorant of the business, and dependent on drug clerks whom they employ, and who often are mere boys, knowing little more than their employers. These stores are ever changing hands, and the new proprietors go into them to learn the business of preparing and selling medicines, having often had no previous knowledge of drugs. That blunders, which may or may not be fatal, must occur under such circumstances, must be obvious.

Again in many drug stores the business of putting up prescriptions is very carelessly done—the most inexperienced clerks being allowed to attend to it; which is another source of mistakes.

The remedy for these sources of the mischief lies first with the civil authorities, who ought to protect the health and lives of the community, by prohibiting ignorant and unqualified persons from selling drugs, or doing business as apothecaries, and this under heavy penalties. The popular outcry against monopolies ought not to prevent legislation on so important a subject as the dispensation of drugs; for there can be no doubt that there are but few detections of the fatal mistakes made by such persons as those here alluded to. And yet all these might be prevented by empowering the College of Pharmacy, or some other competent authority, to examine and license all persons claiming to keep apothecary shops, or to dispense medicines of any kind.

But a second remedy lies with the physicians, who should direct all their prescriptions to be procured of some competent apothecary, known to be such. While a third remedy is in the hands of the people themselves, who should in no case purchase medicines except at some reputable store, the proprietor of which is known to have been educated to the business, and reliable from his character and habits.

But there is another aspect of this subject which demands grave consideration of our profession. It is said that mistakes are often made by reason of the loose and careless manner in which prescriptions are written, often scarcely legible, and so abbreviated as to be read with difficulty even by well instructed apothecaries. This matter should be reformed altogether, and will in part remedy the evil.

But still another view of the subject has been taken by the public press, which is worthy of consideration. From time immemorial our profession have written their prescriptions in *Latin*, and employed technicalities in this language in writing their prescriptions. In former days, when a knowledge of the Latin tongue was universally possessed by all physicians and apothecaries, the safety of this course was unquestionable. *Sed tempora mutantur, et nos mutantur cum illis.* In these days of *progress*, when the discovery has been made by "Young Physic" that doctors and apothecaries have no need of Latin, or any other dead language; and that men can do very well in either capacity without a knowledge of even their mother tongue; and when even

bold ignorance is often the passport to popularity in the art of healing, a change would seem to be demanded by "the spirit of the age."

It is now urged so clamorously, that even medical authority has been invoked, and has responded affirmatively, that all our prescriptions should be written in the English language, and so plainly as to preclude all possibility of mistake in the article or quantity ordered. And it may have become necessary thus to conform to the degenerate days which have overtaken us, when scholarship is no longer to characterize the profession. Our old physicians will find it awakened and unseemly for a time, since they have been trained in a different school, and at a time when no prescription was ever written in English by any regularly bred physician—for all such were required to write in good medical Latin; and none but those who had entered the profession by climbing over the wall, or in some other clandestine way, were ignorant of this language. And the same might then be said of all respectable apothecaries; for in those days, a knowledge of Latin or Greek was deemed an essential prerequisite to respectable standing in either department.

But it is not so now, "'tis true a pity, and pity 'tis, 'tis true."—Hence, a necessity would seem to be laid upon us all, to write all our prescriptions so that any ignorant apothecary may read and prepare them. This has been deemed, heretofore, the only protection we had against falling into the hands of ignoramuses in the business; for by the use of Latin technicals we have sought to secure the attention of qualified persons to put up our prescriptions; but this must be relinquished, it seems, and in obedience to "manifest destiny."

Be it so; but will this prevent fatal mistakes, such as those which have recently occurred? Suppose in the case at Boston, "*Calomel 10 grains*," had been written, instead of "*Sub Mur. Hydrarg. grs. X.*" Dose anybody believe that the mistake of sending half a scruple of *Corrosive Sublimate* would not have occurred precisely as it did? The apothecary either knew better, or he did not; for no intentional wrong is alledged. If he did not know what the recipe called for, how came he to be in an apothecary shop in any capacity? If he did know any better, then he is inexcusable, for the prescription in this case was correctly written. By the *old* nomenclature, calomel was called a "Sub-Muriate of Mercury;" and corrosive sublimate, either a "Muriate," or an "Oxy-Muriate." By the *new* nomenclature, the former is written "Proto-Chloride," and the latter "Per Chloride;" and these terms ought to be familiar as household words to any tyro in a druggist's store. That they are not so is a shame and disgrace, though, as in this case, so in other, the mistakes are not always to be ascribed to ignorance, but to haste, sheer carelessness of human life. To write prescriptions in English will not remedy the mischief, though it will remove all pretext for blaming the profession.—*N. Y. Medical Gazette.*

XIII—*Special report of an extraordinary case of insanity.* By J. C. C. BLACKBURN, M. D., of Knoxville, Ga.

*A Strange Case of Insanity.*—A lady of the village of K—, Ga., in feeble health, two years ago fell from a carriage. She received very slight bodily injury, but the fright produced a sudden and total alienation of mind. She soon became so entirely unmanageable, that I (her attending physician) advised her husband to remove her to a lunatic asylum, she being raised in the city of New York, I thought that the asylum at Bloomingdale would suit her case best. She was accordingly placed under the care of the able superintendent of that institution. She remained in the asylum till last March, when she was brought home. Her insanity continued, but it was of the least painful kind.—It exhibited itself in extreme sprightliness and wit in conversation.—To strangers, who had not known her disposition to have been the reverse of gayety, the observation that her spirits were too buoyant for a lady of her age, would suggest itself. With the hope that country air and scenery might prove beneficial to her, I advised her husband to remove to his plantation, a few miles in the country. They had resided on their plantation but a few weeks, when their house took fire and burned down. The terrible fright occasioned by the disaster, it was soon found, had completely restored her to her right mind. I present the above case for insertion in the pages of the *Southern Medical Reports*, because of this remarkable feature presented in the fact that a cure was effected by the *same means* which produced the disease, and that, too, after several months of alienation of mind. The lady is now a resident of this village, and in perfect health.—*Southern Medical Reports.*



## THE MEDICAL AND SURGICAL JOURNAL.

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VOL. VII]

NEW ORLEANS.

]NO. II.

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*Health of City—its Mortality—Temperature—Solar Fever—&c.,  
&c.*

The summer just closed, has been one of the most oppressive, on account of the high range of its temperature experienced in this latitude for the last quarter of a century. It has been as remarkable on account of the little rain that has fallen, as the intensity of its heat; yet up to this moment, our city has remained exempt from all epidemic and endemic disease, except a mild fever which we shall describe before closing these remarks. If we escape an epidemic of yellow fever, an important fact with regard to the cause of this disease, will be established, viz: that heat *alone* however intense and protracted, does not generate the yellow fever. In making the above assertion, we must not be misapprehended—we admit that a certain high range of temperature is an essential agent—a “*sine qua non*,” in the production of this form of disease; but there must be other concurrent influences to generate this fever. To designate those influences—to specify those agents, is more than our present knowledge of ætiology can enable us to do.

We have already stated that the past summer has been rather dry, although we have been visited occasionally with a few heavy, drenching rains, which effected much good by cleansing the streets and removing many causes calculated to contaminate the atmosphere.

Through the courtesy of Messrs Lillie & Co., of this city, we are enabled to furnish an abstract of a meteorological journal for the last *nine* weeks, it is made to correspond with the weekly interments during the same period. It will be found, by comparing the mortality with the temperature for the corresponding period of time, that the deaths increased with the rise of the Thermometer and, vice versa :

*Abstract of a Meteorological Journal.* By D. T. LILLIE & Co., New Orleans.

Weekly, 1850.				Max. of Thermometer.	Min. of Thermometer.	
June,	-	-	29	94.00	67.00	
July,	-	-	6	93.00	75.00	
"	-	-	13	93.25	72.00	
"	-	-	20	92.50	75.00	
"	-	-	27	92.75	73.00	
August,	-	-	3	92.75	78.00	
"	-	-	10	93.25	80.50	
"	-	-	17	90.00	70.00	
"	-	-	24	92.75	71.00	

*Deaths for the week ending :*

					Total.	Y. Fever.	Cholera.
June,	-	-	-	29	127	0	8
July,	-	-	-	6	111	0	2
"	-	-	-	13	111	0	4
"	-	-	-	20	144	1	1
"	-	-	-	27	138	1	3
August,	-	-	-	3	131	3	0
"	-	-	-	10	249	12	1
"	-	-	-	17	173	14	1
"	-	-	-	24	216	16	1
Total.					1400	47	21

The highest average range of the temperature occurred on the week ending August the 10th; and it was during this week that the deaths rose rapidly from 131 to 247, being an increase of 118 deaths, in one week. This sudden increase of mortality, is the more remarkable as it took place in the absence of any epidemic or indemic disease, the only assignable cause for which, must be the greater intensity of the heat, and a slight influx of immigrants, before or about that time, from the European shores.—For the week closing on the 10th of August, more than 25 deaths were caused by “*coup de soleil*,”—sun stroke, *ictus solis*, most of which were stricken down suddenly, in the streets, and were subjects for a coroner’s inquest. The influence of the heat must have been overpowering, when persons thoroughly acclimated, and even horses and other animals, fell alike victims to the intense heat of the mid-day sun.

By reference to our table of deaths above, the reader will observe that last season, the cholera declined as the yellow fever increased; but are we to infer from this circumstance that the cause or causes which generate the one, extinguish the other? certain it is the two diseases do not seem to *fraternize*—they are apparently antagonistic of each other, although we are credibly informed that both diseases raged epidemically in this city in 1832,—the cholera however ultimately banished the yellow fever.

The above figures would seem to indicate a gradual and steady weekly increase of the number of deaths by yellow fever, still we do not apprehend an epidemic; the increase is too slow and the season too far advanced to excite much anxiety on this subject—granting all the above cases to have been genuine yellow fever. But we are far from admitting such to be the fact; many of the certificates returned to the Board of Health, and marked “yellow fever,” are signed by parties utterly incompetent to diagnosticate a disease and are profoundly ignorant of the principles of Medicine. We have conversed with a number of our old and experienced practitioners on this subject, and they almost unanimously agree that the fever now prevailing through the city is not yellow fever, but a form of remittent fever, assuming some of the external phenomena in the early stages, of that disease.

Some time since, we ventured to call it *sun* or *solar* fever, thereby intending to trace it to the action of heat upon the system, which in the early and middle parts of summer, produced a number of cases of *coup de soleil*, in those of excitable and sanguine temperaments, especially when much exposed to solar heat. Recently, instances of *ictus solis*, or solar asphyxia, as it is more correctly called, have been much less frequent; but in the mean time, cases of *solar* or *sun* fever have increased rapidly throughout the city. In many respects this new form of fever bears a striking resemblance to genuine yellow fever; in the early stages, the two diseases are almost identical. In solar or sun fever, (as we shall continue to designate it) the fever rages for 24 or 60 hours—the face is red—the conjunctivæ injected—the surface hot and dry, with violent pains in the head, generally supraorbital; pains in the lumbar region, limbs, joints, even extending in some cases to the fingers and toes.

The pulse is quick and frequent, seldom hard or corded, the tongue is either natural or slightly coated in the center, with reddish edges, the lips are rosy and sometimes assume a faint purplish hue; the thirst is considerable, but not unquenchable—the bowels are either constipated, or tend to diarrhœa,—such is a rapid sketch of the most prominent symptoms of the fever, which is now prevailing to some extent in our city. Few cases end fatally, we believe, where timely and proper treatment are adopted. We have neither seen or heard of any case terminating in black-vomit\*—another proof this, of its non-identity with yellow fever; but we are not prepared to deny that this fever may not under favouring circumstances, such as cool winds from the north, and a hot sun by day, &c., degenerate into or assume the formidable symptoms of yellow fever. At present, as far as we have been enabled to form an opinion, based upon actual observation, we certainly cannot pronounce the epidemic which now prevails, to be yellow fever; it continues at most, only

\*Since writing the above we have heard of a few cases.



three or four days, when the patient has an easy and rapid convalescence; whereas in the case of yellow fever, the patient rarely recovers from an attack until between the sixth and tenth day of the disease. In the former fever, (solar fever,) we have seen and heard, of only a few cases of hemorrhage, and those trifling—in the latter (yellow fever,) this symptom is exceedingly common in the latter stages of the attack—the first is attended with but little prostration, after the febrile stage—the second with extreme debility and painful exhaustion for several days; in the first the urinary organs are rarely deranged; in the second this is often the case and is regarded as a serious symptom.

Strangers or unacclimated persons are alone liable to attacks of yellow fever; but our present fever, although manifesting a decided preference for this portion of our population, attacks, in some instances creoles and acclimated individuals. This fever kills on the second or third day (we have said it rarely proves fatal,) by producing congestion of the brain—yellow fever, on the contrary seldom terminates in death until between the sixth and tenth day of the attack.

The first is ephemeral and self curative in its tendency; the second effects profound changes in the organism and tends, in a specified time, to a dissolution of the fluids of the body. These, with many others that might be enumerated, are some of the reasons which have induced us to oppose the views of some highly respectable Practitioners of this city, in reference to the true character of our present fever. That it may acclimate certain persons, we are ready to admit; and in truth this may be said of several other forms of fever. A severe attack of dysentery—of bilious remittent, and even of common intermittent fever, may so alter and modify the *status* of the organism of some individuals as to secure them against attacks, in future, of yellow fever, since nature adopts various means to accomplish precisely similar objects.

After having said this much of the character, and described some of the most striking symptoms of this fever, we shall dismiss this subject, with a few observations on the treatment of this disease. It may be well to state that this fever, is not always ushered in by a chill; many are seized with slight head-symptoms, a sense of weariness in the limbs back &c., by and bye, fever is kindled up, the pains increase with the fever and the patient is finally forced to retire and ask for assistance. In young and plethoric subjects (and it is on such that this fever chiefly falls) the pulse will sometimes justify the abstraction of a few ounces of blood by the lancet, after which local depletion, both from the nucha and lumbar region, may be used to relieve these two points—the main seat of suffering. This done, and the force of the pulse subdued, with the head, and back symptoms relieved, *full* doses of *quinine*, either with or without *purgatives*, according to the condition of the *primæ viæ*, may be given to determine to the surface and to exercise a sedative influence over the heart and arteries. Beyond moderate depletion, mild purgatives and a few decisive doses of quinine, aided with hot foot-baths, sponging, &c., little is required to conquer this, in some respects, new type of fever.

About the latter part of August, we were favoured with frequent show-

ers of rain, which not only served to moderate the excessive heat, but aided materially our police and Health Wardens, in cleansing and purifying the thoroughfares of the city.

Before we dismiss this question, we may state on the authority of that indefatigable and accurate observer, Dr. B. Dowler, that the temperature of the Mississippi river has ranged at least *two* degrees higher this summer than for many years past; this is a curious and interesting fact and is worthy the attention of Meteorologists.

In our previous number, we stated that lake Ponchartrain was very high, inundating much of the swamp lands in the rear of the town; since that statement was made, the lake has receded, as anticipated, caused by the fall of the Mississippi river, and about the middle of August, it became much lower than usual.

The recession of this immense body of water, exposed a vast amount of swamp land, together with a luxuriant growth of vegetable matter, to the heat of a scorching sun, and perhaps it would not be unphilosophical to ascribe the generation of this *new form* of fever, to this cause. The supposition is at least within the circle of possibilities, although we are unable to demonstrate its connection as cause and effect.

In conclusion, we must allude to the constant and unceasing efforts made by the Board of Health, through the Health Wardens, to improve the sanitary condition of our city, during the past summer. Although something has been accomplished, in despite the difficulties attending a new organization of the Board, still much remains undone, partly on account of the obstacles encountered by the Health Wardens, in executing the State laws and the ordinances established by the Board, and partly for want of the necessary funds to carry out the wishes and suggestion of the Board. Since its organization the Board has convened regularly every week, and we can attest, (not being a member,) its diligence and anxiety to act up to the letter and spirit of the law under which it was established.

Although our weekly publication of deaths and their causes for the cities of New Orleans and Lafayette, embraces a great variety of fever, still our mortality is comparatively small for our population and the advanced stage of the season. Over 70 patients are now being daily admitted into the Charity Hospital, and still not a case of yellow fever, has as yet been received into its wards—this is not a little remarkable, when it is remembered that from 15 to 16 deaths from yellow fever, are reported weekly to the Board of Health, by some of our Physicians, Commissioners, &c., &c.

How can these two facts be made to harmonize? We leave the question "*sub judice.*"

# METEOROLOGICAL REGISTER FOR NEW ORLEANS.

BY E. H. BARTON, A. M., M. D.

1850	Thermometrical Averages.				Average amt. Moisture.				Average elasticity of Vapour.				Weight of Vapour in a cubic foot in qrs. amg.									
	at Sun-rise.	at 9 P. M.	at 3 P. M.	at Total average.	at Sun-rise.	at mid-day.	at 9 P. M.	at Total average.	at Sun-rise.	at mid-day.	at 9 P. M.	at Total average.	at Sun-rise.	at mid-day.	at 9 P. M.	at Total average.						
January,	56.35	61.60	67.19	59.93	62.34	53.33	58.68	55.86	55.95	.902	.619	.876	.817	.460	.538	.490	.496	5.033	5.839	5.445	5.439	
February,	51.46	58.75	65.96	55.07	58.11	30.086	44.73	50.80	45.06	46.86	.801	.870	.714	.697	.330	.412	.340	.363	3.807	4.453	3.700	3.986
March,	60.96	65.48	68.22	63.93	65.90	30.001	51.77	57.46	56.03	57.90	.819	.601	.773	.776	.472	.516	.492	.493	5.235	5.455	5.425	5.371
April,	62.10	69.56	72.44	68.50	68.15	30.014	60.62	64.91	61.67	62.40	.959	.674	.803	.821	.571	.644	.588	.601	6.321	7.062	6.432	6.638
May,	67.64	73.33	75.74	72.83	74.28	29.998	63.75	67.04	66.22	65.67	.883	.641	.814	.778	.629	.699	.682	.670	6.739	7.459	7.396	7.198
June,	73.66	79.66	79.40	77.40	77.54	30.099	69.20	72.94	72.11	71.41	.905	.720	.833	.819	.784	.849	.823	.818	8.474	9.017	8.853	8.781
July,	77.61	82.64	84.12	82.45	81.70	30.041	75.22	76.80	77.03	76.35	.961	.671	.844	.825	.910	.942	.966	.939	9.796	10.078	10.190	10.021

(TABLE CONTINUED.)

1850	Extremes of Moisture on the Hygrometric scale.				Degree of Dryness on the Thermometric scale.		Quantity of Rain, in inch's.		Aspect of Sky, No. of Days.		Winds—No. of Days, Blowing from							
	maxim.	mini-mum.	maxim.	mini-mum.	sat.	do.	Fair.	Cl'dy	R'ny	N.	N. E.	E.	S. E.	S.	S. W.	W.	N. W.	Calm
January,	1000	.401	28.00	sat.	13 times	5.706	13 1-2	13 1-4	4 1-4	63 4 5	1 4 3	3 4 1	1 1-4	9 1-2	0 1-2	0 1-2	2 1-2	0 1-4
February,	1000	.330	42.60	do.	once.	3.800	18 1-4	6 3-4	3 3-4	53 4 3	1 4 3	3 4 0	1 1-4	9 3 4	0 1-2	2 3 4	2 1 4	0
March,	.952	.498	29.20	1.50	2,000	2.000	16 1-2	12 1-2	2	11 1-2	2 3 4	2 1-2	0 3 4	10 3 4	0 1-2	0 1 4	2	0
April,	1000	.422	26.4	sat.	twice.	4.110	16 1-4	11	3 3-4	5 1 4	0 1-2	3 4 2	1 2 14	0 1-2	2 1 4	2	0 1-2	2
May,	.939	.512	19.7	1.60	6.370	22 1-4	6 1-4	2 1-2	2 1-2	4 1 4	2 1-2	1 3 4	11	2 1 4	3	2 1 4	3	2
June,	.958	.444	23.5	1.40	4.725	15 1-4	5 1-4	5	5	1 1-2	2 1-2	8 1 4	4 1 4	3 3 4	0 1 4	0	3 4	1 3-4
July,	1000.4 times.	.589	17.9	sat.	4 times.	6.100	18 3-4	9 1-4	3	5	3	3 3 4	1 1 4	6 1-2	3 1-2	2 3 4	1 3 4	3 1-2



## EXPLANATION.

In order that the above Meteorological Recapitulation of averages may be fully understood, a short explanation of the mode adopted, in keeping the record may not be out of place.

The OBSERVATIONS are made at day-break, 9 A. M., 3 P. M. and 9 P. M. in accordance with the periods now and for many years back, generally adopted by scientific observers, in order that correct comparisons may be instituted between one position or climate and another.

The *Thermometer*, is noted *inside* the house, but exposed to free ventilation and carefully excluded from reflected caloric, and also *outside*, but as free likewise from reflection as possible. The Register is made up from each of these separately; but for this *general purpose*, the *maxima* are obtained during Summer from the inside thermometer, as least exposed to reflection and gives a correct idea of the temperature of the climate within doors, but during other periods of the year they are taken from the exposed thermometer, as the minima always are; so the "total averages are taken from these *maxima and minima* in conjunction with the exposed thermometer, at 9 A. M., and so of the "average of the daily range."

The "*aspect of the sky*" is noted for scientific purposes, by numbers, from 0 to 10—0 representing *entire cloudiness*, and 10 *entire clearness*, and intervening numbers as the heavens may be, are added to the numbers for this general use. As often as it rains it is noted as an observation, if it rains on 20 days during a month it is recorded as so many "observations," or if it rains all day, there being 4 observations per day, it would necessarily be noted 4 times, if half of the day, twice, and the balance cloudy or clear, as it may have been—as in months then of 30 days there are 120 *observations*, at the end of the month each is added up and divided by 4, and thence deduced the number of "days" in which it was "clear, cloudy, rainy," otherwise as it sometimes happens that some rain falls every day in a month, it may be wrong to say, that there was "no clear" periods, as it may have been so one third or half the time, hence an incorrect estimate would necessarily be formed of the climate. In tropical countries there is a rainy season of from 4 to 6 months, but as the rain falls usually at particular periods of the day, the balance and often more than half the day is "clear;" for more exact, specific purposes, the Journal itself is to be consulted, in which it is particularly noted when each "rain began and ended"—the quantity fell is then measured by a scale, such as is used at the Observatory at Washington City; to be sure of the correctness of my measurement, I for many months employed four different Rain-Gauges, similarly exposed—their general concurrence satisfied me of the correctness of my measurement. But it is hardly to be expected that all the details of the Meteorological Journal could be enumerated in a monthly recapitulation, (and they are too minute to be published in extenso,) otherwise it might be vastly extended so as to embrace the *Temperature in the Sun*, with the radiating thermometer with the bulb covered with black wool, at various hours of the day and night and the Hygrometry of each wind separately, other calculations derived from

the HYGROMETER, the *force* as well as the direction of the WINDS from 0 calm, to 6, a violent storm"—of the CLOUDS, as to their course, velocity or nomenclature—the *Thunder and lightning, the temperature of well water,* and the rise and fall of the River, all of which are not required by the general reader—and are expensive and troublesome to publish but are recorded here for future scientific use.

New Orleans, June, 1850.

E. H. B.

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*Necrological Researches.*

In our November number, we shall publish an elaborate—a scientific and an impartial statistical history of the comparative mortality of this city, from the pen of our able and gifted correspondent, Dr. Bennet Dowler.

These necrological investigations will do justice to the sanitary condition of New Orleans, and at the same time rebuke that portion of the press abroad and at home, which has sought to reflect upon the salubrity of our city, by publishing exaggerated accounts of our actual mortality.

We had prepared and intended to publish in this number of the Journal a classified table of our mortality for the months of May, June and July; but other matter caused it to be excluded for the present.

In addition to the paper by Dr. Dowler, we shall likewise publish, an able essay in our November number, written by Dr. S. Ames of Alabama—already well known to the profession by his contributions to medical science.

The Journal will contain other valuable original papers—reviews—Excerpta, &c.

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*University of Louisiana (Medical Department)—Professors A. H. Cenas and A. J. Wedderburn.*

In our July publication, we copied the act passed by the late Legislature, appropriating \$25,000 for the purchase of an Anatomical Museum, chemical apparatus, specimens of *Materia Medica*, &c., for the medical department of the university of Louisiana. Early this summer, the Medical Faculty appointed Professors *Cenas* and *Wedderburn* to visit Europe, for the purpose of carrying out the objects of the act; they sailed some time during the month of June, and after inspecting the museums of London and Paris, left for Italy, where they expect to purchase some splendid preparations for the museum of our university. With such a collection for the illustration of medical science, as Professors C. and W. will bring with them on their return in the fall, the University of Louisiana, will present to the medical student facilities and opportunities for the study of medicine, which have been rarely equalled, and never excelled by any institution of the kind in this country.

The commission delegated by the Faculty to visit Europe to make

the necessary purchases, have written home the most cheering accounts of the prospects for collecting a valuable museum.

Below, we give portions of a letter, dated Paris, July 2d, 1850, addressed to Prof. G. A. Nott, by Prof. Wedderburn.

Prof. W., after describing in glowing and enthusiastic terms some of the old ruins and famous castles of Scotland—says, “the spot near Stirling, on which Roderic Due and Fitz James fought, half way between Callerden and Loch-Katrine, was pointed out to me. On this place I plucked a bunch of wild flowers, ivy, &c.” \* \* \* \*

Professor Wedderburn visited Loch-Lomair, the castle of Down—the mansion in which Rob-Roy was born, now inhabited by a descendant of that celebrated character, called McGreggor; about 4 miles from Loch-Lomair, he passed an old hut, which is said to be on the very spot, where Hellen McGreggor was born.” \* \* \* \*

In London, writes Prof. W., I visited the Hospitals—museums—instrument-makers, &c. &c. John Hunter’s museum at the college of surgery, is on the whole, the most splendid establishment I have seen.—At Guy’s Hospital I met Mr. Townes, who has been engaged in making anatomical and pathological preparations for that Institution for 25 years.

“His diseases of the skin are superior to any thing on the Continent, or in fact, in the world; and his anatomical models in wax, are infinitely superior to any thing I have ever seen. In fact, my imagination never could have conceived that art could have arrived at such perfection.

“He has never sold a preparation in his life,—he has had repeated applications to make the same for different colleges in England, but he has always refused; he is now about to make an arrangement to furnish some of these for China, and from the conversation I had with him, says Prof. W., I think, on my return to London, I shall be enabled to enter into an arrangement by which his work can be obtained for our school. After our return from Italy, I shall then be enabled to enter into a correspondence with him (Mr. Townes) on this subject. “Dr.” Cenas and I have been hard at work; we have given a few orders for articles; but will make no purchases until our return from Italy, where I hope we shall obtain a good deal of information, if we should not be fortunate enough to find some preparations worth buying—

“We have ordered 500 specimens of *Materia Medica* to be put up for you,\* in beautiful glass bottles. The chemicals we shall attend to on our return. The specimens of *Materia Medica* are all to be arranged in their natural order. \* \* \* \*

“We start for Italy to-day (July 3d, 1850.) \* \* \* We shall have the most splendid museum in the United States, and shall always have one.”

The session will commence on the second Monday in November and continue four months;—before the Lectures open, the museum will have arrived and every preparation made for the reception of a large class, which we confidently expect will be in attendance this session.

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\*Dr. Nott, to whom the above letter, was addressed, is Prof. of *Materia Medica* in the University of Louisiana.



A case of Instrumental Labour. Reported by C. McCORMICK, M. D.,  
New Orleans.

About sun-set, on Friday, 26th July last, I was called to see Mrs. M—— M——; found her in labour with her first child. According to the statement of her husband, friends and the *sage femme*, who was with her, she had been in labour upwards of two days and a half (sixty-six hours.) A Physician had been called but left to go in the country.

On examination, the *os uteri* was found dilating; the vertex presenting in the second position; the membranes had evidently been long ruptured; this fact taken into consideration with the smallness of the parts; the force of the uterine contractions and the slow progress made during the long continuance of the labour, caused me to request my friend Dr. Weidderstrandt to see her with me. We saw her together about nine o'clock P. M. and concluded to wait longer upon the efforts of nature as the presentation was a good one, the *os uteri* dilated, soft and well lubricated with mucous; the pains strong and no appearance of exhaustion being present.

The following morning finding that the head had made no progress; that the parts, instead of being as yesterday, cool, soft and moist, were becoming dry hot and swollen; that, as before stated, the waters had long since been evacuated, that the woman was then (10 o'clock Saturday morning) in the eighty-second hour of her labour; although the signs of exhaustion were present, and notwithstanding, that we could not feel either ear, and knowing, by auscultation, that the child was living, we proceeded to introduce the forceps, and deliver; having previously tranquilised the woman by the administration of chloroform; this had the most charmingly beneficial effect upon her—for when she awoke from under its influence, she said, that "she had not had any thing so good for four months;" she was greatly refreshed, and her mind seemed endowed with renewed energy to prepare her for what she had yet to encounter.

The chloroform was now given to commence the operation. Taking the saggital suture as our guide, we introduced the blades of the forceps without the least difficulty, brought together the handles and tied them; then by flexing the woman's thigh's upon her pelvis (as she laid on her back) and the legs upon the thighs with the palm of the left hand upon her right knee she was kept in proper position and steadily fixed near the edge of the foot of the bed, the right hand being used to make as forcible traction as was requisite; she was thus speedily delivered of a large healthy living boy after much exertion on our part; neither the child nor the mother suffered the least inconvenience from the use of the forceps and are now (August 21,) both well.

The after birth came away in good season and the woman was "prostrated."

There are four points in this case we deem of great interest.

1. The kind of forceps used. (Jarvis')
2. The use of the chloroform.
4. The application of auscultation to know the condition of the child, whether alive or not.

4. The early (as far as the *progress* of the labour was concerned) use of the forceps; before the child's ear could be felt; before any signs of exhaustion came on; and before, any injury had been done by the pressure of the child's head.

*Jarvis' Forceps.*—This instrument is very light, and yet sufficiently strong; the blades very thin, having a partial *rotary motion*, are quite easy of introduction; when both are introduced the handles come together readily, and the pivot joining them, is sufficiently remote to prevent all danger of pinching the soft parts; when joined together there is a groove around the handle, to receive tape or whatever you may tie them together with. We confidently recommended this instrument and fully believe that whoever may once use it will give it a decided preference over all others.

*Chloroform.*—It would seem almost needless to speak in commendation of an agent so commonly used and so highly prized by the profession, yet knowing how few apply it to cases of labour, especially in protracted or lingering cases, we cannot forego this opportunity of adding this strong case where it proved so *charm-like* in restoring the self-possession of the patient and relieving her from the extreme anxiety and restlessness she had so long endured and enabling us to introduce the Forceps without her knowing it.

*Auscultation.* This also is so well known that the only reason why we now recur to it is the great neglect and inattention paid to it. Every practitioner should cultivate this art. It enables us *positively* to determine facts of great value and importance, viz; that the child was living—that it was our *duty* to endeavor not only to save the *woman's* life, but that also of the child and decided the use of the forceps—again where so much effort had to be used in the delivery as we found absolutely necessary, we did from time to time during the process of delivery by this act fully satisfy ourselves that our efforts had not injured the child.

4. *The early use of the Forceps.*—Where, as in our case, the head had engaged in the pelvic brim, “having descended too low to be raised for the introduction of the hand into the uterus, and the performance of the operation of turning, while at the same time it had not entered the cavity sufficiently for us to feel an ear,” the *os uteri* being almost sufficiently opened and the vagina and perineum sufficiently distensible for the reasons before stated, we proceeded to use the forceps and selected Jarvis' for the reasons above given. It may be proper here to direct the attention of the reader to the fact that this case was one calling for the use of the long forceps—because “before the short forceps can be applied, the *os uteri* must be entirely dilated, and the *head must have come down into the pelvis sufficiently low to enable us to feel one or both ears distinctly*.” This would therefore establish the fact that Jarvis's Forceps can be used either as the long or short forceps, as well when the bulk of the head is above the brim of the pelvis as when it has descended so low as to enable us to feel one or both ears. In plate No. XXXV, figure 104, Ramsbotham's process of parturition 1, American Edition, is a good representation of the manner in which the forceps were applied in the case now reported.

We have received the following note of correction from our esteemed friend and correspondent, Dr. W. P. Hort.

ED.

NEW ORLEANS, Aug. 6, 1850.

DEAR DR. :—

My attention has been called to an oversight of Dr. Fowler, of Macon county, Alabama. In the conclusion of my article on the blood published in the last (July) number of the Journal, I have classed acetate of lead amongst the agents, whose direct and decided tendency is to disorganization. This is a great error, for on the 13th page, I observe "A solution of acetate of lead was then used. There were but few circular corpuscles to be seen at first; the greater part were edge-ways, or apparently folded up, most of these changed position and became circular in a short time; the motions were lively, both tremulous and progressive and without established current. Small monads were well defined and in motion; the corpuscles were under size and some of them had vibratory and progressive motion at the same time, which I have never noticed when there are currents.

Your friend,

WM. P. HORT.

A. HESTER, M. D.



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THE NEW ORLEANS

# MEDICAL & SURGICAL JOURNAL.

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NOVEMBER, 1850.

## Part First.

ORIGINAL COMMUNICATIONS.

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I.—*Researches upon the Necropolis of New Orleans, with brief allusions to its vital Arithmetic.* By BENNET DOWLER, M. D., of New Orleans.

Having ascertained, in 1840, from personal inspection of the inscriptions in the cemeteries of New Orleans, the ages of a great number of persons buried therein, taken without picking or selection, in series of thirty each, always in a different, often in a remote part from the preceding series, and continued from week to week, until a sufficient number of data had been accumulated for numerical analysis, I now propose to give the results of that inquiry, which, in the absence of exact registries of births, deaths, and ages, may be valuable in determining approximately the duration of life, and also, to a considerable extent, the sanitary history of the climate, not deeming it expedient, at present, to give even a summary of other data which I may possess confirmatory or illustrative of the subject, though a few brief allusions to vital statistics not lying within the liminary principles or methodology here adopted, may be proper: So that these grave-yard statistics may not be alto-

gether amenable to Dr. Faust's animadversions, namely: "Instead of animated nature, for which God made man, thou hast nought around thee but skeletons and dead men's bones, in smoke and mould."

The necrological inscriptions in the different cemeteries of New Orleans, are not only illustrative of its vital history and sanitary perturbations, but are also, to a considerable extent, characteristic and peculiar.

The Ideal of vital statistics, as a method, presents sundry conceptions, as absolutely true, in advance of empirical processes, and their actual results in relation to both the statics and dynamics of population.—But how clear so ever the theoretical principle may be, its useful application is alone to be found in the experimental.

For scientific purposes, the facts of vital research and reasoning must be numerous, continuous, and must extend through long cycles of time. The most accurate record comprehending the history of every individual in existence for one year, or one dozen of years, would utterly fail to solve some of the most important vital problems, which, anterior to experience, and its results, are known to be solvable and within the legitimate range of empirical possibility. Synthetical reasoning determines in advance of experience that the mean duration of life, in a country, can be inferred from a record of the ages of all the natives dying within its limits. The record for one entire generation would not only show the exact duration of the mean life for that period, but in connexion with a sufficient number of similar, previous records, would indicate with slight and unimportant variations, the mean duration and expectation of life for succeeding generations. In the science of population, however, a generation commencing at a given era, would not be complete as a vital cycle, until the last individual then living, shall die; for example, individuals born in 1850, may not die until the twenty-first century of the Christian era. Dr. Dunglison mentions, that Washington's nurse, a negress, was living, in 1835, at the age of 168 years. T. Parr lived to 152, and Henry Jenkins to 169. These and other examples show, that persons born in 1850, may live to A. D. 2059; at which time, say a thousand millions, or the whole of the present population of the world will have died. The aggregate of their ages divided by the whole number of the individuals, will give the mean duration of life, as well as the maximum, and minimum ages.

Without any regard to the actual census, suppose the fixed creole and acclimated population of New Orleans to be one hundred thousand, and that immigration and emigration be wholly arrested—suppose four children to be born, and four persons to die annually for every one hundred inhabitants, then the population will be stationary, without increase or decrease, and how much so ever individual ages may differ, the average life will be twenty-five years. But in case only two die in the hundred, the births being undiminished, the population will increase annually two in the hundred, or for the city two thousand; the whole number of births will be four thousand, and the whole number of deaths two thousand; then the average life will be double—will be fifty, instead of twenty-five years; suppose that during the year, one hun-



And thousand persons come temporarily into the city, and lose two in every hundred—all the survivors returning home, then the deaths and births will be equal—the average life will seem to be reduced to twenty-five, and the increase neutralised—all of these conclusions, would be necessarily false for want of correct data, comprehending all the essential elements entering into the numerical process, static and dynamic.

Although four births and four deaths annually, for every 100 persons, would cause the population to be stationary and the mean life to be 25, yet, with respect to the latter, a single year might give a result altogether different, and so of a very limited number of years; thus one dying aged 100, another 50, a third 20, and a fourth 10, the average might be double that which has been named. But in a period sufficiently prolonged, such excesses would be reduced or equalized. In tossing a dollar in the air, the same side might fall uppermost for several consecutive times, but, if the operation be continued sufficiently long, this marked inequality disappears forever. The same principle prevails in vital statistics, as well in numerical medicine.

There are, indeed, a great many elementary questions which it is desirable or necessary to consider, in order to arrive at satisfactory conclusions concerning the vital condition of New Orleans.

What is the annual mean number of the resident creole and acclimated population? What is the annual mean number of strangers, and time of their temporary residence? What is the mean number of births, deaths, and ages of each class, not to mention internal and external relations, topographical, ethnographical, physiological, sanitary, industrial, pecuniary, educational, moral, religious, social, civil, in the white, black, red, and mixed races?

It has become fashionable to regard New Orleans as "The Wet Grave-Yard," the aceldama of the South, and little more than a vast Necropolis. Battalions of serried figures mustered into service by some able Æsculapian Generals, have been already advanced in support of this position, with the very best intentions, it is believed, namely, to defend the truth at all hazzards, without those biases, to which the commercial interest give rise. When the citizens of New Orleans themselves admit that their own city is the most insalubrious upon the face of the earth, with a ratio of mortality three times greater than Boston, not to mention Berlin or Bergen, it may be presumed that they are fully convinced of the truth of what they promulgate, inasmuch, as the temptation to suppress truths of such a disagreeable character, is very great. Selfslander is rarer than self murder. The *amor patriæ*, self love, self interest, and local attachment often give rise to a fatal and incurable nostalgia or home sickness, but never to home-hatred. Thus in some of the Swiss regiments in the service of France, it was observed that the inordinate love of home or nostalgia, caused death, and desertion,

and was sometimes excited by the playing of certain Swiss airs, which were, therefore, forbidden under pain of Death.\*

Does the traveller inquire concerning the salubrity of a neighborhood? How sickly so ever the locality may be, its inhabitants give it a favorable character, but candidly acknowledge that certain other places, at some distance, are unhealthy; but on reaching these sickly spots, the same questions will elicit similar answers. While voyaging upon the Illinois river, in the spring of 1836, I witnessed a most violent altercation between a Senator and a Physician, strangers to each other. The latter was hastening back to the East, after having explored the western part of the State of Illinois—a portion which, he pronounced unhealthy. This position happened to be within the Senatorial jurisdiction of the former,—whereupon, the Senator considered the matter as a personal affront. Had the steamboat not have been under way, a duel would probably have been fought. Having examined the same neighborhood, a few days previously, I could testify that the doctor's report was not libellous, but true; indeed, the Senator's constituents were very familiar with intermittents, and carried upon their pale, sallow countenances *prima facie* evidence of bad health.

Dr. Daniel Drake, an acute observer, informed me during his excursions through the western and southern States, a few years ago, that, when passing through districts where fevers, agues, and other epidemics prevailed, the people generally denied the unhealthiness of their own particular locality, but admitted the prevalence of sickness in the surrounding neighborhoods; but, when he inquired in the latter places, they referred him to the former or some more distant spot.

Although it is altogether foreign to the purposes and limits of this paper, to give even a summary of such facts as I may possess in relation to the climate of New Orleans, yet, as already indicated, I will make a few occasional remarks upon a portion of its vital arithmetic, or rather upon the *prestige* of figures which are supposed to prove its unexampled mortality.

Without affirming or denying the comparative salubrity of New Orleans—without questioning the axiom that figures cannot lie, and with a full reliance on the good faith in which these facts and figures have been recently reported, I may venture to examine anew their true import, and the justness of the conclusions advanced. *Æsop's* reasoning is worth remembering: He having been directed to procure the best things in the market for a dinner party, bought nothing but tongues, which offended his master, who, thereupon, told him next time to get the worst articles; but he brought tongues again, affirming that the tongue, was, according to the use made of it, the best and yet the worst thing known.

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\* "The entrepid Swiss who treads a foreign shore,  
Condemned to climb his mountain cliffs no more,  
If chance he hear the song so sweetly wild,  
Which on those cliffs his infant hours beguiled,  
Melts at the long lost scenes that round him rise,  
And sinks a martyr to repentant sighs."

Figures are like tongues, at once the best and the worst things in the scientific mart. For they may be, sometimes, arranged apparently in the simplest and fairest manner, so as to prove New Orleans the most insubrious city on earth, even though it may be in itself, the least so of any place known. If emigrants from northern climates were to enjoy as good health in New Orleans, as in their own countries, yet, from the dynamics of population, the ratio of mortality would from the nature of the case be high, as will be explained in the sequel, after having analyzed the necrological data found in the cemeteries of this city.

By the general custom of mankind—one not only in accordance with good taste, but with sanitary requirements, the dead are consigned to the ground—"earth to earth." But in New Orleans a different method of sepulture prevails. In most of the cemeteries, interment in the ground is wholly interdicted, elevated vaults and tombs only being used. The necessity of this method of entombment, for all who can afford the expense, is easily explained by referring to the topography of the city. A grave in any of the cemeteries, is lower than the adjacent swamps, and from ten to fifteen feet lower than the level of the river, so that it fills speedily with water, requiring to be bailed out before it is fit to receive the coffin, while, during heavy rains it is subject to complete inundation. The great Bayou cemetery is, sometimes, so completely inundated, that inhumation becomes impossible, until after the subsidence of the water, the dead bodies accumulating in the mean while. I have watched the bailing out of the grave, the floating of the coffin, and have heard the friends of the deceased deplore this mode of interment. A young Irish woman on seeing her husband's coffin lowered into a grave of weeing water, exclaimed, repeatedly, "Oh Mike, it is a dear burying to you, to be buried at the Bayou! Oh that you should come to this!" It is this feeling that has built the different cemeteries which constitute the great Necropolis of New Orleans. Interest, to say nothing of the vanity of friends, requires inscriptions, in order to identify a vault, which is private property, purchased under a written title or conveyance. Hence these monumental inscriptions, from their constancy, accuracy, and number, afford data, which in the absence of exact registers, are probably, more trustworthy and valuable than can be found in any other existing necropolis. These necrological monuments, which necessity, pride, interest, and affection have reared, and which will augment from generation to generation, must, hereafter, prove more useful to the vital historian than the pyramids of Egypt, or the countless millions so carefully embalmed and deposited in the catacombs of that country, forty centuries ago. The ethnologist, might even now, commence his lesson among the tombs. The caucasian is separated from the negro race. In some cemeteries, the Irish, in some the German, in some the Anglo-American, in some the French type predominates.

The monumental evidence to be offered in this monograph in relation to the salubrity of the city and the length of life, compared with other places, is doubtlessly imperfect. The principal objection to



which it is liable, appears to be this; namely, very young children may not have had inscriptions on their vaults, as constantly as adults; though this hypothesis may be incorrect. But admitting that it is true, this source of error is neutralized, it may be supposed, by an undeniable fact, that, in all the cemeteries, even those which reflect the creole life most truly, as the Catholic, strangers, victims to the climate who "lived not half their days," are buried, and being counted, tend to shorten the average life, probably as much, as the supposed omission of infantile inscriptions, tends to enhance it. The evidence, upon the whole, if not demonstrative, possesses probability, and is offered for what it is worth—no more.

The grave-yard statistics which follow, may present results much more favorable than those afforded by the report of the Board of Health, for 1849. Hence it is proper to offer a few illustrative arguments which may explain the low average life reported by the Board, compared with that derived from inscriptions. The report relates in every case to a later period, during which immigration, and the causes of death have been most active. My observations relate to a period not only anterior to, but often very remote from that referred to by the Board.

One of the dynamical laws of population, which, after a most laborious analysis of the decennial census of 1840, I have deduced, may serve to explain the shortness of the mean life which the Board announces from very recent data.

The law referred to, shows that in the geographical distribution of ages, there is a tendency to throw into the West and South-West, an undue proportion of the young, among whom the causes of death are the most active. This must tend to reduce the average age. For, how infirm and unproductive so ever, the old may be, they contribute in a marked degree to extend the average life. Thus four children dying aged one year, will, by means of one centenarian dying at the same time, have a mean life of 20.8 years each.

If I mistake not, the explanation of this dynamical law is to be sought for in the economy of immigration, which tends to leave the aged, in their native land, as physically disqualified for the hardships incidental to new countries, new climates, and new enterprises. The immature class of emigrants, that is, the infantile, is not repelled, as in the case of the aged, since it is not doomed to hopeless decline and increasing disability. Hence, the British Government offers a free passage to emigrants to Australia, with support for ten days after landing, on the condition that they shall be adults and shall be able to labor and shall not be more than thirty-five years old. The internal immigration in the United States, including that from foreign countries, flows to the west and to the south-west, and comprehends an unusual proportion of young fathers, mothers, and children, who, oppressed with cares, poverty, and augmenting numbers, resign, in a great degree the pleasures of society, for a home in the wilderness, or a temporary residence in southern towns, where labor is rewarded with double or triple wages.

By the census of 1840, Michigan, Iowa, and Wisconsin, the centres in which the lines of migration converged most powerfully, had nearly twice as many children under five years of age, as Connecticut, in proportion to the entire population. Michigan had one in every 5.58—Iowa, one in 5.96, and Wisconsin one in every 5.07; while Connecticut had but one in 8.09—Rhode Island one in 7.74, and Massachusetts one in 7.87, of this class.

If this hypothesis be correct, it will go far towards explaining the unusual proportion of centenarians in Charleston, as ascertained both by the census and the bills of mortality. It is probable that the natural increase of population in Charleston, is antagonised by emigration from the city, the aged being generally left. According to the report of the Register of that city, for 1844, the population was 29,963, (which is but 702 over that of the census of 1840,) and the mortality of the whites 553. Of these, 32, or 1 in 17 1-3 were aged from 60 to 70—31 or nearly 1 in 17 3-4 from 70 to 80—16 or 1 in 34 from 80 to 90—2 from 90 to 100—3 from 100 to 110—1 from 110 to 120. Here, the centenarians are as 1 in 138 1-4 of the whole number of deaths, being nearly three hundred and fifty times greater than in France: for in that country in fifteen years ending in 1832, during which period 11, 793, 289 deaths took place; only 25 were aged 100 years and over, that is, 1 in 471, 731.

The mortality in Charleston, for six years ending in 1846, was 3,569. In this number 12 were aged from 100 to 110, and 3 from 110 to 120; or, 1 centenarian in 237, nearly,—upwards of 1,000 times more than France.

This conclusion may be fortified by taking another route, namely, that relating to the geographical distribution of the very aged. For example, South Carolina, the richest of all the States, in centenarians, having too, according to the New Orleans Board of Health, a mean life about twice as long as the Northern States, has one centenarian in every 6,925 inhabitants for the whole State, and one in every 975 for its chief city, Charleston; while Indiana has but one in 29,508.1—Illinois one in 31,483.6—Missouri one in 40,480—Michigan, the same; and Wisconsin one in 42,924, and so on, with but few exceptions, chiefly relating to Rhode Island, (the poorest centenarian State) and to Louisiana the richest in centenarians, next to South Carolina. These discrepancies must give way, however, under the pressure of so many facts having a different import. Louisiana has a much higher ratio of children of five years and under, than Maine, New Hampshire, Massachusetts, Rhode Island, Connecticut, Vermont, New York, Delaware, Maryland and the District of Columbia, with a slight increase over a number of other States; but Louisiana has a proportion considerably less than Mississippi, Arkansas, Missouri, Indiana, Illinois, Wisconsin, and some others. There are by the last census, fifteen centenarians, or one in every 5,879 inhabitants of New Orleans. This class is probably furnished chiefly by the creoles, while immigrants supply a large number of the younger classes, that is, persons under ten years of age, amounting to more than one fourth of the whole population, showing how, in some places, that extremes meet.

In the following enumerations, fractional parts of a year are reckoned as one year, when they exceed six months, or fall short of eighteen months, and so of all fractions in more advanced ages. In all cases it was deemed necessary in recording a series of ages, not to reject any because they were short, nor to seek any because they were long. Thus on one occasion, having completed the series for the time and the place, I came immediately to an inscription upon a well known negress, aged 107 years and five months—born in 1732—died in 1839, but the rule adopted, excluded this, as well as other similar cases. In the Lafayette cemetery, as the sexton informed me, there is a negress slave buried, aged 110. A similar age was found in the Catholic cemetery, after having finished the series. But all these were omitted.

The old Catholic cemetery, (No. 1, Basin street,) in which nearly all the inscriptions are French, 13 only were distributed among all other languages, gave the following results, after having made 136 observations:

The first series of 30 observations gave an aggregate of 1474 years.	
The second " " 30 " " " " 1517 "	
The third " " 30 " " " " 1381 "	
The fourth " " 30 " " " " 1313 "	
The fifth " " 16 " " " " 852 "	

Total obs. 136. Total ages, 6537:

mean life 48 years and a fraction: more than 21 years over the mean of the Hebrew cemetery—20 1-4 over that of the Bayou; 17 1-4 over that of the Protestant;—27 1-3 over that of Lafayette city;—12 over that of all France;—nearly 20 over that of the department of Seine, (Paris)—and about 22 years beyond the mean of the Old Protestant cemetery immediately adjacent. The following table shows the mean age, with the three oldest persons in each series, in this cemetery:

Series.	Mean age.	3 Oldest in each series.			Mean age of the 3 oldest.
1st. series	4901	81	80	76	79
2nd. "	5056	76	76	74	75.33
3rd. "	4603	85	80	78	81
4th. "	4376	85	81	72	79.33
5th. "	5325	92	90	90	90.66

Although, the place of nativity is not always mentioned in these inscriptions, yet out of Louisiana, the United States furnished but 1, and Ireland but 1, France 19, and Spain, Genoa, and St. Domingo each 4. The prevailing type, in this cemetery, is doubtlessly the creole French.

The old Protestant cemetery (adjoining the Catholic cemetery, on Basin street) long abandoned as a place of burial, gave for 30 inscriptions, an aggregate of 797 years, and a mean life of nearly 26 1-2 years—the 3 oldest, 62, 60, 47.

The new, and by far the most extensive of the Catholic cemeteries, is that in the rear of the former, consisting of four squares between Ro-



bertson and Claiborne streets, the southern portion of which is for the colored race. In this cemetery, especially in its northern portion, French inscriptions preponderate. The white race in 80 observations, afforded the following results: The first 30 gave an aggregate of 1296, and a mean of 42.2 years—the 3 oldest 89, 77, and 74; the second 30, gave a total of 1415; a mean of 47.16; the 3 oldest 80, 75, and 72; the residue 20 observations, gave a total of 997, a mean of 49.85 years; the 3 oldest 93, 80, and 75.

The aggregate of these 80 observations amount to 3678 years, giving a mean age of nearly 46. (After counting these 80, one was found aged 110, though, I could not count it consistently with my plan, which rejected the principle of selection.) In the middle division of this cemetery, 30 inscriptions, gave an average life of nearly 47 1-2 years.

By uniting these divisions of the Catholic cemetery No. 2 with that on Basin street, the observations will amount to 396—the aggregate 18,607 years, and the mean life of the whole, both of the whites and blacks, will be very nearly 47 years.

Of these 396 inscriptions, 49 were over 70;—13 over 80;—5 over 90.

The black race in this cemetery, buried in a style of magnificence nearly equal to the white, has usually French inscriptions, indicating as the principle places of nativity, Louisiana, St. Domingo, Cuba, Jamaica, and Africa, and gave in 150 observations, the results which the following table expresses with the utmost brevity: There may be some error in the third series—a discrepancy there seems to be, inasmuch as this series gives a comparatively diminished total and mean life:

Series 30 Obs. each.	Aggregate ages of each series.	Mean ages of each series.	Three oldest in each series.		
1st. Series.	1594	53.13	100	85	80
2nd. “	1364	45.46	64	80	75
3rd. “	1102	37.4	95	82	70
4th. “	1318	43.93	100	83	79
5th. “	1585	52.0	100	92	90
Total ages of 150.	6,969				
Mean age of 150 persons.	46.43 years				

The united ages of the fifteen oldest persons in this enumeration, amount to 1,389 years, affording an average life far beyond “threescore and ten,” (the limit indicated by the royal poet of the Hebrews,) namely, 86 1-2 years, with two centenarians for every hundred; or as many of that age as France affords in about half a milion. Probably the en-

ture number of vaults and tombs in this African cemetery, does exceed two thousand, nor the dead bodies exceed three thousand. Now on the supposition, that by some strange and incredible chance, the one hundred and fifty inscriptions I took note of, actually exhausted the whole number of centenarians, (which I know was not true,) still the colored centenarians, transcend French centenarians, two hundred and fifty times.

It will be seen that the black race affords by these tables, 1 in 50, aged 100 years; and if we add 11 years to the lives of the remaining two oldest in the 150 enumerated, the result will be, five centenarians; or 1 in 30; or 8,333 times more than the ratio for all France; or 2,100 more than that of England, by the census of 1841; or if we take the official account of the deaths in France for the 15 years ending on the first of January, 1832, it will be found, that 150 inscriptions give for the black race in New Orleans, nearly one fifth as many centenarians, as 11, 793, 289, or nearly twelve millions of deaths among the French. But, by an exact calculation, the French bills of mortality, as above mentioned, give one aged one hundred, in every 471, 731; the black race one in fifty.

Each of the remaining cemeteries of New Orleans, as they contain a greater proportion of strangers, will be found to offer a rapid decrement in the mean life. The new and extensive Protestant cemetery of the Second Municipality, gave in the first 30 observations, as the three oldest, 73, 42, 40; the second 30 gave, for the three oldest, 78, 69, 66.—From 110 observations, a mean life was obtained of 30 3/4 years. The Hebrew cemetery, gave as the three oldest, 74, 63, 62, and an average of 27 years.

The Bayou cemetery or Potter's Field, not having monumental inscriptions, with few exceptions, proved an unsuitable field for necrological researches. From the rude and frail memorials of the dead, I obtained thirty five ages; the oldest three were, 55, 52, 46—the mean life of the whole, 27 3/4 years—a mean nearly twenty years less than that of the old Catholic, and the African cemeteries. It will be seen by the following table, that this is the general mean of the great number of yellow fever victims buried in this cemetery, calculated from 991 persons, whose ages were known, and whose bodies were buried here during the great epidemic of 1841, amounting to 91 more than the half of the entire number that perished that year. Each average life, is based on 30 ages, except the 33d, and last, which has 31. These series are arranged in the order of the epidemic. The upper line has the average life of each series of 30 ages each; the lower line gives the oldest individual age in each series, thus:

}	Average age.		26 2-30	29 14-30	28 25-30	29 27 3-30	26 27-30	
	Odest.		77	65	68	48 40	50	
26	1-2	27 2-3	29 7-30	27 1-30	29 9-30	29 21-30	29 22-30	29 3-30
46	41	56	38	45	57	60	47	
29	28-30	29 3-30	29 14-30	29 26-30	28 4-30	28 21-30	28 4-30	
48		58	58	50	40	40	58	

27	21-30	27	18-30	25	29-30	29	12-30	25	3-30	23	10-30	23	11-30
65		65		46		65		58		56		53	
26	13-30	26	12-30	28	24-30	27	22-30	28	7-30.	}			
40		40		52		50		45					

From this table, it appears, that the mean life of the 11 oldest among the first 330 deaths, and the last 330, is for the former about 52 1-2, and for the latter 52; while, the intervening 330 give an average life of 55 1-2 years.

The aggregate of these 991 ages, is 27,919—the general mean 28.172; or nearly 28 1-6. This mean, is similar to that of Ireland, and England according to the registered deaths from 1831 to 1841, but exceeds by more than four years, the mean given in the Report of the Board of Health of New Orleans for six years ending in 1846, based upon the entire number of interments in this cemetery.

The above table shows, also, the dynamical principle of immigration, alluded to in this paper, whereby, the aged are repelled, as not one old person appears in this enormous bill of mortality; one only exceeds 70—5 exceed 60.

As to this dynamical principle, I beg leave to remark here, (having omitted to explain myself in the proper place,) that I have for the sake of brevity, intentionally omitted the most satisfactory portion of the evidence, showing the geographical distribution of ages in the United States. What has been said of centenarians, (always a very limited class,) is not deemed by any means satisfactory, while, the other and by far more numerous classes of high ages, appear quite conclusive: as a few data will sufficiently show: for, in equal numbers, New Hampshire has more than twice as many aged from 50 to 60, as Iowa—from 60 to 70, nearly three times more than Indiana—more than three times more than Illinois—four times more than Iowa and Wisconsin. Connecticut has 1 in 39 aged from 70 to 80, while, Indiana has but 1 in 168—Illinois 1 in 237—Michigan 1 in 334—Wisconsin 1 in 346.—From 80 to 90, some of the old States (the sources of emigration) have from ten to twenty times more persons aged from 80 to 90, than the new States, (the centres of immigration.) All of these perturbations and inequalities are, to a great extent, independent of climatic causes and endemic influences.

From this digression, I return to grave-yard statistics once more.

Of 1450 deaths from yellow fever, from August to October, 1841, the females amounted to 220; of these latter, the ages of 194 were known. These being arranged in series of 30 each, except the last which contains 44 ages, give for the mean, and the oldest age of each series, the following results:

Females	}	Average age.	28	2-30	29	27-30	26	16-30	25	13-30	28	7-30	27	14-30
		Oldest.	69		80		55		38		18		65	

The city of Lafayette, separated from New Orleans by a street only, abounds with German immigrants, who, with the Irish, are in both ci-



ties, the principal victims of yellow fever. The Lafayette cemetery is more favorable for inhumation, in the ground, than the New Orleans cemeteries; accordingly, this mode of sepulture is more common in the former. Among 30 ages taken from the vaults of that cemetery, 39 was the oldest, and the mean of the whole was only 20 3/4 years, which is the minimum of all the cemeteries, being 26 years less than that of the black race, in the Catholic cemetery, and nearly two and a half times less than that on Basin street.

The Catholic cemeteries are supposed to reflect the creole life more accurately than the other cemeteries, which are newer, and have been filled with immigrants. The mean life as deduced from monumental evidence, though not identical with that deduced from the recent mortality of the city, by the Board, is confirmed by the latter; that is to say, the Catholic cemeteries take precedence of the Protestant, and the Protestant, of the Potter's Field. Any one acquainted with the different classes of the population, would have anticipated these results.\*

Leaving the reader to draw his own conclusions from the necrological data which I have offered, I proceed to examine the grounds that have been recently taken against the salubrity of this city.

The great Hospital of America, that is the Charity Hospital of New Orleans, happens to have "a local habitation and a name" altogether wrong in statistical point of view, as the indicator of the health of the city. It ought to be called the Germano-Hibernian Charity Hospital, or, at least, a foreign Hospital, sustained by the almost unexampled liberality of Louisianians, but not for Louisianians. Here, vital histories, and necrological data, are recorded with a great degree of accuracy, all things considered. Its records are so accessible, and its reports so easily

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\*The following note, may possibly interest the reader: A vault is 8 feet deep, (horizontally;) 25 inches high, and 17 wide. Tombs are greatly varied in size. Of late years, wood has not formed a component part of vaults and tombs. The old Catholic and the old Protestant cemeteries have in consequence of the wood in their structures, in many instances, gone completely to decay.

Mahogany, and some other kinds of coffins, usually decay in two years, while cypress remains sound many years, varying, of course, according to the humidity, &c.

The body is completely decomposed, the bones separated, and offensive gases dissipated in about three months, in the hot season, and in six months, in winter. I have found that the bones of the young and old would frequently crumble into dust, from a slight pressure, after an entombment of from 30 to 40 years. In the dry catacombs of Egypt they would doubtlessly last as many centuries. The sexton of one of the Catholic cemeteries, on opening a vault, in the upper range, to remove a body long buried, found the corpse completely desiccated—no putrefaction had taken place—the hair and whiskers were firmly fixed, and natural in appearance—the face was but little changed, and the eyes, though greatly dried up, remained. In temperate climates, corpses buried in the ground, require, probably, four years, at least, for decomposition.

copied, that writers having no others comparable with these, have from necessity which knows no law of logic, drawn their figures, chiefly from this institution, wherewith to illustrate, prove, and establish the sanitary condition of a city, which, from its commercial character, geographical position, easy excess by rivers, lakes, and seas, and from its public charity, becomes the asylum of foreign paupers, passing through, or temporarily resident in it. To these may be added sick and destitute boatmen, seamen, ditchers, wood-choppers, and raftmen, from the valley and swamps of the lower Mississippi, not to name a vast many poor consumptives seeking the benefit of the climate. Besides, New Orleans has been and continues to be, the recipient of the broken down soldiers, the *debris* of the armies of Generals Taylor and Scott. In fact, the Report, of the Board of Health, for 1849, could not have happened in a more unfavorable and unhealthy period, that which they have selected.

At no period, however, can the statistics of the Charity Hospital, be appealed to as the test of the salubrity of New Orleans, as a whole.— Thus in twenty years ending in 1850, the admissions of patients into that institution, (according to Dr. Fenner's valuable Medical Reports) amounted to 123,917 of which number only 1293 were Louisianians, that is to say, about one in every hundred. But probably not more than half of these were citizens of New Orleans, that is, one in every two hundred. Admitting, what is generally conceded, that the hospital admissions, represent from 1-4th. to 1-3d. of the whole number of sick strangers; but taking the latter ratio as a guide, it follows, that 371,751 strangers are to be charged to the sick list of the actual citizens of the town. Thus, "the annual Report of the Board of Health for the city of New Orleans, for 1849," makes the announcement, in general terms, that "the mortality is unquestionably great"—admitting, however, as it does, that "a very considerable portion of it [the mortality] is derived from the floating population, not enumerated in the census which should have been stated in the mortuary certificates," [but which was not so stated.] The report adds,

"The efforts of the Board have been incessant to procure a knowledge of the actual sanitary condition of the city, as without such knowledge, all attempts to improve it would be but groping in the dark; for that purpose they prepared and extensively circulated a set of by-laws, rules and regulations, with blanks for every purpose required by the Board; requesting physicians and others, whose duty it was made by law to prepare certificates to legalise burials, to give such information, as if complied with, would leave nothing wanting on this important department of their duty; the most urgent means have been used to obtain compliance, but they regret to say with unsatisfactory results." \* \*

\* "The Board excepts with pleasure from this implied censure, the cemetery reports emanating from the Charity Hospital, they have usually contained MOST OF THE INFORMATION REQUIRED. The deepest regret is felt at this omission, as we have few past records of what that situation has been, we are proceeding on ignorant of what are the actual truths, with a reputation abroad for perennial pestilence, with a boasting at home of unparalleled salubrity, it is high time the truth

should be known. With the recent correction of the census, and knowing the probable number of the dead, we have at last arrived at the important facts of the *ratio of mortality*, it is large enough to remove the scales from the eyes of error: to excite curiosity as to its cause, and to demand of all those who have the interest of the city at heart, or value their own lives and those of their families, efforts to remove them.—Had the information sought for by the Board, been obtained some years back, the actual influence of this climate upon the health of each and every class of the community, natives and immigrants, would be now accurately known.”\*

If the great foreign pauper Hospital of New Orleans is to furnish, “the information required,” and is to be the criterion of the health of the city, “*the ratio of mortality must be large enough*” to satisfy the winged skeleton who carries the scythe, the allegorical representation of death. Here, however, the numerical filiation “comes in such a questionable shape,” as to justify further inquiry. It is believed that the data which serve as the bases of these opinions, admit of a more favorable interpretation. The writer of this paper belongs to that class, which the Board alludes to, as “boasting at home of unparalleled salubrity; it is high time the truth should be known, &c.”

Even so. “It is high time,” the distant public should know, with the exception of a single class, strangers, that both whites and blacks are exempt from fatal epidemic fevers in New Orleans. It is believed that this exemption is “unparalleled,” at least, in northern cities, either in America, or Europe. Who has even seen among the natives, and acclimated of the city, a fatal epidemic of yellow fever, congestive, remittent, or typhus?

This Report, emanating as it does from gentlemen of high standing, enriched as it is, with facts accumulated chiefly by its able Chairman and Reporter, Dr. Barton, must exercise, at home and abroad, considerable influence, and the more so, because it is not chargeable with any *biases* in favor of the climate of New Orleans: indeed, if there be any biases at all, they are in a quite contrary direction, bearing hard against commercial interests, as a severe scrutiny of all the essential facts relating to the city, past, and present, including those entering into that Report, would probably show. At least, the public at home and abroad, will hear both sides. The patriotic and disinterested Board, would be the first to rejoice, if it should turn out after all the saturnalia of figures, that the sanitary condition of New Orleans should be unquestionably good, instead of being “unquestionably bad,” taking their own facts as tests.

The Report asserts, “that the average age at death in the northern cities, (doubtless owing in a great measure to the large mortality in infantile life,) is from 19 years, 9 months, to 20 years, 3 months, and

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\*From an able and prominent member of the Board of Health, I learn that the general subject of the vital statistics of the city, is not included within the scope of its duties, excepting the sanitary measures, the mortality reports, and the like, for the current year of service.



in some of the cemeteries where destitute foreigners from the crowded parts of the city of Boston are buried, it is reduced to 13.49. \* \*

\* \* "In the city of New Orleans the average age at death for the last year was 26.69, and in a series of years, the aggregate of all the cemeteries was 22.63." Is an increased average life to be considered a proof of the insalubrity of our climate, especially, when that life is twice as great as in some of the cemeteries of Boston? The foreign population of Boston, is about equal to the native. Nearly all of the former are Irish. These Irish, in going from their own country to Boston, go to a climate like their own—not to a tropical climate, as in New Orleans—an important consideration.

Now, the Report shows in the Potter's Field or Bayou cemetery, (the great Irish Necropolis of New Orleans,) that the average life taken for six years ending in 1846, is nearly 24, that is, nearly one fifth more than the native and foreign mean life of the most favored Northern cities.—The Report shows in the Catholic cemetery, for four years ending in 1844, among 442 deaths, that there were ten aged more than one hundred years! Now, it requires nearly two and a half millions of people in France to produce ten centenarians,\* according to the census, and and still more according to the official bills of mortality. The entire department of the Seine, (Paris,) would have only eight centenarians provided it *had ten millions of inhabitants*,† which is nearly one third of the population of the entire Republic. Is it a proof that "the mortality, of New Orleans is unquestionably great," to show that one in 44 dies aged beyond 100 years, while, by the census of 1840, there is in the United States but one in 6,157 aged 100 years? In England and Wales there is but 1 of this age in every 55,555—in France, 1 in every 250,000. The centenarians in the Catholic cemetery, are, therefore, nearly six thousand times greater (in equal numbers) than in France. Even the Potter's Field, according to the Report, in 8,566, gives 9 centenarians, or 1 in every 951, that is, about 26.3 times more than the French Republic.

The Report estimates the mortality for 1849, at 9,862, of which number, Louisiana and New Orleans furnished less than one in every 12, and the residue of the United States about one in 20. Those known to have been foreigners—3,569—and those whose places of nativity, were not known, that is, four thousand 985, were probably, nearly all foreigners, negroes excepted. The United States, including Louisiana and New Orleans, contributed to the whole number, namely, 9,862, only 1,308. Now, let us give the Report, nearly twice as many deaths for the United States, namely,—1,017 more than the number mentioned in the Report, whereby, it will appear that foreigners, nevertheless, exceeded Americans between four and five times; or, by the figures of the Report, nearly eight times. Can any other city show a mortality, in which, *its own share*, including that of the tempo-

\* *Essai sur la Statistique de la Population Française.* Par le comte A. D'Angeville.

† *Ibid.*

rary residents of the whole State, is less than one in 12? Would a Parisian, write self-damnatory opinions against the climate of that city, upon such data? Concede to the Report 1,017 deaths of native Americans beyond its own account—admit, (what is probably true,) that all the centenarians mentioned, are natives; and, what is the result? The Report gives 1 aged 130; 1 aged 110; 1 aged 105; and twenty aged 100; or, 23 aged 100 and over; that is more than one centenarian to every 101; or, two thousand five hundred times more than France; or, taking the deaths of Louisianians, alone, 23 centenarians in 29 deaths; or 1 centenarian to 33 deaths among the natives of the city. Facts of this sort, surely, do not prove “the mortality to be twice as great as it ought to be” compared with other places.

Even the Cholera passed by the natives of New Orleans, to a very great degree, taking the Report as authority. Thus, of 3,171 deaths which took place from that disease, in 1849, the natives of the city and of the State, contributed only 106; or, 1 in 30 nearly, of the whole. Among 783 deaths from yellow fever, the State and city contributed 2; or, 1 in 391.5, and, among 640 deaths from all other fevers, but 17; or about 1 in 40. In fact, it is the mortality of foreigners, that enables the Report to conclude that mortality of New Orleans, has been, for ten years, 1 in 20 annually, instead of 1 in 40.

Again, Dr. Fenner, in his Reports, shows that in 1849, the total number admitted into the Charity Hospital of New Orleans, was 15,558—of these, 13,634 were from foreign countries; from countries unknown, 142, probably nearly all foreigners; making 13,776 foreigners—from the different States of the Union, 1782, were admitted, leaving, as he shows, only 147 for all Louisiana. That is one Louisianian for every 103.79 patients born in other climates. And, yet, these foreigners furnish the data so much relied on, as the tests of the insalubrity of New Orleans! If 1000,000 to 150,000 transient persons reside from one week, to 6 months, leave 1,000 or 10,000 dead behind them, this number distributed, not among the transient population to which they properly belong, but among the residents, will mislead the inquirer.—No city, how healthy so ever it may be, can have, under such a system, any other than a high ratio of mortality.

Dr. Fenner shows, that of the whole number admitted into the Charity Hospital in 1849, 17 1-2 per cent., died, making 2,739 deaths.—This ratio will give Louisiana, about 27 deaths; but, several reasons could be adduced, rendering it probable that Louisianians did not furnish an average mortality half as great, in the 100, as foreigners—say 12, in 147. Here, then, are 12 deaths to 2,727: or, if figures be taken without explanation 147 sick Louisianians furnished, in 1849, no fewer than 2,739, deaths. Thus a Louisianian has 228.25 lives, while a cat was never suspected to have more than nine.

Dr. Fenner gives the statistics of the Charity Hospital for 20 years, ending in 1850: admissions 123,917; of these 1283 were Louisianians, a little over one in a hundred. Adopting the usual estimate, namely, that the other hospitals and the private cases in the city, exceed those of the Charity Hospital in the ratio of two to one, then, the last 20 years

gave 321,917 cases of sickness, of which, 3,879 were from Louisiana—in round numbers 3,000, to 318,000.

Of 1,800 who died of yellow fever, in New Orleans, in 1841, the State of Louisiana and its cities, contributed but 8; or, 1 in 225; the nine most southern States, including Texas, only 25; or, 1 in 72; and the entire black race only 3; or, 1 in 600.

The Hospitals of Paris, are for Frenchmen; the Charity Hospital of New Orleans, the only one in the State of Louisiana, is virtually for foreigners. In Paris one sixth of the whole population die in the public Hospitals.\* In a population of 700,000, no less than 70,000, or, 1 in every ten, pass annually through the public Hospitals,† while, in the Charity Hospital of New Orleans, the whole State, in 12 years, ending in 1842, supplied, among 59,021 patients, only 556; or, 45 annually, that is, one to 7,831—a ratio 783 times less than that of Paris. In 1842, among 4,404 patients in the Charity Hospital, Louisiana furnished only 34, not 1 in ten thousand of the inhabitants, or one thousand times less than Paris. In Dublin in 1827, more than 1 in 4 entered the fever Hospitals of that city, namely, 60,000‡—a ratio twenty-five thousand times above that of Louisiana.

An extreme case will best serve to illustrate the principle. Suppose that the population proper of New Orleans is 100,000—suppose that the worship of gold, or of Mahomet, shall attract to this Mecca during an epidemic, four hundred thousand pilgrims, one fourth, of whom shall die of yellow fever. The survivors all retire, leaving, of course, their dead, which, instead of being charged to the statistical account of these strangers themselves, will be reckoned, according to our present system, in the bills of mortality of the city proper; consequently, it will appear that there is not at the year's end, a single person left alive in the city. This it may be said, is a clear proof of the inherent mortality of the city. To illustrate this point, assume on the contrary, another extreme case, namely, that New Orleans is of all cities, the most salubrious for both natives and strangers, yet, it may be confidently affirmed that its ratio of mortality will be comparatively high.

Again, suppose that Her Britanic Majesty's subjects, of the city of London, were to visit New Orleans every year for pleasure, or health, and, there can be little doubt that during winter, they would be gainers, as to the latter, by escaping typhus, pulmonary diseases, &c., still, this migration would from the first of November to the first of May, throw into the Necropolis of New Orleans, perhaps twenty-five thousand dead bodies, which, according to figures, as now used, would prove that one in every four died annually, in this city, even though not one citizen should die during the whole year. Nay, on the supposition that creoles and acclimatedees of the city, are immortal, and that others only die, still the mortality must be considerable.

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\*Dupin. Alison.

†Ib.

‡Alison.



New Orleans, placed between the great valley of the Mississippi, and the great ocean, receives such a disproportionate number of unacclimated strangers, as to destroy all just comparisons with other cities, under our present system of determining the ratio of mortality.

The census of New Orleans, by the United States, how correctly so ever taken, must in its application to this city, at least, virtually mislead the vital statistician. The census of 1850, will have been taken in midsummer, during the brief absence of one third of the population proper. Add to the annual mortality of the absentees and of the strangers who will have arrived soon after the decennial enumeration, and it will probably be found, without any epidemic fever whatever, that two thirds of the mortality will have happened, during the ensuing year, among these classes, not enumerated. Now, when this mortality is distributed among those actually counted, in the census, the ratio will be high, and, at the same time, statistically false. The vital statistics of N. Orleans is, in a great degree peculiar, because its vital conditions are so, both statically and dynamically, internally and externally.

For 36 years ending in 1837, the annual mean increase of population, in France, was 147,918. (D'Angeville.) Now according to the estimate of some, the annual increase of temporary residents in New Orleans, is one hundred and twenty-three thousand—a number, not twenty five thousand less than the annual increase in all France. This last country requires 139 years to double its population, while New Orleans more than doubles its population by temporary residents, annually.—These latter, leave their dead to swell the bills of mortality in New Orleans.

The Report asserts that England and Massachusetts are favorable to infantile life, beyond all the known parts of the world, N. Orleans excepted; "the climate [of the latter] being extremely mild at all periods of life under 20 and above 50." True. But no country or city with such a climate, ought to have a short mean life; nor ought 1 in 20 to die annually; nor is it easy to comprehend how "the mortality is at *least double* what it ought to be," to use the words and *italics* of the Report.—In fact, the Report names places where the annual mortality is but 1 in 55; 1 in 44, &c.; that is to say, nearly three times less than in New Orleans. Well may it be affirmed, that the mortality in the latter, "is at *least double* what it ought to be."

The California emigration now in progress, is a remarkable example of the perturbations which social physics exercise over vital statistics. Salubrious towns along the routes pursued, will soon double their mortality, without any increase of sickness among the natives or passengers. The grave-yard statistics of California must, already, differ from those of any other country. The mortuary records must contain males, rather than females and children, young men rather than aged, and withal a long mean life, be the ratio of mortality high or low.

The system of migration continues to flow to the torrid zone, or to the tropical borders of both temperate zones; to the plains of the Mississippi, to the Llanos, and Pampas of South America, and to the West

Indies. Now it is a problem unsolved by experience, whether a migration of the natives of these hot countries to the icy circle, would not be more fatal than that of Northerners towards the torrid zone. Would notnorthern typhus, with pulmonary diseases transcend in mortality, southern remittent, and yellow fever?

But, in no case can acclimating diseases be received as the precise standard of salubrity, or insalubrity for the entire, much less native population. The contingent, is not the positive;—nor the incidental, the inherent. It is not logical to try a northern climate, solely by southern men. So of the contrary. It is a question relating to a particular class, and not to the whole population.

Although, Dr. Copeland,\* is much more enamored with the climate of England, than the Board of Health seems to be with the climate of New Orleans; yet he admits “that a native of Africa who removes immediately to Europe, seldom lives over two winters.” Now suppose that three millions of Africans were to remove to London, every winter, and that one million should die there annually, while not a native Londoner should give up the ghost among two millions, would it not appear by figures that “the ratio of mortality would be high,” that is, one in every two, annually? Are there not three strangers in New Orleans every year for every two natives, as in the above supposition?

If the health of New Orleans be now unquestionably bad, it was once unquestionably good. From the foundation of the city, until near the close of the last century, (1796) †there was probably not a single epidemic, except one in the year 1769, the character of which remains in doubt to this day, though, some modern writers assume that it could be nothing short of yellow fever; but this is not probable, because, the French physicians and the scientific travellers in Louisiana, must have been apprised, at an early period, of the characteristics of yellow fever in the French colonies, in the West Indies, where it had prevailed nearly a century before New Orleans was founded.

There is not, probably, any considerable city in the United States, or in the West Indies, whose early sanitary history is so favorable as that of New Orleans. The early writers upon this subject, who speak of the climate, represent it as unquestionably good. Some are silent; but even this furnishes negative proof in favor of this position. Not long after the foundation of New Orleans, the Parisian press teemed with works on Louisiana, its climate, topography, botany, zoology, and its native inhabitants. Many of these works were of an official character, having originated in scientific expeditions ordered by the French Government. In Charlevoix's Work, (3 vols. 4 to. Paris, 1744,) the city is described—its topography animadverted on—its inhabitants estimated at two hundred, in January, 1722, (four years after the city was found-

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\*Dict. Med. Art. Climate.

†The Political history of the country, shows that the citizens of the United States did not obtain permission to deposit merchandize in New Orleans, until the year 1795, the period alluded to in the work above mentioned.

ed.) The regular houses were not built; temporary ones were occupied on the river's bank. Laval's work, (on Louisiana, Paris, 1728,) as well as Charlevoix's, says nothing against the salubrity of the place. Bossu, in his new voyages, (1768) says that the creoles are large and well made. Du Pratz, in his history of Louisiana, in 1758, (in three volumes,) says that life in this climate is not only long but pleasant.

In a work published in Paris in 1802, edited by Duvallon, founded on three year's actual residence, Louisiana is described as exempt from epidemic diseases, its fevers were mild, and rarely dangerous; the rates of mortality was small; whites and blacks of both sexes lived long, and were still fresh and vigorous at the age of sixty. This writer maintains that the yellow fever formed the only exception to this favorable sanitary condition of the city; that this malady was not proper to the place, and had not been known until within the six or seven years preceding 1802, a period during which it had prevailed nearly every summer, and was wholly attributable to the commercial intercourse with the North Americans.

This author asserts that from the end of October to the beginning of July, there is in both town and country, but little sickness, and that death rarely occurs. During the hot season of three years preceding 1803, the mercury arose no higher than from  $24^{\circ}$  to  $26^{\circ}$ ; (Reau.) nor did it descend, in the winters lower than two degrees below the freezing point.

He asserts that the most extraordinary cold ever known in New Orleans, took place in 1784, when ice, in great quantity, formed in Lower Louisiana, obstructing the ferries for three or four days; ships arriving from sea encountered great blocks of floating ice, both in the Gulf of Mexico and in the river.

La Harpe the agent of the French Government, sent to explore the boundaries, climate, &c. of Louisiana, arrived at New Orleans in the fall of 1718. In 1724, after having spent five years in Louisiana, chiefly in N. Orleans, he returned to France. His Journal is minute, but contains no account of fevers, or other epidemics in the colony. He estimates the inhabitants of the city, including the troops, at sixteen hundred—the climate as being temperate—the air as salubrious. (355.356.) The people, he continues, were entirely exempt from the epidemics which desolated other parts of North America. New comers, for the most part were attacked with a slight fever (*une fièvre lente*,) which caused debility, but never death; (on ne voit pas de personnes en mourir.)—The province, which had a black population of 1,600 was every where salubrious, particularly along the sea-shore.

Lozieres, in his second voyage to Louisiana, 1794 to 1798, (2 vols. Paris, 1803,) asserts the salubrity of New Orleans, and seems much puzzled to explain it. He concludes, however, that the cause must be sought in the universal use of the Mississippi water. (T. i.313.) He



says, New Orleans is an enchanting abode\*—a flower garden, deliciously situated; its soil fertile; its air salubrious, &c.

The talented Mr. Darbey, (still living.) who arrived in Louisiana soon after its transfer to the United States, and whose public duties as surveyor for many years, gave him the best opportunities for observation, declares that the "creole possesses an ardent mind, a light athletic frame of body, active, indefatigable, and docile, well qualified to perform military duty, \* \* \* "The women of Louisiana," he adds, "are with few exceptions well formed, with a dark piercing eye.—Their movements bespeak warmth of imagination, and a high flow of animal spirits, whilst their features indicate good nature and intelligence." (Geog. Descrip. La. 273—276.)

Robin, in his travels, in Louisiana, from 1802 to 1806, (3 vols. Paris, 1817.) avers, that the country has but few chronic diseases, diarrhœa being the most common and fatal. He mentions sore throat, as sometimes prevailing among children; also, infantile tetanus (le mal de marioire,) together with yellow fever, which, a few years previously had appeared, for the first time in the city, and which he identifies by Father Labat's description, enlarging on its pathology as a disease of the blood, or rather as a rarefaction of that fluid, causing dilatation, tension and compression, in persons from the North, whose blood he supposes is too rich and dense. Tropical acclimation, according to him, renders the blood thinner, lighter, and less dilatable.

In a work upon Louisiana, (1794 to 1796) it is affirmed that females, born in this climate are not only healthful, but have a fresh and brilliant complexion, fine teeth, vermilion-colored lips, with a *physique* rivalling the most renowned oriental beauties. As the most acerb physiologist will admit, that physical beauty affords, at least presumptive proof of the salubrity of a climate, I will give one or two quotations, by way of contrast to those dismal accounts of southern people given by Dr. Forry and others.

In his book on the climate of the United States, the lamented Dr. Forry, gives the following picture of the *physique* of southerners:

"In the tide-water region of the Southern States the human frame is weakly or imperfectly developed, the mortality of children is very great, and the mean duration of life is comparatively short. In the low lands of our southern States generally, may be seen deplorable examples of the physical, and perhaps mental, deterioration induced by endemic influences. In early infancy, the complexion becomes sallow, and the eyes assume a bilious tint. Advancing towards the years of maturity, the growth is arrested, the limbs become attenuated, and the vicera engorged. Boys of 15 years may be seen bowed down with premature old age—a mere vegetating being with an obstructed, bloated, and dropsical system, subject to periodical fevers, passive hæmorrhages, and those other forms of disease which follow in the train of malaria."

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\*Local attachments are apt to degenerate into extravagance: The devout Arab calls, Mecca, "The city of God." An Italian poet prayed that the eternal Gods might destroy him on the day that he forgot Rome. "A Neapolitan exclaims, 'See the Bay of Naples and die!'"

--and which would ultimately depopulate the country, "were it not that the means of subsistence for those who survive become more abundant."\*

"Look here, upon this picture, and on this:"—The writer, who had been a resident of New Orleans at the close of last century, after having given a most favorable physical history of the men,† thus describes the women:

"Les femmes, nees dans un climat sain ou la corruption des moeurs n' a degrade le moral, ni altere le physique, y brillent de fraicheur.— Leur visage annonce la *sante* et l'aimable innocence. Toutes sont ou jolies, ou belles, gaies sans coquetterie, aimables sans pretentions; leurs dents sont long-tems d'une, extreme blancheur, et leurs levres toujours vermeilles. On pourrait, sans flatterie et sans exageration, leur appliquer ce qu'on vaconte des georgiennes et des circassiennes."

In a book of travels, in Louisiana, during 1801—2—3, it is affirmed that "les dames creoles ont pour la plupart le sang beau; la fraicheur de leur teint," etc.

Even now, in less halcyon days, it could be shown that female immigrants suffer less from the climate, certainly much less from yellow fever, than males. For example, among 1450 deaths from that disease, from August to October 1841, only two hundred and twenty were females, that is, 1 in 6.59. In the Protestant cemetery, from July 31st. to October 26th. of the same year, 63 interments took place—ten only were females.

During the epidemic of 1839, there were 102 yellow fever interments in the Protestant cemetery; of this number 14 only were females; or 1 in 7.28.

Having glanced at the early sanitary history of Lower Louisiana, the reader will allow me the liberty of quoting a few curious passages, without comment, in relation to the same era, in the history of some of the southern States. The contrast is striking. The sanitary laws in the days of yore were sufficiently stringent, the medical treatment bad, the pathology worse, and the ratio of mortality high.

The laws of Virginia,‡ (May 24th. 1610—June 22nd. 1611—printed in 1612)—ordain:§ "There shall no man or woman, dare to wash any unclean linnen, or throw out the water or suds of foul clothes, in the open streets, within the Palisades, or within forty feet of the same, nor rinse, and make clean, any kettle, pot, or pan, or such like vessels within twenty feet of the old well, or new pump: nor shall any one aforesaid within less than the quarter of one mile from the Palisades, dare do the

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\* 365—6.

† The members of the Legislature of Louisiana, who represent more swamps, crevasses, lagoons, bayous, inundations, bays, lakes, canebrakes, floating prairies, mosquitoes, frogs, and crocodiles, than any other assembly in Christendom, present, nevertheless, the physical characteristics of vigorous health, to an extent, probably unsurpassed by any similar body.

‡ Force. Tracts. 4 vols.

§ I give the modern orthography.

necessities of nature, since by these unmanly, slothful, and loathesome immodesties, the whole Fort may be choked, and poisoned with ill airs, and so corrupt (as in all reason cannot but much infect the same) and this shall they take notice of, and avoid, upon pain of whipping and further punishment, as shall be thought meet, by the censure of a court martial. Every man shall have an especial and due care, to keep his house sweet and clean and so much of the street, as lieth before his door, and especially he shall so provide, and set his bedstead whereon he lieth, that it may stand three feet at least from the ground, as he will answer the contrary at a martial court."

The Rev. Jno. Clayton, writes to the Royal Society, May, 12th, 1688, thus, of Virginia: "In July and August, the air becomes stagnant, the heat violent and troublesome. In September the weather usually breaks suddenly, and there falls generally very considerable rains,—many now fall sick of endemical diseases, for seasonings, cachexies, fluxes, scorbutical dropsies, gripes, or the like which I have attributed to this reason: That by the extraordinary heat, the ferment of the blood being raised too high, and the tone of the stomach relaxed, when the weather breaks, the blood falls, and like over-fermented liquors is depauperated, or turns eager and sharp, and there's a crude digestion, whence the named distempers may be supposed to ensue.—And for confirmation I have observed the carminative seeds, such as warm, and whose oils sheathes the acid humors that ever result from crude digestions. But decoctions that retain the tone of the stomach, as I suppose, by making the little glands in the tunics of the stomach, squeeze out their juice, (for what is bitter may be as well offensive to the stomach, as to the palate,) and then chalybiates that raise the decayed ferment, are no bad practice; after which, I conceive, aromatic spirits might be very beneficial. But their doctors are so learned, that I never met with any of them that understood what aromatic spirits were: Two or three of them ran me clear down\* by consent, that they were vomitive, and that they never used anything for that purpose but Crocus Metallorum, which indeed every house keeps; and if their finger, as the saying is, ache but, they immediately give three or four spoonfuls thereof; if this fail, they give him a second dose, then perhaps purge them with 15 or 20 grains of the resin of Jalap, afterwards sweat with venice treacle, powder of snakeroot, or Gascoin's powder, and when these fail *conclamatum est.*"

In a narrative of the colony of Georgia from its settlement; by Patrick Tailfer, M. D., H. Anderson, A. M., and others, (Charleston, 1741,) is the following statement:

"The falling of timber was a task very unequal to the strength of white servants; and the hoeing the ground, they being exposed to the

\* A consultation of seven doctors:

"Some roared for Jalap—rhubarb some—  
And some cried out for Dover;  
We'll give him something, each one said—  
*Why e'en we'll give him over.*"

The last line of this stanza, is a good translation of *conclamatum est.*



sultry heat of the sun, insupportable; and it is well known, that this labor is one of the hardest upon the negroes, even though their constitutions are much stronger than white people, and the heat no way disagreeable nor hurtful to them; but in us it created inflammatory fevers of various kinds, both continued and intermittent; wasting and tormenting fluxes, most excruciating cholics and dry belly-aches; tremors, vertigos, palsies, and a long train of painful and lingering nervous distempers; which brought on to many a cessation of both work and life. So general were these disorders, that during the hot season which lasts from March to October, hardly one half of the servants and the working people, were ever able to do their masters or themselves the least service; and the yearly sickness of each servant, generally speaking, cost his master as much as would have maintained a negro for four years."

Beauchamp Plantagenet, in 1648, in his description of the Province of New Albion, in North Virginia, says: On my view of Virginia, I disliked Virginia, &c. According to his account, agues, and other diseases, prevailed greatly among the marshes:—"No wonder the old Virginians affirm, the sickness there the first thirty years to have killed 100,000 men. And *then* generally five or six imported died, and *now* in June, July and August chiefly, one in nine die imported," &c.

In a pamphlet published in 1610, by the advice and direction of the Council of Virginia, entitled, "a true declaration of the estate of the colony of Virginia," it is said: "No man ought to judge of any country by the fens and marshes (such as is the place where Jamestown standeth.) Of a hundred and odd, which were seated at the falls [of the River,] under the government of Capt. F. West, and of a hundred to the seaward on the south side of the River (in the country of Nanseamond,) under the charge of Capt. J. Martin, there did not so much as one man miscarry, when in Jamestown, at the same time, and in the same months, 100 sickened and half the number died."

The vital statistics of southern climates, have been, in most instances, based on Army Reports, relating to shifting masses of northern, dissipated, unacclimated troops, among whom the ratio of mortality is high. But is this the true test of the insalubrity of a climate, except for that particular class? As well might the ratio of mortality in a country be deduced from the mortality of its battle fields. The Mars of modern times, whose star culminated over central Europe, paled and fell under the inclemency of Russian skies. The sun never shone upon a more powerful army than that which Napoleon marched into Russia, in 1812. Of half a million of warriors, (who were successful in nearly every encounter,) only 80,000 escaped. The residue perished in a few weeks, chiefly from the coldness of a Russian winter. But this great mortality does not indicate the true ratio proper to the climate.

The scope of this paper does not include the special investigation of the climate of New Orleans as it affects immigrants alone. Acclimation is a subject so difficult, so extensive, and so important, that it cannot be disposed of in a summary manner. Accurate, popularized infor-

mation on this subject, is a great desideratum, and might prevent the senseless sacrifice of hundreds of lives, which ignorant, avaricious heads of families make, almost every year, for the hope of gaining dollars. Of the vast number of destitute families who come from high northern latitudes to this city, few comparatively, intend to settle permanently, and few remain beyond the acclimating period. Hence arises a useless waste of life. The acclimated are constantly replaced by the unacclimated. Wave follows wave—epidemic, epidemic. The parent, who, for the mere chance of gain, without intending to become a permanent resident, brings his family from a cold climate to New Orleans, during the hot season, is not guiltless; nor is the writer who would conceal from the immigrant the real dangers of southern acclimation, altogether innocent. The prudent who possess means to command the physical comforts, including the timely aid of doctors and nurses, incur but little danger during an epidemic, and obtain great advantages in their subsequent immunity from epidemic fevers. Accurate knowledge of the climate, is one of the greatest means of obviating its temporary ill effects upon the immigrant, during acclimation, after which, as Shakspeare saith,

"The blessed gods  
Purge all infection from our air, whilst you  
Do climate here."

The vital perturbations of New Orleans, in modern times, have been unexampled. Its great epidemic, causes the population to vibrate to and fro, with almost the regularity of a pendulum. This, it must be admitted, is presumptive proof against the healthfulness of the climate for strangers.

Many circumstances, in no way connected with the salubrity of New Orleans, combine to produce every year, an ebb and flow, in its population. The maturation, and transportation of the crops of the great valley of the Mississippi, the navigable condition of its numerous rivers, the concentration of vessels from sea, and the mildness of the climate from November to July, all conspire to attract a multitude to the city during a portion of the year, only, making New Orleans a grand caravansary, a commercial panorama, a lottery for speculation, as well as a statistical enigma, not to mention the social evils inherent to a transitional, if not a chaotic condition of society. Besides all this, the emigration of the acclimated, represses the progress and paralyzes the energies of the city, vitally, socially, and commercially. Immigration alone, keeps alive the yellow fever, which, but too often, fills its streets with hearses, and blackens its reputation for salubrity.

A French philosopher declares, that there is always something in the misfortunes of others, which doth not displease us. Without sanctioning this maxim, the people of New Orleans may, nevertheless, comfort themselves with the reflection that they live, on an average, much longer than the citizens of New York, taking the Report of the Board of Health for authority. This same authority, which pronounces London to be "twice as salubrious as New Orleans," shows that during last

year, the average age at death, was, with the trifling exception of three months, equal to that of London.

The Report shows that the mortality of New Orleans from consumption and all other pulmonary diseases is, about half as great as in Philadelphia, New York, Havana, Baltimore, and Charleston; sometimes much less, and sometimes a little more than this ratio: thus, omitting fractions, in every 100 deaths in the two cities first named, 28 die of these diseases, while in New Orleans, the proportion is only 13; and, for consumption alone, only 9; being not half as great as in Havana, where it is 19. This statement, in connection with another from the same source, showing that the average life of New Orleans is much longer than in the northern cities, proves that the former, will compare with the latter, most favorably, as it regards salubrity and long life. This favorable comparison, will become more apparent, as soon as the sociological equilibrium shall be duly established between the dynamical and statical elements of the population of New Orleans.

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II.—*Congestive Fever.* By S. AMES, M. D. *Read before the Medical Society of Montgomery, Ala., in Dec. 1849.*

If one who had no practical knowledge to guide him in the research were to undertake to solve the question, what is congestive fever? I am very sure he would have great difficulty in finding a satisfactory answer in what has been published concerning it, and the more so if the inquiry were extended into all that has been published. The numerous authorities which might be consulted are contradictory in the extreme, both as regards facts and opinions, so much so indeed that to a student in medicine the whole subject must appear to be involved in inextricable confusion. This strange expression will, I think be justified in the opinion of any one who will take the trouble to examine carefully, and compare with each other the principal sources of biblical knowledge on this subject, namely, the papers having more or less reference to the history of this disease which have been published in the medical periodicals of this country; the accounts of the disease given by our northern brethren in systematic works on fevers and practical medicine generally; and lastly by those European authors who are said to treat of *congestive* under the name of *pernicious* fever. In such a review it is found, that while some writers who live within the geographical limits of the disease, apply the name indiscriminately to all cases of periodical fever which may happen to be complicated with a great degree of congestion; there are others who deny that there is any form o



fever to which the name can be properly applied as a distinctive appellation; that others again, applying the name properly, and describing the disease correctly, not unfrequently bring prominently forward, first one species and then another to the exclusion of the rest, or when not excluded, the other species are kept so far in the back ground by the bold relief in which one is brought out, that the latter is made to represent the disease in its totality. Among the second class of writers named, who live north of its geographical limits, we find greater discrepancies still. While some go so far as to deny that there is any congestion in the so called congestive fevers, and others admitting it to be present, view it, if a pathological state at all, as a very important one, there are others who with equal latitude of opinion, affirm that all our southern endemic fevers are essentially congestive; whilst all, or nearly so, unite in the opinion that what are called congestive fever, in this section of the country, that is, in the southern and south-western States, are nothing else than the *fièvres intermittentes pernicieuses*, of Torti, Alibert, and other Italian and French authors. If then we look in to the works of the latter, who are so frequently referred to and quoted as authority of the best kind, we find a group of fevers treated of as *pernicious*, the individuals of which differ from each other as widely as possible, and which, representing every shade of violent endemic fever, have no certain marks of affinity except their periodicity and such symptomatic evidences of malignity as any case of periodical fever may happen to present; nor is congestion any where referred to as a distinguishing mark of a single variety, although an experienced eye may detect one, possibly two, out of some twenty which might be set down for congestive fever; but even these are always observed by some undescribed complication. Such is the view of congestive fever which the books present to the reader. If it be true that an inexperienced student could find in the labyrinth no clue to the exact truth, so it is not less obvious that nature in her rigid observance of order and harmony of combination has furnished no single model for the picture, so incongruous and inartistic, which he is called on to study. So much discrepancy, it is hardly necessary to add, implies a great deal of error, which it is important to point out and, if possible, to detect at its source.

Let us first, however, in order to avoid a mere verbal issue, ascertain the sense in which the word *congestive* fever is probably understood. Congestion, in medical language is a technical word, whose meaning has been very clearly defined and is well understood, and acknowledged by medical men, though not always strictly adhered to. Dr. Bell has defined it in better terms than any one else, namely, *a morbid repletion of the veins in excess*. *Congestive*, the correlative of congestion is of course technical in the same use. When the latter, therefore, is used as an epithet of fever, which so far from being technical is perhaps the most indefinite word in medical science, the former is expected to impart its definiteness to the latter, and thus to designate a form of fever of which the pathological condition known as congestion is the predominant and indispensable feature. Besides this, the congestion ought to

obtain to such an extent as to give rise to an assemblage of symptoms, which in the aggregate are peculiar,—so that the congestive and the phenomena dependent thereon shall afford generic and specific marks, sufficient to distinguish this from every other form of fever. Nothing less than this I conceive will justify the use of the word congestive as an exclusive epithet of fever. Now if there is really no form of fever, which comes fully up to this standard, as has been said on high authority, then it must be admitted that the word *congestive fever*, has no meaning, or at least is not applicable as a term of medical science.—But, on the other hand, if these conditions be fulfilled, the name must not only be peculiarly appropriate, but must be capable of a connotation as distinct and unmistakable, as that of any other febrile disease whatever; for in this case the definition of the word will be a definition of the disease, and an enumeration of the principle phenomena of the disease must be the only correct and logical definition of the word. This enumeration will be found in another place, and the reader will have to judge for himself of the adaptiveness of the pathology and phenomena of the disease to be described, to the name. In the mean time, however, I shall take this for granted, and use the word in the sense here indicated, which I hope may be clearly comprehended, as much of the following discussion has more or less reference to it.

The source of much, that is obscure and contradictory in what has been published on congestive fever, is unquestionably to be found in a common source of errors in science, namely, the very application, and consequent perversion of the meaning, of the name. From this, other errors seem to have originated, following each other in a kind of logical succession of sequences from the former, which may be viewed as the primary one. The first and by far the most important of these apparent sequences relates to the assimilation of this to other forms of fever. An instance the most general in its application, and the most remarkable in every respect, is the assumed identity of the congestive fever of this country, and the pernicious fever of European authors,—an assumption which is maintained by several of the most distinguished physicians of this country.

Dr. Wood, (*Prac. Med.* Vol. I. p. 278) puts down *congestive* as one of the synonymes of pernicious fever, but prefers the use of the latter, because the former, besides belonging to a vast number of other affections of all possible degrees and of wholly distinct characters, is moreover calculated to lead into erroneous views of the nature of the disease. It might be inferred, he continues, from the use of this epithet, that the congestion constitutes the essential part of it; the condition in which all the other symptoms have their origin and from which danger is to be apprehended. Dr. Wood, it is perceived, in discarding the word *congestive* as being inappropriate, denies in effect its applicability to any form of fever; and substitutes *pernicious* in its place, not because the two names have hitherto designated different forms of fever, but because the former does not comport with his notions of the true pathology of the disease,—*pernicious fever*, it has been used to designate.

Dr. Bartlett, in relation to this point, says, (Treat. on fevers p. 353) (Sec. Ed.) the term congestive fever is now generally made use of in "the western and southern States, to designate the pernicious or malignant form of malarious fever. I can see no objection to this use and application of the term; it is only important that its meaning should be determinately settled, and its application generally agreed upon." We find accordingly that instead of following our southern and south-western writers, whose account of congestive fever is generally limited to the form of fever properly so called, he seeks, and adopts the more ample accounts of the pernicious fever of the French authors, including their account of the anatomical characters of the latter as being equally that of congestive fever.

Dr. Bell, (See vol. II. p. 739) says, in language more pointed and explicit, "the congestive fever of this country, and especially that of the western and southern States, is identical with the malignant or pernicious intermittent and remittent fever of the writers of continental Europe, and has been more particularly described by those of Italy."—"When I first pointed out the identity of the congestive fever of our own country with the pernicious remittent and intermittent fevers of Europe, I was so impressed with the importance of the subject and with the necessity of establishing my statement beyond dispute, that I deemed it advisable not only to give the names of the European authors, including those who had practised in Asia and Africa, but also an epitome of their descriptions and cases of the fever, as it occurred to them. Since then, when called upon to renew the exposition of my views, I found them so generally and cordially received as to allow me to dispense with many of the details which I had first presented. The lesson however, is too valuable and its application of too frequent occurrence to every young practitioner to allow of my omitting the sources whence he can procure the knowledge which will so largely instruct if not possibly guide him in his career."

This is a very strong array of authority,—too strong indeed to be opposed on light grounds, or to be passed over with a superficial notice. Let us inquire therefore among the European authors referred to, what is the nature of that pernicious fever whose archetypal relation to congestive fever is so confidently asserted, and the discovery of which is held to be of such rare value. In this way we shall be able, I think, to determine this question of identity.

1. *Definitions.* Although a formal definition of pernicious fever is seldom met with, there is found occasionally among the European writers on this disease a sentence or two which can be properly so considered. Torti, one of the earliest and ablest, to whom I believe the profession is indebted for the name, founds his distinction of pernicious from other marsh fevers solely on the malignity of the former as compared with the latter. According to his views, any fever of malarious origin is or may become pernicious, when there is present at the beginning or when there occurs in its course, an ascertained lesion of an important organ, or a set of symptoms which seriously threaten the life of the patient. The general opinion of the Italian and French authors, accords with that of



Torti, and is fully set forth in the following extract from the *Compendium de med. Practique*. "Il faut surtout prendre in consideration la gravité des phenomenes, et refuser le nom de fievres, pernicieuse a celles dont les symptomes bien qu' insolites n' entraînent jamais la mort des sujets." Boisseau expresses himself to the same effect: Les fievres intermittentes\* pernicieuses ne different des intermittentes benignes qu' en ce que, dans les premiers les principaux symptomes ceux que indiquent la foyer de la maladie sont manifest; ou les distingue aisiment des symptomes sympathique tres caracterises que peuvent les accompagner. Considerè dans leur nature d'apres leur symptomes ces fievres sont donc seulement plus intense que les benignes.—and Bonnet: on donne le nom de fievres pernicieuses a des fievres intermittentes donc l' intensité est si grande et la marche si rapide, qu' elles se terminent par la mort au bout de quelques acces lors qu' on ne fait rien pour en arreter le cours. M. Nepple's definition, which is said by an other French writer to be the neatest and at the same time the most exact that could be given, is as follows: La fievre intermittente pernicieuse est caracterisée par l' apparition brusque et portée a un haut degre des symptomes grave amonçant dans le plus grande nombre des cas, une alteration profonde dans les proprietes vitales et les fonctions du cerveau, soit primitivement, soit secondairement ou par sympathie;"—the rest relates to the type and complications. *Essai sur les Fievres.* p. 92.

2. *Varieties.* It is seen that no allusion is made to congestion in these extracts, nor have I observed mentioned anywhere as a means of distinguishing pernicious from other malarious fevers; and it is a remarkable fact, calculated to strike one with some surprise, in view of the alleged discovery of Dr. Bell, that a congestive form, as such, is not found among the varieties. All the varieties and they are very numerous, are founded in strict accordance with the tenor of the definitions. Torti introduces his seven varieties in the following manner.† Pernicious fevers cause death—first, when towards the beginning of a paroxysm, a bilious vomiting and purging, which are moderate in the mild tertians, acquire a great degree of violence; secondly, when there is a violent flux, in which the dejections are like the washings of flesh; a fatal symptom, he says, which equally with the first, is a special mark of a pernicious intermittent; thirdly, another symptom which not unfrequently indicates a fatal termination is a violent cardialgia; a fourth

\*The term intermittent is not to be taken here in its ordinary acceptation. It is used by French authors to designate a class of fevers which may be also remittent or continued: Voici donc comment il faut désormais classer les fievres intermittentes; au lieu de s' arreter a la forme seule de l' appariel febrile, on doit considerer la cause meme que les determine, et l' on a ainsi les fievres de marais, ou fievres a quinquina, qui constituent un groupe a part de pyrexies dans les quelles le mouvement febrile est intermittent, remittent, ou continu. *Compend. de med. Prac.* Tom 5 p. 325. Intermittent, therefore, serves to designate the so called malarious fevers generally.

†Dic. de med. vol. 21.

variety is founded on the occurrence of a profuse sweat, the sweating stage, running into such an excess, becoming cold, that the patient may die from it; the fifth, is founded on the occurrence of a syncope, *simple et isole*; in the sixth, there occurs a mortal coldness, which is not, as in the mild tertians, dissipated gradually by the advance of the hot stage, but is prolonged through the whole paroxysm; the seventh, and last, is founded on the presence of a degree of stupor, or a profound lethargy. (Dic. de Med. tom. 24.) I am ready to admit that in all these varieties, as described by him, the symptoms indicate more or less congestion either local or general, but at the same time, it is very obvious, their gravity, or tendency to a fatal issue, is the only sign given to distinguish them as pernicious: while the several phenomena referred to above others are only intended to distinguish the several forms from one another. I have not space to follow in detail the symptoms in contrast or comparison with those of congestive fever, but I express the opinion with confidence that out of the seven, there is but one variety which does more than furnish a respectable analogy to that disease. In all the other several stages, cold, hot and sweating are clearly recognized, a fact which makes it highly probable that the most of them were ordinary intermittents, or remittents variously complicated. However this may be, it is sufficiently manifest that neither congestion, nor the signs of it, as such, constitutes the foundation for either of the varieties of Torti. While insisting on the difficulty of distinguishing a pernicious paroxysm, (*aces pernicieuse*,) not a pernicious attack, this author does indeed offer the feebleness of the pulse as the best sign, but then he excepts the seventh variety, in which he says, the pulse, so far from being feeble, is full and gives a strong impulse to the finger, as veritable apoplexy; adding that this feeble state of the pulse gives a pernicious character to other symptoms, more or less grave in themselves, which are occasionally presented in simple intermittents; thus plainly indicating that it is the feebleness of the pulse as a sign of danger or malignity, and not of congestion, which may render a paroxysm of intermittent fever pernicious. In regard to the state of the pulse in the seventh variety, it is incompatible with congestive fever proper though common to intermittents when rendered pernicious by cerebral congestion. The French writers have multiplied the varieties of Torti. Maillot has nineteen, and Alibert twenty, founded, however, principally on some prominent symptom, indicative of malignity, or, at least, of great violence and danger. Some of the names of the varieties have a direct reference to a pathological state, but every one is a state of inflammation,—not one of congestion; such are cystitic, pulmonic, pleuritic, &c. The names of the varieties indicate, like those of Torti, the grounds of distinction so clearly as to leave no room to doubt that every circumstance or incident which is calculated to change a mild attack into a very grave one, makes it pernicious in the view of these writers. In a word *pernicieuse* in the medical language of France preserves its colloquial signification when applied to periodical fevers.

3. *Characters of the several varieties.* By an examination of all the varieties, it may be seen that the *algide* is the only one which preserves the distinguishing marks of congestive fever; but even in this, it is worthy of special remark, by far the greater number of cases reported are not congestive fever, being included under this head apparently on the sole ground that at some period of an attack of simple intermittent as remittent fever, usually in the third or fourth paroxysm, a state of sinking has supervened, accompanied by a cold skin, profuse sweating, cadaverous aspect and a feeble pulse. Every case indeed, of these kinds of fever seems to take the name of *algide*, if at any time before death, the skin becomes generally cool, or cold, although the case may have presented, all the time before the usual reaction of fever. Among the other varieties several have more or less of a congestive character, but still clearly distinguishable from congestive fever by their preserving the several stages of a simple intermittent. Others again, are ordinary remittents or remittents complicated with local inflammation, to which is most frequently added local congestion also. The comatose variety of Bailly is of the latter kind; these when not a mere congestion of the brain, added to a periodical fever, is a complication of the latter with meningeal, or cerebro-meningeal inflammation, the latter in M. Bailly's cases, being constantly the lesion which gives them a pernicious character. The reader who has not the original to refer too will find a report of a number of M. Bailly's cases of this variety incorporated into the last edition of Dr. McIntosh's Practice of medicine. The delirious variety of Maillot and Alibert is evidently a simple meningitis, without the cerebral congestion of the comatose variety, superadded to an ordinary intermittent or remittent. By the hepatic variety is usually meant a remittent fever with gastro-duodenitis, but M. Maillot inclines to restrict the term to cases of rupture of the liver,—and so will all the rest, the gastralgie, cardialgie, hæmoptoic, &c., and so on to the end, they are all, with an occasional exception in a case of the *algide*, the common endemic fevers of warm climates, attended by some remarkable symptom or dangerous organic lesion.

4. *Anatomical characters.* These as recorded or quoted by Maillot, Bailly, Boisseau and others, for they all speak the same language, are quite as much to the point. They certainly indicate a class of diseases more inflammatory than congestive. M. Maillot, according to Dr. Wood, found in thirteen cases: injection and opacity or opalescence of the arachnoid; injection of the pia mater; increased density and injection of the brain; deepened color of the cortical substance, and limpid or bloody effusions into the ventricles, with similar marks of injection in the spinal marrow. The mucous membrane of the stomach was very often so much softened that it might be scraped off in the form of a pulp, sometimes thickened, in some instances bright red, or blackish, in others perfectly white. The duodenum and portions of the jejunum and ileum were enlarged without surrounding redness; sometimes punctuated patches of redness were observed. (Prac. med. vol. 1, p. 283.) "In looking, says Dr. Bell on thirty-six cases, recorded by Dr. Bailly,



which ended fatally, I find the proportion of structural alterations of tissue or organ to be as follows: arachnitis, twenty-five; gastro enteritis, nineteen, splenitis, eighteen; cephalitis, thirteen; gastritis, seven; enteritis seven; pneumonitis, three; pericarditis, three; peritonitis, two; parotitis one; œsophagitis one; cystitis, one. If we were to add the seven cases of gastritis to the nineteen of gastro-enteritis we should have twenty-six cases of gastric inflammation out of the entire number of thirty-six. And in the same manner if we add seven cases of enteritis to the number of gastro-enteritis we find twenty-six cases of intestinal inflammation. The number of cases in which there was a union of arachnitis, or cephalitis with gastritis, or with gastro-enteritis was twenty-five; and of arachnitis or cephalitis with enteritis seven. We might say that there was inflammation of the brain or of its arachnoid membrane conjoined with that of some part of the digestive canal and chiefly of the stomach in thirty out of the thirty-six cases. In four the brain was not examined. There was inflammation of some part of the contents of the abdomen in every one of the whole number." —Lec. vol. II. p. 761—2. M. Boisseau has but little to say on the anatomical lesions of pernicious fever from his own observations, but quotes a number of authors, to show that marks of inflammation constitute their ordinary features. I quote his words: "Il résulte de quelques faits consignés dans les ouvrages de Spigel, d'Harvey de Lancisi, d'Hoffman, de Morgagni, d'Arvivel de Senac, de Lieutaud, de M. M. Alibert, Fizeau et Broussais, qu'à la suite des fièvres intermittentes devenues mortelles après un petit nombre d'accès, on trouve le plus ordinairement des traces non équivoques d'inflammation aiguë ou chronique de l'estomac, des intestins et du foie. La rate a presque toujours subi un ramollissement qui probablement est un effet de l'inflammation du tissu de ce viscère. Quelquefois les traces d'inflammation ont été observés dans les méninges, dans le cerveau, ou dans les poulmons.—Pyr. Phys. p. 587,

I have preferred to give the morbid anatomy by M. Maillot and M. Bailly in extracts from the works of Dr. Bell and Dr. Wood, as under the circumstances their sanction is important. It is a strange thing, however, to find such an exhibit offered by those gentlemen for the morbid anatomy of congestive fever, or of congestion in any circumstances. Dr. Bell in the lecture from which I have just taken an extract, defines congestion to be a simple repletion of the vessels (veins) in excess, producing no organic lesion, and bearing no morbid product even though the patient die from it. Yet Dr. Bell does not hesitate to adopt M. Bailly's account of structural alterations, the undoubted evidences it is universally believed, of pre-existing inflammation as the *common* results of a congestive disease. Let it be remembered, in contemplation of this singular hallucination that M. Bailly's cases are not represented, or produced as complications of local inflammation with pernicious, or, according to Dr. Bell, congestive fever; they are not the exceptions but the rule,—not *one* was without unequivocal marks of inflammation somewhere.—But Dr. Bell goes further; he compliments M. Maillot for placing

the symptomatology of congestive fever, and its morbid anatomy in harmony with each other. Can Dr. Bell really intend to say that the symptoms of congestion indicate the softening of tissue, the thickening and opacity or opalescence of a membrane, or the effusion of organizable lymph? If so, what shall we say of the harmony of the symptoms and morbid anatomy of inflammation? And where shall we look for signs to distinguish local inflammation from congestion, either before or after death? Shall we adopt this new phrase in the opinions of Dr. Bell as his real one, or shall we not rather conclude that his words were but lightly weighed in view of the fancied discovery of the identity of congestive and pernicious fever; which carries along with it as a corollary, an identity of pathology and of morbid anatomy, the reality of which he did not stop to investigate?

I have thus brought into review; *first*, some passages bearing the characters of definitions, which show the sense in which the word *pernicious* is applied to fever by the European continental writers, generally, who have treated of pernicious fever; *secondly*, the grounds on which the numerous varieties of this multiform disease are founded;—*thirdly*, the characters of the several varieties; *fourthly*, the morbid anatomy. These are all found to harmonize, and to form a consistent whole of evidence, which leads the mind to a conclusion which is at once obvious and irresistible. Those writers did not intend to describe congestive fever exclusively, nor even a disease of which congestion is a constant feature. Congestion does not seem to enter as an element into perniciousness, though the symptoms proper to such a state sometimes do. It is the violence, malignity, *le foyer de la maladie* in periodical fevers which alone constitute the essence of perniciousness, whether it appear in the guise of congestion, or of inflammation, at the beginning, the middle, or the close of an attack or of a paroxysm. It seems, in a word, that cases of all types and form of the so called malarious fevers, having but one common quality, and that by the way a very poor one to found nosological distinctions on, namely, an aspect threatening the life of the patient, have been grouped together and called pernicious.

Pernicious fever then is any malarious fever having a certain violence, or an obvious tendency to a fatal result, without regard to pathological conditions or peculiarity of symptoms. Congestive fever, on the other hand, it is assumed, is a periodical fever of peculiar symptoms, which are dependent on specific pathological conditions. The one name represents a group; the other, sometimes but not always, an individual of that group. Congestive fever may or may not be pernicious; it is generally but not always so. If these things be true of congestive fever,—that is, if there be a form of fever to which the term congestive is especially appropriate,—there cannot be the kind of affinity of the one to the other which is necessary to constitute identity. A resemblance there is between some varieties of pernicious fever, which are not congestive fever, and congestive fever proper, and the latter as I have said may be one of the former, but there can be no identity, no

unity, or oneness, such as would at all justify an interchange of names. The only feature which is constant in congestive fever and at the same time common to nineteen out of the twenty varieties of pernicious fever is periodicity. The highest degree of resemblance therefore, must be that of a variety to a genus, or of a species to an order or class. There can be no identity under such circumstances in fact, though it might be hypothetically induced by an arbitrary interchange of names.

Having thus determined the chief error, let us now endeavour to trace out its consequences as it becomes itself an operative agent, so to speak, in leading to other mistakes. This part of the inquiry leads to questions concerning the pathology of congestive fever, and will include all that I may have to say on that subject.

The attention of the reader is now recalled to the fact that the correlatives, congestion and congestive are technical words, expressive of certain conditions of the circulation of the blood. The latter is frequently used in pathology to express the presence of these conditions in diseases whose names are established and whose characters are well defined, but whose ordinary symptoms it may add to or modify; as in typhus or scarlet fever, for example, or an ordinary intermittent or remittent, in regard to which it designates a well known modification, while the peculiar marks which appertain to them as typhus, scarlet, or intermittent fever are retained. But when prefixed to fever alone, which in the abstract has no fixed characters, nor is capable of being defined, the congestion implied by it furnishes fixed characters and affords the means of definition. Forming with fever a single word, it alone designates its character, and alone serves to distinguish it. A fever so named is a disease of which congestion is the essential appreciable pathological element; and the symptoms are necessarily those which point to this pathological element. The obvious consequence of all this is, that to deny or affirm the appropriateness of the application of the term congestive to any definable disease, is to affirm or deny the presence of congestion in a degree sufficient to add to or modify its ordinary characters; and to deny or affirm its propriety as the single epithet of fever is to deny or affirm the presence of congestion as the essential condition under which the disease has an existence, or without which it does not exist.

When therefore diseases which have been called congestive, and diseases which have been called pernicious, are suddenly assumed to be one and the same thing, a question concerning the pathology of those diseases is immediately suggested, and the name becomes at once a matter of very great interest. The word pernicious, indeed, is but of little consequence, for it expresses, not a thing, but a quality which may be predicated of any disease, but is not disease itself; not so with congestive, which represents a thing, a state of disease, and can only be applied when that state exists. To apply its correlative therefore, to pernicious fever is to assume a positive fact in relation to the pathology of pernicious fever, and to reject it as inapplicable, is to assume negatively another fact in relation to its pathology; and if congestive and pernicious fever be the same disease, the same facts positive and nega-



tive are also assumed in regard to congestive fever. Thus to adopt or to reject the word congestive in reference to pernicious fever presents one or two alternative propositions: *first*, if the name congestive be retained after the identity of pernicious and congestive fever is admitted, then all pernicious fevers are assumed to be congestive fevers, and all congestive fevers pernicious,—the names become convertible, and congestion becomes the indispensable condition of all pernicious as well as of all congestive fevers: *secondly*; if on the other hand the word congestive be rejected as inappropriate to pernicious fever so it must be to congestive fever also; and this rejection can only be founded on the supposition that congestion is either not present, or is not a prominent nor an important element in any fever to which the name congestive or pernicious had hitherto been applied; for if it be prominent and essential in the one and not in the other the identity is at once lost. So that to assume the identity and at the same time reject the name *congestive*, is in effect to assert that there is no form, nor any case of pernicious nor of the so called, congestive fever, which is essentially, or even mainly, a congestive disease.

Strange and altogether untenable as either of these propositions may appear to one who has studied at the bed side, the forms of malarious fever to which they refer, one or the other has, nevertheless, been adopted by some very eminent physicians on both sides of the Atlantic. In this country the *first*, has been adopted, and defended by Dr. Bell, and the *second*, by Dr. Wood. Other writers in this country have taken the one side or the other, but as I have hitherto made the opinions of these distinguished teachers, in some sort the text for these commentaries, so I shall chiefly confine my attention to them hereafter. The two propositions are necessary carrolaries, the first of the sequences, from the unity of congestive and pernicious. Let us now look a little further, into *their* results.

One of the first difficulties growing out of the proposition adopted by Dr. Bell, is that it involves the necessity of *proving* that all pernicious fevers,—that is, all periodical marsh fevers which tend to a fatal result, are, both as regards their pathology and symptoms,—their nature and appearance, congestive diseases. This proof is necessary, because the proposition itself seems to conflict with the recorded history of those affections, and because though a necessary conclusion from the premises, viz: the identity spoken of, the latter might not be true, certainly not self-evident, and this is one of the modes of proving it to be true. Accordingly Dr. Bell has addressed himself to the proof. The reader who is curious on the subject will find several pages devoted to the argument in Dr. Bell's Lectures. With what success has, I presume, been made manifest in the preceding review of what constitutes a pernicious fever; which we have found generally to be decidedly inflammatory, either in its nature or tendencies, rather than congestive.

Another of these apparent sequences in error relates to the morbid anatomy of congestive fever. It is obvious that if the pathology of congestive and pernicious fever be the same, the morbid anatomy must

be the same also. If congestion be the bond of unity, or identity, the post-mortem exhibit must conform to it. Diseases cannot be essentially congestive in their pathology and symptoms and yet be something else in their morbid anatomy. I do not mean to say that local inflammation may not occur in the progress of an attack of congestive fever, (my experience, however, teaches me that it is a very unusual occurrence) and shows its signs after death, but that such an event must be the exception, not the rule. The morbid anatomy of pernicious fever, then let us say, as a general rule, to which there may be an occasional exception in cases complicated with local inflammation, should conform to the essential pathological state indicated by the name, congestive,—which is *congestion*, or, according to Dr. Bell, repletion of the veins in excess. This is an indispensable requirement;—and yet so absolutely unattainable as to present in appearance an insurmountable obstacle to the adoption of Dr. Bell's views. The reader has seen how utterly it fails to be met even in the post mortem characters of pernicious fever as quoted from Dr. Bell's Lectures. And he may have seen also, for his attention was especially called to it, how blindly, or boldly, Dr. Bell has cut the knot of this otherwise insuperable difficulty, by adopting the anatomical characters of forms of fever obviously inflammatory in their tendencies and results, as he had already done their living signs, for those of congestive fever. It was in this connexion that the compliment to M. Maillot seems to have been elicited, for his skill in bringing into harmony the symptoms and morbid anatomy of congestive fever.

Dr. Wood in adopting the alternative proposition, has shunned the difficulties and contradictions involved in the first, but at the same time has encountered other sources of embarrassment, hardly less formidable though different in kind; showing that if on the one hand a term of medical science cannot be wrongly applied without confusion and error, so on the other it cannot be rejected where its application is required without leading to additional errors.

Dr. Wood, we have seen, affirms with Dr. Bell that congestive, and pernicious, are but two names, which have been given to the same disease, but, in opposition to Dr. Bell that the former is not an appropriate one. But two reasons can be assigned for the alleged want of appropriateness; one is, that a state of congestion does not obtain in congestive or pernicious fever; the other, that, if present it does not constitute an important part of the disease. The first is unavailable because the presence of a great degree of congestion in many pernicious fevers,—in all indeed to which the term congestive has been generally applied in this section of the country, is admitted by Dr. Wood, and is indeed unquestionable. In rejecting this name therefore, as inapplicable to a disease which is certainly congestive to a very considerable degree, one is compelled to give to the congestion an unimportant place in its pathology. And this, accordingly, is the ground assumed by Dr. Wood. Congestion, he admits, certainly exists in these affections, but as a mere incident of no material importance or, influence in any way. But

thence comes an unavoidable sequence. As an incident merely, unimportant in its nature, which may be present or absent without changing the characters of the disease, it cannot give rise to the symptoms, nor be the source of its malignity, or fatal tendency. And to this extent Dr. Wood has ventured to go. I quote his words; "It might be inferred from the use of this epithet (congestive) that the congestion which undoubtedly exists in this affection constitutes the essential part of it,—the condition in which all the symptoms have their origin, and from which danger is to be apprehended; whereas, as I shall attempt to show hereafter, it is merely an incidental phenomenon, and has but little comparatively to do with the result." Vol. II. p. 278.

But here, again, is disclosed another source of perplexity, or rather what would have been an insurmountable difficulty, if the way had not been cleared in a manner before hand. Dr. Wood in denying to congestion any influence over the characters and fatal tendency of congestive or pernicious fever, was compelled to find a substitute or leave the phenomena of these fevers without a cause. Ordinarily, it must be admitted, the overthrow of one mode of accounting for the phenomena of nature does not impose an obligation to substitute another in its place. But in the position of Dr. Wood, such an obligation was imperative. Having assumed the identity of diseases whose symptoms differed so widely to support such an assumption, the bond of unity, or the proof of it, must be found elsewhere, in a common pathology.—Congestion, with Dr. Wood, not being available for this purpose, something else had to be substituted. But if congestion is not appropriate for this purpose, neither is inflammation. Congestive fever particularly, nor pernicious fever generally, is an inflammatory affection; and however strange may be the tendency to inflammation, and however frequent the occurrence of it in the greater number of cases described under the latter name, no one could think for a moment of including congestive fever in this category. But is there any other appreciable pathological state to which the phenomena of every form of pernicious fever can be referred for a common origin, with even a show of plausibility?—I mean any one whose existence is established? Certainly there is none. Dr. Wood appears to have seen the dilemma; or has, at least, provided first, by substituting an imaginary, where an appreciable cause was needed. The provision is found in a certain hypothesis concerning the nervous system, which is thus announced: "Is congestion the source of danger? I cannot think so. It is confessedly nervous congestion that is present in these cases. We constantly meet with this condition in other complaints with no such results. We see it in syncope, when all the blood deserts the capillaries, and becomes concentrated in the veins and great organs. We see it in concussion of the brain, occasionally in no less degree than in pernicious fever.—We behold it in all cases of violent shock upon the nervous system, and consequently of the heart, as in some surgical operations and violent injuries. Yet in all these cases it is not the congestive, but the nervous prostration that we fear. Let the latter be relieved, and the former



eases of course. Congestion may occasionally do fatal mischief as in cases of rupture of the spleen, but these are comparatively rare." "It is in the peculiar state of the innervation that we are to look for the source at once of the symptoms and the danger."

I do not pretend to say that these opinions of Dr. Bell and of Dr. Wood were developed in the order here set down; nor that the analysis of the proposition concerning the unity of congestive and pernicious fever represents the exact mental process by which they were arrived at. The reasoning of Dr. Wood, for example, may have begun where the analysis ends, and advanced to the identity spoken of, from his hypothesis in regard to the essential pathology of the more malignant malarious fevers; and that of Dr. Bell may have begun with an assumption of a common pathology in congestion, for all these affections, from which their identity in other respects may have been deduced. All that I am disposed to insist on is, that the identity of congestive and pernicious fever being given, the results are necessarily such as I have pointed out. It is very probable nevertheless that the whole series of errors originated in the mistake which is thus expressed by Dr. Bartlett: viz. "That the term, congestive fever, is now generally made use of in the Southern and Western States to designate the pernicious or malignant form of malarious fever;\* for certainly the transition from this to

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\* How hastily Dr. Bartlett formed this opinion is told by the fact that this distinguished author makes quotations from the paper of Dr. Lewis, (on the Medical History of Alabamã) and from that of Dr. Boling (on Remittent Fever) to say nothing of other sources in which the truth in this respect could have been easily found. It is not true that the term is so used or generally understood by Southern and Western physicians. The word has no doubt been extended by some beyond its proper limit, but every one here knows that a very small proportion of our pernicious fevers are called congestive fever. The distinction it is true has not always been made between intermittent and remittent fevers which are incidentally but decidedly congestive, and those which are primarily and essentially congestive; but no form of fever is recognized as congestive, if the presence of congestion is not well marked and does not materially modify the symptoms. No Southern physician, it is believed, though using the word in the largest latitude known to this section of the country, would think of applying the term to such cases as are described by European writers under the names of pulmonic, pleuritic, delirious, and other varieties which might be enumerated, of pernicious fever.

At the risk of tiring the reader with quotations in a foreign language, I cannot refrain from copying a part of M. Maillot's summary of the symptoms of the delirious variety as an illustration of the notion our Northern brethren have formed of congestive fever. Dr. Bartlett has a very accurate translation of it in the last edition of his valuable work on fevers, and both Dr. Bell & Dr. Wood have also adopted it for one of the forms of this disease. "Le pouls est dur, et accélèrè, le peau plus'chaude, et plus seche au toucher que dans la fievre comateuse, les yeux brillan, la conjunctive injectèe, la face rouge et animèe. Le malade crie, chaute, fait des efforts pour s'enfuir, les carotides, et les temporales, battant avec force: cet etat d'exaltation dure ordinairement plusieurs heures. Il n'est pas rare alors de voir le coma succeder au delire et de la sorte, un acces presente en peu d'instans sous le rapportsymptomato logique les phenomenes

the identity spoken of is not a far step for one who had never seen congestive fever. But whatever may have been the line of induction which led to the capital error of identifying in symptoms, pathology, and morbid anatomy the congestive with every other bad form of periodical fever, its tendency could be no other, it would seem, than to produce the confusion and uncertainty in which the written history of congestive fever is actually involved.

Recurring now to the opinions of Dr. Wood concerning the pathology of congestive fever, it is to be observed, that they deserve a degree of consideration independently of the mode by which they were arrived at. They relate to old matters it is true, but they are brought forward in a new aspect. The hypothesis adopted by Dr. Wood is familiar enough to the profession, but Dr. Wood invests it with new qualities. Others have connected the symptoms of malarious fever with an altered condition of the nervous system mediately, as their remote cause, but it remained for Dr. Wood to connect them directly and without the intervention of any other pathological event. So also Dr. Wood may rightfully put in a claim to originality in his views of the insignificant influence of great derangements in the circulation and distribution of the blood. In both these respects questions in pathology arise out of the views of Dr. Wood, which, if not altogether new, are either unsettled and opened up afresh, or presented to some extent in a new light; and these I propose to examine. Let us first, however, state the subjects thus offered for investigation, plainly, if at the expense of some repetition.—Some derangement of the nervous system. Dr. Bartlett calls it a profound modification of its functions,—a very great deviation from the normal distribution of the blood; and a peculiar train of symptoms, are observed to co-exist in congestive fever. The two former are both said to be related to the latter as cause to effect, and the chief matter now to be determined is the extent and character of this relation. Dr. Wood, we have seen, ascribes the phenomena or symptoms,—for he uses the words in this connexion as synonymes—to certain changes in the nervous system, with which he supposes they are *immediately* connected, the change in the nervous system being the immediate antecedent, or *cause*, technically speaking, and the symptoms its effects.—This is one point for discussion. But this view excludes the derangements of the circulation from all participation in the origin of the symptoms,—and the propriety of this exclusion is another point for discussion. I propose now therefore to examine, *first*, the evidence,

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principaux des deux periodes de l'encephalite aigue." (Traité des Fievres, p. 31.) And such undoubtedly is the character of the affection described. The morbid anatomy in this instance, the reader may find if he will take the trouble to refer to it, is in strict harmony with the symptoms,—and both point unerringly to an acute meningitis engrafted on an ordinary intermittent. The wonder is, that Dr. Bartlett, who had no discovery to promulgate nor hypothesis to sustain could mistake it for any thing else. A more striking contrast to congestive fever could not well be imagined.

in support of the views of Dr. Wood, and secondly the evidence which may be adduced to show that congestion, and its co-existent and consecutive events are entitled to a place in the pathology of congestive fever.

1. The *nervo-pathological hypothesis*, on the truth of which depends the entire structure of Dr. Wood's pathology of marsh fevers, it is well known, owes its birth to no very recent parentage. Borelli taught that the phenomena of fever had their origin in a stagnation and fermentation of the nervous fluid. Somewhat later Boerhaave contrived to convert this stagnation and fermentation into an augmentation of the viscosity of this convenient element, but brought to its aid a similar condition of the blood; the condition of both being caused by an epidemic miasm.\* The hypothesis of Stahl, Hoffman, and Cullen regarding the proximate cause of fever are also but modifications of that of Borelli. The latest version of the latter in its best aspect, approaches nearer to that of Boerhaave than to that of Stahl or Cullen, and may be thus stated. Certain unknown influences of telluric or meteoric origin, about the nature of which opinions differ very widely, the common opinion being, however, that it is a peculiar exhalation from the earth, produces some equally unknown and intangible change in the blood. This change may consist in the mere transfusion of bad air, taken in by the lungs or otherwise, or it may be some other change, physical or vital brought about by electric or other conditions of the earth or air,—for it takes to itself ample room and verge enough. This change or poisoning, whatever it may be, and by whatever means produced, gives no direct evidence of its existence; this is universally admitted. The blood thus charged with poison, or changed in its vital properties, either conveys the poison to the nervous system, or acts itself on it, and in this manner becomes the agent for manifesting the phenomena of fever; that is to say, the blood, or what it contains exerts such an influence on the nervous system, as that the result either mediately, or immediately is the phenomena mentioned.—Such is its outline. It must not be omitted to state, however, that when the humoral pathology went out of fashion for a time, this doctrine underwent some modification to suit the race of sympathetic philosophers which then sprung up. By the latter it was supposed that the bad air did not get into the blood at all, and that the *fons et origo mali* was the gastric branch of the pneumogastic nerve; the poison being swallowed instead of inspired,—or being inspired acted directly on the pulmonic branch of this nerve. There are various notions concerning the manner in which the nervous system is affected, and in this, it would seem, consists the principal difference between the original invention and the modern version of it. Instead of stagnation, fermentation, viscosity, &c., of the nervous fluid, we have now, a peculiar state of the innervation, prostration of nervous power, and the opposite of the latter.—intense nervous irritation; and in still other language, impeded suspended, irritated, irregular action of the nervous system. Nor are there wanting men of the profession who in the midst of all palpable darkness, have had the boldness to specify the particular parts of the nervous sys-

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\* Broussais. *Ex. des Doc. Med.*



tem affected. Ackerman, Lobstein, and Brachet,\* for instance, have fixed on the abdominal portion of the great sympathetic; others again, like M. Rayer and M. Maillot have selected the cerebro-spinal system, while some of our countrymen are disposed to depend on the spinal cord alone. Differences of opinion which are natural and tolerable where it is so evident all are guessing.

I have thus related this hypothesis in general terms for the purpose of introducing two observations concerning it.

The first is that neither of the events which seem to be essential to it as a whole; in other words, neither of the parts which go to make up the hypothetical aggregate, is sustained by a particle of evidence of a direct or tangible kind. The air has failed to show to the most minute investigation, made often by men who were predisposed to find it, the shadow of proof of any change in its constituents, or of any constant addition to them. No chemical change in the living blood has been demonstrated going to show that it has been poisoned by an external agent, nor is the presence of such a poison supposed to be indicated by physical signs of any kind. Nor has any primary lesion of the nervous system been pointed out; nor indeed any secondary one which is peculiar to the so called miasmatic fevers. A more decisive fact still is that these things are not only not demonstrated, but so far as any thing is known of their nature,—the miasm, blood poisoning and a peculiar affection of the nervous system resulting therefrom,—they are incapable of being demonstrated, either directly or indirectly. In all that is essential in regard to proof, therefore, this hypothesis may be said to rest on no better foundation than the rudest of its kind; and considered in the light of one of the truths of science, it hardly rises in dignity above that hypothesis of savage philosophy which accounts so graphically for the support of the earth in space by means of a very capable elephant, and a still more capable tortoise; the entity of miasm and its capacity to affect the nervous system in the manner required to produce the phenomena of fever in the one, being no better authenticated than the existence of an elephant and tortoise of the size and muscular power required in the other. In a word the whole train of hypothetical events is destitute of that kind of evidence which alone can make a hypothesis respectable. How or why, this being true, this hypothesis, in some one of its numerous modifications, has happened to maintain a conspicuous place in medical science for an ascertained term exceeding two centuries, and to be sustained up to this hour by eminent men in the profession, is a problem concerning the intellectual faculties of man which I do not propose to investigate. The reason may be partly gathered, however, from two considerations. In the first place, the hypothesis is applicable, and therefore convenient, and a somewhat plausible invention, which has served in its place, to allay the inordinate curiosity of our nature, and satisfy the yearnings of men of genius after the unknown, even when obviously unknowable. For this or a like purpose, it seems even since it was first promulgated, to have been resorted to in all great ætiological and pathological difficulties relating to fevers, as a

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\* *Compend. de Med. Præc. Tom. 5.*

substitute for knowledge. In the next place it is supported by a kind of reasoning, which, though false and unproductive, and of a character so loose as to be applicable in equal force as well to the rudest hypothesis of the uneducated, as to the most elaborate in philosophy, has nevertheless obtained the sanction of very eminent names in all the sciences at some period of their existence.

The second observation is, that, as there is no direct or tangible evidence to sustain this hypothesis, so the reasoning usually resorted to for the purpose is, in a philosophical point of view, inadmissible as proof, and fallacious in itself and necessarily. Of this kind is the use made of the facts which have been adduced times without number, for the purpose of establishing the entity of marsh miasm, and the affection of the blood, or nervous system by it; and of this kind also is what Dr. Wood calls the application of his views of a peculiar state of the innervation to the explanation of the symptoms of congestive fever. The latter is of course the particular subject for examination; though the arguments which may be applied to this, will apply with equal force to every other example of the kind. The reasoning to which I refer proposes to be of the inductive kind, and may be said generally to consist in an effort to establish the existence and active presence of a specified cause for certain phenomena, by inferring it from those phenomena, independantly of any pre-established relation. In the particular example before us, it consists in an attempt to establish the assumed fact of a primary and antecedent affection of the nervous system in congestive fever, (limiting the question to this form of pernicious fever) by showing how well such an antecedent serves to explain or account for the phenomena of that disease. In the progress of this easy task, the cause being first invested with the necessary properties, the symptoms are taken up separately, in order to show that each one, and consequently the aggregate squares well with the cause assigned. Now there are two modes of treating arguments of this kind; one is the usual mode of taking up, in like manner the facts or phenomena separately, for the purpose of proving, by a similar course of reasoning that they are dependant on some other cause, than the one assumed; the other is to apply to the evidence, or rather to the kind of inductive process by which it is obtained such philosophic tests as will best determine its value. I prefer the latter, because the former is sometimes subject to the same charge of fallacy as the proof which it is intended to rebut; but chiefly because the latter will best accord with the object I have in view, which is not so much to set aside a hypothesis which most persons will be ready to admit does not require a formal refutation here, as broadly to illustrate the fallacy of a mode of reasoning which unfortunately abounds in Medical Science, by analysing the example which lies in our way.

The rule of philosophising in regard to natural causes, laid down by Sir Isaac Newton, and approved by men of science everywhere, imposes two conditions: *First*, that the cause shall not be arbitrarily assumed; it must be a real thing,—not a mere creature of the imagination called up for the occasion, and, like the divinities in an epic poem, (to

borrow a simile from Dr. Parr) endowed with just the powers, in kind and quantity, necessary to effect the object for which it was summoned,—but an actual thing in being, either demonstrated to the senses, or capable in some other way of being shown to exist,—by other evidence than that of the particular phenomena to be accounted for: *Secondly*, that the thing assigned for the cause which is thus independently known to exist, shall be adequate to produce the effects; and this adequacy is ascertained by its having been observed on all other occasions of its existence to be accompanied by the same or very similar phenomena. When the actual existence of the supposed cause, and such unvariable connexion in every other case of its existence has been ascertained, then, but not before, nor otherwise, it is admissible and legitimate to explain the phenomena in any case of their appearance by referring them to the law of relation so established,—thus in a case of pneumonia we infer the state of the lungs, as the cause of certain signs which have been found uniformly to be connected with it on other occasions.

In the application of this severe but valid test of inductive truth to the subject before us, the first question is in regard to the actual existence of the thing assigned by Dr. Wood for the cause of the symptoms of congestive fever. Is it a real thing, which can be shown to exist by tangible, or inductive evidence, not derived from the symptoms themselves? The answer will be found to depend on what is meant by a peculiar state of the innervation. If it mean deficient innervation only, the mere negation of nervous power and nothing else, then it is a real thing, a *vera causa*, within the rule, for such negation is known to have place, and to be followed by active effects, and for the present purpose must therefore be esteemed an active agent. It appears evident, however, that something more is meant; the word peculiar implies something more, and the frequent substitution of morbid, and deranged for deficient confirms the implication. Other things also confirm it. Dr. Wood says in one place.—p. 286, vol. 1, *Prac. Med.*—“That the derangement is *chiefly* nervous is to be inferred from its periodicity.” In another place,—p. 286—“But I am not disposed to maintain that the cerebral affection in these cases is certainly the result of diminished sensorial action; it may be so, or it may proceed from *some other* derangement of that action,” now deranged, morbid, deficient, peculiar, taken together, scarcely convey any meaning, so nearly do these words neutralize each other; but when we come to add, *chiefly* nervous affection, implying that all the preceding words express only a part of the cause, something occult and unexpressed remaining behind, it would seem to be impossible to form any conception of what thing or condition of existence is meant. Nor does the alleged origin of the peculiar innervation and the something unexpressed behind it, shed any light on the subject. “The brain,” says Dr. Wood, “becomes incapable from the direct influence of the morbid cause of performing the functions essential to life. This morbid cause, or immediate origin of the immediate antecedent of the symptoms is marsh miasm, as is elsewhere explained by Dr. Wood, whose existence being purely imagina-



ry can of course give no evidence as to the kind of effects it would produce if there were such a thing. Its existence being unknown, its effects, supposing it to exist, must be equally imaginary, and its capability of acting on the nervous system at all, and still more its adequacy to produce a peculiar state of the nervous system, such as must necessarily result in the phenomena of congestive fever, must be a matter of guess work at the best. To say therefore that morbid deranged, deficient, peculiar, and the somethings, untold besides which is neither of these, means that condition of the nervous system produced by marsh miasm, is but to darken the obscurity. We are left then, for the means of determining whether anything real is the cause assigned, to the words employed to designate it,—and these may mean a great variety of things if taken singly, or nothing if taken collectively. A peculiar morbid, deranged, deficient, and some other unknown and unexpressed condition of the innervation may mean excessive as well as deficient, normal as well as morbid; may relate to the mental faculties, or to the muscular system exclusively; to the organic or vital functions of the nervous masses, in part, or in the whole; or to something else, not as yet clearly enough imagined even to be uttered in words; it may be something definite, appreciable, capable of being conceived and of existing, or it may not. Certainly language which may be thus interpreted, if it convey any meaning at all, does not define an object, nor express a thing of whose existence and qualities we can form any distinct notion. Some condition of the nervous system is no doubt referred to, but whether it really exists or ever did exist or is capable of being, or what are its qualities or capacities or conditions of existence, nothing is told, and nothing is given from which any of these things can be inferred. The first condition of the rule, then, is not fulfilled.—The cause assigned is not a real one.

But if the first condition fails so must the second necessarily. The latter requires that evidence shall be given of a previous and constant relation of the cause assigned with similar phenomena. But if the cause never existed how is it possible to furnish such evidence? In truth one cannot speak of the relation of things present with things which have no existence without uttering a solecism. To connect real with unreal events requires stronger proof of the connexion, than we have of the existence of the things to be connected, which is inconceivable.

And yet if the view I have taken be correct this is precisely what Dr. Wood has attempted to do in reasoning from the phenomena of congestive fever to a peculiar state of the innervation,—a condition of existence whose reality, now or ever, there is no proof, nor can be any until some definite meaning shall be affixed to the words;—unless indeed it be proof to suppose, that if something existed, and had the qualities required to produce the phenomena of congestive fever, the phenomena of congestive fever might be deduced from it? The success of all such attempts is obviously impracticable; and the reasoning employed in them if therefore necessarily fallacious and unproductive, and in consequence is justly held to be inadmissible as proof in a philosophical inquiry into any of the phenomena of nature, whether physical or vital.

There is, however, another view of this matter which it is desirable to present. Let us suppose, though it be a violent wresting of the language of Dr. Wood from its true interpretation to do so, that deficient innervation,—a regulation of nervous power—alone is meant. This is a vera causa, and suffices to fulfill the first condition. Is the second also fulfilled in regard to it? Is there any evidence, which is independent of the immediate phenomena to be accounted for, that deficient innervation is adequate to produce the phenomena of congestive fever? Has it been observed, that in all instances in which deficient innervation has been *known* to be present, in a morbid state and to any extent which may be supposed to have place in congestive fever, it has been accompanied by the same phenomena, or very similar ones, as those which go to make up the peculiar aggregate of that disease? I believe not. It is not contended that such a constant relation has been observed; nor even a casual one. It is not even asserted that upon any one occasion of an antecedent change in the nervous system of this kind, as in concussion of the brain and syncope from pain or emotion, the phenomena of congestive fever have resulted therefrom. If therefore we give the inductive proof of Dr. Wood the advantage of this gratuitous assumption of the reality of the cause assigned, the proof is still wanting of its adequacy, if present, to produce the effects referred to it. And thus the reasoning is vitiated by the failure of the second condition, if not of the first; and just as when the first condition fails, so in the failure of the second, the reasoning is inadmissible because necessarily fallacious. And this is made very plain, if it be considered that to infer the cause, deficient innervation, from the symptoms, is also to infer the uniform presence of the symptoms in every case of deficient innervation; the rule must work both ways,—the relation must be reciprocal, or it cannot be that of cause and effect. But the failure of the second condition implies that a reciprocal relation does not exist.

It is thus seen that the process of reasoning from effects to a cause whose existence is known only by means of the effects which are supposed to be derived from it, is held to be inadmissible as proof, because such reasoning can lead only to false conclusions, and is in the constitution of things fallacious. If this be true, and if the test be of value and has been properly applied, the reasoning of Dr. Wood ought to confirm the conclusions just obtained in regard to it on a particular examination. For the purpose of effecting this kind of proving, I shall take for illustration and analysis, some extracts from the chapter on pernicious fever, having reference to two symptoms, which I think afford a fair example of the whole argument.

“In the pernicious fever,” says Dr. Wood,—*Prac. of Med.* Vol. I. p. 285—6—“the innervation of the extreme vessels fails, and they cannot therefore perform their part of the circulation. The blood enters them with difficulty in their enfeebled state and is carried through them very slowly. From the same approach of *nervous death* in these vessels they allow the watery portions of the blood to ooze through them almost as though dead membrane. Hence the *profuse sweats*.” “But

how account for the oppression of stomach, (and the copious vomiting and purging.) On the same principles exactly. There is no feeling (pain) of the stomach, unless it be excessive spasm, which is more insupportable than that arising from deficient innervation. This can be easily understood by those who have experienced the distressing sensations of a half paralysed limb." Then after taking up a number of other symptoms and accounting for them in the same way, Dr. Wood adds the general corollary: "It appears then, that this defect of innervation lies at the basis of all the morbid phenomena of the organic functions."

The reasoning embraced in this paragraph may be best analysed by means of a purely scholastic test, which I desire to apply in the simplest form of expression, trusting that its adaptiveness to the occasion will excuse whatever of unseemliness of appearance it may have in this place. When reduced to the syllogistic form, the ellipses being supplied the arguments stand thus:

First, in regard to the sweating: The watery portions of the blood ooze through dead membranes. Dead membranes are in a state of deficient innervation. Therefore deficient innervation causes, (or allows) the watery portions of the blood to ooze through the membranes, (or tissues of the vessels.)

Again: Taking the conclusion of this for the major premise of another syllogism. Deficient innervation causes the watery portions of the blood to ooze through the membranes or tissues. But the sweating in congestive fever is an oozing of the watery parts of the blood through the tissues. Therefore the profuse sweats of congestive fever are caused by deficient innervation.

Next, in regard to the oppression of stomach: A half paralysed limb is insupportably painful. But a half paralysed limb is in a state of deficient innervation. Therefore innervation causes insupportable pain.

Again: Taking, with Dr. Wood, as in the other case, the conclusion in this for the major premise of another syllogism: Deficient innervation causes insupportable pain. But the oppression of stomach in congestive fever is caused by deficient innervation.

Finally, in regard to the general conclusion; to arrive at which the conclusion, obtained in the whole series of prior demonstrations is taken for the major premise of another syllogism; thus: The profuse sweats and oppression of stomach, (and all other symptoms whose origin has been ascertained in this way) are caused by deficient innervation. But profuse sweating and oppression of stomach are symptoms of congestive fever. Therefore the symptoms of congestive fever are caused by deficient innervation.

My object being, as I have said, more to illustrate this kind of reasoning than to refute the arguments involved in this example of it, I shall leave the particular fallacies here so plainly exposed to the contemplation of the reader with but a single remark. One cannot fail to be struck with the fact, and the same thing is true of every other example of the kind, that the whole process consists of an iteration in *sep*



erate propositions of an opinion previously expressed in more general terms; and that each separate one lacks the very proof required for the general proposition which the others are employed to establish: thus the hypothesis of deficient innervation is just assumed to be true of congestive fever; then affirmed of every symptom in a separate proposition, without any legitimate or satisfactory proof, and then re-affirmed as a conclusion from the particular proposition,—the general proposition is first divided out, so to speak,—cut up as it were into little pieces—each piece, however, like the divided parts of some zoophytes, becoming a perfect whole in obedience to the plastic pen of the writer—and applied to each symptom; and then the separate parts are synthetically gathered up again and joined together to form the original. In all this there may be a variety in the mode of expressing an opinion, but certainly no evidence of its truth.

2. Let us now turn to the second point for consideration, and inquire into the probable agency of congestion, directly or indirectly, in producing the phenomena of congestive fever: *first*, as regards the congestive itself: and *secondly*, as regards other pathological conditions necessarily resulting therefrom.

In entering on this part of the description our attention is first to be directed to those diseases which are confessedly congestive in their nature, in order to ascertain what kind of relation their phenomena, or symptoms, bear to those of congestive fever. The number of such diseases is very limited; *cholera*, and *apoplexy*, being the only ones that occur to me as belonging to this class.\* It is true that apoplexy may be produced by other causes than congestion, but that apoplexy commonly arises from this cause, and that when the brain is congested, the symptoms of apoplexy are invariably the signs of it, is not doubted; and this fact is all that is necessary to my purpose. In congestive fever there is invariably a great degree of general congestion. Of this no reasonable doubt can be entertained. If therefore the congestion of the latter be the essential pathological feature, as it is admitted to be in cholera and apoplexy, it ought to be expressed in similar symptoms. If in one form of congestive fever a greater degree of congestion is concentrated in the cavity of the cranium, this form ought to find its nearest affinity in symptoms to apoplexy; and if in another form this feature is absent, and the congestion is restricted chiefly to the great vessels of the abdomen and thorax, we ought to find in this a nearer affinity to cholera.

And according it may be said of Asiatic cholera that it is but little else in appearance than an exaggerated copy of *algide* congestive fever; it is a more vehement and fatal form of congestive disease; but besides this, and the remittent type of congestive fever, there is very little other difference. This close resemblance is uniform, and has been so

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\* Pulmonary apoplexy may be another; but the descriptions I have been able to find of this affection are too meagre and imperfect to be used here. Its principal symptoms according to Dr. Marshall Hall, are; breathlessness; palor; small, indistinct pulse, &c.

generally remarked that it were useless to dwell on it. Among our southern and western physicians it is a subject of common remark; the more malignant of the latter being frequently spoken of as *cholera cases*. M. Maillot notices it in very decided terms. "Every one," he says, "must have been struck with the similarity of *algide* fever to *cholera*; the obstruction (*l'arret*) to the circulation of the blood; the general coldness of the surface, not perceived by the patient; and the preservation of the intellectual faculties up to the moment of dissolution, are three great points in which these two dreadful diseases may be said to touch each other, and, I had almost said blend into one."—(Traité des Fièvres, p. 36.) M. Maillot might have added many other features, not less significant of a common pathology; such are the bluish tint of the skin; its shrivelling and corrugation on the feet and hands; the sense of excessive internal heat; sighing irregular; and interrupted respiration; restlessness; jactitation; cramps; vomiting without bile; purging with ricé water dejections; the sounds of the heart, and state of the pulse; the appearance of the blood drawn from the veins, and others. With so many symptoms in common, the addition of one peculiarity of congestive fever to cholera, namely, a tertian remittent type, would seem to be sufficient to blend them into one not merely in appearance but in fact. As it is, Dr. Armstrong and others, among whom are Dr. Billing and professor Payne, recognize a degree of identity of the one with the other in looking upon cholera, and so designating it, as a form of congestive fever.

Such is the resemblance to cholera, in symptoms, of those species of congestive fever in which the brain is not materially implicated. The resemblance of congestive fever to *apoplexy* is found in another species in which the principal seat of the congestion corresponds with it. It is to be observed, however, that there are circumstances in view of which we could not expect to find the same uniform resemblance to apoplexy in the cerebral form of congestive fever, the principal pathological condition being the same, as we have formed in the *algide* to cholera.—Among these modifying circumstances is the usual restriction, never observed in congestive fever, of the congestion to the head, which affects comparatively the pulse and skin,—the force and frequency of the former and the temperature and color of the latter,—another is the comparative profoundness of the congestion in apoplexy, and the frequent mechanical compression of the brain by effusion, which proportionably reducing the sensibility of the nervous system, prevents the manifestation of some of the effects of congestion which would otherwise appear, and adds others which but for this would not appear. Making due allowance for these things, the analogy is as strong, perhaps, as in the other case. The resemblance certainly accurate in so far as the symptoms of congestive fever may be referred to cerebral congestion. These observations refer only to the apoplexy as we most commonly see it in robust and plethoric subjects. But cases occur occasionally in which the congestion is neither so profound, nor so narrowly restricted; and it is a very expressive fact that in proportion as the congestion is more general, and

so approaches nearer to that of congestive fever, so does the general likeness become stronger, and the particular points of analogy become more numerous. This kind of cases, *atonic apoplexy*, some examples of which will no doubt readily occur to the memory of the reader, present among their symptoms, a pale, cool, and moist skin; a broad, moist, and pale or bluish colored tongue; a small, feeble, and even frequent pulse; stupor; an appearance of profound repose, almost without stertor; and but for its palor, a natural expression of countenance,—the counterfeit presentiment of natural sleep,—a group of symptoms which comprises nearly all the prominent symptoms of cerebro-congestive fever during an exacerbation. In short, it may be said, that if to such cases the single addition of a tertian remittent type were made, they would cease to be called apoplexy, but would at once become identified in name, as well as in appearance, with congestive fever.

And here it is curious to observe, how cholera and apoplexy, which bear almost no resemblance to each other in appearance, and in nosological arrangements have been put far asunder, attain a near affinity to each other in their pathological and symbolical relation to congestive fever; each appearing to require but the modification of a remittent type to identify it with one or the other species of that disease.

There is another series of facts having a similar bearing which deserves hardly less attention. They belong to a class of diseases which are apt to take on a congestive character, particularly when epidemic; such are typhus and scarlet fever, measles, dysentery, and some others to which the word *congestive* is then prefixed. They are thus confessedly cases of congestive disease, and hence it becomes an object to ascertain whether in the change of their ordinary symptoms induced by the congestion, we find such as are common and essential to congestive fever. No very great general likeness to the latter could be expected because of the many circumstances which tend to suppress the ordinary manifestation of great internal congestions. In the first place these diseases are independent of the congestion; the latter being an incident merely, more or less important, which as it usually occurs can do but little more than modify or displace a few of their proper symptoms.—In the next place, they are most commonly attended with more or less inflammation of important organs; a condition which is in a great measure antagonistic to congestion, tending in fact to its removal, and rather to fill the arteries than the veins with redundant blood. It would be wrong, therefore, to look for such a parity of symptoms, as we have found in those diseases in which the congestion is primary and essential, and is not modified in its influence by disturbing, or counteracting pathological elements. Nevertheless the presence of a degree of congestion sufficient to induce the addition of the prefix *congestive* to their names must be invariably expressed by signs which no other circumstances control; and the question is whether in so far as circumstances permit them to be exhibited those signs are constant in congestive fever and essential to it. In all these cases, when decidedly con-



gestive, there are uniformly present, a cool, or cold, and pale skin, cold extremities, and a small feeble and frequent pulse. These symptoms, as will be more fully shown, hereafter, are not only the recognized, but are unequivocal marks of accumulations of blood in the great internal veins. If these signs are present, these diseases are recognized as congestive; if absent they are not so, and consequently do not take the name. Now it is hardly necessary to say that they are also uniform and indispensable symptoms of congestive fever proper. There are others certainly which are necessary to be added to make up that disease, but these are the only ones that are unequivocal marks of the congestion; the other may be, most of them at least, induced by other pathological conditions operating on the nervous system, but these cannot. To the extent then, that the congestion is expressed in the most restricted manner in these diseases, the symptoms are precisely those which uniformly occur in congestive fever, and are indispensable to its existence. Its influence however, is not always restricted to these few but important signs. The addition of congestion of the brain to that of the other great cavities frequently presents a most striking analogue to cerebro-congestive fever; and in other cases, particularly of scarlet fever, when very malignant, the head not being much involved, the symptoms of the algide congestive fever are developed to a much greater extent.—In these cases, we see the skin, purplish, or dingy, as well as cold, the most profuse sweating, vomiting and diarrhœa, anxiety, restlessness, jactitation, oppression at the epigastrium, irregular and sighing respiration, excessive thirst, sense of heat, &c.

[To be Continued.]

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III.—*Fœcal abscess in the right Iliac region, from ulcerative perforation of the Cæcum, terminating in Phthisis Pulmonalis.*—  
Reported by R. F. GIBBS, M. D., Mansfield, La.

J. A. D. Aged about twenty-six years, of Nervo-Lymphatic temperament—a native of the State of Vermont, removed to Mansfield, La. in the fall of 1849, to engage in the pursuit of teaching. His object in selecting this latitude for a residence, was on account of a predisposition to Pulmonary disease, which had manifested itself several years before, during a residence in the State of Michigan.

At the time of his arrival, his general health was good, with a very slight occasional cough, and a disposition to take cold and an increase of cough on any slight exposure, or imprudence; but a few months residence during the pleasant weather of the fall of that year, had exercised a very salutary influence upon this pulmonary tendency, and he expressed himself as *much* better in that respect than he had been in

several years previous. In the latter part of the month of December, he contracted a very slight attack of intermittent, acquired doubtless by the warm weather of the fall and more than ordinary exposure to the malarious atmosphere of this latitude. This yielded promptly to the ordinary treatment, but as often happens with persons unaccustomed to a Southern climate, the intermittent manifested a tendency to recurrence every fifteen or twenty days. These returns however, exercised no detrimental influence upon his general good health, except he suffered severely during the early part of January in the present year, with night sweats.

To relieve this very unpleasant and disagreeable symptom, he consulted another physician of this place, who had acquired an unenviable notoriety for *permanently eradicating Intermittent Fevers*, and their attendant evils.

The medicine given was composed of Sulp. Ferri (common Copperas,) and the oil of black pepper, with perhaps Quinine in doses of thirty-five or forty grains as appeared from the size of the pills and the number directed to be taken at one time.

Mr. D. informed me himself that the two first articles were the principal ingredients of the pills, but what else he could not say. They were directed in the above mentioned doses to be taken every 6 hours. After swallowing the first or second dose, he complained of a pain and a burning sensation down the œsophagus and in the stomach, and in a few hours these symptoms extended over the entire region of the small intestines and finally located itself in the right Iliac Fossa when it remained permanent.

Such was the unpleasantness of his feelings and his great suffering that he refused to take the prescription any longer—discharged his physician and called in Dr. C. of this place, a few days thereafter.

When seen by the Dr., he was still suffering severely from pain, and he had become very uneasy on account of a considerable enlargement which had made its appearance in the right Iliac Fossa, immediately over the region of the Cæcum; to this point in fact all his sufferings were assigned.

The bowels at this period showed no serious disorder. The discharges being of a healthy appearance, and voided without any pain, and the general condition of his system good.

Apprehending serious consequences from the above detail of symptoms, the Dr. directed the application of poultices of Indian meal, and a gentle purgative given to keep the bowels in a solvent state, and that rest and the horizontal position be enjoined.

This treatment having failed in reducing the tenderness and enlargement of the point, the use of the Tinc. Iodine was resorted to, extensively applied over its surface, and this having failed likewise, a blister was applied, which for the time appeared to check the disease, and Mr. D. felt so far better as to remove to another boarding house.

The tenderness and tumefaction of the parts had subsided so much, that he left his bed and was able to take his meals at the public table.

The day following however, he was again suffering with an aggravation of all the symptoms, and the pain and tumefaction had again returned. The blister was again resorted to, but with little other effect than a partial alleviation of the suffering, when on the eighth day of his removal the tumor pointed some two inches below the anterior superior spinous process of the Ilium, in a line from that point to the Symphysis Pubis. Dr. C. discovered now considerable fluctuation in the tumor, opened it with a lancet and gave exit at the time to only a slight discharge of puruloid matter mixed with blood, destitute however, of all fæcal appearance or odour. Warm fomentations were applied to the parts, and during the night there was a discharge of some 8 or 10 ozs. of a parently pure pus. This healthy appearance of the discharge continued for five or six days, when on his usual morning visit, he was informed that the skin of a preserved plumb, in which some medicine had been taken the night previous, had escaped at the external orifice. Up to this period of his attack much doubt and uncertainty hung around his case, the suddenness of his illness and the general condition of his bowels, indicating nothing of the real nature of his disease.

When the opening was first made into the tumor, Dr. C. had observed the escape of bubbles of gas through the incision along with the discharge, but this at the time was attributed to the large collection of pus which had buried itself among the abdominal muscles.

The disease of the Caput Coli was suspected from the commencement; no examination of his case with the general attendant symptoms gave indication of its existence.

Dr. C. was aided in the case by my friend Dr. H. of this Parish, whose skill, attainments and zeal in his profession, place him at the head of the profession of north-western Louisiana. They both suspected impaction of Fæcal matter in the Cæcum, but ulcerative abscess was not apprehended, and the surrounding inflammation was thought to be only in the abdominal muscles.

The discharge of the skin of the preserved plumb, it was thought might have been mistaken, for portions of disorganised cellular membrane.

It was at this time that the case first came under my attention with Dr. C. and the history up to this period was derived from these professional gentlemen and the patient himself, who was a gentleman of great intelligence and refinement.

Upon investigation and examination of the abscess, I had no hesitation in arriving at the conclusion of its being an ulcerative opening in the Caput Coli, to which conclusion I was forced by the nature and appearance of the discharge, its slightly fæcal odour and the position of the external opening.

From this time the indications of fæcal matter were more obvious every day. When at the expiration of four weeks another pointing to the tumor was discerned about the neck lower down, and on an incision being made into it, a foreign substance was discovered approaching the surface. The opening having been enlarged, and warm fomenting



poultices applied, the substance presented itself and was seized upon very readily and extracted, when it proved to be a very large orange seed in a state of decay such as to warrant the conclusion of its having been retained within the folds of the intestine for some time past.

After the passage of this substance, the fœcal discharges were more abundant, and the suppuration very extensive, and his system evidently began to give way. He became much reduced in flesh, exceedingly debilitated and feeble, and suffered much from hectic fever.

There was nothing however, to excite any apprehension of disease of the lungs as all these symptoms might readily result from the enormous drain upon his system by the suppuration. I will not undertake to detail the treatment resorted to, but every means were put in requisition which could invigorate the system, and among the remedies found most useful was Iod. Ferri, given in solution in doses of two grains, three times a day, together with a nutritive diet both animal and vegetable, and the bowels relieved by daily enemas. Under this general treatment, his system rallied—the fœcal discharges through the abscess lessened, the surrounding inflammation and hardness, in a great measure disappeared, and the pus become of a more healthy color, and consistence.

He was finally enabled to leave his bed about the middle of May, and take moderate exercise both on foot and horse back, and every prospect of a speedy restoration to health presented itself.

It was during the progress of these favourable appearances in the case, that he apparently contracted a slight cold, with some cough, but by no means annoying—attended with a very slight diarrhœa which he was disposed to attribute to an over indulgence in eating.

No examination was made of the condition of the lungs, as the cough gave him but little annoyance, and was easily arrested by expectorating mixtures.

But little alteration was perceptible in his case for several weeks, taking his usual amount of food and exercise, and finally in the latter part of June, he was sufficiently restored to undertake a journey of forty miles to a chalybeate spring in the Parish of Sabine, at which he concluded to spend the remainder of the summer. The fatigue of the trip and the very uncomfortable accommodations he was forced to submit to, caused an immediate aggravation of his pulmonary affection, and as the case passed from under my attention, I know but little of its further history, until he returned to Mansfield in the latter part of August,—very much emaciated and feeble, with a decided increase, of all the unfavourable symptoms.

His cough was now very oppressive, and the expectoration copious and puriloid, and he suffered with a most incontrollable diarrhœa, and exhausting hectic and night sweats. Auscultation now gave evidence of a very extensive cavity in the lower lobe of the left lung, but the right appeared in a much better condition, and seemed almost entirely to carry on respiration. There was considerable contraction of the left side of the thorax, and all the indications afforded by this examination exhibited the case in the last stage of Phthisis.

He died on the 8th of September.

The liver was small but of healthy color, and the Gall bladder contained about two ounces of bilious matter. The stomach presented no unusual deviation from health, except as to its color, which was of a very pale pink, but the whole intestinal canal was much contracted, doubtless from the flaccid state in which they had remained so long, and the exhausting nature of his disease. The Ilium was of rather a dark color, and contained fæcal matter of healthy appearance and odor. The Cæcum was found firmly attached to the inner crest of the os Ilium and the inner surface of the Iliacus Internus and Psoas muscles, and bands of adhesive matter likewise bound down the Cæcal portion of the Colon. The Mesenteric Glands were much enlarged, and many of them contained a deposit of tuberculous matter. A ligature was thrown around the ascending colon three inches above the Caput Coli, and another around the Ilium two inches above the Ilio-Cæcal valve, and the portion of intestine embraced between the two, was separated, when the Cæcum was found firmly attached to the walls of the abdomen by extensive deposits of firmly coagulated lymph. The Appendix Vermiformis was remarkably short and had two ulcerated openings—one near its base, and the other half an inch nearer its extremity. No fæcal matter passed through these openings, as they were completely bound and enclosed by deposits of lymph. About half an inch from the base of the Appendix, and directly into the *Cul de Sac* of the Cæcum, was a fistulous ulcerated opening communicating with the cavity of the intestine, about one-fourth of an inch in diameter, and so completely inclosed around by attachments on every side, as thoroughly to prevent the escape of the fæcal contents into the cavity of the abdomen.

The fistulous opening penetrated the obliquus Internus at a point near the anterior inferior spinous process of the Ilium; thence downwards and onwards towards Poupart's ligament, between the layers of the obliquus internus and externus; through the latter muscle, the Transversalis and Integuments externally, about one inch from its corresponding inner opening. The walls of this very angular canal were firmly attached on every side, completely preventing the pus and other discharges from penetrating between the layers of muscles. No obstruction existed at the Ilio-cæcal valve, but at the point where the ascending colon rises upwards from the Cæcum, there was a considerable narrowing of the intestine, but not sufficient to offer any serious impediment to the passage of intestinal matters.

There was no impaction of fæcal or other matters found, but the passage was free and uninterrupted.

The lower portion of the ascending colon was remarkably thin, and the mucous surface covered with patches of black infiltrated matter, but there was no softening or ulceration of its surface.

Owing to the lateness of the hour, the Autopsy was not extended any further.

## REMARKS :

Though Mr. D. evidently died of Phthisis Pulmonalis, doubtless

brought into active existence by the exhausting nature of the fœcal abscess; the question which presents itself is, what brought about this condition in the Caput Coli? If the Orange seed, why did it not pass away during the early part of his illness, when the suppuration was so very extensive? My own impression is that, the seed had been lodged in the Caput Coli without causing any inconvenience, and only acted as a foreign body, when the whole intestinal canal was violently excited by the stimulating and irritating nature of the medicine taken. This view appears well supported from the disease in the Cœcum manifesting itself so immediately afterwards.

The seed evidently passed through the ulcerated opening in the *Cul de Sac* of the Cœcum, and the only way to account for the two other openings in the Appendix Vermiformis, is that one of the highly irritating pills had lodged in its patulous extremity, when it produced the violent pain and suffering first complained of by the patient, which ultimately terminated in ulceration. Mr. D. had no recollection of having eaten an orange since the previous October, so that the seed must have remained in the intestines without any inconvenience for over five months.

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IV.—*Therapeutical use of Spirits of Turpentine.*—By WM. H. McKEE, M.D., of Raleigh, N. Carolina.

Among the popular and new remedies of the day, I am glad to see the much neglected use of Spirits of Turpentine, as a therapeutical remedy, is again revived. The Therapeutical use of Turpentine is in fact no new remedy; but the cheapness or the great profusion {in which it is obtained, has caused many to overlook its true merits for more costly ones, thinking that from its commonness or familiarity, that it does or ought not to hold that rank among the Therapeutical class that the more costly articles possess. It being the Sampson of the Terebinthines, it must of necessity be used with caution and proper discrimination. There are but few diseases in which it may not be used, either acute or chronic. To attempt to describe all the diseases in which it might or ought not to be used—would be useless; but in every instance where a fair trial has been had, and prejudice laid aside, it has, in most instances, proved an efficient remedy. The present paper is but the result of my own observations, and for the more full understanding of its history and use, the reader is referred to the elementary works and the journals of the day.

The diseases in which I have found it most useful, are first Puerperal



Fever. Having tried the usual mode of treatment as laid down by authors, in their works upon this subject, and finding them to fail, I abandoned it and adopted that of the turpentine. The manner in which it is used is as follows: on the first appearance of the fever, should the bowels be bound, give a dose of castor oil and turpentine, ℥j of the first, and ℥j of the latter, in some milk, warmed. After it has operated, if there is any tenderness over the abdomen, apply a flannel wet with the turpentine, first dissolving some gum camphor, if it is convenient, if not, apply the turpentine by itself; and administer a full anodyne combined with the spirits of nitre. This will produce sleep, and generally a gentle perspiration soon follows. The turpentine and camphor act as a prompt rubefacient, and but seldom fail to restore the lochia where this discharge has been suppressed. Enjoin rest with absolute diet. If thirst, give ice freely and control the pain by the use of anodynes and the application of the turpentine and camphor. Tympanitis, I find, is much easier controlled by enemata of turpentine, say, from a tea to a table-spoonful, in half-a-pint of gruel, than by any other means; at the same time, it will keep the bowels in a proper condition. In some instances, the patient may be laboring under a diarrhœa, with a red, pointed, and foul tongue; should such be the case, the free use of the turpentine, both internally and externally, with ice and morphia, is the safest treatment to be relied on. There is no use for the lancet, unless the brain should appear to be suffering, and in most instances, as soon as the natural flow is restored, that is relieved. The following cases will somewhat illustrate the treatment to which I have alluded.

CASE I.—Mrs. B. a lady, aged 27 was confined and delivered of her fourth child; previous labours all natural, and no difficulty attended her after either case. The fourth labour was protracted. She was bled during the time, but experienced no very great alteration in her feelings. Thirty-eight hours after she was first put to bed, she was delivered of a large male child, weighing nine and a half pounds, and appeared as well as usual until the third day, when she was taken with a chill and high fever followed. Her milk had come freely, and the lochia was profuse enough until now, both of which nearly ceased with the fever; complained of violent pain in the hypogastric, aching all over, pulse 100 and hard, great thirst, and pain in the top of her head. Venesection 16 ozs. anodyne enema of laudanum and starch, oil and turpentine internally, and turpentine and camphor externally. The oil operated in six hours; saw her soon after, found her free from pain or fever. Ordered a continuation of the turpentine and camphor externally to the abdomen, and an anodyne of Ant. W. Opii and Nitre. This was neglected as she fell asleep soon after my visit. I was sent for again in fourteen hours, and found her with another chill, pulse feeble, and suffering intense pain in the abdomen. Warmth applied to the extremities, enema of laudanum and starch, and the reapplication of the turpentine and camphor. After recovering from the chill there was but slight fever, and but very little pain in the head. In six hours

she was to take an enema of a table-spoonful of turpentine, in half-a-pint of gruel, and as soon as it acted, to take ʒij sol. morphia. This was done, and on my next visit, she was free from pain, lochia returned, and expressed herself as feeling very well, but quite thirsty. No tympanitis. Ordered ice to be taken ad-libitum, and a diet of butter-milk and Indian bread. By the occasional use of the anodyne and turpentine enema, she recovered in about ten days, and done as well as she usually did.

CASE II.—Was that of Mrs. H., a lady aged 28, who lived ten miles in the country, and had been confined about one week with her fifth child. Previous to her confinement she had suffered from a bowel affection. When I saw her, she had high fever, thirst, tongue pointed and red at the edges, coated with a dark fur in the centre and inclined to be dry; bowels freely purged, tenderness over the whole abdomen, urine scanty, cough, cheeks flushed, pulse 120, stomach irritated and incapable of retaining but very little of anything. (This case I thought hopeless.) Her husband had given, previous to my seeing her, a dose of calomel, enema of laudanum and starch, and applied a blister to the abdomen, which was very sore at the time I first saw her. I forgot to mention that the mammoary secretions were suspended, and the lochia suppressed. Had administered immediately, an enema of laudanum and starch, but it was past off in a few minutes, and she complained of being very sore; and it giving her additional pain, it was not repeated. Left six pills of morphia, one-quarter grain each, one to be given every two hours until the pain ceased, and to eat as much ice as she desired; also, to apply clothes wet in ice water to the bowels, as often as they were agreeable to her; and as soon as she complained of them, to be stopt and enemas of ice water to be repeated as long as the fever continues. Visited her again in twenty-four hours—free from pain or fever: diarrhœa nearly cured, tongue moist, had rested very well and desired food. Diet—butter milk, and indian-bread. Suspend the cold applications, and to take two grains of quinine every two hours, in pills; apply warmth to the extremities, and to repeat the morphia at such intervals as to keep the pain controlled; but should fever come on, to suspend the quinine and resort to the ice-water injections. The fever returned that night, but the ice had given out and they were unable to procure any nearer than town. Was sent for early the next morning, procured some ice and took it with me. Found her with high fever, sick stomach, retching, and craving ice, bowels loose in spite of the morphia, pulse 120, countenance anxious, pain in the abdomen, tongue dry and red around the edges, and dark in the centre; blister had dried up. Continued the morphia, gave her the ice freely, and also to have the ice-water injections as long as the fever continued; to apply a flannel wet with turpentine and camphor to the abdomen; as well as to have 10 drops of the turpentine, suspended in gum and sugar, every two hours in some ice-water. Visited her again the next day—found her free from pain or fever, had rested well, pulse 100, tongue moist, skin soft, bowels much improved, and desiring food. A cup of green tea was relished very much; and was to have milk and mush, or milk

alone, just as her stomach might be able to bear. The morphia and turpentine to be continued, and occasionally an enema of ice-water: but should tympanitis come on, to have an enema of cold flax-seed tea with a teaspoonful of Spirits of Turpentine. From this time, her convalescence commenced, and continued gradually with a slight variation of the treatment, for two weeks; at the end of which time, her milk again returned, the lochia also appearing. During this time, she suffered a good deal from a sore throat, which I think was produced from the ice; but this gave way to a small blister applied under the jaw.

The next is Phlegmasia Dolens—a disease incident to child-bearing, (in which many women suffer a great deal,) and is supposed to be an inflammation of the veins and absorbents. A disease that is equally as alarming and distressing to the subject, as most any that they are heir to, but not so dangerous. In the first stages, a mercurial purgative followed by oil and turpentine, and apply the turpentine freely to the leg thigh and bowels, keeping them wet and wrapt in flannel, and afterwards, the occasional use of the oil and turpentine, so as to keep the bowels open, or an enema of the turpentine and gum, will soon arrest the disease. But a full anodyne should never be neglected at night, so as to procure sleep.

Intermittent Fever is cured by some of the Farmers in this vicinity, as promptly with oil and turpentine as by the use of quinine. The manner of treating the intermittent is as follows: give a dose of oil and turpentine two hours before the expected chill, for two days, and so prompt is it in arresting the paroxysm among our negro population, (who abhor quinine,) that it is but very seldom that a Physician is now called on here to treat an intermittent in a slave; besides, it is a great saving of quinine among the poor population. There is one peculiar feature in the treatment of the negro differing from that of the white, it is this; the negro will bear more stimulating and much less depletion, or sedative treatment, than a white person. Another remarkable property of the turpentine is, its power to prevent soreness from occurring in fresh wounds; applied to a wound that is bleeding, whether incised, contused, or lacerated, it will aid materially in arresting the hemorrhage and prevent all soreness, if occasionally used, and by this means will allow the dressing of the wound to be done without future pain to the patient.

In Uterine Hemorrhages, Dr. A. H. Taylor, of Wake Forest, informs me that he has used ʒj doses of the Spirits of Turpentine, suspended in mucilage and sugar, three times a day, with the very best success. As an Anthelmintic its virtues have long been known. Two cases of tape worm, that I am acquainted with, were effectually expelled by giving ʒss of turpentine for three mornings in succession, following each dose in two hours, by a dose of oil. One of the cases only took one dose, which was effectual.

Typhoid Fever—there is no single remedy that is growing more in popular estimation in the treatment of this disease, than the turpentine. Either alone or combined with Ipecac, and sometimes also the Spirits



of Nitre, I have found it in doses from five to ten drops, once in two hours, where the tongue is dry, to act like a charm in restoring the secretions. When the skin is hot and dry, the addition of Ipecac and Nitre will aid its action very materially.

V.—*Operation for Stricture of the Urethra, with remarks by B. F. TAYLOR, M. D., of Memphis, Tennessee.*

In January last, I was requested to see George T——, a gentleman, aged 35 years, who was suffering from *stricture of the urethra, with fistula in perineo*. The disease had existed for a period of twelve years; during which time, his constitution had suffered very materially. Though originally robust, a campaign during the Texan revolution, with intemperate habits, and repeated attacks of inflammation around the stricture, rendered him infirm.

A few years ago he was operated upon by the distinguished surgeon of New Orleans, Prof. Stone, without being materially benefited. It seems that the Professor operated with a concealed knife, a sort of lithotome caché, (if I may be allowed the expression,) dividing the stricture from above, completely. A catheter was then introduced into the bladder and retained on situ. So much inflammation occurred, however, that it was found impossible to allow it to remain.

He had been cauterized over and over again without any beneficial results. When I saw him, not a drop of urine, per vias naturales, had passed for some time. The last occurrence of inflammation had resulted in abscess behind the stricture, producing fistula in perineo, through which the urine continually dribbled. The smallest probe could not be passed through the stricture. Finding that the usual remedies had failed, I determined to operate.

After having subjected the patient to the influence of Chloroform,—assisted by my friend Dr. A. Thamel, and in the presence of several eminent medical gentlemen,—I introduced a strait grooved director to the stricture, about three inches from the meatus. An incision was then made upon the inferior face of the penis, through the integuments, two inches and a half in length. When the knife passed into the canal, a probe pointed bistoury was substituted, but found ineffectual. At this stage of the operation, it was necessary to employ a pair of small curved scissors for the purpose of cutting the stricture entirely away; which was accordingly accomplished. It consisted of an organised, tough, grisley substance. The deep seated artery was required to be ligatured. A flexible silver catheter was introduced into the bladder, and retained by appropriate bandages. The wound was then drawn together and secured by three silver pins, with small strips of court plaster. During the operation the patient was totally unconscious of pain.

During the evening, he voided his urine through the catheter, a few drops, only, passing through the incision, and the fistulous opening.—He rested well through the night, complaining but little. The penis had swollen considerably, as was anticipated.

On the second day, the passage of the urine through the natural channel was completely established. The swelling of the parts had diminished very considerably, and the patient expressed himself as being comfortable, and quite free from pain. His symptoms continued favorable up to the fifth day. Upon calling that morning, I found him laboring under great dyspnoea with hiccough. I enquired the cause of such sudden and alarming symptoms, when he very quietly informed me, that “he had *only* drank too much water.” From the statement of the servant, it appears that he drank a large pitcher of water, which would contain at least one gallon. His symptoms increased with such intensity as to produce death in eighteen hours. An examination of the wound demonstrated a perfectly healthy condition of the parts, impressing upon my mind, not a doubt, as to the entire success of the operation.

In this case, every method heretofore devised, had failed of success. Cauterization, dilatation, and division of the stricture with a concealed lancet, had each, been found ineffectual. It occurred to me that by an external incision, extirpating the entire diseased structure, a cure might be effected. At the time, I believed the operation to be entirely original; but since, I find Prof. Syme of Edinburgh,—in a work not yet published in this country—has advocated, in a very able manner, precisely the same method. He cites a number of cases illustrating clearly, as I conceive, the great advantages,—over all other methods in use—to be derived from such a procedure.

Many cases of stricture may be cured temporarily, but contract almost as fast as they are dilated, rendering the patient a burthen to himself and a source of annoyance to the surgeon. In all such obstinate cases, my experience strengthens the belief, that the most rational method, is, to *divide by external incision the entire diseased structure, and, if necessary, cut it away.*

The editor of the British and foreign Medico-Chiurgical Review, in his notice of Prof. Syme’s work, says:—“The proceeding advocated by Mr. Syme in the treatment of obstinate strictures of the urethra, is the division of the whole diseased portion of the canal by external incision; but by incision upon a groove staff or director, passed through the stricture—so that it is essential that a way be first cleared through to the bladder, before this operation can be undertaken.” I maintain that such a condition is by *no means essentially necessary*, for there are many cases where it is impossible to pass even the smallest probe e. g.—the one, which I have just detailed. Mr. Syme, in a case of this kind, would have refused to operate, the condition “essential” to the performance of the operation, being absent. My method then, differs from Mr. Syme’s in one particular, i. e.—in meeting a class of cases in which he would refuse to operate.

August, 1850.

VI.—*Gangrenous inflammation of the arm—Amputation—Metastatic fistulas—recovery. Caesarian operation performed with success. Engorgement of the uterus, attended with ascites and anasarca.* Reported by L. LEFEVRE, M. D., of Saint James, Louisiana, 1850.

CASE 1st. Oct., 1848—visited with Dr. Thomas Cottman a negro man, aged about 40, under the charge of Drs. Baldwin and Joseph Cottman—received a cut with a cane knife on the little finger, some ten days past; appeared simple at first; dressed with adhesive strips, but being very painful, was cauterized with nitrate of silver and poulticed. Upon examination, the morning of our visit, the arm was discovered to be gangrenous up to the insertion of the deltoid. Sulphuric ether was administered as an anæsthetic, and Dr. T. Cottman proceeded to operate immediately; commencing as near the gangrenous part as he could safely do to allow for the contractility of the muscles of the shoulder, and prevent a postdenudation of the bone. His reason for not performing the operation at the articulation, was, that a little stump would be found very useful by closing it to the side by the action of the Pectoral, sus- and sous-epineux, sous scapulaire, &c.; many things might be held and assist materially the other side. The operation being a simple one, was soon performed, and the dressing applied, and an anodyne administered. Severe constitutional symptoms supervened, and seventy-two hours after the operation, I saw him again, when the dressing was raised and the stump washed.

4th day—very considerable irritative fever, with great pain in the loins, extending through the inguinal regions down the thigh; slight diarrhœa; cordial tonics with opium were administered. 5th day, violent pain across the chest super added to other symptoms; pulse 130, small and compressible; treatment continued with the addition of camphor. 6th, a serous diarrhœa commenced during the night and prostrated him very much; pulse 125, thread-like; temperature of the body considerably below the natural standard and covered with perspiration—ordered the body to be sponged all over with dilute Pyrologucous acid and spirits of camphor—a preparation composed of camphorated tincture of opium, tincture of cinchona and aqua calcis was given every four hours; enema of the same morning and night. Treatment continued 7th, 8th, 9th, 10th, 11th, 12th; on the 13th from the symptoms severe lumbar pain, disposition to cross the leg of the diseased side over the other; hectic fever, &c., the Doctor diagnosed lumbar abscess. 19th, the Doctor thought he could perceive fluctuation about half way down the thigh, and concluded that a deep incision would relieve the pain if he should be disappointed in finding pus. The integuments were laid open with the bistoury about three inches in length and an inch and a half in depth, sponged out and explored, the fluctuation became perfectly evident and the incision was continued until it opened into an abscess from which issued a quantity of pus of a very



disagreeable odour, and small coagula of blood. Dr. Cottman observed, "gentlemen, this is fistulous pus, when you have once smelt it you will never forget the odour; this is no Psoas Abscess." When it had discharged about five ounces of pus, the man became faint, and the orifice was closed by filling it with lint; Previous treatment continued.—20th, lint removed and about four ounces of pus discharged with traces of fæces. 21st, passed a comfortable night—observed whilst evacuating the bowels that a portion of the contents of the rectum passed by the fistulous opening. The sinus was regularly injected with solution of Nitrate of silver and Tonic treatment continued until near the middle of December, when he had entirely recovered. He has been perfectly well ever since, except occasional Rheumatic pains in the hip of the affected side.

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*Cæsarian operation successfully performed.* By THOS. COTTMAN.

CASE 2d. July, 1849—Dr. Bernard of St. James called Dr. Cottman to assist him in a case of artificial labour of a negro woman on the White Hall estate. I accompanied him to see the case. On our arrival, Dr. Bernard told us that the child had been dead about 24 hours, applied the forceps, but was unable to effect delivery in consequence of the monstrous size of the child's head, and the diminished size of the pelvis. After examination by Dr. Cottman, the gentleman coincided in opinion and decided on immediate cephalotomy; the head was punctured and parietal bones taken away. The Antero-Posterior diameter of the pelvis was so much diminished by a sacral *exostosis* that they thought it would be much more dangerous to the mother to take the child away by pieces than through an incision made into the abdominal cavity.

The abdomen was uncovered and a single incision made, commencing two inches above the umbilicus, passing on the left side down to within two inches of the *os pubis* along the *Linea alba*. With the nail of the thumb and fore-finger the Peritoneum was slightly elevated and an incision made large enough to introduce two fingers of the left hand between which the bistoury was passed above and below to give the same extent of opening as that through the integuments. The uterus being brought fairly into view, was laid open with a single incision (the Doctor having an antipathy to slow processes) made by a convex bistoury about seven inches in length, corresponding to the external opening through the walls of the abdomen, the child seized by the feet and delivered; the hand introduced again into the uterus and the placenta and membranes taken away. This was done in less than two minutes. By the time that the parts had been cleansed with a sponge the uterus had contracted so that the opening through which the child passed, appeared to be reduced to about two inches. Five sutures

were used to keep the edges of the wound in apposition—a piece of linen smeared with simple cerate laid over it, pads placed on either side of the abdomen kept in place by a bandage, and cold compresses applied to the whole abdomen, to be kept cold enough to prevent inflammation. Ordered an opiate at night—dressing not raised for five days—wound healing by first intention, washed and applied adhesive strips. On the 12th day, able to sit up and in three weeks going about as usual. The child minus the Parietal bones and brain weighed twelve pounds.

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*Engorgement of the Uterus attended with Ascites and Anasarca.*

CASE 3d.—Went with Dr. Thomas Cottman, to see a negro woman complaining of violent and incessant pains in the loins, hypogastrium, and down the thighs, which were occasionally lancinating and produced violent hysterical symptoms. Her history of herself was, that she had been irregular in her catamenial discharges for a little over two years, and that they had been attended occasionally with a great deal of pain, and she had been under treatment of two different Physicians for dysmœnorrhœa, and had gradually grown worse until she was unable to walk. When she stood up, there was such a sensation of bearing down or dragging, that she thought that her womb would fall out; and as might have been expected from a continued emmenagogue treatment, considerable dyspeptic symptoms, cephalalgia, palpitation, constipation, considerable distention and fluctuation in the abdomen, lower extremities œdematous, &c. On examination by the touch, the neck of the uterus was discovered voluminous, hard and resistant, and just inside of the vulva. The sensation of touching velvet was conveyed to the finger on touching the os tinæ, which was patulous and not at all sensitive. The vagina appeared to have lost its natural contractility, and was exceedingly flaccid. Blood and muco-pus covered the finger when withdrawn, but no offensive odor; in consequence of the ascites, nothing could be felt above the pubis. The tongue was papillated and discolored, the gums and inner portion of the lips of an exsanguinous and yellowish hue. Examination by Speculum. The cervix uteri too voluminous to enter the Speculum, covered with the mucopurulent secretion, which being wiped off with a piece of lint introduced through the Speculum, brought to view an abraded suppurating surface, about the size of a two-bit piece, and a muco-purulent discharge from the os uteri. A piece of lint was introduced into the os uteri to wipe it dry, and the suppurating surface painted over with the acid nitrate of mercury, and the Speculum filled with mauve water to wash out the vagina. Ordered enema of cold water morning and night, cold compresses over the abdomen, cold hip bath early in the morning and last thing at night; blue mass, ergot and tartarized antimony three times a day. 15th. Complained very much of the compresses and the

nausea from the pills. 16th. Applied fourteen leeches to the cervix uteri, continued other treatment with the addition of  $\mathfrak{D}$ ij Dover Powder at night. 18th. Cervix diminished, ulceration also, brushed over with the acid nitrate, no appearance of anasarca, ascites same, treatment continued. 21st. Ascites so much diminished, that the fundus of the uterus can be easily detected above the pubis with one hand when the finger of the other is applied to the cervix; copious hlenorrhagic discharge from the vagina, attended with considerable lumbar pain; ordered cup over the sacrum and continue other treatment. 23d. Slight Ptyalism, very copious hysterical urinary discharges, ascites entirely disappeared; slept well for two nights, no lumbar pain, hlenorrhagic discharge continued; added a little nitrate of silver to the vaginal injections, continued other treatment. 26th. Profuse Ptyalism; suspended all treatment, except wet bandages, hip bath and injections. April 3d. Ptyalism ceased; patient says she is perfectly well, except "starved to death"; put her on nutritious diet, abdominal bandage continued. 11th. Third day of catamenial discharge, which came on without pain the first time in over two years. May 8th. Met her coming from the river with a bucket of water on her head; says her menses came on last night, perfectly regular.

This is a case that Dr. Cottman left entirely under my charge, but visited her with me.



## Part Second.

### REVIEWS AND NOTICES OF NEW WORKS

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I.—A *Treatise on Baths—including cold, sea, warm, hot, vapor, gas and mud baths : also on the watery regimen, hydropathy and pulmonary inhalation, with a description of bathing in ancient and modern times*, by JOHN BELL, M.D. &c., &c., &c., Philadelphia, Barrington & Haswell, 1850.

We should long since have noticed this interesting volume on the important hygienic subject of bathing, &c., and we owe an apology both to the author and publisher for not having done so—but it has been thrust aside out of its place by the crowded state of our columns. There is probably no subject, next to Temperance, in which we of the South are so much interested (and we might add and so much neglect) for the preservation of our health and the enjoyment of life, as in the varied application of baths; and we know not how we can better serve the community, than by inviting them to accompany us in the examination of this subject in as much detail as our space permits.

But let us premise a little, by stating what is the *authority* for the important statements we are about to give. The author, Dr. John Bell, now in the maturity of his intellect, is one of the most distinguished physicians and writers in our country; born on that "mulatto soil," the fruitful bed of so many of our presidents and other eminent statesmen and scientific men, he, soon after graduating at the University of Pennsylvania and making a visit to the East, and a tour in Europe, located in Philadelphia, and has been one of those physicians who by writing and lectures, has been prominent in giving her that pre-eminence which

she has so long enjoyed for medical talent and science; and we now rejoice to see that he has been transferred to the great valley, located near its head at Cincinnati and enjoying that distinction in a *double sense*; and this gratification is enhanced much when we consider that his principles are of the most orthodox kind; not carried away by every wind of doctrine, nor yet with that obstinate fixedness of opinion denying admission of that progress in advancement which is so characteristic of the age. An ardent student, a profound thinker, a ready writer, with an admirably balanced judgment, and a great practical experience, he applies the stores of his fine cultivated mind to the elucidation of every subject on which he dwells, whether on the practical or theoretical department of the profession—ornamenting all by the most recondite literary researches. The work before us is perfectly original, and although he has been materially aided, of course, by separate monographs illustrating various parts of the extensive subject and its diversified applications,—yet in its totality embracing at a grasp the whole of the subject and the valuable principles upon which all the varieties of bathing is to be applied, it may be safely said that there is no such work in print, not only in our language, but in any language! This is great praise of itself;—but when we consider the *manner* in which it is accomplished, we may well be proud of the man and the book in a national sense. With this work before us, and the many which our distinguished physicians (besides other scientific men) have ushered forth to the world, it will no longer be asked—“who reads an American book—what does the world yet owe to American physicians and surgeons”? the question has been long since answered in the most triumphant manner by a series of original works in the various departments of our profession—and to no one does this credit more properly belong than to the gentleman now before us; and besides, he is entitled to the high praise of mainly confining his researches to the most important subjects—applying scientific principles to practical purposes and illustrating them in every department of life. Such is the true use of science and he is the real benefactor of his species—not the mere discoverer of a principle, but he who applies it to some *practical purpose* to mitigate the ills or add to the comforts of life. There is no member of the profession, we believe, less prone to be led astray by hypothetical views, or who can be considered more thoroughly settled in the well established truths of the science.

But we beg pardon of our readers for keeping them so long from the interesting subject before them; during its examination we shall endeavor to use the language of the author whenever we can.

Dr. Bell commences at the *beginning*—lays down first his principles—the anatomical and physiological condition of the individual and especially of the entire cutaneous surface—shows wherein and how far extends the susceptibilities of his subject and then applies it. He exhibits its extent by showing that not only all animals, but that all *vegetables* bathe,—this occurring through dews—fogs—rains; and that

they benefit by removing dust which clog their pores, destroy insects which injure them, and furnish nutriment to the plant.

He gives the great Anglo-Saxon a very clear but a very deserved hit at their bragging at using *water* more extensively than any other people, while they are more decidedly *hydrophobic* than any nation of modern times; that we rather confine our use of it for navigation, for canals, for steam engines, manufactories,—nay for any and every purpose rather than obey that *instinct* common to all living nature. In Europe it is so common as to be considered a *necessary* of life, while in this country and in England, it is considered as a *luxury*.

Why, it may well be asked, should the people of the United States deprive themselves of the admirable appliances, on the score both of health and enjoyment, to which all classes in many other countries and opposite climates have ready recourse. In Russia, the use of the vapour bath, is general, from the Emperor to the poorest serf; and as Dr. Clark in his northern travels, truly remarks, through all Finland, Sweden, Norway and the most Northern Empire, there is no hut so destitute as not to possess its family vapour bath, whither all the members of the household resort every Saturday at least, and every day in case of illness. Equally general is the use of the bath in Turkey, Egypt and Persia, among all classes, from the Pasha down to the poor camel driver and porter, or the Arab boatman; in short, every one who can raise a few paras. Even the red men of our forests, the aborigines of this continent, have more fully appreciated the advantages of the bath than their civilized successors and supplanters of the white race.

Our author then proceeds to the offices performed by the skin,—in showing that through it our relations with the external world are established—by the sense of touch,—that through its modifications of sensibility we are apprised of the temperature of the atmosphere and watery medium in which we may happen to be placed, that it also aids the nutrition of the body and absorbs fluids and gases, and exhales the like, and that it is auxiliary to respiration and to the regulation of animal heat.

In his anatomical division of the layers he differs from former authorities, and divides the cutaneous envelope into two main layers (instead of three)—“the external called *epidermis*, cuticle or searf skin; the internal, called *cutis vera*, dermis or carium, or true skin, with the perspiratory and the sebaceous or oil secreting glands.” The *rete murcosum*, or what was considered the third layer, is now considered as only the under lamina of the epidermis,—in this resides the true color of the skin which distinguishes most nations, and the health and appearance of separate individuals reside.

The sudoriferous or sweat glands are small oblong rounded bodies, in some cases situated in the tissue beneath the skin. Under the microscope, they present the appearance of a solitary tube intricately rounded, one end of which is closed and usually buried within the gland, the other emerges from the gland and opens on the skin. In passing the



epidermis, the orifice is covered by a minute valve of this outer layer. To give some idea of the extent and value of this perspiratory system, the author quotes the work of Mr. Wilson, in which he states he had counted on a square inch on the palm of the hand no less than 3528 perspiratory pores! that on the body there are on an average 2850 to the square inch—that to each of these orifices is a pore about one-fourth of an inch long, or 700 inches: now the number of square inches in a man of ordinary height and bulk is 2500, the number of pores therefore 7,000,000, and the number of inches of perspiratory tube 1,750,000—that is nearly 28 miles! We can thus easily imagine the effect of an obstruction of all this, and can there be a stronger argument for enforcing the necessity of attention to this important membrane?

As an additional argument for *our* use of the bath, it is farther shown that the oily fluid thrown out from the sebaceous follicles of the inhabitants of warm climates is more abundant than in those who inhabit cold countries; and that the tubes are frequently the seat of a curious parasite or animalcule (*Demodex folliculorum*) which Mr. Wilson represents to be present in great numbers on the inhabitants of cities and large towns, whose skins are more or less torpid in their functions: and that they exist in great and remarkable numbers during sickness; that these are not confined to the “great unwashed” but exist in the delicate town-bred lady of fashion who is negligent of attention to this important organ.

The skin is also an important organ of absorption by which various substances, gaseous, fluid and solid are introduced into the body; and of secretion and exhalation by which various matters are eliminated, either for special uses, or the retention of which would be prejudicial to health. In virtue of its absorbent function it allows the entrance of oxygen gas and of water and of numerous saline substances where they are held in solution by water. Nitrogen and carbonic acid gas are also absorbed by it. Indeed in this way most articles of the *materia medica* are thus introduced into the system and produce their distinctive effects on the body, constituting in the hands of the Profession, and often when all other means fail us, an important means of curing disease.

The chief depurating processes are the eliminating of the perspirable fluid or sweat, and of carbonic acid. Commonly the fluid is formed so gradually that the watery portion escapes by evaporation as fast as it reaches the surface in the form of vapour. It is then called *insensible perspiration*. This also takes place very readily in highly rarified air, as we have often seen in the higher table lands of Mexico, where *sensible* perspiration, or sweat, is so seldom perceived. When it is greater, from strong exercise—great external warmth—in some diseases—or where the air is so loaded with moisture as to be incapable of receiving more, the secretion becomes *sensible* perspiration, and collects on the skin in the form of drops of fluid. Insensible perspiration consists of, in addition to watery vapour, carbonic acid and acetate of ammonia. The fluid of sensible perspiration or sweat holds in solution various saline

substances, viz: phosphates of soda and lime, carbonate of lime---chloride of sodium (common salt), sulphate of soda, muriate of ammonia and some potash and lactic and acetic acids.

The two great surfaces for the exhalation of watery vapour from the body are those of the skin and of the mucous or lining membrane of the lungs. The entire loss from these during twenty-four hours seems to average about 3 1-2 pounds, that from the skin being estimated at little more than 2-3 or 2 1-2 pounds. This discharge is much influenced by the state of health and particularly during any digestive derangement. It is also influenced by the state of the atmosphere,—it is increased by a dry atmosphere and diminished by a moist one (although apparently the reverse),---it is increased by muscular exertion and diminished by repose and indolence. The urinary and cutaneous secretions are reciprocally vicarious. It appears that at least one hundred grains of azotised effete matter are daily thrown off from the skin, and any cause which checks this must increase the labour of the kidneys or procure an accumulation of noxious matters in the blood, hence the vital importance of keeping them open by ablution, cleanliness and friction.

It is also an important *Respiratory* organ absorbing oxygen and secreting carbonic acid, thus aiding the lungs in producing that change in the blood on which the arterial color and other characters of this vital fluid, and the evolution of animal heat, mainly depend. In some of the inferior animals respiration is performed by the skin alone. The importance of this respiratory function of the skin in the higher animals is farther manifested by the fact, *that if its surface be covered with an impermeable varnish*, or if the lungs be enclosed, all but the head in a caoutchouc dress, they soon die as if asphyxiated; their heart and lungs being gorged with blood and their temperature during life gradually falling many degrees, and sometimes as much as 30° of Fahrenheit below the ordinary standard.

With these facts before us, it is clear there is no little danger in having our skins pretty thoroughly coated and pores obstructed by a thick incrusting layer the residue of perspirable and sebaceous secretions, mixed with detached scales of cuticle—dust and other matters floating in the atmosphere,—all of which in many persons are allowed to accumulate for years! That the suspension or disturbance of these important functions should produce disease is not at all astonishing,—but it is astonishing under the circumstance that it is not more frequent. The common expression, out of the profession that such a one's disease is owing to their "taking cold" is not so far out at last, and may result from the prolonged impression of cold or moisture from currents of air when the body is quiet and unexcited—producing suspension or disturbance of the functions of the skin, resulting in anginose and pulmonary affections, inflammation of the stomach, bowels, uterus, rheumatism, gout, fevers, &c. &c.

The skin also regulates animal heat—watering it by its respiratory functions—so by its exhalation and the exudation of fluid from so large

a surface of evaporation, it presents its excessive accumulation and preserves a medium temperature of the body. Our author gives the estimate of the power exercised here in cooling by stating that the loss of heat per minute is sufficient to raise 4000 grs. or more than half a pint of water from the freezing to the boiling point!

He continues his interesting account of the influence of different temperatures through the skin on the system at different ages and conditions; and proceeds to some valuable practical remarks on the sympathy between the skin and internal organs, which are highly deserving the attention of every physician as based upon some of the best established principles of human physiology and such as he must apply constantly at the bed-side of the sick; but our space forbids. He then proceeds to the influence of different kinds of clothing on the body through the skin, as adapted to different seasons and conditions, and shows his usual experimental tact and science;—and so of exercise—of frictions—of swimming,—and especially as a part of cleanliness, a religious, moral, as well as physical duty, and dwells on the influence of this on health and beauty. He then expatiates extensively upon the antiquity of bathing,—of its use among the Greeks—Romans—Arabians, &c., and of modern times by the various nations of Europe at the present time; for which interesting details we must refer to the book itself, and proceed without farther observations to the “practical application” of the subject.

Baths are usually divided—for all the purposes of hygiene and medicine—as it regards their *temperature* into *cold*—*warm* and *hot*;—the intermediate degrees are vaguely expressed by the terms *cold*—*temperate*—and *tepid*. Baths too are *simple* as of river or spring or rain water, or *medicated* holding various mineral or vegetable substances in solution. And are varied according to the part of the body or mode of application. Thus it is a *semicupium* when the lower half of the body is immersed; a *pediluvium* when a foot bath; a *manuluvium* when a head bath; a hip or seat bath, &c.

✶ If applied to the whole body—it is denominated *Immersion* (the common bath,—*affusion* by dashing or pouring water on the body, as by the *shower bath*,—or the *douche* or *spout bath* through a small canal or pipe from some height. *Aspersion* or sprinkling as when water is squeezed from a sponge. *Ablution*, as when the body is simply washed with a wet towel or sponge. And this is the course pursued by the ancient Athenians—this fashion of bathing being followed by strigilation.

Baths were also varied by the different substances employed. The ancients were partial to *Hydroleic* baths, or those of *oil and water*;—to baths of *oil* alone,—and sometimes of milk, and of wine. History relates that even baths of *blood* have been used! and at the present time in Europe, baths are sometimes made of the *husks of grapes* and other residual matters, after the expression of the juice,—and so of the residue of the *olive*.

They are also sometimes made of *mud or earth*,—this consists in



covering the body to the neck, or a single limb with it. This is usually made of the alluvial soil at the Thermal springs, with their sulphurous or saline deposite of a warm temperature. They are called *Illutation* baths.

Dr. Bell is disposed to be precise and definite in limiting to such cognizable degrees that the expression can be understood and made intelligible to all—in and out of the profession—of the various and heretofore quite indefinite terms—“*hot—cold—warm baths.*” And from the rules which he has most distinctly laid down we need no longer blunder or be misunderstood when we wish to convey directions to a patient. The English writers have been mostly very vague upon these important points. He has in this respect followed the example set by another distinguished writer of our own country, Dr. Joseph Mather Smith, who is entitled to the high credit of giving a proper meaning and a well defined understanding to the terms *infection* and *contagion*, which before his luminous interpretation were so indiscriminately applied by the profession.

That there is some *common standard* upon this subject by which there need be no misunderstanding he makes very clear,—for instance—on immersion in a bath of 70° there is a general sameness of sensation to every one wherever it is used. The *shock* will be evident, and there will be no hesitation in designating it as *cold*. The spring water of every country furnishes a bath of this kind to the inhabitant (it being understood that all spring or well water if sufficiently deep is of the mean temperature of the latitude, &c.) although there is a difference of 30° between the two extremes, as we find in the northern climate of Europe and in the west Indies; in the former it is 40° and in the latter as high as 70° Farenheit: In this country (i. e. N. Orleans) the mean is about 68°, though the river from which we obtain our supplies, heated as it is in the reservoir of the water works by remaining in it a day or two exposed to the direct rays of the sun, comes to us in the hot season heated to upwards of 80°\*—and usually in the hottest months as high as 85°—86°,—hence the baths we ordinarily use here in the summer, without applying artificial heat to, and which we denominate “*cold baths,*” are, in fact, according to the table to be given presently, but *temperate* baths.

In reference to the term *hot bath* there will be as little misunderstanding, if we refer it to our first sensations as above the degree of pleasurable, or what we may call natural warmth; and when carried

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\*It may be said by way of lamentation,—what a great pity that this great monopolizing corporation would not take the trouble to cover over their large basins to supply the city with water,—the effect would be 1st to render the water much *cooler*, and 2d much *clearer*;—for if the wind is kept entirely from it, from being thus *still* it would be enabled to settle and would leave in the reservoirs most of the earthy deposite it now conveys through the pipes to the city;—the company would thus *gain* this and have the labor of their hands employed to wash out their pipes.

above this point there are certain symptoms which will serve to guide the unwary and inexperienced. These are acceleration of pulse, augmented and preternatural heat of the skin, felt especially in the cheeks and temples, and some fulness of the head and slight confusion of thought. Hence then whenever the temperature of the bath is above 98° or the natural heat, such indications are surely present. These distinctions are very important, and there is a vast difference between a *hot* and *warm bath* on the health and comfort of individuals, and sometimes serious consequences ensue not only to the sick and delicate but even to the comparatively robust and healthy by neglecting to ascertain the actual degree of a bath in which you are about to plunge for better for worse, and no one should ever think of entering a bath of any kind without ascertaining its temperature by a Thermometer, and no bath establishment merits the patronage of the public without this instrument being hung up in every bath room.

But to the scale which is so important for our guidance.

1st.	The Cold Bath	should be	from	33°	to	60°	Farenheit.
2d.	“ Cool	“	“	60	“	70	“
3rd.	“ Temperate	“	“	75	“	85	“
4th.	“ Tepid	“	“	85	“	92	“
5th.	“ Warm	“	“	92	“	98	“
6th.	“ Hot	“	“	98	“	112	“

The action produced on the periphery by these various baths we have before endeavoured to impress upon our readers in the establishment of the principles upon which we set out: it is the same as those on the internal mucous membranes from the intimately close sympathising actions of these respective surfaces, and therefore we need not repeat them here,—they are laid down in the work before us with great ability and precision.

Few hygienic agents are in more direct harmonious relation with the wants of the animal economy than the warm bath. It acts as a detergent—cleansing the skin from all adherent impurities, and thus enables this organ to perform with more effect its various functions. It calls into additional exercise the heart and blood-vessels, particularly the capillaries both of the skin, and of all the internal tissues and organs. It exerts on the nervous and circulating systems the most soothing influence, and allays undue or morbid excitement.

No less important also is the *period for taking a bath*, and this should never be neglected. The *time* for taking a bath whether *warm* or *cold*, will be when the *stomach is empty*, as before breakfast or before dinner, or late in the evening, provided in the last case, that a slight dinner has been eaten not far from the middle of the day.

A short time too ought to elapse after a bath before setting down to a meal. Time should be given for the digestive mucous membrane as well as the skin, to recover from the excitement, whether it be indirect, as after reaction from the cold bath, or direct after a hot or vapour bath.

The *duration* of the bath will vary according to its temperature, as well as the constitution and habits of the individual. The colder the bath the shorter will be the period of the immersion in, or exposure to it. In many persons, particularly those who are delicate and whom we wish to become gradually accustomed to the cold bath, simple immersion or a momentary shower will serve for a beginning. None should be exposed more than a minute or two in a "cold" bath, if prevented the exercise of swimming, unless for medicinal purposes.

The detention in the *tepid bath* may be from 10 to 15 minutes, if the bather does not suffer from a sense of chillness;—while in the warm bath he may indulge from half an hour to an hour.

The hygiene of bathing would be incomplete without the aid of those processes so universally carried out in ancient times, and among the people of the east in the present day, but so greatly neglected in the greater part of modern Europe and on this continent. We mean methodical friction or chafing of the entire cutaneous surface with the aid of strigits—brushes—horse-hair straps and gloves and coarse towelling. A coarse sheet should always be preferred to a towel as soon as emerging from the bath—to prevent the evaporation and consequent chilling resulting often during the application of the towel, and then the horse-hair strap or gloves to ensure reaction and restored vitalization to the surface.

The author dwells extensively upon the use of sea-water baths; we need not follow him, as the same principles with but trifling modification (its *medication* by salt) will apply to them as to fresh water baths of the same temperature. He dwells much on their application to various morbid as well as hygienic conditions, and we refer our readers to them with the confident assurance of their being greatly benefitted thereby. We should however always bear in mind in perusing the important regulations in this book the *table of temperatures* of the different baths (above given), that really we have no such (natural) baths in *this* country in the warm months as the "cold" of that table, and that ours, sea as well as river, hydrant or rain-water being from 70° to 90°, or properly speaking "temperate baths" may be indulged in oftener and remained in longer than in the cold baths.

The *warm bath* has been extensively used from the earliest times,—nay—almost as far back as recorded history;—even Homer speaks of its refreshing influence, and of its preparing the guest for the repast, and the enjoyment of other rights of hospitality. Dr. Duncan quoted by our author makes many judicious observations on the use of the warm bath, and his views are, in fact, now the common sentiments of the profession, and satisfactorily explanatory of its mode of operation. That as the extremities, which are the chief organs of touch are cooler than the internal parts, the bath that restores warmth to them really reduces that of the body better than air of the same temperature, because it is a much better conductor of caloric, and thus equalises excitement and restores equanimity.



The warm bath diminishes the frequency of the pulse, especially when it has been greater than natural; and this effect is always in proportion to the time of immersion. It always renders respiration slower and lessens the temperature of the body, relaxes the muscular fibre, produces a soothing and hypnotic influence on the nervous system, increases the bulk of the fluids by absorption—removes impurities from the surface—promotes desquamation and renewal of the cuticle, and softens indurations of the skin.

The very exercise of the function of each organ although necessary for its health, is accompanied with or implies the existence of an excitement, which is itself a means of wearing out and exhausting the energies of the organism. If then we can use any means by which we are enabled to restrain the range and force of this excitement, short of interfering with that which is necessary for the functional exercise of the organs, the more do we husband the strength and prepare the general system for a renewal of exertions—bodily and mental. These ends are usually accomplished by sleep and the recumbent posture; but the warm bath accomplishes the same purposes often in a much more rapid manner; hence then we can often by this means alone procure entire repose of some organs, and diminished excitement of others, with the removal of irritation from all, with great gratification to the feelings, and a powerful means of refreshment and invigoration. The application of these principles constitute the most useful part of the book: as a bath of the temperature 92-98 is not only of more universal benefit, but is of more universal application, and is, in fact, more extensively used than any other, and as it would lose in any abstract short of full details of its hygienic as well as medicinal application, which would rob both the author and publisher to give, we prefer to refer to the book itself for them. We have limited ourselves to its hygienic and physiological effects leaving the therapeutical to the work itself, as being too extensive for our limits.

With these observations we leave our author to the reader, with the strongest recommendations we can give (especially in this climate) of the usefulness of the work and the constant applicability of his rules and principles to the advancement of our comfort—the promotion of our health, and the removal of disease. Had time and space permitted, we should have extended our remarks to portions of the work that we have not been able to reach; but we trust we have given sufficient to whet the appetite and give a foretaste of its valuable contents, and refer our readers for copies of the work to the large and choice collection of our friend Steel, 14 Camp St.

E. H. B.

II.—*Of the causes, nature and treatment of Palsy and Apoplexy: Of the forms, seats, complications, and morbid relations of Paralytic and Apoplectic Diseases.* By JAMES COPLAND, M. D., F. R. S. etc. etc., Philadelphia: Lea & Blanchard, 1850. pp. 326.

The subjects treated of in this interesting volume, and so distinctly pointed out in its title page, should claim the serious attention of all southern physicians. It is in southern climes that the most violent and intractable lesions of the nervous system are to be found—indeed, this system plays the most important part in the principal diseases here met with. The volume before us is from the distinguished author of the Dictionary of Practical Medicine, which, when completed, will be one of the most gigantic literary tasks ever executed by a single individual. The greater part of this volume was published nearly twenty years ago among the first articles of the Dictionary, but the author has here added the latest and most approved views of the day.

Although the brain and nervous system are so deeply involved in all the prevailing fevers of the South, if we are not mistaken, Apoplexy and Palsy are most frequently met with in our cities, where white laborers are exposed to the doubly malign influences of intemperance and a vertical sun, and gentlemen in easy circumstances often indulge too freely in the pleasures of the table. We may take this occasion to say that another most potent cause of Apoplexy and Paralysis has recently been found to exist to a great extent in the city of New Orleans, and one which is but briefly alluded to in the work before us:—we speak of *lead-poisoning*. It has been discovered that the *soda-water* so commonly drank in the warm seasons, is highly impregnated with lead. It has long been known that Apoplexy and Palsy are readily produced by this poison, and we hope soon to be furnished not only with a clue to the origin of so great an amount of these diseases as is annually witnessed in our city, but also the best means of preventing their occurrence. We will only remark at present that every thing discovered in relation to this subject will shortly be laid before the Profession and the city authorities.

As our limits forbid any thing like a critical analysis of the work before us, we shall content ourselves with the following extracts which may serve as *specimens* of the contents.

The author commences his treatise with the following general view of the two classes:

“Palsy and apoplexy are so intimately connected the one with the other, in their causes, seats, pathological conditions and treatment, as to render it most difficult, if not altogether impossible, to treat fully and satisfactorily of the one apart from the other. The same remote causes and contingent occasions, and the same structural changes, varying only in grade, affecting often the same parts or seats, produce both these diseases. In these circumstances, therefore, and in the great ma-

majority of cases, they may be viewed as modifications of one malady, even when unassociated. Seeing, however, that they are very frequently found associated—that, in most cases, palsy either commences or terminates in apoplexy,—when it is observed that the majority of instances of apoplexy are either complicated with, or followed by palsy, the propriety of treating of them in connection with each other, and as they usually come under the observation of the physician, will be admitted. Both forms of malady thus depending upon sameness or similarity of pathological conditions, necessarily require also similar modes of treatment; or, at most, the means which are often appropriate to the one are suitable also to the other, with more or less modification.

“In treating, therefore, of these two forms of disease—of apoplexy and palsy—it is immaterial which of the two should receive precedency. The fatality of the one is nearly equal to that of the other, although after different periods of duration; and the consideration of the changes producing in both, and of the means most appropriate to the removal of these changes, is beset with difficulties equally great in respect of each. As, however, several forms of partial palsy are often forerunners of either complete and extensive paralysis, or of attacks of simple or of complicated apoplexy, I shall direct my attention, first, to the more *simple and primary varieties of palsy*; next to the *uncomplicated forms of apoplexy*; afterwards, to the *complicated states of palsy and apoplexy*, and to their *causes*, to the *disorders which often precede them*, and to the more *important points of their pathology*: and lastly, to the *treatment of their several forms and complications*.”

The following remarks on the *diagnosis* and *prognosis* of apoplexy will convey useful instruction to those who are not perfectly familiar with the subjects.

#### OF THE DIAGNOSIS OF APOPLEXY.

“Apoplexy is, in general, readily recognised; but it may occur in a way and under circumstances which will render its diagnosis a matter of difficulty. Thus, we may be called to a patient, of whom nothing is known, with the following symptoms:—Coma, laborious or stertorous breathing, relaxation or rigidity of the limbs, complete loss of consciousness: he may or may not have had convulsions, or a blow upon the head; there may be hemiplegia, or not. In this case, is the patient in a state of dead drunkenness, asphyxiated, poisoned by narcotics, or affected with the profound coma consequent upon epileptic or hysteric convulsions? Is it concussion of the brain; the advanced effects of organic disease within the head—as of cysts, abscess, or of inflammation terminating in effusion; or fever, either at its commencement or close, with apoplectic symptoms? It is true that these states differ but little from apoplexy; the difference consisting chiefly in grade, unless hem-



orrhage has taken place, when paralysis generally manifests itself. But it should be at the same time recollected that there is sometimes hemorrhage without local palsy, and even palsy without sanguineous extravasation. The diagnosis of such cases is very important: but without information of the circumstances connected with the history of the case its difficulty is extremely great. I once treated a case, many years ago, of adynamic fever, caused by infection, and commencing with a sudden loss of sense and voluntary motion, as a case of apoplexy, and gave an opinion accordingly. The history of the case, and its subsequent course, showed the error. When paralysis is present the nature of the case is there manifest, although the particular cause of the palsy may be a matter of doubt. We should, therefore, inquire after this symptom by observing the attitude and motions of the patient, by pinching the extremities, tickling the soles of the feet, &c. The existence, also, of stertorous, laborious, or snoring respiration, will confirm the diagnosis.

“It should be kept in mind that, whilst the comatose state consequent on *epilepsy* or *hysteria* may closely resemble apoplexy, the convulsive stages of these diseases may give rise to the true apoplectic state. But in the usual consecutive coma of epilepsy there is no stertorous breathing, and the limbs are not so relaxed as in apoplexy.

“The *coma* which supervenes on inflammation of the membranes of the brain is to be distinguished from apoplexy chiefly by the antecedent symptoms, and by the loss of sense and cerebral function being greater than the loss of motion. The existence of paralysis, so frequently characterizing the apoplectic seizure, will further assist the diagnosis of coma consequent upon meningitis.

“The symptoms consequent upon *injuries of the head*, whether simple concussion or compression from depressed bone or extravasation of blood, are in all respects identical with certain of the varieties of apoplexy described above, and are not to be distinguished from them but in respect of the exciting cause. A similar remark is applicable to cysts, tubercles, and other tumours slowly developed in the encephalon, which sometimes produce no very marked external sign of disease until apoplexy, or still more frequently hemiplegia, suddenly takes place. In such cases there is no actual difference in the proximate cause of the abolition of function, but only in the compressing body whereby abolition of function is occasioned.

“In cases of loss of sense and voluntary motion from the action of *narcotic poisons*, or breathing *deleterious gases*, there is also little actual difference from several of the apoplectic states described above, excepting that the functions of the lungs have, in the case of breathing deleterious gases, been primarily affected; for the chief lesion is to be referred to the state of *nervous energy* and *vascular action* in the brain; the circulation of the organ being retarded, and its vessels congested with dark blood. Indeed, in many such cases the true apoplectic state, either with or without hemiplegia, is produced; although in these cases the

apoplectic condition is more especially owing to alteration of the blood, as will be noticed more fully in the sequel, a state of profound but simple coma being the most frequent result.

“In *asphyxia* the lesion of function commences in the lungs, the pulse being either diminished in strength or altogether abolished; whilst in apoplexy the lesion is in the head, and the pulse is generally fuller and stronger than natural; but the exceptions to this state of the pulse are numerous. In asphyxia, also, lividity of the face, lips, and hands, and duskiness of the skin, are often remarkable, and generally greater than is ever observed in apoplexy.

“In *syncope* the marked diminution or almost entire absence of the pulse from the wrist, the pallor of the countenance, and the very gentle or scarcely apparent respiration, are sufficient to distinguish it from apoplexy, even in the weakest forms. The only difficulty will be found when the injury done to the brain by hemorrhage or laceration of the cerebral structure is followed early in the attack by severe vital shock; or, where the patient is sinking from vital exhaustion, at an advanced stage of the attack. In many of these severe incipient states of the disease the symptoms closely resemble those of concussion of the brain.

“Complete *intoxication* may readily be mistaken for apoplexy; and, in some cases, may terminate in this disease. This state of intoxication is evidently attended by congestion of the vessels of the encephalon. The smell of the breath, however, and the appearance and smell of the matters thrown up by the retching that frequently accompanies intoxication, will readily distinguish this state. The greater frequency, also, of the pulse, and absence generally of stertorous breathing in drunkenness, will also assist the diagnosis. But these symptoms are occasionally observed in apoplexy; and, on the other hand, the pulse may be slow or natural, and the breathing stertorous in the former; but this is very rare, particularly slowness of the pulse.

“In *concussion of the brain*, the state of circulation, and the influence of that portion of the ganglial system which supplies the brain, are as remarkably depressed as in the weakest form of apoplexy—in concussion from the shock received, in apoplexy from internal causes; in many cases no difference existing. In some instances, however, even of the weakest form of apoplexy, the respiration is much more laborious, the countenance somewhat more tumid or distorted, and the pulse fuller and more developed than in concussion of the brain. In the stronger states of apoplexy there can be no risk of mistake, the characteristic symptoms of each being very different.”

#### OF THE PROGNOSIS OF APOPLEXY.

“An attack of *apoplexy* is always dangerous:—1st. It may be fatal immediately; 2d. It may also be fatal in one, two, or three days, and previously to reaction having commenced; and, 3d. It may occasion

death during reaction,—by a recurrence of the attack; by inflammatory softening and infiltration of the cerebral tissue surrounding the extravasated blood; by the exhalation of serum; by inflammatory action of the membranes of the brain and subjacent cellular tissue, and of the membrane lining the ventricles. Even in more favorable circumstances it leaves behind it debility of feeling, motion, and of the mental faculties; and a first attack is generally followed by a second, or even a third, and, in rare cases, by a fourth.

“The *unfavourable* symptoms are increased frequency or intermittence of pulse: continuance of the symptoms for twenty-four hours, or for little more than half of this time in the *strong* apoplexy, after a judicious treatment; profound coma, and obtuseness of the senses; involuntary discharges of the urine and fæces; contraction of the pupils, or contraction of one or both pupils, accompanied with spastic actions of muscles; very laborious or stertorous breathing, particularly if attended by foam about the mouth, and a weak pulse; cold and profuse sweats; the occurrence of convulsions; the association of hemiplegic symptoms with the apoplectic, and complete loss of vision. Frequent yawning or continued somnolency indicate effusion, or increasing effusion. Quarin observes very justly, that when the patient frequently applies the hand to a determinate part of the head, or when delirium supervenes, or if perspirations occur early in the attack without benefit, the result is generally fatal. Complete hemiplegia, without coma, but with integrity of the mental faculties, and perfect motion and sensation of the non-affected side, is less dangerous than a more partial paralysis, with stupor or coma. When one pupil is contracted and the other dilated, the existence of unequal pressure may be inferred; and if recovery from the attack take place, which is very doubtful, hemiplegia or loss of speech is generally the result. It has been stated that complete loss of feeling and motion, accompanied with profound coma or stupor, is extremely dangerous. Cruveilhier remarks that he has seen recovery in such a case. I have seen it in three cases, one of which was seen also by Dr. Hooper in consultation; and to another I was called in Hertfordshire by Mr. Watkins. In the former of these recovery took place without hemiplegia; in the latter hemiplegia took place, but the patient lived twelve years afterwards.

“The nature of the *complication* should always influence the prognosis. The existence of disease of the heart, or of the kidneys, or of an altered or contaminated state of the blood, should almost, if not altogether, preclude hope of recovery. The most singular exception to this rule lately occurred to me. A man of middle age, whom I had attended on several occasions for asthmatic attacks, complicated with cardiac disease, had subsequently several epileptic seizures. He afterwards was attacked with erysipelas of the face and scalp, and I was requested to see him with Mr. Griffith of Camden Town, who was then attending him. When the erysipelas was at its acme he experienced an attack of epilepsy, which passed into apoplexy; and the tumefaction



of the scalp subsided considerably. He ultimately recovered, the treatment hereafter to be recommended having been adopted, and he is now living. A case of erysipelas of the face and scalp which I recently saw with Mr. Oding, terminated fatally on the third day of the disease, with profound asthenic apoplectic symptoms.

“Delirium is an unfavourable complication; and indicates either the escape of blood from the seat of extravasation upon the membranes which it irritates or inflames, or the occurrence of inflammation of the cerebral structure or meninges. Acceleration of the respiration, and vomiting, supervening spontaneously, unless from matters occasioning the attack, are very dangerous symptoms. Complete loss of speech, or of the power of articulation, particularly when attended by a quick pulse, also indicates great danger. When loss of speech is attended by loss of power of the pharyngeal muscles, and of the faculty of deglutition, recovery very rarely takes place. Loquacity is very rarely observed, and is a dangerous symptom.

“When apoplexy occurs in the course of *insanity*, or in *epileptics*, or after previous attacks, or after palsy, an unfavourable result may be generally anticipated. Nearly the same conclusion may be drawn if it seize aged persons, and broken constitutions, upon the disappearance of gout from the extremities. In the majority of cases of apoplexy proceeding from efficient causes originating in the brain, a perfect recovery is not to be expected. On this M. Portal has insisted strongly; and, although it is just as a general rule, many exceptions present themselves. If the pulse sink, or intermit, or become remarkably quick, and coldness of the extremities, or cold clammy sweats come on; or the power of respiration be greatly diminished; inevitable or fast approaching dissolution may be predicted.

“The *favourable* signs of the disease are, a moderate attack; a decline of the symptoms after treatment, and particularly if a warm, general, and a gentle perspiration take place; the occurrence of discharges of blood from the nose, hemorrhoidal vessels, or uterus; and a free state of the bowels, with consciousness of all the evacuations.—The accession of the menses, of the piles, or of ptyalism, has been justly viewed as the most favourable signs by Hippocrates, Schadt, Dolæus, and many subsequent writers. Goavarts considers hemorrhage from any part, particularly epistaxis, ptyalism, a copious and general perspiration, with free alvine and urinary discharges, the most favourable signs. The accession of fever has been considered favourable by Hippocrates and Portal; but many experienced authors do not agree with them. I believe that, although some may recover from this state, it indicates the accession of inflammatory action of the portion of brain or membranes adjoining the seat of hemorrhage; which will be dangerous in respect of the extent to which it may proceed, and the effects it may produce on the part, particularly in causing a renewal of the hemorrhage. In all cases the physician, even under favourable appearances, should give a cautious prognosis until the tenth or

twelfth day ; the eighth being that on which an unfavorable change is apt to occur, and the extravasation to be renewed.

“Mr. Copeman (A Collect. of Cases of Apoplexy, in 8vo., London, 1845) remarks that the mortality of apoplexy is fearfully great, and proves either that the proximate causes of the disease are beyond the reach of art, or that the measures usually adopted as remedies are inapplicable, inefficient, or prejudicial. There can be no doubt that the treatment is often not only inefficient, but also inapplicable and prejudicial ; a successful result, depending chiefly upon the appropriate employment of remedial means in all their details, to the states of individual cases. Of 250 cases collected by this writer, only 68 recovered, 7 partially recovered, and 175 died, a proportion of deaths to recoveries of 2 1-3 to one. But in this enumeration the number of first and second or third attacks, or of simple or complicated cases, are not stated. There can be no doubt, when the nature of the lesions found in fatal cases is considered, that a very large proportion of cases must necessarily be fatal, whatever may be the treatment adopted.”

The following general remarks preliminary to his special directions for the treatment of the different stages and complications of apoplexy, will be read with interest, as displaying the diverse views and methods entertained by different physicians.

“*The treatment of apoplexy* has long furnished subjects for discussion, not only as respects the more subordinate means of cure, but also as regards the most energetic measures, and the intentions with which they should be employed. This diversity of opinion is evidently owing to the difference which has been long acknowledged to exist in the pathological states constituting the disease, but which has recently been questioned. Without recurring to the changes so fully described above, I may remark that a person is seized with apoplexy, and, instead of being bled, is treated with stimulants and restoratives, and yet he recovers without paralysis having supervened. Another person is bled largely, and he also recovers. A third is treated in a similar manner, and he becomes hemiplegic in the course of the attack ; and a fourth is also bled and he dies. Now these are very common occurrences, and point to very important considerations, which I shall pursue a little further. A thin, spare and debilitated man staggers as he walks, and falls down in the street, with pale countenance, feeble pulse, and laborious or slightly stertorous breathing. He is bled by the nearest medical man almost immediately, and recovers. A large man, of a full habit and lax fibre, suddenly becomes apoplectic, and is instantly treated with stimulants, and volatile substances held to the nostrils, and his consciousness and voluntary motion are restored in a few minutes. One practitioner of large experience states, that he never draws blood from a patient in apoplexy, excepting under peculiar circumstances, and avers that he is more successful in his treatment than those who do. Another considers that when one full bloodletting fails of giving relief, no benefit will be derived from pushing it further, but

much risk of giving rise to paralysis. A third physician, equally eminent and experienced, confides in bloodletting almost solely, and carries it often to a great amount; and a fourth, whilst he discards depletion, trusts to stimulants chiefly.

“But if we examine into their success, we shall find, perhaps, that some difference as to degree may exist; and that, whilst many patients seem benefitted, others experience no relief, if they be not actually injured by the kind of practice thus exclusively adopted. There is, however, one part of the treatment which is more or less adopted by all; this is the use of purgatives; which, when judiciously administered, are the most generally applicable and beneficial of all the means usually advised. Were it possible to ascertain during life the exact pathological condition obtaining in the various cases of apoplexy, and to convey a correct description of the signs by which each may be known, then the basis for a rational method of cure could be firmly laid; but the skilful practitioner is guided in the treatment he adopts by considerations, circumstances and appearances, which scarcely admit of description; and all attempts to impart his knowledge comes far short of his wishes.

“*Immediately upon an apoplectic attack*, the patient should be carried into a well ventilated and spacious apartment, and placed with his head and shoulders very considerably raised, or in a sitting or semi-recumbent posture, with everything removed from his neck. Directions should also be given to have hot water in readiness. The countenance, state of the eyes and pupils, the degree of fulness, flushing or pallor of the face, the temperature of the head, state of the pulse in the carotids, and condition of the limbs in respect of sensibility, capability of motion upon their being pinched, &c., ought to be carefully examined; and according to the evidence thus obtained as to the state of internal lesion, the propriety of depletion, and the extent to which it is to be carried, should be promptly decided on.”

This is all the space we can devote to the notice of this cheap but valuable volume. It will repay a careful perusal and should be found in the library of every physician who pretends to keep up with the science of the day.

E. D. F.

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III.—*General Therapeutics and Materia Medica; adapted for a Medical Text-Book, in two volumes.* By ROBLEY DUNGLISON, M. D., &c., &c., &c.

Through the fourth edition, this work by Dr. Dunglison has already



passed, greatly improved and thoroughly revised in many essential particulars. The author, by his numerous compilations and vast erudition has done a great deal for the diffusion of scientific medical knowledge throughout the United States. Sound without being original, and learned without egotism, Dr. Dunglison is an instructive and agreeable writer, and never fails, when practicable, to incorporate in his writings all the well attested and authentic facts appertaining to the particular branch to which he may devote his attention.

His Therapeutics purport to be a new *edition*,—but it is rather a *new book*—so greatly has it been improved both in the amount and quality of the matter which it contains.

It cannot be expected that a long and critical analysis of this work should be given by us,—the popularity of the author's writings and their general perusal, render superfluous a recapitulation of his views and principles as developed in the two volumes before us. Suffice it to say, he is sound in all the fundamental questions embraced in Therapeutics and Materia Medica—as correlative branches of medical science.

In looking over vol. I. we were struck with some of the author's remarks on the *modus operandi* of narcotics, and especially of opium and its preparations. The common practice of pouring into the stomach one drastic purgative after another, in certain forms of obstinate constipation, is as erroneous in theory as it is detrimental in practice; for in many cases, such treatment aggravates the disease by adding to the already irritable and spasmodic condition of the muscular coat of the intestines.

In colica pictonum, for example, the obstinate constipation depends, as Dr. Dunglison thinks, upon irregular action of the nerves, distributed to the muscular fibres of the intestines. It is in cases like these that *opium*, combined with some certain purgative, aids, by allaying irregular nervous action, the evacuation of the bowels—and may in this instance claim the powers of a cathartic. The virtues of opium, including its preparations, have not as yet been more than half told—and Dr. D's. remarks on this article may be read with advantage both by the young and old practitioner.

The older writers, at least many of them, forbade the use of this drug in all febrile and inflammatory diseases,—but we who have practiced in the South and been compelled *ex necessitate*, to revise our therapeutics, and, in some sort, to adopt one of our own, have long since repudiated these *magisterial* precepts, and now give opium for its sedative and anodyne effects, not only in many of our febrile diseases, but in some instances, where one or more organs may be the seat of an active inflammation. In enteritis—peritonitis—pneumonitis—hepatitis, and even in some forms of phrenitis, opium, after local or general depletion, will, if given in decisive doses, say from two to four grains, check the progress of inflammation—by quieting the morbid irritability of the nervous system, and thus indirectly allay or tranquilize the inordinate action of the heart and arteries. We do not hesitate to pro-

nounce opium an excellent *febrifuge* and an admirable *anti-phlogistic*,—and to avail ourselves of these twofold virtues of the article, we must divest our minds of all preconceived speculations and erroneous views of its *modus operandi*. In the tormina and tenesmus of dysentery—of enteritis—in colics of every class—in strangulated hernia—and in all spasmodic and neurotic affections, opium and its preparations are the remedies upon which we must rely.

The latter part of the first volume is devoted to the examination of “special excitants”—such as caloric, electricity, galvanism, &c. &c. The author’s observations on the above remedial agents are exceedingly instructive and well timed,—the first agent, caloric, may be made a powerful auxiliary in the hands of a physician, in relieving his patients of many serious complaints. In the fevers of the south, it is the popular practice to commence the treatment by the administration of warm drinks—hot pediluvia—seething fomentations, &c., in order to excite a free—a copious perspiration; and when this is effectually accomplished, the patient is regarded as in a fair way to recover.

Some, discarding all these “domestic simples,” rely almost exclusively upon large doses of quinine “to sweat off the fever.” In many instances both parties are successful,—the fever subsides,—the pulse falls,—and convalescence progresses with equal certainty and rapidity. It could scarcely be expected that Dr. Dunghison would throw any new light on *Materia Medica and Therapeutics*, after Wood and Bache and Pareira had written so ably on this branch of medicine.

By this statement, we do not mean to say that the work of Dr. D. may not be consulted with safety and satisfaction by the Physician. The illustrated part of the book is beautiful, and the entire typography is neat and creditable to the press of Philadelphia.

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IV.—*Surgical Anatomy*. By JOSEPH MACLISE, Surgeon—with colored plates. Philadelphia: Lea & Blanchard, 1850.

The publishers of this splendid work have already received our thanks for the *first* and *second* parts of this truly elegant book. Each part comes to us more richly embellished and with a more correct artistic finish than the preceding ones—the last being more perfect than any thing of the kind ever submitted to our inspection. One more part is yet to come, which will doubtless soon be finished, when the entire work will be completed. With these plates before him, and the full and lucid context to guide him, the student of surgical anatomy can easily triumph over all the tedious details of anatomy, and make himself master of human anatomy—In the absence of the *fresh* subject, the surgeon can turn to these plates and read the wondrous mechanism of man. All the Parts published can be obtained at T. L. White’s, 53 Canal street.

V.—*The Western Medico-Chirurgical Journal.* Edited by J. F. SANFORD, M.D., and S. J. ARMOR, M.D., Professors in the Iowa State University, Keokuk, Sept. 1850.

Almost every mail brings us some new Medical Journal, replete with the evidences of talent and devotion to the cause of sound medical doctrine,—such is the character of the *Western Medico-Chirurgical Journal* published in the far West, “where the sun sets.”

It is a neat sheet and bears internal proof of its future usefulness in defending the cause which it has espoused.

The Journal is strictly orthodox in its principles, and fearless in advocating them. We like this.

It contains 32 pages, and is issued monthly to subscribers at \$2 per annum. We greet the enterprising editors with cordial good will, and wish the Journal a career of prosperity and usefulness.



# Part Third.

## EXCERPTA.

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1.—*Medical History of two Epidemic Yellow Fevers. Translated from the French, with notes.* By the EDITOR.

### CHAPTER VII.

[Continued from page 223, vol. vii., September number, 1850.]

#### *Varieties of Yellow Fever, etc.*

“The commission, in concluding says its reporter M. Dupuytren, does not believe that in the present state of science, it is possible to determine, with absolute certainty and perfect security whether the yellow fever is or is not contagious in all cases.”

This conclusion, adopted by the eminent men who formed the commission, was well considered, in consequence of the elements of conviction, upon which they had based their judgment; in reading attentively the report however, we perceive that they manifestly inclined towards the opinion, which by rejecting contagion, renders more probable the doctrine of infection: but they have been led to adopt an equivocal phraseology, because, before deciding a question which, by reason of its sanitary measures, bears so directly upon the public interest, not only a moral conviction, but in some measure, a profound material and mathematical conviction, is highly necessary.

But unfortunately, medical contagionists will not be convinced: in vain shall you present to them a thousand facts, which will demonstrate in the clearest manner, that, in these cases the yellow fever is not communicated from one individual to another; they will reply to you by an opposing fact;—a fact doubtless badly interpreted by them, and which you may explain by the aid of infection, but which contagion, if it exists, will likewise render a plausible explanation; and it is admitted by them, so that we are liable to move incessantly in a *rhetorical* circle without ever being able to extricate ourselves.

In vain do you quote to the contagionists, the numerous experiments of M. M. Gayon, Potter, Parker, Cabanelles, Lavallée, Pfert, who inoculated themselves with impunity, in a thousand different modes, with the saliva, the perspiration and even the matter of the black vomit, of persons affected with the yellow fever, who have exposed their persons and their organs of respiration to the exhalations from these matters; who have received and retained in their stomach, from one up to eight ounces of the matter of black vomit, in a dry state, in a liquid form, diffused in water, pure, and when just rejected from the stomach:—who have slept in the beds, where men labouring with the yellow fever, have expired:—who have worn their clothing,—and all this without sustaining the slightest inconvenience:—the contagionists will reply that Dr. Wally used friction on his skin with the shirt of a sailor who had died of yellow fever, covered himself with it, wore it, and that he succumbed a few hours afterwards: that Dr. Guyon in spite of his own experience, was converted to their opinion; and finally they had tried to no purpose all the known means of transmission, they would still be left in doubt, whether the yellow fever does not possess the means of transmission which are peculiar to the disease.

At the period, in which the report, from which I have already largely quoted, was presented to the institution, M. Chervin had not published the imposing mass of evidence which he has accumulated in his long and perilous voyages; since which time, he has himself verified all the facts adduced in favour of the contagion at Barcelona; he witnessed the epidemic of Gibraltar, and the argument which he triumphantly and ably sustained has had the effect of enlightening public opinion, and rendering the adoption of the theory of contagion more universal. I shall not undertake to analyze the immense works of this physician, of which M. Defermon has published an excellent abridgment; I shall content myself by extracting from it a few corollaries. imitating thus far, M. Littré. “There exists too much doubt and uncertainty in regard to the means of transmission, to believe with the contagionists, that the disease has been imported from one point to another when it has afterwards manifested its peculiar symptoms, and the facts upon which the theory of contagion reposes, have been too positively denied. In all irruptions of yellow fever, when we have examined common reports, or even the assertions of physicians, nothing is more equivocal than the language which attributes the origin of yellow fever, to a ship,—to a bale of merchandize, or to a sailor.”

It remains to be demonstrated that the yellow fever is developed at certain points by the influence of causes purely local, and that this influence is not susceptible of being transported beyond the focus itself and consequently that which gives rise to the fever is rigorously speaking what is called infection.<sup>27</sup>

I cannot pass over in silence an important remark of M. Dalmas:—

“There is no person, (says he) who may not have heard of the uninterrupted communications which formerly existed between Spain and her colonies,—between France and her possessions in the Antilles. Scarcely a day passes that vessels do not leave St. Domingo, Havana, Martinique, Vera Cruz, La Guira, or other parts of America, for those of Bordeaux,—of Nantes and Cadiz; so far from subjecting them to a quarantine, they even neglect to ascertain if they have any sickness on board, so little do they fear in Europe, the introduction of yellow fever, which they well knew prevailed in America at the time the vessel sailed. The advocates of contagion will acknowledge it to be at least extraordinary, that, to appear in Spain, this disease which they say is contagious and importable, should break out whilst the communication is less frequent between the metropolis and her transmarine possessions, and that they will establish a quarantine and lazaretto.”

The honor of having established the principles of the theory of infection, and of having made a happy application of them to yellow fever, appertains exclusively to M. Devêze; the physicians who have given the most weight to the same opinion, are, except M. Chevin, who is stricken from the list, M. M. Valentine, Dalmas, Leblond, Nacquet, Bonneau, Ferguson, Lefort, Rochoux, Jackson, R. Wilson, Gilkrest, &c.

To conclude what relates to this question, and also the proofs in support of infection, we shall relate in a few words what transpired in the epidemic of 1830, at Senegal, and that of 1838, at the Antilles.

The facts which we are about to relate, are taken from the thesis of M. Chevê, from the memoir of M. Calvé, and the monthly reports of Guadeloupe and Martinique, addressed to the minister of marine and of the colonies.

In 1830, the yellow fever made its first appearance at Gorée; the most diligent researches (and they were easily made upon a point so limited) did not excite the least suspicion of the importation of the disease.

No vessel for a length of time had arrived from the lower coast, which had besides for a year presented only a single case of *vomita nigro*.

The disease was then spontaneously developed.

But when once developed, is it propagated by contagion? one step further: of one hundred and fifty individuals which constituted the effective force of the white population at Gorée, one hundred and forty-four had been sick, and of this number sixty-three perished. Well! the six who did not have yellow fever, M. M. Costet, surgeon major of the hospital, Pecarrère, Thiesse, Châtel and Morel, (the two latter had arrived from France one month since), and M. Alexandrine, a sister of charity, were those who did not abandon the sick for a single moment, who watched over them, nursed and dressed them, &c., whilst a great number of persons who had even their gates guarded by sentinels, contracted the disease in their own houses, without communicating with any one whosoever, and then expired.

The former individuals were buoyed up by a noble but a rare courage; the latter were overwhelmed with fear.

During, and after the epidemic, the clothes of those who had died were sold at public auction; these effects were purchased by all classes and all colors of men, even by sailors who were strangers in the colony; and notwithstanding they were under seal for fifteen days or a month, and the sale of them was made without the least precaution, these effects which were distributed in every direction, and at a time when the heat was at 25



and 26 (cent.) did not produce a single case of yellow fever, and yet those who survived did not hesitate to occupy the apartments in which the sick had died, whose beds and bedding were sold with as much negligence as the rest of their personal goods.

At the great Terre, villages have lost all their inhabitants; others have been less afflicted, and some have scarcely had a single case of sickness. Yet the inhabitants of these different places continued the daily relations which they had with one another. How then, by contagion, shall we explain this partiality,—these caprices of the yellow fever? Similar facts, in the most positive manner, militate against the doctrine of contagion. At St. Louis, in Senegal, the epidemic broke out on the 4th of August, at the same time in which it had been extinct at Gorée. M. Calvé, who has written an account of it, in the *Annales Maritimes*, for 1832, was a contagionist: his testimony consequently, if it is favorable to the theory of infection, will not be questioned. In this memoir appears the following statement, (page 138) "At the first glance, we might be led to believe that the disease had been imported from the English and Portuguese establishments into the isle of Gorée, but positively it is not so. The yellow fever was there spontaneously developed; the air seemed to have been the medium of transmission, and that which was observed at Saint Louis is an irrefragable proof that the whole cause existed only in the atmosphere."

Page 139. "For Saint Louis, no one argued in favor of the importation of the disease, for the most rigid sanatory measures had been adopted and enforced; besides, no person arrived from Gorée, who had been sick of the disease at Saint Louis."

Page 178. "There is but one mode by which we can preserve an European from so grave a disease, and that is to remove him from the focus of infection."

Page 179. "Towards the end of September, they were convinced at Saint Louis, that the disease had entirely ceased at Gorée; an emigration of about a score of Europeans who had not had the disease, took place all at once. It was to be feared that after having sojourned a month and a half in the midst of the focus of the yellow fever, many of them, especially those who had paid attention to such as labored under the disease, might fall a prey to the epidemic fever, by returning to Gorée."

It was remarkable that not a single one of those persons was affected with the fever.

"According to my view of the matter, this fact is well calculated to give rise to serious reflections on the production of this disease; it would seem to prove that the presence of a focus of infection was indispensable for the development of the yellow fever."

Page 180. "Among the number of persons who emigrated were the wife of the Governor and his brother—both were exempt; the secretary and a domestic who remained at Saint Louis, died."

These declarations, which every partisan of the system of infection was eager to invoke in its favor, are proofs of the good medical faith of M. Calvé; and there is the more reason to be astonished after having recorded them in the most unqualified terms; he still persists in his idea of contagion. How shall we reconcile, for example, the following expression? page 181. "We should, in case of a similar epidemic, establish a camp at the sea shore, to lodge the garrison, and it would be of the utmost importance to interdict all direct communication from the city with the camp, and *vice versa*, otherwise every measure will be utterly useless."

At page 156, M. Calvé says: "If the yellow fever was not contagious at Gorée, it was at least so at Saint Louis, and I explain this difference by the topographical difference of the islands,—one of which is an elevated rock, situated in the midst of the ocean, which contains no local centre of infection calculated to afford no substantial aliment to a fever of a bad character,—whilst the other, at Saint Louis, is an island of sand, in the middle of a river, very low, the streets of which, being less elevated than the suburbs, abounding in the excrementitious deposits of a black population of two thousand souls, retain the water, which there becomes filthy by stagnation."

It would seem to be more rational to admit the doctrine of contagion in those countries which are destitute of these centres of infection, and to pass over them to Saint Louis, which, from the preceding description, has so many materials in and about it, to create and propagate the yellow fever. According to M. Calvé, contagion, to operate, should then require the aid of centres of infection.

Let us remark, besides, that at Gorée the disease was quite as violent as at St. Louis, and that the first of these islands, by reason of its proximity to the land, is exposed to those deleterious emanations which arise from it. Finally, local infection was so evident at Saint Louis, that M. Calvé has pointed out some of those partial foci, to the action of which he attributes the first cases that presented themselves to his observation..

Hence, we may conclude, that at Saint Louis, as well also as at Gorée, the yellow fever was not contagious.

At the Antilles, in 1838, the development of the yellow fever may be contemplated under a two-fold view: 1st, favorable to the theory of infection; 2d, contrary to the system of contagion. 1st. At *Basse Terre*, the disease raged first among the artillery men, who were lodged at the arsenal, in a low barrack, near the sea, and whose confined position rendered ventilation very imperfect. In the former epidemic yellow fever, it was again this *locality* which produced the first cases of fever. The epidemic was afterwards communicated to fort \* \* \* \* \*, then finally to the whole garrison and to the population of the city.

The female convent of St. Joseph is the most remote building from the sea, and one of the highest of the city; it was the last that was visited by the disease, and although all the religious Europeans and a great number of the young Creoles were seized with the fever, there was not a single death, which seems to prove that the farther we are removed from the focus of infection the less active are the morbid causes, and of course the disease which emanates from them.

At Point-a-Pitre, the yellow fever first appeared in the vessels of commerce and of war, which were in the roads, or in the turn of the bay of Mahant; a place certainly infectious.

At Saint-Pierre, the execution of severe quarantine measures for the "provinces" of Gaudaloupe, destroyed all idea of the importation of the yellow fever; that which broke out there in October, must then be considered as also of spontaneous origin. 2d. When they saw the epidemic yellow fever extend to *Basse-Terre*, a commission was appointed to indicate the best means of arresting the progress of the disease. It was decided that the first measure to be adopted was to remove the militia from the centre of infection, and to distribute them in camps, surrounding the city and forts, elevated above the level of the sea. During the first days, the regiments that were removed, continued to send patients to the hos-

pital; but they were only men who had acquired the germ of the disease in the city, before their departure. After a fortnight, the cantonments furnished no more yellow fever, when it was observed that if some men were still affected with it, it was because they had descended into the city, either for service, or to attend to some private business, some days before the disease seized them. But this occurred whilst three companies of infantry, the only troops which were deemed necessary to be left in the city, continued to be attacked by the disease; so much so, that these companies being reduced, and constituting a total of two hundred men, sent to the hospital as many as fifteen per diem.

Some cases of yellow fever, originating in this manner in the cantonments, were not communicated from infectious to healthy individuals.

Officers, who contracted the yellow fever in the city, were removed to the country,—to Matouba; they there died, or were restored to health, without communicating the disease to a single one of the numerous persons, whether acclimated or not, who visited or nursed them. These statistics are drawn up in the memoirs of M. Comuel. They present a striking analogy to a fact of great value related by M. Lefort; it is this: from the month of April to the month of December, 1821, the crew of three vessels highly infected with the yellow fever, viz., the Euryale, the Egerie, and the Diligente, were sent to Fort Bourbon, with their men, beds and other effects, without being subjected to any kind of previous purification, and there remained without interruption.

Thirty of these men to all appearance in perfect health, but really now under the influence of the disease, contracted on board, were attacked and many of them died. There were companies of soldiers disbanded at Fort Bourbon, and one of the companies, the *gendarmes*, had recently arrived from France. No precaution was taken, no restraint was imposed; the soldiers and marines absolutely lived together. But, in spite of this intimate and uninterrupted communication, not a single soldier was affected by the yellow fever.

▮ This constant and absolute immunity of a garrison, living for eight months in the midst of men infected with the yellow fever, is a decisive argument, to which nothing can be opposed.

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## CHAPTER VIII.

### *Treatment.*

Devèze says: There are but few indications which may not present themselves in the second period of yellow fever, and, consequently, there is no kind of medicament which may not be employed in its proper place; it is for the practitioner to decide at the time upon that which is adapted to the case. (p. 274.)

This fact, as expressed, is an incontestible truth, and we see this or that therapeutic agent, recommended in the books, upon the employment of which we repose our hopes of success, but which, being afterwards tested upon this formal recommendation, have realised none of those preconceived hopes and expectations.

Dalmas, in his historical and medical researches upon the yellow fever,



states that the various modes of treatment to which they were induced to resort in the epidemic of 1798 at New York, were not at all successful. "Tepid baths, venesection, cinchona, by which they had obtained some success in the epidemic of 1795, and also in those subsequent to that period, were then not of the least utility. Mercurial frictions, freely employed, did not sustain the favorable opinion which had been entertained of this medicament. The opening of the temporal artery, practised with a view to disgorge promptly the cerebral organ, succeeded only in a few cases.

In general, bleeding was more detrimental than useful; emetics tended only to renew the existing spasm and irritation of the stomach; purgatives were either rejected, or, if they operated, suddenly prostrated the powers of the patient; opium augmented the jaundice, and blisters hastened dissolution. Immersion in very cold water—a therapeutic agent so much lauded by Dr. Jackson, did not merit the eulogies which had been lavished upon it.

Finally, this disease resisted all the best directed efforts of art, and sported with every system of practice. A few cures were effected by the most contradictory methods. From this, we ought to conclude that the cures were due to the peculiar constitution of the individual—to the efforts of nature and perhaps to the course pursued by the physician, who, being attentive to the counsel of Hoffman, watches for and seizes with skill upon the precious moment for aiding her in the curative work."

This picture, portrayed in such sombre colors, would lead us to despair, if all the epidemics had given rise to similar mistakes; fortunately, it is far from being the case; we must however admit that sometimes the disease attains to such a degree of intensity, that it is beyond the resources of art; but, "to compensate for this," it *must* likewise be confessed, that the use of an active and well selected medication frequently triumphs over the violence and progress of the disease. I will remark that authors in general have not sufficiently insisted upon the indications furnished by the yellow fever itself; as we have had occasion to remark, this disease presents itself under various forms, and who can doubt that the modifications which it undergoes, should not require analogous modifications in our therapeutic means? We should not erect into a general principle the application of any agent, of any medicament; but we should specify carefully the cases adapted to its employment; for failing to establish this indispensable distinction, authors have condemned without appeal, a medication from which other physicians have derived incontestible advantages. Can one believe, for example, that in the two classes of yellow fever, admitted by Mr. Wilson, the treatment should be identical? No, certainly, and M. Wilson has himself specified the distinctions. If at the onset, the face is animated, the eyes injected, the skin hot, the pulse hard, full and frequent; or if, on the contrary, the face is pale, the eyes languid, the skin cold, the pulse depressed,—shall we resort indiscriminately, in these two opposite conditions, to the employment of bleeding? No, we repeat, and it is on this account, that bleeding, which is so much lauded by some, is condemned and proscribed by others.

Now if, for these two general orders of opposite symptoms, you substitute the two first periods of the yellow fever, you will arrive at a similar conclusion, namely: that those means which are perfectly adapted to the outset of the disease, are insufficient or even dangerous later in the course of the fever. In a word, it is almost impossible to lay down, for all the

phases and all the varieties of yellow fever, general rules to guide us; but the period to which the disease has arrived, the *ensemble* of symptoms which it presents, will furnish to the observing physician evidence sufficiently clear to enable him to direct rationally his means of attack. All practitioners agree in saying that the chances of a cure are so much the better the earlier the disease is attacked after its invasion.

It would be useless to discuss all the means which have been proposed for the cure of yellow fever, besides, the whole *materia medica* has been successively explored; we shall then dwell only upon those therapeutic agents, which have claimed particular attention.

First on the list, we find the *antiphlogistic method*. We will begin by enumerating those who are opposed to this system of treatment. Schotte says that after bleeding, he has always observed the pulse to fall so low, that the most stimulating cordials cannot afterwards raise it. M. Moreau de Jounès, who it is true, is not a physician, states that at Martinique an English physician was forbidden to practice, because he treated his patients by blood-letting, when the physician himself died either from the effects of the epidemic, or from those of his own remedy. "I have taken him for a charlatan, (adds M. Moreau) I believe him to be only an ignorant and rash empiric." Happily, the judgment of M. Moreau de Jounès, on the subject of medicine, is among the number of those whom we may name. Valentine likewise condemns bleeding; but he avows he never employed it, so that his opinion has but little weight. According to M. Pariset, the loss of blood is fatal, and accelerates the death of the patient. After a bleeding, the patient enjoys a moment of calmness, but the calm is the precursor of a sinking state in which the majority succumb; in all cases, if we wish to bleed, it should be practised on the first or second day,—at a later period, it serves but to add to the causes of death. M. Pariset adopts in the same prescription both general and local bleedings. M. Audouard says that a lesion of the nervous system exists from the very commencement of the yellow fever, that the inflammatory state is only apparent and not real, and for this reason bleeding was not found to be advantageous at Barcelona. However, he asks, (page 250,) whether the patient had been bled at seasonable time, and he adds that upon this question reposes a knowledge of the correct employment of this therapeutic means. After the epidemic of la *Malonine*, in 1837, M. Meme Dessables denounced blood-letting; but the yellow fever, of which this physician has given an account, was complicated with typhoid symptoms, the presence of which was really a sufficient motive for excluding blood-letting,—so that in regard to manifest epidemics, the question still remains absolute. In conclusion, M. Gilkrest is not favorable to the employment of bleeding.

Among the great number of physicians who are advocates of venesection, may be mentioned—Bruce, Devèze, Tomasini, Palloni, *Rush*, Bott, Carey, Moseley, Hodge, M. M. Felix, Pascalis, Gilbert, Jackson and Piconnell. Bleeding was employed with advantage in the epidemics of the Antilles, by M. M. Lefort, Luzere, Catel, Cornael, Amie, Fazenille and Aubry; in that of Senegal by M. M. Chevè and Calvé; in that of Griffon, at St. Domingo, by M. Rolland; at Havana, by M. Bélot, and the majority of the other physicians of that city. M. Rochoux confirms by his own experience, the utility of this means.

It is then impossible that so many and such sound observers can be de-

reived, and from this we are to conclude that bleeding should hold the first rank in the treatment of yellow fever.

But for it to be as advantageous as possible we must define the cases in which it may be employed.

And first, at what period of the disease are we to resort to it? All practitioners have agreed on this point: that bleeding must be resorted to at a favorable hour, but this expression leaves too much vagueness in the mind. M. Lefort, and especially M. Rochoux, are the first who have specified with precision the exact period. Hear how the latter expresses himself: "Venesection is, without contradiction, the remedy on which we should place the greatest reliance; but it should be practised at the commencement of the disease. *Thirty-six or forty-eight hours* after the attack, the *evil is done!* no good can be effected by the resources of our art. Every species of curative means becomes useless; the disease may then be cured by the efforts of nature,—such cases, however, are very rare. The employment of bleeding, when it is contra-indicated, is the principle cause of the discredit into which this practice has fallen in the estimation of some physicians.

M. Calvé (page 170, op. cit.,) says also that to be useful, bleeding should be practised without delay, for if the disease has already existed for twenty-four hours, the lancet is far from producing the good effects which might have been derived from it at the commencement of the disease. M. Catel, at Martinique, in 1838, has stated the following result; of one hundred and ninety-one patients admitted into the Hospital in the first twenty-four hours of the disease, only ten died, whilst out of one hundred and ninety-five who entered after two or three days from the invasion, forty-four succumbed.

M. Lefort wrote, in September, 1818, to M. Kirauden: "bleeding practised the second day after the invasion of the disease, makes the chances of success six times less than when practised the same day, and generally it is too late to resort to it, the third and the fourth day."

Lastly, M. Bélot, at Havana, convinced of the urgent necessity of attacking the yellow fever as soon as it declares itself, and knowing that it frequently occurs that from motives of a barbarous economy, they do not send to the hospitals the commercial marines, until all hope of a spontaneous cure is at an end: that is, when their disease has already existed many days, obtained from most of the captains an agreement of a stipulated amount of money, for all the men of an equipage, so that it was to their interest to begin the treatment as soon as they were assailed by the fever. This measure explains the advantageous propositions obtained by this physician, and which I shall exhibit in the course of this work.

It is proven that bleeding is only indicated at the commencement of the yellow fever; that is to say, at the period in which an intense reaction of the circulation is manifest, as an immediate consequence of this fact, necessity requires that the therapeutic means should only be employed in those cases where this condition exists: and about it, many other conditions should also be grouped, for which we must draw the most exact calculations; such as the age, the constitution, and the moral state of the patient. We conceive, indeed, that so far from being advantageous, bleeding is rather hazardous, when from the first onset, the *ensemble* of symptoms indicates a general oppression of forces, or rather when, either by the progress of age, or by reason of a temperament essentially lymphatic, or by



virtue of debility superinduced by anterior diseases; or, finally under the influence of a profound terror, which chains all the organic functions of the circulating system, no longer possesses the necessary energy to triumph over the prostration, which the abstraction of even a small quantity of blood produces.

This last consideration leads us naturally to examine a second question, equally as important as the one which we have been discussing.

What quantity of blood should we abstract from the system? Should we repeat the bleedings, or rely upon one copious venesection?

M. Rochoux says that the quantity of blood to be drawn, is to be measured by the gravity of the symptoms and the strength of the patient.

Five or six bleedings, at most, if they have been performed from the beginning, and at short intervals, suffice ordinarily to moderate the violence of the symptoms and to enable nature to cure the inflammation.

(To be Continued.)

II.—*A Retrospect of the progress of Microscopic Investigation, and of the more important recent contributions to normal and pathological history.* By ROBERT D. LYONS, M. B., T. C. D., L. R. C. S. I., &c., &c., &c.

The August number for 1850, of the *Dublin Quarterly Journal of Medical Science*, contains an elaborate retrospect of the most important discoveries recently made by chemical investigations and microscopical researches into healthy and morbid anatomy; and from this highly instructive article, drawn up by Dr. Lyons, we propose to abstract the more practical, and therefore, the more useful portion of the paper, omitting much that might interest the intelligent reader. Let no one, who is desirous of making himself acquainted with the important subjects herein discussed, be deterred from perusing the following extracts on account of their length.—ED.

We shall next proceed to the consideration of some of the more recent contributions to normal histology.

*Development of the Anatomical Elements in General.*—The following table has been constructed by M. Robin, to show the several relations existing between cells, which he considers the most simple, and least animal elements.

1. In the Ovum. Elements of transitory tissues or *embryonal cells*, formed by *segmentation* of the vitellus, whence results the birth of the embryo, and which terminate

A. In Vegetables. All by direct metamorphosis into elements of definite tissues, persisting thus in the state of cellule during the entire existence of the being.

B. Amongst Animals. *a.* Those of the superficial layer of the serous lamina of the blastoderma solely become metamorphosed, after the manner of vegetable cells, into elements of products (cells of the amnios, epithelial cells, &c.)

*b.* All other embryonal cells terminate by dissolution.

2. In the tissues of the fully formed Being. Elements of tissues which persist during the entire life of the individual, whence results its growth. They grow:

A. In Vegetables. In the state of cellules, being formed by germination, and undergoing metamorphosis as in the embryo. They terminate at the death of the being, or by re-absorption during life.

B. In Animals. *a.* The elements of *products* (epithelium, &c.) grow in the state of cells, undergoing a direct metamorphosis into *horn, nails*, and other products, in a manner similar to all corresponding embryonal animal cells and vegetable cells. They terminate by desiccation, and fall off only at death.

*b.* The elements of fundamental *tissues* (muscles, skin, &c.,) or the tissues properly so called, grow without passing through the state of cell, and without undergoing metamorphosis; they grow in the blastema resulting from the dissolution of embryonal cells, or in that which transudes from the vessels. They terminate either in death or resorption.

The formation of a nucleus on a pre-existing nucleolus is, according to Günsburg, a very rare occurrence. The nucleoli appear for the first time in the nuclei, after the action of acetic acid; and their independent origin first takes place with the formation of the cell from the nucleus. The well-known granular appearance of animal cells is first observed, as Kopl-iker remarks, on the addition of water; in their recent condition, the most of them contain, instead of a nucleolus, only a clear fluid. Kramer considers the nucleus of the blood-corpuscles of the frog to originate in the finely granular residue of the cell-contents, the yolk-granules, which collect together in a heap in the middle of the cell, and thus melt down into the clear-edged nucleus. From this author's history of the development of the frog, and the embryo, Henlé deduces the following interesting observations on cell-genesis in general. The vesicles scattered through the yolk of the egg, which, as Vogt has discovered in alytes, originate in the germinal vesicle, form themselves from its granular contents. The granules of the latter, of the size of the human blood-copusele, unite together in masses of three to four, at first, to which afterwards more are added, and being thus of greater circumference, become surrounded with a clear membrane. The author calls the bodies thus formed, cells, and the granular heaps enclosed in them nuclei. The latter disappear in part after the formation of the membrane. At the period of segmentation, when the yoke has assumed the so-called blackberry form, from two to four of these vesicles are enclosed in the spherical bodies of which the yolk consists. He considers these bodies as supplied with an outer membrane, on account of their inelasticity, by which, after alteration of their form from pressure, their former figure returns again. This membrane he believes to have demonstrated by treating the spherical bodies with water; but his description of them agrees very much with the well-known character of

albuminous globules, which may be observed scattered through water in the examination of many animal tissues.

Perty establishes a subdivision of ciliæ into automatic and voluntary, the one kind, proper to the higher animals, endowed with a constant movement, which always takes place in the same direction, the other constituting the locomotive apparatus of lower animals, moved by a physical impulse. Amongst these vibratile threads, which are known as the long, undulating locomotive organs of the infusoria, and the sporules of the algæ, this author places the tails of the spermatozoa. (*Leistungen in der Histologie, Von Henle; Canstatt's Jahresbericht der Medicin, erster band, p. 28. et seq. Erlangen, 1849.*)

*Adipose Vesicles.*—As far as regards the development of adipose vesicles, they are not, in the opinion of M. Robin, formed by metamorphosis of embryonal cells; on the contrary, it is only in the last periods of their development that they assume the form of vesicle, which is thus, in place of their first, their last stage of evolution. They are first formed of three or four oil drops, having each a diameter of about 0mm.004, grouped side by side. The volume of each of these groups augments little by little, by the formation of new drops alongside the first: and it is only when the mass attains the volume of an adipose vesicle (0mm.940 or 0mm.050,) that a membrane is formed around the drops, which little by little unite into a single oily mass. They commence to appear about the fiftieth or sixtieth day, but the length of time occupied in their formation is unknown. Thus the mode of general formation of adipose vesicles is not precisely analogous to that of cells, properly so called. This formation commences long after the disappearance of the embryonal cells, and it does not differ from the mode of formation of the other elements of the constituent tissues. (*Vide Compte rendu des Séances de la Société de Biologie pendant le Mois de Decem- bre, par M. Segond, Secrétaire; Gazette Médicale de Paris, No. 9, Mars 2, 1850, p. 68.*)

*Development of Cartilage.*—Professor Meyer, of Zurich, has published a long and interesting memoir on the transformations which cartilage undergoes. This author concludes, from the result of his observations, that cartilage is but a transition, a step which must lead to products more advanced and better defined; that there does not exist a permanent cartilage, and that this substance must be regarded as in progress of development, and destined to pass into an osseous or a fibrous mass, or to disappear by softening. The *cartilage cell*, while young, is small, encloses a nucleus which is distinguished with difficulty, and a grumous fluid. It may be round, angular, or fusiform, and when completely formed, can give birth to other cells. The number of cells which the cartilage contains at its origin does not appear capable of augmentation, except by the development of mother cells. The growth of this substance, therefore, is due to the increase of the intermediate substance (hyaline of authors,) at first existing only in small quantity, as well as to the enlargement of the mother cells, which extend themselves in proportion as new ones are formed within them. In the progress of ossification, the inter-cellular substance, after it has remained for a time homogenous, becomes ossified by the deposit of calcareous salts in large or small grains. The second process, transformation into fibrous tissue, may sometimes precede the first, but can never follow it. The cellule must have attained its full development before it becomes ossified; its thickened envelope then becomes impregnated with calcareous salts, and thus constitutes the wall



of an osseous cell. When, on the contrary, ossification commences before the cell envelope has increased in volume, the salts are deposited on its entire surface, or fill all its cavity. (Miller. Archiv. für Anatomie und Physiol. t. iv. 1849; vide Archives Générales de Médecine, t. xxiii. p. 64, Mai, 1850.)

*New species of Anatomical Elements which are found in the Medullary Canal of Bones.*—Under this head M. Robin has laid a communication before the Society of Biology, in which he has pointed out the existence of two histological elements of bone, hitherto undescribed. He says:

1st. There exists in all bones, short, flat or long, besides the adipose cells, the vessels, and the finely granular amorphous matter, a particular kind of cells, which may be called *medullary cells*, because they are proper to the medullary tissue of the bones. They are either spherical or a little polyhedral, have a diameter of 0mm.015, to 0mm.018; they are transparent, with sharp borders; they all enclose a nucleus, which is spherical, regular, transparent, and with a well-defined border, having a diameter of 0mm.006 to 0mm.007. Between the nucleus and the cell wall exist granules and molecules which vary in quantity, but are constant. These cells are more abundant in the young subject than in adults, constituting in the former, with the vessels, almost the entire of the marrow of the bones.

2nd. In the long bones, as well as in the short, but in smaller quantity in the latter, may be found another species of anatomical element, which it is more important to recognise than the preceding, because it sometimes constitutes, by itself alone, certain bony tumours. Some tumours of bone, considered by pathologists as cancerous, enclose, not cancer cells but a special element, characterized by large plates or flattened lamellæ, sometimes polygonal, sometimes irregularly spherical, having a diameter of at least 0mm.050 to 0mm.080. These plates are finely granular, and are remarkable by their nuclei, which are from six to ten in number, contained in the thickness of the plates, and giving them a character at once special and easily recognizable. These nuclei are 0mm.009 in length, and 0mm.005 in width; they are ovoid, and contain one or two nucleoli, accompanied by little molecular granulations. M. Robin has had occasion to examine many tumours of this kind, which constituted *spina ventosa* of the tibia. M. Lebert and M. Vosse (of Christiana) have also met with specimens.

In the opinion of M. Robin, however, these bodies constitute normal elements of medullary tissue of bone. They may be found in greatest abundance between the external surface of the marrow and the internal face of the canal. They are much less numerous than the cells first described, or than the adipose vesicles, and are more abundant in the bones of young subjects than in those of adults or old men. Both species of elements exist in the bones of all the domestic mammalia. It is by the local growth, in great abundance, of these lamellæ, that certain tumours, hitherto considered cancerous, are formed. (Societe de Biologie; vide Gazette Médicale. No. 51, p. 902, Dec. 22, 1849.)

*On the Structure of an Epulis of the inferior Maxillary Bone.*—At a subsequent meeting of the Society of Biology, M. Robin presented a tumour of the size of a little nut, which had led to the removal of a part of the inferior maxilla, from the belief that the disease was cancerous, but which in reality presented none of the succus characteristic (?) of this degeneration. On examining a portion of the tissues of the surface of this tumour,

M. M. Robin and Dionis found in it the *polynucleated plates* above described as constituting, in the opinion of the former of these observers, normal elements of the marrow of bone. From the result of this examination they diagnosed that the disease took its origin in the osseous tissue of the maxilla, and not in the periosteum as first supposed. A section of the tumour showed in fact that it originated in the bone, and had engaged half its thickness. There was no cancerous element: the morbid tissue was exclusively formed of the following homœomorphous elements:—1st, very numerous polynucleated plates; 2d, fibro-plastic elements (nuclei and fusiform fibres of Lebert); 3rd, cellular tissue; 4th, capillary vessels and molecular granules. The greater number of the tumours known under the name of epulis, says M. Robin, consist of the polynucleated plates and fibro-plastic elements, and spring from the bone; others originate in the periosteum, and are purely fibrous and fibro-plastic. The one and the other are consequently homœomorphous. In like manner various tumours of the tibia, the femur, &c., growing either from the compact tissue, or from the medullary canal, and which are often taken for examples of cancer, (*Gazette Médicale de Paris*, No. 13, Mars 30, p. 251,) are homœomorphous, and consist principally of the polynucleated plates.

*Structure of the voluntary Muscular Fibre and of the Heart in the different Classes of Animals.*—An important memoir has been published on this subject by M. Lebert, from which we are induced to make a somewhat lengthened extract, as both the name of the author and the nature of the subject warrant us in regarding it as of the very first instance in transcendental histology. In this department of medical science M. Lebert is already distinguished by his researches on the formation of the heart, which were conducted with the assistance of M. Prevost, the late illustrious physiologist of Geneva, and published in the *Annales des Sciences Naturelles*.

In the opinion of M. Lebert, four different stages may be observed which the voluntary muscular fibre passes through in an ascending scale, before we arrive at the complete texture of the tissue, which, by its contractions, executes the functions of locomotion.

The first stage is that of *motility*, without muscular fibre. In this condition all the envelope of the body of an animal can contract, enlarge and even execute active movements of progression and natation, without our being able to detect the presence of fibres, granules, striæ, or cylinders, which even the strongest magnifying powers fail to show under the microscope. Here we have movements analogous to those observed under other circumstances, in animal and vegetable bodies: such are the vibratile ciliæ of the epithelium on the surface of the body of many embryos, and the movements of the spermatic threads, which, in the opinion of M. Lebert, *have been so long wrongly regarded as animalcules*. Something analogous is met with in the autonomic movements of the sporules of the algæ.

Thus at the bottom of the animal scale are found the general properties, which, however, are subject to remarkable modifications, but yet this tissue wants a special molecular base. This first stage of muscular development may be termed the *anhystic tissue of spontaneous movement*. It is met with in all the class of infusory animalcules, properly so called, in many polypes, helminthides of the class of cystoides, and of some inferior neumatoides.

The second stage of muscularity is that in which the fibre is found imbedded in the transparent intermediary substance. These fibres, without

forming bundles, are, however, disposed so as to constitute muscular planes, sometimes superposed in parallel layers, sometimes crossing at right angles, and forming around the different apertures of the body circular layers, which can effect alternately their closure and dilatation.— This may be denominated the *fibrous or fibrillar tissue of spontaneous movement*. It is to be found in the polypes, annelidæ, and many mollusca.

The third degree of evolution of muscular movement is that where the fibres are grouped so as to form cylinders, or fasciculi, and where the muscular planes give place to true muscles, more and more different from everything that surrounds them. This, which may be called the *cylindrical muscular tissue*, obtains very generally among the mollusca and the annelidæ.

The fourth degree is the most perfect, and such as we find it in the muscles of voluntary motion from the mollusca to the highest vertebrata. It is to be observed, however, that no very accurate limits exist, and that this, the fourth degree, may be found amongst certain polypes, aculephæ, &c. As, in the nerve, the primitive nervous tube is the last essential element of the apparatus of innervation, so the muscular cylinder is its analogue as regards the functions of voluntary motion. The term *primitive cylinder* is given to all that portion of the muscular tissue which is clearly defined in all its circumference, or which under the microscope shows two longitudinal contours, much more clearly marked and isolated than the longitudinal fibres of the interior cylinders, which are mostly furnished with transverse folds on their surface. These cylinders, long, parallel and flattened from before backwards, are united and grouped to form muscular fasciculi. In their manner of grouping there is something peculiar which cannot be too well studied. They are united together, to the number of four, five, or upwards, into secondary cylinders, which are often furnished with common transverse folds, in addition to those possessed by the cylinders within. The muscular cylinder is, therefore, composed of a surface with its transverse folds, and an interior, containing the primitive fibres, with their fibrillar and inter-fibrillar molecular granules. The surface, as before remarked, is usually furnished with transverse striæ, to which with justice a sufficiently great importance is attributed. These striæ, however, will be found wanting in the muscular substance of the heart in many of the superior animals, and even in some of the muscles of voluntary motion in very young vertebrata. These striæ are constituted by rounded slightly elevated folds, which pass around the flattened cylinder, without communicating one with another like the curves of a spiral. They are not the accidental results of relaxation or contraction, but are permanent. They may, however, be seen more or less near, distant, or distended, according as the cylinder is relaxed, contracted or distended. To these variations of distance corresponds their appearance as a single or double line. *They do not at all transverse the entire thickness of the cylinder*, and consequently do not transform it into a pile of disks, as has been supposed by some. The internal surface of the cylinder is united to the intermediary semi-transparent substance, which binds together the primitive fibres. These latter are very fine, either alternately opaque or transparent throughout; and the granules, thus distributed in their interior, sometimes show still much transparency in their centre when they are examined with high powers. Their juxtaposition in neighboring fibres may simulate the appearance of the transverse striæ.

All the constituent parts of the muscular fibre have been subjected to



measurement by M. Lebert. The mean size of the primitive fibre varies between 0mm.001. and 0mm.0015; he has not observed them to exceed 0mm.002. The size of the non-striated cylinder may vary between 0mm.004 and 0mm.02. The primitive cylinder of the striated muscles varies between 0mm.005, and 0mm.1. The size of the transverse striæ is between 0mm.001, (simple linear) and 0mm.0025.

The nutrition of the muscular fibre is in general effected by the nutritive transudation from the blood vessels, the distribution of which in general follows the direction of the cylinders, in the interstices of which the capillaries are often lodged. Innervation of muscles is observed to take place by the distribution of the nervous terminations in the muscular substance. Wagner is of opinion that the fibrillæ of the nerves enter the very substance of the muscular cylinder, an opinion in which M. Lebert does not fully coincide, as he considers that it is certainly not their only mode of termination, he having himself observed numerous primitive nerve-tubs coursing along between the planes of muscular cylinders, and turning on themselves to constitute loops everywhere isolated.

The coloration of muscles depends evidently, according to the same authority, on a particular pigment, since they are met with of a red color in animals with white blood, and white in animals with red blood. (*Gazette Médicale*, No. 49, p. 938. Dec. 8, 1849.)

The subject of the contraction of muscular fibre has long occupied the attention of the physiologist; but as it belongs more especially to the department of *physiological physics*, we cannot at present enter into the consideration of the many important contributions which have been lately made to it, particularly by the German school. In Canstatt's *Jahresbericht*, and the more recent numbers of Henle and Pfeufer's *Zeitschrift für Rationelle Medicin*, will be found many interesting papers on this subject.

*Structure of the Uterus.*—Under this head a long memoir (*Zeitschrift für Rationelle Medicin*, vii. band., i. and ii. heft, p 53; ix. band., i. heft, p. 1. Heidelberg, 1849.) has appeared from the pen of Dr. Franz M. Kilian. His observations have been conducted on a very extensive scale, and for the purpose of following up the development of the organ from its earliest stages, very young animals have been selected. A very close investigation has been made into the structure of its serous covering, which appears to consist of a hyaline or structureless membrane, with nuclei imbedded in it. The nuclear-formation (*die krenbildungen*) appears to present certain modifications: some of the nuclei are small, round, naked, and without nucleoli (earliest stage); others larger, of a vesicular form, containing one, two, or more nucleoli. A third kind may be observed with granular contents, and either with or without nucleoli. Besides the round or oval nuclei just described, others will be found fusiform, elongated, and in many instances, presenting fibrous prolongations, some of which bifurcate, and unite with the fibres of neighbouring nuclei, forming a close network. On their interior the walls of the uterus are coated with a thick layer of epithelium, or naked granular nuclei. The substance of the mucous membrane contains a quantity of utricular glands, for the most part rectilinear in direction, and bound together by a fine cellular tissue; a few, however, may be observed of a spiral form. When the serous membrane is removed from a portion of the walls of the uterus, the proper texture of this organ is brought into view; it appears as a soft reddish mass, consisting of nuclei imbedded in a *glassy* gelatinous blastema.

In the lithographic drawings which accompany Dr. Killian's paper will be found excellent delineations of the above described elements, as well as many others which want of space alone prevents us from describing in detail. Indeed the whole investigation appears to have been prosecuted by the author with that untiring and energetic spirit of research which is so characteristic of all the observers of the German school, and to which medical science is so deeply indebted, notwithstanding all the imputations that ignorance and unfounded prejudice have heaped on labours which are invariably characterized by profound and erudite research, and philosophic minuteness.

*Development of Pathological Cysts.*—An extensive memoir on this subject, by Dr. Carl Buch, will be found in Henle and Pfeufer's Zeitschrift. From an examination of the facts adduced, this author concludes that the following phases may be observed in pathological cyst formations. An effusion of fluid which may be serum, blood, colloid matter, or an exudation destined to become pus, takes place into tissues of either normal or pathological origin; the surrounding cellular tissue becomes thickened by pressure and extension, or by the help of the coagulable nature of the effused fluid. A simple cyst is thus formed, whose walls, in course of time, become smooth, and invested with an epithelium. In these walls new cysts are formed in a precisely similar manner, which increase in size, and in their growth encroach on one another so as to become united. From the walls of these cysts, when existing in extensive organized pathological products, differently formed growths will be found to spring, which more or less fill up the cavities. And thus, if in a fibrous tumour solitary interspaces are found, it constitutes the *simple cystosarcoma*; other modifications being respectively the *Cystosarcoma phyllodes*, and *C. proliferum* of Müller. (Jahresbericht, *loc. cit.*)

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## ON THE USE AND ABUSE OF THE SPECULUM.

To the Editor of the *Lancet*.

SIR,—Will you permit me space, so that I may thank Dr. Marshall Hall and Dr. Tyler Smith for the noble stand they have made against the indiscriminate use of an instrument called the "speculum vaginae." There is a perfect *furor* for its filthy and indecent application, though I confess there are many cases where it may be very serviceable in detecting inward mischief. The stinging remarks from both of these able men are valuable admonitions to the junior members of the profession, and I hope they may make some impression.

The fact hold our noble science yet has of the middle and thoughtful classes renders it highly necessary that we practice our art with decent propriety, and never have recourse to such instruments unless the urgent

necessity of the case renders such an examination unavoidable. Without that urgent necessity it is highly indecorous; and, depend upon it, the virtuous and delicate sensibilities once shocked by the medical attendant, he may find his position as the medical adviser of the family circle not so firm as previously.

I remember once having to consult an obstetrical physician of high standing in knowledge respecting a married lady, and who labored under some obscure uterine mischief. I had, from motives of delicacy, made no personal examination, and I advised that this gentleman should visit my patient with me, thinking that much could be accomplished by his superior standing in the profession, and that the speculum might be used by his direction, without compromising my ideas of decency. I shall never forget the terror depicted in the poor lady's countenance when such was proposed by the doctor, and she ran behind me, exclaiming, with apparent horror, to save her from such an infliction, and exclaiming, "No, no! let me alone; I will die as I am."

I have personally attended nearly 3000 obstetric cases, and have seen much of the diseases of females during a long practice; but I candidly confess, the bugbears now held out as to rigidity of os uteri, ulcer of the os, and other ailments, have seldom fallen under my notice; neither can I believe organs so important for the furtherance of the great aim of creation can be so often diseased as to render personal examinations so generally made as they are in this our present day.

I am, Sir, faithfully yours,

THOMAS LITCHFIELD.



# Part Fourth.

## AMERICAN MEDICAL INTELLIGENCE.

### *Original Communications.*

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#### I.—*Medical Notes.* By WM. H. ANDERSON, of Mobile.\*—*Cholera Infantum.*

In the whole course of our hospital experience we have never known so successful a practitioner as Trousseau. In following up his visits in the *Hôpital Necker*, we have often paused to admire his sagacity, his discrimination, and his tact in the domain of Internal Pathology. The diseases of children have been his favorite study, and his clear judgment and profound knowledge of Therapeutics have been so brought to bear on the interesting subject that we consider him the highest authority of the present age on Infantile disease. It is for this reason that we present our professional brethren with some of his speculations on the subject which lends this article.

Cholera Infantum, says Trousseau, is one of the most dangerous in the catalogue of infantile diseases, and it is one the least understood by physicians. About the period of weaning, when children pass from a diet that is well adapted to the stomach, to one that does not agree with it, a diarrhœa generally supervenes which at first is light and unimportant, but which afterwards becomes more intractable. This diarrhœa lasts from eight or ten days to as many weeks. When it takes its usual course, it may be combated with the customary medi-

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\*These lectures were taken down by a stenographer and reported for one of the *Medical Gazettes* of Paris, and they will be found in substance as well as dictum, about the same as here recorded.

cial remedies, and the transition from the period of sucking to that of courser and more varied nourishment is easily made. But often this simple diarrhœa which gives rise to no serious apprehension, will change its type, and suddenly the infant becomes so much emaciated and so much changed in appearance, that we have every reason to believe it in imminent danger. Yesterday, the countenance was happy, the eyes bright, the skin warm; but to-day the eyes are sunken, the surface is shrivelled, the chin and nose are cold, the feet and hands are almost icy to the touch. The skin has lost its pliancy and has taken on that state of inelasticity which we find in patients ill of cholera.

With regard to the exterior, the child is pale, the lips are motionless. If before the attack there was much flush about the face, the cheeks assume a violet hue; if, on the contrary, there was little color, the cheeks are pale. Beneath the eye there is a leaden semicircle, while the organ itself is dull, sunken and widely open—the corner is dry and the eye-lids motionless. The temperature of the skin is low, and the buccal mucous membrane is so cold to the touch that the finger inserted into the mouth, receives the same sensation that it would were it inserted into the mouth of a dead person. The abdomen is sunken—it gives way under the hand like an inert, lifeless mass, and if wrinkles or folds are made in the skin that covers it, they remain for some minutes, showing that all elasticity of the integument is gone. Indeed the skin thus pressed no longer contains any blood. The vital fluid has been driven out by the pressure, and the whitish spot that received the impression remains three or four minutes instead of disappearing in as many seconds. This shows that there is an obstruction in the capillary circulation, coinciding with a want of tenacity, an obstruction so great that the skin loses its color, its elasticity, and its natural warmth. The pulse cannot be counted, not because the pulsations are too rapid, but because they are small and almost insensible.

On turning our attention to the signs furnished by the respiratory apparatus, we find that the breathing is deep and anxious, not like the breathing of pneumonia, but rather as if the child experienced pain in raising the thoracic walls. This same respiration is one of the attendant symptoms of cholera—it is not properly dyspnœa, but slow, difficult and deep respiration.

As regards the abdominal symptoms, there is incessant vomiting. Whatever is taken into the stomach is rejected immediately, and biliary matter, sometimes yellow, sometimes green, is also frequently thrown up. The stools are at first lienteric—the child evacuates its food in the state that it was taken. If it sucks, the milk passes off in clots or curds which floats in the midst of a greenish serum—chemical analysis has proven these clots to be the curd of milk. All this however, takes place at the *commencement* of the attack, for very soon the vomiting begins, and the child has no longer any milk in the stomach to pass off. The diarrhœa then becomes serous, resembling water in which herbs have

been boiled, and sometimes containing greenish flakes like actual vegetable matter. Sometimes the diarrhœa is purely serous and without color, and has so much the appearance of limpid urine that parents will frequently tell you the child has urined much but had no operation from the bowels; whereas the reverse is the case, for in this disease as in cholera the urine is suppressed almost entirely. Such are the symptoms that present themselves to the physician. They come on so rapidly that if he has not seen the child within a few hours he would be unable to recognise it. The transition from a state comparatively normal, to one almost hopeless, is as rapid as it is in those cases of cholera, where, instead of a simple diarrhœa, cramps suddenly supervene, the eyes sink, the pulse disappears, the urine is suppressed, and the patient dies in half an hour—so it is with children—suddenly they are seized with severe vomiting, diarrhœa and cramps. The latter makes them cry out with pain, and since it is an important symptom, Trousseau asks how we shall distinguish the pain of cramp from that of colic. To know, indeed, certainly, whether a child suffers with cramp is difficult; an adult can speak for himself but a child bears witness of its sufferings only by cries, not by expressions. If, therefore, says the Professor, you hear sharp cries proceeding from a rapidly wasted form, you may be assured that they indicate the existence of cramp, not of colic. They are not simultaneous with the expulsion of gas or intestinal matter, but are breathed in the midst of calm and apparent tranquility. Without denying the existence of colic therefore, it seems but reasonable to admit that the cries of the infant proceed from muscular cramp, which cramp is important as being almost pathognomonic of the disease.

Cholera infantum is ordinarily of short duration. Ten, twelve, twenty hours, rarely more, terminate the case. If the patient is going to die, he seldom survives the second or third day. For this reason, when called to a case, it is highly important not to make the fatal mistake, too often fallen into by the physician, that it is merely a severe diarrhœa. If such mistake be made, the issue will soon undeceive us.

We now come to the therapeutic history of the disease, and here the great difficulty commences. We are too prone to consider the vomiting and purging as the capital symptoms, and to suppose that to check these will be to cure the complaint; but it should be recollected that these symptoms, though important, do not constitute the whole of the disease. When Croton oil, tartrate of antimony, aloes, and remedies of this class are freely administered, vomiting and purging will supervene; but the patients do not become prostrate as in cholera. A hundred stools a day may take place in dysentery without producing the extreme prostration of cholera. It is the nervous system that becomes profoundly altered, and it is this alteration that spreads its influence upon the heart, weakening and paralyzing the functions of this organ to such an extent that it can no longer drive the blood into the capillary system—hence the inelasticity of the skin and the coldness of the extremities.



The nervous system then should claim our attention in a rational treatment, and the diarrhœa should be considered only as secondary.

Let us see, says the Professor, what experience has taught us with regard to the vomiting and purging. It is not very difficult to arrest such symptoms in children. They yield readily to opiates, to anodyne injections, to the extracts of monesia, rhatany, &c.; but the original disease goes on as rapidly as it did before they were checked, and the child dies very soon after they cease. We do not mean that they should be ~~checked~~, but it is very dangerous to check them suddenly with opiates and astringents. The treatment most serviceable is that which is directed to the nervous system, and Trousseau fulfils the indication in the following manner: He says, ordinarily I give the child a mustard bath; I cover the body as it were with a sinapism, and in order to do this, certain precautions are necessary. In the first place, the mustard should be mixed with cold water, because that is the agent which has most power in extracting the oil of mustard. The mustard so mixed should be enclosed in a large napkin, and this repeatedly wrung out in the bathing tub, as long as the water issuing from it is of a yellow color. The temperature of the bath should be about 100° Fahrenheit, because the essential oil is most pungent at that temperature, and the child in a very few minutes begins to feel the pricking produced by it and cries at the top of its voice. The immersion should last about ten or twelve minutes, and then the patient should be taken out and covered with a blanket. Almost immediately the pulse rises and may be distinctly felt in the radial arteries—the warmth of the surface is also restored. This bath should be repeated three times in the twenty-four hours, and should be used the succeeding four or five days as often as is necessary to restore fulness and tone to the pulse: then it must be discontinued.

The best internal remedy that can be given is ipecac. It is difficult to tell how it acts in so grave a disease, but certain it is, that even if for a moment it increases the vomiting and diarrhœa, reaction will immediately succeed and the symptoms will improve. It is the most efficacious internal remedy which can be used in infantile cholera. In order to facilitate the reaction which is produced, and to follow the disease in the new phase which it has now assumed, the diffusible stimulants should be administered, and an excellent prescription is the following: R. Mint water, ℥i; Syrup of ether, ℥ii; Syrup of orange peel, ℥ii. A teaspoonful should be given every hour or half-hour, according to the excitement produced. If reaction becomes well established, the dose should be gradually diminished until the pulse becomes full and the skin elastic. Then it may be stopped, there being no longer any need for it.

If stimulant remedies are persisted in, after the pulse has acquired its wonted fulness and the skin its usual elasticity, they produce a state of reaction, as dangerous as the original disease. This is the great stumbling block in the treatment of Asiatic cholera. Cutaneous stimulants, wine and tonics, are administered until the cold stage is over,

and we are so much pleased with the effect, that the same remedies are continued until they themselves become fatal. Their use is invaluable during the period of nervous prostration; but when fever sets in, they only serve to feed the flame. The same reasoning that holds good with regard to the treatment of Asiatic cholera, applies with equal force to cholera infantum. Whenever reaction is fully established it should not be further encouraged, and it is highly important to bring it about in the first instance by that class of stimulants which are properly *diffusible*. Such remedies are powerful only for a moment,—their effect is transitory, while alcoholics and stimulants of that nature retain their force for too long a time. Ether and kindred substances are therefore best adapted to produce the effect which we wish. In this way may cholera infantum be often so modified as to make it a simple disease, and though it should always demand the closest attention, it need not in many instances call forth the anxiety of the physician.

A word about the post mortem appearances and we shall finish the subject. The mucous membrane of the stomach is sometimes softened, often, however, it is natural—sometimes it is unnaturally red—sometimes not. The intestinal membrane is pale and occasionally softened. The latter part of the large intestine is quite red; the valvulæ conniventes are tumefied, and the lining is softened. In many cases the gastro-intestinal surface does not differ in appearance or consistence from the natural state, or if it does, it resembles the pathological state of ordinary diarrhœa. In a few cases, the follicles of the intestines are a little tumefied. The liver is either congested or natural—the gall bladder generally empty. The brain presents nothing remarkable. If the membranes be at one time congested, at another they are natural.

In concluding this article, we would strongly impress upon our readers, the powerful agency of the mustard bath, given as Trousseau recommends it. From its rapid and efficient action, we would almost be led to locate the pathology of infantile cholera in the cutaneous surface. At any rate, the functions of this surface are profoundly altered, and the restoration to health depends upon bringing them into normal action. That other remedies will not control this disordered state of the cutaneous nerves and capillaries, we do not pretend to say, but that the mustard bath is the most reliable remedy we have ever known used, can be asserted without hesitation. True, in our own practice, we have never trusted entirely to it, but have always used calomel, internally, as a sheet anchor. We are well satisfied, however, that mercury, in any form, will often fail, without the general application of mustard to the cutaneous capillaries.

It must be on the capillary system that it exerts its sanative influence, and acting on this belief, we have several times arrested the gangrene of stumps, and the sloughing of mercurial stomatitis, by the application

of a poultice made entirely of mustard seed. Applied in this way, it is a powerful local stimulant, superceding any other article that we have ever seen tried.

*Mobile, Oct. 1850.*

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## II.—*Metastasis in Disease, illustrated by cases.*

*New Orleans, Sept., 1850.*

DEAR DR. Notwithstanding the pressure of official duties, and the unusual heat of the weather at this season of the year, (27th) I have endeavored to comply with the request you made a few days ago, when we were conversing together, and trust that the following few cases which I have selected may prove of some interest to your readers.

What is called metastasis of disease, is a phenomenon that some physicians witness more frequently than others. And this may not depend so much upon the extent of their practice, as upon contingent circumstances, inexplicable and apparently arbitrary.

All of our profession who have studied Bichat's celebrated work on the tissues, with the varying symptoms of their peculiar irritations and inflammations, and with the special results of the same, according to their organization, can easily account for the rapid progress of disease in one tissue so long as continuity exists; and they see nothing extraordinary in the propagation or extension of disease from one tissue to another and different contiguous tissue, when they are situated in close contact. They know that inflammatory action passes from a serous to a mucous tissue, or from a mucous to a serous. But in cases of metastasis, there is often neither continuity or contiguity. Sometimes we see identity of organization, as of the parotid gland, of the female mammæ, and of the testes of the male. In other instances a disease of the whole system may terminate in a local affection, as in a gland, or in the cellular membrane of the muscular tissue, or in the synovial membrane of large joints, or on the surface, as in the scarlet fever, measles and small-pox. And sometimes disease is suddenly, unexpectedly and completely transferred from one person to another. And this is the most remarkable and inexplicable case of all. Before illustrating it, however, I invite your attention to another of a different nature.

Mr. Grant, a young man between twenty and thirty years of age, a native and resident of the state of Georgia, was attacked with fever in New Haven, in 1822, while on a visit to the North. The yellow fever prevailed in a limited part of the city of New York at about the same time.



His disease was a bilious remittent fever, tedious in its course and slow in its convalescence. He arrived at Newark, in New Jersey, on his way home, early in the month of September. There he had to rest, for he was strongly threatened with a relapse, which however passed off by the occurrence of metastasis to the gluteal muscles on the left side. An enormous deep seated abscess formed rapidly, which rendered it necessary for him to remove to the city of New York, where he placed himself under the care of Dr. Mott. Fistulas had formed in the perinæum, connecting with the rectum and bladder, while deep sinuses extended down the left thigh under the rectus and vastus externus muscles. When his strength was sufficiently restored to bear the necessary formidable operation, it was performed with the usual skill, deliberation and safety, so peculiar to Professor Mott. The patient rapidly recovered after the operation and returned to his native state.

What is remarkable in this case, besides the metastasis, is that this gentleman was in good health prior to the attack of bilious fever, and there was nothing to induce the expectation of such a singular and formidable result. In this instance, general disease terminated in inflammation in a mass of muscular tissues, apparently the least connected with the preceding fever.

In an article published in 1845, in the *Medical Journal*, then edited by Dr. Fenner and yourself, on the subject of quarantine laws, there is an allusion to a severe attack of malignant fever on the plantation of one of my nearest neighbors; I will quote a few lines as an introduction to a remarkable case. "In the lower part of the house-lot, a small pond was formed by the trampling of stock, into which a quantity of cotton seed had been washed by heavy rains. The negro cabins were on one side of this pond; some nearer to it than others, &c."

In one of these negro cabins nearest to the pond, I found, on visiting the plantation in the latter part of September, a young negro girl of about sixteen or seventeen years of age, of a robust temperament, and plethoric habit; pregnant, according to the opinion of the old women, eight months, with a burning fever, anxious countenance, red eyes, and strong bounding pulse. She complained of violent pain in the head and back, (across the loins,) and of an uneasy sensation in the stomach, accompanied by great thirst, which had not been relieved by anything she had taken. I bled her copiously, purged her abundantly and applied a large blister to the stomach, the cantharides having been previously boiled in a muslin bag to prevent their producing strangury. Short relief was obtained by the bleeding, but she became insensible soon after my departure, and remained so for forty-eight hours; thirty-six hours after I had first seen her, the case had become very critical, the stomach was extremely irritable, frequent attempts being made to vomit. I directed such measures as were best calculated to calm the stomach, but with very little anticipation of success. At nine o'clock the next morning, when I saw her, she was greatly relieved; quite sensible, with a moist skin, and soft though rather frequent pulse, no

irritation of stomach or remains of pain. The women in the room informed me that she commenced vomiting a dark colored fluid about eleven o'clock at night, when all at once she became calm and appeared to sleep soundly and naturally. On attempting to change the clothes in the morning, which they were induced to do in consequence of her being so much better, they discovered that the child with which she was pregnant, had been born during the night, and was lying dead between the thighs of the mother. The girl had no knowledge of the fact, and nothing had indicated to the women who were sitting up with her, that she was suffering the pains of labor. I regret much that I did not see the child; the women had buried it immediately after they found it on account of the bad smell. I have no doubt but that this was a case of metastasis of disease from the mother to the child, that without it the mother would have died. And that the favorable change began to take place from the time that the mother was delivered of the child. Her convalescence was rapid, and in a short time she was able to resume her accustomed duties in the fields.

The probability of the manner of relief in this instance, is strengthened by the reality of the following case: In August, 1841, Mrs. N\*\*\*\*, a young married woman, twenty-two years of age, was attacked with yellow fever in this city. She was born and brought up in Philadelphia, and had resided here about two years. Originally, she had a strong constitution, which, however, was much impaired by the premature loss, two or three times in succession, of a fœtus of about three months, attended with considerable uterine hemorrhage. When seized with the fever, she was again pregnant, and calculated that she was nearly at her full time. I pursued a very mild treatment; the bowels were emptied with demulcent injections; the skin was sponged with cold vinegar and water, &c., &c. After two days, no progress had been made in the attempt to relieve the disease, and the symptoms becoming formidable, cups were applied to the loins, and about fourteen ounces of blood were abstracted; a mustard plaster was applied from time to time over the stomach—and a tea-spoonful of a mixture of carbonate of soda in solution with a little morphine, was directed to be given every half hour.

As in the preceding case, I found my patient in the morning completely relieved. There had been a natural passage from the bowels, an abundant discharge of urine, and the pulse, skin and tongue were all in good condition. During the night she had been attacked with labor pains, and was delivered by a midwife in the course of a few hours. My attention was directed by ladies present to the corpse of the child which was laid out in another room. It had come to its full time, or very nearly so—it had however carried off from the mother every symptom of the fever. *This child was in appearance a marked case of yellow fever*; its skin had the peculiar yellow color of that disease; and black vomit was flowing slowly from the mouth and oozing from the nostrils. It lived but a few minutes after its birth. I firmly be-

lieve that without this metastasis, the mother would soon have had the black vomit and have died.

In the case of Mr. Grant, the metastasis, so far from relieving him, came very near causing his death. It was only by the untiring attention which he received from the family in New York who had kindly received him into their house, and by the skill and watchfulness of his medical attendants, that he escaped from premature decease. As it was, he was on the verge of the grave for many weeks; and anxiously as such of his relations as were with him desired his recovery, I believe that no one ventured to anticipate such a result.

In the case of metastasis from the parotid gland to the testes, the pain, inconvenience and danger are all increased; therefore the transfer of disease from the one gland to the other, would appear to be anything but desirable or beneficial.

A metastasis of vast importance appears to take place in scarlet fever, small pox and measles. The heat, fever, thirst, and nausea are relieved by the free appearance of the eruption on the surface of the body. And if this eruption is but partially developed, or if after being well developed, it should be repelled, the case is extremely dangerous and too often fatal.

We attempt frequently to imitate a favorable case of natural metastasis. When blisters are applied, or sinapisms, or cups, we apply them on the principle of counter-irritation or transfer of pain and morbid action from a vital or important organ, or from an internal tissue, to the surface, where we can control the morbid action without danger and with comparatively little pain. I feel interested in this subject as I proceed, and if I had not promised you a letter, I would be tempted to extend it to an article.

Respectfully your friend,  
WM. P. HORT, M.D.

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### III.—*Remarks on Pneumonia, with cases.* By A. H. OLIVER, M. D., of Georgia.

On the 21st of April, 1849, Dr. Mims was called to see George, a negro about 21 years of age, of a robust, plethoric habit, and found him with fever and intense pain in his left side,—in the Hypochondriac region. He had neither dyspnœa, cough, nor expectoration; tongue coated with a brown fur. Treatment: venesection until a decided impression was made upon the pulse; calomel 20 grains, to be followed in a few hours by sulph. magnesia, ℥i. April 23d. Visited George



again; found him complaining of pain, with some fever. Prescription: calomel 10 grains, acetate of morphia 1-4 grain. On the 23d, found him free of pain and fever; thinking that he was convalescent, prescription was omitted. On the 24th, he received a message that George was evidently worse; symptoms the same as at the invasion of the disease—treatment the same as before. The night of the 24th, I was called in great haste to see G. When I arrived I found him with great dyspnœa; bloody sputa constantly expectorated and a small frequent pulse. Prescription: 5 gr. tart. ant., 1-4 grain every hour until nausea is produced, (the dose of antimony to be augmented if necessary) with a large blister to the chest. I then called Dr. Mims in consultation, and we determined upon the same prescription, which was continued until the dawn of day. We then found a marked remission in the symptoms. Prescribed pulvis. ipecac. et opii., 5 gr., quinine, 5 gr., to be given every three hours: which was to be suspended if the fever should arise.

We called to see George again on the 25th; pulse full, soft and frequent; skin moist; he had dyspnœa. Prescribed calomel 5 gr., tart. ant. 1 gr., to be given every two hours. On the 26th, he was much better; tartarised antimony to be given through the day, with anodyne doses of Dover's powders at night. Under this treatment he convalesced slowly.

*Case Second.* I was called on the 26th of April, in consultation with Dr. Mims, to see S—, a negro about twenty years of age. We found him in the following condition: [great dyspnœa, audible at the most distant part of the room; the sputa of a rusty color, evidently tinged with blood; the patient complaining of general numbness, with pain in his left lung; pulse frequent, and small. Treatment: venesection in the recumbent posture; as soon as the blood began to flow, he vomited a great quantity of bilious matter; after bleeding, he was somewhat relieved of the most urgent symptoms, excepting the viscid mucous which accumulated as fast as it could be expectorated. Prescribed calomel, 5 gr., tart. ant. 1 gr., to be given every hour and the antimony to be increased until nausea and vomiting are produced.

April 27th, found our patient some better, the sputa being more characteristic of bronchitis than pneumonia; the breathing hurried, with pain. Prescribed calomel, 5 gr., Dover's powders, 5 gr., to be given every three hours until our next visit in the afternoon. Mucilages were also directed to be used. Called in the evening; his fever had arose; breathing more difficult, with pain. We resumed the use of calomel and tart. ant. as before, directing the antimony to be gradually increased as long as the stomach would tolerate it; the dose was increased to six grains and kept up for some four hours without producing the least nausea, although it produced hypercatharsis, which was checked by anodynes, with mustard to the abdomen. We suspended the use of the antimony, and gave tr. lobelia, 40 drops, in combination with calomel, 5 gr.; continued this for five hours, without any good resulting.

April 24th, found our patient with cold feet, the skin generally cool, pulse small and frequent, also great dyspnœa; applied blisters to the chest, arms and legs, with sinapised pediluvia; from the action of these applications, the pulse became more full; gave calomel 5 gr., quinine 5 gr., every hour; after using the quinine several hours, we found the skin dry and thought it necessary to substitute Dover's powders for the calomel and continued this treatment until evening, when we found our patient sinking. The only remedy left was stimuli, which after a fair trial proved ineffectual.

*Remark.*—In case the first it undoubtedly made its invasion in the form of intermittent fever, and I think if quinine had been used at the commencement of the disease, it would have broken it up in its incipency; but as it was neglected, the exacerbation returned with greater violence—at its next period bearing tangible proof of marked pneumonia. The only incidents worthy of notice in the second case, is the violence of the invasion, the enormous quantities of bilious matter evacuated, and the length of time before life was exterminated. There was also a remission in this case. There were six cases in the same family, out of which four died; they were all treated similar to those described.

This spring pneumonia made its appearance again in the same family; eleven were attacked by the disease, out of which only two died. The two that died were treated upon the antimonial plan: the balance were treated with ipecac. and lobelia instead of the antimony and every case improved rapidly; and I have no doubt if the antimony had not been used in the first case, the mortality would not have been so great; but we are justifiable in its use from its previous notoriety in this disease, although I would not feel justifiable at present if I was to use it in any form. It is not my intention to erase this potent medicine from the annals of medical history in the treatment of this most formidable malady; but my object is to show the inefficacy of this article in our hands. I would recommend physicians to investigate this matter more thoroughly; compare their success with antimony with that of the vegetable kingdom. The treatment I would recommend is small and frequent bleedings, calomel, with ipecac and lobelia, until nausea and purging is induced: although I do not believe in active purges in this disease, quinine, mucilaginous drinks, free vesication to chest and extremities, at the same time a light but nutritious diet is the best plan of treatment.

IV.—*The Influenza of the Respiratory Organs. A novel and efficacious method of treating Influenza.* By JOHN B. C. GAZZO, M. D., La.

This catarrh known by the name of influenza, which prevailed so universally in most parts of the United States in 1843, as well as in Canada, where it was called la-gripe, first showed itself in Europe, towards the commencement of the vernal equinox, and went off at the summer solstice of June, to appear that same year in America.

The history of the rise and progress of the several great influenzas, have been somewhat numerous. In 1580, it prevailed in Europe, and is spoken of as a pestilential and epidemic cough. In 1750, (just a century since,) it prevailed the world over; in many districts in Europe scarcely a family escaped; it was never fatal, except to aged persons and to those affected with pulmonary diseases. The Italian physicians gave its present cognomen, "influenza," which signifies hoarseness. It appeared again in Europe and America, as we learn from the *Archives generales de medecine* of Paris, France, in 1762; also in 1775, when dogs and horses were also affected. In 1782 it was equally universal, and followed sudden atmospheric changes; it made victims on land and on sea, and in St. Petersburg 50,000 were affected by it in one day. In 1830 it appeared again, and was followed by the cholera; in 1833 it succeeded that fearful disease: its progress is like the progress of most epidemics, from east to west, and is preceded by great atmospheric changes.

The influenza probably destroys more lives than the yellow fever, though secretly; for it calls into action all lurking tendencies to consumption, scrofula and other chronic diseases; and while apparently immolating few victims itself, it obviously swells the bills of mortality, through the agency of fevers, for five or seven years after its breath has passed over the world.

*Method of treating Influenza.*

According to my experience, for the year 1843, there was no better way of treating influenza at its commencement, than by the application of *tincture of iodine*, diluted to the larynx. This method has the advantage of being simple, efficacious and easily applied, and its effects are not productive of any injury to the constitution. The proper time for the application of this remedy is at the very commencement of the disorder, when, as is usually the case, the person is awakened suddenly during the night by its invasion: no time should be lost, when we observe that the breathing is anxious, disturbed, and attended with the well known hoarse sound, and a cough of a ringing character, &c. The symptoms are too well known to require enumeration here. Suf-



fice it to say that the most speedily fatal cases are those where the person goes to bed apparently quite well, and free from any catarrhal symptoms and is awakened from a deep sleep by the attack of influenza. Such cases often prove speedily fatal; and even when thus intense, the disease may be arrested in its progress by the immediate application of the *tincture of iodine*, diluted with hot water, (an ounce of the tincture of iodine to a pint of hot water,) and applied in the following manner: a sponge, about the size of one's fist, dipped in the iodine water as hot as the hand can bear, must be gently squeezed half dry, and instantly applied beneath the sufferer's chin, over the larynx and windpipe; when the sponge has been thus held for a few minutes in contact with the skin, its temperature begins to sink and it requires to be dipped again into the hot tincture of iodine-water. It is better to have a second sponge ready, so that they may be applied alternately. Perseverance in this plan from ten to twenty minutes, produces a vivid redness of the skin over the whole front of the throat, just as if a strong sinapism had been applied. This redness must not be attended or followed by vesication; in the meantime the whole system feels the influence of the topical treatment; a warm perspiration breaks out which must be encouraged by warm drinks, as whey tea or weak store tea, &c., and a notable diminution takes place in the frequency and tone of the cough,—while the hoarseness almost disappears, and the cough and ringing tone of voice subsides, along with the dyspnœa and restlessness. In short, all danger is over, and the patient again falls asleep, and awakens in the morning without any appearance of having recently suffered from so dangerous an attack. If, on the contrary, a slight cough still remains next day, it may be easily gotten rid of by means of diaphoretic and antiphlogistic remedies suited to a feverish catarrh. When the suitable application of the tincture of iodine and water in the manner above recommended, does not produce well-marked and evident relief at the end of twenty-five minutes, then nothing more can be expected from a longer perseverance in its use; and the increasing cough, hoarseness, anxiety, and dyspnœa of the patient must be met by other means. In such cases I would advise the instant abstraction of blood from both arms, if the iodine fails to give relief, then more blood may be taken from the jugular veins. I must observe, however, that this method has not yet failed in my hands, when applied in the commencement of the disease, and I have practiced it successfully in several families I attend, in the parish of Terrebonne of this state.

V.—*Demonstrative Midwifery.*

We have received a pamphlet of fifty pages, containing a full report of the trial at Buffalo, N. Y., of the case of "The People vs. Horatio N. Loomis." This affair grew out of the controversy respecting clinical instruction in Obstetrics, which we noticed in a former number. It seems that Professor White, seeing the whole matter involved in such a cloud of passion and misconception, determined to subject it to the most searching of all tests, a trial at law. The solemn publicity of this, its power to "send for persons and papers," its extraction of facts and opinions under the sanction of an oath, all render it most effectual for the settlement of historical truth.

We must distinguish between *slander* and *libel*. A man who considers his reputation wounded by the *words* of another, can bring a civil action for damages against the offender. This is the law of slander. But if such words have been circulated by writing, or the more free and rapid agency of printing, the State takes notice of this. The *libel*, from its publicity, tends to create a breach of the peace, and the Genius of Public Order demands that those who "utter," that is, circulate, the libel, be punished as disturbers of the public peace. It is however, specially provided in the State of New York, that the defendant may give in evidence the truth of the offensive matter, provided he also prove that it was published with good motives and justifiable ends. Dr. White chose this criminal prosecution as the most dignified vindication of himself. Accordingly, Dr. H. N. Loomis, a highly respectable physician of Buffalo, and prominent as we shall see in the attack upon Dr. W.'s new method of instruction, was indicted by the grand jury of Erie county.

The trial commenced on Monday, the 24th day of June, before Judge Mullett, with a strong array of counsel on each side. Among the names of the defendant's counsel, we notice that of the present Post Master General, Hon. N. K. Hall. We shall give a brief summary of the facts as acknowledged by all parties, and then of the testimony upon the disputed points.

The Buffalo Medical College is a department of the University of Buffalo; an institution founded within a few years. The names of some of its Faculty are of national and even ultra-national reputation; we need only mention those of Drs. Jas. Webster, C. A. Lee, F. H. Hamilton and C. B. Coventry. Dr. Jas. P. White, who holds the chair of Obstetrics, thought that it would be a vast improvement upon the usual mode of instruction in his department, to exhibit to the graduating class an actual case of labor. Accordingly a woman was found who consented to this, and she was provided with a room in the Janitor's apartments, his wife acting as her nurse. When the time of her labor arrived, the graduating class, about the number of twenty, with several practising physicians, were admitted to her chamber, and

Professor White safely delivered her in their presence, after explaining during its progress the process and mechanism of parturition.

This was in January, not long prior to the graduating exercises, before which, however, the senior or graduating class held a meeting and passed resolutions expressing their gratitude to Prof. W. for furnishing them with this new illustration of their Art; and these with the reply of the Professor were published in the Buffalo Medical Journal for February, with some approbatory remarks of the Editor. Very soon a great ferment appeared in the public mind. Various strange reports of what had occurred at the Medical College were afloat in private circles. But nothing had as yet been said in the secular journals, when an editorial article appeared in the Buffalo Commercial Advertiser, a newspaper of great respectability and influence, wherein it was stated that the Faculty of Buffalo Medical College had improved upon the usual method of instruction in this country, by the use of Demonstrative Midwifery as in the European Hospitals and Universities: that, in consequence of exaggerated reports in regard to this, inquiry had been made and every thing found, as was expected, to have been conducted with all propriety. To this were added some remarks upon the "innovation." This was the signal for a furious outbreak of opposition. The following letter was immediately addressed to the Editor of the Buffalo Medical Journal, (who is also a colleague in the faculty with Dr. W.) by seventeen physicians of Buffalo.

"TO DR. AUSTIN FLINT, EDITOR, &c.

*Sir*,—The undersigned, members of the Medical Profession, have noticed with regret, in the February number of your Journal, the Editorial article, and the correspondence to which it refers, entitled "Demonstrative Midwifery."

The propriety of the exhibition with the living subject, before the graduating class at the College, as we understand it, does not, in our view, admit of a public discussion; and our only object in this communication is to say, that the practice does not "commend itself to the cordial approbation of the medical profession" of Buffalo, but on the contrary merits a severe rebuke; because we deem it wholly unnecessary for the purpose of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency. For the credit of the medical profession we hope this "innovation" will not be repeated in this, or any civilized community.

John Hauenstein, Jno. S. Trowbridge, E. F. Gray, J. D. Hill, H. D. Garvin, Geo. N. Burwell, C. C. Wyckoff, William Ring, J. Trowbridge, B. Burwell, M. Bristol, A. S. Sprague, Josiah Barnes, H. H. Bissell, Joseph Peabody, G. F. Pratt, S. Barrett.

*Buffalo, Feb. 21st, 1850.*"

This was published in the March number of the Journal. But this was not the worst. A few days afterward, an article appeared in the Buffalo Courier, a respectable daily paper, in reply to the Com. Adver-



tiser, which we give at length, both as a curiosity in its way, and for its important bearing on the case.

“MESSRS EDITORS:—A writer in the Commercial Advertiser, of this city, has attempted to defend a *gross outrage* upon public decency, and I claim the right to reply to him, although the subject is one of so delicate a nature as hardly to be susceptible of much handling.

I speak of the article, in the Commercial of Tuesday, which refers to the recent “clinical” exhibition at the “University of Buffalo—Medical Department;” an article which was evidently intended to foil public opinion, already setting strongly against the perpetrators of the indecency, and, through the respectability of the print in which it appeared, to give that sentiment another direction.

Without stopping to inquire the authorship of the article, although I would willingly believe that the responsible editor is not to be charged with it, let us for a moment glance at the arguments advanced in it, with a view to placing the matter upon a footing consistent with “even handed justice” and a proper regard for the proprieties of life.

An open demonstration of obstetrical practice has been made, before a class of students. The demonstration consumed nearly or quite *eight hours*, during a part, at least, of which the professor of that branch of medical instruction was present. Delicacy forbids me to touch upon the manner in which those hours were passed—suffice it to say that the tedium was relieved by such methods as a congregation of *boys* would well know how to employ.

Thus stand the facts. The argument in defence is, that such things are allowed in foreign schools, and the palliation, that such instruction is necessary to the student.

The article was written, or dictated, by one who knew better than to use such an argument, or urge such a palliation.

*No school* on the face of the earth ever tolerated a like exhibition, save the “Medical Department of the University of Buffalo.” In those Continental Hospitals for the lying-in females, which are open to the students of medical schools, the utmost propriety is observed, and so far from exposing a suffering woman to the unrestricted gaze of an entire class, the managers are careful that but one or two students shall ever be admitted to a single ward, and these are always accompanied by their private instructor.

As to the necessity or usefulness of the indecorous show, let any physician answer. How strongly is the rule inculcated in all books, and how enjoined upon their pupils by all respectable physicians, that in this branch of practice the eye is to be blinded? The ear may listen to the plaintive appeals of the suffering patient—the voice may utter words of hopefulness, to sustain her through her trial, but the eye is closed to the scene. What possible good then can accrue from an undisguised exposure like this?

I look upon the whole thing as an attempt to build up, for *some one*,

a reputation, on a basis entirely unworthy to the sacred cause of science. The patient was a woman in humble circumstances, whose poverty, perhaps, overruled her natural modesty. What mattered it then, if a score of scarcely adolescent youths satisfied their *meretricious curiosity* at her expense? The professor has enjoyed his "clinique" and his class their *salacious stare*, and, under the specious plea of scientific advancement, a precedent has been set, for outrage indiscriminate. God forbid that it should be followed in our time. Long may the men who have established it, continue to stand as solitary and splendid examples of scientific innovators, in advance of the age. L.

This article was attributed to Dr. Horatio N. Loomis, a physician of this city, of high standing, who though not one of the seventeen signers, was known to side strongly with those who disapproved of the "innovation." He was accordingly indicted for libel as we have explained above.

The publisher and foreman of the Courier were first brought forward by the prosecuting officer and testified that Dr. L. came to the printing office after the appearance of this article in the daily paper, to buy some copies of it, and finding the edition exhausted and the type distributed, had it set up again and 50 or 100 copies printed, also obtaining the promise that it should appear in the weekly. The prosecution here "rested."

For the defence, George Haskins swore that he wrote the article signed "L.," and that neither Dr. L., nor any one else knew of it beforehand.

Dr. Peter B. Brown, one of the recent graduates, was next introduced, whose testimony we give at length as containing a full description of what occurred at the clinique.

I graduated at Buffalo Medical College last winter or spring. I attended three courses of Lectures there,—last course was last winter. During that course there was presented to the graduating class a case of natural labor, by Prof. White—I was present—I went there between eight and nine o'clock in the morning; it was in the lower room adjoining the room occupied by the Janitor, as a kitchen. I don't recollect whom I found there when I got there—I saw Dr. W., after I got there—don't recollect how many students there were—don't recollect how many there were in the graduating class—there were about twenty-eight—could not say what proportion of them were there—it would be guess work—there were some there that did not graduate there—some physicians—there were as many as fifteen—might have been twenty—they didn't all stay that came there—some went away—I remained there some six or seven, or seven or eight hours—somewhere along there, and till the labor was through—it was not day-light when the matter was finished. The woman, when I first saw her, was on a bed or cot—I was there when the child was born—I was not there a great while, next before the child was born—I couldn't say how long I was there previous to the birth. I

was called in—It is a mere matter of guess-work—I should think I was there about half an hour before the child was born—when I went in last time, couldn't say how far labor had progressed—I saw nothing of the labor till the head presented externally. The woman was covered till that time—then the clothes were laid back—she lay on her left side. Her "nates" were exposed—her legs were drawn up—she was exposed from the small of her back, half or two-thirds the way to the knees. She lay in that condition till the child was born—don't recollect whether the clothes were turned down before the umbilical cord was cut or not. Can't tell how long she was in that condition—about a quarter of an hour. Head of the patient was uncovered. During the time she was exposed some *fifteen* or *twenty* were present—they were all students and practitioners of medicine—might have been *fifteen* or *twenty* students—this was the first exhibition of the kind I had seen—her genitals *were not* exposed—don't know whether the Professor used both hands or not—he supported the perineum with a napkin in his hand—he grasped the child's head and it passed out between his hands—I can't say whether he received the child in both hands or not—I saw the child on its passage out.

*Cross Examined.*—The room was lighted with candles—there was more than one candle. When the child was being born, I was standing near the bed, on the same side with Dr. White. There was no talk, unless the woman wanted something. There was no talk among the students—there was no laughing or jesting. I saw one smile. Dr. White talked about the labor, and to the patient and the progress of the labor, for the purpose of instructing the class—his talk had no other tendency than to instruct the class. Prof. White enjoined decorum and order. The house, as I said before, was still.

I didn't notice how much I could see. I was watching the progress of the labor. I saw the child emerging. I didn't look to see her private parts. Saw the head emerge and what surrounded it, except what was covered by the napkin. The napkin might have been all around. Did not see the *Symphisis Pubis*. Her back was towards most of the class—they were standing all around. The nurse was most of the time on the opposite side of the bed to Dr. White. I think the nurse was out during the labor. I am quite sure she was not in all the time till the delivery of the child and the *placenta*. I saw the child dressed. It was carried into an adjoining room, and washed and dressed. I never attended a labor before. I have since.

Another member of the graduating class testified in substance the same facts. The editor of the Commercial Advertiser swore that Dr. White saw his article by accident just before it was published and approved of it.

*Dr. Josiah Trowbridge.*—Has been in practice for more than 40 years—has improved in obstetrical skill by practice,—in delivery the whole process is under cover, and there is never any exposure of the



woman—the eye is not to have any thing to do. The hand and the ear are only to be used.

*Dr. Chas. Winne.*—Has been in practice 17 years,—condemned Demonstrative Midwifery—had never heard of it before in this or in any other country; all that is necessary can be learned from plates. *Dr. A. L. Sprague*—has practised 25 years; condemns the exposure of the patient to a class; considers plates preferable to any other mode of instruction; was present and assisted at an operation on a young girl for stone in the bladder. There were several persons present, perhaps fifteen; he only knew part of them; several of them being strangers to him; presumed they were students. The girl was stripped from her thighs down, all her parts being exposed. It was not necessary that all should be present who were there; it usually takes about six persons to operate in a case like this, so as to hold the patient.—Does not consider that it was necessary that the students should be present at that operation; did not give his consent nor approbation at the time; was not consulted in regard to its propriety, and did not know anything of the case until he was sent for to assist in the operation. But presumes that such exhibitions before classes are common in medical schools, but never saw a case of the kind before performed before a class. *Dr. B. Burwell*—condemns the exposure; thinks that “a student can get nearly as good an idea of Midwifery by the study of Comparative Anatomy from the parts of inferior animals as from the human subject.” *Dr. Moses Bristol* and *Dr. J. Peabody* condemn the demonstration of Midwifery as unnecessary and improper, and think plates as useful for instruction as the living subject. *Dr. G. F. Pratt*—thinks that the anatomy of the parts is better understood by plates than by the natural surface of the woman, *Dr. H. H. Bissell*—thinks the “innovation” improper, and does not think it necessary for the student to make vaginal examinations before commencing practice. *Dr. J. Barnes*—disapproves of the “innovation”; thinks it not improper in such a case to introduce one student at a time, but that it shocks the moral sense to have a class present. *Dr. G. A. Burwell*—disapproves of the exposure; thinks that parturition is so delineated in the plates as to be equal to the actual sight.

All these gentlemen and others who gave similar testimony, rested their disapproval of the transaction at the Medical College upon the principles of Medical Ethics that nothing should be done to prejudice the community against the medical profession, and that the patient in Midwifery should be exposed as little as possible; but thought that all such considerations should give way to the saving of life, and that operations for stone might properly be performed upon a female before a large class of students.

The counsel for the defence now offered to produce several *experienced midwives* to testify concerning the necessity of exposure, but the Court did not think that kind of *professional testimony* necessary.

The prosecution now resumed by producing a patron of *Dr. Loomis*,

who swore that the day after the publication of the article signed "L." he (Dr. L.) read it to him with commendation, and that seeing the letter "L." he said "that's Loomis," to which Dr. L. made no reply. Another of his patients testified to the papers being read to him by Dr. L., with a voucher of its correctness. Two of the graduating class were now sworn and detailed the circumstances of the *clinique* in substance as those produced by the defence; particularly stating the decorum which prevailed and the advantage to them of the exhibition. The patient herself corroborated the previous accounts and said that she thought there was no harm in what had occurred.

*Dr. Holton Ganson*, of Batavia, N. Y., testified that while in Paris in 1843, he was present at several cases of labor in which the patient was exposed as far up as the hips before 30 or 40 spectators: in one very difficult case before 300; thinks the advantages of Demonstrative Midwifery very great; that if the eye were educated it would gain the ascendancy over the touch. *Dr. Cary*, of Buffalo, corroborates Dr. Ganson's account of the practice in the hospitals of Paris; of thirteen cases of labor before a class, in four or five the person was exposed; thinks this very useful but on the whole disapproves of it as unnecessary. *Dr. H. Nickell*—was educated in the university of Giesen (to which Prof. Liebig is attached); has witnessed there 400 or 500 cases of labor before a class of 30, 40 or 50 of what are called practising students, the person being exposed when the head was about protruding through the soft parts. *Dr. J. A. Jeyte*—was educated at the university of Prague; has there seen several hundred cases of labor in which the person was exposed as above—usually before eight students and about twenty women who were learning to be midwives. Prof. C. R. Gilman's testimony is highly interesting and well deserves being quoted at length, had we room for it: he highly approves of the "innovation," though he seems to doubt whether it can safely be introduced in this country now. *Prof. Ackley*—considers a correct knowledge of Midwifery far more important than skill in operating for the stone. *Dr. J. J. Haksteen*—graduated at Amsterdam; there the graduates must have seen thirty cases of labor; two difficult ones under the direction of the Professor, in which the posterior of the patient is exposed in the last stage. *Dr. La Barte*—graduated at Dublin where he saw several cases of Demonstrative Midwifery. *Dr. Ed. Mackay*—testified in substance like Dr. Nickell in regard to the university of Giesen, and had seen the same at Heidelberg. Prof. Jas. Webster, (for defence,) does not regard such exposure as necessary but thinks it useful. *Dr. Chas. Solomon*—graduated at Rostock and studied at Berlin; has seen women there delivered before classes of from four to six persons; the person exposed in the last stage of labor. *Dr. B. H. Colgrove*—has practised thirty years; approves of ocular Demonstration of Midwifery, and would have been glad to have had such instruction when a young man. Prof. C. A. Lee thinks this a superior mode of instruction; was present once in New York when Professor Bedford delivered a woman

in a very difficult case, exposing her entirely before a class of students and several females. *Prof. A. Flint*—The Faculty of Buffalo Medical College all assented to the ocular demonstration.

The rest of the case is easily recounted. The counsel on each side summed up ingenious arguments and the judge delivered a charge to the jury, laying down the law strictly against the defendant and bidding them pay no attention to "public opinion." And the jury brought in a verdict of "Not Guilty."

This, however, is but a small matter. The great object has been effected of setting the facts in regard to this remarkable affair distinctly before the public. They speak for themselves, and we wish only to draw a few corollaries from them. No one can doubt upon a survey of the facts, that the article signed "L." was bitterly and cruelly unjust; and this must be felt with the keenest shame by any physician who may have enjoyed and circulated this tissue of violent epithets and abominable insinuations, not to say wilful mis-statements.

Again, it is plain that the Court was right in refusing to hear the midwives, as they had had enough of that kind of testimony from the individuals of the immortal seventeen.

But to the question of the "innovation." It divides itself into two parts: first the indelicacy charged, and next the expediency. The true principle was repeatedly stated by the medical men in their testimony, viz: that nothing which is necessary to the perfecting of the healing Art, can in itself be indelicate. In the presence of the agony of suffering nature, all thought of this vanishes. Could the contrary principle be sustained it must put an end to all operations upon the genitals of females about which Dr. Sprague has no scruples as well in private as in public, to all plates and figures to illustrate obstetrics, and even to all presence of the physician in the parturient chamber.

It was well remarked by the judge that the throes of parturition are not likely to excite libidinous thoughts, but the contrary. They rather remind us through what maternal anguish we came into the world. There may be young men who could use this necessary and serious investigation to feed their evil thoughts. Such persons would defile any thing with the slime of their foul imaginations: the plates and models, of which all approve, would afford their baseness even more food. May none such invade the mysteries of our Art, or pollute the temples of Science by their false worship.

"Procul, O procul, este profani!"

But let not this occasion fail to remind us how purely and honorably should those, to whom society must yield such signal confidence, bear themselves towards those in their care, thus "putting to silence the ignorance of foolish men."

The introduction then of this new method of instruction into our schools, must be wholly a matter of discretion. The Science of Medicine can spare no means of advancement out of regard to an insane "public opinion," though prudence will counsel to evade as much as possible its blind and irrational fury.



VI.—*Medical Works and Surgical Instruments.*

Medical gentlemen are frequently desirous but unable to obtain certain medical works and surgical instruments, not yet imported into this country, and we are pleased to learn from a card on the last page of the Journal, that H. BAILLIERE has established a Book and Surgical Instrument Depôt, at 162 Fulton street, New York, where every thing of the kind, either in this country or Europe, can be obtained through Mr. B. or his agents abroad.

Physicians and others, having orders to fill, can forward them at any time to the above address, with the assurance that their wishes will be attended to and their wants supplied. (Vide advertisement.)

## THE MEDICAL AND SURGICAL JOURNAL.

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### *City Medical Intelligence.*

*New Orleans, Nov. 1st, 1850.*

The summer just passed will long be remembered by our resident population as the most oppressive, on account of the excessive heat that has been experienced in this city for a quarter of a century.

To this add a new and in some respects, a peculiar type of fever, prevalent throughout the hot season, and we may truly say, the summer of 1850 in New Orleans, has been remarkable.

Although a light form of epidemic fever, popularly called *Dengue*, *break-bone* fever, yellow fever, etc., but designated by us in our September number, as *solar* or sun fever, has attacked a large portion of our population, of all ages and both sexes, yet it rarely caused death, except in a few complicated cases, and under peculiar circumstances; as a consequence of this want of fatality in the disease, our mortality during the summer and fall thus far, has been remarkably small, (as will be seen by the table below,) for the number attacked.

The heat, continued with but slight abatement up to the middle of October, about which time, after an unprecedented dry season, we were refreshed by a fine shower or two of rain, which at once cleansed the streets and moderated the intensity of the heat. Soon after the rain fell, the wind began to blow from the North, which brought us cool nights and pleasant days; and we are now in the enjoyment of our usually beautiful and bracing autumnal atmosphere.

It is proper to remark, that just before the intensity of the heat began to abate, cases of cholera, which had throughout the past season been few and scattering, began to multiply in particular localities—in the suburbs of the Third Municipality more particularly, and the deaths for the week ending the 12th of October, numbered 16; whilst the number for the week following reached 37—more than double the preceding week.

For further and more full details on the subject, we refer to our annexed tabular statement, which we continue as heretofore.

This fever, of which we gave a brief though tolerable correct account in our last number, did not confine itself to New Orleans; it attacked the neighbouring villages and traveled across the lake, visiting some of our watering places, and many of the towns along the banks of the Mississippi for hundreds of miles above New Orleans.— Wherever it extended, it presented nearly the same symptoms, and was equally mild and manageable, under almost every variety and mode of treatment.

Recently, the disease has rapidly declined, and we now (Oct 29th) rarely see or hear of a case.

We are not informed as to the character of the *lesions* produced by this fever, since few or none of our physicians have been favored with an opportunity of making any post-mortem examinations during the prevalence of the disease. Whatever difference of opinion may exist among medical men as to the *name* and *origin* of this peculiar fever, certain we are that the disease is *neuralgic* in many of its features and may therefore be considered as affecting, primarily the *nervous* system, and subsequently exciting increased action in the heart and arteries.

Below, we give our usual weekly statement of deaths for the last nine weeks, continued from our September number.

		<i>Total.</i>	<i>Y. Fever.</i>	<i>Cholera.</i>
Deaths for the week ending	Aug. 31st,	228	18	3
“ “ “ “	Sept. 7th,	139	7	6
“ “ “ “	“ 14th,	156	12	11
“ “ “ “	“ 21st,	181	11	15
“ “ “ “	“ 28th,	157	3	8
“ “ “ “	Oct. 5th,	97	0	3
“ “ “ “	“ 12th,	133	2	16
“ “ “ “	“ 19th,	179	1	37
“ “ “ “	“ 26th,	112	1	28
<b>TOTAL.</b>	- - - -	<b>1412</b>	<b>55</b>	<b>127</b>

From the foregoing table, it will be observed that cases of cholera began rapidly to multiply about the middle of October; this may be explained from the fact that about that time Irish and other immigrants began to pour into the city, and to indulge in eating the damaged fruit and provisions, which remained unsold in the fruit stands and markets of the city. This, together with the excessive heat of the season, combined to produce a bad state of the bowels, which, if neglected rapidly assumed the form of cholera, and if not early checked, ran into collapse and death in a few hours. The deaths, weekly, from the various fevers, commencing as above, were as follows: 94; 34; 38; 52; 52; 18; 10; 20; 12. This shows that a large per cent. of our mortality is caused by the various fevers incident to all southern latitudes, but not peculiar to New Orleans. The greatest mortality from *febrile* diseases took place, as already indicated, for the week ending August the 31st; the deaths then declined until about the middle of September, when



they again augmented and continued at a high per cent. until about the first of October, when they again fell off and after that date did not exceed the deaths from consumption and bowel complaints.

During the summer and fall, the mortality in the Charity Hospital has been remarkably small for the large number admitted; but whether this be owing to the mildness of the attacks or the extraordinary skill of the attending physicians, we are not advised,—the fact, however, stands recorded on the books of the institution.

The city is at present exempt from all epidemic and endemic diseases, and from present appearances we anticipate an active and a prosperous business season for the mercantile community,—but poor profits for the physicians.

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*Changes and New Appointments in Medical Colleges.*—Professor P. F. EVE.

We are again called upon to announce, in addition to what was said on this subject in our last number, still further changes and other appointments in some of our medical colleges.

Professors Gross and Bartlett have been invited to lecture in future in the University of New York—and both have accepted the invitation and will enter upon their duties at the approaching session.

Dr. Gross is highly esteemed in the west and had already attained great eminence both as a Lecturer and a Practitioner. We only know Dr. Bartlett as an author, and if we may be permitted to judge of his talents by what he has written, we should pronounce him competent to fill a chair in any Medical Institution.

Dr. Daniel Drake has accepted a professorship in the Louisville Medical Institute—formerly the theatre of his professorial labors.

The most recent and by no means the least important appointment is that of Professor Paul F. Eve, late of Augusta, Ga., to the Chair of Surgery, in the Louisville Medical Institute,—made vacant by the transfer of Professor Gross to a Chair in the University of New York.

If the Louisville Medical Institute has lost the talents of Dr. Gross, it has acquired the learning—the mature judgment and the great practical experience of Prof. Paul F. Eve, who possesses at once the discretion and caution of a Physick with the *hardiesse* of a Velpeau. Although the friends and patrons of the Louisville Institute had much to regret in the retirement of Dr. Gross, still we feel confident that the School has lost nothing by the exchange, knowing full well that Dr. Eve is every way qualified to discharge the duties of his chair and by his well-deserved reputation throughout the South, to draw a large class whithersoever he may chance to go. We wish Prof. Eve a career of prosperity and happiness equal to his high moral and professional reputation.

*Vital Statistics.*

A. HESTER, M. D.: *Editor of the N. O. Med. and Surg. Journal.*

Dear Sir:—Fearing, as I do, that in my paper on the sanitary condition of New Orleans, I have not sufficiently explained my distrust in the statistical data hitherto obtained in all countries, (including, of course, those I have recorded,) I have concluded to address this note to you, on that topic, for publication. It may soothe the minds of statistical writers, to know that, as the evidence now stands, the calamities of New Orleans are not wholly owing to its unexampled mortality, nor to its short mean life compared to other places, inasmuch, as the data at home and abroad are too inaccurate and too limited for satisfactory deductions to our disadvantage. “’Tis distance lends enchantment to the view.” But ever since Adam quit Paradise, death has prevailed in the North and in the South. All the learned agree, however, that Eden was situated in the latter region, and that post-mortem examinations and statistics, never would have been necessary had Adam remained therein.

Statistics is a new science, which, I believe, originated in Italy, and which at first was restricted to material wealth, or rather to the enumeration of the houses in that country. That branch of the science called Vital Statistics, originated very recently, and is, as yet, very incomplete, its data being imperfect and not sufficiently extended over long tracts of time, while its practical methods are too discordant to justify exact comparisons and positive conclusions between country and country, climate and climate, city and city.

Different nations, have adopted different statistical methods, according to the prevailing *bias*, whether military, industrial, or vital. The decennial census of the United States, does not include within its scope even the more prominent elements of vital statistics. Its classification of ages has varied from time to time. In the census of 1800, all aged 16 and under form one class—that of 1810, subdivides this class,—in that of 1830, all aged 45 and over, form but one class, which at the next census, undergoes six and a half decimations.

The British enumerations, so much relied on in this country, (“’Tis distance lends,” &c.,) form one enormous blunder, notwithstanding the superiority of the plans proposed. The British census of 1821 was not made compulsory; the law left it optional with the overseers of the poor to act or not “as might be satisfactory to themselves, and not inconvenient to the parties.”\* In the census of 1831, the ages were omitted altogether. In 1841, the two classes appointed to take the census and make the Registry, pursued different routes, calling the same territories by different names, according to the town, parish, or country, so that the same name did not represent the same district. The effect of this error, is thus estimated by the Edinburgh Review: “By taking the population of a county, and dividing it by the total births or deaths in the Registrar, as has been done in statistical works,

\*McCulloch. Stat. Brit. Emp.

the arithmetical comparison would lead only to error, since it would not give the proportionate number,—the whole value of the census and Registry abstracts for mutual comparison being destroyed.” These mistakes extend to most counties, and “destroy the effect of comparison with former ascertained results, and cause statistical writers to puzzle themselves with things not true.”\*

There is not a single State of the American Union, in which either the mean life, or the ratio of mortality is accurately known. Not a State west of the Allegheny mountains has been inhabited long enough to determine any question of this kind, much less the natural history of the climate as it influences the health and longevity of a single generation born on the soil.

It is to be hoped that, as one good turn deserves another, some of the statisticians of Boston, New York, and Philadelphia, will be so polite as to undertake to prove the people of New Orleans to be long lived, and, at least two or three times more healthy than their own citizens; all which they may do without contradicting any exact records, notwithstanding all the airs of arithmetical authority, the frowns of figures, and the severities of sectional statistics.

Believe me, dear sir, yours most faithfully, *in Æsculapio,*

BENNET DOWLER.

*New Orleans, Oct. 21st, 1850.*

—♦—

*Inspector of Drugs at the Port of New Orleans.*

We are pleased to learn that Dr. E. H. Barton, long a resident and practitioner in this city, has been recently appointed “Inspector of Drugs” for the Port of New Orleans. To check the importation of spurious and adulterated drugs into our large cities, is a salutary measure, and will have a tendency to limit, but not to correct a great evil, since any of our apothecaries, were they so disposed, † might readily adulterate many of the articles which they are daily called upon to prepare for the public in their own laboratories. The Inspector of Drugs, has, we believe, no right to go behind the counters of our Druggists, and examine the various preparations made by themselves,—his duties are restricted, if we are correctly informed, to an inspection and examination of those alone which reach our port either from abroad or from our Northern cities.

We congratulate Dr. Barton on this additional evidence of Executive confidence and hope he may be successful in detecting all attempts to practice fraud upon the unsuspecting public.

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\*July, 1844.

†We believe the Druggists of this city are as honest and capable as any in this country, and we moreover believe many of them capable of protecting themselves and the public against frauds.



*Analytic Report of the United States Marine Hospital at New Orleans, for June, July, August and September; By P. B. McKELVEY, M. D., Surgeon.*

DISCHARGED OF					June	July	Aug	Sept
Abscess, -	-	-	-	-			2	1
Burns, -	-	-	-	-				
Blindness, (partial)	-	-	-	-		1		
Bronchitis, -	-	-	-	-	1		2	
Bubo, -	-	-	-	-	1	1		1
Contusion, -	-	-	-	-	3	3	2	2
Cholera, asphyxia	-	-	-	-	1			
Colic, bilious -	-	-	-	-	1			
Carbuncle, -	-	-	-	-		1		
Dysentery, acute	-	-	-	-	2	2	1	1
Diarrhœa, -	-	-	-	-	2			
"    chronic	-	-	-	-	3	5	4	4
Debility, general -	-	-	-	-		3		
Delirium tremens,	-	-	-	-	1	1	1	1
Erysipelas, -	-	-	-	-	1			
Fever, intermittent	-	-	-	-	8	12	21	15
"    remittent	-	-	-	-		3		1
"    continued -	-	-	-	-			13	24
"    typhoid, (from Chagres)	-	-	-	-	1	1		
Fistula in ano, -	-	-	-	-		1	1	1
"    "    perineum, -	-	-	-	-		1		
Gonorrhœa, -	-	-	-	-	3	3	3	3
Gangrene, -	-	-	-	-				1
Gastro-duodenitis,	-	-	-	-		1		
Ditto-enteritis, -	-	-	-	-	1	3	3	
Gastralgia, -	-	-	-	-			1	1
Hypochondriasis,	-	-	-	-			1	
Hydrocele, -	-	-	-	-	1			1
Hemorrhoids, -	-	-	-	-			1	
Hepatitis, acute -	-	-	-	-		1		1
Iritis syph. -	-	-	-	-		1		
Irritation, spinal, -	-	-	-	-			1	
Lichen tropicus, -	-	-	-	-			1	
Laryngitis, chronic	-	-	-	-			1	
Neuralgia, -	-	-	-	-	1			
Ophthalmia, -	-	-	-	-		1		
"    (gonorrh)	-	-	-	-			1	
Orchitis, -	-	-	-	-		1		
Pthisis pulmonalis,	-	-	-	-	3	2	1	
Paronychia, -	-	-	-	-	3	2	5	1
Pneumonia, -	-	-	-	-	1			
Phymosis, -	-	-	-	-	1	1		
Paralysis, (partial)	-	-	-	-	3		1	
Pleurodynia, -	-	-	-	-	1			
Rheumatism, -	-	-	-	-	6	4	5	10
Syphillis, -	-	-	-	-	9	10	13	8
Stricture, (urethra)	-	-	-	-	2			2
Scorbutis, -	-	-	-	-	1			
Sprained ankle, -	-	-	-	-		1		
Ulcers, -	-	-	-	-	4	3	4	3
Variola, -	-	-	-	-		1		
Wounds, (mur'd)	-	-	-	-		2		1
<b>TOTAL.</b>					<b>65</b>	<b>72</b>	<b>89</b>	<b>83</b>

	June	July	Aug	Sept
Died of Apoplexy, - - - - -		1		
" " Dropsy, - - - - -	1			
" " Fever, typhus (from Chagres) - - - - -	1			
" " Erysipelas, - - - - -			1	
" " Heart, disease of - - - - -		1		
" " Phthisis, - - - - -	1	1	2	3
" " Peritonitis, - - - - -		1		
" " Diarrhœa, chronic - - - - -		1		
" " Brain, softening of - - - - -	1			
" " Variola, confl. - - - - -	1			
TOTAL.	5	5	3	3

RECAPITULATION.

Admitted in June, 70; July, 65; Aug., 90; Sept., 97; . . . . .	Total	322
Discharged in June, 65; July, 72; Aug., 89; Sept., 83; . . . . .		309
Died in June, 5; July, 5; Aug., 3; Sept., 3; . . . . .		16
Bemaining in the Institution, Oct. 1st, . . . . .		77

*Medical Department of the University of Louisiana.*

We would direct the attention of Medical Students to the card on the cover of the Journal, containing a programme of the course of Lectures to be delivered in the Medical Department of the University of Louisiana, the approaching session. The advantages presented by the city of New Orleans to the Southern student for the attainment of a practical medical education cannot be too highly appreciated, and we are happy to inform those who design attending the course of Lectures the coming winter, that the splendid anatomical and pathological preparations—also the models, drawings, &c., are now on their way from abroad and will reach the city prior to the opening of the session

The Lectures will commence on Monday the 12th of November, 1850, and continue four months.

## TO COTTON AND SUGAR PLANTERS.

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WELD & CO., Camp street, New Orleans, La., will shortly publish a **THIRD EDITION** of the **COTTON PLANTATION RECORD AND ACCOUNT BOOK**.

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## **MEDICAL JOURNALS,**

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JULY, 1848.



THE  
NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

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JANUARY, 1851.

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Part First.

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ORIGINAL COMMUNICATIONS.

(continued from page 325, No. iii. Vol. VII)

I.—*Congestive Fever.* By S. AMES, M. D. *Read before the Medical Society of Montgomery, Ala., in Dec. 1849.*

THERE are some other cases of congestive disease to which many of the observations of the preceding paragraphs are applicable, which require, however, a separate notice. There are cases of severe concussion, and shocks from other injuries and surgical operations, in which the degree of general congestion is very great, equal to that, as truly remarked by Dr. Wood, which occurs in congestive fever, while but few of the phenomena which we observe in connexion with that state in congestive fever are ever exhibited. With the cold and clammy skin, cold extremities, paleness, a small and frequent pulse, the latter being in concussion, slow, rather than frequent, to which we may sometimes add vomiting, and perhaps some irregularity in breathing,

the analogy to congestive fever ends. So far the analogy, it is true, is of the greatest importance, but will not effectually subserve the purposes of the agreement, if it cannot be shown that circumstances are connected with the congestion which prevents it from manifesting itself by other symptoms. It remains to inquire, therefore, why other symptoms co-incident with the congestion of congestive fever are absent, if the congestion in the two classes of cases be nearly equal. In the first place, it may be observed, there are grounds for very considerable differences in symptoms in the nature of the two kinds of affections; the one kind is the result of mechanical injuries; the other is a remittent fever, and of course is excited by causes altogether different; in the first the congestion is secondary and incidental,—in the other it is primary and essential. There is, therefore, no such parallelism in the circumstances under which the congestion takes place as would lead one to expect anything like a general analogy of symptoms, even if there were nothing else to counteract or modify the influence of the congestion. But other modifying and counteracting circumstances do actually exist in a remarkable degree. It will be seen more fully hereafter that many of the most prominent symptoms of congestive fever are manifestations, not directly of congestion but of affections of the nervous system induced by it. Such are all the morbid sensations, among which may be mentioned, nausea, sense of oppression at the stomach, of internal heat, of insatiable thirst, and of general malaise and want of breath;—to these may be added the muscular motions usually connected with the greater part of them, as general restlessness and jactitation; irregular and sighing respiration, inverted action of the stomach, &c. These symptoms require, and in fact evince, considerable sensibility of the nervous system,—indeed I might say, on the authority of Dr. Bell and others, that they give evidence of an exalted state of the innervation. Now it is very plain that any circumstance which will very greatly reduce or deaden the sensibility of the nervous system, must prevent the manifestation of all those symptoms which require for their excitation a certain force in the innervation; and this circumstance is found in all cases of concussion and shock, and is in fact a condition of the existence of disease from these causes. The shock whether from a blow on the head, or from other injuries, is a shock to the nervous system, which reduces its vital force, and weakens, and to a considerable extent, suspends, its functions. There is an excellent illustration in point in what takes place in the paroxysm and remission of the cerebral form of congestive fever. In the exacerbation

tion, the symptoms of the algide form are suspended by cerebral oppression, but appear when this clears off; and sometimes in such force as to make the remission in this species a very good representation of an exacerbation in the milder cases of the *algide* fevers. And so we may conclude, in concussion and shock, the obtunded sensibility does not permit the congestion to exert that kind and degree of influence, and manifest itself by the same signs as it would otherwise do. It will not escape the attention of the reader that the cases here referred to are truly cases of deficient innervation; in which we see this causative element interposing not to excite but to prevent a manifestation of the phenomena of congestive fever.

A great degree of congestion frequently complicates the ordinary intermittent and remittent fever of the southern and south-western States, giving them a pernicious character. The congestion sometimes takes place in the first paroxysm, but more frequently in a subsequent one. In all such cases the symptoms are known to assume the character of those of congestive fever in proportion as the congestion is greater in degree and extent, and to the absence of local inflammation. Hence the frequency with which they have been mistaken for congestive fever proper. The congestion in these cases is chiefly seated in the vessels of the head; the general congestion never being sufficient to prevent the recurrence of the several stages of the paroxysm of an ordinary intermittent.

In concluding this brief and imperfect collation of the symptoms of congestive diseases, it is proper to say, that a much fuller consideration of the facts, which I have rather referred to generally, than attempted to set down minutely, would have been desirable for the sake of the argument, if the deficiency in this respect were not compensated for by the familiarity of the reader with the subjects introduced. For this reason I have left the analogies more or less imperfectly stated, and have suppressed comments and explanations which in other circumstances would have been required; being intent rather on obtaining a truthful sketch than on filling out a picture. But enough, I presume has been said to show that many of the phenomena of congestive fever are observed in all cases of the recurrence of great internal congestions. The degree of sameness or similarity, we have seen, varies, as might be expected, with the circumstances under which the congestion occurs. Sometimes the analogy is confined by circumstances which may be appreciated, to a small number of symptoms, but then these are found to be invariably such as are not only prominent in congestive fever, but



indispensable to its existence ; while in other cases, in which there are few or no counteracting agents present, there is seen such an analogy to the symptoms of congestive fever, as, we may suppose, could only occur through the influence of a common cause.

We have thus arrived at an important stage in the progress of the investigation before us, viz : The invariable co-existence of great internal congestions with the phenomena of congestive fever. But the relation of co-existence is not that of cause and effect. It remains therefore to establish, if possible, an antecedent and consequential relation also.

This is a matter of extreme difficulty ; so much so that an approximation to the truth is all that can be expected. We are met at the threshold of the inquiry with a multiplicity of causes, apparently simultaneous in their operation, which require to be studied separately, while our means of analysis are indirect, imperfect, and limited in the extreme. We are shut out also, from any direct observation of the consecutive relation of events. A witty French philosopher, Fontenelle, has said that men with all their excess of curiosity have very bad eyes ; and in no part of the wide domain of nature is this humiliating truth more forcibly exemplified than in studying the relations of the phenomena of life. And so true is this, that the best informed, the most industrious, and the most philosophical of pathologists, are very ready to substitute the eyes of an acute imagination for the very imperfect means of observation at their command. In every legitimate investigation of this kind, we are limited, as it were, to the surface of things, and to what is gross and palpable. When we speak, therefore, of immediate antecedents and consequents we mean not that it is certainly so, but apparently ; for there can be no doubt that in every chain of causes relating to pathological events, there are many links, the precise nature and operation of which must elude any accurate observation. A few of the most prominent are all that we can discern, at least, and these but very dimly. To these, therefore, we must confine our attention, leaving out of consideration altogether, or referring to them in very general terms, those molecular changes about which so little is known, but which probably fill the largest space in pathological causation.

We are naturally led to divide this subject into the immediate and intermediate agency of congestion. But I have not been able to fix on a single symptom of disease which can certainly be traced to the immediate agency of a mere repletion of the great interior veins. If, indeed, it were possible to isolate this state from all other morbid agents,

then perhaps some connexion might be discovered which is now invisible. But this is impracticable in the nature of things. With our present means of observation, therefore, we must be content to look on this venous repletion solely as a remote agent, when antecedent connexion with the phenomena in question can exist only through the intermedium of other causative agents necessarily dependent on it. These secondary agents are consequently the proper subjects of our inquiry, excluding, however, a consideration of the effects of congestion of the veins of the head, as they are already very well understood.

Accumulations of venous blood then in the great cavities of the body must be accompanied or followed by :

*First*, a proportionate emptying of the veins and capillaries of the surface and of the arteries generally. With the former, there will necessarily occur; paleness and some shrinking of the skin; a reduction of its temperature to the extent that this is dependant on the circulation of the normal quantity of blood; and some sharpening of the features. The latter, reducing the diameter of the arteries, will of course be manifested by a small and feeble pulse. The accumulation of blood, internally, gives rise also to another condition which may be noticed here, though not strictly in place, in order to group the symptoms which may be deduced from it: namely, deficient aeration of the blood, and consequent diminution of the consumption of oxygen. These causes will add a dingy hue to the paleness of the skin, and further reduce its temperature. In regard to all these symptoms, the connection seems to be a necessary one, though more or less indirect. Hence they are seen in all cases of congestion, such as occur in congestive fever, not excepting that of the dying state of some diseases.

*Secondly*: A deficiency of arterial blood suddenly induced. The dependance of the functions of the venous system, or a due supply of arterial blood is so great and so well known, that it is difficult to conceive the possibility of the capillaries and larger vessels, carrying red blood, being suddenly and largely depleted in this way without exhibiting some very palpable evidences of the abnormal change. This change might be presumed to act with the greater force, at first, on the peripheries of the two great systems of nervous matter, as the centres being deep seated parts are for a time and to some extent, protected by the presence of venous blood, while the sensitive peripheries have to encounter at the same time a deficiency of blood in all the small vessels, veins and arteries, as well as capillaries. It could not be supposed, however, that the central venous masses of either system would escape;

when the peripheries become seriously affected, they must exert an influence over the functions of the great centres: nor could the latter be acted on, either directly or indirectly, by this kind of arterial depletion without exerting a powerful retro-active influence over all the principal functions of the body, while at the same time it is no less obvious, that every considerable aberration of function, thus brought about, whether as regards sensibility, motive power, nutrition, or secretion, must have a voice and be expressed in symptoms. So much I will venture to say, may be safely inferred from our general knowledge of the necessity of a sufficient supply of arterial blood for the normal state of all the functions. Our object, then, is to ascertain the particular signs which indicate a want of it. This, as I have before intimated, it is impossible to do with great accuracy, for two reasons; in the first place we cannot observe the relations in their natural connexion; and secondly, there is no way of separating, perfectly, the influence of this from other causes in operation at the same time. If the latter were possible, the result, whatever it might be, would be conclusive. Now, although it is not possible to apply this test with the accuracy of an experiment in chemistry, nor, indeed, by artificial means at all, yet conditions of the circulation are sometimes brought about by accident or design, which serve imperfectly in the place of the kind of experiments required for the most certain proof.

In cases of excessive losses of blood, for example, we have the arterial depletion in an eminent degree, and, to a great extent, isolated. In these cases, when there is neither syncope nor convulsions, the symptoms are: an anxious and apprehensive countenance; general restlessness; jactitation; vomiting; coldness and paleness of the skin; profuse sweating; a feeble, small and frequent pulse; excessive thirst and sense of heat; feeling of want of breath; oppression at the stomach; irregular and sighing respiration; cramps; prostration of muscular strength, &c. These phenomena, it is to be observed, occur in persons previously, perhaps but a few moments before, in perfect health. Experiments were not required, but they have been made to the extent of returning lost blood, which show that these effects may be produced and removed at pleasure. Let any one now compare these symptoms with those of the algide congestive fever, and he will find that they represent the greater part of the prominent and characteristic symptoms of that disease. If, then, the arteries alone were depleted, the example would be all that is required. But the veins are also depleted at the same time; and it is necessary to decide how much is due to the



one cause and how much to the other. In the first place, there are some reasons to believe that the venous circulation is less affected in hemorrhages than the arterial. The veins contain more blood than the arteries, so that if they were to empty themselves with equal rapidity, the quantity remaining in them would be greater. But as the force of the heart's action diminishes, there seems to be a tendency to accumulate blood in the internal veins, in accordance with the well known fact that animals bled to death show this accumulation in a marked degree in the veins of the head. These observations indicate that the loss of arterial blood is the greater, both relatively and absolutely: and if we add to this, that arterial blood is more immediately concerned in the great operations of life, particularly in those of the nervous system, to which most of the symptoms, enumerated, must be referred, and consequently that its loss must be more productive in manifest effects, we have fair grounds for concluding that the symptoms proper to the loss of blood are chiefly, at least, derived from the loss of arterial blood. But there is another view of the matter which I think is more conclusive. In order to determine this point with certainty, a case is required in which there is a similar deficiency of arterial blood without a corresponding loss of venous blood. And in great venous congestions we have the conditions required, with a correspondence of phenomena, such as would be expected in a successful experiment, instituted for the occasion. A case of hemorrhage and a case of congestive fever may, therefore, be viewed in the light of two great experiments, both of which are necessary to determine the signs by which a sudden depletion of the arteries is made known; the imperfections of either being counter-balanced by the circumstances of the other in a remarkable manner.

*Thirdly*: Deficient aeration of the blood. A continued excess of blood in the internal veins, implies that the whole blood does not pass through the lungs within the time necessary for the chemistry of respiration to be affected, consequently a part of it goes into the pulmonary veins, and thence to the left side of the heart, without that degree of oxygenation and decarbonization which is essential to the proper performance of the functions of the body. Besides, therefore the depletion of the arterial side of the circulation, the arterial blood, as well as the venous is poisoned by an excess of carbon. Thus the blood drawn from the veins in the early stage of cholera and of congestive fever, is remarkably dark, and black blood has been seen to flow from the temporal arteries when cut at a later stage. There is another cause for the

excess of carbon which may be mentioned, namely, the suspension of the function of the liver. I do not inquire what precise connexion this may have with the congestion, but the fact of its occurrence in both congestive fever and cholera is indisputable.

I have already alluded to two symptoms of congestive fever which may be deduced from this condition of the blood,—a diminution of vital heat throughout the body, which is most apparent on the skin where a constant evaporation is going on, and such a darkening of the blood left in the capillaries and small veins of the skin as to give to the latter a dingy hue, or a purplish or ecchymosed appearance, where the blood accumulates by gravitating to the dependant parts. But we may obtain a further knowledge of its mode of manifestation by observing it in other circumstances: as for example, when a man, at the time in good health, is exposed to the inhalation of carbonic acid gas. Such cases, when the poisoning is in excess, present an apoplectic state which is unfavorable for the observation of its effects. But in a less degree of exposure, the symptoms represent very faithfully, as far as they go, that form of algide congestive fever, in which the lungs or chest are the principal seat of the congestion, and consequently in which the excess of carbon is greatest. In these cases there is not a great deal of congestion, but the skin is pale as well as livid; it is also cold and damp, or sweating freely; the pulse is rapid, not small, but exceedingly compressible; the face is pinched and haggard, expressive of extreme terror; and the breathing labored and irregular.

There are several other pathological conditions connected with an excessive repletion of the internal veins; but as they are not probably made known by any of the ordinary phenomena of congestive fever, they do not require especial consideration here.

To sum up the principal facts obtained, or sought to be obtained, in the preceding discussion:

*First:* Of the principal causes assigned for the phenomena of congestive fever and its fatal tendency, congestion of the great internal veins of the body and of the veins of the head, is the only one that is known to exist.

*Secondly:* In all cases of a like congestion, the prominent and characteristic symptoms of congestive fever have been found in connexion with it.

*Thirdly:* All the phenomena of congestive fever, in any wise essential, may be distinctly traced to pathological conditions consecutive to and induced by the venous repletion.

In order to conclude the subject of the pathology of the disease here, I will add, though partly in anticipation of the subsequent history, that the post-mortem appearances confirm the conclusion to be drawn from the foregoing propositions. The examinations which have been made, or rather made known, it is true, are but few in number, but, I believe, not the less valuable on that account.

For, if in but a single instance, uncomplicated, and presenting the ordinary features of the disease, fairly developed, no cause is found for them after death, nor for the fatal result save the venous repletion, we shall be compelled to look upon it as sufficient for all other cases, and to consider any other lesions which may be found in other cases as incidental, aggravating the danger, perhaps, and modifying the symptoms, but inducing neither. Additional proof on this point, which seems to have strangely escaped notice in this country though distinctly mentioned by M. Maillot, might be obtained if required from the dissections in cholera—a disease so nearly akin to congestive fever, that if a bad case of the latter, during the exacerbation, were placed alongside of a case of the former, a physician experienced in both might be puzzled to distinguish the one from the other

#### HISTORY.

Considered as a genus, congestive fever, when fully formed and uncomplicated, may be defined: a paroxysmal fever of the tertian type, peculiar to warm climates; to places where intermittent and remittent fevers are endemic; and to persons between ten and fifty years of age; having no distinction of hot cold and sweating stages in the paroxysm; and being characterized by the following symptoms: the skin is damp, moist, or profusely sweating, being in rare instances somewhat above the natural temperature on a part of the body, but usually much below it, being frequently of a death like coldness on every part, that of the extremities being uniformly cold; the tongue is moist and pale or ash colored; and the pulse small, feeble and frequent.

There are three species belonging to this genus, the names of which have been selected chiefly in reference to their symptoms, but also in accordance with what is known of their anatomical peculiarities, as follows:

1. The Abdominal
2. The Thoracic
3. The Cerebral.



The first is intended to indicate a general congestion of the body, which involves in an especial manner the abdominal viscera.

The second indicates an equal degree of general congestion which involves in an especial manner the thoracic viscera.

The third indicates a less degree of general congestion, but a great degree of congestion of the brain and pia mater.

*Causes.*—Congestive fever rarely, if ever, occurs, except in company with intermittents and remittents of the ordinary endemic kinds. This fact has given rise to the opinion that the causes are the same, the differences being ascribed to adventitious circumstances, such as temperament, old age, previous sickness, or debility from any cause, habits of living, &c. These things have been supposed to give such a direction to the non-cognizable causes as to develop congestive fever, when in their absence the attack would have taken another form. But there are some decisive facts which oppose this view,—indicating rather that the causes of intermittents, if the same, undergo some important modification connected with the advent of congestive fever. Among these facts, it may be stated, that the circumstances referred to are permanent in every civilized community; and if predisposing to this peculiar form of fever, the latter ought to occur in every instance of the prevalence of intermittents, and always in about the same numerical proportion, in the same community. But this is not found to be true. All writers agree, on the contrary, that endemic remittents and intermittents occur frequently and prevail to a very great extent, even in places where congestive fever is common, without the occurrence of a single case of the latter; while it is equally certain, on the other hand, that in very many places, liable to intermittents, congestive fever is never seen. Again, it is to be observed, these circumstances do not, generally at least, predispose to congestive fever. The latter selects its subjects, but not out of the classes mentioned.

*Age.*—Congestive fever attacks chiefly the young and vigorous. The ages at which it most frequently occurs lie between twenty and thirty-five for either species. Dr. Parry says he has never seen a case in a subject under twenty. Dr. Wharton, who thinks that persons of every age are liable, says that children under ten are comparatively free from it; and that its subjects are generally between twenty and thirty. Dr. Lewis affirms that he has met with no case in person over forty-five or under twelve. My own observations limit the extremes to twelve and fifty,—in point of fact the oldest subject I have seen was forty-seven. I have seen but two cases in persons over forty, none

under twelve, and but very few under sixteen, the latter being all of the third species. In the ascending scale, the number increases from this point to twenty, after which it remains nearly stationary until thirty is reached, when it declines. The narrow limits set by Dr. Parry, are owing probably to his having in view but two species; in regard to one of which, the abdominal, my experience accords with his. Dr. Wharton's opinion, that age creates no barrier to its attacks, as also that of other original writers to the same effect, is evidently dependent on the latitude in which he applies the name.

*Race.*—The first and second species are almost confined to the whites. Dr. Lewis says, that of eighty-six cases of these, all were whites but one. The second species I have never seen; but of the first, my notes, which extend over a series of years, refer to but one case among the blacks. The latter, on the other hand, are much more liable to the cerebral form than the whites; the proportion shown by my notes, being about ten to one. Now in some localities, this form hardly ever occurs,—as is the case where Dr. Lewis's observations were made, the proportion to the other species, as stated by him being but little over two per cent. Hence Dr. Lewis formed the opinion that negroes were hardly at all liable to the disease. But within the range of my observations, where the cerebral form has been prevalent, a greater number of blacks take the disease than whites, the numerical preponderance being given solely by their greater liability to the prevailing species.

*Residence.*—Dr. Parry says that old residents are as liable as those newly arrived. I have never known an instance of a recent resident from a cold climate taking this disease.

*Temperament,* seems to have but little predisposing influence. In the greater number of whites that I have treated in attacks of the abdominal species, the lymphatic has predominated. But the same thing is not true of the cerebral; nor do I find it affirmed by others except in a general way, and then only by those who include other forms of fever under the name of congestive.

*Type.*—Congestive fever always assumes the tertian type, either double or simple, but very seldom the latter. Such at least is the result of my own observations, aided by inquiries among many of my professional brethren who have had extensive means of observation, and by a careful examination of the authors within my reach, who have reported cases in detail. Among the latter there are no real exceptions, though one frequently finds quotidian fevers under the name of congestive, but

they prove to be on examination cases of ordinary remittents or intermittents, sometimes highly congestive, but retaining very distinctly marked the hot, cold and sweating stages of the latter; besides presenting other features that are not, and being wanting in some that are, characteristic of congestive fever,—they are ordinary intermittents or remittents with the specific congestions of the second or third species, sometimes of both engrafted on them. The algide fever of the European writers is said by all of them to assume this type almost uniformly. Forti is quoted as saying uniformly,—the want of uniformity in the experience of others being, I think, sufficiently accounted for by the various forms of pernicious fever described by them under the name of algide. Still less doubt is there, that this form of fever never assumes the quartan type.

*Premonition.*—After a few hours, or, it may be, a few days of a feeling of lassitude or indisposition to the customary exertion, with or without some slight head ache and pain in the limbs and back, with diminution of appetite, and slight and often transient pain in the head, the attack usually begins by what may properly be called a premonitory paroxysm or forming stage.

*Mode of attack.*—In the *first species*, the beginning of the premonitory paroxysm is usually manifested by a slight sense of chilliness, of the creeping kind, felt chiefly along the back and thighs; this is speedily followed by a sense of heat, the skin at the same time falling below the natural temperature and becoming moist. Sometimes the patient does not admit that he has experienced any chilliness, while those about him, such is his appearance, are satisfied that he has had a chill. There is no reaction, properly speaking; the face is pale, or at least not flushed, and somewhat dusky. The pulse is a good deal accelerated and has the decided smallness and softness of the disease when more advanced. There is not much restlessness and little or no pain; if there is nausea, it is slight; if diarrhœa, it consists of not more than two or three loose stools in the course of the paroxysm; frequently there is neither. This paroxysm usually occurs in the afternoon, and may last from six to twelve hours. The patient passes an unquiet night, but gets up in the morning, and attends to his ordinary business, if this does not require much muscular exertion. He complains chiefly of feeling weak, has not altogether lost his appetite, is cheerful, and will not admit that any thing serious is the matter with him. But the shadows of the coming events are, nevertheless, very plainly cast to an experienced eye. When questioned, but not often otherwise, he will speak of an



uneasy feeling of oppression about the epigastrium, and of giddiness or lightness in the head, and perhaps of some pain there. His hands and feet are cold and damp, and the skin on them pale, somewhat purplish and shrivelled, while the temperature and feel of the skin elsewhere is like that of one perspiring in a current of air. The eyes are sunken, the lower lids leaden colored, and the face dingy, pale and sharpened. The countenance has an expression of anxiety, but not, as Dr. Parry says of the thoracic species, of terror. The tongue is broad, flat, pale and moist; the pulse may not be frequent, though it is usually so; it is always small and feeble. With all these threatening appearances, the patient does not complain, and may be engaged about his ordinary business, if not laborious, until the second paroxysm begins.

In regard to the *second species*, the accounts of the premonitory paroxysm are very imperfect. Drs. Parry, Lavender and Johnson refer to it in general terms. Dr. Lewis speaks of premonitory symptoms similar to those of the first paroxysm just described, but of greater severity, and accompanied with difficulty of breathing, but preceding the explosion of the attack a few hours only. He also describes premonitory symptoms of the same kind but milder, lasting from four hours to two days. In the latter I suppose he refers to a paroxysm, though the premonition is not described as such. The premonitory paroxysm, when it is observed, like that of the preceding species, usually makes its attack in the afternoon. After spending a restless night, the patient is able to attend to some business in the morning of the next day. Dr. Parry observes, that in this species the countenance has an expression of intense apprehension, or terror, which is not experienced by the patient; there is also difficulty of breathing. In other respects the premonition corresponds with that of the first species.

The premonitory paroxysm of the *third species*, is also preceded, generally, but not always, by a sense of chillness; and like the others, is marked by most of the symptoms peculiar to the species, in a mild degree; the skin is cool, not sweating; the extremities cool or cold; very little muscular motion; the patient sleeps a quiet sleep throughout the paroxysm if not disturbed by those about him; he is not comatose, but very drowsy, and rather stupid. The time commonly taken up by this paroxysm is about six hours. It usually occurs in the afternoon. In the succeeding remission, the face is pale and pinched, and the surface of the body cool, and the extremities cool and damp; the pulse being quick and feeble.

The full development of the disease, which is never deferred in either

form beyond the second paroxysm, is effected without any sense of chillness. The appearance of the patient, however, is so much like that of one in the cold stage of a bad intermittent, that his friends do not hesitate to say, if asked, that he has had a chill, but there is no sense of chillness, the complaint being rather of excessive heat,—of being greatly oppressed by it. This remark does not apply to the third species, in which there is no complaint of either cold or heat. Several writers speak of the second paroxysm being preceded by a chill; a very few who refer to congestive fever proper, speak also of a sense of chillness. In the second species rigors are said to occur at times but without any chilly feelings. The discrepancy on this point may be accounted for in this way: the account given by the patient's friends, is apt to mislead one who does not inquire of the patient himself: the first paroxysm, in which there is usually a feeling of chillness, though slight, may be confounded with the second: the paroxysm may be viewed as a continuous cold stage; as by Dr. Parry whose description of the paroxysm is headed *in the chill*. It was M. Maillot, I believe, who first pointed out the difference between the cold stage of an intermittent and a paroxysm of algide fever. I need not repeat what he has said; the great difference is that in the one there is a distressing feeling of cold, while the body and head are hot; in the other the skin is every where cold, while there is an oppressive and distressing sense of heat,—it may be added that the symptoms, in other respects, differ very materially.

I shall now proceed to describe each species separately, taking up the symptoms at the beginning of the second paroxysm.

#### 1. THE ABDOMINAL.

At some period, which there are no means of anticipating with any great certainty, varying from six to twenty-four hours from the decline of the first paroxysm, but most frequently within twelve hours, there begins a decided feeling of malaise, which is speedily followed by one or more loose stools, nausea, a feeling of emptiness and oppression, or sinking at the stomach, and a marked degree of giddiness and weakness; at the same time the nose and lips become bluish and diminish in temperature; the surface generally is cool and moist, and the hands cold, clammy and shrunken; the countenance assumes an expression of anxiety and dread, which like the coolness of the surface is not experienced by the patient. Up to this time the patient does not lie down unless it be convenient, or he is persuaded to do so by others, in

whom his appearance is well calculated to excite alarm. He is restless and thirsty, but complains very little. Half an hour may elapse, sometimes more sometimes less, during which new symptoms appear,—while those first appearing become aggravated, before the disease gets to be fully displayed.

*The skin* is peculiarly affected in several respects. It is pale and cold; both conditions continuing until the reaction of returning health, or of that fatal affection of the brain which sometimes terminates the attack. The *paleness* in the worst varieties is marked by a bluish tint; in others it is dusky; the nails are livid, and the eye-lids a dark, dingy, lead color. Generally, as the attack advances to a fatal issue, the dependent parts, as the back, posterior part of the arms and the ears, become discolored by the settling of blood; this never takes place in the second paroxysm of this species, unless complicated or conjoined with the third. The *coldness* is hardly ever the same on all parts of the surface, but the temperature is every where far below that of health; that of the extremities, and frequently of the head and body also, is best expressed by the word usually employed, namely, death-like; at the same time there is something which affects the touch in an indescribable manner,—it is like the sensation of touching a dead body, but not the same—there is less hardness, more elasticity, and the feeling is less repulsive. The skin is always affected by a visible moisture, amounting generally to the most profuse sweating, being slightly glutinous to the feel, the secretion standing in large drops. The sweating is greatest in the most malignant attacks. In the latter, the skin on the feet and hands is formed into rugæ—the washerwoman's hand—as in cholera. In this species, the skin retains a good degree of tactile sensibility, but some rubefacients, particularly mustard, are slow to affect it; a plaster of cantharides ointment will produce vesication in eight or ten hours.

*Muscular motions.*—In the second paroxysm, the patient is not unfrequently affected with spasmodic contractions of the muscles in various parts. This is more apt to be the case at its beginning, if there is much vomiting and purging, or if the patient is then under the operation of a cathartic of the saline kind,—a fact which confirms the view of Dr. Parkes in regard to the connexion of cramps with the diarrhœa of cholera—generally they do not appear till a later period; sometimes they are confined to the calves of the legs; at others, they occupy many muscles, as those of the fore-arm, abdomen and face, curving the fingers and distorting the countenance as in hysteria; the pain of these



contractions is not violent—at least they are never very loudly complained of. Throughout the paroxysm, the patient is extremely restless, changing his position often and abruptly; throwing himself from one side of the bed or of his body to the other or from his back to his side; lying in the latter position for a minute or two, the head thrown forward and the knees drawn up, then turning on his back with a sudden and violent extension of the legs and arms; the jactitation is accompanied with a deep drawn respiratory movement and some vocal expression of distress. In cases of but medium severity, there is always great muscular debility from the development of the second paroxysm to the end of the attack.

The *breathing* is always irregular though not labored,—there is no dyspnœa properly speaking; there is a feeling of great oppression, as if the air did not penetrate deeply enough into the lungs, but the voluntary muscles of respiration are not called into active exercise, nor is there any calling for open windows and more air,—no such expressions as “I shall die if I don’t get air,”—the breathing is for the most part abdominal or diaphragmatic. It consists of a suspension of the respiratory movement, sometimes for more than half a minute, during which the patient is still, and his eye-lids partially or entirely closed as if asleep; he then opens his eyes and looks around imploringly, while making a deep, double sighing, prolonged inspiration and expiration, after which a few hurried respirations, and then another time of repose; these changes go on, alternating with great regularity throughout the paroxysm. The *voice* is not much altered, except in those bad cases, when the vomiting and purging are great, and the prostration excessive; then it takes a kind of deep hoarse whisper, it appearing as if an effort were required to give it forth.

The *pulse* varies but little in the same subject during the same paroxysm if it be not a fatal one. In different persons, and at different periods of the attack in the same person, it may vary from 120 to 166 beats in the minute. These numbers are put down as the usual extremes; in rare instances it is slower, and occasionally quicker. In one case that I treated, the pulse which had disappeared at the wrist during the loss of a few ounces of blood, returning after more than twenty hours, numbered from 196 to 200; the man recovered, but this is an exception; the disappearance of the pulse is almost always a fatal sign. The pulse has rather more volume at sometimes in the paroxysm than at others; it is invariably, however, small and so compressible as to disappear under a very light pressure.

The *sounds of the heart* and its force in congestive fever have been variously represented. The discrepancy may be ascribed, first, to differences which actually exist in the different species, and in the several varieties and complications in the same species; secondly, to other forms of fever being referred to under this name; and lastly, to the want of a proper distinction between the sounds and the impulse of the heart. I shall confine my remarks here to the species under consideration. Generally in the second paroxysm, if not a fatal one, both sounds are very distinct; the second sound is at times sharper and clearer than natural. The first sound is generally weak though distinct; in the milder cases, however, it would be difficult to detect a difference from the normal sound, while in the most malignant, it is often confused and obscure. The impulse of the heart is always weakened;—that is to say, it cannot be readily felt, nor is the pulsation visible at the carotids by which a normal force is indicated. When death is very near, or if not very near is inevitable, the second sound is frequently lost entirely. Its absence is a fatal symptom; no matter whether there is any other appreciable change in the condition of the patient, this alone may be safely made the foundation for a positive prognosis. It is sometimes absent many hours before death, and when there is no perceptible change in the pulse. As death approaches, the first sound, as is usual in the dying state, becomes confused, faint and indistinct; and I have observed this change also without a corresponding change in the pulse, though generally the pulse is not then perceptible.

The *tongue* is broad, flat, pale and moist; its coating is never thick on any part, while anteriorly it appears to be rather a discoloration of the epithelium, than any thing covering it. It is never above the normal heat, but is frequently far below it,—at such times the breath is also cold. The tongue undergoes no material changes during the attack, if no inflammation supervene.

There is no *appetite*; the *thirst* is insatiable, and the demand for cold drinks constant and eager.

*Nausca* is a uniform attendant on this species. It is usually very distressing, though intermittent, being usually relieved by vomiting.

*Vomiting* is also a constant symptom. The material vomited after any food which may have been taken before the paroxysm set in, is thrown off, is colorless, but not altogether transparent. Water, which is drank in large quantities, is often rejected without change. There is a sense of fulness, oppression and sinking at the stomach, which is temporarily relieved by vomiting. In the very mild varieties there

may be no vomiting, except by excessive draughts of water or of medicines.

Some *diarrhœa* is invariably present. In the milder cases it is not very troublesome, but in the more grave it is prominent and distressing. In these cases, the evacuations are very frequent, occurring two or three times in an hour, unless restrained by medicine. They consist for the most part, after the fœcal matter is gotten rid of, of a fluid similar in appearance to the rice water dejections in cholera; whether it be the same, has not, I believe, been ascertained. They are a good deal mixed with fine flocculi, and it is said, at times reddened like the washings of meat,—but this I have not seen. Sometimes, particularly when calomel has been given with opium, the intervals between the discharges are longer, and the quantity thrown down at one time very large. They are made without pain. The abdomen, when pressed is inelastic or doughy; neither much distended nor collapsed.

§. The *mind* is not much deranged, except in fatal attacks, and then only for a few hours before death, when delirium usually comes on. Before that time the mental faculties are said to be unimpaired. But this can hardly be true. There is little or no fear for the result; no such apprehension of death or sense of danger, as one would expect to witness in a sane man. If the patient speaks about his chances of recovery, the tone and language are those of simple curiosity; and if told that he is in extreme danger, he receives the tidings with the utmost indifference. He shows, also, the same unconcern about his business as about his personal safety; he proposes no settlement of his affairs, nor arrangement of any kind for his death. The delirium which precedes, and is one of the harbingers of death, is mild, and I have known it to be playful; in some instances, it is manifested in part by obscene jests. The senses remain unimpaired until the fatal termination is just at hand, of which the failure of special sensibility is one of the signs; they are perverted rather than weakened,—at least the perceptions are wrong. These observations do not apply to the state of reaction, presently to be noticed, by which death is sometimes preceded.

*Remission.*—At the close of a paroxysm, which may last but six, or may be prolonged to twenty-four hours, it is found that the pulse has gained something in fulness and force, and has fallen from ten beats in the minute in some cases to forty in others; at the same time the nausea and vomiting, the frequency of the stools, the sweating, the coolness of the body and extremities, are all more or less mitigated. None of the symptoms of the exacerbation disappear altogether; when most complete, the



remission amounts to nothing more than a mitigation of the symptoms of the paroxysm, and this may be inconsiderable, as is common after an evening paroxysm; or it may be so great that the patient gets some rest and quiet sleep, and can retain medicines and small quantities of food on his stomach. If the preceding paroxysm be an evening one, we may expect the remission to last from four to eight hours; if a morning one, it may last twelve or eighteen or even twenty-four hours. The termination of the remission, is manifested by an aggravation of all the symptoms; there is no feeling of chilliness, but, on the contrary, a more intolerable sense of heat, which indeed is the common usher to the next paroxysm.

*Duration*.—The tendency of this species is to terminate on the fifth, seventh or ninth day, particularly the latter. It is never fatal, I believe, before the fifth, and not often before the seventh. The time of its termination, whether in death or recovery, is most frequently the ninth day, counting from the first paroxysm. If treated in the first or second remission, it may commonly be brought to a favorable termination on the third or fifth day, otherwise it is seldom that convalescence is fairly established before the ninth.

*Death* takes place in two modes. In the one, after several paroxysms, the last ends in a slow and imperfect reaction, which involving the brain, may be attended by slight and short convulsions. When this change begins, there is an appearance of amendment in all the symptoms which existed previously, but new ones appear, which are in fact, the precursors of death. The vomiting, nausea and profuse sweating cease; a sensible heat returns, to the head first, and then to the trunk and extremities successively. The heat of the head soon becomes febrile; at the same time the pulse loses its extreme tenuity, and is reduced in frequency, but acquires no firmness; the tongue changes its appearance, becoming pointed, dry and covered with a yellow fur,—this kind of coat has got the name of mealy, from its peculiar rough and dry feel; from the beginning of this reaction, the patient is inclined to sleep, and the sleepiness increases to stupor in a few hours; some delirious muttering in sleep occurs; he ceases to notice what is passing about him; and when aroused to answer a question, says he feels very well. The eyes are but partially closed, and the conjunctiva are injected. He may continue in this state, for a time never exceeding forty-eight hours; the time appearing to be regulated chiefly in reference to the critical days. Death may follow immediately on one or

more short epileptic seizures, or advance by a more gradual failure of vital power, accompanying a more profound coma.

The other mode of dying is the more common one, viz: by a gradual exhaustion, without an effort at reaction. In these cases there is frequently delirium, but no stupor; the second sound of the heart ceases; the pulse disappears at the wrist; the first sound of the heart becomes faint, distant and confused, the restlessness ceases, and the breathing becomes gasping. The final change may take place rather suddenly,—that is within half an hour of the time its beginning is obvious—or it may be delayed several hours. The time when the dying state begins may be counted by the cessation of the second sound of the heart.

## 2. THE THORACIC.

This species has its peculiar localities in this state. In Montgomery and its immediate vicinity it has never appeared, though its appearance some twenty or twenty-five miles west is not uncommon, while at Selma, fifty miles west of this place, it is the only species which prevails to any great extent. It is the only one of the two first species described by Dr. Lewis, although, I observe, he alludes generally to the first species as a mild form of this. Dr. Lavender, residing nearly in the same locality as Dr. Lewis, describes it almost exclusively. It is said to be common in the counties of Marengo and Green; it is also referred to by Dr. Bouchelle and Dr. Wharton, of Mississippi: and Dr. Holmes, U. S. A., reports cases which he saw in Florida. Dr. Williams, of this county, saw cases of it in Harris county, in Georgia. I do not know that it has been seen in this state east or north of Montgomery. Dr. Parry, of Indiana, also describes it, but does not discriminate between this and the first species.

The specific phenomena of this species seem to be derived chiefly from a greater obstruction to the movement of the blood through the lungs, being in a great measure those of deficient aeration of the blood in an aggravated degree. There are some differences, however, between this and the preceding species, which are not so easily referable to this cause; such are the occasional occurrence of morbid heat in the skin of the body, during both the exacerbation and remission and the exhibition of muscular strength. The general resemblance to the preceding species, is nevertheless, very great,—so much so that I hesitated whether to give it a specific designation, or to place it among the varieties of the first species. The circumstances, however, of the one prevailing where the other does not,—of the difference in the principal

seat of the congestion, and of a considerable and uniform difference in prominent symptoms, seem to justify its elevation to a distinct species.

In the following cases, the first reported by Dr. Lewis, and the two last by Dr. Lavender, the greater part of the specific phenomena of this species are easily marked and the usual course of an attack very well portrayed.

“Mr. A., native of the state, came to Dr. Lewis’s office at nine o’clock in the morning for advice. Says he went to bed last night feeling well, but since daylight has been weak or languid, and desponding, with, in his own words, “inability to get my breath.” Pulse about 100, small and deep-seated; skin cool and damp. Says he is thirsty, but does not feel chilly. At three o’clock in the afternoon his condition was nearly as follows: skin cold, of a pale bluish color; muscles soft except when put on the stretch; profuse perspiration over the entire surface, standing in large drops on the chest and forehead; tongue cold, pale, and *inclined to a livid hue*; pulse frequent, small and thready; *action of the heart changed to a tremulous flutter*, with now and then a violent pulsation, causing the patient to start; urine abundant and colorless, *slight nausea*, countenance haggard, *expressing the deepest agony*, very restless, *walks rapidly over the floor* for a moment, then sinks exhausted, wants an emetic to relieve his breathing; is perfectly sensible. At ten o’clock at night a remission took place which lasted until six in the morning. At ten o’clock in the morning found him much worse. After a doubtful struggle through a paroxysm of six or eight hours, during which time there was no complaint of chilliness, but of great heat and burning, the symptoms again remitted. The next morning Dr. Lewis was summoned early. The patient began to grow worse at two o’clock, made several efforts to vomit, had not been chilly: he now speaks in monosyllables; says he is sensible but *has no breath to talk*; is extremely restless; skin cold, bluish and *mottled about the back*; each expiration is attended with a harsh, distressed manner; cannot bear any covering; finally, in a *paroxysm of wild despair rises from the bed, rushes to the window*, and whilst holding to the facing is seized with a convulsion. He expired a few minutes after being laid upon his couch, having been ill but fifty-two hours.”

“Mr. K., a laboring man, aged 38, 29th July, 1841, felt some indisposition, with *sense of impending danger*; some rigors with hot flashes, but no fever. 25th. Somewhat indisposed, but rode four miles to mill, and returned in the afternoon. Passed an uncomfortable night, turning in bed and *laboring for breath*. *At times rising and going*



to the door; surface cold, but complaining of internal heat. Felt somewhat better in the morning, but soon the distressing symptoms returned with increased force; some shuddering at first; soon became cold but would not be covered, nor remain long in bed; on rising would reel, with sense of falling forward; complained of great heat, *and went from bed to bed* in search of a cooler place; thirst, but no relief from cold drinks; occasional emesis; cold sweat; skin pale and shrivelled; features sunken and cadaverous; countenance unnatural and marked with deep distress; pulse gone from the wrist; *heart fluttering* rapidly, but feebly; tongue pointed, pale and cold; *breathing labored*, interrupted and greatly oppressed; breath cold; complained of burning up, *that he should die for want of breath*; would not remain half a minute in one position, nor suffer the lightest covering; rose rapidly from bed *staggered to the door and returned as hastily* to bed; spoke rationally; no appearance of delirium. About three o'clock *rose hastily, said he should die if he did not get fresh air*; lay down on the floor; remained quietly on his side for a few seconds perhaps, without breathing; turned on his back, exclaimed "I am gone," and breathed no more."

Dr. Lavender adds that cases like this, terminating fatally on the third day, or in the first well marked paroxysm, often occur during a season in which congestive fever prevails.

"H. S., ætat. 18, after a day or two of the usual premonitories, at 10 A. M., Sept. 10th, 1841, became cold, restless and oppressed, with occasional rigors; *could not be confined to his room*; lay a few minutes in one bed and then hurried to another; *extremities cold to the body, but some morbid heat about the head and chest*. Was put into a warm bath, fainted and was with difficulty restored. Saw him at six P. M. Pulse 150, deep seated, thready and intermitting; skin very cold, but much complaint of heat, and *sense of suffocation*; frequent sighing and interrupted respiration; remains but a minute in one position, and will not be covered; some watery purging; countenance pale, shrivelled and anxious, eyes suffused and watery; intellect good." Dr. Lavender was preparing sinapisms when systemic death occurred, it is to be presumed, by asphyxia. On approaching the bed, Dr. Lavender found the patient motionless and pulseless; the breathing had ceased, and no motion could be felt over the region of the heart; the jugular veins were much distended; on opening the latter blood flowed freely, and life was restored for some hours, during which the patient spoke rationally, and rested well, so that hopes were entertained of per-

manent recovery. He sunk however, and died eight hours after the bleeding.

The specific marks of this form of fever may be thus summed up :

The premonitory paroxysm is sometimes absent ; when it occurs there are difficulty of breathing, and a sense of impending danger, added to the premonitory symptoms of the first species.

There is a remarkable exhibition of muscular strength throughout the attack, until a few moments preceding dissolution. The patient is able to walk the room while there is no pulse at the wrist.

The pulsations of the heart are weak and fluttering.

There is a real difficulty of breathing ; a true dyspnœa ; the patient wants to be fanned ; wants air ; his chest heaves in respiration, and he opens his mouth that the air may enter more freely.

The countenance is expressive of despair, and there is a sense of impending death and of suffocation.

The blood leaves the surface so imperfectly, and circulates so slowly, that the skin takes a brownish hue, on the forehead and trunk, which gives place to pressure, leaving a whiter spot, which is slow in disappearing.

The tongue is livid also ; and cold early in the second paroxysm.

Constipation is more common than diarrhœa ; when diarrhœa occurs pure blood is sometimes discharged in considerable quantities.—(Dr. Parry.)

There are sometimes neither vomiting nor nausea even in the worst attacks ; sometimes there is occasional nausea only and retching ; hardly ever frequent and full vomiting ; the matter vomited is usually colored as if by bile.

In the remission there is sometimes a decided febrile reaction.

In the exacerbation there is in some cases a sensible heat, confined however to the head and trunk.

Death in the fatal attacks occur early, usually within sixty hours.

### 3. THE CEREBRAL.

The common name for this species is comatose remittent,—a name which is objectionable for several reasons : it refers merely to a symptom, which may be induced by a variety of causes ; these are comatose remittents which are not congestive fever, having neither the generic marks of this disease, nor the specific marks of this form of it ; and lastly, there is cause to believe that coma is not essential to it.

The second paroxysm begins by a feeling of weakness, indisposition

to exertion, some pain in the head and drowsiness. It commonly begins before 12, M., and continues from six to eighteen, or even twenty-four hours. The sleepiness rapidly increases to stupor, or profound coma, which continues through the entire paroxysm. There is some stertor, which, however, is never loud, and comes at long intervals. The patient lies on his back, with relaxed muscles, which yet retain a certain degree of tone; there is no puffing out of the cheeks, *fuimer la pipe*, as the French expression is in breathing; nor has the face either the bloated, or the stern expression which at times is seen in apoplexy. The aspect of the disease is one of profound quiet and healthful sleep; so much so that among the blacks the patient attracts but little attention, unless an attempt is made to rouse him. The countenance is neither disturbed, sharpened, nor in any way expressive of suffering, nor even of disease; on the contrary, except the paleness, which is not so great as to be perceptible in blacks,\* nor to attract much attention in a sick person of white, the expression is altogether natural, and this expression frequently continues while the patient is moribund, and for several hours after death if the latter takes place early in the disease. There is no delirium, muttering nor jactitation, but simply repose. Except in a fatal paroxysm the coma is not so deep, but that the patient can be roused with more or less difficulty to answer a question, and the answer is always a correct one, though seldom more than a monosyllable. The severity of the symptoms does not increase progressively in the progress of the attack; the latter paroxysms generally passing off without any more stupor, than existed in the second.

In white subjects the skin has a dusky paleness, the nails are blueish, and the feet and hands shrivelled; in blacks the paleness of the feet and hands are very obvious. The skin, while cold on the extremities is not positively cold over the body and head; it may even have the natural warmth on these parts where it is not exposed; it is usually, however, rather below it, but never has the marble or death-like coldness of the other species. Commonly the skin is visibly moist, but there is no profuse sweating; sometimes it is merely damp to the touch, with, occasionally, so little moisture that it might be called dry; in no case does the paroxysm terminate by any sensible increase of perspiration.

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\* A greater degree of paleness is very perceptible in the blackest negroes.



The pupil is usually natural or dilated ; it is sensible to light except when the patient is moribund.

The tongue is not merely moist ; there is an unusual secretion of saliva more or less viscid, which fills the mouth, sometimes to overflowing ; it is protruded without difficulty ; is not tremulous ; and its edges are frequently serrated by impressions from the teeth.

An indisposition to swallow anything is very common, if not a constant symptom. M. Maillot notices this symptom in his account of the comatose pernicious fever, but calls it a difficulty of deglutition,—with which it should not be confounded. “Drinks,” he says, “are rejected, sometimes by a convulsive movement of the palate and pharynx, sometimes by an expiration *tranquille et prolongée*.” The latter part of the sentence refers no doubt to this symptom. Anything taken into the mouth of the patient he spits out with a tranquil but decided manner, having no regard to the direction it may take, or who may be in the way ; and this, as the same author notices as remarkable, when the coma is nearly dissipated. Dr. Montgomery also speaks of this symptom as denoting an inability to swallow.

The breathing is never preternaturally slow, nor much accelerated ; it is quiet, and almost without stertor ; there is no sighing, nor indeed any irregularity, save such as occurs in natural sleep, namely, an occasional deep and prolonged inspiration and expiration.

The pulse is accelerated, small, compressible, feeble ; the number of its beats may vary between 90 and 150 to the minute ; the more common numbers lie between 120 and 140.

The sounds of the heart are very distinct ; as loud, I should say, as those of a well man at rest ; the second sound particularly is sharp and clear. The impulse is commonly perceptible to the hand laid on the chest, but is not sufficient to give a visible motion to the carotids.

The stomach is always tranquil in the exacerbation ; the bowels are either natural or constipated.

There is no thirst, sense of heat, nor acute pain. When roused, and asked if he has head-ache, an affirmative answer is usually obtained in an indifferent tone ; the pain is not spoken of spontaneously.

The remission, after the second paroxysm, in bad cases, are marked by more symptoms of malignant disease than the exacerbations. The pulse continues to be quick and feeble, sometimes rising in fulness but never becoming firm ; but a small part of the skin, sometimes no part, attains the natural heat ; the extremities remain cold and the hands and feet shrivelled. The countenance is haggard and anxious ; there

are thirst, restlessness, feeling of great weakness, frequent vomiting of drinks and medicines, with dulness and indisposition to talk. This expression of the countenance, with the thirst, restlessness, &c., disappear in the succeeding paroxysm.

Death takes place without convulsions; it may happen so early as the third day, but this is not common. The tendency is to a fatal termination on the fifth, seventh and ninth days, particularly the two last. Convalescence, when forced forward by treatment, may be established on the third or fifth day, but never begins so early without treatment. If the patient is seen in the first remission, which hardly ever happens, the second paroxysm may be prevented. I believe the result is never put off beyond the ninth day.

#### VARIETIES.

I shall notice here, with a single exception, only those varieties which depend on grades of violence.

Cases belonging to the first species, sometimes occur which go through their course to a favorable termination, when not much influenced by treatment with very little that is threatening to the life of the patient. It does not constantly happen that the paroxysms get more violent as the attack progresses, though this more frequently takes place than otherwise. In these mild varieties the patient is able to set up a part of the time during a remission, and suffers comparatively but little in the exacerbation. The difference between these and the most malignant is only in the severity of the symptoms; none of the symptoms of the latter are absent, but all are mitigated,—a paroxysm of the milder kind presenting the appearances of a remission in one more grave. There is muscular debility, but it is not excessive; the skin does not have its natural temperature, nor is it dry, but is less cold, and the sweating is less profuse; there may be little or no spontaneous vomiting, but there is nausea, which is excited into vomiting by large draughts of water, and by nauseous medicines,—and so on through the catalogue of symptoms.

The third species has also, its mild and malignant cases, in the former of which, like the milder varieties of the first, there is a mitigation of symptoms, but none are absent. There is this difference, however, that even the mildest cases, sometimes prove suddenly fatal,—the mildness of one paroxysm, or of a succession of them, affords no guarantee for the character of the rest. The attack may go on through several days without aggravation, presenting but little show of danger or malignity,

the patient sleeping through the paroxysms which are short, and sitting up a good deal and even walking about a little, in the remissions, when on the seventh or eighth day, an exacerbation may set in, of such violence as to put the patient beyond the chance of recovery.

The exception which I just now referred to is a single case of the cerebral species, in which there was vigilance and delirium in the place of coma. The notes of this case were furnished to Dr. Lewis, and published by him in his *Medical History of Alabama*. It is the only one of the kind I have seen.

A negro man, small and spare, about fifty years old, was attacked on the 12th of September, 1842, late in the afternoon with pain in the head, and great sluggishness in look and motion, and indisposition to speak. Nothing further was noticed concerning him until late the next morning, when I was requested to visit him. He was sitting on a pallet spread on the floor, his look timid and watchful, and his pupils dilated; pulse 120, thready, and yielding to the very slightest pressure; tongue very little coated and natural in color on its edges; breathing slow and regular, without sighing; hands tremulous; on being asked how he did, he answered "very well sir." Presently he began to creep over the floor, peering about, as if in search of some small object; afterwards he got up and attempted to go out at the door, and appeared surprised that he was prevented. He did not speak except when spoken to, nor often then unless addressed in a peremptory tone. When asked to take medicine, he assented readily, but immediately after taking it into his mouth he would spit it out forcibly, regardless of the place or person it might fall on; the same thing took place when water or food was given; so that he swallowed nothing for more than twenty-four hours, during which time he was watched and attended to carefully. He slept none on the day of my first visit, nor during the following night. He got better the next day, (under the use of quinine administered by the rectum) and was convalescent on the 15th.

*Anatomical Characters.*—It is greatly to be regretted that so few examinations have been published which point to the true anatomical characters of congestive fever. Of the *algide* pernicious fever the physicians of continental Europe have furnished accounts of a number of post-mortem examinations, but the cases are so complicated with local inflammation, and so many forms of fever are called *algide*, that no information can be obtained from them as to what properly and exclusively belongs to congestive fever. The report we have from our



own physicians, meagre and imperfect as it is, is much more valuable, not only in its affirmative, but particularly, also, in its negative results. By negative results, I mean the absence of perceptible alterations of structure; of which there is, according to Dr. Bell, a confirmation by M. Chomel. The latter "cites the observations of M. Fouquier, chief physician at the Charité Hospital, to the effect, that in two individuals who died suddenly after the appearance of pernicious (congestive) symptoms, there was no appreciable lesion; and M. Chomel adds cases of the like kind coming under his own notice."

As regards the *first species*, I have not been able to get a post mortem examination, nor have I succeeded in finding more than one case on record. The account of this case is given by Dr. Cooke,\* of Louisiana. Dr. Cooke did not see the patient, but obtained such an account of him as to leave no doubt as to the nature of the attack, of which he has given a brief outline, as follows: "The deceased had been complaining for some days; at length he was seized with a paroxysm of fever which did not last long, but the patient complained very much and was very cold." "About twenty-four hours after the first paroxysm, some fever, or rather increased restlessness occurred, but he soon became very cold, and continued in this state without delirium or dyspnœa, for about twelve hours." Dr. Cooke was invited to witness the examination, which was made about six hours after death. "Not having witnessed the course of the disease," Dr. Cooke continues, "and not having a minute to spare, I did not wait longer than to examine the chief organs of the abdomen, and this very superficially. The subject was a large robust body, of the bilious temperament. That which attracted our attention, was the presence of blood as if injected into every organ of the abdomen. The liver was of a blackish red appearance, and when cut into, without pressure the blood flowed from its substance. The peritoneal membrane appeared thoroughly injected—and so, also, particularly the mesentery and coats of the bowels. To the eye it seemed that all the blood in the body must have been accumulated in the abdomen."

Of the *second species*, I am able to refer to two cases in which examinations were made after death. My friend Dr. Wooten, recently informed me that he had upon one occasion succeeded in obtaining an examination in a well marked case; it was made four hours after death. Dr. Wooten found no abnormal appearances except in the thorax, the

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\* New Orleans Medical and Surgical Journal, Vol. III,

vessels of which were greatly congested, having the appearance presented after death from asphyxia; the blood flowed freely from the lungs when cut into.

Another examination by Dr. Holmes, U. S. Army, is recorded in the American Journal of Med. Sciences, Vol. XII. The following is the account given of it by Dr. Holmes: "The viscera of the abdomen were in apparently a sound and healthy state; the contents of the cranium were in a healthy state; the skin around the whole circumference of the chest was discolored by extravasated blood; the vessels of the heart were deeply engorged with blood; the auricles and right ventricle were filled, and the lungs bled as if a sponge had been cut that was soaked in blood; the whole blood of the body seemed to have found a common reservoir in the thorax."

Of the *third species*, I have made post mortem inspections in four cases. In one, it was made about three hours after death. The pia mater was a good deal injected with venous blood; about the base of the brain the vessels were particularly full and dark; the brain showed an unusual number of large red points when cut; there was about a drachm of serum in the lateral ventricles; the vessels on the surface of the corpora striata were large and dark. No morbid appearances could be detected in any other part of the body, after a careful examination.

In another, besides the cerebral and meningeal congestion, there were some doubtful appearances of disease in a part of the ileum.

In a third, there was besides the congestion, a small flat coagulum of blood under the pons varolii; there were also a slight circumscribed redness in the smaller curvature of the stomach and several small patches of the same kind in the greater; the heart was pale; the left ventricle thick and firmly contracted, and the right flaccid; some of the mesenteric glands were enlarged.

In a fourth, to the same condition of the pia mater and brain, was added some redness of a part of the inner coat of the large intestine.

It is worthy of special notice, that in none of these cases was there any enlargement of the spleen noticed. It must be of very rare occurrence in this disease,—I have never detected it in a single instance.

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NOTE—In the preceding pages I have only attempted to delineate congestive fever in its most simple forms. There are other varieties of each species dependant on complications, first, of the cerebral with one of the other species,—a conjunction which presents the disease in its most malignant and fatal aspect; and, secondly, of either species with local in-

II.—*Remarks on the existence of Typhoid Fever in Alabama.*—By  
C. J. CLARK, M. D., of Jacksonville, Alabama.\*

UNDER the above title I wrote a communication last winter which appeared in the number of this Journal for January, 1850. It is my purpose, at present, to pursue the investigation of the subject; in doing which, I shall bring forward some more facts and cases, with remarks; and collect such evidence, in my reach, as has been furnished by other physicians of the State.

There has occurred, frequently, a fever, some years past, in the upper parts of South Carolina, Georgia and Alabama, that has been variously termed "nervous," "slow" and "winter fever," in common parlance; and, in fact, these terms have been not unfrequently used by the faculty, for the want of better, to distinguish this peculiar form of fever from the ordinary intermittents and remittents of the country. The first epithet, "nervous," was applied to it from the fact that in many instances there was great debility, with tremulousness of the hands and tongue, and unsteadiness in the muscular movements; which were supposed to result from some peculiar condition of the nervous system. The term, "slow fever," was applied to it because its march was slow and tedious, the condition of the patient, in many cases, remaining almost stationary for many days at a time; the disease running through long periods of time, varying from fifteen to forty, and even sixty days.

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flammation, commonly of the ileum, colon or rectum, or less frequently of the brain or its meninges; all of which would require a place in a full history of the disease, together with statistics of mortality and some account of the effects of remedies. But as these things do not come strictly within the scope of this paper, which is already extended beyond the limits usually allotted in the Journals to a single subject, they are deferred to a future time. The preceding history is also deficient in two important particulars, namely, analysis of the blood, and of the fluid matters discharged from the bowels in the algide species. An investigation of these points would probably draw still closer the analogy of these forms of congestive fever to cholera. Dr. Cooke says, that in the beginning of an attack of the former, the blood is found to be dark and coagulating imperfectly. Such was its appearance in the very few cases in which I have drawn blood from the arm after the disease was formed.

\*The preparation of this article has been delayed, partly by the time and trouble it took to collect the facts, partly by professional engagements, and partly by *laziness*.



The epithet, "winter fever," originated from the circumstance that the disease frequently made its appearance in families, perhaps spread through neighborhoods, in the depth of winter, when the atmosphere was bleak and cold, and the earth bound in frost. That the disease attracted less attention during the summer and autumn, when periodical fevers were prevailing, might naturally be expected; for this was the "season of fevers;" and it was liable to be confounded with remittents. Hence the common impression, with many persons, come to be, that this "slow fever" was peculiar to the winter season, and therefore a "winter fever." Sometimes, when it assumed uncommon malignity, it was called "typhus." Physicians were frequently puzzled where to class this disease. Some considered it "one of the various phases assumed by the common bilious remittent fever of the country," or, "a certain form of malarial fever." Others were not satisfied with this definition; for, if they referred to the phenomena of the annual remittents, which came to be "familiar as household words," they saw that this "slow fever"—though occasional cases might appear to be allied to the former—frequently, most commonly appeared with a physiognomy as distinct as that which separated Yellow Fever from Typhus, or Typhus from Remittent. Failing to find any such descriptions in the learned nosologies of the books as would enable them to locate it, they continued, in the summer season, to use the terms "nervous," or "slow," adopting the language of the non-professional, and in the winter the epithet derived from the season of the year. The fact had long since forced itself on all except the blind routinist, that, to combat this enemy required a different sort of tactics and weapons from the "old-fashioned bilious fever"—that an entirely different plan of treatment was necessary.

This form of fever has perhaps developed itself more frequently and fully among the negroes than the white population, from the fact that the blacks are commonly more exposed to the vicissitudes of the weather—worse clothed, worse housed, and less cleanly in their habits. It has shown itself to be of a more obstinate character, where the negro-cabins have been built of logs—were old and decaying, placed in low, flat situations, immediately on the ground, and over crowded by occupants, filthy in their persons and habits. It has long been observed, in Alabama, that negroes so situated are frequently attacked by a low form of continued fever, often proving highly fatal, entirely distinct and different from our bilious remittents. Many plantations have been scourged by such a disease.

Similar difficulties with regard to fevers had existed in the more northern parts of this continent; but here *typhus* was the great exemplar of fevers, and this same "slow," "nervous," and "winter" fever, in defiance of the strict rules of classification, was forced into the *role* of typhus fever. Precisely the same difficulties had been encountered long ago in Germany, France and Great Britain, and a similar disposition made of the nondesci.pt.

In 1804, Prost began to open the way in Europe to a clearer understanding of the subject by laborious post mortem researches, and was in time followed by others, who completed the important work. And, finally, Gerhard, Jackson, Bartlett and others, did for this country, what Petit and Serres, Louis, Andral, Chomel, and their co-workers had done in France, by settling the true character and pathology of this *typhoid* fever.\*

In the Southern latitudes of the United States, the jaundiced skin so prominent in yellow fever, and frequently occurring to a less extent in bilious remittent, with the copious vomiting and purging of bile in some cases and the absence of it in others, and its re-appearance at the critical periods, had given origin to a school of medical teachers and writers, with numerous followers, who held that *derangement in the functions of the liver* was the great point of departure in all the fevers of our southern and western States. Calomel was considered, almost if not entirely, a specific for all derangements of the liver; and hence it was plied without mercy, day after day, to correct the offending organ.

A flourishing school, now no more, existed west of the mountains, at which a large number of medical students were annually educated. Here a professor had become distinguished by constructing an ingenious theory out of fragments of hypotheses that had drifted down the stream of time, some, even from the days of Hippocrates. In this theory he maintained that all fevers were identical—that fever was a unity—that our fall and winter epidemics were identical in origin and pathology, that yellow fever, typhus, remittents, intermittents, epidemic pneumonias and pleurisies, *et id genus omne*, had one common origin—*malaria*, were nearly identical in pathology, and curable by the same remedy. It was a simple and beautiful theory—so easy to understand, and required so little thinking, that his pupils were charmed and delighted with it. This was the popular school, south, and west, for a long time; and its graduates and matriculants spread themselves over

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\* Vide Bartlett on Fevers and Gerhard's Lectures.

the land. It is always more difficult to *unlearn* false doctrines in religion or science, than to teach the truth to minds unprepossessed. Men do not like to be sent to school again, to re-learn what they thought they had thoroughly mastered. Hence the opposition in some of the Southern and South Western States, offered to the reception of the new views developed by the late investigations in typhoid fever.

Typhus and typhoid fever seem to be more peculiar to the temperate and more northern latitudes than the tropics; and have hitherto occurred more frequently in the Middle and Northern States than in the Southern. It might be expected that when these diseases immigrated South, if I may be allowed such an expression, they would make their first appearance, in Alabama, in the northern border of the state; especially if that part of the state possessed a climate more nearly allied to that whence they came, than the southern border or gulf coast. This has probably been the case. The inhabited portions of this part of the state consists mainly of limestone valleys lying in between the sandstone ridges and spurs that constitute the southern terminus of the great Alleghany range. Geologically, Benton county differs vastly from South Alabama, consisting mainly of the silurian beds that lie between the metamorphic rocks commencing on its eastern border and extending into Georgia, and the carboniferous sandstones of St. Clair, Blount, &c.; while South Alabama, commencing at Montgomery, belongs to the cretaceous group, with its beds of marl, and nummulitic limestones; or nearer the gulf coast, consists of tertiary formations, or extensive alluvion deposits.\* When we come to consider the climate, we find a still greater difference. The southern counties, with a hotter sun, have a temperature rendered more equable by the proximity of the gulf. Our portion of the state, remote from the sea-board, hemmed in or intersected by mountain ranges, is subject to much more frequent and much greater vicissitudes of temperature. It is but reasonable to expect these geological and climatic differences to modify the diseases of the two sections. Typhoid fever has been for some time recognized as occurring a little north of us, and it is not by any means remarkable that it should be found invading this part of Alabama. It will appear upon good authority in the sequel that it has not confined itself to this part of the state but appeared much further south;—that it does not occur alone in the ever-varying atmosphere of our elevated vallies and

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\* Vide Professor Foumey's Report.



rock-ribbed hills, but sports itself even where the *Tillandsia* weaves her long festoons.

In my former communication I gave a sketch of five cases of typhoid fever, occurring in September and October, 1849; and stated that the disease was still prevailing in this section of the country. It continued in the county from that time on through the winter, and up to the following May; and it has already made its appearance in our midst, this fall.

The most of the cases, last winter and spring, occurred in the vicinity of Alexandria, a village eight miles south-west of Jacksonville, and fell mostly under the care of Drs. Pelham, and Vandever, who reside at that place. The disease was uncommonly obstinate, and incurable. Many cases lingered on to twenty, and thirty days, and some as long as sixty, several proving fatal. They were characterized, generally, by the ordinary chills in the commencement, followed by fever with slight exacerbations, usually irregular in their recurrence; pain in the head during the first week; a pulse varying in frequency from 100 to 130, always compressible, never full and strong; diarrhœa; tympanitic abdomen, sometimes tender; gurgling upon pressure over the right iliac fossa; delirium during the nights, with a disposition to get up and walk about, the patient frequently asserting that there was nothing the matter; in some cases the typhoid irruption; with hemorrhages from the bowels and nose in the latter stages, &c.

Drs. Pelham and Vandever made a post mortem examination in one case of a negro woman who died on the eleventh day, in whom the disease had exhibited unusual malignancy. Besides very great cerebral engorgement and incipient pneumonia, many of the elliptical plates of the ilium were found remarkably thickened, elevated and softened, with slight evidences of the commencement of the ulcerative process. I was not present at the autopsy, but was shown a portion of the ilium, with the altered elliptical plates, shortly afterwards.

I have preserved notes of some cases that came under my own observation, and collected some facts and statistics from other sources, which I shall now bring forward. And, as I am describing the disease of the same season, I shall continue to number my cases from the original starting point.

CASE 6TH.—William Carroll, æt. 25, married, of slender make, sallow complexion and rather feeble constitution, returned to the residence of his father, Asa Carroll, about the 10th October, 1849, from a trip to Mississippi. Was unwell at the time he returned; had pain in the

head; confusion of mind; could not concentrate his thoughts; sleepless of nights from a feeling of restlessness and pains in his limbs; lost his appetite, and became feeble.

On the 18th, was taken with chills followed by fever and severe pain in the head. Took calomel and oil, and quinine freely; bowels became watery; had decided diarrhœa; took opium to check it until it stupified him.

For the first week he suffered severely with pain in the head; fever was light at the commencement, with evening exacerbations; kept getting a little worse every day; entire loss of appetite; loathing of food; considerable thirst.

In the second week the pain in the head had left him; the fever progressed with pretty regular exacerbations of a moderate character; had copious perspirations during which he seemed much sunk and exhausted; fever usually higher at night with slight delirium; abdomen became meteorized; no rose spots. The foregoing history I got from himself, his mother, and Dr. A. Pelham, who had been attending him.

Nov. 2nd. Looks thin, sallow, and emaciated; bathed in perspiration of a strong "feverish" odor; pulse 115, small and weak. Abdomen *tympanitic*; *diarrhœa*; *very distinct gurgling upon pressure over the right iliac region*. No rose spots. Has a little cough; copious viscid secretion from the nasal mucous membrane, and from the larynx and trachea.

*Treatment*.—Blister to the abdomen; chalk mixture every three or four hours; a teaspoonful of powdered charcoal *ter die*; glysters of starch and laudanum to check the diarrhœa; quinine applied freely to the blistered surface; rhubarb to open his bowels should it be needed; a more nutritious diet, eggs, boiled milk, chicken broth; brandy toddy when he is exhausted, or his pulse low.

He began to mend slowly from this time. The sweats moderated, the diarrhœa ceased, and his appetite improved. By the end of the third week from the attack his fever had gradually left him; the tympanitis was gone, his evacuations becoming healthy; and he convalesced slowly.

CASE 7TH.—Asa Carroll, the father of the former, aged 48, farmer, residing in the country eight miles from Jacksonville; has been engaged at work on his farm during the summer. William Carroll (Case 6th) had his spell in the house of his father. Asa Carroll nursed his son closely during his whole illness and slept in the same room with him. About the time the son began to convalesce, the father became indis-

posed; became conscious that his mind was confused; went out near his farm to look for some stock, and says it seemed to him he could not recollect the woods, though perfectly familiar with them before. The next day he undertook to sow some wheat but had to desist on account of the confusion of his mind. The following day, the 12th of November, was taken with slight fever and pain in the back of the head; felt chilly sensations while the fever was on him; could not get enough cover on him to keep himself warm. For the first week continued to think there was not much the matter, and that he should soon be well. Had light fever with pain in the back of the head every day, which was lighter in the morning, slightly increased in the evening, with burning of the soles of the feet. He treated himself for the first two weeks. Took two doses of calomel, which were followed by oil and turpentine. Tried two or three times to break his fever with the sulphate of quinine. Each time he took the quinine it increased his fever and aggravated his symptoms. By the end of the first week his head-ache had ceased. In the second week took another dose of calomel which caused green discharges. Up to the fourteenth day of his disease, dating from the first distinct chills, had no operations of his bowels without purgatives. Says his stools were yellow and natural enough. Has had no delirium; no perspiration; no thirst; appetite enough; no dazzling sensations; no roaring in the head, or ringing in his ears; strength remains good.

Took a fourth dose of calomel on the fourteenth day of his disease, at night, which operated "very severely." Had several copious watery stools during the night and day following; some thirst for the first time, and more fever than usual.

16th day of the disease, Nov. 28th. Saw him to day for the first time. Cheeks slightly flushed; countenance otherwise natural; some more than the natural warmth about the head and body. Pulse 100, moderate volume, compressible. Mouth moist; tongue moderately coated; no redness; abdomen meteorized; no gurgling; no rose colored spots; no tenderness; has a small blister drawn by flies over the umbilical region. (Take cretaceous mixture every four hours; a teaspoonful of powdered charcoal *ter die*: rhubarb and blue mass at night; thirty drops of spirits of nitre an hour when he has fever; elm water; a light milk and farinaceous diet.)

18th day.—Has had five watery stools in the last twenty-four hours; took an injection of laudanum last night; bowels quiet afterwards until this morning, when he had a watery stool again. His fever was rising



on the day before yesterday when I left him; was high all that night and all day yesterday; suffered a great deal with heat; great burning in his feet; some in his stomach; no perspiration; slept scarcely any night before last; slept last night after his fever subsided. No pain in the head, limbs or abdomen; had slight bleeding at the nose three different times; was troubled with phantoms when he shut his eyes or attempted to sleep.

This morning his pulse is 98—moderate volume. Considerable heat about his head and body; tongue reddish on the edges; cupped on top, the edges turning up all round where it is protruded; looks weak and reduced; voice rather feeble; some inflammation in the fauces; abdomen meteorized; no gurgling; no typhoid eruption. (Take chalk mixture; charcoal; glysters of laudanum *pro re nata*; elm water; spirits nitre and cold applications during the exacerbations. Diet, milk and mush and chicken broth.)

20th day.—Has not had such high fever since last visit; bowels have been controled by laudanum and starch; had a paroxysm of fever commencing yesterday morning and lasting till late last night; has not been entirely free at any time; is low spirited, getting impatient and out of heart—is somewhat weaker but able to get up and walk across the room and back again; had a watery stool this morning; head a little hot; slight perspiration on the forehead; tongue improved; not much thirst; a little appetite. Abdomen slightly tympanitic, a little full and elastic; no gurgling; no rose spots. (Discontinued chalk and charcoal; take decoction of cinchona and serpentaria; five drops elixir vitriol, *ter die*; brandy toddy; milk and mush diet.)

21st day.—Became delirious yesterday evening; highly so last night; sat up in the bed frequently; wanted to leave his bed; got up in spite of his nurses and sat by the fire; feet and hands became cold, and it was difficult to keep them warm; had two stools, more consistent and natural than for some days; blister on the abdomen scarcely healed; his wife re-applied it last night in my absence; distressing strangury and bloody urine since it drew.

This morning is still delirious; intellect stunned; talks incoherently; mutters frequently; morose; low spirited; querulous; says nothing has done him any good; has a fixed gaze; raises up and looks in a wild and staring manner; strong cadaveric odour of his body; all his urine bloody. Pulse 105, volume a little less than natural. Head a little hot, the rest of his body not above the natural temperature; tongue looks well; abdomen rather full, highly elastic; scarcely any meteorism;

no gurgling, or typhoid eruption. (Blisters to the legs; decoction cinchona and serpentaria; milk and mush, chicken broth, and brandy.)

22nd day.—Slept a little last night; blisters drew well; more rational this morning; called for some chicken soup which he ate with appetite; had three small stools during the night, thick dark brown. (Continue prescription and diet.)

23d day.—Was quite delirious all last night; paroxysm of fever as usual in the evening, subsiding about 12 o'clock at night. *To day I discovered for the first time a slight pale red eruption on his chest and abdomen.* Had some diarrhœa yesterday which was checked by laudanum. Is sunk in low delirium; mutters to himself; sometimes gives rational answers; strong cadaverous odour; passes urine involuntarily; urine less bloody; conjunctivæ injected; tough, viscid mucous collects in the larynx and trachea; breathes slowly and with a heaving motion of the chest; lets his under jaw fall when sleeping; snores a little which has not been usual; tongue tremulous, but neither dry nor red; failed to get it out of his mouth; countenance shrunken and contracted; speaks with a tremulous voice scarcely audible; difficult to get him to take diet; drinks brandy, which revives him a little for the time; feet and hands disposed to get cold; pulse 100 to 112, some tension, but not much force in the beat. (Brandy, boiled milk, flax-seed tea.)

24th day.—Was sunk in low muttering delirium all night; revived a little at day-light; tongue still tremulous; cannot protrude it beyond the teeth; pulse 105; passed urine in his clothes; very little meteorism; no gurgling; takes brandy and milk.

26th day.—Died. No post mortem examination.

I have detailed the symptoms of this case minutely, as they were noted down from day to day. It will serve as a fair specimen of a great many of the cases of this *typhoid* fever as it occurs among us.

The symptoms of the following cases were similar in many respects; sufficiently so when taken with other circumstances to leave no doubt as to the identity of the disease.

CASE 8TH.—Sarah Carroll, daughter of Asa Carroll, aged 12 years, was taken on the 8th of December, with slight chills, followed by fever, which lasted about forty days, terminating in recovery. Her fever was marked by slight exacerbations and remissions, but marched on for about five weeks without a complete intermission.

CASE 9TH.—Theresa Carter, aged 16, married daughter of Asa Carroll, was taken about the same time as her sister, with chills followed

by fever, which lasted without intermission for fourteen days. She recovered.

CASE 10TH.—Frank Carter, husband of the last named, aged 20, was taken on the 28th December, and had fever for nineteen days; recovering. This young man and his wife were living in the house with his father-in-law.

CASE 11TH.—Franklin Wadkins, aged 18 months, grand-child of Asa Carroll, was taken on the 28th of December, and had the fever about twenty-seven days. Wadkins the son-in-law lived on the same plantation, half a mile off. He and his wife and child were at Carroll's a great part of the time during the sickness of the family, and usually stayed there at night.

CASE 12TH.—Elvira F. Carroll, aged 14, was taken on the 10th of January, 1850. Her fever lasted thirty-eight days.

CASE 13TH.—William Treadwell, aged 20, living at Carroll's, was taken about the 5th of February. His fever lasted thirteen days.

CASE 14TH.—Leonidas Carroll, son of Asa, aged 11 years, was taken February 10th, and died on the fourteenth day of his disease.

CASE 15TH.—James W. Carroll, aged 23, having assisted up to this time in nursing the sick in his father's family, started on a trip to Coweta county, Georgia, February the sixth. Was three days in going. Began to feel symptoms of fever the second day on the road; was taken down soon after arriving at his place of destination, and died on the 26th day of the month.

CASE 16TH.—Elizabeth B. Carroll, sister of the last named, accompanied her brother to Georgia. Was indisposed on the road; continued unwell; nursed her brother for a while; was taken down on the 20th of February, and had the fever about three weeks.

CASE 17TH.—Newton Wadkins, aged 22, son-in-law of Asa Carroll, before mentioned, was taken March 7th, and had the fever nearly four weeks.

CASE 18TH.—Eliza McCullers, aged 13, went to Carroll's and stayed to assist in nursing; was taken on the 8th of March. Fever lasted about twenty six days.

Commencing with Case 6th, William Carroll, this fever continued in the Carroll family from about the 18th of October, 1849, up to about the 1st of April, 1850, or more than five months. The various members had fallen sick, one and two at a time, and lingered through long spells, varying from thirteen to forty days. Each succeeding case was taken down before the preceding one had recovered. Every member



of the family had now had the disease, either first or last, except Mrs. Carroll, the mother, aged 46, who nursed from the beginning to the end. Out of thirteen cases three had died. The family were not very cleanly in their habits, and as they fell sick one and two at a time, nearly all the cases occupied the same room. Thus the infection was probably renewed by each succeeding case, and kept up for months until all had suffered from it.

But let us now go back and trace this disease a little further in another direction.

Cases 15 and 16, James W. Carroll and his sister, went to Coweta county, Georgia, to the house of a Mr. Carter, a family connected with the Carrolls by intermarriages. They both had premonitory symptoms on the road and fell sick soon after their arrival. Mrs. Carter, the mother of the family, who nursed the Carrolls, was the first victim of the disease, falling sick soon after Elizabeth Carroll began to convalesce, and after case 15 had died in her house. The fever now spread through this family. The following is an extract from a letter from Dr. Ira E. Smith, an experienced practitioner, who attended the Carter family.

“In answer to your inquiries concerning typhoid fever in the family of Mr. Carter, I state it as my deliberate conviction, that the disease was brought there by the Carrolls. Mr. Carter lives in a new building, in a high and healthy location. Typhoid fever has never prevailed in the neighborhood. Every one of Mr. Carter’s family, except a little boy about ten years of age, was attacked by the disease. There were six cases, viz: Mr. Carter and his wife, two sons, and two daughters. Every case was attended with diarrhœa, and two with vomiting. They all recovered, though some of them lay as long as sixty or seventy days. All the circumstances of the case favor the opinion that the disease is of a contagious (infectious?) character.”

The following synopsis of some cases treated by himself, has been kindly furnished me by Dr. J. K. Vandever, of Alexandria. These cases occurred in the same neighborhood with the cases at Carroll’s. They are published to assist in collecting the statistics necessary to determine the age, sex, and color of persons most liable to the disease, as well as its average duration, mortality, &c. Dr. V. in his letter to me, says:

“I have given you a brief sketch of some of the cases of typhoid fever treated by me last winter and spring. I could give you a great many more were it necessary. Out of the nine cases furnished two

terminated fatally. I did not make post mortem examinations of either of these. The duration of the disease varied from ten to sixty days." I shall continue to number from my original starting point.

CASE 19TH.—Betsey, negro girl, property of Mrs. F. B., aged 30. Taken on the 10th of November, 1849. Fever terminated on the twentieth day of the disease.

CASE 20TH.—Mrs. A., married, in the fifth month of pregnancy; aged 35 years. Disease terminated about the fifteenth day.

CASE 21ST.—D. W., aged 36 years, a mechanic; taken on the 14th of December. Was delirious nearly all the time; so much so, that he had frequently to be held in the bed; got up several times and walked out into the yard, in the rain, in spite of his attendants, and had to be forced back to his bed. Had constant diarrhœa, and frequent hemorrhages from his bowels. Died on the twenty-sixth day.

CASE 22ND.—A negro boy, aged 16, belonging to Mr. J. R., was taken January 25th, 1850. Fever terminated on the eleventh day.

CASE 23RD.—Jesse, negro man, aged 24 years, property of Col. J. M. Crook. Taken on the 1st of February. Had constant diarrhœa, and continued delirium for many days. Fever lasted twenty-seven or twenty-eight days.

CASE 24TH.—Mrs. G. S., aged about 30, married, took sick about 20th of February. Fever lasted twenty-three days.

CASE 25TH.—Miss N. P., aged 20; was attacked February 20th. Complained greatly of pain in the right iliac region; constant running off of the bowels. Fever lasted about twenty days.

CASE 26TH.—James, son of B. F. B., aged six years. This is a very singular child. He weighed at the time of his attack, though only six years old, over *a hundred pounds*; his voice is coarse and harsh like that of a man, more so than ordinary men. His genital organs are as large and well developed as those of an ordinary man's, the pubes being covered with long, black hair. Intellect ordinary. His fever was developed about the 20th of April, and lasted about sixty days. He retained his appetite throughout his spell, his constant cry being for something to eat.

CASE 27TH.—Z., the daughter of R. P., aged 13 years. Taken about the 1st of April. This case was somewhat remarkable for its severity and complications. She had diarrhœa throughout the disease; complained of pain and tenderness in the right iliac region; was more or less delirious every day for a long time; sometimes violently so; the parotid glands commenced swelling about the twentieth day, and soon

suppurated; near this time she began to suffer from severe pneumonic symptoms; some large abscesses formed, towards the last, in the parieties of the abdomen; and finally, she died, after suffering greatly, on the forty-second day.

The following case, as noted minutely by myself, will also serve as a fair specimen of many cases of this typhoid fever of Alabama.

CASE 28TH.—Stephen Nelson, aged 26 years, farmer, married, lives on a hill in the midst of a large forest, two miles from Carroll's. Was taken twenty days ago (March 29th, 1850) with a pain in the hip in the evening; the following day, still feeling unwell, had a slight chill followed by fever which has continued ever since with exacerbations of an evening and slight remissions of a morning. Had been constive for some days before he took sick, and continued so until the third day after the attack; then had a copious evacuation the latter part of which was very dark. Had great aching in his bones about the time of the chill and for a while afterwards. Suffered from pain in his head for the first seven or eight days of his fever; frequent sweats about the head and neck. For the last twelve days his stools have been fluid or watery, sometimes small, occasionally a copious one. Has had some thirst from the start; mouth and throat frequently quite dry. For the last few days has had some difficulty in swallowing, as if there was an obstruction or stricture in the œsophagus; it is somewhat difficult to get water to pass this point; after it does, it makes a rattling noise down into the stomach. His abdomen, for several days past, has been disposed to become distended; some tenderness when pressed. Is certain there has been no intermission in his fever since the day of accession. Describes it as not having been very high, but rather a "low fever." Has had no appetite, and has been growing gradually weaker.

This man has been, up to this time, under the treatment of Dr. Treadwell, from whom, himself, and his wife, I received the foregoing account. Has been treated by laxatives, occasionally, small doses of quinine and powdered serpentaria six or seven times in the twenty-four hours; sinapisms to the abdomen; decoction of *asclepias tuberosa*; light diet and elm water.

19th day of the disease.—Pulse 87, a little full and quick. Countenance pale; perspires occasionally; has a strong "fever smell" about him. Intellect a little stunned and feeble. Tongue very red, gets very dry and sticky; looks like a piece of raw beef. Complains of the difficulty of swallowing about midway the œsophagus. (This probably results from an ulcer in the œsophagus.) No appetite, throat gets dry



frequently. Abdomen tympanitic; slight gurgling upon pressure in the right iliac fossa; some tenderness to pressure all over the abdomen; noise of fluid in the descending colon upon percussion; tenderness a little greater upon pressure over the liver, spleen and stomach, than balance of the abdomen. Had four or five watery stools yesterday evening and last night, before which time his abdomen was more distended than at present; urine scanty and high colored. Emaciation considerable; says he sees phantoms when he attempts to sleep, and sometimes feels like he was "rising up." (Large blister plaster over the abdomen; chalk and charcoal every four hours; 2 grs. quinine with some powdered serpentaria every three hours; bowels to be emptied if necessary by a glyster or a little oil and spts. turpentine; laudanum, if he has too many stools; elm water diet, rice soup, or a little corn-meal mush with boiled milk.)

21st day.—Two thin stools since last visit. Pulse 85, a little full, compressible. Very little tympany; large blister drawn over the abdomen; no rose spots; sweats freely about the head and neck, most when his fever is highest; has an immense number of sudamina all over the back of the neck and shoulders. Tongue not quite so much inflamed; still gets excessively dry; throat gets dry; wants water frequently, as often as every twenty minutes, to wet his throat; does not care to drink much; no appetite; no delirium; does not complain of pain anywhere. (Continue treatment.)

22d day.—Slept well last night; fever was a little higher. Is bathed in copious perspiration this morning about the head, neck and breast; tongue dry; strong fever smell; pulse 86. (Discontinue chalk and charcoal, also the quinine and serpentaria. Take acidulated gum water every three hours; cold cloths to the head, especially when he sweats, bowels to be moved to-morrow by glistening. Trust to patience and Providence.)

24th day.—Appears better. Had two stools, one copious since last date, both moderately consistent. Very little tympanitis. Blister on the abdomen nearly healed up; no rose spots; sudamina have disappeared. Tongue less red and more moist, though still disposed to get dry. Has a little appetite. (Continue last prescription.)

26th day, evening.—Thirty hours ago his fever returned with considerable severity, his blister having fully healed. Since then he has had constant fever, sweating freely about the head and neck, and sometimes on his body; tongue and throat have become dry again, the former cracked on top; restless and sighing at times. Had a large stool last

night, greenish and offensive; no tympanitis, some tenderness to pressure; abdomen lank. There has been no gurgling in the right iliac fossa since my first visit. Countenance rather anxious; face bathed in clammy perspiration. Pulse 84; slight delirium at night; great depression of spirits at times. (Re-applied blister to abdomen; cold to the head; a blue pill; ipecac and spts. nitre every hour while his fever lasts.)

27th day, morning.—Rested badly last night; blister drew well; slept some about day; has less fever this morning; pulse 79, of natural volume; skin cool; abdomen lank; no stool; tongue and throat dry; a little appetite. (Blister to nape of the neck; blue pill every twelve hours; ipecac, spirits nitre, and cold cloths to the head, when he has fever; charcoal, *ter die*. Diet, boiled milk with mush.)

28th day, evening.—Blister drew well on the neck; the one on the abdomen is discharging freely; has had but little fever since the drawing of the blisters; mouth becoming moist; very little sweating about the head and neck; gentle perspiration on the body. Had one large stool since last visit, greenish, of moderate consistency; no tympany; abdomen lank; no rose spots; some urticaria wheals on the legs and arms; sleeps well; pulse 80, nearly natural in volume; surface cool; a little appetite. (Diet, a little more nutritious; no medicines.)

29th day.—Sleeps well; eats some; condition about as last described. (Continue diet—Port wine; a blue pill at night.)

30th day.—On last evening hemorrhage from the bowels came on; had two stools containing a pint of dark blood; several clots; was troubled for some time afterwards with a disposition to go to stool. Took sixty drops tinct. opii in divided portions, and drank freely of the Port wine; had no more stools or hemorrhage. Looks well; pulse natural; skin cool; tongue moist and of natural color; some appetite; blisters discharging. (Port wine frequently; nutritious diet; open his bowels with castor oil and spirits turpentine, if necessary.)

31st day.—Had a little fever yesterday; slight hemorrhage from the nose this morning; looks pale and exsanguinous since the hemorrhage; is weak, emaciated, appetite improving. From this time Nelson had no more fever. He drank Port freely, took sol. quinine sulph., his diet was increased, and he gradually got about, and finally well.

Typhoid fever has already been noticed and described by physicians in various parts of the State.

Dr. J. A. English, (on the Diseases of Cahawba and its vicinity, N. O. Med. and Surg. Journal for Sept. 1849,) in speaking of the disap-

pearance of the former dread scourge, bilious remitting fever, says : " But a disease, although more slow and insidious in its approach, yet more formidable in its nature, seems to have supplanted it—I mean typhoid fever." The first case Dr. English met with was in 1843, and was, as is usual, taken for a form of bilious fever. The autopsy which " was a very imperfect one" showed that " the mucous membrane of the stomach, particularly about the large curvature, was much inflamed ; numerous large dark patches studded the arch of the colon ; but *the most marked lesion was in the small intestines* ; both the jejunum and the ileum bore traces of inflammatory action throughout their whole extent, and there were occasional patches of ulceration about the upper (lower ?) portion of the ileum, which extended to the peritoneal coat, and this one was easily broken down over the seat of the ulceration." This account of the post mortem appearances is certainly imperfect. Dr. E. certainly did not have his attention directed to the elliptical plates as he does not allude to them at all. Yet enough is revealed in the " occasional patches of ulceration, which extended to the peritoneal coat" to leave but little doubt with those who have witnessed dissections of typhoid fever that the elliptical plates were the seat of these ulcerations.

Dr. English, after stating that he treated some fifteen cases among the negroes of one plantation, proceeds to describe a disease, that it seems to me few physicians could mistake for " one of the forms of remittent fever." Again Dr. E. says, " every year since 1843, I have met with and treated cases of typhoid fever."

Dr. Lavender, (on the Topography, Climate and Diseases of Selma, Ala., N. O. Journal, Nov. 1849,) says : " during the past year, well marked cases of *Typhoid Fever* have presented themselves. Some of these cases have come under my own observation, and left no doubt, on my mind, in relation to their true character. No case of this type, however, has, to my knowledge, originated in Selma. A number of cases were brought to the place, all of which recovered. In Summerfield, a small village nine miles north of Selma, some twenty cases occurred."

Again : " Until within a few years past, this form of fever has been a stranger, or entirely unknown among us. Its existence has been acknowledged, however, in several places in the great valley of the Alabama, within the last year or two ; and, judging from its history as it has presented itself in other countries, and in other parts of the United States, *little doubt can be entertained that it is destined, ere long, to*



be a frequent visiter among us, if, indeed, it should not be the prevailing form of disease.

In the Report of the Committee of the Alabama Medical Association of the diseases which occurred in the city of Montgomery, and its vicinity, in 1848, by Drs. Ames and Boling, there are seven cases put down under the head of "Typhoid Fever." No particular description of the cases is given, and I do not know whether the gentlemen making the report recognised these as cases of genuine *dothin enterite*, or only "one of the forms of remittent fever."

Dr. W. B. Johnson (Report on the Diseases of Marion, Perry Co., Ala., N. O. Journal, Jan. 1850,) describes a fever "of a typhus character" that presents features very distinct from ordinary remittent or periodical fever, and that certainly was a *typhoid fever*, whether the typhoid fever of Louis, Gerhard, Jackson and Bartlett, or not. He says: "In every case, the first symptom was pain in the head, dry, hot skin, dejected countenance, eyes stiff and of a watery appearance; extreme prostration, giddiness and an inability to walk or stand erect; the pulse was very small, quick and frequent, ranging from 120 to 140; the tongue trembled on protrusion, covered with a white fur, through which the papillæ appeared very distinctly. It was with great difficulty they answered questions, and in almost every case they were delirious, particularly at night. There was no complaint of nausea, but of a pain or faint sinking feeling at the precordial region, and soreness of the muscles. The bowels were easily excited to action, and required great care to keep them restrained in due bounds.

Dr. A. G. Mabry (Report on the Diseases of Selma and its vicinity, N. O. Journal, March, 1850,) says: "Typhoid fever has been known to occur here every year for several years past. It is becoming more and more common annually, and I am much inclined to the opinion that it is gradually taking the place of intermitting and remitting fevers, and will ultimately become, as they have been, the prevailing fever of the State. This opinion seems to be entertained universally by the professional friends with whom I have conversed upon the subject. In the early history of our State, whilst intermitting and remitting fevers prevailed to a fearful extent, typhoid fever was almost unknown; and now, whilst they are much less frequently met with, it is steadily on the increase. As seen here it answers well the description given of it by Professor Bartlett, in his recent work on fevers, and need not be described in this report. *It very often stamped the impress of its own character upon the features of other diseases.*

Dr. H. V. Wooten of Lowndesboro', as quoted by Dr. Bartlett, (*Treatise on fevers*, 1847, page 85) says: "There are physicians in our State who contend that we have no fevers except those of a remittent or intermittent type. But my experience justifies me in declaring this to be an error. Typhoid fever does exist here. It appears at all seasons of the year; but I think it is most common in the spring and early summer. Its occurrence is far more frequent of late years than formerly. In 1836, I saw but one case of it. In 1837, I had a very serious attack of it myself; I was seen by some half dozen experienced physicians, all of whom spoke of it as a *very rare case*. It has gradually grown more and more prevalent, until it is now looked upon as a rather common disease."

Again in another admirably written paper,\* Dr. Wooten says:—"This disease is becoming more and more prevalent in this particular region; and from the reports of physicians, I have no doubt that it is the case generally throughout our State. \*\*\*\*\* By some practitioners, this fever is considered as identical with the latter stages of obstinate or neglected intermittent. But however similar the two fevers may be, in many of their symptoms, it seems to me, that a close examination will mark a very decided difference in the true characteristics of these fevers. They do not prevail to an equal extent in the same localities, or at the same season of the year. The typhoid occurs frequently in spring and early summer and even the winter months, whilst the remittent, or bilious, as it is sometimes called, almost invariably prevails in the latter months of the summer and in autumn."

I wish I had space to quote more at length from Dr. Wooten's able article, but must refer those who wish to read an excellent description of the disease with some judicious remarks on its treatment to the original paper.

I cannot conclude this part of my communication better than by quoting the following pregnant and well timed remarks of Dr. W. B. Johnson in his report above mentioned: "The foregoing statements point to one important fact, in which every physician in this country should feel deeply interested, and avail himself of every possible opportunity of becoming acquainted with the true character and treatment of the fevers of the present era. They have assumed a very different livery, from that of ten or fifteen years ago. Typhus or typhoid fever, which was so long confined to northern latitudes, has slowly

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\* Southern Medical and Surgical Journal, January 1850.

marched southward, until it has reached our own theatre of action; and he who pretends to treat it upon the principles formerly pursued in bilious remittent fever of the south, will meet with nothing but chagrin, disappointment and mortification. The reputation and success of the physician, is not only involved by neglecting to investigate this subject carefully and closely, but the safety of our whole population is endangered. The deep and serious consequences depending upon a true pathology of this disease, demands the utmost vigilance of every physician practising in the State, and lays him under obligations to impart his experience, and the fruits of his investigations, to his medical brethren, as often as possible, that the disease may speedily be brought under the control of the healing art."

We had intended to reply to the strictures of our friend Dr. J. C. Harris,\* on our former paper; but this communication is already too long.

If Dr. Harris has satisfied *himself* that typhoid fever has no abiding place "in the sylvan shades and rural retreats of our sunny south," why there can be no objection; but we suspect he has failed to convince many of his readers.

Ridicule, sarcasm, special pleading, and picking flaws, may serve well enough for amusement; but they are not the best means for ascertaining and settling important scientific points. And, it would, perhaps, be well enough to remind the critical class of gentlemen, that it is much easier to speculate, argue, and twist and distort facts to favorite theories, than laboriously to gather data—to note from day to day the progress of disease at the bedside of the sick; and then collect your facts and prepare them for publication.

It is somewhat amusing to see how well the Doctor verifies the assertion that "definitions are difficult things." After dispersing all the arguments and cases of his opponents as with the wand of a magician, he very naturally supposes we will ask him, "What then is Typhoid Fever?" Behold his reply. "It is a variety of fever, described by Louis, Chomel and others, and believed, not only by some of these, but by others to be identical with a fever of Great Britain and Ireland, known under the name of *Typhus*." Is it not a little singular that a writer who could give no better definition of typhoid fever than this, should undertake to determine its identity? We commend him to his "noisy typhoid fever gentleman who when called upon failed to state correctly

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\* New Orleans Medical and Surgical Journal, May, 1850.



the symptoms of ordinary remittent fever." We do not advise him to make another trial, but recommend to his attention some "entirely elegant treatise" on the subject; and "we beg leave to remind him, that we are alone enabled to distinguish one disease from another by the actual difference shown on a careful comparison of *the symptoms proper to each.*"

We know Dr. Harris to be an intelligent, experienced, and highly successful practitioner; and that he is a zealous cultivator of medical science. And we have no doubt, had he studied typhoid fever "in the hospitals of the Eastern continent," or even of our own country, or had he thoroughly mastered some "elegant treatise," he would not so long have failed to recognise the disease "in the sunny South." Early superstitions frequently cling to us with tenacity in after life. And, we would "merely hint, nothing more," that our friend is still haunted by the Gorgon-headed Malaria, Venous Congestion and Pill, that rioted in the classic shades of Transylvania during his medical boyhood.

Finally, we recommend our friends throughout the State who "deny to typhoid fever an abiding place" among us, and who look upon *malaria* as the cause of all our fevers, to take an anti-fogmatic, and study some elegant treatise on the subject. For if they do not avail themselves of the lights before them, we fear they will be left in the predicament of the foolish ostrich, who sticking her head in the sand, fancies herself concealed, while her nether parts remain exposed to the gaze of every passer-by.

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### III.—Cases of Puerperal Fever, treated in the Charity Hospital, New Orleans.—Reported by D. MACGIBBON, M. D., Visiting Physician to that Institution.

It is generally conceded that a greater number of cases of puerperal fever occur among those females who are confined in Lying-in Hospitals than among the same in private practice. There are several causes which operate to produce this: First, a great number of those who enter these institutions, in that interesting condition, have not been in the habit of taking the best care of their constitution, and con-

sequently are not in such a favorable condition for convalescing in the puerperal state as an equal number of parturient women out of doors; and second, where a number of women are crowded together, as is too frequently the case in such hospitals, the air is apt to become to some extent vitiated, for deficient accommodation usually goes in hand with defective provisions for ventilation; and this vitiated atmosphere, itself a fearful source of mischief to those constantly exposed to it, may become the channel through which minute poisonous products may be more readily conveyed from the party giving the same off to those whose systems are becoming daily less fit to resist the action of injurious agents, and who are therefore in a condition where a greater number, when attacked, are most likely to succumb to disease. Besides, as has been proved in puerperal fever, the disease being of a contagious character, is, in a hospital, more likely to be conveyed to other women than elsewhere; hence we have it sometimes assuming an endemic character there, when it is scarcely known out of doors, even in its mildest form.

In the obstetrical wards of the Charity Hospital of this city, I have seen, both last year and this, several cases of puerperal fever occurring among the lying-in women; and the number of these, though I have no absolute data by me to speak with certainty from, as compared with the same out of doors, and judged in connection with the number of all the deliveries, will, I greatly fear, stand but too high in favor of the former. I have notes by me of all the obstetrical cases that occurred in that Institution since the 1st of April last, the date at which I resumed my charge of these wards, until the present period; and propose publishing the notes made at the time, of all the cases where puerperal fever, either of a mild or severe form showed itself, less with the hope of conveying any new information in the way of treatment, for unfortunately on that score I have nothing to offer but what is to be found in the best writers on obstetrics, and that, in this particular complaint, is confessedly not much—than with the desire of directing the attention of all such as have not had the same opportunity of witnessing the insidious manner in which it usually approaches, and putting these on their guard; for in this latter, it differs much from what is witnessed in more temperate parts, where the disease takes on a more ardent form and where also acute pain on pressure of the abdomen with tympanitis, are, as a general rule, present to warn the patient and practitioner alike of inflammatory action having commenced there, and threatening the system.

Before commencing these notes let me say a word or two on the accomodation provided for lying-in women in that Institution. That it is not better than it is, is perhaps as little the fault of those who at present administer its affairs, as such things usually are found to be, whose public charities, dependant on a precarious revenue, which may be given or withheld, are concerned. The want of the requisite funds is always the great drawback ; and so it is here.

On the second floor of the left wing, and at the rear of a large ward, with thirty beds in it, where are females with various medical and surgical affections, undergoing treatment, there are two small rooms, each having three beds, and these are the apartments devoted to the obstetrical cases in this Institution; each of these rooms has two windows. Those doors open from the main ward, and the air of this latter must necessarily pass into the former, and *vice versa*. The proximity, otherwise objectionable, is rendered still more so by this defective mode of ventilating the said apartments. Sufficient pure air and space, are found to be as necessary for the due recovery of women in child-bed, as of any disease whatever ; while the mischief resulting from the opposite, has been so appalling, by the spread of puerperal fever among them, as the same in hospitals devoted to the reception of ordinary diseases, has proved.

Of the general character of those who apply for admission to the obstetrical wards I need say nothing further than that it seems to be much the same as elsewhere ; certainly not any better.

The rule is here that every one making application, and within a fortnight of the period of confinement, is received into the house ; but as the task of discriminating who are or are not within the period prescribed is neither an easy nor pleasant one, many of them are there for a longer period than that ; and as they cannot have beds in the rooms referred to, while thus hanging on, they have to take up their abode in the common ward, or wherever else they can best be accommodated. The physician may advise them, for their own sakes, to keep out till the period when they are to be really confined, arrives ; for living in a hospital in proximity with the sick, is not the place for them ; but such advice is seldom of use. The aim of many of these is to get a few weeks, and not unfrequently a few months boarding in the house. If questioned, they will say that they "don't know the minute," so near are they to the period of their confinement ; when, the chances are, as above stated, several weeks must elapse ere that period, and they knowing it. A little innocent "*lying in*" the case, if it serves the



purpose, is what few of them object to. Should the physician, however, in order to keep room for those whose case will permit of no delay, send about her business till her time is up, one of these same *mothers* in *embryo*, the probabilities are she lays her story of wrongs before one of the so-called *Fathers* of the city, who, instead of seeing to the providing of funds for the requisite accommodation, will be lavish in his censures on all connected with the Hospital, but will continue to neglect, as heretofore, to provide the proper remedy by giving some aid from the city treasury.

The first case of puerperal fever which I present, is the one which in my note book of obstetrical cases is marked case VI. By giving it, and the others, the number it is designated there by, and giving them also as they there occur, the reader will see the number of these cases and the relation they hold to all the deliveries, as likewise the important fact of their having occasionally occurred in close succession.

The books of the Hospital, if consulted, should show whether the same number of cases and fatality occurred in former years as the one I write of. My own impression of last year is that it was much the same as this.

It will be observed that I used chloroform in several of these cases of labor; I did so last year also, and have only to say of it that I have ever witnessed the best results follow its administration in natural labor; and what is of still greater importance, to patient and practitioner, in cases of difficult labor where instruments were required.

CASE VI.—April 12th. Bridget Finnigen, aged —, came in three weeks since, was delivered this morning of a female child; her first; had chloroform administered in last stage of labor, and does not recollect of the birth of her child, she being unconscious at the time. She continued to do very well till the 15th. On the 16th, the following notes occur: had a high fever last night; there is great restlessness; pulse 120. Child has been troublesome to her. She cannot suckle it without getting up into a sitting posture; this is forbidden and the child ordered to be given to another woman. Her breasts in the mean time are to be drawn to prevent distention, for there is no deficiency of milk in them. The bowels are open. No tenderness on pressure over the uterine region. Ordered her to be put on low diet, and to be kept cool and perfectly quiet. To have a tablespoonful every hour of liq. ammoniæ acetatis.

17th.—Rather better; pulse 96. Continue medicine.

18th.—Not so well to-day; bowels had not been opened yesterday;

pulse 112. No tenderness over abdomen; ordered her to have an ounce of castor oil, and the diaphoretic medicine continued.

19th.—Complained for the first time of pain in private parts. The perineum is found to have been lacerated, and as the student who attended the case did not observe the circumstance at the time, and her own delicacy prevented her since from calling attention to it, it has been neglected till now. The parts are much inflamed and suppurating; and in all probability this has had much to do with her present condition; ordered a solution of chloride of soda to be injected, and a piece of lint, dipped in oil, to be passed up between the edges of the wound. Diaphoretic medicine continued.

20th.—Feels better; the pulse 92; and the person altogether more comfortable.

21st.—Still better; discontinue medicine and to have more nourishing diet. She continued to improve after this rapidly, and was, with her child, discharged on the 3d of May. This was a mild case of fever, though for two days, at least, the pulse ranged pretty high; and with the use of mild cathartics and diaphoretics alone, the febrile condition was removed. Some of those which followed, and which commenced in as mild a form as this, proved less fortunate, however, as the following shows:

CASE VII.—April 19th. Alice Basland, aged 25 years, came in yesterday and was delivered same day of a male child; her first—was put under the influence of chloroform in the last stage of labor. Both mother and child doing well this morning.

21st.—Yesterday and to-day complained of pains in bowels; to-day also complains of headache; pulse 120; no pain on pressure over the abdomen of any consequence. The same mild treatment as in the preceding case was followed, and on the 23rd, she is reported greatly better; pains in the bowels as well as headache, gone: with the pulse at the natural standard.

24th.—Her child, which up to this period seemed to be doing very well, has had, while I was paying my visit, a very severe convulsive fit. Says it refused the breast this morning. Cases of *trismus nascentium* so often occur, and prove fatal, to infants in this climate, that I felt constrained to tell the mother, who is greatly excited about it, that there is much danger.

25th.—She has been kept awake and up all night with her child, who is worse; no inducement can keep her in bed, though warned of the danger to herself. Pulse this morning 128, not hard or bounding,

but more of a nervous character; bowels had been loose through the night but are better this morning.

No tenderness of consequence on pressure over abdomen or uterus; though she complains of pain in both of her ankles and arms; the former of these are tender when pressed on, but not œdematous; no tenderness in groin or along the course of the vessels of lower extremities. Nurse states her conduct during the night indicated delirium; at present she is perfectly rational, and has better control of her feelings than yesterday. The jaws of child all but locked.

Put her on the following prescription.

℞.—Submur. Hydrargi.

Gum opii., aa gr. xii. M. Ft. pil. xii,

one every hour; to be watched and kept in bed.

26th.—Child died yesterday afternoon; mother no better; had been moving about the room all night. Quite delirious; pulse 120. Is to all appearances rational at the present period. Bowels are not so bad; what she passes however is dark looking and has a very bad odour; cannot be got to take the medicine regular; has had only six of the pills. Pains in the legs and arms still worse; little or no tenderness on pressure over the uterine region; pulse small; tongue moist; suffering more evidently from nervous irritation than from any acute inflammatory action. To have added to the previous medicine a tablespoonful of the following, every hour.

℞.—Carb. ammoniæ, ʒiiss,

Mist. camphoratis, ʒvj,

Syrup aurant. ʒij. M.

27th.—Quite insensible; breathing stertorous; pulse all but imperceptible at the wrist; extremities cold,—in which condition the nurse says she lay the most of the night. Died about noon. No post-mortem. The following remarks on her case occur: "This was a stout healthy looking woman. Should I have bled her at an early stage? Though the pulse was certainly quick, yet its state with the absence of pain in the uterine region, together with the absence of pain in the head, and the brain symptoms too passing off as they occasionally did, all made me hope the disturbance of the system was more of a nervous than of an active inflammatory character, and therefore less likely to be benefitted by bloodletting than the treatment adopted. Indeed shortly after the setting in of the more formidable attack, stimulants seemed more to be desired, and ammoniæ and camphor were preferred as less likely to add to the brain symptoms than wine."



I have now only further to remark on the above, that though there was not to me at the time sufficient evidence, from all the symptoms of inflammation of the peritoneal covering of a serious character at least, yet from having in some other cases witnessed proofs of the presence of that in subjects who died with symptoms no stronger marked than this, I have a considerable suspicion that inflammation in a latent, but at the same time, a most dangerous form, existed in the peritoneal covering of the uterus in that case. But I do not know that this would alter my practice much in similar cases from that above followed.

CASE XIV.—May 10th. Margaret Hogan, aged —, came in this morning, and was delivered not many minutes afterwards of a female child; both doing well.

13th.—Bowels had not been opened since the day before she entered the house, till yesterday, when I ordered an ounce of castor oil, which operated three times; last night pains in uterine region set in, and with that considerable fever. There is now some tenderness on pressure in that region, with the pulse 108. The tongue is slightly furred. Put her on low diet and ordered her fifteen grains of calomel as a purgative. To have also a tablespoonful of liq. ammoniæ acetatis every hour.

14th.—Better; purgative brought away dark colored fœtid stools; pulse 100, with less tenderness in uterine region. The diaphoretic medicine to be continued. She gradually kept on improving till the 17th, when the medicine was discontinued; and afterwards, though not very rapidly, she convalesced satisfactorily, and was discharged with her child on the 26th, quite well.

CASE XV.—May 10th. Mary Carrol, aged 22, came in on the 29th ultimo; was delivered yesterday at noon of a male child; her first. Chloroform was administered in the last stage, and with great benefit; the labor progressed satisfactorily while the patient was all but insensible to suffering. The pulse, which I felt before and after the chloroform began to be inhaled, was somewhat reduced in frequency; and the same may be said of the uterine efforts, the interval between these being lengthened; though when they did come on, they were as powerful as before. Both mother and child doing well.

12th.—Pains in uterine region, and pulse 112, ordered 15 grains of calomel to be given to open the bowels.

13th.—Bowels were opened freely; pulse 100.

15th.—Says she is getting better, but complains of having had flushing heats at night. Ordered a tablespoonful of liq. ammoniæ acetatis, to be taken every hour.

17th.—Better to-day; pulse 88; yesterday was as high as 112; gave her then 15 grains calomel; and to continue the diaphoretic mixture as formerly.

21st.—Had been doing well during the last few days; complained only of slight soreness of throat; but, to-day, is again much worse. Says last night she felt a shivering of cold all over, which continued about an hour, when it passed off; after which there was some fever which also passed away with perspiration. She continued better till a short time ago, when the same cold feeling returned, but this time less distinct; and now the surface is hot, the face flushed, with the pulse 120, but not strong; there is some degree of tenderness on pressure over the abdomen; tongue coated with a white fur. Has been annoyed much with her child, especially in the night. It does not obtain from her sufficient milk; placed it with another woman who has an abundant supply of breast milk, and relieved the mother of all charge. Acting on the impression that the rigors are the result of inflammatory action and not occasioned by intermittent fever, which she has formerly had, I ordered a repetition of the calomel to open the bowels freely, and then one of the pills *submur. hydrarg. cum opii.*, to be given every hour; and herself to be kept perfectly quiet and cool in the mean time.

After continuing these pills for two days, all tenderness left the abdomen; she was however salivated rather severely, but that annoyance was soon removed. She gradually recovered and commenced nursing her child. On the 7th June they both left the hospital well.

CASE XVI.—May 10th. Bridget Kavanaugh, aged 27 years, came in last evening; was in labor when admitted. This morning was delivered of a male child—her first; had chloroform in the last stage of labor; mother and child doing well. She also had an attack of the same fever as the other women; the three all occurring at one period. She was treated much the same as the preceding cases, and got well. She was, with her child, discharged on the 20th quite well.

CASE XX.—May 21st. Eliza Robertson, aged 27, came in on the 18th, and was delivered this morning of a male child; her second. Mother and child doing well. On the 23th, the child looked yellow—all over; the eyes too were discharging a purulent matter. It continued to get gradually worse, and on the morning of the 27th died. The mother, who in the meantime had been excited and kept from her proper rest by the condition of the child, is complaining also, but chiefly from want of rest; and on the same day the following notes of her

case were recorded: "Mother much excited; nurse says she could not get her to keep her bed throughout the night; and that she was talking foolish." Has slept none for the past three nights. There is considerable excitement of pulse; her manner is also wild; no pain manifested on pressure of abdomen; there is evidently mental aberration. On the supposition that there is more nervous excitement than inflammatory action to contend with, I ordered her syrup of morphine with the hope of subduing it, and to be carefully watched in the meantime.

28th.—Brain-symptoms worse; pulse 132. Ordered blisters to back of the neck; no tenderness of consequence in abdomen; slept some since last visit; prescribed the following medicine; a tablespoonful every hour to be given:

R.—Carb. ammoniæ, ℥iiss,  
Mist. camph., ℥vi,  
Syrup morph., ℥ij. M.

29th.—Would not take the medicine with any degree of regularity. From her remarks, it is evident she is under the impression that the nurse, or some one else, meditates poisoning her. She promises to take pills, as being more safe than the mixture.

R.—Gum opii gr. xii,  
Pulv. camph. ℥j. M. ft. pil xii, one to be given

every hour.

30th.—To-day seems better—more quiet in her manner; took the pills and slept some last night; says the blistered surface annoys her much. Her water is scanty,—of a dark color and fætid. There is some degree of tenderness evinced when the uterine region is pressed; ordered her to have solution of cream of tartar for drink, and for opening her bowels, as they had not been moved for two days, to have an ounce of castor oil. The pills, with the addition of submur. hydrarg. to be continued. Carbonate of ammonia was also prescribed. She continued this treatment until the 3d of July, when she is represented as much worse; she refuses all medicine; there is great perturbation present. She is under the impression that she has committed some grave offence, for which she is to be punished in this world and the next,—craves my pardon and asks me to deal lenient with her, as she knows she has done wrong, and deserves to be punished. Slept none during the night; there is great tenderness evinced on pressure of the uterine region; but it is difficult to know how much of this is real, as she seems frightened to allow my hand to come into contact with any part of her person, as if dreading some mischief from the same. Her



eyes too she turns stealthily about, not looking in any one direction for a moment. That same evening she expired.

The following lesions were observed on opening the body the next morning: Peritoneum in the uterine region exhibited evidences of inflammation; that which lined the under surface of the uterus was especially changed, being soft and opaque. A considerable portion of serum occupied this portion of the abdomen; flakes of lymph were floating in the liquid. The ovarian bodies, with their appendages, were inflamed and purple looking; no traces of inflammation on the inner surface of the uterus; its muscular substance was also free of disease. The intestines were healthy. The left lung was much engorged with blood; its surface presented a dark purple color; when cut into, it presented a spleenized appearance as of recent pneumonia. No extravasation of blood was observed to have taken place in its substance. Was this what is called apoplexy of lungs by some? In the right ventricle of the heart was a considerable coagula of lymph; the inner surface of this cavity was purple looking,—the left cavity was normal in appearance. The valves of the heart were sound. The brain was not examined. The pathological condition of the left lung was the most unexpected result met with. My impression is that it was of an apoplectic character, and must have shortly preceded death. With regard to the traces of inflammation these were much more marked than the pain on pressure of the uterine region would have, of itself, led one to have anticipated. It exhibits how inflammation may in these cases exist in an acute form, and be of a latent character at the same time.

CASE XXV.—May 29th.—Mary Doyle, aged 32; has been in the house for two months. Rather deficient in intellect. Was delivered yesterday, after a tedious labor, of a male child, still born—her first. Had wine of ergot freely administered while in labor. The head remained pressing on the soft parts of the passage from the time of my visit in the morning till night; the uterine action being defective. Matters were, however, trusted to nature, and no interference, save in the administration of the ergot, was resorted to. From the odor of the secretions from the vagina, as well as the absence of any fetal pulsation on auscultation, it was inferred that the child was dead, and therefore there was no anxiety to facilitate delivery. From the appearance after birth, the child must have been dead for several days at least.

To-day, pulse 104. Says she slept well last night. The abdomen is much distended but complains of no pain when that is pressed upon.

Bowels have not been opened for several days past. Ordered as a purgative :

℞.—Submur. hydrarg.  
Pulv. aloes, aa gr. x. M.

30th.—Bowels opened freely by cathartic. The discharge was of a fœtid and dark color. Abdomen still much distended, but no tenderness of any consequence on pressure. Pulse 88 ; sloughing of the soft parts at *os externum* has commenced ; much debility present. To check the too free discharge from bowels, ordered

℞.—Mist. creta., ℥vi.  
cum T. opii., ℥j.

a tablespoonful after every stool. To have Port wine. The private parts to be frequently injected with a solution of chloride of soda and kept clean.

1st June.—Still very loose in bowels ; tongue smooth and red, ordered her to have a tablespoonful of the following, to be taken as before, after every stool : ℞.—Plumbi. acet., ℥ss.

Morph. aetc., gr. iij.  
Acid. acetecum fort., q. s.  
Mist. camph., ℥viiij. M.

Wine continued.

2nd.—Still worse ; evacuations involuntary ; did not take much of the medicine ; ordered its continuance and also that of the wine ; pulse 120.

3d.—*Articulo mortis*,—died same day, and was interred before I had an opportunity of making a post-mortem. Several cases occurred in close succession on the above as will be observed from the respective dates and numbers.

CASE XXVII.—June 2d.—Mary Stenback, aged 27 ; came into the house on the 21st ultimo ; was delivered last evening of a male child, her first. For two days previous to labor setting in she had been troubled much with false pains, for which she had syrup morph. administered. The labor, too, when it did set in was somewhat tedious ; continuing for 24 hours ; she had chloroform in last stage and expresses herself as having experienced the greatest benefit from it ; thinks she never could have borne as she had been doing, so severe were her pains prior to getting it ; mother and child doing well. Subsequently she had an attack of puerperal fever of a severe character ; was treated with calomel and opium. She was salivated, and had for a time a troublesome discharge from the mouth ; got better, and on the 24th June she and her child were discharged well.

CASE XXX.—June 11th.—Eliza Dooler, aged 20; came in this morning and was delivered shortly after of a female child, her first.

13th.—Not well; pulse 120; tenderness on pressure of abdomen. Ordered the following; one to be given every hour.

℞.—Submur. hydrarg.

cum gum opii., grs. xxiv. M. ft. pil. xxiv.

No further entry is made of her condition till the 17th, when she is reported to have died the preceding night; and then the following notes of the post-mortem occur. On opening abdominal cavity a considerable portion of serum was found in it. The peritoneum was flaked all over with lymph. The uterus itself was healthy, its serous covering alone was affected. The evidences of inflammatory action in the peritoneum was extensive, and in itself sufficient to cause death. Besides the pains in abdomen, there was severe purging and vomiting of bilious matter. There was also for some days preceding death, some delirium present. She could not be got to take her medicine regularly, as she had the impression that it occasioned the purging; the only effect she associated with the taking of medicine, and of that she thought she had had enough.

In none of these cases did the pain in the outset, on pressure, give such indication of acute inflammation as to induce me to deplete, nor did the state of the pulse warrant me in expecting much good from depletion, either local or general, and therefore it was not tried, but the calomel and opium treatment was chiefly trusted to. I know that we are advised to deplete, and that freely, when pain in the abdomen sets in with a quick pulse, continuing more than twenty-four hours, without reference to whether it be full and hard or not; and in colder climates I know that free depletion in cases of puerperal fever is not only well borne by the patients, as a general rule, but am aware of its proving beneficial in such. But in the hospital here where I tried the same on some of the cases that occurred the preceding summer, I was not satisfied that good resulted; and became more guarded in using the lancet or scarificator; but I am not to be understood from this as opposed to depletion altogether. Nor is it timidity that keeps me from resorting to it as I formerly did. It is a conviction, that even when used at the outset in the most of the cases that occur in this climate, the lancet has no good claim to be relied on as "*the anchor of hope.*" Still when a disease is baffling our skill, we sometimes have to fall back on what has but a doubtful claim.

CASE XXXII.—June 15th.—Ellen Monnan, aged 30; came in last



night. Was delivered a few minutes after admission, (the *liquor amnii* having escaped while on her way to the hospital from Lafayette) of a male child—her first.

On the 17th, her pulse was 112, but there was no tenderness on pressure over uterine region. Ordered her to have an ounce of castor oil, and the student to take from her arm a pound of blood should there be, during the after part of the day, any increase of pulse or any pain on pressure of abdomen.

18th.—The oil operated,—expresses herself as being much better than yesterday; pulse 108; no tenderness on pressure; no depletion as she felt better after the purgative operated, which it did towards the afternoon. With little further attention she recovered, and was discharged with her child on the 23d, quite well.

None of the cases that occurred from this to the middle of the next month caused me any anxiety; when the same mischief again began to show itself. There was but few cases delivered in the interval, however—the city population having greatly decreased. It is not those with means alone who leave the city for the summer months; those also who depend upon their daily employment, have to go elsewhere in quest of that; and perhaps this has had something to do with the small number of deliveries.

CASE XXXIX.—July 14th. Alvina Sticken, aged 20, came in June 29th to be confined; was delivered yesterday of a male child—her first; both doing well.

16th.—On the afternoon of yesterday she had a chill, which was followed with considerable fever. The student, who saw her in the evening, ordered her a scruple of quinine in a draught, which she took. This morning fever still continues; pulse 100; tongue whitish; she says the fever is less now than it had been; no tenderness of any consequence on pressure of abdomen. Ordered her to have an ounce of castor oil, and to have a tablespoonful of *liq. ammoniæ acet.* every hour, regular.

17th.—Somewhat better; pain on pressure nearly gone; pulse 100; the oil operated well. Continue diaphoretic mixture.

19th.—She was better yesterday at visit, but to-day is worse again. There was some hemorrhage from uterus last night. Ice cloths were applied over lower part of abdomen, and it ceased. Her husband, who had gone away and left her shortly preceding her entrance into the house, (which she did evidently against her inclination, as she cried at the time to get out, and indeed did go out, but was sent back on the

following day) has been in seeing her; he having returned to the city. She is up and dressed, ready to go out with him; he having promised her to return during the day and take her out. She is evidently laboring under much excitement, increased by the fear he may again leave her. This excitement and moving about have greatly injured her, and increased the danger of her condition. I refused to authorise her removal, and ordered her back to bed, there to remain and be kept quiet; but, in her present condition, have little expectation of these orders being attended to.

20th.—At my visit yesterday, I scarcely expected she would have been left in the house: though I wished the responsibility of removal to rest with themselves rather than with me. The husband, learning that I deemed her condition precarious, would not consent to her entreaties to be removed, and therefore she still remains; and, as might be expected, her condition is worse this morning.

Peritonitis has, in an insidious manner, been establishing itself, and her excitable condition has been frustrating the good done by previous medicine; and the same must continue to act unfavorable to any treatment that may be followed. That must now be more active; already too much time has been lost. To-day she is greatly worse; pulse small and 112.  $\mathcal{R}$ .—Submur. hydrargi.

Pulv. opii. *aa* gr. xii,

“ camphor,  $\mathcal{O}$ j.  $\mathcal{M}$ . Divid. pulv. xii.

To have one of these every hour regular.

There has been some hemorrhage again from uterus; but not so much as formerly, and the application of the same means arrested it. The pain felt on pressure is but slight, and there is no swelling of the abdomen.

21st.—Last night she had been delirious, and could not be kept in bed; there was also considerable vomiting of green bilious matter and a return of uterine hemorrhage. She died this morning a few minutes preceding my visit. No post mortem.

CASE XLI.—July 17th. Maria Schmidt, aged —, came in May 4th, and has been kept working about the house since; she was delivered of a female child—her first. Both doing well.

19th.—Yesterday she complained slightly, but is better to-day. Bowels are open, and there is no tenderness whatever on pressure of the abdomen; she is evidently somewhat excited by the condition of the preceding case; both are in the same room, and both are Dutch. Low

diet, and to be removed into the large common ward as soon as a bed can be procured—at present all the beds there are occupied.

23d.—She has been since last report in the large ward, and kept on doing well till to-day, when considerable fever has shown itself. She was then bled freely from the arm, and the treatment detailed in the preceding case afterwards followed in a great measure. Puerperal mania supervened; and after lingering on till the 3d of August, she died. No post mortem.

CASE XLII.—July 17th. Johanna Augustinc, aged —, came in to the medical ward about a month ago, suffering from diarrhœa; also, from pains in region of liver and abdomen, for which she had been treated by me. During this time she was confined to bed, and had every day some complaint to make, real or imaginary. When she entered she represented herself as being seven months in the family way, and her appearance harmonized with that statement. This morning she was delivered of a male child—her first. It is small and puny looking, but has on its fingers and toes fully developed nails; and its hair, which is dark, is as abundant as it usually is in a child of full time. Still, as she was married on the 17th December, 1849, she cannot understand how it can be more than a seven months child; and if any indiscretion has been committed, she could well urge in extenuation the same grounds which one, similarly situated, is said to have urged, namely, that the child was “a very small one.” The poor child however did not long survive to trouble any one. On the second day after confinement severe purging set in, and also considerable fever. There was great tenderness over abdomen. She was very restless; put her upon the following:

R.—Submur. hydrargi.

pulv. opii.

plumbi acet. aa. grs. xii.

pulv. camphoratis, ʒss. M. Divid. pulv. xii., one every hour; anodyne poultices to abdomen. For drink, barley water; with bread and milk and arrow root, for diet.

This was continued for two days, when there was no abatement of symptoms; on the contrary, vomiting had set in, and this, together with the looseness, greatly reduced her. The surface of her body soon became cold and clammy; no delirium whatever, but great restlessness, with occasional screams. To mitigate these symptoms, tried her with:



R.—Liq. sulph. morph. ℥iij.

aqua lauro cerasia,

“ menth, aa. ℥iij. M.

a tablespoonful of which she was to have every hour; but she could not be got to take much of this mixture, nor indeed of any thing. She would lie on the floor, tossing about and screaming as already mentioned, with no delirium even to cloud her feelings, or hide from those around her the sense of her sufferings, which were great. On the 22nd she died.

The body, on the morning of the 23d, was opened by the student previous to my seeing it, and the uterus was removed. There were, however, sufficient evidence of recent peritoneal inflammation in the uterine region. The mucous surface of the vagina was also discolored, as from recent inflammation. The vulva had a considerable number of warty excrescences on it from previous disease. The liver was much larger, and harder than in the normal condition. The gall bladder was distended with bile. There were old adhesions in different parts of the chest. But the most marked and extensive traces of chronic disease were found in the descending colon: which for about two feet above the anus was completely ulcerated on its mucous surface, presenting, when laid open, an irregular, rugged, black aspect, not often witnessed even in inveterate cases of dysentery. Above this point the ulceration began to be in patches, which were more florid in their appearance as they approached the cæcum. The stomach had some greenish bilious matter in it. There were also several echimosed spots upon its mucous surface. This, which is to be witnessed in many post mortems, especially where these are delayed some hours, and especially in this part of the world where the temperature is high, is nevertheless, as far as I have had an opportunity of observing, more constantly met with where gastric symptoms had been present, as was the case here, for a short time preceding death. That these are not necessarily dependent on changes produced after death, I infer: for a girl who I recently had an opportunity of examining within an hour of her dissolution had these echimosed spots on the mucous surface of the stomach very distinctly marked, and like the present case, she had been much troubled at the last with vomiting of greenish matter.

When this woman entered the house, as already mentioned, she was in ill health; and the pathological changes in the liver and intestines accounted for these symptoms, which were relieved by the treatment then followed. She had evidently been an irregular liver; and though

she might not have died so soon had peritonitis not occurred in the puerperal state as it did, still she could not be expected to live long.

In consequence of the number of cases of puerperal fever which have recently occurred close on each other, it was deemed prudent to shut up the obstetric rooms, and to have them thoroughly cleansed and white-washed before any more patients were put in them—which was accordingly done; and fortunately there was less annoyance to contend with after this. Indeed the only cases which suffered from the same fever from this period were the two following, where, it will be seen, both of the women had been for too long a period residing in the hospital; and in the case of each of these there were other unfavorable circumstances which may have contributed in some degree to their respective attacks.

CASE XLVIII—August 13th. Mary Reirdon, aged 33, came in July 2nd, and represented herself as being at the full time. She was delivered last night of twins, a boy and a girl—her first confinement; all doing well.

18th.—One of the infants has been very troublesome, requiring her to be setting much up in bed; and also depriving her of proper rest. This morning she complained of having a chilly feeling all over her; and at present there is considerable fever upon her; her bowels too, are rather loose; pulse 120; no pain on pressure over uterine region; on the supposition that this chill was a rigor, the prelude to inflammation, rather than the commencement of an intermittent, which it somewhat resembled, I put her on the following:

R.—Submur. hydrargiri.  
pulv. opii. aa. gr. xii.  
pulv. camph. ʒss. M. Divid. pulv. xii.

To have one of these every hour.

19th.—Looseness of bowels checked; pulse 108; says she feels better; no tenderness over abdomen. Continue medicine. Under this treatment she recovered from this attack of puerperal fever very well, though slowly. Both of the children, however, died of convulsions within the eighth day. On the 2nd of Sept. she was discharged quite well.

CASE LII.—Aug. 31. Bridget McGoven, aged 38, came in August 3d; was delivered yesterday of a dead child at the full time. It must have been dead for some days as traces of putrefaction were present.

The abdomen this morning is tympanitic. The uterus too is felt to be large, and somewhat tender when pressed on; pulse 92. A pretty

severe attack of puerperal fever set in, for which she was treated much the same as the above. She recovered slowly from the immediate effects, but remained for some time troubled with dysenteric symptoms, which she also got clear of, and was discharged well on the 1st October.

From the time I resumed charge in the obstetrical wards, in the beginning of April last, up to the first of November, (when they passed into the able hands of Dr. Cenas, the Professor of Obstetrics in the University of Louisiana, whose privilege it is to take charge of them during the winter months when the classes are open)—there were seventy-five women in all delivered; and of that number fifteen were attacked with this fever, being one in every five—and seven of these died. Or, if we calculate from the fifty-second case, which was the last where the disease showed itself, instead of from the seventy-fifth, then we have a correspondingly greater number of those confined attacked, and of course a correspondingly greater mortality also: either of the calculations will yield a per centage high enough. With regard to the question as to whether puerperal fever is a specific disease, or a modification of some others, it would be out of place to discuss here. I can only state the facts which are of much more importance, that whatever it may be it alone affected the females recently delivered, and among these it seemed to spread as if propagated by some contagious influence; how conveyed, I do not enter on here:—that at the time these cases were occurring, there was not a single case of erysipelas among any of the women there, or in the large ward adjoining,—so that the statement made by some writers that this latter and puerperal fever prevail in a large number of instances “simultaneously and in the same localities,” is not supported in this instance; nor is the notion either that puerperal fever is, in the parturient female, but a modification of erysipelas, both depending on a common contagion of some kind which may be conveyed respectively from one patient to another, supported by any of the facts in the above cases. Certainly, if close proximity has anything to do with the development of this connection, that requisite was not here wanting.

All writers agree, that in hospitals, this disease, when it shows itself, very often proves fatal, even under the best care that can be given it; in private practice it is not so peculiarly fatal, and then our treatment, followed with more happy results, is always more satisfactory; and might lead to the opinion that it is more manageable than it proved here. I have already hinted at some of the reasons why hospitals for lying-in women, as too frequently arranged, should give rise to and



propagate this particular disease beyond what occurs out of doors. That the want of sufficient room and free ventilation, by vitiating the atmosphere, have something to do with it, is not chimerical, is proved by what has occurred in various parts where, when these were provided, this disease, before frequent and formidable, became, under improved arrangements, rare and more manageable. That even with these latter it may be sometimes propagated when it once shows itself in hospitals where sufficient care is not taken by the attendants, who come more immediately into contact with the persons of parturient women, to have the hands washed with some disinfectant, especially after examining the dead subject, as otherwise; by a species of inoculation, this complaint may, through this means, be innocently communicated, is an opinion which would seem to be rendered more than probable by what occurred not long since at the Vienna hospital, where a remarkable mortality among the puerperal women was traced to this source; which immediately ceased when the hands of the students who attended these were washed in a solution of chlorine. Such are the facts as given to the public recently in the Medical Journals.

We all know how very difficult it is to remove the odour from the hands after dissecting, by ordinary ablution; and we know too how tenaciously the infecting principle, whatever it is, has been proved to adhere to the accoucheur; the above precaution, therefore, at all times a wise one, is one, the adoption of which, especially in lying-in wards, will be the more imperatively called for; indeed no vaginal examination should be made there without being followed by the use of that, or some other similar fluid, prior to any examination of a second person being made.

In this Institution, and I fear in most others, the true cause of the mischief is not so easily removed, nor so much under the control of the physician as the one in the Vienna hospital; otherwise, that being known it would soon be removed. It is chiefly a question of outlay, and any additional expenditure in charitable institutions, depending on public contributions for support, requires that the public be first satisfied that the object for which it is required is a proper and necessary one; when, to do them justice, they not unfrequently give out of their abundance, and that too largely. More especially is this the case when the object is one which recommends itself to their better feelings. The fatality occurring in child birth is of that kind in a preeminent degree; for the infant, deprived of the proper care and nourishment, which a mother alone can best provide, often also finds an early tomb; and thus doubles the mortality.

IV.—*Report of a case of Tetanus.* By T. O. MEUX, M. D., of New Orleans.

On the 11th of July I was called to see a servant man of Mr. William Massey of Bienville street, of this city, who had the great toe of his right foot crushed with a barrel of ale when in the act of moving it, some ten days previously; for which quietude and a dose of laudanum with an alkaline poultice were ordered. Heedless however of my directions, he continued, after the lapse of a day or two, about his ordinary work, in consequence of which he was at the above date attacked with symptoms of tetanus, when my attention was again called to him; I immediately ordered 20 drops of laudanum with a wine-glass of brandy and as much water, to be given every two hours and had his bowels opened with senna and castor oil, together with the re-application of the alkaline poultice. Finding, however, but little abatement of the suffering of my patient from the violent spasms of the recti muscles of the abdomen and those concerned in the act of deglutition, I applied the chloroform to the organs of respiration, using about one drachm on the sponge, continuing its application during the period of one minute, which had the effect of procuring relaxation of the muscles and an abatement of all pain and a depressed state of the pulse and profuse perspiration—which application was directed to be repeated by the nurse whenever there might be a recurrence of the spasms and pain. This, together with the stimulanting and anodyne draught was persevered in for six or seven days, with the addition of light nutritious diet, for which the patient seemed to have little relish or inclination. Finding no great improvement in my patient, and as reported by the nurse, a total inability to sleep, and the paroxysms of pain being periodical, I determined on the use of a full dose or two of quinine. Accordingly I ordered 30 grains of the sulphate in the morning and as much in the evening, which seemed to exert no sensible influence upon him except, as I conceived, to depress the action of the heart and arteries. About the 20th, some eight or ten days after the commencement of the treatment of the case, I determined on the internal use of the chloroform, and ordered ʒss of the article to be rubbed\* up with ʒj gum camphor, to which was added ʒij mucilage gum Arabic, one teaspoonful of which containing about four drops of the chloroform was directed to be administered every two hours, which seemed to be attend-

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\* Chloroform dissolves camphor, and no "rubbing" is required.—Ed.

ed with marked good effects, the paroxysms becoming less frequent and violent, and the patient progressively went on to improve up to the 29th when I dismissed him, his appetite having become very good, and he enabled to walk about with the aid of a stick.

Men of science and experience have said that acute cases of this affection generally terminate fatally and chronic cases favorably; to keep the patient alive, and to give it the chronic character is the desideratum, and after many years of experience, and treating many cases of the disease in this city, I have used no remedial agent with which I am so well pleased as the chloroform.

Having heard from an intelligent practitioner, a few days since, that he had recommended the amputation of a limb in a similar case after the supervention of the tetanic symptoms, which I conceived at least equivocal practice, I beg leave to enquire of the society whether they have known such practice pursued, and if so, what the result was?

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V.—*Typhoid Fever, with some account of its prevalence in western Louisiana this year.* By R. L. SCRUGGS, M. D. of Shreveport, La.

In the short article that I propose to write at present upon Typhoid fever, I shall not attempt to show that the name has been well selected, or that it is more applicable than any other to the disease in question; nor yet to object to it myself. It has been placed in the category of continued fevers, erroneously, I think, both by European and American writers, as one of the forms of Typhus, &c.—thus causing confused ideas of its nature, for it undoubtedly often runs its whole course without presenting a single typhoid feature; and frequently with a pulse considerably below the natural standard. Consequently the name has been objected to by many, and even the very existence of the disease—at least in our own country—denied by some. The opinions of these latter, however, I think, are entitled to but little consideration. I do not object to the name myself; first, because its signification is, I apprehend, sufficiently well understood by the profession generally, to prevent a misconception of the writer's meaning; and secondly, because if I did, I have no better name to offer in its stead. Even those who



so vehemently object to it, have not, so far as I am informed, offered a better. For myself, I do not wish to be understood as using the term to express a condition,—or resemblance—as the name implies; nor a disease “supervening upon the subduction of other and more violent diseases”; but to denote a disease differing essentially from all the fevers known to our country;—a disease *sui generis* and consequently requiring a peculiar treatment. That it may at times supervene upon, be commingled or complicated with other diseases, I not only admit, but have had ample opportunities of observing in my own practice; as probably all others have had, who have treated many cases of the disease. But I hold, that although other diseases may at times, precede, accompany or follow Enteric or Typhoid fever, yet that they are not necessary to its existence or production. It frequently arises in persons who have not suffered with any previous indisposition, and runs its whole course without being complicated with any other disease.

It has been remarked, and correctly too I think, that this disease at its commencement, often resembles so nearly bilious remittent fevers, as to deceive the most experienced practitioners, and be mistaken and treated for it by them. This being the case it is not at all to be wondered at, that it should, at times, be misunderstood and erroneously treated by younger and less experienced men. It was my good fortune, however, at the commencement of my practice in West Tennessee, to have the advice and friendship of an old, able and experienced practitioner who had treated and become familiar with it further north, before it made its appearance in that country, and who guarded me upon this point, and probably prevented me from committing an error in diagnosis in my first cases.

During the first few years of my practice, I met with only a few sporadic cases; but in 1847 the disease prevailed to such an extent as to entitle it to the name of epidemic. This year, (1847) after treating twenty-two cases, I wrote a short account of it to my pupil, J. L. Adkins, (who was then attending lectures at Jefferson Medical College,) which was published in the *Phila. Med. Examiner* for Feb. 1848.—Before and since that time I have treated more than one hundred cases, with such results as to satisfy me completely, of the correctness of my original plan of treatment. Only three deaths have occurred in my practice up to the present time. One of these was caused evidently by erroneous treatment in the beginning, predicated upon a misconception of the nature of the disease; another refused obstinately all treatment; and the third was attended with peculiar and painful circumstances not

necessary to be related here. This, I think, shows pretty conclusively that the disease is mild and manageable, at least in the southern parts of the U. States and in warm weather. I have had some cases in the winter months complicated with inflammation of the thoracic viscera, which rendered them more obstinate and more difficult to manage, but all these cases ultimately recovered.

*Etiology*.—If we examine into the history of Typhoid fever, from the time it first made its appearance in North America, up to the present I feel confident that we will find that it has never prevailed in a recently settled district; but prevails, more or less, in all parts of the older settled portions of our country. It seems to require for its development a condition of the atmosphere peculiar to countries or places of a certain age. At first we have intermittent fever with its various types; then remittents, and lastly the Typhoid. And, as I have remarked in a former article upon this subject, Typhoid fever prevails most extensively in those years that are said to be generally most healthy, i. e. in those years in which we have the fewest number and mildest cases of intermittent and remittent fevers. Hence, I conclude that it requires for its development a peculiarity of the atmosphere totally different from that which causes periodic diseases. What this is, we know as little of as we do of the causes of small pox, measles, &c. We have assumed as *the* cause of periodic diseases an intangible and inappreciable something which we call miasm or malaria,—supposed to be generated by the contact or commingling of earth, air, vegetable matter, heat and moisture. While upon this subject, I recollect once hearing an old Professor remark, (fancifully as I thought,) that possibly the different causes of fever might be originally simple, and as in chemistry, unite in definite proportions, forming different compounds capable of producing different diseases. But this is mere wild speculation, and from the very nature of things, incapable of being verified,—insusceptible of proof.

We know little or nothing of the remote cause of fever;—we know nothing of its nature in fact, except by the phenomena produced by it upon the living body, and it is to the relief of these morbid effects that our efforts should be chiefly directed. To accomplish which, the most careful and patient observation and study of the various and probably original phenomina, presented to us at the bed side; added to the labours and observations of those who have gone before us, are requisite. Perhaps no country on the face of the globe ever presented such a field for observation as our own. With its immense territory, extending from the far north nearly to the tropic of cancer and from the At-

lantic to the Pacific ocean; with its immense variety of productions, climate and soil:—inhabited by every variety of the human race; it certainly ought (if there is to be found “anything new under the sun”) to present some original phenomena in disease, that ought not to be passed by unheeded or unrecorded by the true lovers of our noble science. To theorise is to philosophise, and to the proper extent is not only justifiable but praiseworthy; and I do not seriously object to it, even when it is carried a little too far, for out of the great mass of theoretical rubbish, a gem of priceless value is occasionally found to illuminate the dark pathway of our occult science; the rest is of but little value except as it serves to brighten the intellect of the writer and excite to renewed action the immortal, the intellectual part of man.

With regard to the pathology of typhoid fever, I must acknowledge that I have not had an opportunity of making even one post mortem examination; and this of itself, ought, probably in the opinions of many, to be sufficient to prevent me from saying anything upon that part of the subject. But I presume that I may at least express an opinion, based upon the post mortem appearances observed by others, and my own observations at the bed side, without thereby rendering myself obnoxious to the charge of folly and presumption. The disease has always appeared to me to be primarily seated in the right iliac region; and I have no doubt but that the inflammation commences in the glands of Peyer,—spreading sometimes, by continuity of tissue, over almost the whole mucous surface of the alimentary canal; and frequently involving in its progress, other distant and important organs, as the brain, lungs &c. The observations of Louis, Gerhard and other superior pathologists—who have had ample opportunities of examining subjects dead of this disease; with my own observations at the bed side, render it certain to my mind that inflammation of the elliptical plates of the ilium, (glandular agminatal) is the great distinguishing and characteristic pathological lesion in typhoid fever.

*Symptoms.*—Upon inquiry, I have invariably found that the patients had felt a little unwell for several days before sending for me. At first there was only a general feeling of malaise, an indisposition to bodily or mental exercise:—At the first examination the tongue would be found covered with a thin whitish coat, sometimes there would be thirst, dry hot skin, nausea with pain in the stomach and tenderness upon pressure over the right iliac region. But all these symptoms were not invariably present. Indeed the disease often creeps upon the patient so insidiously—so stealthily (if I may use the expression)



causing so little pain or uneasiness of any sort that the patients are loath to admit that anything ails them even after they are too weak to walk about. In fact, many of them make little or no complaint from the beginning to the termination of the disease. They seem to desire only to be left alone and undisturbed. And I would here remark, that as in these cases particularly, there seems to be a strong tendency to spontaneous recovery, they had better have this desire gratified than to receive the powerfully active treatment too often resorted to. One patient whom I had under treatment not long since,—who lay for three weeks unable to walk, would invariably reply to my oft-repeated enquiries as to how he was doing, “pretty sharp, I thank you, doctor.” This man, (whose pulse was at first 44 beats to the minute, and gradually rose up as the disease declined,) made no complaint but once during his illness, and then he said he felt intense pain in the rectum, which he said appeared to be caused by the lodgment of some hard foreign substance there. I examined with my finger as well as I could, but finding nothing, I threw up a large syringe full of warm water, and dislodged a quantity of hardened fæces, which gave him immediate relief, and I heard no further complaint from him. This, I had to do on several occasions afterwards, and with the same result. In one instance, the passage of the hardened fæces, after the injection, gave such intense pain, as to cause the patient, a stout man, to scream aloud. A fact too connected with these cases, which must not be passed by unnoticed, is, that they had had frequent soft evacuations from the bowels, more or less mixed with blood and mucous, a short time before the dislodgement of these scybalæ. These were lodged in the pockets of the colon in such a manner as to permit the fluid contents of the upper bowels to pass them at first with ease, while they kept up a constant irritation there. This shows the importance of thoroughly clearing the whole alimentary canal of all irritating matters at the commencement of the treatment.

The disease, when uncomplicated, and not injudiciously meddled with, generally runs a mild course, in from one to three weeks, “disappearing gradually or wearing out, without any marked crisis or critical discharges. This has been the case with it here this year. In those cases, however, which lasted longer than three weeks, I thought I saw clearly a disposition to a decline of the fever about the seventh, fourteenth and twenty-first days; which appeared to be re-excited again by some error in the management of them.

During the whole course of the disease, the bowels manifest an un-

sual susceptibility to the impression of purgative medicines—are easily moved and easily restrained, showing the necessity of using the mildest and least drastic formulæ.

The pulse generally ranges from 94 to 120 beats to the minute, attaining its maximum in the evening and gradually lowering until morning. This apparent exacerbation and remission has led to frequent errors in diagnosis, inducing a plan of treatment which has resulted most disastrously. Many a large dose of quinine has been administered in the morning in these cases, with the confident expectation of arresting the evening paroxysm, but I venture to assert, *without ever in a solitary instance* accomplishing that desirable object. Most frequently, the first dose of quinine will so palpably increase all the febrile symptoms, that it is discontinued for the time being, to be recurred to again when the fever abates; but at each repetition of this agent, the disease is rendered more unmanageable. Another source of error that may easily deceive the nurses, is this: the quinine will lessen the volume but increase the frequency of the pulse, while the body will become cool and bedewed with a clammy sweat. The nurses thinking the quinine is acting finely,—the fever abating as they imagine under its influence, give another and another large dose, until at last they perceive with alarm that the patient is fast sinking,—they send for the doctor in haste, and he arrives just in time to have presented to him the mortifying spectacle of a dying patient, at the very moment he anticipated the happiest results from the use of his favorite medicine.

If he be a reading and reflecting man, he will hesitate long and anxiously before he is guilty of a similar error; but unfortunately there are many so wedded to their ancient opinions, that they refuse to be taught,—fail to profit by their own observations or the experience of others, and console themselves with the ridiculous idea that if “quinine cannot save them, nothing can.”

In many cases the pulse is, from the beginning, considerably below the natural standard—often as low as 44 beats to the minute. I have generally found these cases mild, but often tedious, the pulse gradually increasing in frequency (and this was *pari passu* with the decline of the disease) until it attained its natural standard, when the patient would be well or fairly convalescent. The pulse, although varying so widely in different cases, still presents something peculiar and characteristic, which offers valuable revelations to the practised hand; yet it would be difficult, if not impossible, to impart this knowledge in words, and can

only be acquired, I think, by patient observation and investigation at the bed side.

It has been asked, what symptoms may be relied upon as diagnostic of this disease? The answer has been correctly given:—no one, two or three, but an assemblage of symptoms which taken together form a *tout ensemble* sufficiently characteristic to distinguish it from other diseases.

*Treatment.*—In Tennessee, I occasionally, but very rarely bleed from the arm, and never had occasion to regret it. In this country, however, I have not deemed it advisable to resort to venesection in any case of typhoid fever coming under my care, although I should not hesitate to do so, at any time, even here, if the appearances seemed to justify it. As the abdominal tenderness is most frequently a prominent symptom, I usually commence the treatment by one thorough cupping over the stomach and abdomen, and particularly on the right side. This I extend to the chest, if there is any evidence that the disease is complicated with inflammation of the thoracic viscera:—cups to the temples and behind the ears, with warm pediluvia to relieve the head if it is painful. Warm fomentations, poultices and frictions are directed to be constantly employed until there is found to be a very decided improvement in the abdominal inflammation. Blisters, in the latter stages of severe cases, are often indispensable. They may be used over one part of the abdomen or chest, while the poultices are applied over all the other parts, or, after they draw properly, are clipped and dressed, they may be covered with a cloth and the poultices spread over them. Internally, I commenced by giving from two to four grains of calomel with a little ipecac, every third hour, to which I add, if the stomach will tolerate it, and the arterial excitement is considerable, a few grains nitr. potass. If, after the fourth portion is administered, the bowels do not move, I direct a teaspoonful of castor oil with fifteen drops spts. turpentine, to be given every two hours until this object is attained. After this the calomel and ipecac in minute doses once or twice a day for several days, to be followed by any mild aperient when necessary to assist its action. If, as will often happen in the course of the disease, the discharges from the bowels become frequent, watery, mucous or bloody, and it is deemed advisable to continue the mercurial, the hydr. C. creta, combined with Dover's powder, pulv. gum Arabic and nut galls, may be substituted for the calomel, with the double view of promoting the secretions, and at the same time restraining the excessive action of the bowels. To keep down



arterial excitement and promote diaphoresis, spts. nitre, dulc. vin., ipecac, tinct. digitalis, vin. colchici, &c. may be brought into requisition, variously combined, and administered in such quantity as to suit the circumstances of each particular case; and I prefer to have those articles administered in warm teas. I may, perhaps be prejudiced against the use of ice and iced water, from the fact that the only cases (three) in which I have ever used ice, all terminated fatally, and these are the only fatal cases that have occurred in my practice. I can very well conceive that ice, in proper quantity, under certain circumstances, might be used beneficially; but as it is so extremely difficult to prevent a too free use of it when once admitted into the sick chamber, I prefer to use in its stead, mucilage made with spring or well water and fresh elm bark. Mucilaginous drinks (and they serve very well at first for food and drink both) ought always to be insisted upon from the beginning to the end of the treatment.

When, in the course of the disease, the tongue instead of cleaning off regularly from the circumference to the centre, throws off patches of its fur, leaving a red, dry, angry looking surface beneath, the oil of turpentine may be used with great advantage. A tablespoonful of the following mixture may be given every two hours,—the quantity gradually lessened and the intervals of giving it increased, as the case improves. Equal parts of ol. terebinth, and mucilage, gum arabic, with a little loaf sugar, to which may be added a few drops tinc. opii. if the bowels are disposed to move freely. This is believed to do good, not by its stimulating properties, but by an alterative effect upon the inflamed mucous membrane.

After the abdominal inflammation is nearly or quite subdued, the fever abates, the tongue cleans off handsomely, &c.; some one of the tonics ought to be administered; and of these I give the decided preference to the inf. barks, with or without a few drops of elix. vit., brandy or wine. Even this ought to be given with great caution, and discontinued if it is found to excite fever, to be recurred to again when the fever subsides. It may often be given with great advantage in the morning, when the fever is off and the patient much prostrated, to be superceded in the afternoon by the nitre, &c., when there is a tendency to a rise of fever.

The foregoing very imperfect sketch of the treatment of this disease is intended to apply to the severer cases; for it is worthy to be recorded and remembered that very many cases (and probably whole epidemics) are so extremely mild as to require little or no treatment, and are rendered

severe and dangerous only by ill directed efforts to subdue the malady. A striking instance of this occurred recently in my practice, which I will briefly relate.

A very likely negro man *æt.* 25, had been "moping about" for several days without having much fever, or making much complaint. The manager supposing it to be a mild case of remittent fever, gave a blue pill at night, and directed grs. ii. quinine to be given the next morning—every hour for five times. These directions were literally carried out:—the first portion of quinine vomited the patient, the second vomited and purged him, the third, fourth and fifth were worse and worse, and produced such excessive vomiting and purging, that by the time I saw him he was so completely prostrated that he was unable to move a limb. It was in fact as complete a case of collapse, as I ever witnessed in the worst cases of Asiatic cholera. The treatment in this instance was precisely such as I should have instituted in a case of cholera.

The cold sweat came rapidly from every pore of his body, while the water ran from his bowels as he lay stretched full length upon the floor. He had ceased to vomit, apparently for want of sufficient strength to accomplish the act. No pulse could be felt either in the radial or brachial artery. Indeed those present considered him either dead or dying. Finding that life was not altogether extinct, I directed five strong negro men to rub him actively with bits of coarse flannel and dry cayenne pepper and mustard. I stood by and applied dry cups to the spine or abdomen as he was turned on the supine or prone position. This rubbing process was continued three or four hours before the pulse was perceptible at the wrist. I then directed a strip of mustard to be put along the whole course of the spine, the extremities enveloped in the same, and he to be well covered in blankets, with hot bricks placed about him. Previously to this, however, as soon as I could get him to swallow, I had introduced, pretty rapidly the terebinthinate mixture and tinct. opii., between each portion of which, I gave small doses of hydr. S. mur. acet. plumb. and pulv. opii. At 2 o'clock in the morning, the opiate affecting him very perceptibly, I ordered the medicines to be discontinued until morning, and he permitted to rest unmolested. At 8 o'clock I found him with a pulse at 120 beats to the minute and tolerably strong. After this the pulse fell regularly four beats a day, until it attained its natural standard, when the patient was well. Very little was done for him except a blister and poultices over the abdomen, with

mucilaginous drinks, beef tea, and occasionally, a little weak brandy toddy and inf. barks.

It may be asked "but did the quinine produce all these violent symptoms?" I answer unhesitatingly, that I believe it was the quinine and nothing else, the proof of which must be found, if at all, in what has already been written.

In the mild cases, a mercurial cathartic at the beginning, a few cups over the stomach and right iliac region (and these are not always necessary) after which the gentlest laxatives and mildest astringents to move or restrain the bowels as occasion requires, with gentle rubefacients, poultices, &c. to the abdomen, and proper dietetic regulations, will frequently suffice to conduct them to a favorable termination.

The disease, as it has prevailed here this year, has been remarkably mild. No case, indeed, has presented severe or dangerous symptoms, (I have had twenty-nine cases in my own practice, and assisted in the treatment of a few others) except from the improper administration of quinine, so far as I have seen or heard.

It has prevailed in the adjoining parishes of this State, and in the southern counties of Arkansas, but to what extent, I have not been accurately informed. I learn, however, that between thirty and forty deaths have occurred from it, amongst the white population, in and around the little village of Mansfield, and "that no case recovered until the doctors changed their plan of treatment." What that plan was I did not learn; but understood that quinine entered pretty largely into it, which had afterwards been abandoned and the patient recovered.

The main object of this article is to impress upon the minds of those who have not had opportunities of treating the disease, the near resemblance it bears, at its onset, to bilious remittent fever, the great danger of mistaking it for that disease, and the dangerous and disastrous consequences that may be expected to result from such an error in diagnosis. For if I know anything of the matter at all, quinine given in typhoid fever, with the view of arresting the fever, as in the remittents, and persisted in, is as certain to result in disaster and death, as that any given cause whatever, will produce its legitimate effect.

What I have here offered to the profession upon the treatment of typhoid fever, may be considered supererogatory by those who have become familiar with the symptoms and treatment of it; but let me assure them that hundreds of our brethren have practised medicine for years in the more newly settled portions of our country, without ever meeting with a case of it: or, if they have, without recognising it, and



that it is extremely difficult, if not impossible to satisfy such of its existence, when it does appear ; and still more difficult to convince them that quinine is not the article upon which to place our chief reliance in the treatment. This results from the fact, that almost all of them have had numberless opportunities of proving the immense value of quinine in the treatment of all the forms of the, so called, malarious fevers ; and from the near resemblance of this fever, at the outset, to the bilious remittents, so often treated by them successfully with large doses of quinine. It is to this portion of the medical fraternity that this article is particularly and respectfully addressed. I desire to impress upon them certain truths which I regard as being established beyond a reasonable doubt, to wit: that the disease may be expected to occur in all parts of our widely extended country, often sporadically, and sometimes epidemically, after the country has been inhabited for a certain time, (nothing definite is known as to time, doubtless several causes conspire to prolong or shorten the time of its advent into a country) that its character is different from the fevers which usually precede it, that the disease is seated primarily in the small bowels, (to which our attention ought to be particularly directed during the whole course of the treatment)—that it is a self limited disease, and cannot be suddenly arrested by any course of medication at present known to the profession, and that the true plan of treatment is the “*expectante.*”

Should I be so fortunate as to so attract their attention to the subject, as to enable them hereafter to diagnosticate correctly, and treat the disease successfully, I shall feel amply rewarded for the little labor it has cost me to write this article, and feel too, at the same time, that I have done the profession “some service.”

# Part Second.

## EXCERPTA.

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### CHAPTER VIII.

I.—*Medical History of two Epidemic Yellow Fevers. Translated from the French, with notes.* By the EDITOR.

[Continued from page 370, vol. VII., Sept. No. 1850.]

#### *Treatment.*

M. LEFORT pursues a similar course of practice; M. Chev , in the first days of the epidemic of Gor e, also repeated bloodletting once or twice: finally, at the Antilles, the *coup-a-coup* method of bleeding is still adopted at the present day.

At Havana, on the contrary, M. B lot practised ordinarily but a single bleeding, but he pushed it to syncope, and obtained thereby a respite,—an amelioration which he kept up by the aid of those energetic means which I shall indicate further on; however great, however startling might appear, at first glance, the quantity of blood which was thus abstracted at a single bleeding, it is equally true, also, that reaction readily takes place, and the apprehension of a mortal collapse is altogether illusory; and in the second place, we should economise the circulating fluid, for in one single bleeding, the duration of which syncope will arrest, you will now draw as much blood as in four or five bleedings of ten or sixteen ounces. Having tried myself the happy effects of this method, I reserve for the second part of this work, an exposition of the advantages which it procures; but, this is the place to trace the history of bleeding which I shall call *SYNCOPEAL*, as we find it pointed out by many authors, and the employment of which M. B lot has generalised.

In his treatise on the yellow fever of America, M. Thomas, at page 96, says: Doctor Marshal, Santiago de Cuba, practised venesection in that city with astonishing success during the epidemic to which he fell a victim in 1822.

He employed bleeding in the commencement of the disease—plunged the arm in warm water, after he had opened the vein, and allowed the blood to flow until the patient no longer felt pain in the head,—he then arrested the flow of blood, and administered internally diluents and emollients; as soon as the cephalalgia re-commenced he repeated the bleeding in the same manner. I confess that this mode of treatment, which bears a striking analogy to those bleedings pushed *ad deliquium animi*, and recommended by the celebrated Benjamin Rush, appears to me well calculated to succeed in many cases, if resorted to at the outset of the disease, and especially in robust and sanguine individuals.

After having maintained that the more prompt the sanguine depletion, the greater the hopes of success, M. Rochoux adds that it is good for the patient to experience a feeling of syncope.

At Gorée, when Doctor Chev e had found that a short step separated encephalitis from the gastro-hepatic phenomena, he adopted the following method which I shall transcribe for fear that I might diminish the high degree of interest which it presents:—At the first signal of the appearance of the disease, when patients have the good sense to call immediately medical assistance, I confined them in bed—with the head elevated in order to delay syncope as long as possible, and I performed a venesection which never fell below twenty-four ounces, and which has been pushed to forty-eight ounces, but never beyond that amount.

I seldom stopped short of syncope or the beginning of this phenomenon, and I never abandon my patient until the circulation is re-established. As soon as the pulse had regained its ordinary volume and strength, the head was covered with cold compresses constantly renewed, and the legs enveloped in cloths saturated with a very hot infusion of mustard. I have seen in a great number of individuals the violence of the disease in this manner suddenly arrested, and even entirely checked in the space of two or three hours. Thus without waiting for a reappearance of the symptoms, and being encouraged by the complete remission, I administered afterwards, twelve grains of the sulphate of quinine, in doses, at an interval of an hour. All those in whom the encephalitis has been thus arrested in the beginning of the attack (and this was the case with those who early made known their symptoms) were promptly restored to health, and passed afterwards through the epidemic without the least accident, and without presenting a single case of relapse."

In the month of last October, at Saint Pierre, Martinique, M. Chatel saw a cure effected by a syncopal bleeding, which was practised upon an officer of the second marine regiment.

Lastly, in the naval medicine of Professor Forget, I find many passages which contain useful instruction.

Tom. 11, page 218; (M. Jolivet relates) "that a man having had the humeral artery opened by a surgeon ordered to bleed him, was reduced by an enormous hemorrhage to the last extremity; he however survived, and the symptoms of the (yellow fever) which attained to great intensity, disappeared, as by enchantment." "The commander of a schooner having displaced his bandage during the night, the renewal of the bleeding gave rise to such a hemorrhage that he was found in the morning in a state bordering upon syncope; the disease had in a great measure disappeared." Page 221.

M. Gilbert, chirurgion-major of the frigate *Astra*, adopted, in the early stage, a combination of energetic means which I enforced in the following case:—one evening I was informed that the cook for the *Vulcan*,



then anchored near the *Astra*, which had been ravaged by the yellow fever, was ill of the disease. It was not without strong apprehensions that I heard him complain of violent pains in the head and loins; the face was pale and anxious; the pulse full and frequent; the tongue moist and red on its borders. My inquietude was the more legitimate as the epidemic of the *Astra* had made its first appearance among those men who slept near the kitchen. Profiting by the facts which I had collected, I made a free incision into a vein of the arm, from which I drew *thirty-six ounces of blood*, as well as I could estimate it by the vessel in which I allowed the blood to flow, *in order to produce syncope*. I immediately administered a cathartic lavement, and a stimulating mustard foot-bath. One hour afterwards, the head was relieved, and the circulation much lowered; the night passed off well; and the next day he only experienced a slight rachialgia: *I no longer entertained any fears as to the result of the case.*

General bleeding should be seconded by local bleeding at the epigastrium—at the anus—from the feet—from the jugular veins, &c. At the Antilles, all the practitioners laud their use: M. Lureau has stated that the application of leeches to the anus was the best means to relieve lumber pains; at Senegal leeches have been applied in great numbers.

An instance of the most energetic antiphlogistic medication, is that of M. Chev , who, in the space of sixty hours, drew from himself about eight livres of blood by the lancet, and had two hundred leeches applied, (the Senegal leeches are so small, that three of them scarcely equal in size one of those that are used in France,) and this fact is the more remarkable as M. Chev  is the only patient who has survived a well characterized black vomit. It is the same of leeches, as of general bleeding,—they are serviceable only in the first period of the disease; in the second, they not only do not produce good effects, but often give rise to uncontrollable hemorrhages, which cease only with life itself.

M. Chev  has, four times, employed with success permanent bleeding by means of leeches. These are experiments which deserve to be repeated.

M. Rochoux, to whom leeches appeared only of secondary importance, has never used cups. The restrained position to which the application of cups subjected patients, the pain which they must necessarily excite in the vicinity of a part, already in a suffering state, the fear of a hemorrhage, perhaps more difficult to be arrested than that which follows the falling off of leeches, are, says he, the reasons which have deterred me from having recourse to them.

On board of vessels, where leeches were not to be had, cups afforded an extremely precious resource, and, as I shall have occasion to show by and by, so far from presenting the inconveniences specified by M. Rochoux, cups offer great advantages which should, save in some cases, be preferred to leeches.

General baths, such as emollients, were clearly indicated, in the treatment of yellow fever; but the labor of transporting the patient causes extreme fatigue, which obviates all the benefit obtained by this means.

As to fomentations, of a similar nature, their effects are too trifling to produce any advantage; the same is not the case with cold applications to the head and to the epigastrium, which often render essential service.

To complete what relates to the anti-phlogistic method, I might say one word on mercury since it is generally regarded as contra-stimulant. English physicians repose great confidence in this therapeutic agent and es-

pecially in calomel. The majority of them use it, in very large doses, in the treatment of yellow fever, and we may likewise add, in the treatment of the great majority of diseases, and particularly in hot countries; in such as hepatitis and dysentery. Unfortunately experience has not pronounced in a manner sufficiently decisive, for us to regard it as a duty to follow the advice of Gillkrest, who is one of the warmest advocates of calomel.

*Evacuating Medication.*—Emetics are proscribed by all authors, and we well know how imprudent it would be to use this class of remedies in a disease, of which vomiting constitutes the principle danger.

Purgatives have, on the contrary, been highly praised for a long time, and, according to M. Pariset, they are perhaps too much neglected, after having been extravagantly praised. Dr. Bone, an English physician of the West Indies, reposes the greatest confidence in saline purgatives; and he continues the use of them for many days in succession, taking care to vary them, administering, by turns, *l'eau de sedlitz*, the tartrate of soda or of potassa.

This, with the use of warm baths, constitutes the entire circle of his practice. Do we not find here, a striking analogy with the treatment of typhoid fevers by purgatives, which, in despite of all theory, are, in this disease, the most successful? To evacuate the primæ viæ, M. Tegart, ancient chief of the medical department in the English Antilles, has proposed the application of croton oil upon the tongue. One or two drops of this medicine upon the tongue has not only excited "*cito*" the action of the intestines, without augmenting the irritability of the stomach, but has likewise favored the renal secretion. In a report of M. Hacket, in 1832, a great part of the success in the treatment of yellow fever, at the Trinity, was ascribed to the croton oil, which he gave in doses of three or four drops. This dose, says he, has been repeated as often as three times in the course of the night; and it is worthy of remark, that the more irritable the stomach and the greater the distress (seemingly clear, contra-indications for the use of croton oil) the more astonishing appeared the effects of this remedy. (Littre Dict. de Med.)

In the Spanish Colonies at Vera Cruz, which has preserved its traditions of the ancient masters of Mexico, the method of treatment generally adopted consists in the repeated doses of castor oil, aided by frictions over the whole body with a divided citron. The results obtained by this purgative, the most innocent perhaps of all those which one could employ, are far from being favorable, and should consequently be proscribed in the employment of evacuantes, whose direct action on the stomach, the principal seat of the disease, can serve but to aggravate the condition of the patient.

But avoiding this latter inconvenience, we may derive from purgatives excellent effects; we must then give them in the form of lavements. Constipation, which, according to all observation, greatly militates against our success in yellow fever, will yield to their repeated employment; we must recollect that the peristaltic action of the intestines is difficult to excite, and consequently to proportion the dose of the purgative medicine, to the effect which we wish to obtain. We must not administer them too often; they should follow, immediately, general bleeding, and the application of leeches or cups. During the whole course of the disease it is important to keep the bowels free and well regulated.

Nature has so often seemed to employ sweats, for the purpose of freeing herself of a disagreeable enemy,—or in other terms, to cure a disease, that we are authorised to believe that this evacuation constitutes the most sal-

utary movement, and one too, which saves the great majority of patients,\* yet, the incontestible utility of spontaneous sweats does not authorise the administration of active diaphoretics; for the principle of imitation which prevails in the first period, whether fictitious or transient, does not the less contra indicate the use of energetic stimulants. (M. Pariset.)

It is generally conceded that, when the skin is dry, the most active sudorifics will fail to produce diaphoresis; when, on the contrary, it is the seat of a slight transpiration, the disease is of itself less serious, and then a warm ptisan most generally suffices to bring about this salutary state. As to the diuretics, they are useless, if not dangerous. The suppression of urine, either proceeds from inflammation of the kidneys, or from the modification which the sanguine fluid has undergone; in both cases, the lesion is too profound to be combated, with any chance of success, by this class of remedies, whose irritating action will be concentrated, not without evident detriment to the patients, upon the digestive organs.

*Derivatives.*—According to M. Rochoux, blisters are always hurtful in yellow fever, whatever may be the period of the disease, at which we resort to them, and the part of the body upon which we apply them. They would be useful, adds this physician, were it not for the irritation of the kidneys and of the bladder, which so commonly results from their application, especially in hot countries; sinapisms are rarely indicated.

This opinion is far from being entertained by other writers; the use of derivatives is recommended by a great many, and it is generally advised to resort to them at a favorable period. As to the action of cantharides upon the urinary passages, some camphorated application to the epigastrium will promptly correct this effect of the fly; and lastly sinapisms, and what is known in the colonies under the name of "collants" (*plumbago scandens*) do not present this objection.

*Antispasmodics.*—M. M. Anice and Devère praise the use of camphor. M. Pariset says he has sometimes employed with success pills composed of musk, camphor, castoreum, and the soft extract of quinquina. M. Charbert recommends, in some cases, the valerian; but, as M. Thomas has judiciously observed, if there are circumstances in which antispasmodics, such as camphor, musk and opium, can be advantageously employed, these are exceptions, and such examples are met with only when we have to treat feeble individuals, and those in whom the nervous irritability predominates, as in females in general.

*Quinquina and Quinine.*—"In those cases where the yellow fever assumes the intermittent fevers, (says M. Rochoux) I do not hesitate to resort to the sulphate of quinine,—it should in these cases form the principal means of treatment." I have already cited a sufficient number of facts and examples for it to be unnecessary to insist more upon this indication.

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\* We have often seen patients fall into a profuse sweat, from the earliest period of the disease, and continue bathed in a free perspiration, with a hot skin, a quick pulse, pains in the head, intense thirst, coated tongue, until black vomit and hiccough closed the last act of the tragedy. On the contrary, we have observed the skin to continue dry throughout the entire course of the disease, and the patient even pass safely through a crisis, without any perceptible moisture of the skin; but these may be called exceptions,—such cases have repeatedly fallen under our observation.—TRANS.



But when the yellow fever presents neither intermission nor even remission, can the quinine still be employed? Not to resolve this question *a priori*, let us consult those works which treat of the employment of this purative agent. Valentine says, that in the continued form of the yellow fever, most all medicamenta fail, and that it is quinquina which, as an antiseptic, affords the best chance of success; we must then administer it in all possible forms, without regard to the frequency of the pulse and the dryness of the skin. According to M. Pariset, quinquina is indicated at almost all periods of the disease, as a tonic, bitter astringent and antiseptic.

M. Audouard, who enumerates many cases successfully treated by quinquina, declares that the quinine has never succeeded in his hands; according to him, the chief indication in yellow fever consists in preventing the sanguine exhalation,—the black vomit; but quinquina acts upon the stomach, as upon a bleeding wound, by virtue of its tonic and astringent properties; this is the reason that the quinine does not act. Moreover the quinquina, when taken in large doses, acts locally upon all parts of the mucous membrane; quinine, in consequence of its small-bulk, only touches a limited surface. M. Lefort, on the contrary, proscribes the quinquina and adopts the sulphate of quinine. He speaks of it in these terms: (page 32—“of bleeding and of quinquina in the treatment of yellow fever”) Having employed for three years the sulphate of quinine in the treatment of all fevers, and obtaining the most constant and the most happy results from this precious medicine, we were naturally led to resort to it, on the appearance of yellow fever, as the only anchor of hope. Its effects have surpassed the expectations which we had dared to entertain of it. We have administered it in the dose of two grains and a half to three grains, diffused in the smallest possible quantity of water, and the stomach has retained it. This dose has been repeated every two or three hours, and vomiting became less frequent and ceased altogether. The patient, as soon as he has swallowed this remedy, experiences in the epigastric-region a gentle heat which spreads and is communicated sympathetically to the other viscera.

Under the influence of the sulphate of quinine, continued for two, three or four days, and given three or four times in the twenty-four hours, the sanguine exhalation ceases, and the tongue assumes its natural appearance. This medicine promptly arouses the energy of the stomach, renews the appetite and revives nutrition. By its influence over the other organs, it soon induces them to participate in those healthy acts which it awakes in the system; all their respective functions are rekindled,—reanimated,—renewed,—and the patient enters upon a state of convalescence.”

M. Lusean, who succeeded M. Lefort, has observed in his own practice many similar facts, and in the Second part of this work I shall have occasion to cite an analogous example.

We must not however suffer ourselves to be deluded and expect constant success—we shall be sadly disappointed in a number of cases; but it is not the less true and may be demonstrated, that quinquina and particularly the salts of quinine, judiciously employed, affords a valuable therapeutic resource. It appears that for some years past, one of the most skilful physicians of New Orleans, has almost his entire treatment on the sulphate of quinine. It is then one of those medicines which should claim particular attention and be subjected to new experiments.

*Drinks.*—M. Rochoux passes in review all the ptisans, which he by turns denounces as augmenting the irritation of the stomach, and as exci-

ting nausea and vomiting; he advises us then, with reason, to restrict patients to the most simple and the most emollient, such as gum water, taken in small quantities at a time, and as often as possible; for this author thinks that it will be advantageous to cause the stomach to absorb a great deal of fluid, before the time when the vomiting will render the ingestion of all drinks impossible. M. Audouard would have the patient to take abundantly of fluids even in the two last periods. But generally at that time, and very often from the beginning, the nausea produced by a mere spoonful of ptisan, should inspire the greatest circumspection, in consequence of the black vomit which immediately followed them. It is on account of this observation, so often repeated, that Doctor B elot has been led to adopt from the first invasion of the yellow fever, a total abstinence from all drinks. I will return to this subject hereafter. Dev ere and M. Lefort recommend water charged with *carbonic acid gas*, as a ptisan which is most acceptable to patients, and which is less likely to excite the contractions of the stomach.

(To be Continued.)

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## II—Causes of death in sixty-nine corpulent persons.

### MEDICAL CASES.

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

### SURGICAL CASES.

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

The heart was examined in fifty-seven of these patients. In seven it was found healthy—viz: in four who died from accidents, in one case of rupture of the stomach, one of hernia, and one of nephritis. In the latter case, the principal local collection of fat was about the kidneys, where the amount usually found was greatly augmented. In fifty of the fifty-seven

cases where the heart was examined, it was found diseased. Of the fifty diseased hearts,

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

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

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

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

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

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

In 11 cases out of the 49, atrophy of the heart was observed, that is, diminution in thickness of the walls without any external augmentation of size ; and in such of these cases as were submitted to the test of microscopic examination, a deposition of *molecular* fat, destruction of the nuclei, and other evidences of degenerated muscle, were found.

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

It still remains to be explained why these two opposite states are so often associated together ; why degenerated muscle is more common in fat than in thin people, as would appear to be the case from a paper presented by Dr. Quain a short time back to the Medico-Chirurgical Society. It does not arise from the pressure upon the muscle caused by the altered shape and size of the heart ; for it is equally apt to occur in cases of obesity where there is only the ordinary amount of fat at the base of the organ, as where the adipose tissue there is augmented. It more probably depends on some change in the condition of the circulating fluid associated with obesity, which renders the formation of fibrin more difficult, and allows the muscular fibre to undergo an interstitial decomposition into an oily matter.

The anomalous state of the circulation in corpulent persons caused by



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

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

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### III.—*Pathological Reports of the Cork Medical Society.* Session 1849, 1850.

#### 1.—*Scarlatina; Anasarca; Albuminuria; Empyema of the left side.*

Dr. Finn narrated the following case.—Abigail Donovan, aged 8, of low stature and emaciated form, was admitted into the North Infirmary, on the 28th November, 1849, laboring under febrile symptoms, which ushered in an attack of scarlatina. In the course of her convalescence, anasarca, complicated with albuminuria, supervened. The former yielded to treatment, but the urine, which was secreted in very small quantities, still continued albuminous, and presented the appearance of being mixed with grumous blood, depositing from day to day, in great abundance, a dark pulverulent precipitate. On the 24th December she was suddenly seized with excruciating pain, referred to the lower part of the left side, which was relieved by the application of a few leeches and sinapisms, her wretched physical condition not admitting of more active measures. This treatment, however, did not control the incipient effusion, which now rapidly increased; the affected side, after an interval of a few days, measuring two inches more than the other; and the heart being observed to pulsate under the right mamma. She sank rapidly, and died on the 18th January, 1850.

*Autopsy, about twelve Hours after Death.*—Body emaciated to the last degree. On raising the sternum, a considerable quantity of sero-purulent fluid escaped from the left pleura; this fluid wholly occupied the left pleural cavity, amounting in quantity to about five or six pints, and on its removal, the lung, which was so diminished in volume as to escape notice, was observed lying against the spine. The heart was placed across the mediastinum, with the apex corresponding to the right mamma. There was nothing abnormal in the size or external configuration of the kidneys. A vertical section of one presented some patches of considerable vascularity, irregularly spread over the cortical portion, whilst the cortex of the other was of an opaque yellow color, and devoid of vascularity.

2.—*Pleuritis with Effusion.*—*Tubercular Deposit in the Apex of each Lung, and in the false Membrane.*

Dr. Popham exhibited the lungs of a patient who had died of the sequela of acute pleurisy. The subject from whom they were taken was a policeman named Delaney, aged 23, of a strumous habit, who was admitted into the North Infirmary in January, 1850, complaining of severe pain in the inferior part of the left side of the thorax. The symptoms on his admission showed a very aggravated state of disease, and he had been more than a month ill, without receiving any treatment. His breathing was very rapid; while speaking he had to pause at every word to take breath; the only position which he could maintain was the sitting one, with an inclination forwards, and to the left side (the diagonal of Andral). On percussing the left side, it was completely dull at the left mammary and lateral regions, and posteriorly below the inferior angle of the scapula; no respiration was audible in these parts, and there was complete absence of the vocal fremitus, which was distinctly perceived over the opposite lung. The heart was not heard in its usual position, but was felt beating with great rapidity to the right of the sternum, between the fourth and fifth ribs, the sounds being otherwise normal. Additional proofs of the existence of liquid effusion into the left pleura were deduced from the fulness of the lower intercostal spaces, the increase of an inch in the measurement of the left side over the right, and the diminished mobility of the same side. These symptoms indicated that liquid effusion existed in the left side of the chest, he was treated upon the plan laid down by Dr. Stokes, by leeching successive parts of that side, and by the cautious use of mercury, which was, of necessity, combined with opiates, as his bowels were easily irritated.

When the more urgent symptoms abated, counter-irritation was used, and diuretics, including Logol's solution of iodine, freely administered. After a few weeks of this treatment, a marked improvement took place, and also a change in the physical signs. The whole circumference of the chest had diminished, the excess of the left side had disappeared, the intercostal spaces became depressed, he could lie in any position, respiration had returned anteriorly as far as the left mamma, and the heart was heard under the sternum. A friction sound was heard about the inferior angle of the scapula. At this period it was judged advisable to send him to the sea side to recruit, but he most imprudently returned to his barracks, which were in an exposed situation, and got a fresh attack from cold. When he was re-admitted to the hospital a month afterwards, he was suffering from colliquative diarrhoea, the result of improper food; evidence of tubercles existed under both clavicles, and the left side of the thorax was undergoing contraction. Signs of pneumonia were also found in the lower lobe of the right lung. He died towards the end of May, five months from the date of his illness.

*Autopsy.*—The right lung adhered closely at its lower half to the walls of the thorax; and, on a section being made, exhibited small portions of the lower lobe in a state of hepatization, and of a very dark color. The entire surface of the left lung was attached to the chest by a dense layer of false membrane, forming along the left margin of the sternum an impassable barrier which prevented the heart from returning to the left side. The adhesion of the lung continued all round and downwards as far as the base, the margin of which was rounded off, and turned in so as to give the central part of the base a cupped appearance; this was not at-

tached, and contained a small portion of fluid. In the layers of false membrane which invested the anterior and inferior portions of the lung, and which, in some parts, were half an inch in thickness, and as hard as cartilage, were imbedded two masses, each about the size of a walnut, one greyish-yellow, firm, but cutting like wax, the other of a scirrhus hardness with a central cyst. Miliary tubercles, in small groups and single granules, were scattered over the false membrane of the left pleura; they were whitish, rounded bodies, about the size of pins' heads, and not unlike the variolous pustule in its early stage; they existed in greatest abundance in the interlobular septum. The appearance of the left lung was like an organ that had undergone compression; it was little more than half the size of the right; crude tubercles existed at the apex. At the summit of the right lung tubercles also existed in a more advanced state. There was some fluid in the pericardium; the heart was rather large, but otherwise natural. The liver was in a state of cirrhosis, and contained yellow tubercles, and ulceration existed extensively in the intestinal canal.

Dr. Popham considered the above case to form an interesting example of the transition stages of pleurisy. As far as the physical signs could be interpreted, extensive liquid effusion existed at an early period of the disease in the cavity of the left pleura, producing, among a number of other symptoms, dislocation of the heart, and protrusion of the side. Under the treatment pursued, absorption of the liquid contents took place, which was accompanied by gradual expansion of the lung, and partial return of the heart. As the liquid retired, and the two pleural surfaces came into contact, adhesion occurred by means of the plastic lymph effused, which, in the precordial region, interposed a barrier to the further return of the heart. As the absorption became complete, almost total adhesion of the lung to the thoracic walls ensued, as if to prevent a recurrence of the liquid effusion, and a small portion only remaining was isolated by adhesion of the margins of the base, thus circumscribing its limit. It would seem probable that, had life continued much longer, the pleuræ of the base of the lung and of the diaphragm, by the absorption of the small portion of intervening fluid which remained, would have contracted union, thus completing the adhesion of the two surfaces in their whole extent. As far as the pleuritic affection, by itself, is to be regarded, nature had effected a cure, an obliterated pleural cavity, like an adherent pericardium, being compatible with life; but the state of the liver and intestines, and the strumous habit of the patient, evident in the subsequent development of tubercle in the summit of the lungs and the false membrane, precluded the hope of recovery. The continued production of tubercle would have kept up irritation. Dr. Popham drew attention to the opinion of Rokitan-sky, that chronic pleurisy, when terminating in contraction of the chest, rather tends to prevent the growth of tubercle; certainly to this theory exceptions occur, of which the present case is one, the evidence of the physical signs establishing the date of the development of tubercle in the apex of the lungs as a sequela to the attack of pleurisy.

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### 3.—*Adhesion of Pericardium; unusual Symptoms.*

Dr. Harvey presented an example of extensively adherent pericardium, with slight dilation of the cavities of the heart (the substance of the ventricular walls being about natural), in which both the symptoms and the physical signs had been unusual.



The patient, aged 54, a man of long continued habits of intemperance, and constantly exposed to wet and cold, was admitted into hospital about six weeks before his death. He then presented an extremely pallid, anemic aspect, with puffiness of the eye-lids and face, and slight general œdema; in fact, he had quite the appearance of a person far advanced in granular disease of the kidney. He had an exceedingly small and weak, but regular pulse, about 90. The heat of surface was generally below natural; and the bloodless condition of his smooth, clean tongue and lips corresponding with his general aspect. His chief complaint was a sense of sinking, and occasional nausea, with extreme debility. Bowels relaxed; urine natural in quantity, and did not coagulate on the application of the usual tests, which were resorted to several times during the progress of the case. It did not appear that he ever had rheumatism, nor did he recollect any distinct attack of his chest from which might be dated the commencement of the pericardial affection.

On physical examination the impulse and sounds of the heart were both so extremely feeble that they could with difficulty be appreciated, except while the patient was sitting up and leaning forwards. The second sound only could be heard as he lay supine in bed.

The total absence of any irregular, tumultuous, or rolling action of the heart, and the unusually weak impulse, added to the natural condition of the renal secretion, seemed rather to indicate degeneration of the substance of the ventricles than the conditions which were disclosed by the autopsy, and in consequence some other points, as the part at which the apex of the heart struck the chest, which would have been auxiliaries in the diagnosis, were not particularly noticed. The man did not die suddenly.

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#### 4.—*Hypertrophy of the Heart; Diseases of the Aortic Valves.*

Dr. Finn related the following case:—David Croker, aged 36, a butcher's assistant, of rather tall stature, but slight conformation, was admitted into the North Infirmary, 26th November, 1849. His habits were reported to have been intemperate, and his health had not been good for the last twelve months. He attributed his illness to wet and cold, and had suffered from severe cough for some time, and from hæmoptysis for a few days before admission. On admission his face was sallow, slightly jaundiced; distressing cough, with muco-purulent expectoration, which is occasionally tinged with blood; tongue coated; urine high-colored, depositing an abundant lateritious sediment. Percussion elicits a clear resonance over the chest generally, with the exception of those parts immediately adjoining the præcordial region. On applying the stethoscope, loud sonorous râles are heard generally. The heart impinges with an unusual degree of force against the parities of the chest, and the impulse is audible over its whole surface; a loud and deep bruit de scie accompanies the second sound, and is propagated throughout the arteries generally, whose vibrations present a well marked example of visible pulsation.

In about a fortnight after admission the jaundice had disappeared, and the urine resumed its natural color; but the cough, which appeared to be in abeyance during the day, returned at night with increased severity, and almost uniformly deprived him of rest. About the latter part of January all the symptoms presented an unfavorable change. The ana-

sarca re-appeared; the cough had increased in severity; most distressing orthopnoea supervened; and he died on the 5th March.

*Autopsy.*—Lungs congested, not presenting any structural change. The weight of the heart was twenty-two ounces; it was concentrically hypertrophied. The aortic valves were corrugated, opaque, and studded with atheromatous vegetations. In the aorta, which was very much dilated, a similar change of structure was observed extending as high as the arch. The mitral valve was also diseased, but in a comparatively slight degree. No change of structure was observed in the right side of the heart. The other viscera were not examined.

### 5.—*Aneurism in the Left Ventricle of the Heart, with Rupture into the pericardium.*

Dr. O'Connor detailed the particulars of the case as follows:—A young man twenty-four years of age, apparently of a good constitution, was admitted into the Workhouse Hospital, laboring under a slight rheumatic affection of the left wrist, with scarcely any constitutional disturbance, and complaining of no other illness. Whilst engaged in an angry conversation with a patient in the adjoining bed, he was remarked to become suddenly silent, and to grow pale. In a few seconds after, the nurse was called to him, and found him lifeless. On examination after death, the pericardium was found distended to twice its natural size, and, when opened, to be filled with a quantity of serum and clotted blood. On removing the clots the heart was found to be very much enlarged, soft and flabby. The free surface of the pericardium was natural, but that part reflected over the heart was covered with a layer of false membrane, evidently not of recent origin; and small tuft-like bodies, formed of organized coagulable lymph, were attached to its surface. About the origin of the aorta the two surfaces were united by small bands of great firmness. On the anterior portion of this latter vessel, and just at its junction with the heart, an aneurism larger in size than a walnut presented; and in it was a fissure about half an inch in length. On examining the opening with care, it was quite manifest that only a part of it was of recent origin, the remainder appearing to have been a former rupture that had been temporarily closed. The valves of the aorta were completely disorganised by deposition of calcareous matter, behind a large mass of which, and immediately within the ventricle, an opening, (into which the little finger could readily be introduced) existed: it passed through the walls of the ventricle obliquely into the aneurismal sac. The valvular character of this opening prevented the blood from being driven with any great force into the aneurism, and would render probable the supposition that there might have been at some former period a slight extravasation into the pericardium which would have produced the inflammation, the effects of which were apparent, without leading to fatal results. From his father I learned that he had been engaged in a very laborious employment until a few days before admission into hospital, and that he never knew him to be seriously ill; showing how little constitutional disturbance will occasionally attend on pericarditis. This case also proves that the disease may be cured without adhesion of the opposing surfaces of the pericardium; it is also interesting as showing the early age at which calcareous deposits may take place in the valvular structure of the heart.

6.—*False Aneurism of the Thoracic Aorta.*

Dr. N. J. Hobart, laid before the Society a specimen of false aneurism of the thoracic aorta. The most interesting feature in the case was the complete absence of any aneurismal murmur. He stated that he had visited the patient, Michael Scully, aged 55, on the 29th of December; he complained of severe cough, attended with difficult expectoration, of oppression and sense of constriction in the chest, occasional palpitations, and also of startings in his sleep. On examining his chest, a pulsating tumor, about the size of a hen's egg, presented itself on the right side of the sternum, between the second and third right sterno-costal articulations, over which also the tumor extended: the subcutaneous sternal veins were greatly increased in size, and particularly those passing over the tumor; there was some distension in the right supra-clavicular and supra-sternal regions, in which pulsation was very evident; the pulse was synchronous in both wrists, and there was no perceptible difference in the beat. On examination with the stethoscope not the slightest aneurismal murmur could be detected. The patient did not complain of any pain in the tumor or its neighborhood, and stated that he had observed the swelling for the first time but one fortnight previously. On the following day the patient was removed to the North Infirmary, and placed under the care of Dr. Hobart, Senior, where he remained until his death, three weeks subsequently; during this period, the distention in the right supra-clavicular and supra-sternal regions became greatly increased, while the tumor on the sternum remained stationary: the dyspnœa and dysphagia daily became more distressing, particularly the latter, until the 21st of January, when he sank. Strange to say, during the whole of this time the physical sighs of aneurism were completely absent.

*Autopsy.*—The heart was somewhat hypertrophied; the aorta, both thoracic and abdominal, considerably dilated, and its internal surface studded with patches of calcareous matter. The aneurismal tumor extended from two inches above the sternum in the neck to between three and four inches on the internal surface of that bone, and laterally on the right costal cartilages; the internal surface of the sternum was greatly eroded, particularly in one point between the second and third sterno-costal articulations, where the bone had been completely removed, and the tumour found its way to the anterior aspect of the sternum. The opening from the aorta into the tumour was about half an inch in diameter, and was placed on its superior surface, just at the junction of the ascending with the transverse portion of the aorta, not quite a quarter of an inch to the right side of the point where the innominata is given off: separating this from the aneurismal opening was a sharp calcareous spicula. The tumour contained a large quantity of coagulated blood and fibrine; its parietes were considerably thickened by the deposition of lymph on its internal surface; there had been no hemorrhage from the tumour. Death was occasioned by a gradual sinking of the vital powers, owing to the pressure of the tumour on the trachea and œsophagus.

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7. *Aneurism of the Abdominal Aorta at the Cæliac Axis; Erosion of the Vertebra; Absence of Pain.*

Dr. Popham presented specimens taken from a patient in whom the



aneurismal diathesis was strongly marked, as throughout the whole extent of the aorta scarcely a part existed which was not studded with atheromatous and earthy deposits. After undergoing extreme dilatation at its ascending and transverse portions without rupture of its coats, the aorta had given way at the level of the cœliac axis, eventually causing death by bursting into the cavity of the peritoneum. The patient, named Michael Casey, a pensioner of the navy, aged 64, was admitted into the Cork North Infirmary in September, 1849, complaining chiefly of dysphagia and gradual emaciation, caused by the invariable rejection of solid food, almost immediately after being swallowed. According to his own sensations the morsel did not pass beyond the middle point of the sternum. Even fluids required to be used sparingly, in order to be retained by the stomach, a second effort of deglutition being usually necessary to prevent regurgitation. On examining him after his admission, a pulsating tumour was perceived at the humeral end of the left clavicle, and a second, of much larger volume, between the ensiform cartilage and the umbilicus. The first time he noticed these tumours was about six months before, when he felt a fluttering sensation under the left clavicle; the epigastric pulsation came on subsequently. In the first, the throb could be felt both above and below the clavicle, and a double sound could be heard, the second indistinctly. The impulse from the tumour in the epigastrium was so strong that it gave to the ear a jarring and almost painful sensation; the sound was single, of a dull and muffled tone, and, though much louder, yet by no means as clear as the sounds of the heart, both of which were heard below the left mamma. No bruit de soufflet could be heard in any part of the chest, neither was any sound or pulsation evident in the course of the spine. The circumstance which most forcibly arrested attention in this case was *the great freedom from pain*, the only approach to which sensation, except when the tumours were compressed externally, was a slight dart, like the pricking of a needle, occasionally felt at the top of the left shoulder. His pulse was 70, very irregular, but of equal strength in both arms; great venous engorgement existed in the head, chest, and upper extremities. Towards the close of his life he suffered from dyspnœa, both constant and in paroxysms; and the position which afforded most relief was lying on the back, with the shoulders slightly raised, and inclined to the right side. The respiratory sounds were faintly heard over the right lung, and in some parts of the left side, but were inaudible below the left clavicle, and over the scapula posteriorly. His voice was not affected.

This patient expired suddenly on trying to get out of bed. The autopsy was obliged to be made hurriedly, but the chief parts engaged were removed for subsequent examination. On opening the abdomen, a large quantity of serum, slightly tinged, gushed out, and an immense mass of dark coagulated blood lay mingled with the intestines. On removing the viscera, the abdominal aorta was found closely adherent to the lumbar vertebræ, an annular opening of about an inch in diameter existing in its posterior wall, below the first pair of the lumbar arteries. The edges of this opening were rounded off, and had to be separated by the knife; the lumbar vertebræ, to which it was attached, were deeply eroded, and the cavity thus formed was in direct contact with the current of the circulation during life. An aneurismal tumour projected from the anterior and right lateral aspect of the aorta, forming a pouch of an ovoid shape, the size of the closed hand. The cœliac trunk proceeded from the lower part of the sac, but a probe passed along it failed to discover any communication. The superior mesenteric artery, however, was free, and its root

greatly dilated. The usual coagulum of laminated fibrine was found in the sac, adhering closely to it in every part except a small channel, through which the blood had insinuated itself between the coagulum and the wall of the sac, opening by a small orifice at the superior part of the tumour. The aorta, on emerging from the sac, was constricted.

The ascending aorta and the arch were dilated to more than double the normal diameter, without any part becoming sacculated, or there being any fibrinous deposit; the dilatation lessened at the beginning of the descending portion. One of the aortic valves was patent from earthy concretions at its root, the rest were free; the orifices of the coronary arteries were greatly dilated, and the arteria innominata was enlarged to a size equal to the ordinary caliber of the aorta. On looking for the superior tumour no sign of it was visible externally; but on removing the left lung, the superior lobe of which was condensed and closely adherent, a small aneurismal tumour was found at the acromial end of the clavicle, projecting into the thorax, and containing fibrine, and as far as could be determined on a hasty inspection, connected with the subclavian by a rent in its tissue, or a dilatation of one of its branches. The whole of the internal surface of the aorta was roughened by atheromatous deposits of various degrees of softening; these were intermingled with semi-cartilaginous layers, and extended into most of the larger arteries.

Dr. Popham stated that he brought the above case before the society, as affording a remarkable exception to the general rule, that acute pain of the back existed when erosion of the vertebræ from aneurism occurred. This symptom, as far as he could discover, was first noticed by the late Dr. George Pearson, of St. George's Hospital, in a very interesting case of aortal aneurism, published in the thirteenth volume of the Edinburgh Medical and Surgical Journal. Lately Dr. Law, of Dublin, has directed attention to the duplex character of the pain suffered, viz: one kind permanent and aching, the other occasional and lancinating, as a symptom sufficiently constant to become a valuable diagnostic mark of the disease. Dr. Law's well-known accuracy of observation, and the frequent verification of his rule, by examples occurring to himself and other eminent physicians, have already stamped a value upon this sign; still it cannot be regarded as one of *universal* occurrence. Why it did not exist in a case of so much arterial lesion and degeneration as the above, Dr. Popham did not pretend to say. Perhaps the almost universal disease of the arterial system, by diminishing equably the contractile power of the aorta, had some effect, the loss of elasticity in the superior portion of the tube lessening the impetus of the current passing through the aneurism. Something also is due to the direction of the tumour, and its pressure on important structures, and to the feeble circulation and torpid sensation of advanced age. The dysphagia and stomach symptoms were explained by the pressure which the aneurism, by means of the pancreas crossing it, must have exercised upon the stomach, and by the deficient supply of blood arising from the impervious state of the cœliac artery. Another remarkable circumstance was, the fact of so large an amount of disease in the circulating system being compatible not only with life, but, to all appearance, with apparent health. This man had stated that he had not suffered any serious illness until a year previously, when he had bronchitis and erysipelas of the scalp. There is reason to believe that the extensive changes which occurred in this case were of slow growth, thereby existing without material disturbance to health.

8. *Concentric Hypertrophy of Heart ; Disease of the Aortic Valves ; Paralysis of the Right Side ; Ramollissement of a small Portion of the Corpus Striatum.*

Dr. Finn described the following case :—Michael Lyons, a cooper, aged 20, of moderate stature and slight conformation, admitted into the North Infirmary on the 22nd June, 1849 ; was reported to have suffered from the epidemic fever and dysentery of 1847, and subsequently from an attack of acute rheumatism. Since the latter seizure his health had been seriously impaired, and the palpitations of the heart which supervened, wholly incapacitated him from resuming his former occupation. On admission, his countenance was remarkably pale and anxious ; eye-lids and lower extremities slightly œdematous ; respiration hurried ; pulse 120, wiry and bounding ; percussion elicits a dull sound over a space considerably exceeding the normal limits of the precordial region ; the impulse of the heart is violent and tumultuous, and on applying the stethoscope a loud bellows murmur, loudest in the supra-mammary region, and audible over the whole surface of the chest, is perceived to accompany both sounds of the heart. There is visible pulsation of the arteries generally.

For some time after admission into hospital, he appeared to have experienced some benefit from the treatment employed, when suddenly a certain peculiarity of manner and the slowness of his articulation indicated the cerebral complication that was in progress. In a few days afterwards he was seized with paralysis of the right side, the sensibility of the parts involved remaining unaltered. From this period to the fatal termination of the case on the 14th August, his verbal memory became remarkably defective, and the œdema of the eye-lids and lower extremities, which had previously yielded to treatment, re-appeared, the effusion being considerably greater in the paralysed than in the opposite leg.

*Autopsy, a few Hours after Death.*—The lungs were generally congested. The heart weighed twenty-one and a half ounces ; the aortic valves were studded with atheromatous deposits, and the surface of the mitral valves was rough to the touch. On dividing the dura mater and exposing the brain, the vesicular neurine presented a remarkable anemic appearance. Horizontal sections of the brain revealed an absence of vascularity corresponding with that observed on the surface. A small portion of the corpus striatum on the left side exhibited the characteristic appearance and consistence of ramollissement.—*Dublin Quarterly Journal.*



# Part Third.

## REVIEWS AND NOTICES OF NEW WORKS.

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I.—*The Anatomy, Physiology and Pathology of the Eye.* By HENRY HOWARD, M. R. C. S. L. Surgeon to the Montreal Eye and Ear Institution. Amour & Ramsey, Montreal, 1850,

DISEASES of the eye have heretofore failed to attract that attention from the physicians and surgeons on this side of the Atlantic, which their importance and extreme frequency demand; and we believe we are correct when we say, that there is no class of diseases, affecting any portion of the human system, so little understood by the profession at large, as those of the eye, and its appendages; nor is this to be wondered at when we take into consideration the short time allotted students to acquire a knowledge of their profession, and the little attention given this branch of medical science by the professors in our various medical institutions. While in many of the European colleges, a special chair is appropriated to ophthalmic surgery, (and in a single instance we believe two,) in our own schools the subject is usually left with the professor of surgery, and is passed over in two or three lectures, and in some instances, in less than one. It can hardly be expected for the general student to obtain a critical knowledge of all the numerous diseases to which the eye is subject, the many pathological changes occurring in the different tissues, and the minute shades of symptoms frequently characterizing these diversified affections. The eye is a sort of an epitome of the entire system—being composed as it is besides of

the parts peculiar to itself, of nearly every tissue entering into the formation of the system; hence the successful application of remedies to the diseases of the eye, calls into play almost the entire system of therapeutics.

To the general student and practitioner, who has not the leisure or inclination to familiarise himself with the more elaborate and extensive treatise of Travers, Mackenzie or Lawrence, the work before us particularly recommends itself, and as such may be considered a valuable acquisition to a medical library. We have looked it over with some care, and shall endeavor to lay before our readers the author's views on some of the more frequent and important affections of the eye. Mr. Howard devotes the first part of his work to the anatomy and physiology of the orbit and its contents. In his physiology of the fifth pair of nerves, he presents us with a new and we believe original theory. He is of the opinion that the ophthalmic branch of the fifth pair of nerves, is sensible to the stimulus of light, separate and distinct from any associate action of the retina; in proof of which, he refers to the free motion of the iris in some cases of complete amaurosis, the pain caused by light, in conjunctivitis, strumous ophthalmia, &c. His theory is that the iris derives sensation to light from the ophthalmic branch of the fifth pair of nerves, while it is indebted to the third nerve for motion, and that through the action of these two nerves, the pupil contracts or dilates according to the quantity of light impinging on the surface of the iris. He calls the ophthalmic branch of the fifth the "protector nerve of the eye" because by its reflex action through the third it regulates the size of the pupil, to the requirements of the retina. That we may not be misunderstood we give his own language—

"I hold that the ophthalmic branch of the fifth pair of nerves preserves the retina from more light than it is able to receive without injury; and this is caused by this branch being sensitive to the stimulus of light, independent of the retina. This is a novel statement, but I think I can sustain it by facts. If such be not the case, how I would ask, can we account for contraction and dilatation of the pupil in persons who are totally blind, whether owing to paralysis of the optic nerve or retina? If the iris were dependent for its action upon the reflex stimulus from the retina, this could not be the case; for the amaurotic retina, it must be remembered, is incapable of discerning even the very strongest light. Again, why does light give pain in conjunctivitis, or such excruciating agony in strumous ophthalmia? The retina can surely have nothing to do with it. But it has been said, the contraction of the pupil gives the pain, because, that when the application of belladonna dilates the pupil, the patient is relieved. I certainly cannot understand

how contraction of the pupil can give pain; I am rather inclined to think that it is the pain which causes the contraction of the pupil; and that in the use of the belladonna its application removes the morbid irritability of the fifth pair of nerves, and the pain being relieved the pupil dilates. This can be proved as follows: In strumous ophthalmia, instead of using belladonna, let the irritability of the fifth be removed by the application of nitrate of silver to its external branches, in the integuments of the superior palpebræ; after which it will be found that when the pain has been assuaged, the pupil will be dilated; now, certainly the nitrate of silver has no specific power over the iris; it can therefore only dilate the pupil indirectly, that is, by relieving the pain of the fifth nerve. But how is the pupil contracted by the stimulus of light; the answer is that the iris receives sensation from the ophthalmic branch of the fifth, and motion from the involuntary branch of the third; branches of these two nerves, form the lenticular ganglion, which in turn supplies the iris with motive power in addition to that furnished by the two branches given off from the nasal branch of the fifth. Hence it is clear, that the iris is supplied with both a sensitive and an involuntary motor nerve, that the stimulus of light on the iris is borne to the sensorium through the fifth nerve, and that the sensorium issues its commands through the third, which causes the involuntary action of the pupil; thus it is that the iris is found to possess all the properties of an involuntary muscle, supplied with a sensitive and an involuntary motor nerve.

“According to my theory of the sensibility of the iris to the stimulus of light, through the fifth pair of nerves, it can be well understood that the iris acts as a safeguard to the retina, by instantaneously adjusting the size of the pupil to the intensity of light, allowing only the proper amount of light to pass through.”

Our author's theory is ingenious and highly plausible, and if it can be sustained, will assist very materially in accounting for some of the phenomena of the eye hitherto inexplicable.

He frequently alludes to this theory in the subsequent part of his work, and upon the assumption of its correctness bases his pathology and treatment of several of the diseases of the eye. From the physiology of the eye we pass to part second, which treats of its pathology. He commences with injuries of the orbit, after which he describes the various diseases to which it is subject, such as periostitis, canis, necrosis, orbital tumors, &c.

Chapters twelfth and thirteenth he devotes to the secreting and excreting lachrymal organs; fifteenth to the diseases of the muscles of the eyeball. In this chapter he speaks of strabismus and of the means resorted to for its cure. In his operation for the division of the tendons of the recti muscles for the cure of strabismus, he uses a hook to pierce the “conjunctiva and tunica tendon,” and draw the eye in such a manner as



to put the tendon to be divided on a stretch, as a preliminary to the operation.—This step we consider not only unnecessary but highly objectionable.—It complicates the operation; it causes the patient unnecessary pain; it stretches the tendon and muscle over the convexity of the eye ball, drawing the tendon so firmly to the sclerotica that the introduction of the blunt hook beneath it is rendered more difficult to the operator and painful to the patient. We have operated for strabismus many times, on patients varying from two to fifty years of age, and have never found it necessary to use the hook to turn the eye towards the external angle and keep it “fixed in that position.” Injuries and diseases of the eye-brow and eye-lids, are treated of in the fifteenth chapter, and of the conjunctiva in the sixteenth. These we shall pass over, after making a few remarks on pterygium, as there is nothing peculiar in the author’s description, or particularly new in his treatment. His account of pterygium is brief, but so far as it is of any value it might as well have been left out, and we notice it only for the purpose of making some general remarks on the disease. We have never seen even a passable treatise on pterygium, and we think those who have seen much of this annoying excrescence, will bear us out in our assertion. This we attribute to the fact that pterygium is not common in cold climates, consequently writers have seen but little of the disease. In the south-western portion of the United States, pterygium is more common than any other affection of the eye; we are confident we do not exaggerate when we say that one person out of every fifty male adults living in this country is affected with this disease. Dr. Howard says:

“Pterygium is perfectly free from pain, nor is there any new production of the eye, as there would appear to be, but only an alteration of the thin, transparent membrane that covers it, and which is converted by chronic ophthalmia into a thick opaque tunic.”

We have seen, in all their various stages of advancement, several hundred cases of pterygium, and we can scarcely recollect a case in which the membrane had extended on the cornea, that was not at times attended with more or less pain. So far from pterygium being the result of chronic ophthalmia, our own observations teach us that nineteen persons out of every twenty, laboring under this affection, never had either acute or chronic ophthalmia, until the pterygium had obtained a sufficient size as to be itself a source of irritation, causing the eye to inflame from very slight causes. True, those persons with large pterygium are subject to frequent attacks of conjunctivitis, on exposure to cold, particularly cold winds; but it is the pterygium that is the

predisposing cause of the inflammation. The successful removal of the pterygium relieves these attacks of inflammation, which would not be the case if this membranous excrescence was only the result of inflammation.

We now pass to ophthalmia, with which he commences his eighteenth chapter. Here he refers to his theory of the ophthalmic branch of the fifth pair of nerves, in accounting for the fact that light is sometimes the cause of ophthalmia.

“It is strange that light, which is indispensable to the functions of the eye, should be the cause of inflammation. Were the retina only the primary seat of the inflammation, it would admit of an explanation; but when we find that the conjunctiva is the part that is generally attacked, we are at a loss to explain how it occurs. I consider it can be explained in only one way, which is by granting that the ophthalmic branch of the fifth pair of nerves is sensible to the stimulus of light, and that under particular circumstances, light, of a peculiar kind, acting on this nerve, produces a morbid irritability of it, and thus acts as an exciting cause of inflammation.”

Mr. Howard is opposed to those divisions and sub-divisions of ophthalmia, “as do not lead to any practical result.” Conjunctivitis, he divides into “mild and severe.” Under the latter head, he treats of “purulent or Egyptian, the gonorrhœal, and the purulent ophthalmia of infants.” Catarrhal ophthalmia, or mild inflammation of the conjunctiva, is a disease “purely specific,” differing in every respect from all other forms of conjunctivitis. It prevails more frequently in Canada during the winter, when thaws occur, and there is great and sudden changes in the atmospheric temperature; it attacks adults more frequently than children, and when it does occur in children it is in a modified form, and “generally degenerates into phlyctenular ophthalmia.” He does not think that the puriform discharge is capable of exciting the disease when conveyed to the eyes of another person. Mr. H. is opposed to treating catarrhal ophthalmia, simply by local applications as recommended by Mackenzie and others, but prefers antiphlogistic and local treatment combined. The only local application he approves is the nitrate of silver solution, of the strength of ten grains to the ounce; if there is much constitutional disturbance he uses emetics, purgatives, diaphoretic mixtures, tartarized antimony, &c. He opposes the use of the lancet, and asks “what benefit could be derived from blood-letting when the inflammation is in a mucous membrane?”—thinks that leeching and scarifying the lids unnecessary, and blistering worse than useless.

“I have always found that starving a patient and confining him to a dark room aggravates the disease, while gentle exercise and fresh air has a more beneficial effect than any treatment I could adopt.”

Purulent ophthalmia next commands the attention of our author. He is inclined to think this disease infectious and has “no manner of doubt but that any of the causes already enumerated, which produce simple inflammation of the conjunctiva, may also produce purulent ophthalmia; and it is pretty certain that a disease, which is only at first catarrhal ophthalmia, may be by bad treatment converted into severe inflammation, which will terminate in purulent ophthalmia. The local treatment of this formidable disease, must be purely astringent, and the constitutional as a general rule antiphlogistic.”

If the constitution of the patient is good, he gives an emetic, followed by purgatives, and during the inflammatory stage, keeps the patient nauseated with small doses of ipecac—“not for its nauseating effects alone, but also for its well known specific action on the mucous membrane.” Morphine is the best anodyne that can be given when it is necessary to relieve pain, and if the patient is debilitated, tonics may be given at first, but as a general rule they are inadmissible previous to the chronic stage of the disease.

“If the patient has long been confined to the house, it is astonishing what benefit he will derive from getting out into the pure air; indeed it is wonderful how difficult (in this disease as well as all other inflammations of the eye) it is to cure a patient while confined to an hospital, and this I attribute to the irritation which the eyes must suffer in the ward of an hospital, from the great quantity of ammonia that is given off by the urine that is constantly collecting.”

Mr. H. applies his local treatment in the following manner; after everting and cleansing the lids with warm water—

“I next sponge and dry the palpebral conjunctiva, then brush every part of it over, up to the line of reflection, with a hair pencil previously wetted and applied to a piece of the nitrate of silver, upon doing which the whole part becomes white. I leave no part of the palpebral conjunctiva that I do not touch, even the caruncula and semi-lunar membrane, and if the sclerotic conjunctiva be much inflamed, but not ecchymosed, I pass the brush over it also; I then let a little milk pass over the eye, and, immediately after, restore the lids to their natural position.”

If the inflammation does not subside in two or three days, this application is repeated, and after the disease begins to abate, he substitutes a solution of the acetate of lead, which is continued until a cure is effected..



We pass over gonorrhæal and purulent ophthalmia of infants, and dwell briefly on phlyctenular or strumous ophthalmia. Mr. H. accounts for the frequency with which this disease is attended by eruptions on the head and face, in the following manner :

“I conceive that the cause may be traced to some peculiar state of the fifth pair of nerves; the integuments covering the face and head, as well as the mucous membrane lining the eyes, nose, &c., receive sensation from the fifth pair of nerves; now it is an acknowledged fact, that if the ophthalmic branch of the fifth pair of nerves be paralysed, the result will be ulceration of the conjunctiva and Schneiderian membrane. I therefore consider that, reasoning from analogy, we may suppose that if the whole fifth was paralysed, the integuments it supplies will also ulcerate, although perhaps not so soon as the mucous membranes, which are supplied by this nerve”

He attributes this disease to a modification of ordinary conjunctivitis, by “morbid strumous poison,” acting on the ophthalmic branch of the fifth pair of nerves, “so that its nutritious powers, necessary for the healthy eye are suspended.” In his treatment he attends particularly to the improvement of the general health of the patient, as the disease is dependent on a constitutional cause. Cod-liver oil, which has been so highly recommended in strumous affections, he has found of no benefit. He says veratria is highly serviceable, “brushing the eye-lids, eye-brows and temples, with an eight grain solution of it, till a slight burning sensation is produced in the parts.” This allays the irritability of the extreme filaments of the fifth, and relieves the painful sensibility to light. Blistering he thinks does more harm than good, and the local use of the nitrate of silver he has abandoned since his discovery of the benefit to be derived from the use of veratria in the manner alluded to above. We next come to speak of iritis, which Mr. Howard describes under three heads, acute, chronic and syphilitic; rejecting those minute divisions and subdivisions of the German oculists, and even thinks the six divisions of Mackenzie lead to no practical result, as the treatment is nearly the same in all. In treating the syphilitic variety of iritis he speaks highly of turpentine, which was first recommended by Mr. Carmichael, and finds it peculiarly applicable to those cases in which mercury fails to benefit the patient. Turpentine, after mercury, prevents a return of the disease. Mr. Howard has presented us with an interesting account of “inflammation of the lens and capsule producing cataract,” and gives us to understand that much more can be done by medical treatment, in relieving lenticular and capsular opacities, than we have heretofore been taught to anticipate. Etu-

ropean oculists have almost without exception, met with so little encouragement, in the medical treatment of cataract, that all attempts to remove these opacities in any other way than by surgical operations, has long since been abandoned. Our author's experience teaches him that many persons, who are blind or have an impaired vision from cataract, can be entirely relieved without the use either of the knife or needle, and gives three cases, in which his success was so perfect, and so different from what the highest authorities have taught us to expect, that the sceptical might almost be inclined to doubt the correctness of his diagnosis. Mr. H. thinks that cataract is generally the result of inflammation. He says :

“I conceive every case of cataract, whether capsular or lenticular, even those cases which occur in old age, to be the result of inflammatory action, with the exception of those which occur suddenly, whether produced by blows or otherwise. The symptoms of inflammation of the lens or its capsule, while in the first stage, are very obscure indeed, and this, in my opinion, is one of the causes of so many cases of cataract. If the inflammation is in the anterior capsule of the lens, small blood vessels will be seen to cross its surface, sometimes presenting a varicose or knotty appearance. If the posterior capsule is the seat of the inflammation, the appearance of the blood vessels are very similar, but something more obscure, and larger towards the centre than at the edge. If the inflammation is in the lens, there are no vessels seen towards the centre, unless the patient is very young, but they form a small red zone around the edge of the lens, behind the anterior capsule.”

In his treatment of the acute stage of capsular and lenticular inflammations, he generally begins with an emetic and a purgative, followed by cream of tartar, containing minute doses of tartarized antimony, local bleeding, belladonna, to dilate the pupil, and perfect rest to the eyes. When the disease extends to the second stage, he at once changes the treatment to alteratives and tonics, as calomel, quinine, nitric acid, ioduretted iodide of potassium, &c.

“The local remedies are, keeping the pupil dilated by means of atropine or belladonna; fumigating the conjunctiva once every day with hydrocyanic acid, brushing the eye-lids and eye-brows with the solution of veratria; insulating the patient and drawing electric sparks from round the orbit, and from the eyelids, and keeping up a counter irritation behind the ears, by applying to those parts the tincture of iodine. By the above treatment, long persevered in, I have not only succeeded in curing numbers of cases of incipient cataract, but have also in very many cases succeeded in giving old people, who could not make their way alone, such sight as enabled them to read moderate sized print.”

Mr. H. gives three cases of capsulo-lenticular cataract treated in the manner just alluded to, with results so unusual that we regret our space does not permit us to copy them entire. We are sorry he has not reported them more in detail, with the exact appearance of the eyes, and the symptoms attending each case, for when a person becomes "so perfectly blind as not to know that it was daylight," some surgeons might suppose there was something more than simple cataract, which we have never seen so complete as to destroy all perception of light. We give his third case—

"David S——, Esq., of Montreal, astronomer and surveyor under the sixth and seventh articles of the treaty of Ghent, aged 78, was led by his daughter to my surgery on the 24th of February, 1848. He stated that he had been blind of his right eye since February, 1789, and did not expect I could do anything for it, but that the sight of his left eye had been good up to the past three months, when it became a little cloudy, which cloudiness gradually increased, up to ten days previous to his coming to me, on which morning, (the 11th of February) he awoke so perfectly blind as not to know that it was day-light. He stated that he had applied to two well known medical men, who professed to know something of the diseases of the eye, and they assured him nothing could be done for him. I examined his eyes, and found he had capsulo-lenticular cataract of the left eye, fully ripe for operation; and a cicatrix, in the centre of the right cornea, so surrounded by lymph as to render the whole of the cornea opaque, causing it to appear as though the sclerotica extended over the part of the eye; not one portion of the iris was observable through it. This gentleman was able to come to my surgery by himself, after having daily attended me for three weeks. After attending me for three months, he was able to read and write at all hours during day-light; I prohibited him from writing or reading by artificial light; some time past he told me that on the previous evening he had seen a particular star with his right eye, for the first time since he was of the age of 19. I then examined his eyes and found scarcely a vestige of cataract remaining in the left eye; and the right cornea so clear, that the whole of the iris and pupil were visible; even the cicatrix was much smaller, indeed not more than half its original size. The treatment in this case was exactly alike for both eyes; every day that he came his eyes were fumigated with the hydrocyanic acid, and his eye-brows, lids and temples, brushed with the solution of veratria; sparks of electricity were drawn from round the orbit about three times a week; and occasionally I dropped on the conjunctiva the two grain solution of atropine. For the first two weeks he took every morning a wine-glassful of the infusion of gentian, containing a small quantity of the sulphate of magnesia and sulphuric acid."

The nineteenth chapter treats of those diseases of the eye, which are the results of inflammation; but as we have already encroached on the



limits allotted to this notice, we will give only Mr. Howard's treatment of granular conjunctiva, which he claims as original, and for which he takes to himself a due share of credit.

"I have asked many medical men, in Montreal and elsewhere, whether they had ever seen a case of granular conjunctiva cured, and invariably the answer has been no; but several of them, with many medical students, can now testify, that they have seen many cases cured by me; and I do not think I am guilty of exaggeration in saying, that within the last four years, I have cured upwards of two hundred of such cases."

He attributes this disease to a disordered condition of the ophthalmic branch of the fifth pair of nerves, diminishing the power of the absorbents, so that to produce a cure it is only necessary to restore these nerves to a healthy action, and the absorbents will remove the granulations. This is accomplished by putting the patient on a general animal and vegetable diet with wine at dinner; free exercise in the open air; the local application of the acetate of lead, and the daily brushing the parts about the eye with an eight grain solution of veratria.

"When I first see the case, I evert the lids and then wipe the granulations dry with a soft sponge, after which I dust them over with the acetate of lead, it being previously pulverised in the finest possible manner. I keep the lids thus everted, with the lead on them, four or five minutes, then let a little water pass over them, after which I restore the lids to their natural position. Every day after the first, till the eyes are perfectly well, I drop on the eye a large drop of the saturated solution of the acetate of lead, and order the patient to smear the lids every night with a small portion of the red or Jannin's ophthalmic ointment."

The remaining two chapters are devoted to malignant affections of the eye, and the various states of the eye independent of inflammation, but our limits preclude any further notice. We have endeavored to give Mr. Howard's pathology and treatment of some of the diseases of the eye which are of frequent occurrence, and liable to be met with by every physician in his daily practice, while we have passed over those more rarely seen, and which, when they do occur, usually come under the charge of practitioners who have devoted more than ordinary attention to ophthalmic surgery.

C. S. F.

II.—*Observations on certain of the Diseases of Young Children.*  
By CHARLES D. MEIGS, M. D., Prof. &c., &c., &c., 1850.

THIS neat little volume embraces the outlines of a course of Lectures delivered by the author on the "Diseases of Children" before the class of the Jefferson Medical College of Philadelphia. In the department of the diseases of women and children, Dr. Meigs now occupies the stand once held by the distinguished Dewees; and without awarding to the former equal practical knowledge with the latter, we are nevertheless disposed to rank Dr. Meigs among the first practical obstetricians of this country. His principles on the diseases of children, as revealed in these lectures, are in the main sound and satisfactory; yet the language—at least the technical portion of it, is highly objectionable, and even offensive, in some parts, to educated taste. Witness, for example, the following sentence, when speaking of the effects of chloroform on the child in parturition—

"The inference which I should draw from these statements is, that in the use of chloroform or ether in labors, the practitioner should have constant reference to the influence which the etherization and chloroformization might possibly exert upon the child's circulation, because the child in labor is always more or less exposed to death from asphyxia, and more particularly in cases where an early crevasse of the ovum may have taken place. Nor can I readily understand the force of motives, that in a rapid and natural labor, should induce the physician to plunge the intellectual, co-ordinating and visual lobes into total oblivion with the mere intent to subduct a natural sensation of healthful pain; nor, much more, can I conceive how in a long, tedious and painful labor, naturally dangerous to the child, he should venture to alter the blood of the mother—yea, for seventy hours as I have heard it has been done—and yet preserve that solemn respect for the rights of the infant committed to his care, which cannot but be, under such a treatment, greatly compromised."

The exact purport of the above paragraph, is, we are bound to admit, beyond our understanding; and it is much to be regretted that a practitioner of Dr. Meigs' attainments and experience, should so far overlook the force and beauty of the English language, as to mask his precepts and valuable experience in the jargon of unmeaning and unintelligible technicalities.

The above specimen of his style, is but one of many that might be furnished from these lectures of the author's; but perhaps we deal unjustly with Dr. M.; we should not always judge of a man's character by the cut of his coat or the figures on his cravat; so in like manner, we

do not mean to condemn the substance and value of these lectures, because the author has thought proper to clothe them in empty and unmeaning technicalities, more suitable to an aspirant just ushered from the "*Green-room*," than an old and experienced teacher, well acquainted with the serious realities of medical subjects.

We have objected to the language adopted by Dr. Meigs in communicating his thoughts;—we have not as yet attempted to gainsay his reasoning or to combat his arguments,—on these two points he is sound and entitled to a candid hearing.

By many, the diseases of children are thought to be things utterly incomprehensible to the scientific medical man; in their treatment the old women of the vicinity are preferred to the educated practitioner. Everybody says that Doctors do not understand the diseases of children,—they cannot diagnosticate their complaints, and consequently cannot treat them with any degree of success. Such, do not know that the suffering organs of the infant have a language true to nature—true to all the instincts of the organism, and as unerring as the laws of nature. Has the child an encephalitis—an enteritis—or a pneumonitis, the suffering organ, if properly consulted and justly interpreted, will speak a language intelligible to the scientific physician and true to the wants and instincts of its real condition.

To diagnose correctly the diseases of infancy, the physician must learn to interpret the vernacular of each organ of the body,—he must be enabled to discriminate between the cries wrung from a child suffering with a gastritis, from those of another afflicted with a cerebritis,—the low and plaintive tone in the one case, must not be confounded in another, with the sharp and shrill scream, as indicative of equal suffering in one and the same organ. As the language of men point to the nation whence they sprang; so too the morbid symptoms in a child, should lead us to locate the disease upon the right organ.

The physiognomy of an infant, if well studied, may guide the physician to a correct diagnosis; but to derive any advantage from this source requires a thorough knowledge of the *emotions* of the organs—and the manner in which they express their sufferings when assailed by disease; but to attempt to pourtray the changes wrought on the countenance of the infant by disease is more than we shall attempt—certainly much more than we could accomplish with any degree of satisfaction; we must learn each for himself to interpret such technicalities. Since a great majority of children who perish early in life, fall victims to bowel complaints, we shall devote some observations to an



examination of the diseases of the alimentary canal of children, and refer particularly to some of the views advanced by Dr. Meigs on the subject.

Children are often, says Dr. M., affected with diarrhœa and griping. An excessive quantity of acid is sometimes formed in the primæ viæ; and this acid in a free state, coming in contact with the bile in the duodenum, &c., changes the natural color of this secretion from a yellow to a greenish hue—a certain proof of a hypersecretion of acid in the gastro-enteric mucous surface, as indicated by the green discharges which are so common and so difficult to check in these cases.

The acid in the primæ viæ, when brought in contact with the yellow bile, strikes a pea-green color, and hence the peculiar color of the evacuations under these circumstances.

Instead of administering calomel, as is generally done in these cases, to correct a supposed morbid secretion of bile, we must seek to check the excessive secretion of acid, and to neutralize that which has already been formed in the stomach and bowels; the latter may be best accomplished by some absorbent powder, such as the preparations of chalk—the alkaline carbonates—aqua calcis and milk. To correct the excessive secretion of this acid, mild aperients such as rhubarb, calcined magnesia, hydrargyrum cum creta, &c., may be occasionally interposed with benefit; and during this treatment, strict attention should be paid to the diet of the infant; it should not be permitted to overcharge its stomach, or to nurse at irregular intervals,—because the child, being a glutton, according to Dr. Meigs, must needs take, if allowed, more nourishment into the stomach than its digestive organs can safely manage.

An interesting chapter is devoted to “Infantile Jaundice;” but as this is not considered a very dangerous affection, we are advised to leave the case to nature and trust to time.

Chapter VIII., which is a long one, gives us some observations on *Cyanosis Neonatorum*, and on this subject Dr. Meigs says:

“There is so great a variety of maladies that interfere with the due aëration of the blood, that a volume, rather than a short article, ought to be devoted to their consideration, in any attempt to describe all of them.—Malformation of the heart and its vessels—unnatural states of the lungs, whether congenital or accidental—tumors—hydropic collections—tubercles—vomica—congestion—inflammation—whatsoever, in fine, prevents the due exercise of the whole function of respiration, may be set down among the possible causes of cyanosis. My intention is to treat only of those cases that are coincident with permanency, after birth of the characteristics of the fetal heart.

He then goes on to describe the circulation of certain inferior animals—points out at once the similarity and dissimilarity between the fetal heart of the human subject and those of birds and mammals. This is a very interesting subject and should be generally taught in all our medical schools. The treatment of cyanosis, is, we believe, original with Dr. Meigs; and in a case which was threatened with immediate death, the Doctor was led to adopt the treatment of *position* from the following reflections:

“I was deeply concerned and knew not what to do; suddenly I reflected upon the structure of the fetal heart, and the route of the fetal circulation, and I said, if I bring the septum auricularum into a horizontal attitude, will not the blood in the left auricle press the valve of Botalli down upon the foramen ovale, and thus save the child, by compelling all the blood of the right auricle to pass by the iter ad ventriculum, and so to the lungs to be aerated?”

“In the case now under consideration, I placed the child, which seemed nearly dead, upon a pillow, on its right side, the head and trunk being inclined upwards about twenty or thirty degrees.

“Upon placing it down in this manner, it became quiet—began to breathe more naturally; to acquire a better hue of the face, hands and feet; until, in a very short time, it was quite well again, and did well; having no further returns of the attack of cyanosis neonati.”

If the above method of treating this disease—or of counteracting a serious difficulty, shall prove as successful in the hands of others as it seems to have been in Dr. Meigs', it certainly will entitle the author of it to high commendation.

In addition to the detail of a number of cases of cyanosis, relieved by position as above pointed out, Dr. M. has received, he tells us, communications from many highly respectable physicians through the country, all of whom acknowledge the efficacy of the treatment, because they have had opportunities of testing it since on several occasions and always with satisfactory results.

Omitting some quaint speculations on the cause of the vital forces and the influence of oxygen upon the blood, as the excitor of nerve force, we proceed to close this short notice. Without wishing to detract in the least degree from the intrinsic value of the work, we must nevertheless express both our surprise and regret at the style in which a part of the lectures are written—being both pedantic and in many instances obscure to the last degree.

To do justice to Dr. Meigs, we quote the following to justify what we have said; speaking of the manner in which the child is restored

from a cynosed condition to comparative health, by "position," Dr. Meigs says, (page 110) "it is probable that half a dozen systoles of the heart had scarcely been effected, before the oxygeniferous streams had reached the neurine, and waking into orderly and healthful force, the before nebetized innervations of the child, all the dependent organisms and organs resumed their healthful movements, &c."

Again at page 117, remarking on the mode in which death was brought about, the author says: "my patient probably flooded her medulla oblongata with carboniferous blood, and ceased to breath in consequence of the annihilation of biotic force evolved from the medulla."

We presume the author simply wished to tell his *students* that death was caused by conjection of the medulla oblongata; and if so, why not use plain intelligible English?

Dr. Meigs affords a practical illustration of the witticism of the astute Frenchman who declared that language was simply employed to *conceal* one's ideas. The specimens we have chosen will convey some idea to the reader of the technical verbosity in which our author has unfortunately clothed many valuable facts and much useful information. Laying aside this objection to the work, we must admit that Dr. Meigs has thrown out many important suggestions on the nature and treatment of infantile diseases.—

The book is neatly printed and of small size, containing little over 200 pages.—It is worth reading.

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III.—*A Practical Hand-book of Medical Chemistry.* By JOHN E. BOWMAN, Fellow of the Chemical Society, &c., &c. Philadelphia: Lea & Blanchard.

THE object of the present work was to embody in a small and convenient volume the necessary instructions for the examinations and analysis of urine, blood, and other important animal products, both healthy and morbid,—also embracing directions for the detection of poisons in organic mixtures and in the tissues.

The leading facts upon which this "manual" rests, have been in part obtained from the writings of Golding Bird, Owen, Rees, Day, Franz Simons, Vogel and Donn e; all of whom may be consulted with



advantage by those who desire to make themselves better acquainted with the subject of microscopy and organic chemistry.

The first subject which we propose to examine, although not in the order set down in the book, is the blood. This fluid has been so repeatedly analysed by chemists, and scrutinised by the best microscopists, that but little remains to be said on this important fluid. Healthy blood has been so oft and repeatedly described, and is so readily recognized, that we shall pass rapidly on to the consideration of blood in an abnormal or diseased state.

Mr. Bowman divides the variations which are found to exist in the chemical composition of morbid blood into :—

1st. “Those in which, so far as we are aware, no abnormal matter, not contained in healthy blood, is present; but in which one or more of the normal constituents of healthy blood exists in a greater or less proportion than in the healthy fluid.”

2d. “Those in which we can detect the presence of one or more abnormal matters which are not found in healthy blood.”

Under the first head may be included those cases in which we find either an excess or deficiency of water, corpuscles, albumen, fatty matters, fibrin, cholesterin, urea, inorganic salts, &c.; whilst to the second we must refer all such as contain sugar, pus, entozoa, biliary matter, and other like abnormal substances.

As the proportion of water in the blood varies considerably, it is difficult to say what may be considered as the normal amount. Mr. Bowman and others, place the average at from seven hundred and ninety to eight hundred in one thousand parts of blood; but it is easy to perceive that this average can only hold good in certain temperaments and habits of body. But it may be demanded, are we justifiable in putting down all those cases in which the watery portions of the blood either fall below seven hundred and ninety, or rise above eight hundred in the one thousand parts, as abnormal, and consequently detrimental to the organism of man? If we are not, it is easy to establish doubtful issues on this point, and at once to open a field for discussion, as undefinable as chaos and as incomprehensible as “nebulous matter.”

As examples of an excess of water in the blood, we may mention anæmia and chlorosis; whereas, cholera affords the best illustration of a deficiency of this important fluid, since the blood in this disease has been found on examination to contain only four hundred and eighty parts of water in one thousand.

Writers on organic chemistry set down the average proportion of corpuscles contained in healthy blood at 120 to 130 parts in the 1000. These corpuscles may be either deficient or in excess; in certain *febrile* diseases, our author states that they may be increased to 180 in 1000; whereas in other complaints, tending to impoverish the blood and render it more watery, these bodies have been known to fall down to 25 to 30 in the 1000 parts. It would appear from the foregoing facts, that the fluctuations in the water and corpuscles of the blood, as produced by disease, do not take place to the same extent—the extremes of the latter varies much more than those of the former. Tonics and the ferruginous preparations augment the corpuscles of the blood, but diminish in the same ratio the serous and water portion.

Under the microscope, the corpuscles of the blood after death undergo important changes, due in a great measure to the phenomena of endosmosis and exosmosis. Sometimes they present a slightly globular form; at other times they manifest a wrinkled or indented outline, similar to that which it assumes when in contact with strong saline solutions.\*

Blood may contain an excess or deficiency of albumen—the average in health being estimated at 70 or 75 in 1000 parts. In cholera, it has been known to reach an excess of 131, and in Bright's disease to fall as low as 55 parts in 1000. The fibrin of the blood likewise increases and decreases, according to the healthy or morbid condition of this fluid. In all inflammatory affections,—such as acute rheumatism—pleuritis, &c., the fibrin has been found to increase from 2 and 3 parts (the normal standard) to 10 parts in 1000. Every one who has seen blood drawn from a patient laboring under an acute inflammatory attack, and allowed to remain at rest for a few minutes, must have observed the presence of fibrin in what has long been known and styled the *buffy coat*. Fatty matter exists in small quantity in normal blood, in combination with soda or potash; it may be separated from the blood by agitating it with ether which readily dissolves it and presents a milky appearance. Mr. Bowman asserts that cholesterin always exists in healthy blood, but this is denied by Denis and some other observers,—it seems most abundant in the serum of icteric patients.

We come now to speak of a principle found in the blood, especially in certain forms of disease, which has attracted the special attention of chemists,—it is urea. It abounds in the blood in Bright's disease—choleric and certain other morbid conditions of the system in which the

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\* Vide Dr. Hort's interesting papers on the blood in this Journal.

functions of the kidneys are seriously disturbed. As some of the affections in which this substance is abundantly produced, are often obscure and difficult to diagnose, we think it important that the young experimenter should be made acquainted with the steps by which it can be detected,—we therefore copy the following remarks on this point from Mr. Bowman.

“The detection and estimation of urea in the blood may be conducted in the following manner. A known weight of serum is first evaporated to dryness on a water bath, at a *very gentle* heat, a precaution necessary to be observed, since a temperature of  $212^{\circ}$ , long continued, such as is required in this analysis, would probably cause the decomposition of some portion of the urea. The dry residue is reduced to fine powder in a mortar, and treated with distilled water, heated to about  $200^{\circ}$ , the quantity of which may be about double the volume of the serum employed in the experiment. The mixture is allowed to digest for about half an hour, at  $200^{\circ}$ , after which it may be filtered from the insoluble residue of albumen, which latter must be washed while on the filter, with a little more warm water. The filtered aqueous solution is now evaporated to dryness, and the residue digested with a little absolute alcohol, at a very gentle heat, which may be continued for about half an hour; a little fresh alcohol being added occasionally, to replace that lost by evaporation. The mixture is then filtered; the clear alcoholic solution is evaporated to dryness, and the residue treated with a little lukewarm distilled water, which will then contain merely the urea, together with a small quantity of extractive matter.

The aqueous solution thus obtained is evaporated at a very gentle heat, to the consistence of a syrup, and then mixed with a few drops of pure and colorless nitric acid (16. 182), the mixture being kept cool by immersing the glass containing it in a little cold water, or, still better, in a freezing mixture composed of equal weights of crystalized nitrate of ammonia and water. If urea is present, delicate crystalline plates of nitrate of urea ( $C_2H_4N_2O_2$ ,  $HO,NO_5$ ) will gradually appear (Fig. 2, p. 29), which, if in sufficient quantity, may be dried by gentle pressure between folds of filtering paper, and weighed. From the weight thus obtained, that of the urea in the quantity of serum employed, may be calculated as follows:—

$$\left\{ \begin{array}{l} \text{Atomic wt.} \\ \text{of nitrate} \\ \text{of urea.} \end{array} \right\} \quad \left\{ \begin{array}{l} \text{Atomic} \\ \text{wt. of} \\ \text{urea.} \end{array} \right\} \quad \left\{ \begin{array}{l} \text{Wt. of nitrate} \\ \text{obtained.} \end{array} \right\} \quad \left\{ \begin{array}{l} \text{Wt. of urea in} \\ \text{quantity of} \\ \text{serum employed.} \end{array} \right\}$$

$$123 \quad : \quad 60 \quad :: \quad a \quad : \quad x$$

If no appearance of crystallization can be detected with the naked eye, a drop of the acid liquid, cooled by means of a freezing mixture, is to be examined under the microscope, by which means very small traces of urea may be detected (181).”

The blood is sometimes impregnated with biliphæin, or the coloring



matter of bile, which may be readily detected by adding a few drops of nitric acid to the clear serum; this will cause a precipitate of albumen, and if it contain biliphæin, it will present a decidedly greenish tint, and if the coloring matter be about, the precipitate will be nearly white or colorless.

The latter portion of this truly scientific work contains some important suggestions on the method of *detecting poisons in organic mixtures*. It details, in brief, all the best and most reliable modes of finding arsenic, antimony, mercury, lead, copper, zinc, iodine, and some of the most poisonous acids, in the fluids and solids of the animal system. This part of the work is peculiarly valuable and should be studied with care and attention by every conscientious physician, for upon a knowledge of poisons and their re-agents, often depends the life and happiness of our fellow creatures.

We commend, in strong terms, Bowman's Medical Chemistry to the student and practitioner. T. L. White, 53 Canal street, has copies for sale.

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IV.—*Woman; her Diseases and Remedies*. By CHAS. D. MEIGS, M. D., Professor in Jefferson Medical College—Philadelphia, &c.

THIS elegant volume embraces a series of letters addressed by Prof. Meigs to his class between the term of his lectures. They are written *currente calamo*, and impart much valuable knowledge, in a style racy and original, and well calculated to relieve the mind of the student of that *tedium* which attaches itself to the subject.

These letters are less amenable to criticism, on account of the style and phraseology adopted, than his Lectures on the "Diseases of Infants," of which we have already spoken perhaps too freely in another part of the Journal. To render the subject more captivating, Prof. Meigs has mingled the *serius* with the useful—the prose with the poetry of the subject, and by his amiability and courtesy of manner, disarmed the critic of his venom, and bid defiance to all the established rules of rhetoric. In these letters, he tells us what he has seen, heard and honestly believes;—he dashes ahead, regardless alike of the opinions of some and the dogmas of the day—thus throwing himself upon

the generous confidence of youth and testifying his determination to abide its decision. Dr. Meigs has given a practical denial to the aphorism of Galen when he asserted *morbi curantur non eloquentia sed remediis*,—but for this we shall not strive to condemn him,—he deserves well of the profession,—he has written sensibly, though not always well,—he is a bold thinker and possesses more originality of thought and style than almost any American writer on medical subjects. If he is not an elegant writer, there is at least a freshness—a raciness in his mode of expressing himself, that cannot fail to draw the reader after him—even to the close of his work,—you cannot *nod* over his pages; he stimulates rather than narcotises your senses, and the reader cannot lay aside these letters when once he enters into their merits. This—the second edition—is much amended and enlarged, and affords abundant evidence of the author's talents and industry. T. L. White, 53 Canal street, has copies for sale.

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V.—*Human Physiology*. By ROBLEY DUNGLISON, M. D., &c., &c.  
With 500 Illustrations; Seventh Edition; thoroughly revised, and extensively modified and enlarged—in two Volumes.

ANY recommendation of a work which has in the course of a few years reached the seventh edition, would be ill timed and in bad taste, after the book has received the almost unqualified approbation of the American medical profession.

The progress of physiological science at the present day is so great, that an author who is desirous of keeping the profession fully advised of all the new facts and important additions daily made to our stock of knowledge, on this or any other branch of medicine, must devote a large share of his time to an analysis and compilation of the multitudinous observations and discoveries with which the periodicals of this and other countries, abound. This labor has been handsomely accomplished by Prof. Dunglison, even at a period of life when most men begin to seek repose from the arduous duties of authorship.

We do not think the author has done full justice to the labors of *American* physicians; like most compilers of the present day, he is constantly referring the reader to the observations of certain ancient

writers, with whose opinions and speculations we are familiar, and many of which have long since been refuted or disproved by modern writers. As an evidence of this disposition on the part of the Professor to give an inferior place to American discoveries and improvements in physiological science, we refer to the very meagre account of the very original and learned papers written by our correspondent Dr. Bennet Dowler, of this city. Had his elaborate articles on physiological science been issued under the *nom de plume* of some *trans-atlantic* author, they might have commanded the especial attention of our author, and been blazoned before the world of science as astounding discoveries. Truly nothing good can come out of Nazareth—out of New Orleans.—When will this truculent spirit be banished from our country?

The work is handsomely illustrated and may be had of T. L. White, 53 Canal street.

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VI.—*Elementary Chemistry, Theoretical and Practical.* By GEO. FOWNES, F. R. S., Professor of Practical Chemistry in University College, London. Lea & Blanchard: Phila., 1850.

CHEMICAL investigations have, within the last few years, made such rapid progress, that new works on the subject must be brought out at least annually to keep the scientific world fully advised of the vast improvements made therein. Mr. Fownes has written this work expressly for students, and therefore simply aims to give the elementary facts of the science; but we are persuaded that those who have already made considerable progress in the study of chemistry, may be both refreshed and instructed by a careful perusal of this edition. He says it has been his aim throughout, to render the book as practical as possible, by detailing at as great length as the plan of the work would justify, the scientific processes of the laboratory, and the nature and adjustment of the apparatus, requisite for chemical manipulations.

Passing over the usual subject-matter discussed in all such books, we would invite the special attention of the *medical* student, to the collection on the "*components of the animal body.*" This portion of the work furnishes us a great deal of practical and necessary information concerning the chemical characters and compositions of the various



elementary substances entering into and going to form the organs, fluids, and tissues of our strangely wrought systems.

Having made himself familiar with all these important facts, the student can then enter with confidence upon a more extended field of investigation, and be prepared to appreciate the learning, the research, and beauties of Simon, Leibig, Henley and others who have written elaborately on organic chemistry and other kindred subjects.

We should not omit to state that the work is filled with elegant wood engravings,—thus adding much to the practical utility of the book. Copies, handsomely finished, may be obtained of T. L. White, 52 Canal street, New Orleans.

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VII.—*Transactions of the Belmont Medical Society, for 1849–50.*  
Bridgeport.

We are indebted to Dr. Affleck, the editor, for a neat copy of these "Transactions," containing a number of important papers on practical medicine.

Our medical friends of Bridgeport and the adjoining towns, give in these proceedings, unquestionable evidence of great industry and devotion to the cultivation of medical science. Every member belonging to the Society, is required to report one or more cases of disease at each of the meetings of the convention.

By enforcing this rule, a large mass of useful practical knowledge has been accumulated and embodied in these transactions, which will serve for future reference in studying the medical history of the present epoch.

If space permitted, we should be pleased to transfer some of the papers contained in this pamphlet, to our pages; we shall, however, endeavor to make room for some in a subsequent number.—Dr. Affleck will accept our thanks for his favors.

THE  
NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

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CITY MEDICAL INTELLIGENCE.

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VOL VII.]      NEW ORLEANS, JANUARY 1, 1851.      [NO. IV.

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WE have to chronicle the lapse of another year, during which the Science of Medicine has been materially advanced to greater perfection and certainty in many of its branches. If no new and important law has been established, and no original principle promulgated, in any of the departments of our science, still the master-minds engaged in developing and extending the boundaries of our profession, have been enabled to clear "up points heretofore deemed doubtful" and to impart greater certainty to our means of diagnosis—in a word to solve many of the mysteries which shroud the structure and functions of certain portions of the human organism.

Medicine is emphatically a progressive science, and we are proud to assert, that in this respect it is scarcely behind any of the present day; indeed we regard the discovery of *chloroform* as having stamped our science with superior claims to the respect and confidence of the civilized world. We cannot follow up this exciting subject.

Of the health of our city, we have but little to remark; we may observe, however, that the cholera again began to show itself here and there about the 1st of November, and from this date it gradually and steadily increased up to the 1st of December, and by the last of this month, it was nearly or quite extinct. The following weekly statement, continued from our November number, will be the best expression of our mortality for New Orleans and Lafayette.

	Total	Cholera.
Deaths for the week ending Nov. 2d, -	116	22
“ “ “ “ 9th, -	242	110
“ “ “ “ 16th, -	194	68
“ “ “ “ 23d, -	196	67
“ “ “ “ 30th, -	214	96
“ “ “ Dec. 7th, -	255	118
“ “ “ “ 14th, -	150	41
“ “ “ “ 21st, -	119	22
<b>TOTAL</b> - - - - -	<b>1486</b>	<b>544</b>

The weather continued dry and pleasant during the latter part of the fall and the beginning of winter—even up to the period when cases of cholera began to multiply ; but when the mortality from this disease reached its highest point, the rain fell daily, and the atmosphere was moist, close and oppressive ; and fears began to be entertained that we should have another epidemic. Suddenly, however, about the first of December, the wind shifted to the north, and we had cool, clear and bracing north winds. About this time, viz : the first week of December, the thermometer fell down to 26°, and ice nearly three-fourths of an inch in thickness formed in the streets. This fall of temperature, conjoined with a pure and elastic atmosphere, seemed to check the cholera ; and from this date, it began to decline, notwithstanding the daily arrival by sea, of thousands of poor, miserable, and half starved immigrants at our levee. Indeed it is not too much to say that the disease was confined almost exclusively to this class of our population ; nor is this strange, if we examine into their habits, condition, &c., when they debark on our shores.

During the present week, dating from the 21st Dec., we have not heard of a single case of cholera ; and we may fairly conclude that the disease is extinct—at least for the present.

Much of the matter which we had prepared for this number, is excluded, on account of the great length of some of the papers embraced in the original department. We shall insert it in the March number of the Journal.



*Lead-poisoning in the City of New Orleans. Proceedings of the Physico-Medical Society.*

THOSE of our readers who have obtained the first volume of Dr. Fenner's *Southern Medical Reports*, cannot have overlooked his report on the *epidemic colic* that prevailed in this city during the summer and autumn of 1849; nor could they have failed to discover that the author was strongly disposed to attribute this colic to *lead-poisoning*, derived chiefly from the use of *soda water*. The same disease having appeared again in the summer just past, gave occasion to Dr. Fenner to renew his investigations into its cause. On the 14th of September, he read before the Physico-Medical Society, an elaborate paper on the subject, of which the following is a very brief *resumé* or synopsis, together with the report of a committee of able physicians appointed by the Society to examine the subject. The original paper is reserved for the second volume of the *Southern Medical Reports*, which we learn will appear about the 1st of June next. The subject of this paper is of vital importance to the citizens of New Orleans, and we trust it will command the attention it deserves.

*Abstract of the Proceedings of the Physico-Medical Society of N. Orleans. Regular Meeting, Saturday evening, Sept. 14th, 1850.*

Dr. Fenner read a paper on the subject of *lead-poisoning* in the city of New Orleans, to which he believed the prevailing bilious colic of this and the last summer, might justly be attributed. He pointed out the striking resemblance existing between the colic lately seen and that which undoubtedly arises from lead, as well in its symptoms as its consequences, and mentioned standard authorities which maintain that there is no material difference between the bilious colic or dry belly-ache of the West Indies and true lead colic.

He quoted authorities to show that in all the places where colic has prevailed extensively, under careful investigation the disease has been fairly traced to *lead*; and added, that the skepticism which has ever existed on the subject, arose from the imperfect and unsuccessful efforts to discover the lead.

He called attention to the brief experiments he made with *soda water* last year, which indicated the presence of a great amount of lead in that beverage, and stated that recent experiments under the eye of Prof. Riddell, had removed all doubt in regard to it.

He then proceeded to detail the results of the recent examinations of

the water in common use from our *city hydrants*, which likewise appeared to indicate the presence of lead to a great and dangerous extent. In connection with this point, he related some cases of colic that had recently fallen under his observation, and which, if attributed to lead, must have derived it chiefly if not solely from the use of hydrant water.

He said he had examined the dark deposit thrown down by the introduction of sulphuretted hydrogen gas, and thought that by means of the blow-pipe he had succeeded in developing a few small globules of lead, but was not fully satisfied of the fact.

He had examined hydrant water which had been previously clarified by alum, and found but a very slight trace of lead, which he thought would appear to indicate that in this cheap and convenient article we should find both a *corrective and antidote* to the existing poison.

He had tasted water taken direct from the river, and found that it likewise threw down a black deposit after the introduction of sulphuretted hydrogen gas, but he thought it more likely that this proceeded from the presence of *iron* than lead.

He had tasted various specimens of wines and malt liquors from bottles, without detecting any appreciable presence of lead.

All these experiments had been made with sulphuretted hydrogen gas, in the laboratory of Prof. Riddell, who was present and confirmed what was stated by Dr. Fenner. Dr. F. made some remarks upon the *importance* of the subject, and hoped it would claim from the society the attention it deserved.

Dr. Jones moved that a committee of three be appointed to investigate the subject as set forth by Dr. Fenner, and report at their earliest convenience. Whereupon the following gentlemen were appointed, viz : Drs. Jones, Riddell and Axson.

#### REPORT OF THE COMMITTEE.

The Committee appointed on the 14th of September, to examine the facts set forth in the paper of Dr. Fenner, read to the Society, on the subject of *poisoning from Lead*, beg leave to report, that they have repeated the experiments on the soda, hydrant and river water, in company with Dr. Fenner; and without repeating the processes they have followed, have arrived at the following conclusions :

1st. That they have carefully tested the various specimens of soda water procured from different fountains in the city, in all of which they readily found evident traces of lead. These investigations have

been in their opinion, abundantly sufficient to confirm the opinion of Dr. Fenner that lead exists in all the soda water transmitted through leaden pipes, and in adequate quantity to produce the deleterious effects by him thereto attributed.

2nd. They have also frequently examined the hydrant water in the Chemical Lecture Room, which is transmitted through about seventy feet of leaden pipe. During the greater part of these investigations and while the water was freely drawn and in constant use, they have not been able to detect the slightest traces of lead by the most delicate tests. Traces of lead have been detected, however, by Drs. Riddell and Axson, in company with Dr. Fenner. That under certain circumstances, traces of lead are to be found in hydrant water; though, whether in sufficient quantity to produce the imputed effects, is, in their opinion, not satisfactorily established.

3rd. The Committee having repeatedly examined the water taken immediately from the river, for indications of the presence of lead, unanimously concur in asserting that on no occasion has its existence been demonstrated. The dark precipitate produced by sulphuretted hydrogen both in this and in the hydrant water having been effected by its action on the suspended sesqui-oxyde of iron. The Committee do not therefore concur in the suggestion of Dr. Fenner that lead exists in an appreciable quantity in ordinary river water.

While compelled to disagree with the author of the paper read to the Society in the greater number of his conclusions, the Committee cannot refrain from expressing their approval of these investigations, which it is to be hoped will be followed up not only by the gentleman alluded to but by the members of the Society. Dr. Fenner has certainly established the deleterious character of soda water, for which he is entitled to the thanks of the Society and of the community at large, for whom it would be demanding a just protection by having proper municipal ordinances adopted, prohibiting henceforward, under heavy penalties, the transmission of carbonated water through leaden pipes.

Signed,                   JAMES JONES,  
                                  A. FOSTER AXSON,  
                                  J. L. RIDDELL.

*New Orleans, Nov. 2nd, 1850.*



## SURGERY AND SURGICAL OPERATIONS IN NEW ORLEANS.

*Wound of the left Posterior Tibial Artery—repeated hemorrhages for 10 days—Ligature of the Vessel.*

C. B., a young man about twenty-five years of age, whilst working on a piece of timber, divided with a cutting instrument, called among carpenters an adze, the left posterior tibial artery, at a point just between and a little below the internal malleolus and the tendo achilles. Compression was made at the time over the wound by Drs. Fulsom and Vincent, of Gainsville, Miss., where the accident occurred, but the hemorrhage continued to recur about every twenty-four hours, in spite of the bandages, compresses, &c. In this condition, the wounded man was brought to the City Hospital, at the end of the tenth day of the wound, after being much exhausted by the repeated hemorrhages, which began to recur two or three times daily—as the system became reduced, and the blood had lost much of its plasticity and coagulability. The subject was tall, with large limbs, and of a sallow, anæmic appearance. Some attempts had been made by the above named physicians, according to the patient, to tie the artery by enlarging the wound; but they did not succeed. The patient was brought into the operating amphitheatre attached to the Hospital, and Professor Warren Stone tied the posterior tibial artery in the presence of the medical class.

After some highly sensible and apt remarks on the nature and cause of hemorrhage and the proper mode of arresting it from wounded arteries, Dr. Stone proceeded to the operation. On removing the bandages and compresses with which the wound was abundantly bound, a gush of arterial blood indicated at once the nature and seat of the lesion. The soft parts surrounding the wound, were charged with dark semi-coagulated grumous blood—and the parts were pale, spongy and evinced a want of healthy action.

The patient being under the influence of chloroform, and the femoral artery compressed by an assistant, below Purpart's ligament, Dr. Stone commenced the incision at the upper edge of the wound and extended it above the malleolus; then by careful dissection among the swollen and injected tissues, he was enabled soon to reach the artery, just on a line and a little above the *malleolus internus*. Here the ligature was cast around the vessel, carefully avoiding the posterior tibial nerve and the two accompanying veins. On releasing the femoral artery, a very

slight hemorrhage took place from either the distal end of the vessel, or from one of the *plantar* branches, which might have been divided at the time the wound was inflicted. The bleeding being trifling and the vessel whence it sprang deep seated and buried amidst the injected and swollen parts, Dr. Stone was content to apply a small compress over the mouth of the bleeding vessel—dress the wound and await the result, ordering the patient in the mean time to be carefully watched. No hemorrhage occurred, and the wound was healing kindly when examined about ten days after the operation.

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*Osteo-Sarcoma of the Lower Jaw.—Operation—Removal of one-half the Inferior Maxilla.*

About the 20th of November, 1850, a stout, athletic negro man, of fine robust constitution, was brought to this city from Memphis, Tenn., to be operated on for a bony tumor, springing from and attached to the left half of the inferior maxilla. The boy was about thirty years of age, and stated that some twelve or eighteen months since, something which he supposed to be a common "gum boil," made its appearance about the middle of the bone, and began to grow rapidly, and continued to increase apace, until it had attained the size of two clenched hands—and projected out at right angles with the jaw, causing great inconvenience and shocking deformity. From the healthy appearance of the boy, and his general sound condition, the morbid growth was regarded as destitute of any malignancy.

The patient was brought before the medical class in the operating amphitheatre, and one half of the inferior maxilla, to which the tumor was adherent, was removed by Prof. W. Stone, in the following manner:—

Chloroform having been administered and the patient reduced to a state of insensibility, Dr. Stone commenced the incision near the angle of the jaw and extended it along the bone, to near the external angle of the mouth; this done, and the facial artery secured, which was divided by the knife,—the dissection was continued, first above and then below, until the soft parts were completely detached from the immense bony tumor, and the entire course of the bone from the ramus or angle to the symphysis.

During this stage of the proceeding, but little blood was lost,—and after all the soft parts were detached from the diseased mass, the bone

was divided with a chain saw, anteriorly, near the symphysis, and posteriorly, near the angle of the bone. The tumor was then easily removed; the wound sponged; the hemorrhage, which was trifling, arrested, and the edges closed by several interrupted sutures. The wound healed in a few days, by the first intention, and the boy sent home cured.—But little deformity was observed after the wound had healed. On examination, the bony tumor presented a cellular structure, with intersections of ossific matter. It was non-malignant.

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#### *Lateral Operation for Stone in the Bladder.*

Mr. Peabody, aged 35 years, a fisherman by profession, in this city for eighteen years, discovered symptoms of calculus about eighteen months before he was admitted into Dr Stone's Hospital.

He had been treated for stricture of the urethra by several physicians; but when admitted into the *Maison de Santé* he was sounded and a stone in the bladder detected.

On the 18th of November, Dr. Stone removed the calculus, by the lateral operation, using the gorget and a grooved director. The stone was found attached to the walls of the bladder, and so firmly did it adhere to the anterior wall of this viscus, that it was found impossible to remove it with the forceps,—Dr. Stone thereupon used the scoope, and by this means succeeded in detaching and extracting the calculus. It was about the size of a hen's egg, and was composed of magnesia and the phosphates.—By the 23d of December, the wound had healed and he was discharged cured. He was under the influence of chloroform during the operation.

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*A Case of Lithotomy by the High Operation performed on a young boy twelve years of age.* By CHAS. DELERY, M. D., of New Orleans.

In the month of October, 1850, I was consulted by Mr. L. on account of the indisposition of his adopted son John, twelve years of age. From the history of the case, I inferred the existence of a stone in the bladder and on the 26th of the same month, this diagnosis was confirmed by the introduction of a catheter.

At the time Mr. L. adopted the boy, he was five years old, and the



persons who had the charge of him during his infancy, informed Mr. L. that for a long time the child had experienced great difficulty in passing his urine, indeed *so great*, as to make it necessary to apply large poultices to the abdomen, to alleviate the pains he suffered whenever he attempted to urinate. Up to the time that I had an opportunity to examine the case, this suffering had never abated.

I found the color of the skin pale, the flesh soft and somewhat œdematous. The child complained of frequent sharp pains in the glans penis, and passed his urine with pain, making traction on the penis to facilitate its escape. Occasionally, however, the urine would flow without pain or difficulty. There was an almost constant sense of weight at the lower fundus of the bladder. He kept his legs apart in walking, with the body bent slightly forwards, and when he sat down it was always on one side of the nates. His sleep was frequently embarrassed by pain, and he seemed averse to complain or talk of his sufferings. The general debility was aggravated by paroxysms of intermittent fever.

The 23d of November was the day appointed for the operation. About 8 A. M. of that day, the child was attacked with fever, preceded by chills and attended by cephalalgia. I ordered twelve grains of sulphate of quinine, and continued this treatment until the 25th, when I decided on performing the operation the ensuing day at 10 A. M.

I was assisted in the operation by Drs. Landreaux, Daret, De Valletti and Mr. Chartans, (a medical student.) Dr. Le Mot was also present.

The patient was in a great measure relieved from pain by the influence of chloroform. It was necessary to make an incision twelve lines in length to permit the passage of the stone. Its character was *mural*; it weighed 9 drachms, and measured at its lesser circumference 3 centimetres and 7 millimetres; at the great circumference, 4 centimetres.

After the operation the child was dressed and put to bed, and in a short time complained of sharp pains, caused by the passage of urine through the lips of the incision. Immediately after the operation I prescribed a solution of 15 grains of quinine with an ounce of the syrup of opium, to be given in two doses, an hour apart, to prevent the return of the intermittent, and calm the nervous agitation—so common in this country after capital operations.

The next day the traumatic fever appeared and lasted two days. On the third and fourth day a pretty good quantity of pus was discharged through the wound, the flow of which was facilitated by injections of

tepid water, making at the same time slight pressure on the abdomen. The urine discharged disengaged a considerable quantity of ammonia when exposed to the action of the atmosphere. The skin of the abdomen became inflamed by the urine, and the wound began to present a greyish aspect at the superior and inferior angles. I directed it to be washed with a solution of sulphate of iron,  $\mathfrak{3i}$  to  $\mathfrak{3viiij}$  of water, and covered it with powdered camphor.

The next day the ammoniacal smell was gone and the wound presented a good aspect.

For some time the patient steadily improved; he ate and slept well. The wound was healed with the exception of two small openings about the size of a pin's head, when on the fifteenth day a slight hemorrhage occurred whilst making an effort to pass his urine. Two hours after he became feverish; towards night the abdomen was tympanitic and painful in the neighborhood of the bladder. The wound apparently closed, still admitted the passage of small quantities of inspissated urine, mixed with a glairy matter. To prevent the extension of the inflammatory action of the bladder to the peritoneum, I ordered friction of the abdomen with mercurial ointment, and afterwards covered it with linen and flannel. I also prescribed diluent drinks and laxative injections. The next evening the fever became aggravated, and his pulse indicated 120 pulsations per minute; the patient for the first time complained of cephalalgia, and his face, before pale, became highly colored.

During the night the fever subsided, and the flow of urine became more abundant and less thick, although still mixed with small quantities of pus and muco-purulent matter. The wound continued to improve, and the patient having become much reduced by the very low diet necessary under the circumstances, and the long and cruel sufferings he had endured, he was allowed to take some more nutritious food, with a moderate use of claret and the traumatic fever abated and finally ceased, as the boy was able to take substantial food.

On the 18th December, twenty-two days after the operation, he passed his urine for the first time per vias naturales. The next day he urinated twice in the natural way. On the 20th, the evacuations of urine by the natural outlet became suspended, and the urine escaped slowly through an aperture scarcely perceptible in the centre of the wound. This urine permeating the wound contained a small amount of muco-purulent matter.

The child's skin is still pale, without the œdematous condition. I have directed him to drink chalybeate waters, combining with this

practice pills of turpentine to alleviate and modify the catarrhal state of the bladder. The patient is now able to leave his bed, and I indulge the hope that in a week he will be entirely well. The boy was a native of this city.

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*Louisiana State Medical Society.*

It will be seen from the proceedings below that the Louisiana State Medical Society has postponed its regular annual meeting to the 2nd Monday in March, 1851. This extension of time from January, will afford ample opportunity for the medical profession throughout the State, to make the necessary arrangements to attend this important meeting. Whilst many of the States of this great Union are organizing State Medical Societies—in order to give dignity, character and usefulness to the profession, we trust the Physicians of Louisiana will not prove recreant to the best interests of the medical profession, but will come forward, register their names, and take part in the proceedings of this Society when it convenes in March next. We hope to see at least every parish in the State represented.

At a meeting of the Board of Administration of the Louisiana State Medical Society, held on the 16th of December, 1850—present Dr. J. Hale, President; Drs. E. H. Barton and J. C. Simonds, Vice Presidents; and Dr. E. D. Fenner, Corresponding Secretary.

On motion, the Board went into the election of a Treasurer and Recording Secretary, to fill the vacancies occasioned by the death of the late Dr. Hare, and the resignation of Dr. Mather: whereupon Dr. P. B. McKelvey was unanimously elected Recording Secretary, and Dr. Thos. Penniston, Treasurer.

On motion, it was then agreed to postpone the annual meeting of the Society from the 3rd Monday of January to the 2nd Monday of March, 1851, in order to allow the Committees an opportunity to examine the late census returns of the State, and further time to make up their Reports.

On motion, these proceedings were ordered to be published in the N. O. Med. and Surg. Journal and two of the newspapers of this city.

On motion, the meeting then adjourned *sine die*.

JOSIAH HALE, M. D., *Pres.*

P. B. MCKELVEY, M. D., *Rec. Sec.*

New Orleans, Dec. 16, 1850.



*Physico-Medical Society of New Orleans.*

At an anniversary meeting of this Society, held December —, in the Lecture Room of the Medical Department of the University of Louisiana, Dr. Geo. W. Cross delivered an appropriate address before the Fellows of the Society, after which the following officers were elected for the ensuing year :

Dr. Thos. Hunt, *President*,  
 Drs. Farrell and Bean, *Vice-Presidents*,  
 Dr. J. C. Simonds, *Corresponding Secretary*,  
 Dr. Howard Smith, *Treasurer*,  
 Dr. J. A. Nott, *Curator*,  
 Dr. Macgibbon, *Recording Secretary*,  
 Dr. E. D. Fenner, *Orator*.

The business of the meeting over, about forty members, with a few invited guests, repaired to the St. Charles Hotel, where a sumptuous dinner had been previously prepared for the occasion. Here, the cares—the toils—the anxieties incident to the practice of the profession, were exchanged for the moment, for good cheer, good feelings, wit and wine, and as the evening waned and waxed, the jubilation increased apace, when finally, at a late hour, all retired delighted with the “re-union.”

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NEW ORLEANS, NOV. 1850.

DR. HESTER—Sir: I am instructed to request insertion of the accompanying resolutions, passed by the Physico-Medical Society of this city, in the New Orleans Medical and Surgical Journal.

Yours, most respectfully,  
 D. MACGIBBON, *Rec. Sec.*

*Whereas*, the Physico-Medical Society of New Orleans has had the misfortune, since its last meeting, to lose a worthy, attentive and estimable member, in the person of the late Dr. William Hare, who came to an untimely death by cholera, on the 23d of September last.

And *whereas*, the deceased had by his urbane, upright and honorable conduct, shown himself in all respects worthy of the Profession to which he belonged, therefore,

1. *Resolved*, That this Society deeply regrets the death of its highly esteemed Fellow, the late Dr. Hare, and that it will cherish his memory with profound respect.

2. *Resolved*, That the heartfelt sympathies of this Society be offered to Mrs. Lewis, the only surviving offspring of the deceased, and that the Secretary be instructed to deliver to her a copy of these proceedings.

## CHARITY HOSPITAL

Report for the last six Months. By JUSTIN V. LOUBRE,

MONTHS.	Admissions.	Discharges.	Deaths
June, - - - - -	978	854	106
July, - - - - -	1647	1404	107
August, - - - - -	2685	2323	147
September, - - - - -	2431	2332	114
October, - - - - -	1767	1575	150
November, - - - - -	1420	1106	194
	10928	9594	818

## NUMBER OF DEATHS

From some of the Principal Diseases.

MONTHS.	Cholera As.	Diarrhœa.	Dysentery.	Yellow fever.	Typhus fever	Phthisis pul.	Other dis'ses.	TOTAL.
June, - - - - -	17	14	6		18	21	30	106
July, - - - - -	3	7	14		9	13	61	107
August, - - - - -	4	7	16	1	5	15	99	147
September, - - - - -	16	17	11		13	10	47	114
October, - - - - -	32	20	16		9	12	61	150
November, - - - - -	80	22	15		15	21	41	194
	152	87	78	1	69	92	339	818

Abstract of a Meteorological Journal for 1850. By D. T. LILLIE & Co., at the City of New Orleans.

Latitude 29 deg. 57 min., Longitude 90 deg. 07 min. west of Greenwich.

WEEKLY,	THERMOMETER.			BAROMETER.			Course of Wind.	Force of Wind — Ratio 1 to 10	Rainy Days.	Quant'y of Rain.
	Max.	Min.	Range.	Max.	Min.	Range.				
1850.										
Oct. 24th,	79.0	45.0	34.0	30.21	29.95	0.26	N.	2½	1	0.485
“ 31st,	69.0	35.5	33.5	30.24	30.10	0.14	N. E.	2	0	0.000
Nov. 7th,	81.0	55.0	26.0	30.14	30.00	0.14	S. E.	2½	0	0.000
“ 14th,	67.0	49.0	18.0	30.18	30.00	0.18	N. W.	2½	2	0.590
“ 21st,	76.0	35.0	41.0	30.15	29.95	0.20	N. E.	2½	0	0.000
“ 28th,	75.0	51.0	24.0	30.36	29.92	0.44	N. W.	2½	3	1.205
Dec. 5th,	80.0	27.5	52.5	30.05	29.85	0.20	S.	2	2	1.045
“ 12th,	67.0	29.0	38.0	30.56	30.18	0.38	N. E.	1½	0	0.000
“ 19th,	78.0	51.0	27.0	30.23	30.00	0.23	N. E.	2½	1	0.650
“ 26th,	76.7	44.0	32.7	30.34	29.86	0.48	N. E.	3	2	1.815





DISEASES.	MAY.						JUNE.						JULY.						Total.							
	White.			Col'd			White.			Col'd			White.			Col'd										
	M. Adult.	M. Children.	F. Adult.	M. Adult.	M. Children.	F. Children.	M. Adult.	M. Children.	F. Adult.	M. Children.	F. Children.	M. Adult.	M. Children.	F. Adult.	M. Children.	F. Children.										
Hydro-Thorax,	1							1						1			3									
Hysteria,			1														1									
Intemperance,	2						3							3	1		9									
Jaundice,														1	1		3									
Laryngitis,						1				1				1	1		3									
Leg, fracture of																	1									
gangrene of	1													1			1									
Lungs, congestion of							1										3									
gangrene of								4									1									
Marasmus,		2	1	2		1		5	1	3	1	1	2	1	2	1	20									
Measles,		5		12	1	1		5	1	3	1	1		5			38									
Meningitis,		2			3		3		2	1				3	1	1	20									
cerebro-spinal				1										1	1		3									
Metritis,			1											1			2									
Old age,	1		2		1	4		2							4		15									
Osteo-sarcoma,							1										1									
Paralysis,					1			1		1							3									
Pericarditis,														1			3									
Peraplegia,	1									1							1									
Peritonitis,		1												1			3									
Pertussis,		1								2				1			4									
Phrenitis,				1										1			1									
Pleurisy,	2		1		5	2	2	1	2	3	2			3	1	2	1	5								
Pneumonia,		1			5	2	2	1						3	1	2	1	26								
perip						1											1									
typhoides														1			1									
Poisoned,																	1									
by chloroform														1			1									
by laudanum																	1									
Pneumonia, pleuro-														1			1									
Rectum, gangrene of					1												1									
obliteration of										1							1									
ulceration of														1			1									
Rheumatism,						1	1										3									
Scrotula,		1	1											1			4									
Skull, fracture of							1							1			2									
Small pox,	1													1	2		5									
Spasms,		2		2													4									
Spina bifida,										1							1									
Spleen, rupture of														3			3									
Still born,		5		10	6	1		5	6	6	3			10	7	5	3	66								
Stomach, gangrene of						1											1									
Sudden,	1																1									
Suicide,	1																1									
Sun-stroke,								5						1	2		2	24								
Tabes mesenterica,		1																1								
Tetanus,	2	1		1	2	1		1	2	3	2	1		18	1		1	18								
Thigh, fracture of					1													1								
necrosis of							1							1				1								
Thrash,		1																1								
Tonsilitis,				1														1								
Trismus, nascent.		7		1	3	2		1						8	5	2	5	40								
Typhus, abdominalis									1	4	2				1			2								
icterodes																		1								
Uncertain,	12	14	2	10	3	3	1	3	1	18	2	12	1	2	1	6	8	14	4	5	3	2	1	128		
Uterus, cancer of																			1						1	
disease of																									1	
Vermiforme affection,		1		1	1																				3	
Wound, gun shot																									2	
penetrating														1											3	
TOTALS.	156	108	83	119	34	44	33	24	120	95	65	105	15	28	19	32	191	113	81	70	23	34	23	29	1644	
CEMETERIES.																										
Catholic, No. 1	4	1		1		3	1		1	1	2	4	1	3	1		5	1	1	2					2	2
" No. 2	12	6	16	15	6	7	9	4	6	3	4	7	4	3	5	8	2	13	1	11	5	9	6	6	6	
Charity Hospital,	72	3	20	1		1			47	30	2			55			27		27							
Cypress Grove,	5	9	6	4					3	3	1			7	8	3	3									
Hebrew, German,		1																								
" Portuguese,									1																	
Lafayette,	14	24	9	31	3	5	3	6	10	25	8	13	2	3	3	4	33	22	11	17			4	4		
Odd Fellows' Rest,																										
Potters Field,	10	22	8	27	8	9	10	2	8	19	4	30	2	7	3	7	22	15	9	11	10	3	1	5		
Protestant,	4	5	3	6	1	2	3		3	2	1	4		4	2		1	6		3	1	4	3			
St. Patrick,	14	15	13	19					20	13	9	15	1	4	2		17	16	17	8						
St. Vincent,	21	26	8	15	16	20	7	9	20	29	4	15	5	8	6	12	39	27	10	11	7	14	11	12		
TOTALS.	156	108	83	119	34	44	33	24	120	95	65	105	15	28	19	32	191	113	81	70	23	34	23	29	1644	
AGES.																										
Children uncertain,	21	11				6	2		10	14				5	8											
Under 1 year,	44	40				19	8		37	38				11	8				11	3	8	4				
" 5 "	34	51				9	10		39	33				5	15				59	31	14	13				
" 10 "	7	10				2	2		7	7				3	1				28	16	12	8				
" 15 "	5	5				1	2		5	3				4	3				4	3	2	2				
" 20 "	6	11				2	2		5	3				6	6				6	6	2	2				
" 25 "	6	6				3	2		12	8				8	8				8	8	2	3				
" 30 "	25	21				3	2		20	14				2	5				18	17	2	3				
" 40 "	46	13				3	6		35	22				1	1				31	13	2	1				
" 50 "	24	10				3	3		17	6				2	3				59	21	4	4				
" 60 "	9	4				4	5		5	4				1	1				33	6	4	3				
" 70 "	5	3				6	2		4	2				1	1				4	2	2	1				
" 80 "	2	2				1	1		3	1				1	1				8	3	2	1				
" 90 "	1	3				1	1		1	1				1	1				1	1	1	1				
" 100 "						1	1		1										1	1	1	1				
" 113 "																										
Adults uncertain,	28	11				12	7												21	7	7	6				
TOTALS.	261	202				79	57		215	170				43	51				362	161	67	52				1644

THE  
NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

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MARCH, 1851.

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Part First.

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ORIGINAL COMMUNICATIONS.

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- I.—ON THE VITAL STATISTICS OF HANCOCK COUNTY, GA.  
*Prepared for the second volume of Fenner's Southern Medical Reports,*  
*By E. M. PENDLETON, M. D., of Sparta, Ga.*
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Dr. HESTER :

The following interesting report having just been received from my esteemed collaborator, Dr. Pendleton, long in advance of my forthcoming volume, I offer it for publication in your Journal for the following objects: 1st, That your readers may see a specimen of the work in which I am engaged; and, 2dly, as a *model* for all physicians of the South who may feel disposed to investigate the late United States Census, in search of medical statistics. That information of great interest and value may thus be obtained, will at once be apparent; and I trust that the materials afforded by the Census taken at the beginning of the second half of the century, forming, as it does, so interesting an epoch in the medical history of the South, will call forth the application of many laborers. I will take this occasion to say to my correspondents, that, as it would be impossible to insert such reports from every county in the ten Southern States, I would request a review of an entire State, or such large sections as may be found convenient. It is probable the census will soon be published, but those who reside near the State capitals can easily obtain access



to the originals. Reports intended for my work will be acceptable until the 1st of May, though the earlier they can be received the better. Hoping to obtain the coöperation of many laborers, and that you may receive many contributions of a similar kind to your valuable Journal, I remain, very sincerely, your friend,

E. D. FENNER.

No. 5 Carondelet st., Jan. 11th, 1851.

VITAL STATISTICS OF HANCOCK COUNTY, GEORGIA.

The theory of probabilities has become of such interest at the present day, that statistical information is sought after with the greatest possible avidity, in the elucidation of almost every science. Founded as it is in the inductive system of Bacon, though originating more immediately with Pascal, the French mathematician, this calculus has been laboriously prosecuted by M. Louis, M. Quatelet, Boussingault and others, until the most astounding facts have been presented to the scientific world for their investigation and confirmation. Among other curious things, it has been demonstrated, that a flower will bloom when the sum of the squares of the daily mean of temperatures reaches a certain point from the last freeze of winter. Thus, it has been ascertained that the common lilac blooms when this sum reaches 4264° of the centigrade thermometer, and it is believed by some medical philosophers that similar demonstrations will be made in relation to malarious fevers and other diseases. Certain it is, that what happens in a thousand well authenticated cases, will likely happen in the next thousand, and in each ten thousand the variation will scarcely be a hair's breadth; larger sums still will evince an exactness as certain as destiny itself. It is so of marriages, births, deaths, and all the operations of society, as well as of nature. Climate, with all its variations,—the seasons, with their annual visitations,—the moon, with its devious phases—all are governed by the same immutable laws, when brought to the test of this unvarying calculus. We are pleased, then, whenever we can add a mite to the great storehouse of human knowledge, and have seized upon the abundant material afforded by the census of 1850 to add something to the vital statistics of the country.

The meagre reports, of a statistical character, touching the science of life, heretofore offered from the rural districts of the South, will be a sufficient apology for our present undertaking. The absence of every thing like sexton's reports, records of births, deaths, &c., for the country, has prevented almost *in toto*, up to the present time, any contributions to this department of statistics. We have now a favor-

able opportunity of contrasting the health, longevity, &c., of the country with the densely inhabited and unhealthy marts of commerce. It will not be a theme for wonder should the contrast be largely in favor of the pure uncontaminated atmosphere of the country. I have only to regret, that the number of cases is not sufficiently large to warrant a just ratio in every particular for the country at large. The late period at which the census returns have necessarily been made, prevented my getting but the single county of Hancock, and but for the politeness of the deputy marshal, L. S. Stewart, Esq., in giving me early access to his papers, I should have failed to present even this paper in time for publication.

One more remark, by way of preface and explanation. Although our main object is to show the vital statistics of the district in question, yet we shall take the liberty to notice such collateral points, and draw such practical deductions, as we may deem of interest to the general reader.

What we said as to the topography and climate of Middle Georgia, in the first volume of the Southern Medical Reports, will, in a great measure, apply to Hancock county. It will be sufficient for us to repeat, that this district is divided nearly equally by a primary ridge, below which there is no granite: north of this ridge is a valley with metamorphic strata, as mica slate, gneiss, hornblend, schist and other felspathic rocks, the decomposition of which has rendered the shoulderbone lands so famous for agricultural products. This is an oak and hickory region, with a tenacious argillaceous soil, and more than two-thirds of it have been subdued by the axe and the plough, much of it worn out and washed into gullies by the wretched system of planting at first adopted in this region. Thanks to the progress of agricultural science, this suicidal policy has been arrested to a considerable extent, and we may hope better things for the future. The southern half of the county below the ridge, is a level pine woods with a sandy loam, except some nooks on Buffalo creek, which seem to have been small promontories, jutting into the vast Eocene sea which once spread its immense waters over the pine regions of the South.

With regard to the climate, it is proper to state, that it is genial in every sense of the word, freed from the long-continued heat of more tropical climes, and the extreme cold of northern winters. As a better index, however, to this part of the subject, we beg leave to present a Meteorological Table kept by us at Sparta, for the year 1850. This village is situated near the centre of the county, on the granite

ridge above mentioned, 33° 16' north lat. and 6° 8' west long. from Washington; altitude above the level of the sea, 550 feet. The thermometer hung in an eastern porch for the morning observation, remaining out all night, and in an airy parlor of a wooden building during each afternoon, except in cloudy weather, so as to prevent the direct influence of the sun. The barometer was always suspended in the open air at the time of taking observations, as it was found to vary somewhat when carried into an apartment, from fire or other causes indicating changes in the atmosphere.

MONTH.	Baro- meter.	Thermo- meter. — Mean.	Range of Thermo- meter.	Clear Sky.	Cloudy Sky.	Rain, in Inches	WIND.			
							N.	S.	E.	W.
January..	29.36	52.5	12.6	213	417	6.26	30	17	29	21
February.	29.35	49.4	14.9	255	305	4.27	25	23	21	31
March...	29.39	55.6	13.6	217	405	7.70	31	22	27	23
April....	29.40	63.3	15.6	205	395	5.41	27	26	20	32
May.....	29.37	68.8	13.7	357	263	4.17	38	17	32	22
June.....	29.40	76.0	14.8	332	268	1.03	28	20	46	9
July.....	29.38	80.5	12.6	332	288	5.23	47	10	26	23
August...	29.38	80.5	13.9	370	250	3.64	27	23	33	21
September	29.39	75.4	15.7	353	247	0.35	49	7	35	10
October..	29.40	63.2	19.4	465	155	2.48	39	15	35	20
November	29.46	55.1	16.9	362	238	5.45	42	17	23	26
December.	29.44	51.3	12.5	198	422	7.27	38	21	28	28
TOTAL..	29.39	64.3	14.6	3659	3653	53.26	421	218	356	266

The mean of the thermometer is taken from the maximum and minimum points, as it is found that the daily and nightly range varies but little for a month, and consequently affords a good index to the average temperature. The range of the thermometer is calculated from the sum of all the daily and nightly ranges, from the maximum to the minimum points, and *vice versa*. The clearness of sky is indicated by a scale from 0 to 10 at both daily observations, which, for a month of thirty days, would run up to 600. When the sky is entirely beclouded, it is indicated by 0, when entirely clear, by 10, and so in regular gradation; and the sum of all these for the month forms the column for 'clear sky,' and the remainder, that for 'cloudy sky.'

The year has been remarkable for its extreme heat; not only during the summer months, but the total mean of temperature is higher than usual, even in comparison with the city of Augusta, supposed to be a much warmer place. Thus, the total mean of four years in that place



was 62.4, the warmest year being 62.9, making a difference of two degrees nearly against the present year at Sparta. More rain has fallen within the year than fell at either Augusta or Athens for any year during the last five, notwithstanding the crops were seriously injured by the summer drought. It is a little remarkable, that the sum of all the figures in the scale of clear and cloudy weather should differ so little, preponderating in favor of the cloudy by only six out of 7312. We presume the year was cloudier than usual, though we have no data by which to form an estimate. Northern and eastern winds prevailed, as probably they do every year in this latitude, notwithstanding the accredited theory is that western winds prevail in the northern hemisphere. This has been established, no doubt, at many points, but there are so many counter currents, and other causes, operating in different countries, that it is hardly to be supposed that any theory can apply with full force at a given point until it has been substantiated by statistical facts.

The following Table exhibits, at a glance, the whole population of Hancock county, as to races, sexes, relative ages, &c.

YEARS.	CAUCASIAN.		AFRICAN.		MULATTO.	
	Males.	Females.	Males.	Females.	Males.	Females.
Under 10.....	623	584	1185	1010	82	115
10 and 20.....	549	486	887	937	49	74
20 " 30.....	349	374	649	551	43	56
30 " 40.....	233	213	308	357	14	22
40 " 50.....	160	164	253	211	9	10
50 " 60.....	110	123	145	126	9	6
60 " 70.....	76	62	77	76	4	3
70 " 80.....	29	32	31	36	0	2
80 " 90.....	9	21	13	11	0	0
90 " 100.....	1	2	4	4	0	0
Over 100.....	0	1	2	10	0	0
TOTAL.....	2139	2062	3554	3329	210	288

This makes the total of whites 4201; blacks, 6,883; mulattoes, 498: total colored, 7,381. The whole population for the county, as it appears on the census book, is 11,617, being 35 more than is shown by the above table. The population for 1840 was — whites, 3,713; blacks, 5,967, being an increase for the last ten years of 13.4 per cent. for the former, and 23.6 for the latter. There are two causes for this rapid increase of the black over the white population: one is, the emigration of the smaller planters to the West, and the other is the

repeal of the law prohibiting negro speculating in the State. The total males is 5,903; females, 5,679. It is a little singular that the males should predominate so considerably in the pure races, while the females are largely in the ascendant in the mongrel race. Should this ratio prevail throughout the whole South, as it probably will, it involves a physiological fact well worth the attention of the scientific world.

We next come to the longevity of the different sexes and races; and here we offer a Table, exhibiting the number of each of these classes in every thousand who have reached each decennial period from ten to one hundred years.

CLASS.	10 yrs. to 20.	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	Over 100.
White	712.6	466.3	294.2	188.0	110.9	55.4	22.6	8.09	0.95	0.23
Black	681.0	414.6	241.7	145.1	77.7	38.3	16.1	6.39	2.90	1.74
Mulatto	604.4	357.4	158.6	86.6	48.1	18.0	4.0	—	—	—
Male .	679.8	428.2	251.9	159.5	86.3	41.6	15.0	4.91	1.18	0.33
Female	699.0	435.4	262.7	158.4	90.6	45.7	20.9	8.62	2.99	1.93

This table proves beyond doubt that the mulatto is much shorter lived than either of the unmixed races. Thus, only four in one thousand reach seventy years, to 16.1 of the black, and 22.6 of the white. A similar ratio is maintained throughout. It is true, that the disparity may be somewhat greater, owing to the short period of time since the two races have intermixed, making individual cases of longevity among the mulattoes rarer than it might otherwise be; but apart from the exhibit of this table, it has become almost proverbial among physicians, that the mulatto is more subject to certain forms of incurable disease, and succumbs more rapidly to the invasion of others, than either of the pure races. But it seems that while there are many more centenarians among the blacks than the whites, they are not, taken as a whole, so long lived. Whether this is owing to a critical period in the life of the negro, as with the female, or that the centenarians are the last of the native Africans who were brought to this country, and have not felt the blighting effects of civilization which has shortened the lives of their degenerate sons, I cannot say, but am rather disposed to take the last as the most philosophical view. If this be true, we may expect, in a few more years, that extreme cases of longevity will predominate among the whites. As to the sexes, the table proves that a greater number of females reach forty years of age than of males. From forty to fifty, the males get

the ascendancy, showing that this is the crisis of woman's life, and that many more die at this period than even during the stage of child bearing. At fifty, however, they more than recover their lost ground, and maintain it with an increasing ascendancy to the end of the race, insomuch that nearly five females to one male arrive at the advanced age of a century.

The number of deaths for the county was 129 for the year ending the 1st of June, 1850, being 1.12 per cent. for the whole population, and actually less than any other county or district within the range of my knowledge, except one. From recent returns from five other counties of Middle Georgia, the per cent. of deaths stands, for Fayette, 1.11; Meriwether, 1.27; Jefferson, 1.32, Morgan, 1.96; Burke, 2.02. The whole population in these counties, with Hancock added, is 72,941, whole number of deaths, 1,107; per cent. of deaths, 1.51, which is doubtless a fair indication for the whole of Middle Georgia, and which will compare favorably with any other portion of the civilized world. The following Table, taken from Dr. Simonds' 'Vital Statistics of New Orleans,' with the exception of the two last items, will serve to show the contrast between various cities and country places.

Massachusetts	- - - -	1847-'48	- -	1.59.
Boston	- - - -	1830-'45	- -	2.22.
Charleston	- - - -	1842-'48	- -	2.49.
New York	- - - -	1841-'48	- -	2.87.
Twelve counties of England	-	4 years	- -	1.93.
Twenty-six cities of England	-	4 years	- -	2.70.
London (males)	- - - -	- - - -	- -	2.74.
" (females)	- - - -	- - - -	- -	2.31.
Liverpool (males)	- - - -	- - - -	- -	3.53.
" (females)	- - - -	- - - -	- -	3.15.
Manchester (males)	- - - -	- - - -	- -	3.65.
" (females)	- - - -	- - - -	- -	3.31.
New Orleans	- - - -	- - - -	- -	6.66.*
Six counties of Middle Georgia	-	1849-'50	- -	1.51.
Baltimore	- - - -	1849-'50	- -	2.15.

It would seem, from this table, that Middle Georgia excels all the other places specified as to health and longevity; and when it is remembered that a large portion of the population belong to the African race, which is much shorter lived than the Caucasian, the difference will appear much more marked in favor of this region. In taking the races separate for Hancock county, the only place where we have returns of both as to deaths, we find the whites are only

\* This calculation is based on an estimate of 100,000 inhabitants; at 125,000, it would be 5.32.



.76 per cent. against 1.36 for the blacks. This establishes beyond doubt that the white inhabitants of this section of the South, at least, are as healthy and as long lived as any portion of Europe or America.

Of the 129 deaths for the county, 32 were whites, 93 blacks and 4 mulattoes; the average of life for each class being, for whites 26.65; blacks, 17.52; mulatto, 5.99. There were not a sufficient number of the last class, however, to form any thing like a just ratio. By taking the average of the ages of all the living on the first of June, as near as we could arrive at the truth, the white stands at about 23 years, the black at 18, and mulatto at 15. Let the subject be presented in every possible phase, and it will be found that the two pure races exceed the mongrel by a considerable per cent. in the length of life.

The deaths occurred in the following order, as to months:—January, 5; February, 19; March, 7; April, 11; May, 15; June, 7; July, 17; August, 6; September, 11; October, 9; November, 13; December, 9—being 33 for winter, 23 for spring, 30 for summer, and 33 for autumn, showing no perceptible difference as to season.

The diseases were classed as follows:—

Injuries.....	16	Congestion.....	1
Typhoid fever.....	10	Cancer.....	1
Diarrhea.....	9	Hypertrophy.....	1
Croup.....	9	Whooping cough.....	1
Pneumonia.....	8	Psoas abscess.....	1
Dropsy.....	6	Metritis.....	1
Catarrh.....	5	Scrofula.....	1
Fever.....	4	Colic.....	2
Consumption.....	5	Cholera morbus.....	1
Worms.....	4	Asthma.....	1
Putrid sore throat.....	3	Calculus.....	1
Pleurisy.....	2	Hemorrhage.....	1
Measles.....	2	Congestive fever.....	1
Ovarian Tumor.....	1	Inflammation of the Brain.....	1
Gastro-enteritis.....	1	Bronchitis.....	1
Paralysis.....	2	Old age.....	1
Hepatitis.....	1	Unknown.....	20
Wen.....	1		

From this report we find 35 died of diseases affecting the organs of respiration; 21, the digestive; 17 from idiopathic fevers; 16 from injuries; 6, dropsies; 3, brain and nervous system; 2 from diseases peculiar to women; 2 from eruptive fevers; 3 from tumors, abscess, &c., and 1 from the heart. We noticed among the injuries quite a number of negro children who were overlaid by their mothers, and a number more burned to death; in fact, the great mortality among

them is with infants, much more than among the whites, especially on the larger plantations. Doubtless, well-collated statistical reports might lead to such sanitary regulations as would be productive of great benefit both to masters and slaves.

In connection with this fact, it is proper to note the difference in the longevity and number of deaths between the northern and southern portions of the county. In the former, (owing to the rich soil, doubtless,) there are about three blacks to one white; in the latter, the population stands about one to one. It is remarkable that there were more cases of extreme longevity in the southern than in the northern portion, both among whites and blacks, and nearly all the deaths for the year occurred in the latter. This is, no doubt, owing to the greater abstraction of luxuries from the poorer class of whites, as well as their more industrious habits; while among the blacks there is a better system of food, clothing, ventilation, etc., on small plantations than on the larger ones.

The last Table we offer relates to the blind, deaf and dumb, lunatics, &c., which, though the number be comparatively small, will serve to throw some light on the mental and physical well-being of the race. We hope ere long much larger tables will be produced from the census of 1850, upon these and kindred subjects.

C L A S S .	WHITE.	PER CENT.	BLACK.	PER CENT.	TOTAL.	PER CENT.
Blind. . . . .	2	.004	5	.006	7	.006
Deaf and Dumb	5	.011	2	.002	7	.006
Lunatics . . . .	7	.016	6	.008	13	.011
Idiots. . . . .	4	.009	1	.001	5	.004

By this table we learn, that the negroes are more liable to blindness by a small per cent., owing, doubtless, to their constant exposure to the intense light of our southern sun. To the other physical and mental defects the whites are much more liable, especially lunacy and idiocy, which no doubt originate partly in the great mental anxiety connected with many of the professions, care, solicitude of families, loss of fortunes, &c., from which the blacks are almost entirely exempt. There are physical causes, as epilepsy, to which both races are, perhaps, equally liable. Idiocy, I doubt not, originates, in many instances, in drunkenness, and in some the intermarriage of those who are near of kin. The exemption of the slave population of the South from these physical evils to so considerable an extent, has doubtless connected with it some very interesting poli-

tical as well as physiological truths, which we hope will ere long be brought to light. It must convince the genuine philanthropist every where, that while there are some unavoidable evils connected with the institution of slavery, as with every condition of human life, there are other evils of great magnitude, from which this very condition has the greatest possible tendency to exempt them. In connection, also, with these facts, it is gratifying to know that there are only twelve paupers in the county, or a little more than one to every thousand inhabitants. We doubt not that a full investigation of all the truths elicited by the census will prove honorable to the South, and we trust aid in calming the turbulent waters of political agitation, which have threatened to wash away the very foundations of our government.

*Sparta, Ga., Jan. 1st, 1851.*

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II.—LETTERS FROM CALIFORNIA,—ITS CLIMATE—PREVALENT DISEASES—STATE OF THE MEDICAL PROFESSION—INTRODUCTION OF CHOLERA, ETC.

*By* THOMAS M. LOGAN, M.D., *of Sacramento City.*

*Dr. A. HESTER:*

*Dear Sir,*—Having just received the following interesting communication from our friend Dr. Logan, as a contribution to the second volume of my *Southern Medical Reports*—fearing it may lose much of its interest from the delay that must necessarily occur before the volume can come out, and believing its contents to be highly important to the medical profession on this side of the continent, I have concluded to offer it for insertion in your valuable periodical. It is high time our adventurous professional brethren should be undeceived respecting the golden dreams that have allured so many from their comfortable homes to the inhospitable clime of California, and I think Dr. Logan is entitled to our gratitude for the information he has here given us. I believe it worthy of all confidence, as, in addition to the reliance which we know may be placed on Dr. L., his statements are corroborated by several of my medical friends who have recently returned from that distant region. Without farther remark, I submit the paper to your consideration, and subscribe myself, as ever,

Your friend,

E. D. FENNER.

*New Orleans, Dec. 13, 1850.*



(No. 1.)

SACRAMENTO-CITY, CALIFORNIA, Oct. 29, 1850.

*Dear Doctor :*

My memory has recently been recalled to a letter received from you some time since, requesting information concerning 'the state of medical affairs in California,' by a coincidence, the narration of which shall be the initial of my present long-deferred response. In the course of my professional pursuits, I received under my care a gentleman from New Orleans, who formerly kept the drug store at the corner of Camp and Julia streets, suffering under all the symptoms of lead-cachexia, which I diagnosed and treated as such. Finding, however, that the pains of the limbs, especially of the knees, calves of the legs, ancles and feet, were persistent, and suspecting that there was some local cause which kept up these distressing symptoms, I advised my patient to remove for a short time from the drug store, in which he was here also engaged, and try the efficacy of pure air in the country. As I anticipated, his health rapidly improved under the change, and in a few days he returned to his accustomed avocations, entirely relieved. I was still at a loss to account for the cause of this attack, as my patient had told me he kept no paints in his store, when my attention was arrested by a notice of the eighth article of the first volume of your Southern Medical Reports, in the weekly Crescent of your city, which had just been received by mail, and in which you attribute the cause of the epidemic colic which prevailed in New Orleans during the summer of 1849, to lead imbibed in soda water. This induced me to investigate my patient's case again, when, in corroboration of your views, he told me that he was in the daily habit of cleaning out the lead pipe attached to his soda fount, which was always more or less covered with the oxide of lead, and that he was in the frequent practice of partaking of the supposed salutary beverage. Upon my mentioning the suspicions your report created in my mind respecting the origin of his sufferings, he then told me, as confirmatory of my views, that he was remarkably susceptible of the lead poison; so much so, that he was attacked in New Orleans, during the summer of 1848, in a precisely similar manner as he recently was, and that his physician attributed his malady to his merely tasting a little of the carbonate of lead in his store, for the purpose of ascertaining what it was, as the label had become effaced. I mention this occurrence because I deem it strong evidence in support of your conclusions, and congratulate you upon the important hygienic discovery you have made, and which is calculated to prevent so much human suffering and distress.

In reply to your inquiry respecting 'the state of our profession in California,' I am sorry to inform you, that, like many articles of merchandise with which our country has been flooded, we physicians are at a most ruinous discount, and that the ancient and time-honored doctorate is in most cases held in so low repute that many a worthy physician studiously conceals his title. I have seen M. D.'s driving ox-teams through our high-ways—laboring in our streets like good fellows—serving at bar-rooms, monte tables, boarding-houses, etc., and digging and delving among the rocks and stones, to gather together their allotment of California's produce, the precious gold. Labor, however, is honorable to man, and it is not because some are obliged to put their shoulder to the wheel, that the profession is rated at so low a standard. It is because many, and among them those who assume without any moral or legal right the title of Doctor, in their grasping cupidity, and impatience to amass in the shortest possible time their 'pile,' have, while taking advantage of the necessities of their sick and dependent fellow-creatures, drained the poor miner of all his hard-earned dust, be it more or less, for a few professional visits. These instances of medical rapacity have become so numerous and aggravated as to create a distrust on the part of the community towards the profession generally, and to bring odium on its practitioners. Hundreds who are able to pay a reasonable fee, would rather perish than lose all their means of support in satisfying the exorbitant demands of a physician. I do not suppose that in any part of the civilized world such enormous fees were ever charged and collected, as have been exacted in California; and I herewith insert, as worthy of preservation among the curiosities of medicine, a few of the items copied from the recent fee-bill of the Medical Society of San Francisco, which professes to be reduced down to the present less inflated condition of monetary affairs.

For a single visit, or advice in a case in which no further visits are required .....	\$ 32
For each visit in a case in which the physician is in regular attendance, or for advice at his office .....	16
When detained, for each hour .....	32
For a written opinion or advice to a patient .....	50 to 100
For a visit at night .....	30 to 50
For a visit as consulting physician during the night .....	100
For vaccination .....	32
For a post-mortem examination, in a case of legal investigation,	200
For a case of ordinary labor, or accouchement .....	200
For the operation of turning, in accouchement .....	500
For the operation of cataract .....	1000
For trephining .....	1000
For the operation for strangulated hernia .....	1000

*Etc., etc., etc.*

As to the health and climate of California, I now speak from experience when I affirm that we have all been grossly deceived. The prophetic Benton spoke wisely, when he said the gold would prove a curse to the country; while the too-highly gilded report of Butler King has caused many a disappointed immigrant to lament bitterly his own credulity. I have passed two rainy and two dry months in San Francisco—have traveled during one month of Spring and two months of Summer among the northern mines, and have resided near three months of Summer and Fall in Sacramento City, where I am now actively engaged in the practice of my profession, and during all this period I can conscientiously say that I have not passed one perfectly well or pleasant day. In San Francisco, during the rainy season, the streets are one perfect quagmire, and there is no getting through them without wearing the stoutest kind of boots, that reach up above the knees, and which are worn, *ex necessitate*, outside of the pantaloons. The wind, which is blowing strong almost constantly, causes the cold rain to drive so as to render an umbrella nearly useless, and consequently catarrhs, pneumonias, diarrheas, and other affections, so easily brought on by the surface becoming chilled, and the blood driven in upon the vital organs, prevail to a great extent. During the dry and summer season, the dust is as disagreeable and unhealthy as the rain of winter; and the prevailing violent wind, which sets in about 10 o'clock, causes the temperature to become so cold as to render an overcoat absolutely necessary for health and comfort. The deaths by diarrhea alone were last winter estimated at about 30 per cent. in proportion to the cases.

In Sacramento City, about three-fourths of a degree north of San Francisco, a totally different climatic condition obtains. The climate and topography resembles much that of New Orleans; and while the heat of the day is excessive and oppressive, in consequence of the want of refreshing breezes, the mornings and evenings are chilly and uncomfortable. This is generally the case throughout the whole valley of the Sacramento, except that farther in the interior, among the mining regions, the solar heat is more intense. At Coloma, or Sutter's Mill, where the gold was first discovered, and which may be considered the heart of the mining districts, the thermometer frequently stands at 95° to 100° Fahrenheit at meridian, and on the 30th June last it reached as high as 105° in the shade, at the hotel where I then was.

The following tables present the mean thermometrical range for the months of June, July, August and September, 1850, in Sacra-



mento City. During the month of June, the afternoons and evenings were rendered invigorating by cool breezes. On the 13th and 18th the wind was north-east; during the rest of the month it varied from south-east to south-west—generally south. The mean temperature for the month was as follows:—

8 A. M. ....	64 degrees.	}	4 P. M. ....	77 degrees.
M. ....	74 “		7 P. M. ....	66 “

During the month of July, also, the character and general direction of the wind was the same, and the following is the table of the mean temperature:—

6 A. M. ....	59 degrees.	}	4 P. M. ....	87 degrees.
M. ....	85 “		7 P. M. ....	76 “
2 P. M. ....	82 “			

The mean temperature for the month of August was:—

6 A. M. ....	59 degrees.	}	4 P. M. ....	93 degrees.
M. ....	83 “		7 P. M. ....	79 “
2 P. M. ....	89 “			

As during September we had several copious showers, indicative of the commencement of the rainy season, I subjoin the following weekly averages of the mean temperature:—

FIRST WEEK.		THIRD WEEK.	
6 A. M. ....	57 degrees.	6 A. M. ....	61 degrees.
M. ....	83 “	M. ....	81 “
2 P. M. ....	88 “	2 P. M. ....	85 “
4 P. M. ....	87 “	4 P. M. ....	85 “
6 P. M. ....	78 “	6 P. M. ....	78 “
SECOND WEEK.		FOURTH WEEK.	
6 A. M. ....	55 degrees.	6 A. M. ....	59 degrees.
M. ....	73 “	M. ....	84 “
2 P. M. ....	77 “	2 P. M. ....	87 “
4 P. M. ....	75 “	4 P. M. ....	79 “
6 P. M. ....	69 “		

During the present month, October, the days have been uniformly cool and pleasant; the thermometer seldom rising, since the first week, above 76°. The wind has generally prevailed from N. N. W., and the nights have been so cold as to render two or more blankets necessary for comfort.

Of course I cannot yet speak positively of the winter months, but I am told they are so mild that vegetation is scarcely checked; ice seldom forms, and even when it does, it is never thicker than ordinary window-glass. For the great difference between the climate and temperature of San Francisco and this place, we must look to the geographical position, prevalence of winds, and other causes which produce the differences of the mean annual temperature of places

under the same parallel of latitude. Were I to draw an isothermal line between Sacramento City and one of our Atlantic cities, I should inflect it towards my native city, Charleston, S. C., making a deviation of about six degrees towards the south; whereas, a similar line drawn from San Francisco, would, I believe, (for, having no data, I cannot speak positively,) reach a point several degrees farther north of Charleston. This flexure of the isothermal curve, in passing from west to east, is not so great in the American as in the old continent: but the difference between the mean annual temperature of two localities so nearly situated as San Francisco and Sacramento City, is remarkable.

I have been thus particular in my remarks respecting the temperature, winds, etc., up to the present time, in order to exhibit some data on which to predicate an opinion respecting the probable prevalence of the Cholera, which has just appeared among us, and as preliminary to a few observations respecting 'the prevailing diseases of California.' I have already mentioned the deplorable mortality by one disease alone, Diarrhea, in San Francisco. I cannot say whether such continues to be the case now, as I can obtain no statistics from which to make a computation. My foregoing estimate of 30 per cent. mortality was formed from what I witnessed personally while engaged in the practice of my profession in St. Francisco last winter and spring, as physician to 'the Strangers' Friend Society.' As my health began to break down under the rigors of a climate so uncongenial to my habits and temperament, I left there in April, in order to recruit my exhausted energies by an excursion among the mining regions, and subsequently settled here in August last. My present observations will therefore be based upon my experience in this city and neighborhood; and as diarrhea is *the* disease of California, I will proceed to give my views respecting it.

If, philosophically speaking, what is commonly called diarrhea, is merely a symptom of different pathological states, the scientific physician often finds it extremely difficult to decide upon the true nature and seat of the disease. It is to be regretted that we are far from having attained to that perfection in pathology which enables us to decide with positive certainty in all cases of diarrhea; still, in the present instance, I am satisfied, after much patient observation and autopsical investigation, that there exists in the intestinal mucous membrane some form or degree of inflammation. In almost all cases there is tenderness on pressure over the large intestines, and sometimes over the left hypochondrium. In the severe forms, the abdo-

men is often swelled, hot and painful to the touch, and the discharges are announced by searching pains, which seem to follow the transit of the alimentary mass, and to be connected with the peristaltic contractions of the muscular coat of the intestines. According to the acuteness of the attack, or the degree of inflammation, there is more or less intermixture of blood with the tenacious jelly-like stools, which are variously colored, according to the condition of the liver, the ingestion of food, etc. In a great number of cases the disease, if not properly treated, runs on to a fatal termination so rapidly, that it may be considered as differing from dysentery only in degree. Generally speaking, even when it assumes the so-called chronic form, which is nothing more than a return of slight attacks of the acute kind, the disease seldom becomes so protracted here as in the Atlantic States, and I have never known the inflammation to be transferred to the serous coats, giving rise to ascites, as is common elsewhere.

Such is the character of the disease commonly called Diarrhea, which appears to be endemic to California, and which has reigned epidemically in conjunction with a typhoid form of fever, during the last two months, throughout the whole valley of the Sacramento and its tributaries.

The Typhoid Fever, which alternates with diarrhea, is of the ataxic adynamic order first established by Pinel; and the intestinal affection is well marked from an early period. Its existence may be inferred when the tongue is morbidly red at the point and margins, while the body is dry, fissured, and covered with brown or black incrustations. The buccal mucous membrane is more or less covered with white ulcerations, and sordes rapidly commences upon the teeth and gums. Meteorism is found in a large proportion of cases: at times, it occasions painful distention—the uneasiness being augmented on pressure; but more commonly, and particularly when there is much sensorial disturbance, the sensibility is so blunted that the patient does not feel inconvenience even from firm pressure. This affection runs on, if not arrested, to a fatal termination much more rapidly than typhoid fever generally does elsewhere; and in some instances I have known complications take place in more than one organ at a time. In a few cases, I have observed great cerebral disturbance occur periodically. The inflammatory action, for the most part, however, seizes with greater intensity on the mucous membrane of the intestines, even when other organs are involved.

As to the causes which have induced this calamitous condition of health in California, we have only to reflect upon the great privation,



fatigue and exposure, which most of the immigrants, and particularly those who come across the plains, necessarily endure. It is well known, that whatever tends to impair the natural vigor of the body, renders the system more susceptible of disease. Baron Larrey, and other army surgeons, have observed that soldiers very readily contract diarrheas and fevers after the exposure and bad diet incident to long marches, or severe and continued exertion in the field; and the recent sufferings of our army in Mexico forcibly establishes the correctness of the observation. For the exciting causes, I refer you to what I have shown respecting the atmospherical vicissitudes. The majority of the immigrants live and sleep in the open air, and from the exposure, even under the protection of a tent, to the great alternation between the *heat* of the day and the *cold* air of the night, it can easily be conceived how, by an impression being made on the sentient extremities of the nerves, these agents, like contagion, may be instantaneous in their effects.

You may readily conjecture, after the above rapidly-sketched medical view of this country, with what gravity the advent of the cholera is regarded by us. Surely, if ever there was a condition of predisposing causes most favorable for the propagation of this formidable pestilence, that condition now exists here, and yet we do not find the disease marching in its devastating course in the same fatal and rapid manner which has hitherto attended it.

On the 7th of October, the steamer *Carolina* arrived at San Francisco, from Panama, and was reported to have had on board during her passage twenty-two cases of cholera, of which number fourteen died. She was not quarantined. Since this period several well-marked cases and deaths of cholera have occurred at San Francisco, where the disease still exists. There is now but little apprehension entertained of its assuming a malignant type in that city, and I am disposed to think that the usually prevailing high winds there are of favorable influence against the spread of the disease.

In Sacramento City, as we have already seen in our climatic account, there are no happy influences whatever operating in our favor; on the contrary, there is every reason to apprehend the worst. The first case I saw or heard of was brought to my hospital on the 18th October. The patient was in that stage presenting severe gastro-enteritic irritation; the tongue dry—thirst excessive—rice-water evacuations up and down frequent—skin cold and clammy, and pulse rapid, small and irregular. In addition to these incontestable symptoms, the countenance was anxious, ghastly and shrunk—the voice

feeble, and the superior as well as inferior extremities contracted with spasms. I notified my associate, Dr. Greenman, of my views of the case, in which he coincided, and we treated him with large doses of creta ppt. with Sydenham's laudanum, sinapisms, and infusion of chamomile, flavored with a little Cologne water, for drink. Under this treatment our patient soon rallied, and in the course of twelve hours was comparatively well. The next, which was reported in the city papers as the first case, occurred on the 19th of October. The patient was visited by Dr. Spalding, the city physician, who pronounced it cholera, and the man died in twenty-four hours from the time of his attack. From this period the disease has continued to occur more frequently. On the 22d, eight deaths by cholera were reported in the daily papers; on the 23d, five deaths; on the 24th, seven deaths; on the 25th, twelve deaths; on the 26th, eleven deaths; on the 27th, eleven, and on the 28th, thirteen deaths. I regret that my engagements at the present time prevent me from dwelling more at large on the subjects embraced in this communication. At some future date, I purpose reverting to the history of the cholera in California. Until then, adieu!

Yours, respectfully,

T. M. L.

(No. 2.)

SACRAMENTO-CITY, CALIFORNIA, Nov. 30, 1850.

*Dear Doctor:*

According to the promise expressed in my last, of the 29th October, I now proceed to give you some account of the Cholera which has ravaged our young city. As I apprehended, our worst fears have been realized—for never, in the history of this cosmopolitan disease, since its first appearance in the Gangetic delta in 1817, and its subsequent progress around the globe, which it has at last encompassed, has any visitation been so destructive and appalling. In the short space of twenty-eight days, *i. e.* from the 19th October, the day the first death was reported, to the 15th November, when the number of deaths had tapered down to only one or two per diem, and the subsidence of the epidemic now publicly announced in the papers, the cholera has carried off 364 victims, out of a population of 6000. The like mortality is unprecedented, and only to be surpassed by the Black Death and awful plagues of the fourteenth century. Even at Paris, in 1832, when I first encountered the disease, and where the mortality was regarded as excessive—amounting to 18,000 out of a population of 800,000, the proportionate number of deaths was not so great, by

more than one-half: there, only 1 in 44 died; but in Sacramento-city 1 out of every 17 inhabitants fell a victim to the scourge, and this too is a most moderate calculation, based solely upon the mortuary record of the two principal coffin-makers and undertakers. Doubtless many others were interred by friends of the deceased, whose names have never been published; for I know by experience that there was a greater demand for interments at one time than the undertakers could comply with. One of our city papers states that a friend, who has taken the pains to count the graves in the two cemeteries of this two-year-old city, makes the number 1170—of which 700 were made during the late epidemic; and yet the total number of deaths from all diseases, as recorded, amounts to only 481, as follows: Deaths from cholera, 326; disease unascertained, 38; other diseases, 117. Many, therefore, must have died and been interred, of whom no record whatever was taken; so, surely, there can be no overshooting the mark, when I add the 38 deaths by disease unascertained to the 326, which were positively known to be by cholera. As regards the amount of the population, there can be no possible error, for the census was completed during the prevalence of the epidemic. Among other interesting statistics annexed to this census, I find 90 physicians embraced in the population, and it gives me unqualified pleasure to state, that notwithstanding the imputations cast upon the profession, and to which I alluded in my former letter, this portion of our citizens met the emergency, and performed their duties with an unflinching firmness and fidelity worthy of all honorable mention. Amidst the general panic and scattering flight in every direction, the physicians of Sacramento nobly stood their ground, faced the terrific foe, and did all that man could do, as well to ward off the common danger by precept and example, as to rescue the attacked. I apprehend not the charge of self-glorification, when I adduce the strong evidence to substantiate my assertions, that fourteen from among our ranks now swell the black catalogue of victims. And what a gratifying commentary does this fact furnish of the beneficial results of our liberal institutions and their moral fruits, when contrasted with the former condition of medical affairs here? In the renowned colleges of Castile, under the special control of a royal junta, whose prerogative once extended over this far-distant country, the degree of *Medico-Cirujano* was never conferred without the most solemn oath being exacted from the candidate, with his right hand on the book of the Evangelists, that he 'will assist with all care and diligence the sick who shall invoke his aid, and, contemning all dangers and contagions,



furnish the solaces of his most worthy profession to the indigent entirely without reward.' No such solemn declaration is required in our schools or colleges, but under the moral suasion of our free government, and the example of the illustrious patriots who have exalted the character of the nation, our graduates go forth imbued with the American spirit of usefulness—with a sense of duty, far more stringent than any legal obligation, and, confronting every difficulty in the hour of danger and distress, vie with each other in the emulation of working for the public good.

The idea has generally obtained, that sex has a considerable influence in predisposing to cholera. This alleged predisposition, which has been rather sustained heretofore by observation, does not consist, as I conceive, in sex, but in the kind of occupation and the exposure of the women. As statistical information, therefore, for comparative proportionals, I would record the fact, that the mortality here was by no means as excessive among the female portion of the population as among the male. The total of the frailer and fairer portion of our community amounted, as by the census, to the very limited number of 460: of these, only 17 died, or one out of 27; and the majority of these were from among the abandoned class. This fact goes to corroborate the often-repeated observation, that the better classes of communities—at least those who are well taken care of—are not so liable to the disease.

Without presuming to assign positively the causes of the inscrutable pestilence which is the subject of the present letter, I proceed to offer you, for publication, some further observations which I have made, more as a contribution of facts respecting its appearance here, than a detailed account of its phenomena, which have been so often minutely and graphically described. I have, in my former letter, acquainted you with the meteorological occurrences in our city during the past summer, previous to the appearance of cholera, for the reason that a knowledge of these phenomena, taken collectively with other concomitants, is generally thought important in attempting to arrive at an opinion respecting the origin of the disease. I have likewise previously alluded to the topography of this city, stating that it resembled New Orleans. This resemblance is now the more notable, inasmuch as the whole city is almost circumvallated by a levee, in order to provide against the annual inundation, when the rivers become swollen with the melted snows of the Sierra Nevada. When I visited this place the early part of last Spring, it was nearly all under water, and the only way I could get along through the streets

was on little foot-bridges, or in a canoe. Whether the exhumation of the soil, necessary for the building of the levee, has had any influence in the causation of cholera, I am unable at present to decide, but I deem it proper to call attention to this circumstance, because many believe a *telluric* origin to be the true one, and for this purpose I have noted a strong case in point. On the 18th October, before a single case of cholera had occurred, the schooner Montague left this city with forty-three passengers, bound for Panama. On the morning of the 22d, she arrived at San Francisco, with six of her passengers lying dead on board. Dr. Rodgers, the health officer of the port, boarded her at 11 o'clock A.M., and reported the following deaths: On the 19th a passenger, who was buried at Benicia on the 20th; on the 21st, at 4 P.M., another passenger, after eight hours' illness; at 7 P.M., a lady; at 9 P.M., another passenger, and at 11 P.M. a foremast hand: at 3 o'clock A.M., on the 22d, the second mate and another passenger also died. The captain and four others remained sick on board. The doctor stated that the disease was cholera. No other cause is assigned for the sickness on board, except that this schooner was ballasted with surface soil taken in at Sacramento-city. I have, in my last, stated that the first case I saw or heard of occurred on the evening of the 18th October. This man had just come in from the country, and stopped at my hospital in the suburbs, unable to proceed on his way into the city. Whether he had had communication in any manner, directly or indirectly, with San Francisco, or the passengers of the steamer Carolina, which arrived at that city, from Panama, on the 7th October, with the cholera on board, I am unable to say, as he left the hospital, in order to save expenses, with the choleric fever on him, while I was out, and before I questioned him, as I intended doing, on these points. It certainly is a remarkable coincidence, that cholera should make its appearance in this quarter almost contemporaneously with the arrival of the Carolina, and furnishes strong *prima facie* evidence in favor of its transmissibility. Adverse, however, to the doctrine of its contagiousness, I am disposed to attribute its origin rather to the extraordinary diurnal summer-heat prolonged far into the autumn, and the remarkable vicissitudes or extremes between the days and nights. These would not, probably, be adequate to the production of cholera, apart from the additional predisposing causes arising from a new uncultivated soil covered with vegetable and animal substances, and annually submerged. Certes, the history of the disease proves that its chief home and seat is in low, damp situations—on the banks of rivers and swamps, or near pools and ponds of

water. Those parts of cities and countries thus situated and circumstanced have always suffered most. In Hindostan, Russia, Germany, France and England,—in certain localities along the St. Lawrence,—Ohio and Mississippi of our own continent, as well as among the rice-plantations of South Carolina, Louisiana, &c., this fact has been placed beyond a doubt. In perfect accordance with these observations, we find the disease here first appearing and committing its ravages along the borders of the Sacramento river, and just exactly in that locality where the schooner Montague, already mentioned, was moored. Another reason for attributing its causation to atmospherical impurities exists in the fact, that the city was infected with flies and other insects, to a degree amounting to an Egyptian plague. If the generation of these insects is fecundated by filth, then the swarms which pervaded every place indicated a great accumulation of their prolific source. Dr. Holland, in a paper 'On the Hypothesis of Insect-life as a cause of Disease,' suggests that the migration of insects, acting like an erratic malaria, gives the course of cholera. Whether we admit this or not, it is nevertheless true that the cholera has been spread by some subtle agencies, in various directions, over the country, although, as far as my information goes, its prevalence in other places has been, comparatively with Sacramento-city, very moderate. In San Francisco, where it still prevails to a certain degree, it has not assumed, as I anticipated it never would, what may be strictly termed an epidemic form.

Preceding and accompanying the appearance of cholera in any city or country, it has generally been observed that influenza and bowel affections,—diseases more particularly blended and alternated with cholera, as well as remittent and autumnal intermittents, prevail to a greater or less extent. As you are already informed in my last letter, this observation holds true in the present instance. Diarrhea continued and still continues its ravages, and the greater portion of the 117 other deaths above mentioned, as occurring during the reign of the cholera, were from this disease alone. Some few deaths were occasioned, as recorded, by congestive fever; but the analogy between the malignant form of this latter disease and the cholera, with the modifications as it prevailed here, and to be presently mentioned, is so strong, that I confess, for my part, that I have not been able to discriminate satisfactorily between them. And here I take occasion to express a doubt, which is daily growing stronger in my own mind, whether cholera, such as it exists here and in some other parts of the United States during the autumnal months, is not a most malignant



type of congestive fever, with severe abdominal complication—bearing a close affinity with the pernicious remittent or the intermittent ataxic fever of the writers of continental Europe, and so particularly described by Torti, Ramazzini and Rivierus, of Italy. Nothing tends more strongly to confirm my view than the medical history of this country. The annals of the early missionaries show that many persons fell victims to a deadly disease, closely resembling cholera, every autumn. Still earlier in the Fall of 1535, Cortes states, that so great a mortality prevailed, that he and his companions, who lived to escape, fled from the land for safety. In corroboration of this historical fact, the old settlers and Californians affirm that there has always prevailed a fatal sickness during the Fall, and several of the physicians who were here last autumn say that a disease similar to the recent epidemic then occurred. The mortality at Fort Sutter, after the conquest of the country, was such, that nearly the whole garrison was carried off. Thus it appears, that long before cholera was heard of, a disease existed in this quarter of the globe equally as fatal and alarming; and that subsequently, without its having excited as much attention or alarm as the name of cholera occasions, symptoms, strongly resembling the recent epidemic, had been observed to form what was supposed to be the initiatory and often fatal stage of malignant congestive fever. Without taxing your patience, however, any longer at present with my crude notions respecting the cholera of California, I hasten to mention briefly the modifications I most frequently witnessed. Generally speaking, the purging during the cold or choleric stage was not so copious or forcible as I witnessed in Paris, nor did the peculiar ‘conjee-stools’ always present. I noticed occasionally an assimilation to what has been already described as the ‘port-wine’ dejections. In some cases which terminated fatally without reaction, there was no purging whatever. The vomiting, too, was not of that syringe-like squirting character pathognomonic of cholera; although the hurried interrupted respiration clearly indicated spasm of the diaphragm and intercostal muscles, and severe cramps in the extremities constituted a great part of the sufferings. I did not meet with a single case in which fever did not intervene between the algid stage and restoration to health. In the few cases which terminated favorably this fever was slight, but it invariably corresponded in intensity with the collapse. In the unfavorable cases, there was strong evidence of a congestive sub-inflammatory state of the brain and spinal marrow, conjoined with a similar condition of the stomach and bowels. This may have been partly attributable to the opium, which

nearly every physician resorted to, in some form or other, to meet the indications in the algid stage; but the turning up of the eyes, and exposing the lower part of the vessels of the sclerotica gorged with blood, denoted something more than narcotism alone. The tongue, in these cases, became brown and more deeply furred, and the teeth and lips covered with sordes. The state of the skin varied—chills alternating with heat. The pulse became extremely quick and tremulous—the breathing stertorous—and the patient sunk incoherent and insensible into a complete and fatal coma.

With this last scene in the gloomy picture of the disease just sketched, I must bring to a conclusion the medico-historical account of my first season's experience in California,—a land where I had been led to expect an Italian clime—an Archipelagean salubrity, and El Dorado harvest! I am, nevertheless, grateful for the share of prosperity, though far below my inflated expectations, and the degree of health, imperfect as it has been, of which I have been the participant. Under Providence, I attribute my preservation from 'the pestilence which walketh in darkness and destroyeth at noon-day,' to the prophylactic use of quinine. On this invaluable remedy, in small broken doses, I chiefly relied in my treatment of the epidemic, combining it with other adjuvants according to indications and circumstances, and in this manner obtaining either its excitant, or sedative, or well-known intrinsic neutralizing effects upon malarial and paludal fevers. And with this single remark I begin and terminate all I have to add to what is already known in the treatment of cholera—*Verbum sat sapienti.*

T. M. L.

To E. D. FENNER, M. D., *New-Orleans.*

### III.—DESCRIPTION OF AN EPIDEMIC BILIOUS REMITTENT.

By A. DUPELIER, M. D., of *New Iberia, Louisiana.*

The entire population of the village of New Iberia does not exceed 250 inhabitants. Situated in South-western Louisiana, on the banks of the Têche, it is only about fifteen miles from the Vermillion Bay, and thirty from the Gulf of Mexico. Its locality is one of the healthiest in the State; surrounded by high lands, it is free from marsh miasmata; with the exception of the yellow fever epidemic of 1839, which proved so disastrous all over the State, it has always been free from epidemics. During the last visitation of cholera, not a single case originated in the place, notwithstanding the disease proved very disastrous in its neighborhood.

The banks of the Têche average about ten feet; the rise and fall of the bayou, caused mostly by rains, does not exceed six feet, except when influenced by crevasses from the Mississippi, as in 1828, and this year, after the breaking of the Pointe Coupée levee, when it rose about two feet above its average rise, inundating about 250 feet of its banks. The Spring was generally healthy; with the exception of an epidemic of whooping cough, which prevailed extensively during the months of April and May, no other disease was observed up to the time of the appearance of the epidemic I am about to describe. The summer, as observed in the editorial of the last *New-Orleans Medical Journal*, has been one of the driest, and the warmest ever observed, particularly the week ending about the 20th of August, at which period this epidemic made its appearance among us.

The first case to which I was called was a child about a year old. From the symptoms apparent, I suspected scarlatina. The same day I was called to see three cases in an adjoining house: from the symptoms described by them, I discovered that I had a different disease, from what I suspected, to deal with; there was no eruption in these cases; this symptom I observed in particular, as I had suspected the first case to be scarlet fever. The disease, from the time it made its first appearance, continued to spread through our entire population, without distinction of sex or color, the creoles of the country being as liable to it as strangers; medical men and attendants on the sick were among the first to take it. In six weeks, 210 inhabitants of the village, and about 40 from the country, had gone through the disease, without a single mortality having occurred; only four grown persons, inhabitants of the village, were spared, two of whom were absent during the greater part of the epidemic; the balance of the population who were exempt from the disease were children, from infancy up to the age of five and six. With the blacks the disease proved very mild, lasting in most cases not over forty-eight hours, after which they began a rapid convalescence: with those persons also who had had yellow fever, I noticed the disease to be milder. Both these circumstances made me suspect a connection between the two diseases, a connection which I will leave to others more experienced to decide after considering the symptoms I am about to describe. The symptoms in every case were identical, differing only in intensity; the earliest indication of the disease consisted in a painful affliction of some of the joints—the wrist, the ancle, the knee, and in some cases even the extremities of the toes and fingers, with a dull head-ache: it developed itself gradually, during a space varying from five to six



hours, during which time the pulse was full, but not accelerated beyond its natural standard, in many cases it being less frequent. After these local pains had endured for a greater or less time, fever was ushered in, with its usual concomitants: in some cases it commenced with a rigor—probably one-half of the cases—intense headache; the eyes were red, pulse full, abrupt, and in most cases frequent; in some few cases, it continued below the natural standard: the skin was hot, pungent and dry—in some cases injected; in none did it assume a deep yellow, but in many it was unnaturally flushed. The patient complained of acute pains in the back, loins, &c.,—restlessness, in some cases amounting to jactitation: the tongue was invariably dry, and covered with a yellow coat; the edges and extremity were red, mouth dry, accompanied with a disagreeable bitter taste; the epigastrium, in most cases, was painful on pressure; the pain was not acute in any case; nausea existed, in most cases, and in a few subjects vomiting prevailed. The bowels were invariably constive for several days before the disease made its appearance; urine scanty and high colored; in two cases I met with suppression of urine. With few exceptions, thirst was intense; in every instance complete anorexia existed; dark flocculi were occasionally expectorated; blood drawn from the veins generally exhibited the buffy coat, and was extremely offensive to the smell. In but one instance did I meet with anything that resembled the black vomit of yellow fever; the matter vomited in other cases consisted of liquids drank. The prominent symptoms of the disease were—the head-ache and the pain in the back, loins, etc.; the intensity of the one over the other varying according to the temperament of the patient. Plethoric subjects suffered intensely from head-ache—great determination to the head—giving rise, in a few cases, to delirium—in many to giddiness, blindness, etc., whenever the patient attempted to assume the erect position; in them the conjunctivæ were deeply injected. Other temperaments suffered more from pain in the back, loins, etc., restlessness;—in all cases the patient was low-spirited, impatient, fretful, at night restless; he experienced a disgust for everything around him.

The first exacerbation of fever generally lasted 36 hours, except in negroes, in whom the disease was milder; it hardly ever continued over 24 hours before the skin, from being burning hot and dry, became relaxed, and abundant perspiration established, (glutinous to the touch and offensive to the smell); after which, if the proper remedies had been applied in time, the patient began a slow convalescence; otherwise, a deceptive interval continued for a few hours—when the

skin, from being relaxed and moist, would suddenly become burning hot, and a second febrile excitement would set in, irregular in its duration, and accompanied with the same pains, generally more acute.

As to the remedial agents used, they were, with few exceptions, the same in every case. In plethoric subjects, where there was much fullness of pulse, determination to the head, etc., I invariably bled until the patient complained of faintness, after which I ordered him to keep his feet in a warm bath. This relieved the head-ache instantaneously; in many instances the patient expressed a desire to get out of bed; after depletion the pulse became soft, and the skin moist. The relief from depletion, for a few hours, was invariably complete, after which the same symptoms returned, but in no instance as severe. My attention was next directed to relieve the constipation which existed, as I observed, in every case. From the beginning of the epidemic I noticed that it required powerful purgatives to relieve the torpidity of the bowels. In the case of the child I first saw, after trying every purgative I could think of, I had to administer one drop of Croton oil, which alone had the desired effect. I used it in one more case. After depleting, I ordered the following pills, to be taken in two or three hours:—

℞.—Massa hydrarg., grs. xx. to xxx.; hydrarg. chlorid. mite grs.,  
x. M.—div. in pill No. iii.

Three hours after I ordered the following draught:—

℞.—Magnes. sulph., ℥iiss. to ℥iij.; manna, ℥i.; senna, ℥ss. M. ft.—  
infus. with warm drinks, such as orange tea, elder, etc.

In most cases these remedies procured ten or twelve copious bilious evacuations. In some instances, however, among those in whom depletion had not been used, they sometimes failed to have any effect; they had to be repeated, aided by injections and warm baths. Whenever the fever abated, I ordered—

℞.—Quinia sulph., grs. xxx., pulv.; No. iii.—one to be given every hour.

Purgatives appeared indispensable. Under their use alone the tongue became clean—the head-ache and pains disappeared—and the patient was restored to a slow convalescence about the third day. In a few cases, where there was much restlessness, I must not omit to state, I administered from  $\frac{1}{4}$  to  $\frac{1}{2}$  grain of morphine, after using the medicine previously recommended; in my own case it had a very beneficial effect. At the suggestion of a medical friend, I tried emetics in a few cases, thinking that it might afford more prompt relief to the agonizing sufferings of the patients laboring under this

disease. In two instances where I administered the ipecacuanha, I found the patient vomiting naturally small quantities of bile. The medicine had no other effect but to occasion great straining; it invariably increased the gastric irritation, in some cases to such an extent that the patient could retain nothing on his stomach. I must here state, that with the exception of those few cases whom I found vomiting naturally, in no other instance did I meet with the symptom, except in those cases where emetics had been used. Although the use of emetics may have proved advantageous to a few, I have no hesitation in stating that, in most instances, where the tongue was red, it increased the gastric irritation, and rendered the disease less manageable. Whenever I found a patient vomiting, I ordered a blister 4 by 6 to be applied over the epigastrium, and the use of gum water: this invariably relieved the symptom, and allowed the patient to retain his medicines.

Such has been my practice throughout the epidemic; and without making any attack upon the opinions or practice of my professional brethren, I am content to claim merely an equal degree of success with that obtained by other modes of treatment. My plan of treatment was so generally known among the inhabitants of the place, that during my sickness and that of my professional friends, (for we were all sick at the same time), they sent for the medicines, and went through the disease without medical aid.

The convalescence, no matter how mild the disease might have been, was slow; a painful sense of exhaustion remained for several days—ten or twelve; weakness in the joints; the appetite was restored slowly; some complained for a few days of pain at the epigastrium, particularly after eating; the skin was subject to sudden changes—from being moist, it would suddenly become dry; the bowels continued torpid. At this stage, change of air appears particularly beneficial: in my case, an absence of a few days restored me to perfect health. The prognosis of this disease was exceedingly favorable; not a case proved fatal.

*Nature.*—Is it the Dengue of Dickson—the Break-bone of Rush, or a mild epidemic of Yellow-fever? I have termed it an epidemic Bilious-remittent, because I considered the disease bore a strong resemblance to all three of the above-named diseases, and that the term would explain the nature of all. It differed from the dengue of Dickson as follows:—In no instance was the tongue clear at the commencement of the attack; there was no eruption, except in two cases that I saw; no swelling of the limbs or glands of the body; and



no marked intermission between the first and second exacerbations. Again—he does not, in his description of the dengue, notice constipation, whilst in this epidemic it is an important symptom; in other respects the symptoms are similar. His treatment of the dengue differed greatly from the one found beneficial in this disease;—he depends entirely upon opiates, whilst in this, purgatives are indispensable.

With the break-bone of Rush it differs as follows: The tongue is never moist; the bowels, instead of being regular, are exceedingly costive; there is no eruption; the thirst is always intense, whilst in the break-bone there is no thirst. As with the dengue, the treatment advised is different—Rush recommends the use of emetics, laxatives and opiates.

Now, as to its similarity with yellow fever:—It resembles, in every respect, the mild forms of this disease described by Louis, as having occurred at Gibraltar during the epidemic of 1828. The only symptoms wanting are the intense yellowness of the skin and conjunctiva; the black vomit; which are pathognomonic of severe and fatal cases of yellow fever. In only one case, out of the number I visited, did I see anything that resembled black vomit; and although in many instances the skin was unnaturally yellow, in no case was it of that deep yellow met with in the last stages of yellow fever.

The Cause of this disease, I shall attempt as briefly as possible to trace. The first case originated in a gentleman who came to this place from New Orleans; a short time after his arrival he was taken sick. Did he bring the disease from an infected locality, and did it spread by contagion? When we consider how liable attendants on the sick—medical men, etc., were to take the disease, we may for a while entertain the opinion that it is contagious; but let us consider: In the first place, there was no connection between the first and second cases; the subject of the first being a stranger, no one but his medical attendant visited him. Again, persons from the country, who visited our village and remained any length of time, on business or to nurse the sick, took the disease on their return home, but in no instance did it spread among the other members of the family. If any doubt existed as to its contagiousness, a single fact of the kind is sufficient to destroy it. To pronounce the present epidemic to be yellow fever, would, perhaps, be venturing too much; I have therefore modified the name, and called it an epidemic bilious remittent fever. That it is, like yellow fever, an endemo-epidemic induced by a union of local emanations with a favoring condition of the atmo-

sphere, I have no doubt;—that it might, under favorable circumstances, have assumed the most aggravated form of yellow fever, I have also no doubt. The cause undoubtedly was in the sudden withdrawal of the waters of the Têche, leaving a large extent of inundated bank to the action of a favorable temperature for the generation of malaria.

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IV.—A DIARY OF THE CLIMATE OF NEW ORLEANS FOR 1850.

BY W. P. HORT, M.D.

We are indebted to that accurate and indefatigable writer and observer, Dr. W. P. Hort, of this city, for the subjoined interesting Notes on the Climate of New Orleans for the year 1850. These observations were made at the United States Branch Mint, on Esplanade street, near the Mississippi river, and the reader may rely upon their accuracy.—ED.

*Dear Doctor :*

If you find the following notes from my journal interesting, you can make what use of them you please. The facts recorded are, I believe, substantially correct, but they were set down in my notebook as opportunity would permit; hence you will find remarks on the weather made at almost every hour during the day and night. They may serve to fill up gaps in the meteorological tables of those whose time permits them to be systematic in such observations. I have made no allusion to the pluviometer, barometer or hydrometer. The facts connected with these instruments belong to regular tables, and not to desultory remarks as the following.

Your sincere friend,

WM. P. HORT.

Thermo-  
meter.

**JANUARY, 1850.**

- 1 - - 40—Wind N. and N.E.; no rain; at night, 42°.
- 2 - - 50—Wind N.; no rain; at night, 46°.
- 3 - - 50—Wind S.; fog in the morning; at night, 52°.
- 4 - - 54 to 64—Wind N. after rain at 4 A.M.; at night, 60°.
- 5 - - 44 to 60—Wind E.; no rain; at night, 60°.
- 6 - - 56—Heavy fog; frequent showers; wind S.E.
- 7 - - 68—Heavy rain, with thunder, etc.; wind N.; terrible fog.
- 8 - - 54—Wind E.; clear, lovely day; fog A.M.
- 9 - - 50—Wind E.; cool and pleasant day; fog all day.
- 10 - - 60—Fog all day and night; wind S.W.

- Thermo-  
meter.
- 11 - - 56—Wind N.W.; fine drying breeze.  
 12 - - 52—Wind S.W.; ditto.  
 13 - - 70—Heavy rain; wind N.  
 14 - - 40—Wind E. by N.; very raw and chilling.  
 15 - - 56—Wind S.E.; heavy fog at night, and warm.  
 16 - - 66—Heavy fog day and night, and warm.  
 17 - - 70—Same weather; wind variable—S.E., S.W., etc.  
 18 - - 68—Heavy fog, followed by heavy rain; wind S.  
 19 - - 62—Wind S.; fog; cloudy and sultry.  
 20 - - 62—Rain and fog; wind S.  
 21 - - 60—Heavy rain, thunder, etc., 4 A.M.; wind N.W.; after day-  
 light, cleared up.  
 22 - - 59—Clear, cool, pleasant day; wind E.  
 23 - - 66—Wind S.E.; pleasant day, but terrible fog at night.  
 24 - - 62—Heaviest fog of the season; wind S; at night, damp and  
 sultry.  
 25 - - 72—Heavy fog, and very damp; wind S.  
 26 - - 70—Same weather; wind S.W.  
 27 - - 70—Same wind and weather; towards night, heavy N. wind  
 and rain, thunder, etc.  
 28 - - 72—Raining all day, with S. wind towards night; wind N.,  
 and heavy squalls all night.  
 29 - - 65—Clear and cool; wind E.  
 30 - - 56—Same weather.  
 31 - - 65—Fine open weather; wind S.E.

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meter.

**FEBRUARY.**

- 1 - - 66—Foggy and rain; wind S. E.; rained all night.  
 2 - - 68—Rain all day; wind S.; damp and very unpleasant.  
 3 - - 50—Clearing up; N. wind towards evening, and very strong at  
 night.  
 4 - - 32—sunrise, 36°; 10 A.M., 38°—Wind N. and strong, and very  
 cold.  
 5 - - 31—Severe frost, and ice; wind E. and very raw; M., Ther. 38°.  
 6 - - 40—at noon, 50°—Calm and pleasant day; wind S. E.  
 7 - - 60—Pleasant day; wind S. E.  
 8 - - 70—Heavy rain all day; wind S.; very unpleasant.  
 9 - - 56—Wind N.; clear, open day.  
 10 - - 60—Wind W. by N.; clear, pleasant day.  
 11 - - 65—Cool and pleasant; towards night, cloudy; Ther. 65°; wind  
 W. by N.



- Thermo-  
meter.
- 12 - - 68—Heavy rain all day, with gale from South.  
 13 - - 46—Wind N. and strong; drizzling occasionally.  
 14 - - 40—Very cold and raw; wind W. N.W.; cloudy.  
 15 - - 41—Same weather; wind N.W.  
 16 - - 42— Ditto; ditto.  
 17 - - 41— Ditto; ditto.  
 18 - - 40—White frost; wind N.W.: great fire in Camp-street.  
 19 - - 40—Wind N.; clear, and streets drying fast.  
 20 - - 40—Wind N W.; three or four white frosts in succession.  
 21 - - 50—Wind W. by N.; cloudy; warm at night (70°), with rain.  
 22 - - 60—Wind N.; fine bracing day.  
 23 - - 72 to 75—Cloudy, and drizzling rain; warm night; wind S.W.  
 24 - - 70—Warm, and threatening rain.  
 25 - - 68—Ditto, occasionally drizzling; very damp; wind S.  
 26 - - 70—Ditto, - ditto - - ditto - ditto.  
 27 - - 72—Ditto, - ditto - - ditto - ditto.  
 28 - - 62—Ditto: m., 76°; wind S.W.; foggy and cloudy.

**MARCH.**

- 1 }  
 2 }  
 3 }  
 4 }  
 5 } About the same weather; clear and pleasant; Thermometer  
 6 } ranging between 70° and 78°, wind S.W.: during the night  
 7 } of the 10th, a severe storm of wind, with rain.  
 8 }  
 9 }  
 10 }
- 11—Wind N.; Ther. 62°; clear and cool all day; m., Ther. 64°.  
 12—Ther. 66°; wind S. E.; clear and cool; breeze chilling and un-  
 pleasant; city healthy.
- 13 }  
 14 } Becoming gradually warmer, the thermometer ranging from 66°  
 15 } to 80°; warm nights; very dusty; high winds every day, from  
 16 } W. to S. by W.; influenza much complained of.\*
- 17—Ther. 80°; wind S.: Ther. at noon, 75°; sickness appears.

\* The night of the 15th, O'Brien's brother died of cholera; Mr. Kennedy had a severe attack of the spasmodic kind; also Mr. Wickes. Mr. Pendleton, much reduced by its continuance in a mild form, obliged to make a voyage to Galveston and back. I, myself, have experienced strong symptomatic attacks.

- 18—Ther. 70°: at daylight, wind N. and cold; more talk of sickness.
- 19—Very cool night; 70°; wind E. by N., strong; chilly; cloudy; indication of rain.
- 20—Cool day; wind E., very raw; threatening of rain; at 6 A.M., Ther. 66°, at meridian 70°, at midnight 69°.
- 21—Weather becoming warmer; Ther. 80°; alarms of cholera; city very dusty; tremendous fog from the river during the night.
- 22—Ther. 74°; wind W. S.W.; heavy rain about noon; 2 P.M. wind shifts to N.: Ther. 63° at midnight.
- 23—Ther. 60° at daylight; 54° at sunrise; high wind all day, and great evaporation going on; night cold.
- 24 } Ther. 48°; wind E. by N.; more talk about cholera; stormy, un-
- 25 } settled weather; rain every day; Ther. ranging as follows—65°, 76°,
- 26 } 56°; pulmonary affections becoming abundant, influenza and bowel
- 27 } complaints, diarrhea, dysentery, etc.; 71 deaths, of cholera, reported since the last meeting of the Board.
- 28—Clear, bright day; wind N.; Ther. 40°: ice abundant on the outskirts of the city.
- 29—Weather moderating; wind N. E.; Ther. 50°; wind very variable.
- 30—Weather all round the compass; Ther. 52° to 64° during the day: decrease in cases and deaths of cholera 50 per cent.
- 31—Ther. 52°, 6 A.M., cool and somewhat misty: Ther. at noon 60°; wind S.W.; on the whole, a pleasant day.

#### APRIL.

- 1—Ther. 60°; a shower of rain in the morning; wind S.W.; at noon, strong wind, and change to S. by E.; cloudy: Ther. P.M. 70°; no rain during the night, but heavy squalls of wind.
- 2—Very stormy; wind S.E.; frequent heavy showers of rain: Ther. at daylight 62°; midday, 68°: clear and pleasant in the afternoon, with a West wind, and Ther. 60°; clear and pleasant night.
- 3—Clear and calm; light West wind: Ther. 62° at meridian; wind W. N.W.; clear and beautiful weather: Ther. 74°; cloudy about noon; wind variable, and Ther. 76° at night.
- 4—Wind N.W.; dry and clear; Ther. 6 A.M. 58°, M. 64°; great evaporation going on; 11 P.M. a shower, followed by clearer weather; high wind; stars very bright, especially towards morning.
- 5—Wind increasing all day, with clouds of dust; Ther. at 6 A.M. 54°, at meridian, 68°; a wild, blustering day; cholera, etc., on the decrease.

- 6—Ther. 6 A.M. 54°; wind N.W.; clear and cold; the wind gradually declined towards noon, but increased at sunset.
- 7—Wind S.; Ther. 6 A.M. 54°, at meridian, 65°; raw, disagreeable weather.
- 8—Ther. 56° at 6 A.M.; weather calm, and much milder; wind light from the South: Ther. at M. 64°, at night 61°.
- 9—Rather cloudy; at daylight, Ther. 55°, 10 A.M. 65°; wind stormy, and increasing, S. by W.; at noon, Ther. 70°. This has been a close, sultry day, very cloudy towards night; during the night there were light drizzling showers.
- 10—Ther. at daylight 65°; wind strong and increasing, from S. by W.; appearance of rain: Ther. at noon 78°. This has been a close, sultry day, very cloudy towards night; in the course of the night light showers.
- 11—Cloudy weather; Ther. at 6 A.M. 60°; frequent showers during the forenoon; wind N.E., and very raw and chilling: Ther. at noon 60°; showers until night, and through the night.
- 12—6 A.M., Ther. 58°; M., 62°: cloudy and threatening at daylight; after sunrise the clouds dispersed, and the day was pleasant and clear; wind N.W. all day.
- 13—Ther. 6 A.M. 58°; wind W.N.W.; beautiful weather; cool for the season; Ther. at M. 60°, at midnight 60°: in the afternoon the wind was from the southward.
- 14—Clear, mild weather: Ther. 58° at 6 A.M.; M., 68°; at 6 P.M., 62°.
- 15—Ther. 60° at daylight; wind S.; a beautiful spring day; city healthy; no talk about cholera: at noon, Ther. 70°; towards sunset, cloudy and threatening rain: the night clear, with a glorious development of planetary and astral systems.
- 16—Ther. 68° at 6 A.M.; cloudy, with indications of rain; light, southerly wind: at noon, Ther. 74°; wind increasing; cloudy all day; a warm night: Ther. 78° at midnight.
- 17—Ther. 6 A.M. 72°: calm, cloudy and warm; wind S.W.; higher currents of air N.W.; a light shower before day; cloudy all day, but no rain from noon until dark; Ther. 80°, at midnight 77°.
- 18—Heavy fog at daylight; Ther. 70° at daylight; very calm, but evidently southerly weather: at noon, Ther. 80°; dust very troublesome: 8 P.M., 78°; midnight, 71°.
- 19—Ther. 70°; fine pleasant weather; wind S.; more or less cloudy all day: at M., Ther. 78°; at midnight, 72°: a very fine night.
- 20—Wind still S.; Ther. 70° at daylight; 10 A.M., 78°; very slight variation until night; at midnight, 76°.



- 21—Ther. 74° at sunrise; wind S.; cloudy, yet a delightful day: Ther. at noon 80°; at midnight, 75°: a splendid night.
- 22—Ther. at daylight 76°; wind S.; same weather as several preceding days: Ther. from noon until 10 P.M. 80°: night calm, cloudy, with some fog.
- 23—Ther. 78° at sunrise, 82° at meridian: fine shower in the forenoon; wind southerly; warm, yet pleasant, with a good breeze from the Gulf.
- 24—Heavy shower at 2 A.M.; Ther. at sunrise 74°; wind S.E. to E.; light showers in the forenoon, with wind shifting to the S.; at noon, Ther. 80°: at 1 P.M., heavy rain; night calm and pleasant: no change of temperature worth recording.
- 25—Ther. at sunrise 80°: heavy rain in the course of the day; quite sultry and oppressive weather; bowel complaints and cholera rumored; wind S.E.; at 11 P.M. a thunder storm, with intense and incessant lightning passing from N. to S.E.
- 26—Ther. 6 A.M. 76°; at noon, 80°: wind W.; indication of rain; the weather cloudy and damp.
- 27—Same weather.
- 28—3 A.M., heavy rain, with thunder and lightning, which lasted until 7 A.M.; wind southerly; Ther. at sunrise 66°; cleared up during the morning; wind from the north; temperature maintained during the day.
- 29—Ther. at daylight 62; wind S.W.; Ther. at noon 65°; clear, bright day, with a fine westerly breeze; at night, Ther. 61°.
- 30—6 A.M., Ther. 62°, at daylight; at sunrise, 70; wind S.; clear and pleasant weather; no talk of diseases, except such as are amongst all people, and in every clime incidental to humanity.

**MAY.**

- 1—Ther. at 6 A.M. 65°; wind northerly; sun very powerful in the middle of the day; at meridian, Ther. 78°; wind from the same quarter all day and all night.
- 2—Ther. 65°; same kind of weather until 8 A.M., when the wind came from the East; at noon, 80° Fahrenheit; sun very powerful; pleasant night; stars very numerous, and well defined.
- 3—Wind S.W.; Ther. 67°; at 11 A.M. a fine shower of rain; showers throughout the day; 3 P.M. wind from the N., making it very cool and disagreeable.
- 4—Showery all day; Ther. 62°, with little variation; very raw and disagreeable weather for the month of May.

- 5—Ther. 62°; very gloomy morning; wind N.W.; at noon, Ther. 70°; wind increasing all day, causing rapid evaporation, and rendering raw and damp.
- 6—Ther. 50°; wind from the North; quite clear; at noon, Ther. 72°; a bracing pleasant day; city healthy, from general report.
- 7—Ther. 60° at daylight; at noon, 76°; wind S.W.; becoming warmer towards evening; very cloudy, and threatening rain.
- 8—Ther. 60° at daylight; at 4 A.M. a violent storm of wind, rain, thunder and lightning from N.W.; drizzling rain occasionally throughout the day; wind shifting to S.W.; day closes with indications of rain; after midnight, all clear.
- 9—Ther. 60°; splendid morning, cool and bracing; wind N.; at noon, Ther. 72°; at midnight, 68°.
- 10—Ther. 62°; at noon, 76°; wind S.; cloudy, but no rain.
- 11—Ther. 62°, ranging to 72° during the day; cloudy morning; wind S. E.; between 7 and 8 P.M., a heavy storm of lightning, thunder, wind and rain; the rain continued several hours.
- 12—Ther. 65°; wind N.E.; cloudy and raw weather; at noon, Ther. 74°; very threatening towards night.
- 13—At 3 A.M., rain, thunder and lightning; Ther. 69° at daylight; wind E.; rained nearly all day, the weather being raw and damp, and very remarkable for the month of May on the Gulf of Mexico — an exception to twenty years' experience, raining nearly all day.
- 14—Ther. 68° at daylight; wind S. and very light; cloudy, damp, disagreeable morning, 8 A.M.; wind N.W.; light shower in the forenoon; at noon, Ther. 72°, at midnight, 75°.
- 15—Ther. 60°; wind N.W.; clear, with occasional flying clouds; 10 A.M., wind increasing; clouds all gone; Ther. at noon 72°; a pleasant day on the whole, but very cool for the season.
- 16—Ther. 60°; wind N.W.; cool, pleasant; warmer towards evening, Ther. gradually rising to 76°; a lovely night.
- 17—Ther. 65°; wind N.W.; at noon, Ther. 76°; moderate, and very pleasant spring weather; city healthy, for the resident population.
- 18—A lovely day; Ther. 67°; remarkably fine, elastic atmosphere; wind N.W., but very moderate; a fine night; Ther. 70° at 4 P.M.
- 19—Ther. 68° at 6 A.M.; at noon, 80°; wind all round the compass, generally S. at night; Ther. 77°; fine night.

- 20—Same weather; wind variable, but generally from the South; Thermometer same as yesterday; lovely night.
- 21—Same weather; Ther. 70°, 6 A.M.; light wind from N.E.; sun rises like an immense ball of fire; Ther. at M. 80°; wind S.W. towards evening; a glorious moonlight night.
- 22—Same weather; Ther. 68°; at noon, 80; at midnight, 72°; wind southerly; the dust is very troublesome.
- 23—Ther. 68°, at 5 A.M.; at noon, 82°; clear, dry weather, like the preceding day; afternoon rather warm; night also; appearance of rain and storm in the S.E., it, however, did not reach us.
- 24—At 5 A.M., Ther. 76°; wind N.W.; clear, fine weather; at noon, 84°; summer has fairly set in; fine night; the mercury has been unusually high in the barometer the three last days.
- 25—Ther. 70° at 5 A.M.; wind N.E., and light; indications of rain very threatening in the eastward; occasionally cloudy; Ther. at noon 84°, at midnight 79°.
- 26—Ther. 72° at daylight; at noon, 84°; wind generally north, but rather variable; at midnight, Ther. 77°, and pleasant night.
- 27—Ther. 74°, at 5 A.M., at noon, 85°; wind all round the compass, and light; no prospect of rain; dust very troublesome; 9 A.M. Ther. 80°, warm and dry.
- 28—Same weather and temperature, with light North wind.
- 29—Ther. at daylight 75°, at noon 85°, and the same at sunset; a warm, but pleasant day; sun very powerful; wind W.; a cool, pleasant night; Ther. at 11 P.M. 75°.
- 30—Ther. 76° at 5 A.M., at 9 A.M. 80°; wind W., and very light; same weather and temperature as yesterday; cloudy, and rain in the neighborhood; cool night.
- 31—Ther. 72° at 5 A.M., at noon 74°: wind northerly, with strong indications of rain; at 10 A.M. Ther. 70°; very cool day for the time of year; a fine night.

#### JUNE.

- 1—Ther. 5 A.M. 68°; wind E. and very cool; no clouds; fine clear bracing atmosphere; at noon, Ther. 75°; same weather throughout the day; wind ranging from N. to E.; a charming night.
- 2d, 3d and 4th of June presented remarkable uniformity, wind ranging from N.W. to N.E., but generally S.E.; Ther. at daylight on the 2d, 68°, at noon 79°, at midnight, 70°; on the 3d, 70° at daylight, 80° at noon; 4th, the same; midnight, 80°;



- dust becoming intolerable; the S.W. wind very strong after 11 A.M.
- 5—Ther. at daylight 72°; at noon, 80°; at midnight, 76°: high wind all day from S.E., and the dust worse than ever.
- 6 and 7—Ther. at daylight 72°; at noon, 80°; occasionally very cloudy; light airs in the morning, but strong sea breeze after 11 A.M.; Ther. at 10 P.M. 73°.
- 8 and 9—Same weather, and same temperature; the wind light, and generally from the S., ranging occasionally towards the E. and W.
- 10—Ther. 76° at daylight; close and sultry weather; light showers during the morning, completely disposing of the dust; Ther. at noon 78°; wind westerly; very close towards night.
- 11—Ther. 5 A.M. 75°; cloudy and sultry; hot exhalations from the earth; at noon, Ther. 80°; wind S. and light; clouds gradually disappeared, giving us a pleasant night, with a temperature of 76°; wind S.E.
- 12—Wind N.E.; Ther. 74° at 5 A.M.; about noon, a pleasant shower; Ther. 78°; wind at sunset southerly; Ther., midnight, 78°.
- 13—Sultry morning; no breeze; Ther. 75° at 5 A.M.; fine showers of rain during the day; wind S.E.; Ther. only 78° at noon, yet it is very sultry between the showers.
- 14—Same kind of weather; rain in abundance; Ther. 5 A.M. 75°; at noon, 78°; wind S.E., occasionally strong, and dying away, when the weather became very sultry and oppressive; Ther., 10 P.M., 77°.
- 15—Ther. 5 A.M. 75°; calm and cloudy; no rain this day; wind S.; Ther. 80° at noon, 78° at 11 P.M.; calm, pleasant night; wind S.
- 16—Ther. 78° at 6 A.M.; wind S., but very light; Ther. at M. 80°; weather appears to be clearing up; it is still, however, close and sultry.
- 17—Ther. 76° at 5 A.M., at noon, 81°; warm, pleasant day, with southerly breeze from the Gulf, very refreshing; at midnight, Ther. 80°.
- 18—Ther. 76° at daylight, 82° at noon, and 80° at 9 P.M.; fine southerly breeze all day, and clear weather; fine moonlight night; wind S.E.
- 19—Ther. 76° at 6 A.M., 11 A.M., 82°; 3 A.M., 84°; fine breeze from S.E. all day; Ther. at midnight 79°; fine night.
- 20—Ther. 5 A.M. 75°; easterly breeze continuing; temperature gradually increase to 84° at 3 P.M., and decrease to 80° at midnight.

- 21—Same weather and temperature, with North wind.
- 22—Ther. 78° at 5 A.M., at noon, 86°; calm and very warm day; pleasant refreshing breeze in the evening, from the South.
- 23—Ther. at daylight, 78°, at noon, 87°; very sultry and oppressive weather; wind light and variable; all round the compass at 4 P.M.; a heavy storm in the neighborhood, but very little rain in the city: this storm was followed by a fresh N. E. wind, which cooled the air rapidly; the night was cool, with N. wind.
- 24—Ther. 76° at daylight; noon, 80°; heavy showers of rain between 12 and 2 P.M.; wind E.; rained all day and night.
- 25—At 4 A.M. a violent squall of wind and rain from the N.W.; rain contained for some hours; Ther. 76° at daylight, at noon 80°, at midnight 78°; wind N.W. all night.
- 26—Rain from 2 A.M. to 6 P.M., with lightning and thunder; Ther. at daylight 76°, at noon 80°; wind S.W.; pleasant weather after the rain, followed by a fine night: wind S.W.
- 27—Ther. 76° at 5 A.M.; at 11 A.M., a shower of rain, with shift of wind to N.W.; at noon, a very heavy fall of rain; Ther. 82°; the night was calm and pleasant; Ther. at 10 P.M., 78°.
- 28—Ther. 76° at daylight; at noon, 83°, and a shower of rain; wind varying from N.W. to S.W.; afternoon very sultry; at 10 P.M. Ther. 80°.
- 29—Ther. 78° at 6 A.M.; 80° at noon; wind N.W.; at 2 P.M. close and sultry; Ther. 84°; before 3 P.M. a heavy shower; wind southerly, very still and sultry after the rain; Ther. at midnight, 80°.
- 30—Very sultry; Ther. 6 A.M. 80°; heavy clouds in the horizon; no wind; universal complaint of the oppressive condition of the atmosphere; at noon, Ther. 85°, with heavy rain until 3 P.M.; wind W.N.W.; sultry afternoon; cool, pleasant night.

*(To be concluded in our next.)*

V.—THE ANNUAL REPORT OF THE BOARD OF HEALTH, FOR THE  
YEAR 1850,

AS REQUIRED BY LAW.

It cannot but be painful, year after year, to have to allude to the same facts, to make the same statements, and to give the same advice, which is nothing more nor less than the careful embodiment of the accumulated results of the experience of the civilized world, in relation to the known causes of disease, and the means of their mitigation or removal. We say painful, because we meet with comparatively so little coöperation on the part of municipal authorities. We must, in justice, except our worthy Mayor, who is ex-officio President of the Board of Health. He has always expressed great solicitude for the welfare of the city, and seconded, to the utmost of his ability, the suggestions, deliberations and decisions of the Board, when sanitary measures have been devised and recommended, important not only to the health and lives of our citizens, but to the commercial prosperity of the city.

The Committee appointed by the Board of Health to draw up the Annual Report have, however, no disposition or intention to shrink from or omit one iota of the duty assigned them. They know the power of truth, and that ultimately it *must* and *will* prevail. They know that iron and steel can, by repeated blows, be fashioned by the skilful artificer into any form or shape he may desire. They are aware, too, that drop after drop of water impinging upon the most solid rock, will, in the course of time, perforate it, and leave an indelible impression. And having these and abundant other kindred analogies before them, they are firmly convinced that similar results must sooner or later become manifest, from persevering efforts in cases or instances where the mind and human action are concerned.

## THE UNKNOWN.

One of the strongest proofs of *high civilization* is the estimation in which human life is held by municipal law.

We do not allude to those criminal laws in Europe which are so fearfully scrutinising, terribly persevering, and sternly inflexible, when it is known that a citizen has been deprived of life by unfair means,—but to those stringent laws which compel all the parties concerned or implicated to account for the decease of an individual; that is, to determine, by all possible evidence of which the case admits, whether the death in question is natural, or has been caused by some specified disease, or whether it was the result of murderous intent.



This, then, is the first great principle — that no one shall be buried unless the authorities and the public can be fully satisfied as to the cause of death. And the second one is, the extreme attention and care devoted to the subject of hygiene, and the rigid adoption of all the means known by experience to be the best calculated to ward off or favorably modify disease.

Where such feelings animate the public, they cannot but be infused into councils and corporations. And these being impelled by public opinion to energetic and enlightened action and coöperation with the Board of Health, the labors of that body, with the assistance of healthwardens and commissaries, would be comparatively easy and pleasant; and the result of their counsel and action would soon be realized by the public.

We are at a loss to decide which of these two great objects is of the most importance. On one hand, there is the jealous protection of human life from lawless violence or stealthy destruction, in which the eternal and immutable principles of truth and justice are concerned; and on the other, the prosperity of this great commercial city.

Rapid as has been the progress, and great the prosperity of this city, what would it have been had not the fear of yellow fever proved the cause of the annual abstraction of probably one-third of the most enterprising, active, intelligent and wealthy part of the community? It is not only the temporary suspension of business that should be considered, but the vast sums of money that every year are expended at the North or in Europe, aiding and abetting, and comforting comparative strangers with the very means that should be employed in cherishing and developing the mechanical skill, and industry and welfare of our own citizens.

In this view of the subject all holders of real estate are deeply concerned; for every interest in New Orleans depends *solely* upon her *commercial* prosperity. Houses cannot be rented, nor can they be built after lots have been purchased, when that commercial prosperity is on the wane. Invested capital, under such circumstances, yields no profit. And we earnestly appeal to the enlightened portion of our fellow citizens to take this matter into serious consideration.

We should keep pace with the progress of civilization and of science, in all their departments, and in all their important bearings.

In preceding reports of the Board of Health, it has been observed, that in every weekly obituary report, the cause of death in certain instances has been represented as unknown, or uncertain. And having

stated the fact, the hope was indulged that our civil authorities would no longer overlook a matter of such paramount interest.

It may be supposed that all the responsibility in this weighty consideration rests upon the members of the Board of Health. They who think so, err; for however conscientious, enlightened and faithful the members of the Board may be, they can accomplish but little without the cordial coöperation of the municipal authorities.

In the early part of the present session of the Board of Health, a resolution was introduced and adopted, that no certificate for burial should be given except by licensed physicians or magistrates—men supposed to be morally and intellectually aware of their responsibility. In their absence, the case was left to the coroner.

This position could not be maintained. There were physicians who refused to give a certificate for the patients they had attended. Corpses were kept for several days, until they became an intolerable nuisance in the neighborhood. The coroner could rarely be found; and if called in on every occasion, the expense would have proved ruinous to the State. Commissaries were then authorized to give passports to the cemeteries, and the evil remained, and still remains, unabated.

What can the Board of Health devise to remedy this serious omission? Absolutely nothing. They are impotent, unless sustained by public opinion, and we invoke public opinion to come to the rescue. The citizens appointed by municipal authorities cannot contend with those authorities, nor can the members of the Board compel physicians to sign certificates, and furnish information to the Board, according to law. It too often happens that a law is as inoperative as if it had never been enacted: it is so in this instance.

We know of no country where justice is maintained in greater purity, or where life is held in higher estimation than in France. There are no criminal records known like those of France, where the officers of justice track the offenders against the majesty of the laws with the tenacity and perseverance of bloodhounds, to their secret recesses and mysterious haunts.

In that admirable report on the cholera in Paris, published by the authority of the French government, we have a happy illustration of the energy and sleepless vigilance of their medical police, when their country is visited by such a desolating pestilence as the cholera of 1831.

We quote, without the least fear of being deemed tedious or prolix :

—‘Finally, the cholera cost the French capital 18,402 victims,’ officially reported. After alluding to the different opinions expressed as to the number of deaths from cholera, which, according to some calculations, amounted to forty or fifty thousand, we meet with the following clear and explicit reasoning: ‘First, it may be answered, that because an event may have happened in such a manner, it does not follow necessarily that it has so happened. The deduction drawn from a supposed fact does not demonstrate its truth; and it is bad reasoning to begin by advancing, as an established fact, what requires to be first proved; and besides, are those who thus speak [\*alluding to the exaggerated amount of the victims] aware of all the formalities that precede the inhumation of a corpse? It will not, perhaps, be useless to mention them here. When an individual dies, a declaration is to be made of the fact to the proper authorities of the arrondissement; a warrant is immediately directed to the physician appointed for that purpose, to enter the dwelling of the deceased, and visit † the body, in order to certify the death, and ascertain its cause. *This is a precaution required alike by the moral and physical well-being of society.* ‡

‘This preliminary step having been taken, the officer issues duplicate affidavits of the facts, one copy of which is put on file, and every month the files are sent for examination to the prefecture of the department. The other copy remains at the office of the alderman of the ward. It is on the presentation of that document, and the attestation of two witnesses, that the *acte-décédés* is made out, and that the mayor issues the warrant of burial, to be presented to the keeper of the cemetery where the body is taken. Such are the conditions to be fulfilled before burial is allowed. They are many:—1st., Declaration and attestation of death; 2d., the warrant of inquest; 3d., the draft of the civil act; 4th, the warrant of inhumation.’

We earnestly request the enlightened public and our municipal authorities to give to this subject the deliberate consideration which its great importance so well deserves. Truth demands it—justice requires it—morality exacts it. It is absolutely necessary for the perfection of our system of criminal jurisprudence.

#### OF THE SPECIAL DUTY OF THE REPORTING COMMITTEE.

In the act of the Legislature, approved 16th March, 1848, establishing a Board of Health in and for the parish of New Orleans, the duty

\* Remark of the Committee. † *Inspect* would be a better translation.

‡ *Italicised* by the Committee.



of the Committee appointed to draw up the annual report is distinctly expressed in the 8th section:—

‘*And be it further enacted, etc.:* That it shall be the duty of the Board of Health to make an annual report to the several Councils, as to the health of the city for the preceding year, and to suggest means for improving the same.’

This plain language calls for facts, and dispenses with speculations. The melancholy records of the dead are stern facts, that remind us of our mortality. The accumulated wisdom and experience of enlightened physicians, in all countries and in all ages, admonish us as to our duty.

In the *Medical and Surgical Journal* for January 1, 1850, we find the following remarks:—

‘When our January number for 1849 went to press, our city was struggling with a fatal epidemic of cholera, and every feeling which by turns occupies the human heart was absorbed by one of fear, anxiety, and the most gloomy anticipations for the future.’

The following remark from the same article is as true and applicable now, at the close of the year, as it was at its commencement.

‘Since that date up to the present time, the cholera has remained in our city, fluctuating from one point to the other, and occasionally disappearing for one week, to reappear the succeeding one; but always presenting the same or similar symptoms, and ever warning its intended victim by unmistakable premonitory evidences of its approach.’

During the year 1850 cholera has at no time been epidemic, nor has it at any moment been entirely absent. Whilst a few deeply lamented citizens have been its victims, it has principally affected the newly-arrived immigrants, or those ghastly specimens of humanity that occasionally arrive from California. But such victims are already ripe for the harvest: the former depressed in spirit, debilitated by breathing impure air in the hold of an overcrowded vessel, and subsisting on *cheap* provisions, that were damaged before they were purchased; the latter wasted by the labor of mining in mud and water, scorched by the fierce rays of the sun by day, and shrivelled by the chilly blasts of night, that descend from the snow-clad sierras,—and moreover exhausted and attenuated by diarrheas and dysenteries, and obscure forms of inveterate intermittents, the almost inevitable consequences of such reckless exposure.

Now, when these two classes of persons arrive in our city, and they are constantly coming, from January to December, they generally fall into great excesses in eating vegetables and fruits; hence the unusual mortality amongst them. But in speaking of the climate of our

city, and its tendency to health or sickness—to longevity or early decay—either in the abstract, or as compared with other localities, the incidental recruits that swell our bills of mortality, whether they come from Havre, Liverpool, Belfast or Bremen, or from California, the ‘El Dorado’ of restless spirits, should be excluded from our calculations respecting the salubrity of our climate.

And so, also, should we exclude that tremendous crowd of strangers which throng our city during the winter and spring months. We speak of the human avalanche that pours down the Mississippi from every contiguous State, and the western and north-western, from the last limit of north-western civilization in Wisconsin, Iowa and Minnesota.

This is what is usually denominated a floating population, which fills to overflowing our hotels and private boarding-houses with a continuity as to human beings, but incessant change as to personality. The number of strangers in our city during certain months, at the same time, has been estimated to range between thirty and fifty thousand.

From official records in the recorder’s office of the second municipality, commenced under the direction of recorder Baldwin, aided by the captain of police, we are informed that the number of American citizens from all parts of the country, but chiefly from the great valley of the West, has ranged, annually, between one hundred and twenty and one hundred and twenty-five thousand. Not one death accidentally occurring here amongst this vast crowd is fairly chargeable to any peculiarity of climate, considering the period of the year when they visit the city. But there can be no doubt that they largely contribute to swell our bills of mortality.

The act of the Legislature that prescribes our duty, if fairly construed, does not require us to go into profound researches and philosophical speculations, connected with the obituary reports. *Such are not excluded* by the act, it must be admitted; yet it seems simply to imply that we should state in our annual report how many persons have died and been buried in New Orleans during the current year, what diseases have prevailed, with all the information that can be collected, regarding place of nativity, the period of residence, age, sex, color, and occupation of the deceased.

We quote again from the May number of the *Medical and Surgical Journal*:—‘Without any known appreciable cause, the weather being warm and dry, the cholera began suddenly, the middle of March, as just stated, to increase rapidly, as may be seen by the following statement:—

‘For the week ending March 9th, total deaths 106; cholera, 6;  
 “ “ 16th, “ 165; “ 65;  
 “ “ 26th, “ 231; “ 149.’

From the 26th of March the disease rapidly declined.

This will serve as a fair illustration of what may be denominated waves of cholera, which, during the year 1850, have been ever and anon surging, swelling, flowing, and ebbing.

But there is one remarkable fact which we deem it proper to place on record, in connection with the last visitation of cholera in December 1848. We will first advert to the condition of the city at that period, or during the greater part of that year, as described in the annual report of the Board of Health for the year 1848.

‘Probably since the time when the first paving was done in New Orleans, the streets had never been in so bad a condition as at the beginning of the month of December. The continued rain, and the saturated state of the earth, had rendered repairs useless or impracticable. The elements of fermentation and putrefaction accumulated fearfully in every direction, until the atmosphere was polluted by poisonous exhalations, in which a sickly acid smell at times predominated, and which were pressed down in a concentrated state near the surface, by the dismal fogs which shrouded the river and the city in gloom.’\*

Having pointed out the condition of things in 1848, which was as favorable as one possibly can conceive of for the development, propagation and duration of pestilence, attended with fearful mortality, we now remark, that from all the authentic sources of information to which we have had access, the victims from cholera in this city in 1848 and 1849, although there was the usual number of unacclimated persons who had recently arrived, under all circumstances so unfavorable to vigorous vitality and that moral energy which, above all other things, enables us to resist disease, were less on an average than one-half of the victims from the same pestilence in the towns and cities of the West, high up the river, and on the southern shores of our great northern lakes. From the period that it commenced its sore visitations in the western and north-western States, it has been wandering about from place to place in *those* parts of our country,—in Texas, in Mexico,—and, finally, it has descended, with terrible destructive power on the ill-fated island of Jamaica. The recent accounts from Kingston are really appalling.

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\* We wish it to be observed that the paving of round stones in the principal business streets having remained broken up for months, it was impossible for the scavengers to remove the daily contingent remainders of the repasts of thousands of our citizens.—*Note by the Committee.*



We submit the foregoing singular facts without comment, deduction or application. We leave it to each one of our readers to draw his own inference.

If the visitations of cholera in the city during the year 1850 have been comparatively light, those of yellow fever have been hardly worth noticing. We always look to the Charity Hospital for the first demonstration of devastating pestilence, and we find recorded on their books the usual variety of fevers appertaining to the season, with scarcely an allusion to yellow fever.\*

We quote the following from the *Picayune* of the 29th September, the peculiar period of the intensity of yellow fever, whether epidemic or sporadic:—

‘HEALTH OF THE CITY.—The weekly report of the Charity Hospital, the great index of the fluctuations and condition of the health of our city, shows a satisfactory answer to those who tremblingly inquire if it is not too early in the season, too dangerous an experiment for them to venture home. The admissions during the week were much less than the discharges—some forty less—a gratifying result. The number of patients remaining in the Hospital yesterday morning was ninety-eight less than on the Saturday morning previous. The extreme heat, occasioning debility, has slightly increased the number of deaths over that of the previous week. A patient, exhausted by sickness, has hard work of it in recuperating, when there is no more coolness in the atmosphere than we have enjoyed for the last few days. As the threatened equinoctial storm gives more and more indications of its near approach, the heat seems to increase, as if to make us feel its utmost power before being driven away by a succession of strong rains and winds. The little shower yesterday was doubtless the cause of the remarkable decrease in the applicants for admission to the Hospital. During several weeks past the average of admissions has been about sixty a day. This was by no means alarming, and a falling off to only sixteen admissions in one day is very gratifying. Notwithstanding the intensity and duration of the heat, the city has remained remarkably healthy throughout the summer. The prevalent diseases have been slight bilious fevers, at no time taking the shape of yellow fever. Not a case of yellow fever has been heard of in the city as originating here, for some time. Some were reported during the summer by the Board of Health. The Board, however, are not responsible for the names of the diseases published under their authority. The attending physician gives the name of the disease of which his patient died, to the sexton, who gives it to the Board as he receives it, and they publish what they get. Attendant physicians are some-

\* In the November number of the *Medical Journal* we find the following remarks:—‘During the Summer and Fall, the mortality in the Charity Hospital has been remarkably small for the large number admitted. \* \* \* \* The fact stands recorded on the books of the institution. The city is at present exempt from all epidemic and endemic diseases.’

times young and inexperienced; they may think it important to have a cholera or yellow fever patient. Where the wish leads, the deed sometimes follows, and the physician may see "yellow" fever, where others only discover the dengue.

'We may confidently assert that the city is unusually healthy, and that the most delicate and timid persons may fearlessly return to their household hearths.'—*Picayune, 29th September.*

If any disease prevailed as an epidemic, it was that anomalous and rare type of fever called 'Dengue.' This disease first appeared in the United States in 1828; for it must not be confounded with the Typhus Syncopalis described by Drs. Tully and Miner as having existed in the State of Connecticut about the year 1822. It appears to be of Cuban origin, from its name 'Dengue,' which signifies a shawl, which was in general requisition in Havana to counteract the chilly sensations which attended the access of the disease. It is not a dangerous, although a very painful form of fever. We learn from a Charleston paper, published during the course of the last summer, that not more than one person in ten in that city escaped the dengue or break-bone fever. 'At one time there were twelve thousand cases (12,000) reported as existing in the city. Though there have been so many cases, it is not a little remarkable that there should have been none of fatal termination.'

We cannot dwell longer upon this part of our subject. For fuller information as to the ordinary and incidental diseases of our climate and of our city, we must refer our readers to the Tables, which will be found at the conclusion of this report.

#### THE MEANS TO IMPROVE AND PRESERVE THE HEALTH OF THE CITIZENS.

The second branch of our subject next claims our attention. We allude to the means of preserving and improving the health of the inhabitants of this city, which will involve the following considerations:—

1. A peculiar condition of things in the first municipality, as connected with police regulations appertaining to the subject of hygiene.
2. The water question—one of no small importance.
3. Of the state of the canals Claiborne and Girod.
4. Of the duties of health wardens, and the circumstances connected with their appointment.
5. The act of the legislature in reference to the Board of Health—wherein inoperative, and the necessity of amendment or modification.
6. The ordinances of Councils still in force.
7. Nuisances in general.

8. The important question of a well-defined system of sewerage.
9. Of the granting of certificates for burial.
10. Of the effects of lead on water, soda water, etc., as suggested by Dr. Fenner.
11. To the necessity of stopping all foreign vessels at some convenient point below the city, until boarded by an officer, (a physician, and member of the Board of Health,) duly appointed for that special purpose, with the duties necessarily devolving on the same.

We shall take up each one of these points separately, dwelling upon it as briefly as the nature of the case may admit of: and—

I. The anomalous condition of things in the first municipality, and the collision of an act of the legislature with an ordinance of our much-esteemed and respected alderman of the Old First—in other words, with a municipal corporation.

The second section of the 'act relative to the establishing of a Board of Health for the Cities of New Orleans and Lafayette,' reads as follows:—

*'Be it further enacted, etc.:* That power and authority are hereby given to this Board to impose a fine on commissioners of police and contractors for removing filth from the streets of either city, for neglecting to conform to the regulations of this Board. This fine shall not be less than twenty dollars, nor more than one hundred dollars; and for incurring a third penalty, it shall be in the power of the Board to remove any contractor or commissary who shall fail to perform the duty required by the said Board.'

Now it so happened, that the carrying out of this law was impracticable, from the fact that there were no contractors to be sued, in case of dereliction of duty. The worthy aldermen constituted themselves a board of contractors, employing the negroes belonging to the corporation, or white men by them employed or paid, under the surveillance of the surveyor, who in this instance was placed in the position of an overseer on a plantation. A corporation having, according to Blackstone, no special entity as a soul, distinct and tangible, the Board of Health could not make that body, acting as a board of contractors, responsible to them. And as to the commissaries, they are generally so needy, and paid so poorly, that it would be perfectly useless to sue them, on the principle of *'nil dat quod non habet.'* Besides, from the well known high mettle of the aldermen of the First, there can be no doubt of the immediate re-appointment of an incumbent, should the Board have the temerity to remove him, according to law. We are happy to bear testimony to the good conduct and efficient service of the commissaries generally.



We trust that this explanation will satisfy all complainants in the first municipality as to the inability of the Board of Health to carry out its ordinances respecting the duty of contractors. For instance, of what use was it for the Board to direct or request that the offal from the tables and kitchens of the dwelling-houses should be promptly removed, after being deposited in the streets? The remaining remarks on this subject must be reserved for the discussion of nuisances, the 7th point in our recent programme.

THE WATER QUESTION is the second point, and one of vast importance. Water is as much a necessary of life as the air we breathe; both should be as pure as possible, and as abundant as practicable. Where is the city in the world that is furnished by nature with such a body of as fine water as this city affords? The Mississippi, called the 'Father of Waters,' rolls majestically along side of the two cities of New-Orleans and Lafayette, for a distance of more than five miles. And yet it is painful to reflect upon the frequent sufferings of the working classes from the want of an abundance of pure water. Cisterns are, in a time of drouth, soon emptied; the means to *purchase* water hauled from the river to the back parts of the city, are soon exhausted, and then what resource remains but the impure well water, impregnated with the fœtid gases filtered or exhaled from the alluvial substratum on which the city is based? The Board of Health are firmly convinced that much of the cholera which has been from time to time swelling and causing so much anxiety and alarm, was occasioned, especially in the third municipality, where the victims were most numerous, by the necessity of drinking this polluted water. To cholera we might add a catalogue of other diseases produced by the same cause, such as diarrheas, dysenteries, etc.

This subject has been earnestly presented to the consideration of our municipal authorities, in every report of the Board of Health since 1845. Every intelligent citizen knows that, by the charter of the corporation connected with the Water-works, there is an obligation, not only implied, but plainly expressed, to supply every part of the city abundantly with Mississippi water.

Is the corporation asked to do this gratuitously? Most certainly not. Let the number of engines used in pumping up the water be doubled, trebled, or quadrupled, if necessary; let hydrants be multiplied, and the lines of iron pipes be prolonged, and carried to every part of the city. The people will pay for the privilege—we should rather say, *the right*—for those who are not able to pay for the

*luxuries*, will most surely expend the last dollar for the *necessaries* of life.

We have before us the examples of the energy and enterprise of the citizens of New York, Boston and Philadelphia. In New York, the Croton water has been introduced into the city, from a distance of forty miles, at the cost of millions of dollars. It has already become a source of revenue; for all who are able, cheerfully pay for the pure water with which they are supplied; and to the poor and destitute, it is furnished with a munificent prodigality, by means of fountains, pumps, and hydrants. The same remarks are applicable to Boston, and to Philadelphia. We admire such evidences of enlightened enterprise, and such proofs of a high sense of moral obligation, which animate alike the mass of population and the municipal authorities.

Why cannot the same enlightened measures be carried out here? The expense of furnishing an abundant supply of pure water to all our citizens would be almost nothing compared with the vast sums expended in the cities of which we have just spoken. Every man who follows any industrial pursuit, could and would pay readily for the supply of Mississippi water furnished to his domicile. And the city authorities should watch over the interests and wants of the destitute who may be struggling with adversity and misery, caused by the very want of this water.

It is most painful and humiliating to reflect that a pitiful consideration of a few thousand dollars, more or less, should be thrown into one scale, to bear down in the other the high considerations of justice and moral obligation, together with the strong and stern appeals of suffering humanity.

How can the gutters of the streets and side-walks be kept clean and sweet, without an abundant supply of water furnished for the use of the Board of Health for that purpose? And yet a complaint was made some time last summer before the General Council, that water was wasted by the Board, when it is a notorious fact that they cannot control the supply of one pint of water, and can only, through their appointed agents, make the best use of the miserable allowance which it may please the agents of the corporation to grant.

We read, in the *Picayune* of the 20th September, 1850—‘We are glad to hear of these improvements, [alluding to great improvements about to be made, and of others said to have been made in the course of the present year—(*Committee*)] as great complaints have been made in portions of our city of a deficiency of water from the Works. According to the charter of this company, they are bound to supply

as much water as is needed for the washing of the streets and sidewalks.'

We shall be most happy to witness these improvements, and the fulfilment of the obligation spoken of, yet so far we have no ocular or other proof of the facts alledged.

But we must pass on, to make a few remarks about the Claiborne and Girod canals. The condition of these conduits that drain all the back part of the first municipality, from Esplanade to Canal street, between Rampart street and the Bayou St. John, have been often complained of as an intolerable nuisance, (and especially during the year 1850), by the inhabitants residing in their immediate vicinity. Nothing is easier than to make those canals accomplish the object for which they were designed. The engine or engines at the termination of the Canal Girod, at the Bayou St. John, should be kept constantly at work, so as not to allow those accumulations of filth to take place, which at first obstruct the free passage of the water, and finally produce complete stagnation. The Council of the first municipality should compel the surveyor to attend strictly and punctually to this matter, and promptly dismiss him should he neglect the duty. The canals in question have several times, for years past, been visited by committees of the Board of Health, and have always been found in the condition complained of. This appears the more extraordinary, as they have made themselves, by personal inspection, convinced of the efficiency of the machinery at the Bayou St. John. There is no other city in the United States, or in Europe, where such a nuisance would be tolerated. We trust that it will hereafter be abated by municipal authority. The Board of Health, without regard to sacrifice of time, would cheerfully undertake to remedy the evil, if the State or City would furnish them with the authority and pecuniary means.

Our next, and fourth subject, relates to the health wardens. The phraseology of the act is very loose and defective, and has placed the members of the Board of Health in a position liable to great and constant annoyance.

In the third section, it is enacted, 'That the Board be authorized to pay.' How can the Board pay them, without the possession of the necessary funds? and if they thought proper, having the ability to pay them out of their pockets, certainly the authority of the legislature would not be necessary. The twelfth section enacts—'That the expenses incurred under the act shall be paid by the Councils of the



three municipalities of the city of New Orleans, and the Council of the city of Lafayette, in proportion to their respective revenues.'

The detention in the payment of the health wardens by the Councils, caused them to look to the Board of Health for remuneration, to their constant and great embarrassment. The act of 1848, which is unrepealed, makes it the imperative duty of the Board of Health to appoint the health wardens. Sec. 4th: 'That it shall be the duty of said Board to appoint annually not less than two citizens, to be known as health wardens for each municipality of the said city of New Orleans.' Aware of the emptiness of the city exchequers, and the consequent difficulty of payment, the Board assumed the responsibility of appointing but one for each, as the act of 1850, which applies alike to New Orleans and Lafayette, does not state the number that shall be employed, but apparently leaves it to the Board of Health to decide that point. This is as it should be; and the system would be found to be most efficient, if the means of payment were provided by an appropriation of the legislature, subject to the orders of the Board, whose duty it should be to use it prudently, and account for their disbursements to the satisfaction of the State treasurer, and pay over to that officer any balance that might remain at the end of their term of annual service. Much of the health enjoyed by the city during the year 1850 may, with justice and propriety, be attributed to the faithful performance of the duty assigned to the health wardens. If they did but comparatively little in the streets, owing to the want of coöperation on the part of the civil authorities, they rendered good services by their attention to house yards and empty lots, and with very few exceptions, found the citizens willing to remove immediately any nuisance when directed so to do.

The Committee, before leaving this subject, would take occasion to pay a passing tribute of respect to the memory of one of the most efficient of the wardens: we allude to the lamented Perry, who enjoyed the entire confidence of the Board, by whom he was esteemed as much for his good sense, as for his high moral qualifications.

In the fifth place — the consideration of the act of the legislature of 1850, establishing a Board of Health for the cities of New Orleans and Lafayette.

The city of New Orleans stands amidway between the high seas — that trackless ocean ploughed by so many keels — an evidence of the wealth, intelligence and civilization of the present era of the earth;

and the great valley of the Mississippi, with its fifty thousand miles of steam navigation, in connection with, and backed by, those great inland seas called the Northern Lakes. Its position, therefore, is that of a sentinel, who should be vigilant, sleepless, incorruptible,—a pure worshipper of truth and justice. There are diseases the result of common causes which are not contagious, but indigeneous. But there are others which are infectious or contagious, against which we should protect our fellow citizens by all the means which the God of Nature and the laws of a civilized community have placed within our reach. There is a weighty responsibility devolved upon a Board of Health here, or elsewhere, by a confiding community, and it is because we *feel* that responsibility, and appreciate the confidence reposed in us by our fellow citizens, that we desire to be placed in a situation, with ample resources and plenary legislative authority, to act for the protection of the vast interests committed to our charge.

Under this view of the subject, the Board of Health is not to be considered solely in reference to the cities of New Orleans and Lafayette, but in connection with the best interests of the inhabitants of the Great Valley, which is steadily increasing in population, wealth and intelligence.

We have already shown how the second section of the act of 1850 conflicts with the action of municipal authority, and is inoperative and useless for the want of the cordial coöperation of the civil power with the Board of Health.

The third section should be amended, so as to grant to the Board of Health the sole right and power to decide what number of health wardens they may deem it necessary to appoint. In this case it would be necessary to repeal the first paragraph of the fourth section of the act of 1848. Again—What is the use of granting to the Board authority to pay health wardens, which implies a pecuniary obligation on the part of its members, when no means are provided for that purpose?

Again: To render the Board of Health efficient, an amount, say ten thousand dollars, should be appropriated by the legislature, subject to their order and control, to enable them to pay the health wardens, and to employ and pay men with carts and horses to remove special nuisances, without waiting for the slow process of law—to pay their secretary, and all other expenses incurred by its necessary action.

Every thing in relation to quarantine should be left to the deliberate judgment of the members of the Board; they should have the means

of providing a temporary hospital at least, so as to be able to insulate a contagious disease, and protect the city and the Valley, without the harsh alternative of compelling crews and passengers to remain on board an infected ship, thereby dooming all to despair, and more or less of them to certain death. And this belongs more properly to the State legislature than to the city authorities.

The ninth section also requires correction. Instead of making it the duty of the Board to appoint from among the physicians composing its body, to board and examine ships arriving from foreign ports, one to be selected from each municipality and Lafayette, to perform the duty in rotation monthly, the whole direction of this matter should either be confided to the Board, or authority should be granted to appoint one of their body, necessarily a physician of sufficient experience and judgment, to act as the sole boarding officer for the year, leaving to the discretion of the Board the amount of compensation said officer should be entitled to receive for each ship visited. This is one of the taxes on commerce, of which we have neither here nor elsewhere heard the captain or owners of a ship complain. They feel themselves safer in the hands of an intelligent physician, than when in the power and subject to the capricious control of a municipal body, where there is on the subject no individual or special responsibility.

In discharging the duty required by the ninth section, a physician must either, in a great measure, abandon his practice, or fail in the performance of his assigned duty; for the compensation he would receive for a month's service as boarding officer, would not compensate for the loss of practice. But if appointed for one year, it would be well worth his while to accept the office and attend solely to its important duties.

VI. *The ordinances of the General Council now in force.* Some of these have been excellent, and would have proved effective and beneficial if carried out with the spirit in which they were conceived. The ordinance of the General Council of the 23d June, 1847, may be considered as an embodiment of their municipal legislation on the subject, and we shall therefore incorporate it in this part of the report, without further comment or criticism, with the exception above alluded to, of one of its provisions. Instead of assigning the precise spot where the ship shall be anchored and boarded, this matter, as we have before stated, should be left entirely to the decision of the Board of Health.



## ‘MAYORALTY OF NEW ORLEANS:

‘GENERAL COUNCIL--Sitting of 23d June, 1847.

‘AN ORDINANCE RELATIVE TO VESSELS ARRIVING AT THIS PORT, FROM SEA.

‘ARTICLE 1. *Be it ordained, by the General Council of the city of New-Orleans,* That all owners, captains, masters or commanders of vessels arriving at this port from sea, be and are hereby forbidden, whenever there may be any infectious or contagious disease on board of such vessel, to moor such vessel at any of the wharves of either of the municipalities of this city; and it shall be the duty of said captains, masters or commanders of such vessels, to anchor in the middle of the river below Slaughter-house Point, and there remain at anchor until such infectious or contagious disease shall have entirely disappeared from such vessel; and any master, captain or owner of any vessel contravening, shall pay a fine of one hundred dollars.

‘ART. 2. *Be it further ordained,* That it shall be the duty of the mayor, whenever he may receive information of the arrival of any vessel having any infectious or contagious disease on board, to order such vessel to come to an anchor in the middle of the river, below Slaughter-house Point; and in case of the master or commander of such vessel refusing or neglecting so to do, the mayor is hereby authorized to cause such vessel to be immediately removed to and anchored at the place above designated; and the owner, master or commander of such vessel shall pay a fine of one hundred dollars for neglecting or refusing to remove such vessel as aforesaid, and shall also pay the expenses of such removal.

‘ART. 3. *Be it further ordained,* That any owner, master or commander of a vessel who shall land or permit to land, within the limits of the city of New-Orleans, any person or persons affected with any infectious or contagious disease, shall pay a fine of one hundred dollars for each and every person so affected they may land or permit to land.

‘ART. 4. *Be it further ordained,* That it shall be the duty of all owners, masters or commanders of vessels arriving from sea, and having any infectious or contagious disease on board, to come to an anchor as required by the first article of this ordinance, and immediately notify the mayor of this city thereof; and the mayor shall immediately notify the Board of Health of the arrival of such vessel, whose duty it shall be to proceed on board of such vessel and examine the persons affected, and report the result of their examination to the mayor; and any owner, master or commander of a vessel refusing or neglecting to comply with the provisions of this article, shall pay a fine of one hundred dollars.

‘ART. 5. *Be it further ordained,* That whenever any vessel having any infectious or contagious disease on board, shall have been anchored as directed by this ordinance, it shall not *be lawful* for any person or persons to remove such vessel from her anchorage until the owner, master or commander of such vessel shall have first *procured* to that effect a written permit from the mayor of this city; and it shall be the duty of the mayor, prior to granting such permit, to cause an examination of such vessel to be made by the Board of Health, and

upon the Board of Health certifying in writing that all infectious or contagious disease has disappeared from such vessel, he shall grant permission to such vessel to remove from the anchorage and moor at any of the wharves; and each and every person or persons removing or attempting to remove any vessel or vessels from the anchorage as aforesaid, shall pay a fine of one hundred dollars

‘ART. 6. *Be it further ordained*, That the fines and penalties imposed by this ordinance shall be recoverable before any competent tribunal, for the benefit of the Board of Health of the city of New-Orleans.

‘ART. 7. *Be it further ordained*, That the printer of this Council shall print one thousand copies of this ordinance and deliver the same to the mayor, and the mayor is requested to forward two hundred copies of the same to the branch pilots at the Balize and the Passes, with the request that they distribute the same to the captains and masters of vessels coming from sea.

‘ART. 8. *Be it further ordained*, That all ordinances contrary to the provisions of this ordinance be, and the same are hereby, repealed.

(Signed) ‘D. STICKNEY, *President*.

‘Approved the 28th June, 1847.

(Signed) ‘A. D. CROSSMAN, *Mayor*.

‘A true copy:

‘A. MAZUREAU, *Secretary*.’

## VII. *Nuisances in general.*

These consist of every species of agent that can vitiate air and water. We have labored for years to have some of them corrected. The consequences of depositing on the bank of the river the contents of privies, decayed or putrefying fish, flesh, and fowl, from the markets; damaged flour, potatoes, and fruit, rotten hides, to which we may add as an occasional incident, dead horses, mules, etc., have been pointed out year after year. It has been stated that, to this cause, a terrible and fatal epidemic was traced; that it has almost rendered the levee impassable at certain seasons of the year; that it has caused, more than anything else, the destruction of the captains and mates of ships moored at the wharves of the first municipality; that it has driven away four and five ships at a time, from the first to the second municipality. And yet the same nuisances exist, in spite of repeated remonstrance, and of warning as to the evil consequences as regards life, and the commercial and pecuniary interests of the municipality. These acts are committed in the darkness of night, when commissaries and health-wardens are asleep.

Why are not such abominations, that pollute the atmosphere, impairing health or causing death, and inflicting various other injuries

on the citizens, carried out into the middle of the river, and there deposited? We know of nothing that would contribute more to the health and general welfare of the first municipality, than abating this great nuisance on the bank of the river, and maintaining a constant drainage in the rear, by keeping the canals we have spoken of constantly free from all obstructions.

Another nuisance has been repeatedly pointed out: the great delay that often occurs—often of days, and sometimes of weeks—in carrying off the mud that is raked up into heaps out of the gutters, and the barrels of offal from dwelling-houses, that are deposited on the sidewalks.

Piles of oyster shells alongside of the oyster stands, have also been pointed out as a most dreadful nuisance in warm and moist weather.

We have also spoken of the putrefying filth that collects under the rotting floors of the basement of houses; and of a similar nuisance in lots filled with fœtid water, polluting the atmosphere, and endangering the health of the whole neighborhood.

To obviate an evil complained of in the third municipality, where there is a manufactory of sulphuric acid, the Board of Health directed the chimney to be raised thirty feet. This has not been done, and complaints are increasing every day. We therefore recommend the Council of the third municipality to compel the parties concerned to remove the concern to some spot in the rear, where there will be no one to be suffocated by the sulphureous fumes.

The Gas Works have also been presented as a nuisance, it being alledged that the gases polluted the water of the Bayou St. John, destroyed the fish, and endangered the lives of families. On examination, this charge was found to be imaginary. The rank pollution of the Canal Girod was overlooked, and evils solely attributable to *that*, were referred to the Gas Works. No precaution that science can adopt to prevent the operations there from becoming a nuisance, is neglected by those who have charge of the institution. The water in the ditches which drain the seventh ward of the second municipality, was found to be perfectly sweet, so far as gases from the institution in question are concerned. It is doubtful if anything of the kind passes beyond the limits of the yard; and, admitting the fact, it would be absorbed by the earth, or evaporated in the air, before it would advance one hundred yards in the direction of the bayou.

VIII. Nothing would more effectually relieve the city from the greatest and most dangerous nuisances, and consequently tend to



improve the health of the community, and diminish the mortality, and enhance the value of real estate, swell the amount of our active, industrious population, and promote our commercial prosperity, than the system of SEWERAGE suggested by Dr. Barton in the last annual report of this Board.

As we can find nothing better to say on the subject, we shall quote from that report, in order to keep the question before the public.—‘We have not been able to procure an estimate of the expense of a few leading covered drains, by which these important results would be obtained; but it is not too much to say that a perfect system of sewerage and drainage, embracing the city and neighborhood, would be cheap AT ANY PRICE, for they at once remove *all the known causes of disease* under the control of the public: filth of every kind, and almost everywhere, and undue moisture. \* \* \* \* \* The benefits to be derived from sewerage are so palpable, from what has been said, and so clearly in accordance with all experience, that here it might safely be left. Nevertheless, it has been so forcibly put in the following statement of the examination of the distinguished Dr. T. Southwood Smith, before a committee of the House of Commons of England, that we thought we could not do better than make a short extract from it. He declares that in every district in which fever returns frequently, and prevails extensively, there is *uniformly bad sewerage*, a bad supply of water, a bad supply of scavengers, and a constant accumulation of filth.’

The experience of every enlightened physician must assuredly confirm the truth of the foregoing remarks of Dr. Smith. And we repeat that, in comparison with a judicious system of sewerage and drainage, all other measures would be of secondary importance in their tendency to banish sickness from the city. We therefore earnestly recommend this important suggestion to the deliberate consideration of the enlightened portion of the community, including our municipal authorities. New York, Philadelphia and Boston, have all profited immensely by the millions their citizens have expended on works of a similar and kindred nature, and why should we fear or hesitate to follow their example?

In the absence of sewerage, we recommend the passage of an ordinance requiring the privies to be dug to the depth of *at least* fifteen feet. In certain parts of the city, where the surface is comparatively elevated, this would afford complete relief, and no cleansing, by removal, would be necessary; and in other parts, comparatively low,

it would be productive of much benefit, especially if accompanied with an occasional free use of lime.\*

Five years ago we contended that New-Orleans, instead of being, as it is called, the grave-yard of the South-west, might be rendered one of the healthiest cities of our great republic, at all seasons of the year, and even for unacclimated persons who would act prudently, refraining from vicious indulgence of appetite.

In the September number of the *Journal* of the year 1845, the late Professor Harrison, than whom we know no higher authority, and whose opinions on all matters connected with the science of medicine are entitled to our highest respect, writes as follows: † ‘To those at a distance, the mention of New-Orleans calls up the ideas of disease and death as inseparable associations; yet, during eight months of the year, there is not, perhaps, a healthier city in the Union. In the four remaining months we are liable to suffer from yellow fever.’

In relation to this subject of yellow fever, and the practicability of warding off its deadly assaults, Dr. Harrison had previously recorded his opinion in the Physico-Medical Society.

We will quote from the proceedings of the Society at a regular meeting held Saturday evening, 15th February, 1845. The quotation is part of a series of resolutions, all of which were unanimously adopted, Professor Harrison being present.

‘The Committee, in conclusion, sum up this report, by declaring—

‘That they believe the Yellow Fever to be a disease of local or domestic origin:

‘That it is never contagious:

‘That it may be made to yield to judicious police regulations: \* \*

\* \* They therefore recommend—

‘1st; That the commissaries in each ward be required to look into back yards and lots,‡ and be authorized to cause every thing offensive to be promptly removed:

‘2d; That the different Councils should exert themselves to the utmost, in their official capacity, to have the surface of the earth covered over with something, to prevent the exhalations from the

\* It is due to our distinguished colleague, Dr. Barton, to state that he dissents from our suggestions in relation to privies. It is worth while, however, trying the experiment, until we can establish an enlightened system of sewerage.

[H. and K.

† In relation to the salubrity of the climate, as evinced by obituary reports, etc., there may be a shade of difference between ourselves and our colleague. It amounts to nothing, however, as it altogether depends upon the peculiar manner in which we form our estimates on the subject.—H. and K.

‡ The service so efficiently performed by the health wardens in 1850.

alluvial soil on which the city is built—either round or paving stones, or bricks, or shells and sand, or asphaltum:

‘3d; That the owners should be compelled by law to fill up all low, swampy lots, within the limits of the city:

‘4th; That all offal in the streets should be promptly removed, and, if possible, before the heat of the day:

‘5th; That whenever the river is high, the water should be allowed to run through the streets day and night; and that when it is too low, the water-works, and, if necessary, additional works established for the purpose, should be brought into play:

‘6th; That, above all, particular attention should be paid by the city authorities to the alluvial bank, particularly under the wharves of the second municipality, which is annually uncovered as the river falls, exposing an immense surface of fresh deposit, covered with every kind of decaying vegetable and animal matter, which daily accumulate, either carried there by eddy currents of the river, or thrown in by the inhabitants: \* \* \*

\* \* \* ‘7th; That, instead of depositing the filth and offal collected in the streets by the scavengers, in empty lots, or in the rear of the city, it is recommended to the city authorities to have such filth and offal thrown into the current of the river.

‘They would also observe, that the measures first recommended would not be attended with one-fourth of the expense of a quarantine establishment, properly conducted; while, should they be pushed forward with energy, the time might, and no doubt would, ere long arrive, when New Orleans would no longer be within the yellow fever region; and consequently exempt, not only from that pestilence, but from all other fatal diseases of the Summer and Fall peculiar to our climate and to our position.

‘This accomplished, what would there remain to retard the growth and prosperity of the city? She would speedily accomplish her high destiny, and in less than a quarter of a century become one of the most wealthy, prosperous and populous cities in the western hemisphere.’

The measures here recommended, together with sewerage and drainage, are the means we suggest for improving the health of the city, and to a deliberate consideration of them we earnestly request the serious attention of the municipal authorities.

Having disposed of the subject of nuisances, and the remedy for the same, we come to our ninth point—*the granting of certificates for burial*. But this question has been anticipated in the very commencement of the report, and we have but little to add, except urging it upon the attention of our fellow citizens. If we cannot attain to the perfection of the French system (and we see no reason why we should not), let us at least endeavor to approximate as near to it as the cir-



cumstances of the case will admit, at this present period of our civilization and sense of moral obligation.

X. We consider the interesting paper written, and published by Dr. Fenner, in the first volume of the *Southern Medical Reports*, on the subject of poisoning by lead, as *one* that fairly claims the attention of the Board of Health. We would not call the colic produced by it an *epidemic*, yet we are convinced by experience and observation that traces of lead can be found in hydrant water, in soda water, in ginger or sassafras beer, and in other beverages concocted for the thirsty during our prolonged summers.

We can avouch for the propriety of the chemical agents used as tests by Dr. Fenner to discover the traces of lead in the beverages of which we have just spoken. We have confirmed, by our experiments in the laboratory, the results announced in the report; and we have seen and *felt* enough of colic, produced by drinking the said fluids, to deem the subject worthy of the attention of the mayor and city councils.

Where soda water is sold with great rapidity, as at Stevenson's, there is no time for it to be vitiated, either by copper or lead, in its rapid preparation in a copper vessel and transmission through lead pipes; but there are many establishments in every part of the city where the sale of such articles is comparatively very slow. In such cases the presence of lead can, without doubt, be detected in the soda water, etc., and the continued use of such beverages will produce, with very few exceptions, severe colic.

We have already spoken of the expediency and propriety of having the act of the legislature amended so as to permit the annual appointment, by the Board of Health, of one of its members, as sole boarding physician of the port, and we have assigned our reasons for the same. We have also once more pointed out the necessity of some cheap building being provided as a temporary hospital for immigrants arriving in our port, afflicted with ship fever, or scarlet fever, or small pox. The interests of the community and the claims of humanity alike demand it.

We recommend that, instead of ordering vessels to be anchored in the stream until visited by the boarding officer, in which position it is always difficult, and sometimes impossible, to board them, the ordinance be amended so as to authorize the ship to come alongside of the bank on the same side of the river as the city, and a certain distance below it, where it would be at all times accessible, when the passen-

gers could be examined and disposed of, and where the vessel could be detained until properly cleansed and furnished by the proper officer with a clean bill of health.

In case of the necessary detention of persons affected with contagious diseases, it should be made the duty of the boarding officer to attend them regularly and faithfully.

In the course of the summer a communication was received from the mayor of St. Louis, complaining of the shamefully over-crowded condition of the immigrants on board the river steamers, aggravating and developing disease, so as to compel the authorities of that city, for the safety of its inhabitants, to adopt a most rigid system of quarantine, to the injury of the sick, the annoyance and suffering of the well and the convalescent passengers, and causing, by the detention of the steamer, loss to her owners.

We were aware of the existence of a law of Congress, regulating the number of passengers according to the tonnage of the ship—in the proportion of two passengers to every five tons—but at that time the act did not refer to the steamers on our rivers or on the northern lakes. A memorial was however, without delay, forwarded to Congress on the subject,\* and we understand, although we have not had an opportunity of seeing the law, that it has been amended according to the suggestions contained in the memorial.

We do not pretend to aver that the Board has done all it might have done, when watching over the interests of this great community; but we believe that it has done what its limited means enabled it to accomplish. We have to stand in the front ranks and bear the brunt of battle, when defective legislation has deprived us of half our armor and weapons, and municipal authorities have been but cold and doubtful allies.

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\* By the Board of Health.

## ALPHABETICAL LIST OF DEATHS, AND THEIR CAUSES, IN T

DISEASES.	JANUARY.								FEBRUARY.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children	M. Adult.	M. Children	F. Adult.	F. Children.
Abscess.....																
"  abdominal.....	1				1											
"  hepatic.....																
"  psoas.....																
"  urinary.....																
Accidental.....								1								
Accouchement.....			1													
Ague.....																
Albuminuria.....																
Amenorrhœa.....																
Amputation.....												1				
Anasarca.....																
Anemia.....									1							
Angina, malignant.....																
Anthrax.....																
Apoplexy.....	3		1		1		1	1	2		3			3		
Aptha.....																
Arteries, ossification of.....																
Arteries, carotid, cut.....																
Arachnitis.....																
Ascites.....	3		1					4			1					
Asphyxia.....						1										
Asthma.....														1		
Atrophia.....																
"  infantile.....		2														
Birth, premature.....				1					1	1						1
Bladder, disease of.....	1					1										
Bowels, ulceration of.....																
Brain, cancer of.....					1											
"  compression of.....								1								
"  concussion of.....								1								
"  congestion of.....				1		1	1		1	1						
"  disease of.....																
"  dropsy of.....																
"  effusion upon.....		1														
"  softening of.....																
"  ulceration of.....																
Breast, abscess of.....																
"  cancer of.....																
"  schirrus of.....																
Bronchitis.....		1	1		1		1	4						2	1	
"  chronic.....																
Burn.....	1	1								3						1
Cancer.....	1															
Carbuncles.....																
Carried forward..	10	5	4	2	4	2	2	2	12	2	6	2	5	6	3	



CITIES OF NEW ORLEANS AND LAFAYETTE, FOR THE YEAR 1850.

MARCH.								APRIL.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children	F. Adult.	F. Children	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.		
																00	Abscess.
								1								2	“ abdominal.
																1	“ hepatic.
																00	“ psoas.
																00	“ urinary.
								2								3	Accidental.
																1	Accouchement.
																00	Ague.
1																1	Albuminuria.
																00	Amenorrhœa.
																1	Amputation.
																00	Anasarca.
																1	Anemia.
																00	Angina, malignant.
																00	Anthrax.
2		1		3		1		2				1		1		26	Apoplexy.
																00	Aptha. [of.
																00	Arteries, ossification
																00	Arteries, carotid, cut.
																1	Arachnitis.
2		1						3		1						16	Ascites.
																1	Asphyxia.
																1	Asthma.
																00	Atrophia.
																2	“ infantile.
																6	Birth, premature.
	1							1								3	Bladder, disease of.
1														1		2	Bowels, ulceration of.
1																1	Brain, cancer of.
																2	“ compression of.
								1								2	“ concussion of.
1			1		1			1	2							11	“ congestion of.
									2		1					3	“ disease of.
									1							1	“ dropsy of.
											1					2	“ effusion upon.
										1						1	“ softening of.
																00	“ ulceration of.
																00	Breast, abscess of.
																00	“ cancer of.
																00	“ schirrus of.
2	1														1	16	Bronchitis.
																00	“ chronic.
		1														7	Burn.
										1						3	Cancer.
																00	Carbuncles.
0	2	3	3	3	2	1		10	6	3	3	1		2	1	117	

## ALPHABETICAL LIST OF DEATHS, ETC.,

: : :

DISEASES.	JANUARY.								FEBRUARY.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
(Continued.)																
Brought up....	10	5	4	2	4	2	2	2	12	2	6	2	5	..	6	3
Catarrh .....		3	..	2	1	..	..	1	..	1	..	..	..	1	..	..
“ pulmonary .....		..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Carditis, chronic .....		..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Cerebritis.....		..	..	..	..	1	..	1	..	..	..	..	..	1	1	..
Cholera .....	64	10	23	..	10	2	6	3	6	..	2	1	4	..	..	..
“ Asiatic.....	2	1	2	..	..	..	..	..	9	..	6	..	..	..	..	..
“ asphyxia .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ infantum .....	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..
“ morbus .....	1	..	..	..	3	..	1	..	..	..	1	..	..	..	..	..
Colic .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ bilious .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ painters' .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ acute .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ chronic .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congestion .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Consumption .....	21	3	7	8	3	1	10	1	33	..	14	1	3	1	3	..
Convulsions .....	1	8	1	8	..	..	..	2	2	8	2	..	1	3	..	..
Croup .....	1	2	..	2	..	..	..	..	..	2	..	2	..	..	..	1
Cynanehe Trachealis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cystitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Debility .....	2	1	1	5	..	..	..	..	1	1	..	3	..	..	..	..
Delirium Tremens .....	4	..	1	..	..	..	..	..	5	..	..	..	..	..	..	..
Dentition .....	..	5	..	3	..	2	..	..	..	2	..	..	..	..	..	2
Diarrhœa.....	12	3	..	..	1	1	..	1	15	..	3	..	1	..	..	..
“ chronic .....	..	..	5	3	1	..	1	1	4	..	..	..	1	..	1	..
Disease, chronic.....	4	..	1	..	1	1	..	..	1	..	..	..	1	..	..	..
Dropsy .....	1	..	2	..	2	..	..	1	2	1	..	1	..	3	..	..
Drowned .....	3	..	1	..	..	..	..	..	2	1	..	..	..	..	..	..
Dysentery .....	17	4	7	4	..	2	..	..	4	3	2	..	..	..	..	1
“ chronic .....	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..
Eclampsia .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Endo-carditis .....	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Endo-pericarditis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis.....	4	1	1	2	2	2	1	1	..	7	..	1	..	..	..	..
“ chronic .....	..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..
“ puerperal .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enterocolitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ peritonitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy.....	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Erysipelas .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Femur, caries of .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ fracture of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carried forward..	149	46	56	40	29	14	21	14	99	27	37	11	18	8	15	8

IN NEW ORLEANS AND LAFAYETTE—continued.

MARCH.								APRIL.								TOTAL	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
10	2	3	3	3	2	1	0	10	6	3	3	1	0	2	1	117	
					1			1								11	Catarrh.
				1	2										1	6	“ pulmonary.
1								3	1	1						15	Carditis, chronic.
5							1									15	Cerebritis.
106	30	52	17	32	12	25	14	25	6	18	5	5		3	3	434	Cholera.
74	5	24		3	2	2	2	2		4						138	“ Asiatic.
			1			1										2	“ asphyxia.
	3		4		1		1	4						1		15	“ infantum.
1	3	4	2	1		2		3	1							23	“ morbus.
	1															1	Colic.
								2								2	“ bilious.
																00	“ painters’.
	1															1	Colitis.
																00	“ acute.
																00	“ chronic.
								1								1	Congestion.
28	2	10	1	5	2	6	1	23	3	9	1	6	1	3		210	Consumption.
2	6		4		2				8		9			1	2	70	Convulsions.
	4		1													15	Croup.
																00	Cynanche Trachealis
	1													1		2	Cystitis.
2	2	4	4	2		1		2	3		3	1	1	1		40	Debility.
7		2						8					1			28	Delirium Tremens.
			4		1		1	7		1						28	Dentition.
8	2	2		2	2			13	2	3	1		1		2	75	Diarrhœa.
3		1				1						2	1			25	“ chronic.
								1								10	Disease, chronic.
1		2			1	1			1		1		1			20	Dropsy.
1		1		1		1		5				2	1			19	Drowned.
10	2	3	2	3			1	3	6	2	3	1			1	81	Dysentery.
			1	2				1								7	“ chronic.
								1								1	Eclampsia.
2								1								3	Encephalitis.
																2	Endo-carditis.
																00	Endo-pericarditis.
	1		1				2	2	1	2	4	3		1		39	Enteritis.
		1														4	“ chronic.
																00	“ puerperal.
								1								1	Entero-colitis.
																00	“ peritonitis.
		1														2	Epilepsy.
1								1								2	Erysipelas.
																00	Femur, caries of.
																00	“ fracture of.
262	65	110	45	55	28	41	23	105	51	42	31	23	6	12	10	1502	

(Continued.)



## ALPHABETICAL LIST OF DEATHS, ETC., :

DISEASES.  (Continued.)	JANUARY.								FEBRUARY.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
Brought up.....	149	46	56	40	29	14	21	14	99	27	37	11	18	8	15	8
Fever.....	-	1	1	-	-	-	1	-	1	1	-	-	-	-	-	1
“ ataxic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ bilious.....	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
“ bone.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ congestive.....	4	1	-	-	-	-	-	-	3	-	1	-	1	-	-	-
“ continued.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ intermittent.....	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-
“ nervous.....	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ puerperal.....	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
“ putrid.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ remittent.....	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ scarlet.....	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
“ swamp.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ typhoid.....	5	-	1	1	1	-	-	-	5	-	3	3	-	-	1	-
“ typhus.....	25	2	8	-	-	-	-	-	9	1	4	-	-	-	-	-
“ yellow.....	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Foot, gangrene of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ wound of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fracture.....	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-
Fungus hæmatodes.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gangrene.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastritis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ chronic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastro-colitis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ enteritis.....	2	1	1	-	-	-	-	-	3	-	3	-	-	1	-	1
“ “ chronic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
“ hepatitis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Glossitis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gout.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grief.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Head, disease of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ injury of.....	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Heart, aneurism of.....	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-
“ disease of.....	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
“ enlargement of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ hypertrophy of.....	-	-	1	-	-	-	-	-	2	-	1	-	-	-	1	-
“ malformation of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ ossification of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hematuria.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemiplegia.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemoptisis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemorrhage.....	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ cerebral.....	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ intestinal.....	-	-	-	-	-	-	-	1	1	1	1	-	1	-	-	-
Carried forward..	193	51	72	41	30	14	23	15	127	30	53	15	20	9	19	10

IN NEW ORLEANS AND LAFAYETTE—continued.

MARCH.							APRIL.							TOTALS.	DISEASES.	
WHITE.			COLORED.				WHITE.				COLORED.					
M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
65	110	45	55	28	41	23	106	51	42	31	23	6	12	10	1502	
	2		1				1	1	1		2				14	Fever.
															00	" ataxic.
							2		2						7	" bilious.
							1		1						00	" bone.
															14	" congestive.
															00	" continued.
1	1				1										4	" intermittent.
															3	" nervous.
		1													2	" puerperal.
															00	" putrid.
								1							2	" remittent.
1															2	" scarlet.
1		1					2	1	1					1	00	" swamp.
2	8		2				7		4						28	" typhoid.
	1														87	" typhus.
															3	" yellow.
															00	Foot, gangrene of.
															00	" wound of.
															3	Fracture.
															00	Fungus hæmatodes.
									1						1	Gangrene.
	1						2	1							5	Gastritis.
			1							2	1				4	" chronic.
															00	Gastro-colitis.
2	2	2	1		1	1	2		2		1			1	31	" enteritis.
															1	" " chronic
															00	" hepatitis.
															1	Glossitis.
															00	Gout.
															00	Grief.
															2	Head, disease of.
															1	" injury of.
															1	Heart, aneurism of.
	1	1			1						1		1		7	" disease of. [of.
															00	" enlargement
	1		1				1								10	" hypertrophy of
															00	" malformation
					1										1	" ossification of.
															00	Hematuria.
															00	Hemiplegia.
															3	Hemoptisis.
															1	Hemorrhage.
															5	" cerebral.
							1								1	" intestinal.
72	127	50	61	28	45	21	125	54	53	33	29	7	13	12	1746	

(Continued.)

## ALPHABETICAL LIST OF DEATHS, ETC.,

DISEASES.	JANUARY.								FEBRUARY.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
Brought up....	193	51	72	41	30	14	23	15	127	30	53	15	20	9	19	1
Hemorrhage, puerperal...																
Hepatitis.....	3		1				1		1							
"    chronic.....									1							
Hernia.....																
"    strangulated.....																
Hydrocephalus.....		1														
"    acute.....				1												
Hydro-pericarditis.....																
"    pneumothorax.....																
"    thorax.....																
Hysteria.....																
Icterus.....																
Ictus solis.....																
Ileus.....										1						
Indigestion.....					1											
Influenza.....	1	1														
Insane.....																
Intemperance.....	3				1				3							
Intestines, cancer of.....																
"    ulceration of..																
Jaundice.....									1							
Kidneys, disease of.....											1					
Laryngitis.....																
Larynx, cancer of.....																
Leg, amputation of.....	2															
"    fracture of.....																
"    gangrene of.....																
Leprosy.....																
Lungs, abscess of.....										1						
"    apoplexy of.....																
"    congestion of.....																
"    disease of.....											1					
"    effusion upon.....									1							
"    gangrene of.....																
"    laceration of.....																
Marasmus.....	1	1		2						2				1		
Measles.....		1		1						2				1		
Medicine, improper use of.....																
Meningitis.....								1	1	1		1		1	1	
"    cerebro-spinal..																
"    spinal.....																
"    tubercular.....																
Maringo-encephalitis.....																
Metritis.....																
Carried forward..	203	55	73	45	32	14	24	16	135	36	55	16	20	12	20	10



IN NEW ORLEANS AND LAFAYETTE—continued.

MARCH.								APRIL.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
91	72	127	50	61	28	45	24	125	54	53	33	29	7	13	12	1746	
2				1							1						1 Hemorrhage, puerp.
		1												1			9 Hepatitis.
																	3 " chronic.
																00	Hernia.
									1		2					00	" strangulated.
														1		4	Hydrocephalus.
																2	" acute.
			1		1											00	Hydro-pericarditis.
										1						00	" pneumothorax
																2	" thorax.
2																1	Hysteria.
																2	Icterus.
																00	Ictus solis.
	1				1										1	1	Ileus.
			1													4	Indigestion.
																3	Influenza,
																00	Insane.
1														1		9	Intemperance.
																00	Intestines, cancer of.
2	1							1								00	" ulceration
											1					5	Jaundice. [of.
										1						1	Kidneys, disease of.
																1	Laryngitis.
																00	Larynx, cancer of.
																2	Leg, amputation of.
																00	" fracture of.
																00	" gangrene of.
								1								1	Leprosy.
																00	Lungs, abscess of.
							1									00	" apoplexy of.
																1	" congestion of.
																1	" disease of.
																1	" effusion upon
																00	" gangrene of.
																00	" laceration of.
	1		1			1			6		3					19	Marasmus.
			4											2		11	Measles. [use of.
																00	Medicine, improper
	2		1		1		1				1			5		17	Meningitis. [nal.
																00	" cerebro-spi-
																00	" spinal.
																00	" tubercular.
																00	Maringo-encephalitis
																00	Metritis.
98	77	128	58	62	30	47	26	127	61	55	40	30	14	16	12	1847	

(Continued.)

## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	JANUARY.								FEBRUARY.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
Brought up . . . . .	203	55	73	45	32	14	21	16	135	36	55	16	20	12	20	10
Metro-peritonitis . . . . .											1					
Myelitis . . . . .																
Nephritis . . . . .																
Old age . . . . .	2		1		1		1				2		1		3	
Ostea-sarcoma . . . . .																
Paralysis . . . . .			1						1							
Parotidis . . . . .					1											
Peraplegia . . . . .																
Pelvis, fracture of . . . . .																
Pericarditis . . . . .	2												1			
Peritonitis . . . . .											1					
Pertussis . . . . .									1							1
Phrenitis . . . . .				1												
Pleurisy . . . . .			1		1						1				1	
Pleuro-pneumonia . . . . .									2							
Pneumonia . . . . .	4	2	1	2			2		2		2		3			1
“ perip. . . . .																
“ typhoides . . . . .							1									
Poisoned . . . . .																
“ by chloroform . . . . .																
“ by laudanum . . . . .	1															
“ by morphine . . . . .																
Rectum, gangrene of . . . . .																
“ obliteration of . . . . .																
“ ulceration of . . . . .																
Rheumatism . . . . .	1								1				2			
“ chronic . . . . .																
Scald . . . . .																
Scrofula . . . . .					1											
Skull, fracture of . . . . .																
Small-pox . . . . .	5			1	3	1	1		3	2	1	1	1			
Spina bifida . . . . .																
Spine, disease of . . . . .																
“ injury of . . . . .																
Splenitis . . . . .																
Spleen, rupture of . . . . .																
Still born . . . . .		11		4		2	3			16		5		4		3
Stomach, cancer of . . . . .																
“ engorgement of . . . . .																
“ gangrene of . . . . .																
Strangulation . . . . .																
Stricture . . . . .			1													
Sudden (?) . . . . .																
Suffocation . . . . .									1		1					
Carried forward . . . . .	218	68	78	53	39	17	28	20	115	55	63	22	28	16	26	15

IN NEW ORLEANS AND LAFAYETTE—continued.

MARCH.								APRIL.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
298	77	128	58	62	30	47	26	127	61	55	40	30	14	16	12	1847	
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 Metro-peritonitis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Myelitis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Nephritis.
.	.	.	.	1	.	3	.	.	.	1	.	.	.	5	.		21 Old age.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Osteo-sarcoma.
.	.	.	.	.	.	1	.	2	.	1	.	.	.	.	.		6 Paralysis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 Parotidis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Peraplegia.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Pelvis, fracture of.
.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.		4 Pericarditis.
.	1	.	.	.	.	.	.	1	.	.	1	.	.	1	1		6 Peritonitis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		2 Pertussis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 Phrenitis.
1	.	.	.	1	.	.	.	.	.	.	.	.	.	2	.		8 Pleurisy.
1	.	1	1	.	.	.	.	.	.	.	.	.	.	.	.		5 Pleuro-pneumonia.
5	1	1	5	.	.	3	.	2	1	1	1	2	3	.	.		44 Pneumonia.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " perip.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 " typhoides
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Poisoned.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " by chloroform
.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.		1 " by laudanum.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 " by morphine.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Rectum, gangrene of.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " obliteration of.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " ulceration of.
.	.	.	.	.	.	.	.	1	.	.	1	.	.	.	.		6 Rheumatism.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.		1 " chronic.
1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 Scald.
.	1	.	.	.	.	.	.	.	.	.	.	.	.	1	.		3 Scrofula.
1	.	.	.	.	.	.	.	3	.	.	.	.	.	.	.		4 Skull, fracture of.
2	.	.	.	1	.	1	2	1	2	.	1	.	.	.	.		29 Small-pox.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Spina bifida.
1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 Spine, disease of.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " injury of.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Splenitis.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Spleen, rupture of.
.	10	.	5	.	7	1	.	10	.	6	.	.	.	.	.		87 Still-born.
.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.		1 Stomach, cancer of.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " engorgement of
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 " gangrene of.
.	.	2	.	.	.	.	.	1	.	.	.	.	.	.	1		4 Strangulation.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		1 Stricture.
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		00 Sudden (?).
.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		2 Suffocation.
10	90	132	69	65	37	55	29	139	75	58	40	32	16	29	14	2039	



## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.  (Continued.)	JANUARY.								FEBRUARY.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
Brought up . . . . .	218	68	78	53	39	17	28	20	145	55	64	22	28	16	24	15
Suicide . . . . .	1								1							
Sun stroke . . . . .																
Syphilis . . . . .	1															
“ secondary . . . . .																
Tabes mesenterica . . . . .																
Tetanus . . . . .	4			2		1			1	1	1		1	1		
“ traumatic . . . . .																
Thigh, fracture of . . . . .																
Thrash . . . . .																
Tongue, cancer of . . . . .																
Tonsilitis . . . . .																
Trismus, nascent . . . . .		4		3		1		2		9		5		2		1
Typhus abdominalis . . . . .																
“ icterodes . . . . .																
Ulcer . . . . .			1						1							
Uncertain . . . . .	4	9	3	8	3	7	1	2	8	9	3	4		2	1	2
Uterus, cancer of . . . . .																
“ diseases of . . . . .			1							1						
Ventricles, effusion in . . . . .																
Verminose affections . . . . .						1								1		
Womb, polypos of . . . . .			1													
Wound, penetrating . . . . .																
“ gun-shot . . . . .									1							
<b>TOTAL</b> . . . . .	<b>228</b>	<b>81</b>	<b>81</b>	<b>66</b>	<b>42</b>	<b>27</b>	<b>29</b>	<b>24</b>	<b>157</b>	<b>74</b>	<b>69</b>	<b>31</b>	<b>28</b>	<b>22</b>	<b>26</b>	<b>18</b>

<b>CEMETERIES.</b>																
Catholic No. One . . . . .								10	8							
“ No. Two . . . . .	7	8	12	7	10	8				12	8	7	2	6	5	10
Charity Hospital . . . . .	127	2	30							77	1	19		1		1
Cypress Grove . . . . .	3	3	3	5						5	3	3				
Hebrew German . . . . .																
“ Portuguese . . . . .																
Lafayette . . . . .	5	9	4	7	5		2	2	4	9	4	6	4	2	3	2
Odd Fellows' Rest . . . . .																
Potters' Field . . . . .	29	17	12	14	11	7	6	4	22	13	11	6	10	3	3	
Protestant . . . . .	8	5	4	3	2	1	1	1	5	3	4		2	3	1	
St. Patrick . . . . .	20	16	9	15					20	11	9	7				
St. Vincent de Paul . . . . .	29	21	10	15	14	11	11	9	13	26	11	10	6	7	10	6
<b>TOTAL</b> . . . . .	<b>228</b>	<b>81</b>	<b>84</b>	<b>66</b>	<b>42</b>	<b>27</b>	<b>29</b>	<b>24</b>	<b>157</b>	<b>74</b>	<b>68</b>	<b>31</b>	<b>28</b>	<b>22</b>	<b>26</b>	<b>18</b>

IN NEW ORLEANS AND LAFAYETTE—continued.

MARCH.								APRIL.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
310	90	132	69	65	37	55	29	139	75	58	49	32	16	29	14	2089	
1	1								1					1		2	Suicide.
																00	Sun stroke.
																4	Syphylis.
																00	"    secondary.
																2	Tabes mesenterica.
	1					2		1						1		20	Tetanus.
					1											1	"    traumatic.
																00	Thigh, fracture of.
																00	Thrash.
																00	Tongue, cancer of.
																00	Tonsilitis.
	3				1		1		6				1		1	44	Trismus, nascent.
																00	Typhus abdominalis.
																00	"    icterodes.
										1						3	Ulcer.
9	11	9	4	5	2			6	14	12	7	1	7	1	7	161	Uncertain.
														1		1	Uterus, cancer of.
																2	"    diseases of.
																00	Ventricles, effusion in
																3	Verminose affections.
																1	Womb, polypos of.
								1								2	Wound, penetrating.
																1	"    gun-shot.
24	105	142	79	70	41	57	30	147	96	71	56	33	24	33	22	2336	TOTAL.
																	<b>CEMETERIES.</b>
																18	Catholic No. One.
2	17	15	12	11	9	11	12	11	7	7	9	6	9	11	7	277	"    No. Two.
35		46		4		2		53	6	17	1	1		2		525	Charity Hospital.
4	6	5	2			1		9	5	2	2	1				62	Cypress Grove.
																00	Hebrew German.
																2	"    Portuguese.
6	11	5	5	6	5	4	2	10	14	4	8	6	3	4	2	173	Lafayette.
																00	Odd Fellows' Rest.
8	26	18	15	26	7	8	2	14	23	3	4	7	2	3	2	386	Potters' Field.
0	5	5	2		1	3	1	6	6	8	4				1	105	Protestant.
2	19	20	18	3	1		1	13	13	16	8	2				253	St. Patrick.
5	22	20	24	21	18	27	13	30	22	13	20	9	10	14	10	527	St. Vincent de Paul.
4	105	142	79	70	41	57	30	147	96	71	56	33	24	33	22	2336	TOTAL.

## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	MAY.								JUNE.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
Abscess. ....									1							
" abdominal .....	1															
" hepatic .....	2								1							
" psoas .....																
" urinary .....																
Accidental .....																
Accouchement .....			1				1				1					
Ague .....		1														
Albuminuria .....																
Amenorrhœa .....																
Amputation .....																
Anasarca .....																
Anemia .....									1							
Angina maligna .....																
Anthrax .....																
Apoplexy .....	5		2				1		5		1					
Aptha .....				2												
Arteries, ossification of .....																
Arteries, carotid, cut .....																
Arachnitis .....																
Ascites .....	1										1					
Asphyxia .....																
Asthma .....	1								1							
Atrophia .....										1	1					
" infantile .....																
Birth, premature .....				1		1					4					1
Bladder, disease of .....																
Bowels, ulceration of .....											2					1
Brain, cancer of .....																
" compression of .....																
" concussion of .....	2		1								1		1			
" congestion of .....	3	1	1	1					1	1	1	1	1			
" disease of .....																
" dropsy of .....										2						
" effusion upon .....											1					
" softening of .....	1						1		1							
" ulceration of .....																
Breast, abscess of .....																
" cancer of .....											1					
" schirrus of .....			1													
Bronchitis .....		1		2			1		1		1		1			
" chronic .....																
Burn .....						2									2	
Cancer .....																
Carbuncles .....																
Carried forward ..	16	3	6	6		3	4		11	5	4	12	1	2	2	2



IN NEW ORLEANS AND LAFAYETTE—continued.

JULY.							AUGUST.							TOTALS.	DISEASES.	
WHITE.			COLORED.				WHITE.				COLORED.					
M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.			F. Children.
															1	Abscess.
															1	“ abdominal.
							1								4	“ hepatic.
															1	“ psoas.
															00	“ urinary.
															00	Accidental.
	3								1				1		8	Accouchement.
															1	Ague.
															00	Albuminuria.
															00	Amenorrhœa.
	1														00	Amputation.
	1								2						2	Anasarca.
															4	Anemia.
															00	Angina maligna.
															00	Anthrax.
	1	1	1		1		20		9		1		1		56	Apoplexy.
															2	Aptha. [of.
															00	Arteries, ossification
															00	Arteries, carotid, cut.
															00	Arachnitis.
	1						4						1		8	Ascites.
								1							1	Asphyxia.
							1		1						5	Asthma.
															2	Atrophia.
															00	“ infantile.
2		1		2		1		3		3					19	Birth, premature.
															00	Bladder, disease of.
										1					5	Bowels, ulceration of.
															00	Brain, cancer of.
															00	“ compression of.
							1								6	“ concussion of.
1				2			19	5	7		2		1		53	“ congestion of.
													1		2	“ disease of.
								1		1					4	“ dropsy of.
										1					2	“ effusion upon.
				1											5	“ softening of.
								1							1	“ ulceration of.
															00	Breast, abscess of.
															1	“ cancer of.
															1	“ schirrus of.
													1	1	11	Bronchitis.
															00	“ chronic.
										1					6	Burn.
										1					00	Cancer.
															1	Carbuncles.
3	7	2	1	4	2	3	46	11	22	7	3	1	5	1	213	

ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.  (Continued.)	MAY.								JUNE.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
Brought up....	16	3	6	6	--	3	4	--	11	5	4	12	1	2	2	2
Catarrh .....	--	--	--	1	--	--	1	--	--	--	--	--	--	--	--	--
" pulmonary .....	--	--	--	--	--	1	--	2	--	--	--	--	--	1	1	--
Carditis, chronic .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Cerebritis.....	1	3	1	3	--	--	--	--	3	4	--	1	--	1	--	--
Cholera .....	15	6	17	4	2	2	4	--	11	6	4	2	2	1	1	--
" Asiatic.....	7	--	2	--	1	--	--	--	7	--	4	--	--	--	--	--
" asphyxia .....	--	--	2	--	2	--	--	--	--	--	--	--	--	--	--	--
" infantum .....	--	3	--	7	--	--	1	--	--	5	--	4	--	--	--	--
" morbus .....	--	1	1	--	--	--	--	--	1	--	--	--	1	--	--	--
Colic .....	1	--	--	1	--	1	--	--	--	--	--	--	--	--	--	--
" bilious .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
" painters' .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Colitis .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
" acute .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
" chronic .....	--	--	1	--	--	--	--	--	--	--	--	--	--	--	--	--
Congestion.....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Consumption .....	28	--	15	6	8	1	7	1	21	4	10	1	1	2	3	1
Convulsions .....	--	15	--	8	1	1	--	1	--	7	2	10	--	--	--	2
Croup.....	--	1	--	3	--	--	--	1	--	--	--	1	--	--	--	--
Cynanche Trachealis .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Cystitis .....	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Debility .....	4	6	--	4	--	--	--	--	2	1	--	6	--	--	--	--
Delirium Tremens .....	7	--	1	--	--	--	--	--	3	--	--	--	--	--	--	--
Dentition.....	--	4	--	6	--	2	--	--	6	--	6	--	--	--	--	4
Diarrhœa.....	8	3	4	2	--	--	--	--	9	2	3	2	1	2	1	1
" chronic .....	2	--	1	1	--	--	1	--	2	1	1	2	1	--	--	2
Disease, chronic.....	--	--	--	--	--	--	--	--	--	--	--	1	--	--	--	--
Dropsy .....	1	--	1	--	1	--	1	1	1	1	--	2	--	--	--	--
Drowned .....	7	--	--	--	1	--	--	--	6	--	--	--	1	--	--	--
Dysentery .....	8	4	4	4	1	1	1	--	5	2	5	3	--	1	--	1
" chronic .....	2	1	1	--	--	1	1	--	--	2	--	--	--	2	--	--
Eclampsia .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Encephalitis .....	--	1	--	--	--	1	--	1	--	--	--	--	--	1	--	--
Endo-carditis .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Endo-pericarditis .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Enteritis.....	1	3	1	3	--	1	1	--	2	2	2	2	--	1	--	--
" chronic .....	--	--	--	--	--	1	--	--	--	--	--	--	--	--	--	--
" puerperal .....	--	--	--	--	--	--	--	--	--	3	--	--	--	--	--	--
Entero-colitis.....	--	--	--	--	1	--	--	--	--	--	--	--	1	--	1	--
" peritonitis .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Epilepsy.....	1	--	1	--	--	--	--	--	1	1	--	--	--	--	--	--
Erysipelas .....	--	--	--	--	--	1	--	--	--	--	--	--	--	--	--	--
Femur, caries of .....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
" fracture of.....	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Carried forward..	110	54	59	59	18	17	20	9	85	47	40	54	10	11	12	15

IN NEW ORLEANS AND LAFAYETTE—continued

JULY.							AUGUST.							TOTALS.	DISEASES.	
WHITE.			COLORED.				WHITE.			COLORED.						
M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
3	7	2	1	4	2	3	46	11	22	7	3	1	5	1	213	
						2								1	2	Catarrh.
															9	" pulmonary.
1	2		2		3	1	3	3	3	3		1		1	00	Carditis, chronic.
	3	3	1						2						44	Cerebritis.
1							2		2						87	Cholera.
															26	" Asiatic.
5				1		1				4					4	" asphyxia.
	1	1			1		1	1							31	" infantum.
										1					9	" morbus.
							1								4	Colic.
															2	" bilious.
							1		1						00	" painters'.
	1	1													2	Colitis.
															2	" acute.
															1	" chronic.
	6	1	2	1	6	3	28	3	11	1	2	3	6	2	00	Congestion.
5		7		2		2	5	25	1	24		8		5	209	Consumption.
		1													131	Convulsions.
															6	Croup.
							1								1	Cynanche Trachealis
															3	Cystitis.
6	3	2		1		1	7	2	6	5				1	62	Debility.
							7								24	Delirium Tremens.
12		3		4		1		5		8		3		1	65	Dentition.
5	4						4	1	4						60	Diarrhœa.
2	2	2					2			1					24	" chronic.
1			2	2											6	Disease, chronic.
	3		1				2				1		1		18	Dropsy.
3			3	1	1		10	3			2				48	Drowned.
2	6	3	1				15	4	4	1	1	1			87	Dysentery.
1	1	1					2	1	1		1				23	" chronic.
															00	Eclampsia.
1							1		1					1	8	Encephalitis.
															00	Endo-carditis.
7	1	6	2				6	2	4	4		1			00	Endo-pericarditis.
										1	1				58	Enteritis.
															4	" chronic.
		1								1					3	" puerperal.
															5	Entero-colitis.
															00	" peritonitis.
							2		1			1		1	8	Epilepsy.
															2	Erysipelas.
															00	Femur, caries of.
															00	" fracture of.
55	40	34	15	16	13	14	146	61	63	61	11	19	12	14	1291	

(Continued.)



## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	MAY.								JUNE.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
(Continued.)																
Brought up....	110	54	59	59	18	17	20	9	85	47	40	54	10	11	12	1
Fever .....	-	-	1	2	-	1	-	-	2	2	-	-	-	-	-	-
" ataxic .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" bilious .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" bone .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" congestive .....	2	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-
" continued .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" intermittent .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" nervous .....	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
" puerperal .....	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
" putrid .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" remittent .....	2	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
" scarlet .....	-	-	-	3	-	1	-	-	-	1	3	2	-	-	-	-
" swamp .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" typhoid .....	3	-	-	1	-	-	1	1	4	-	2	3	1	-	-	-
" typhus .....	4	1	3	-	1	-	-	-	7	2	5	2	-	-	-	-
" yellow .....	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Foot, gangrene of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" wound of .....	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fracture .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fungus hæmatodes .....	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Gangrene .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastritis .....	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
" chronic .....	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Gastro-colitis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" enteritis .....	2	3	3	1	1	-	2	1	-	1	-	3	-	-	2	-
" " chronic .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" hepatitis .....	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Glossitis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gout .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grief .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Head, disease of .....	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-
" injury of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heart, aneurism of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" disease of .....	-	1	-	-	1	1	-	-	2	-	-	-	-	-	1	-
" enlargement of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" hypertrophy of .....	1	1	-	-	-	-	-	-	2	-	1	-	-	-	-	-
" malformation of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" ossification of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hematuria .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemiplegia .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemoptisis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Hemorrhage .....	2	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-
" cerebral .....	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
" intestinal .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Carried forward..	129	62	68	67	22	22	25	12	102	51	53	66	11	11	16	1

IN NEW ORLEANS AND LAFAYETTE—continued.

JULY.								AUGUST.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.		
97	55	40	34	15	16	13	14	146	61	63	61	11	19	12	14	1291	
8	--	3	1	--	--	--	1	33	3	17	5	4	1	2	--	84	Fever.
--	--	2	--	--	--	1	--	10	--	3	1	--	--	--	--	3	" ataxic.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	16	" bilious.
5	3	5	1	--	--	--	--	36	--	13	1	1	--	--	--	00	" bone.
6	1	--	1	--	--	1	--	1	1	1	--	--	--	--	--	69	" congestive.
--	--	2	--	--	--	--	--	14	--	6	1	--	--	--	--	2	" continued.
--	--	--	--	--	--	--	--	--	2	--	--	1	--	--	--	30	" intermittent.
--	--	--	--	--	--	--	--	--	2	--	--	--	1	--	--	4	" nervous.
--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	--	5	" puerperal.
7	--	2	--	--	1	--	--	9	1	12	--	--	--	--	1	1	" putrid.
--	--	--	1	--	--	--	1	1	--	1	2	--	--	--	--	37	" remittent.
--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	--	14	" scarlet.
4	1	5	1	1	--	--	--	3	2	4	2	--	--	1	1	1	" swamp.
4	1	3	--	--	--	--	--	6	--	4	1	--	--	--	--	41	" typhoid.
3	1	--	--	--	--	--	--	44	--	18	--	--	--	--	--	44	" typhus.
--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	--	67	" yellow.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	Foot, gangrene of.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	" wound of.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	Fracture.
--	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	Fungus hæmatodes.
1	--	1	--	--	--	--	--	3	1	--	--	--	--	--	--	1	Gangrene.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	8	Gastritis.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	2	" chronic.
2	1	2	1	--	1	--	--	2	1	--	--	--	--	--	--	3	Gastro-colitis.
1	--	--	--	--	--	--	--	2	1	2	--	1	3	--	1	36	" enteritis.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	" " chronic
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	" hepatitis.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	Glossitis.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	Gout.
--	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	Grief.
1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	3	Head, disease of.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	" injury of.
1	--	--	--	1	1	--	--	1	--	--	--	--	--	--	--	00	Heart, aneurism of.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	9	" disease of. [of.
--	--	--	--	--	--	--	--	1	1	--	1	--	--	--	--	00	" enlargement
--	--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	8	" hypertrophy of
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	" malformation
1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	" ossification of.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	Hæmaturia.
--	--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	1	Hemiplegia.
--	--	--	--	--	--	--	--	1	--	--	--	--	--	--	--	2	Hemoptisis.
--	--	--	--	--	--	--	--	--	1	--	1	--	--	--	--	4	Hæmorrhage.
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	" cerebral,
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	00	" intestinal
41	65	65	10	17	18	16	16	316	71	151	74	20	23	15	17	1801	

(Continued.)

## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	MAY.								JUNE.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
(Continued.)																
Brought up....	129	62	68	67	22	22	25	12	102	54	53	66	11	11	16	16
Hemorrhage, puerperal...												2				
Hepatitis.....	1		3		1					1	1					
“ chronic.....																
Hernia.....					1											
“ strangulated.....									1							
Hydrocephalus.....	1	2				1			1	1		1				
“ acute.....																
Hydro-pericarditis.....																
“ pneumothorax.....																
“ thorax.....	1										1					
Hysteria.....			1													
Icterus.....																
Ictus solis.....																
Ileus.....																
Indigestion.....																
Influenza.....																
Insane.....																
Intemperance.....	2								3							
Intestines, cancer of.....																
“ ulceration of.....																
Jaundice.....																
Kidneys, disease of.....																
Laryngitis.....								1					1			
Larynx, cancer of.....																
Leg, amputation of.....																
“ fracture of.....																
“ gangrene of.....	1															
Leprosy.....																
Lungs, abscess of.....																
“ apoplexy of.....																
“ congestion of.....			1	1												
“ disease of.....																
“ effusion upon.....																
“ gangrene of.....									1							
“ laceration of.....																
Marasmus.....		2	1	2			1			4		1		1		2
Measles.....		5		12		1	1			5	1	3		1		1
Medicine, improper use of.....																
Meningitis.....		2				3				3		2		1		
“ cerebro-spinal.....				1												
“ spinal.....																
“ tubercular.....																
Maringo-encephalitis.....																
Metritis.....			1													
Carried forward..	135	73	75	83	24	27	25	15	108	68	56	75	12	14	16	19



IN NEW ORLEANS AND LAFAYETTE—continued.

JULY.								AUGUST.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.		
41	65	65	40	17	18	16	16	316	71	151	74	20	23	15	17	1801	
																2	Hemorrhage, puerp.
1		1						1		1		2				13	Hepatitis.
1								2								3	"    chronic.
																1	Hernia.
																1	"    strangulated.
			1								2					10	Hydrocephalus.
										1						00	"    acute.
																1	Hydro-pericarditis.
		1														00	"    pneumothorax
																3	"    thorax.
																1	Hysteria.
								1								00	Icterus.
																1	Ictus solis.
																00	Ileus.
																00	Indigestion.
																00	Influenza.
																00	Insane.
3		1						3		1				1		14	Intemperance.
																00	Intestines, cancer of.
																00	"    ulceration
1		1	1													3	Jaundice. [of.
			1					2		1						00	Kidneys, disease of.
																6	Laryngitis.
																00	Larynx, cancer of.
																00	Leg, amputation of.
1																1	"    fracture of.
																1	"    gangrene of.
																00	Leprosy.
								3								00	Lungs, abscess of.
			1											1		3	"    apoplexy of.
																4	"    congestion of.
																00	"    disease of.
																00	"    effusion upon
																1	"    gangrene of.
																00	"    laceration of.
1	1			1	2		1	1	4	6						3	Marasmus.
	5		1		2				3					1		42	Measles. [use of.
										2						2	Medicine, improper
	4		3	1	1				2		2			2	3	29	Meningitis. [nal.
			1		1											3	"    cerebro-spi-
																00	"    spinal.
											2					00	"    tubercular.
		1														2	Maringo-encephalitis
																2	Metritis.
149	75	70	49	19	24	16	17	329	80	163	80	22	27	16	20	1981	

(Continued.)

ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	MAY.								JUNE.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
(Continued.)																
Brought up....	135	73	75	83	24	27	25	15	108	68	56	75	12	14	16	19
Metro-peritonitis .....																
Myelitis .....																
Nephritis .....																
Old age .....	1		2		1		4				2					
Ostea-sarcoma .....					1											
Paralysis .....					1						1			1		
Parotidis .....																
Peraplegia.....			1													
Pelvis, fracture of.....																
Pericarditis .....	1														1	
Peritonitis .....			1													
Pertussis.....				1								2				1
Phrenitis .....																
Pleurisy .....	2		1						1							
Pleuro-pneumonia .....							1									
Pneumonia .....		1		5		2	2	1		2		3	2			
“ perip. ....						1										
“ typhoides.....																1
Poisoned .....															1	
“ by chloroform ..																
“ by laudanum....																
“ by morphine....																
Rectum, gangrene of.....																
“ obliteration of...												1				
“ ulceration of....																
Rheumatism .....							1		1							
“ chronic .....																
Scald .....																
Scrofula.....		1	1													1
Skull, fracture of.....									1							
Small-pox .....	1														2	
Spina bifida .....												1				
Spine, disease of .....																
“ injury of.....																
Splenitis.....																
Spleen, rupture of.....																
Still born .....		5		10		6		1		5		5		6		3
Stomach, cancer of .....																
“ engorgement of..																
“ gangrene of....							1									
Strangulation .....																
Stricture.....																
Sudden (?) .....	1															
Suffocation .....																
Carried forward..	141	80	81	99	27	36	32	19	111	75	59	87	14	23	18	25

: : : IN NEW ORLEANS AND LAFAYETTE—continued.

JULY.								AUGUST.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
49	75	70	49	19	24	16	17	329	80	163	80	22	27	16	20	1981	
																00	Metro-peritonitis.
																00	Myelitis.
																00	Nephritis.
		1				4		2		2				2		21	Old age.
								2						1		1	Osteo-sarcoma.
																6	Paralysis.
																00	Parotidis.
								1								1	Peraplegia.
								2		1						1	Pelvis, fracture of.
			1					1								6	Pericarditis.
		1						1								4	Peritonitis.
																4	Pertussis.
																1	Phrenitis.
																6	Pleurisy.
																1	Pleuro-pneumonia.
																35	Pneumonia.
																1	“ perip.
																1	“ typhoides
																1	Poisoned.
		1														1	“ by chloroform
																1	“ by laudanum.
																00	“ by morphine.
																1	Rectum, gangrene of.
																1	“ obliteration of.
																1	“ ulceration of.
								1							1	1	Rheumatism.
																00	“ chronic.
																00	Scald.
																6	Scrofula.
																3	Skull, fracture of.
																6	Small-pox.
																1	Spina bifida.
																00	Spine, disease of.
																00	“ injury of.
																00	Splenitis.
																3	Spleen, rupture of.
																10	Still-born.
																00	Stomach, cancer of.
																1	“ engorgement of
																1	“ gangrene of.
																00	Strangulation.
																00	Stricture.
																2	Sudden (?).
																00	Suffocation.
8	90	76	60	21	30	20	21	342	90	170	86	25	36	20	22	2194	



## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.  (Continued.)	MAY.								JUNE.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
Brought up....	141	80	81	99	27	36	32	19	111	75	59	87	14	23	18	25
Suicide.....	1								5							
Sun stroke.....																
Syphilis.....																
“ secondary.....																
Tabes mesenterica.....		1														
Tetanus.....	2	1		1	2	1			1	2	3	2		1		
“ traumatic.....																
Thigh, fracture of.....					1											
Thrash.....		1														
Tongue, cancer of.....																
Tonsilitis.....				1												
Trismus, nascent.....		7		1		3		2		1		4		2		1
Typhus abdominalis.....											1					
“ icterodes.....																
Ulcer.....																
Uncertain.....	12	16	2	12	3	3	1	3	2	18	2	12	1	2	1	6
Uterus, cancer of.....															1	
“ diseases of.....							1									
Ventricles, effusion in.....																
Vermi-nose affections.....		1		1		1										
Womb, polypos of.....																
Wound, penetrating.....																
“ gun-shot.....																
<b>TOTAL.....</b>	<b>156</b>	<b>107</b>	<b>83</b>	<b>115</b>	<b>33</b>	<b>44</b>	<b>34</b>	<b>24</b>	<b>119</b>	<b>96</b>	<b>65</b>	<b>105</b>	<b>15</b>	<b>28</b>	<b>20</b>	<b>32</b>
<b>CEMETERIES.</b>																
Catholic No. One.....	4	1		1		3	1		1	1	2	4	1	3		1
“ No. Two.....	12	6	16	15	6	7	9	4	6	3	4	7	4	3	5	8
Charity Hospital.....	72	3	20	1			1		47		30	2				
Cypress Grove.....	5	10	6	4					3	3	3	11				
Hebrew German.....		1														
“ Portuguese.....									1							
Lafayette.....	14	24	9	31	3	5	3	6	10	25	8	13	2	3	3	4
Odd Fellows' Rest.....																
Potters' Field.....	10	22	8	27	8	9	10	3	8	19	4	30	2	7	3	7
Protestant.....	4	5	3	6	1		2	2	4	2	1	4		4	2	
St. Patrick.....	14	16	13	19					20	13	9	15	1			
St. Vincent de Paul.....	21	20	8	15	16	20	7	9	20	29	4	19	5	8	6	12
<b>TOTAL.....</b>	<b>156</b>	<b>107</b>	<b>83</b>	<b>115</b>	<b>33</b>	<b>44</b>	<b>34</b>	<b>24</b>	<b>119</b>	<b>96</b>	<b>65</b>	<b>105</b>	<b>15</b>	<b>28</b>	<b>20</b>	<b>32</b>

Total Number of Deaths for the Months of -

IN NEW ORLEANS AND LAFAYETTE—continued.

JULY.								AUGUST.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
58	90	76	60	21	30	20	21	342	90	170	86	25	36	20	22	2194	
..	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	4	Suicide.
18	..	1	..	..	..	..	..	31	..	9	..	1	..	..	..	65	Sun stroke.
..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	Syphylis.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	00	“ secondary.
..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	Tabes mesenterica.
1	..	..	..	..	..	..	1	3	..	..	1	..	1	2	..	25	Tetanus.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	00	“ traumatic.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	Thigh, fracture of.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	Thrash.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	00	Tongue, cancer of.
..	8	..	5	..	2	..	5	..	7	..	2	..	2	..	5	1	Tonsilitis.
..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	57	Trismus, nascent.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	Typhus abdominalis.
1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	“ icterodes.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	00	Ulcer.
8	14	4	5	..	3	2	1	11	15	5	15	4	2	..	2	187	Uncertain.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	Uterus, cancer of.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	“ diseases of.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	00	Ventricles, effusion in
..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	5	Vermi-nose affections.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	00	Womb, polypos of.
2	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	4	Wound, penetrating.
1	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	3	“ gun-shot.
89	113	83	71	23	35	23	28	390	112	185	105	31	42	22	29	2557	TOTAL.

CEMETERIES.																	
5	1	1	2	..	..	2	2	9	3	3	2	..	..	2	3	58	Catholic No. One.
2	13	1	11	5	9	6	6	18	4	6	5	7	12	5	5	230	“ No. Two.
65	..	27	3	..	..	..	..	82	..	34	1	2	..	..	..	390	Charity Hospital.
7	8	3	3	..	..	..	..	17	4	9	8	..	..	..	..	104	Cypress Grove.
..	1	1	..	..	..	..	..	6	1	5	2	..	..	..	..	17	Hebrew German.
..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	4	“ Portuguese.
33	22	11	17	..	4	..	4	44	26	20	27	4	13	5	6	399	Lafayette.
..	..	1	1	..	..	..	..	2	2	2	1	..	..	..	..	9	Odd Fellows' Rest.
22	19	9	11	10	3	1	5	72	17	38	15	5	3	1	5	413	Potters' Field.
1	6	..	3	1	4	3	..	11	2	9	3	4	1	1	..	89	Protestant.
7	16	17	8	..	..	..	..	42	23	27	12	..	..	..	..	232	St. Patrick.
39	27	10	11	7	14	11	12	88	29	30	28	9	13	8	10	565	St. Vincent de Paul.
59	113	83	71	23	35	23	28	390	112	185	105	31	42	22	29	2557	TOTAL.

## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	SEPTEMBER.								OCTOBER.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
Abscess. ....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	F.
" abdominal .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" hepatic .....	1	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.
" psoas .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" urinary .....	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.
Accidental .....	.	1	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Accouchement .....	.	.	1	.	.	.	1	.	.	2	.	.	.	.	1	.
Ague .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Albuminuria .....	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.
Amenorrhœa .....	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.
Amputation. ....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Anasarca .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Anemia .....	.	.	2	.	.	.	.	.	3	1	.	.	.	.	.	.
Angina maligna .....	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Anthrax .....	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Apoplexy .....	6	.	2	.	.	.	.	.	5	.	1	.	.	.	1	.
Aptha .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Arteries, ossification of ..	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Arteries, carotid, cut .....	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Arachnitis .....	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.
Ascites .....	2	.	1	.	.	.	.	.	4	.	1	.	.	.	.	.
Asphyxia .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Asthma .....	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Atrophia .....	.	1	.	.	.	.	.	.	1	.	.	.	.	.	.	.
" infantile .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Birth, premature .....	.	.	.	1	.	.	.	.	.	2	.	3	.	.	.	.
Bladder, disease of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Bowels, ulceration of ....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Brain, cancer of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" compression of .....	2	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.
" concussion of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" congestion of .....	6	1	4	1	1	.	1	1	5	1	.	1	.	.	1	.
" disease of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" dropsy of .....	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.
" effusion upon .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" softening of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" ulceration of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Breast, abscess of .....	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" cancer of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
" schirrus of .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Bronchitis .....	.	2	.	.	.	.	.	.	1	.	1	.	.	1	.	.
" chronic .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Burn. ....	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.
Cancer .....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Carbuncles .....	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.
Carried forward ..	19	7	11	3	2	2	2	1	22	6	6	4	1	1	3	1



IN NEW ORLEANS AND LAFAYETTE—continued.

NOVEMBER.								DECEMBER.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
																1	Abscess.
																00	" abdominal.
																3	" hepatic.
																00	" psoas.
																1	" urinary.
																13	Accidental.
																8	Accouchement.
																00	Ague.
																1	Albuminuria.
																2	Amenorrhœa.
																00	Amputation.
																1	Anasarca.
																9	Anemia.
																1	Angina maligna.
																1	Anthrax.
																25	Apoplexy.
																00	Aptha. [of.
																1	Arteries, ossification
																1	Arteries, carotid, cut.
																2	Arachnitis.
																15	Ascites.
																00	Asphyxia.
																3	Asthma.
																4	Atrophia.
																00	" infantile.
																10	Birth, premature.
																00	Bladder, disease of.
																1	Bowels, ulceration of.
																00	Brain, cancer of.
																3	" compression of.
																00	" concussion of.
																37	" congestion of.
																00	" disease of.
																1	" dropsy of.
																1	" effusion upon.
																1	" softening of.
																00	" ulceration of.
																1	Breast, abscess of.
																00	" cancer of.
																00	" schirrus of.
																9	Bronchitis.
																3	" chronic.
																6	Burn.
																2	Cancer.
																1	Carbuncles.
7	7	6	3	1	1	6	2	20	3	5	5	3	1	2	2	168	

## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	SEPTEMBER.								OCTOBER.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
Brought up....	19	7	11	3	2	2	2	1	22	6	6	4	1	1	3	1
Catarrh .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
“ pulmonary .....	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Carditis, chronic .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebritis.....	4	1	-	1	-	-	-	2	2	1	-	1	-	-	-	-
Cholera .....	9	2	5	3	-	-	-	2	1	21	8	8	4	3	1	4
“ Asiatic.....	8	1	7	1	1	-	-	-	-	27	-	12	1	1	-	-
“ asphyxia .....	-	-	-	-	-	-	-	-	-	1	-	2	1	-	-	-
“ infantum .....	-	-	-	2	-	-	-	-	-	-	2	-	2	-	-	-
“ morbus .....	1	1	2	-	-	-	-	1	2	2	-	1	-	-	1	-
Colic .....	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ bilious .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ painters' .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colitis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ acute .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ chronic .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congestion.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Consumption .....	17	2	13	2	3	-	6	-	24	2	14	3	10	1	6	2
Convulsions .....	-	24	1	14	-	2	1	5	-	18	-	17	-	5	-	2
Croup .....	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-
Cynanche Trachealis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cystitis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Debility .....	3	4	4	1	1	1	-	1	3	3	1	4	1	-	1	1
Delirium Tremens .....	5	-	-	-	2	-	-	-	6	-	-	-	-	-	-	-
Dentition .....	-	7	-	3	-	1	-	1	-	3	-	6	-	1	-	1
Diarrhœa.....	8	1	8	2	-	-	-	-	11	-	3	1	-	-	-	-
“ chronic .....	2	1	-	-	-	-	-	-	1	2	-	-	-	-	-	-
Disease, chronic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dropsy .....	2	-	1	-	1	-	-	-	3	2	2	-	-	-	-	-
Drowned .....	8	-	-	-	4	-	-	-	6	-	-	-	-	-	1	-
Dysentery .....	6	4	7	3	-	1	-	1	12	6	8	2	4	-	-	-
“ chronic .....	4	-	2	1	1	1	-	-	4	1	1	3	-	-	1	-
Eclampsia .....	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-
Encephalitis .....	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Endo-carditis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Endo-pericarditis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis.....	-	5	2	5	-	1	-	1	2	3	1	5	-	1	-	-
“ chronic .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
“ puerperal .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Entero-colitis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ peritonitis .....	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Epilepsy .....	2	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Erysipelas .....	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Femur, caries of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ fracture of.....	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Carried forward..	101	61	64	42	16	9	11	15	149	59	60	57	21	12	18	10

IN NEW ORLEANS AND LAFAYETTE—continued.

NOVEMBER.								DECEMBER.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.		
7	7	6	3	4	1	6	2	20	3	5	5	3	1	2	2	168	
							1								1	2	Catarrh.
																3	“ pulmonary.
																00	Carditis, chronic.
	1		2	1			1	2	4	1		1				25	Cerebritis.
119	42	63	29	23	8	19	7	82	27	44	13	13	6	5	5	577	Cholera.
19	3	8	1	1		1		13	2	5	2					111	“ Asiatic.
2	2	1	1	2			1	1	1					1		16	“ asphyxia.
	4		5						6		2		1		2	26	“ infantum.
2	3	3	2	1	1	1	2	1	2	3	1	1	2	1		37	“ morbus.
	1							1								3	Colic.
																2	“ bilious.
1																1	“ painters’.
	1															1	Colitis.
																00	“ acute.
																00	“ chronic.
																00	Congestion.
28	7	19	7	5		5	1	40	4	19	3	2	3	7		255	Consumption.
	14		17	1	2	1	3		13		6		3		1	150	Convulsions.
	4								2		1		1			11	Croup.
																00	Cynanche Trachealis
																00	Cystitis.
6	8	1	7	1			1	2	2	2	5	2	1	1	1	69	Debility.
3				1				1		2						20	Delirium Tremens.
	4		4		1				5		5		1		1	44	Dentition.
17	1	7	1	1				7	4	7	7	2	1			89	Diarrhœa.
4		1					2	1		3						17	“ chronic.
																00	Disease, chronic.
4		1		3				3	1	1	1					25	Dropsy.
6			1	1				2		1						30	Drowned.
9	5	6	5		1	1		18	2	6	5		1	2	2	117	Dysentery.
1		1	2													23	“ chronic.
																2	Eclampsia.
			1		1											4	Encephalitis.
				1												1	Endo-carditis.
1																1	Endo-pericarditis.
2	3	2	2	1			2	5	6	3	4	1	1	1	1	60	Eateritis.
1					1											3	“ chronic.
																00	“ puerperal.
													1			1	Entero-colitis.
																1	“ peritonitis.
1			1					1		1						5	Epilepsy.
								1								6	Erysipelas.
																1	Femur, caries of.
																1	“ fracture of.
233	110	119	91	48	16	36	21	201	81	103	60	25	23	20	16	1911	

(Continued.)



## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.	SEPTEMBER.								OCTOBER.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children
Brought up....	101	61	64	42	16	9	11	15	149	59	60	57	21	12	18	10
Fever.....	8	6	6	5	2	2	4	1	8	2	4	1	..	2	1	..
“ ataxic.....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
“ bilious.....	10	..	5	..	..	..	..	1	1	..	..	..	..	..	..	..
“ bone.....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
“ congestive.....	15	5	9	..	..	1	..	..	5	1	3	..	..	..	..	..
“ continued.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ intermittent.....	2	2	2	..	..	..	..	..	3	..	1	..	..	..	..	..
“ nervous.....	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
“ puerperal.....	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..
“ putrid.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ remittent.....	18	2	5	2	..	..	..	..	5	1	1	..	1	..	1	..
“ scarlet.....	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
“ swamp.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ typhoid.....	5	..	5	..	..	..	..	..	4	..	3	..	..	..	1	..
“ typhus.....	10	..	7	1	..	..	..	..	6	1	1	1	..	..	..	..
“ yellow.....	26	..	7	..	..	..	..	..	1	2	1	..	..	..	..	..
Foot, gangrene of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ wound of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fracture.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fungus hæmatodes.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gastritis.....	..	..	2	..	..	..	1	..	1	..	1	..	..	..	..	..
“ chronic.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gastro-colitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ enteritis.....	1	1	1	1	..	..	..	..	3	2	1	1	..	..	1	..
“ “ chronic.....	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
“ hepatitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glossitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gout.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grief.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Head, disease of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ injury of.....	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
Heart, aneurism of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
“ disease of.....	..	..	1	1	..	..	..	..	2	..	1	..	..	1	1	..
“ enlargement of.....	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
“ hypertrophy of.....	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..
“ malformation of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
“ ossification of.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hematuria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hemiplegia.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hemoptisis.....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Hemorrhage.....	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..
“ cerebral.....	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
“ intestinal.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carried forward..	203	77	119	53	18	12	16	18	190	69	80	60	24	15	26	10

IN NEW ORLEANS AND LAFAYETTE—continued.

NOVEMBER.								DECEMBER.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
33	110	119	91	48	16	36	21	201	84	103	60	25	23	20	16	1911	
6		2					1	2		1	1					65	Fever.
								1								1	“ ataxic.
			1													18	“ bilious.
		2						1		3						2	“ bone.
																45	“ congestive.
		1														2	“ continued.
																11	“ intermittent.
										4						1	“ nervous.
																6	“ puerperal.
3		1			1			4			1					1	“ putrid.
																46	“ remittent.
											1					2	“ scarlet.
2	2	1		1		1		5	2	1		1				00	“ swamp.
8	1	4	1	2		1		10	1	5	2	1		1		34	“ typhoid.
																64	“ typhus.
																37	“ yellow.
																00	Foot, gangrene of.
																00	“ wound of.
																00	Fracture.
																00	Fungus hæmatodes.
1										1						3	Gangrene.
						1		1				1	1			8	Gastritis.
																2	“ chronic.
6	3	1	2	2		2	1									00	Gastro-colitis.
								1	1							29	“ enteritis.
1																4	“ “ chronic
																1	“ hepatitis.
1																00	Glossitis.
		1														1	Gout.
																1	Grief.
																00	Head, disease of.
								2								5	“ injury of.
1		2			1											1	Heart, aneurism of.
1																11	“ disease of. [of.
																1	“ enlargement
																4	“ hypertrophy of
																00	“ malformation
																00	“ ossification of.
																00	Hematuria.
																00	Hemiplegia.
																1	Hemoptisis.
		1														3	Hemorrhage.
															1	2	“ cerebral.
																00	“ intestinal
63	116	135	95	53	18	41	23	223	88	118	65	28	24	22	16	2323	

(Continued.)

ALPHABETICAL LIST OF DEATHS, ETC., : : : :

DISEASES.	SEPTEMBER.								OCTOBER.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
(Continued.)																
Brought up....	203	77	119	53	18	12	16	18	190	69	80	60	24	15	26	10
Hemorrhage, puerperal...																
Hepatitis.....							1		1		1		2			
"    chronic.....																
Hernia.....																
"    strangulated.....																
Hydrocephalus.....				2						1						
"    acute.....																
Hydro-pericarditis.....																
"    pneumothorax.....																
"    thorax.....	1															
Hysteria.....																
Icterus.....		1				1			2	1						
Ictus solis.....																
Ileus.....									1							
Indigestion.....																
Influenza.....																
Insane.....											1					
Intemperance.....	1										1					
Intestines, cancer of.....													1			
"    ulceration of.....											1					
Jaundice.....																
Kidneys, disease of.....			1													
Laryngitis.....	2			1												
Larynx, cancer of.....							1									
Leg, amputation of.....									1							
"    fracture of.....																
"    gangrene of.....									2							
Leprosy.....																
Lungs, abscess of.....																
"    apoplexy of.....																
"    congestion of.....	1								1	1						
"    disease of.....																
"    effusion upon.....																
"    gangrene of.....			1						1							
"    laceration of.....																
Marasmus.....	1	1		1						2	1	4				
Measles.....														1		
Medicine, improper use of.....																
Meningitis.....	1		1				1	1	1					1		
"    cerebro-spinal.....																
"    spinal.....																
"    tubercular.....																
Maringo-encephalitis.....																
Metritis.....									1		1					
Carried forward..	210	79	122	57	18	14	18	19	201	74	86	64	27	17	26	1



: : : IN NEW ORLEANS AND LAFAYETTE—continued.

NOVEMBER.								DECEMBER.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Children	F. Adult.	F. Children.		M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.		
3	116	135	95	53	18	41	23	223	88	118	65	28	24	22	16	2323	
																00	Hemorrhage, puerp.
																5	Hepatitis.
																00	“ chronic.
																00	Hernia.
																00	“ strangulated.
	1										1					5	Hydrocephalus.
																00	“ acute.
																00	Hydro-pericarditis.
								1								1	“ pneumothorax
																1	“ thorax.
																00	Hysteria.
																5	Icterus.
																00	Ictus solis.
																1	Ileus.
																00	Indigestion.
																00	Influenza.
																1	Insane.
2								3		1						8	Intemperance.
																1	Intestines, cancer of.
									1							2	“ ulceration
																00	Jaundice. [of.
				1												1	Kidneys, disease of.
																4	Laryngitis.
																1	Larynx, cancer of.
2								1								4	Leg, amputation of.
																00	“ fracture of.
																2	“ gangrene of.
																00	Leprosy.
				1												1	Lungs, abscess of.
								1						1		2	“ apoplexy of.
																3	“ congestion of.
																00	“ disease of.
														1		1	“ effusion upon
																-2	“ gangrene of.
																1	“ laceration of.
1																26	Marasmus.
1	1	1	4		2			1	2	2	1		1			4	Measles. [use of.
	1								1							00	Medicine, improper
1	1	1	3				1						1			14	Meningitis. [nal.
																00	“ cerebro-spi-
					1											1	“ spinal.
																1	“ tubercular.
																00	Maringo-encephalitis
										1						3	Metritis.
270	120	137	102	56	21	41	24	235	92	122	68	28	26	21	16	2424	

(Continued.)

## ALPHABETICAL LIST OF DEATHS, ETC., : : :

DISEASES.  (Continued.)	SEPTEMBER.								OCTOBER.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.
Brought up....	210	79	122	57	18	14	18	19	201	74	86	64	27	17	26	10
Metro-peritonitis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Myelitis .....	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Nephritis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Old age .....	2	-	2	-	1	-	1	-	3	-	-	-	-	-	-	-
Ostea-sarcoma .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paralysis .....	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-
Parotiditis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peraplegia .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pelvis, fracture of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pericarditis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peritonitis .....	-	-	3	1	-	-	-	-	-	-	1	-	-	-	-	-
Pertussis.....	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	1
Phrenitis .....	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Pleurisy .....	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Pleuro-pneumonia .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia .....	-	-	3	1	-	1	-	-	4	2	1	-	-	-	-	-
“ perip. ....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ typhoides.....	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Poisoned .....	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ by chloroform ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ by laudanum....	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
“ by morphine....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rectum, gangrene of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ obliteration of ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ ulceration of .....	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Rheumatism .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ chronic .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scald .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scrofula.....	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Skull, fracture of .....	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Small-pox .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spina bifida .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spine, disease of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ injury of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Splenitis.....	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spleen, rupture of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Still born .....	-	13	-	5	-	2	-	2	-	15	-	13	-	4	-	6
Stomach, cancer of .....	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
“ engorgement of .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
“ gangrene of.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Strangulation .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stricture.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sudden (?) .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suffocation .....	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Carried forward...	217	92	132	65	18	17	20	21	212	92	91	79	27	23	26	17

IN NEW ORLEANS AND LAFAYETTE—continued.

NOVEMBER.								DECEMBER.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
270	120	137	102	56	21	41	24	235	92	122	68	28	26	24	16	2424	
																00	Metro-peritonitis.
																1	Myelitis.
1																1	Nephritis.
3						4		3		4		2		7		32	Old age.
																00	Osteo-sarcoma.
								1						1		5	Paralysis.
																00	Parotiditis.
																00	Peraplegia.
																00	Pelvis, fracture of.
																00	Pericarditis.
1					1		1	1	1							8	Peritonitis.
																7	Pertussis.
						1										2	Phrenitis.
																3	Pleurisy.
1	1	1														3	Pleuro-pneumonia.
5		2	1	1				1	1	4	2					31	Pneumonia.
																00	" perip.
								1								3	" typhoides
																1	Poisoned.
																00	" by chloroform
																1	" by laudanum.
																00	" by morphine.
																00	Rectum, gangrene of.
																00	" obliteration of.
																00	" ulceration of.
	1													2		4	Rheumatism.
																00	" chronic.
								8					2			10	Scald.
	1		1										1			4	Scrofula.
																1	Skull, fracture of.
								1								2	Small-pox.
																00	Spina bifida.
																00	Spine, disease of.
																1	" injury of.
																1	Splenitis.
																00	Spleen, rupture of.
17			4		3		2		14		11		1		1	113	Still-born.
																1	Stomach, cancer of.
																00	" engorgement of
																00	" gangrene of.
								1								00	Strangulation.
																1	Stricture.
																00	Sudden (?).
																1	Suffocation.
292	140	110	108	58	25	45	27	253	109	130	82	32	28	34	17	2662	

(Continued.)



## ALPHABETICAL LIST OF DEATHS, ETC.,

DISEASES.	SEPTEMBER.								OCTOBER.							
	WHITE.				COLORED.				WHITE.				COLORED.			
	M. Adult.	M. Children	F. Adult.	F. Children	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.	M. Adult.	M. Children	F. Adult.	F. Children.
(Continued.)																
Brought up....	217	92	132	65	20	17	20	21	212	92	91	79	27	23	26	17
Suicide.....	2								1		1					
Sun stroke.....																
Syphilis.....																
“ secondary.....									1				1			
Tabes mesenterica.....	1	1										1				
Tetanus.....	4		1	1							1	1				
“ traumatic.....									1		1					
Thigh, fracture of.....																
Thrash.....		1														
Tongue, cancer of.....																
Tonsilitis.....																
Trismus, nascent.....		12		3		2		4		2		6				5
Typhus abdominalis.....																
“ icterodes.....																
Ulcer.....							1									
Uncertain.....	5	5	8	10		2	2	3	4	12	2	7	1	2	3	2
Uterus, cancer of.....																
“ diseases of.....							1									
Ventricles, effusion in.....		1														
Vermine affections.....																
Womb, polypos of.....																
Wound, penetrating.....																
“ gun-shot.....																
<b>TOTAL.....</b>	<b>229</b>	<b>112</b>	<b>141</b>	<b>79</b>	<b>20</b>	<b>21</b>	<b>24</b>	<b>28</b>	<b>219</b>	<b>106</b>	<b>96</b>	<b>94</b>	<b>29</b>	<b>25</b>	<b>29</b>	<b>24</b>
<b>CEMETERIES.</b>																
Catholic No. One.....	5	2	2	1	1		1	1	1	2	2	5	1	1	5	1
“ No. Two.....	5	7	8	3		5	9	8	10	6	4	7	5	6	6	7
Charity Hospital.....	56	1	38	1					99	1	21	1	2			
Cypress Grove.....	9	7	2	7					4	3	4	4				
Hebrew German.....		1		2						3	1					
“ Portuguese.....	5								1							
Lafayette.....	33	26	24	23	3	7	2	6	21	22	14	23	5	2	7	2
Odd Fellows' Rest.....	3	1	1	2					2		1					
Potters' Field.....	26	13	13	10	4	3	1	2	21	22	9	13	3	5	2	1
Protestant.....	7	8	7	1			2	1	3		3	6	2		2	
St. Patrick.....	47	21	33	17					24	15	16	16		2	4	1
St. Vincent de Paul.....	33	25	13	12	11	6	9	10	34	32	21	20	7	9	3	12
<b>TOTAL.....</b>	<b>229</b>	<b>112</b>	<b>141</b>	<b>79</b>	<b>19</b>	<b>21</b>	<b>24</b>	<b>28</b>	<b>220</b>	<b>106</b>	<b>96</b>	<b>95</b>	<b>25</b>	<b>25</b>	<b>29</b>	<b>24</b>

Total Number of Deaths for the Months of  
 Ditto ditto  
 Ditto ditto

IN NEW ORLEANS AND LAFAYETTE—continued.

NOVEMBER.								DECEMBER.								TOTALS.	DISEASES.
WHITE.				COLORED.				WHITE.				COLORED.					
M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.	M. Adult.	M. Children.	F. Adult.	F. Children.		
282	140	140	108	58	25	46	27	253	109	130	82	32	23	34	17	2662	
2																4	Suicide.
																2	Sun stroke.
																00	Syphilis.
																2	“ secondary.
	1		1								1					6	Tabes mesenterica.
3		2	3	1	1			1	1			1				21	Tetanus.
	1								1							4	“ traumatic.
2																2	Thigh, fracture of.
																1	Thrash.
													1			1	Tongue, cancer of.
																00	Tonsilitis.
	10		2		1				9		1		4		1	62	Trismus, nascent.
																00	Typhus abdominalis.
																00	“ icterodes.
																1	Ulcer.
8	11	2	6	1	2	2	3	6	12	13	5	2	5		1	147	Uncertain.
						1										1	Uterus, cancer of.
																1	“ diseases of.
																1	Ventricles, effusion in
	1										1					2	Vermi-nose affections.
																00	Womb, polypos of.
								3								3	Wound, penetrating.
				1				2								3	“ gun-shot.
297	164	144	120	61	29	49	30	255	132	143	90	36	37	34	19	2926	TOTAL.

CEMETERIES.																	
5	3	1	2	2	1	2	2	2	1	3	3			2		60	Catholic No. One.
7	11	11	9	7	7	16	9	6	4	8	3	3	11	11	6	225	“ No. Two.
111	1	35		1			11	4		43	2	1				531	Charity Hospital.
7	7	5	5	1				9	4	3	5					85	Cypress Grove.
3	5	3	6					2	1	3	1					31	Hebrew German.
	1	1	1					1	1							11	“ Portuguese.
29	46	27	21	16	7	9	3	29	41	19	16	3	6	3	3	489	Lafayette.
2								4			1					17	Odd Fellows' Rest.
38	22	12	26	17	4	8	5	26	21	13	15	16	7	6	3	381	Potters' Field.
12	11	7	7	2	4	3	3	10	6	69	4	2		1		123	Protestant.
45	18	23	15					29	18	18	15					377	St. Patrick.
42	38	19	30	15	16	11	8	42	35	21	25	11	13	11	7	601	St. Vincent de Paul.
301	163	144	122	61	29	49	28	255	132	143	90	36	37	22	29	2926	TOTAL.

- - - January to April - inclusive - - 2336.  
 - - - May " August do. - - 2557.  
 - - - September " December, do. - - 2926.  
**Total for the Year, 7819.**

NUMBER OF DEATHS, with their respective AGES, in the

AGES.	JANUARY.				FEBRUARY.				MARCH.			
	WHITE.		COLORED.		WHITE.		COLORED.		WHITE.		COLORED.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Children, uncertain . . . . .	11	10	6	5	12	2	6	1	18	8	5	2
1 Month . . . . .	24	11	6	3	28	14	4	4	16	12	9	3
1 Year . . . . .	7	17	7	8	11	2	3	11	19	14	7	4
5 " . . . . .	32	16	6	6	19	10	3	2	31	13	15	12
10 " . . . . .	5	7	1	3	3	3	2	1	10	9	3	6
15 " . . . . .	3	5	1	..	4	4	..	..	6	5	2	4
20 " . . . . .	20	6	4	4	1	4	1	2	13	8	4	6
30 " . . . . .	65	26	7	7	47	16	4	3	96	32	18	6
40 " . . . . .	55	18	6	2	40	18	3	1	71	45	11	9
50 " . . . . .	35	10	3	4	28	5	3	4	51	13	3	5
60 " . . . . .	16	3	2	..	12	5	2	4	28	12	4	5
70 " . . . . .	8	7	..	4	2	3	3	2	12	3	4	2
80 " . . . . .	2	1	..	..	2	2	2	2	1	5	3	2
90 " . . . . .	2	..	1	..	1	2	..	2	..	..	1	3
100 " . . . . .	..	..	..	..	..	..	2	..	..	..	1	1
110 " . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
Adults, uncertain . . . . .	24	13	19	8	22	9	11	6	53	34	22	17
TOTALS . . . . .	309	150	69	54	232	99	49	45	428	213	112	87

AGES.	APRIL.				MAY.				JUNE.			
	WHITE.		COLORED.		WHITE.		COLORED.		WHITE.		COLORED.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Children, uncertain . . . . .	6	6	2	3	21	11	9	2	10	14	5	8
1 Month . . . . .	25	7	5	7	..	..	..	..	..	..	..	..
1 Year . . . . .	20	18	4	9	44	40	19	8	37	38	11	8
5 " . . . . .	29	27	10	5	34	51	9	10	39	39	9	15
10 " . . . . .	10	2	1	..	7	10	2	2	7	2	3	1
15 " . . . . .	1	1	1	..	5	5	1	2	5	3	..	..
20 " . . . . .	5	7	..	2	6	11	3	2	5	3	..	..
30 " . . . . .	34	17	6	4	31	27	6	4	32	22	3	5
40 " . . . . .	46	19	5	5	46	13	3	6	35	22	1	1
50 " . . . . .	24	7	2	1	24	10	3	3	17	6	2	3
60 " . . . . .	10	4	3	4	9	4	4	5	6	4	1	1
70 " . . . . .	4	1	4	1	6	3	6	2	4	2	1	1
80 " . . . . .	3	2	..	3	2	2	..	1	3	1	..	3
90 " . . . . .	..	..	..	2	1	3	1	1	..	..	..	1
100 " . . . . .	..	..	..	2	..	1	..	1	..	1	..	..
110 " . . . . .	..	..	..	..	..	..	..	1	..	..	..	..
Adults, uncertain . . . . .	26	8	13	8	28	11	12	7	..	..	..	..
TOTALS . . . . .	243	126	56	56	264	202	78	57	215	170	43	51



ties of New-Orleans and Lafayette, for the Year 1850.

JULY.				AUGUST.				SEPTEMBER.				TOTAL.	AGES.
WHITE.		COLORED.		WHITE.		COLORED.		WHITE.		COLORED.			
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.		
11	3	8	4	3	8	5	2	4	6	4	2	Children, uncertain. 1 Month. 1 Year. 5 " 10 " 15 " 20 " 30 " 40 " 50 " 60 " 70 " 80 " 90 " 100 " 110 " Adults, uncertain.	
..	..	..	..	25	21	11	8	36	17	5	9		
69	31	14	13	36	34	6	5	26	22	6	6		
28	16	12	8	35	34	17	11	3	23	2	8		
4	9	..	2	8	5	1	2	8	5	3	1		
6	6	..	2	1	3	2	..	4	..	..	2		
8	8	2	2	15	12	1	2	12	14	..	..		
49	36	4	3	149	68	4	2	70	54	6	3		
59	21	4	4	118	42	8	5	62	35	4	6		
33	6	4	3	44	14	3	1	33	11	2	1		
4	1	2	1	19	6	..	4	14	6	1	2		
8	3	..	..	6	8	3	2	10	6	2	..		
..	2	..	1	3	9	..	1	2	6	..	3		
1	1	..	1	1	1	..	1	..	..	3	1		
..	..	..	1	..	..	..	..	..	..	..	..		
..	..	..	..	..	..	..	..	..	..	..	..		
24	7	7	6	41	24	12	5	27	10	2	5		
304	151	57	72	503	289	73	51	341	220	40	52		4000

OCTOBER.				NOVEMBER.				DECEMBER.				TOTAL.	AGES.
WHITE.		COLORED.		WHITE.		COLORED.		WHITE.		COLORED.			
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.		
8	9	3	6	11	14	1	6	7	1	6	5	Children, uncertain. 1 Month. 1 Year. 5 " 10 " 15 " 20 " 30 " 40 " 50 " 60 " 70 " 80 " 90 " 100 " 110 " Adults, uncertain.	
35	36	6	10	46	15	5	3	32	20	10	2		
21	22	5	1	23	20	6	6	19	18	17	1		
29	20	6	4	62	46	8	7	40	40	8	10		
9	6	2	2	18	23	5	5	20	7	3	1		
5	2	1	..	6	2	4	4	6	9	3	..		
13	13	3	4	18	9	1	1	12	9	..	3		
53	30	9	8	80	51	9	8	78	40	7	3		
67	18	2	3	79	31	15	5	78	36	5	4		
32	13	2	2	46	17	6	8	38	21	1	5		
16	9	1	2	25	8	6	7	25	9	2	3		
9	3	1	..	12	7	1	5	9	8	2	1		
4	1	..	2	4	3	1	5	6	..	2	3		
2	1	..	1	..	1	..	2	1	2	1	2		
..	1	..	1	..	..	..	2	1	..	1	3		
..	..	..	..	..	..	..	..	..	..	..	..		
..	..	..	..	..	..	..	..	..	..	..	..		
23	7	12	4	34	19	22	5	25	13	15	7		
326	191	53	50	161	266	90	79	397	233	73	53		3819



the NEW-ORLEANS CHARITY HOSPITAL, for the Year 1850.  
 (the Annual Report of the Board of Health.)

COUNTRIES.	FEVERS.								TOTALS.		
	Cholera Asiatic.										
	TYPHUS.	CONGESTIVE.	CONTINUED.	YELLOW.	PEFPERAL.	REMITTENT.	INTERMITTENT.	INTERMITTENT (Periodes).		BILIUS.	
Ireland.....	2	5	1	2	..	1	2	..	7	..	29
France.....	1	..	..	..	..	..	..	..	1	..	2
Germany.....	1	1	..	..	..	..	..	..	..	..	2
Scotland.....	..	1	..	..	..	..	..	..	..	..	1
Russia.....	..	..	..	..	..	1	..	..	1	..	2
New York.....	..	..	..	..	..	..	..	..	1	..	1
Prussia.....	..	..	..	..	1	..	..	..	..	..	1
England.....	..	2	..	..	..	..	..	..	..	..	2
TOTALS....	4	9	1	2	2	3	..	..	10	..	31
Ireland.....	3	6	5	..	1	2	6	..	9	..	32
France.....	..	2	..	..	..	..	..	..	1	..	3
England.....	..	1	1	..	..	..	..	..	..	..	2
Germany.....	1	..	6	..	..	1	..	..	..	..	8
Prussia.....	..	..	..	..	..	1	..	..	..	..	1
Denmark.....	..	..	..	..	..	..	..	..	1	..	1
TOTALS....	4	9	12	..	1	2	8	..	11	..	47
Ireland.....	10	6	4	..	..	1	2	..	3	1	27
Sicily.....	..	1	..	..	..	..	..	..	..	..	1
Prussia.....	1	2	..	..	..	..	..	..	..	..	3
Germany.....	2	2	..	..	..	1	..	..	..	..	5
Sweden.....	1	..	..	..	..	..	..	..	..	..	1
Switzerland..	1	1	..	..	..	..	..	..	..	..	2
France.....	1	1	..	..	..	..	..	..	..	..	2
Rhode Island..	1	..	..	..	..	..	..	..	..	..	1
England.....	1	1	..	..	..	1	..	..	..	..	3
North Carolina,	..	..	..	..	..	1	..	..	..	..	1
Austria.....	..	1	..	..	..	..	..	..	..	..	1
TOTALS....	18	14	5	..	..	1	5	..	3	1	47
Ireland.....	12	2	..	..	..	3	2	..	..	..	19
Germany.....	3	3	2	..	..	1	..	..	..	..	9
France.....	1	3	..	..	..	..	..	..	..	..	4
Georgia.....	..	..	..	..	..	1	..	..	..	..	1
Scotland.....	4	..	..	..	..	..	..	..	..	..	4
Maine.....	..	..	..	..	..	1	..	..	..	..	1
Russia.....	2	1	1	..	..	..	..	..	..	..	4
North Carolina,	1	..	..	..	..	..	..	..	..	..	1
Switzerland..	..	1	..	..	..	1	1	..	..	..	3
Pennsylvania..	1	..	..	..	..	..	..	..	..	..	1
England.....	2	..	..	..	..	..	..	..	..	..	2
Portugal.....	1	..	..	..	..	..	..	..	..	..	1
Louisiana.....	1	..	..	..	..	..	..	..	..	..	1
Carried up..	28	8	5	..	..	7	3	..	..	..	51

OCTOBER.

NOVEMBER.

DECEMBER.

COUNTRIES.	FEVERS.								TOTALS.		
	Cholera Asiatic.										
	TYPHUS.	CONGESTIVE.	CONTINUED.	YELLOW.	PEFPERAL.	REMITTENT.	INTERMITTENT.	INTERMITTENT (Periodes).		BILIUS.	
Brought up..	28	8	5	..	..	7	3	..	..	..	51
Ohio.....	1	..	..	..	..	..	..	..	..	..	1
Holland.....	..	..	..	..	..	..	1	..	..	..	1
Unknown....	3	..	..	..	..	..	1	..	..	..	4
TOTALS....	32	8	5	..	..	8	4	..	..	..	57
Ireland.....	30	9	..	..	..	2	1	..	..	..	42
Germany.....	13	1	..	..	..	..	..	..	..	..	14
Georgia.....	1	..	..	..	..	..	..	..	..	..	1
Scotland.....	2	..	..	..	..	..	..	..	..	..	2
Switzerland..	2	..	..	..	..	..	..	..	..	..	2
Maine.....	1	..	..	..	..	..	..	..	..	..	1
Massachusetts	2	..	..	..	..	1	..	..	..	..	3
Connecticut..	1	..	..	..	..	..	..	..	..	..	1
Prussia.....	1	1	..	..	..	..	..	..	..	..	2
Florida.....	1	..	..	..	..	..	..	..	..	..	1
England.....	7	1	1	..	..	..	..	..	..	..	9
France.....	4	1	..	..	..	..	..	..	..	..	5
Pennsylvania..	3	..	..	..	..	..	..	..	..	..	3
Tennessee...	1	..	..	..	..	..	..	..	..	..	1
Sweden.....	1	..	..	..	..	1	..	..	..	..	2
Mississippi...	1	..	..	..	..	..	..	..	..	..	1
Newfoundland,	1	..	..	..	..	..	..	..	..	..	1
Kentucky....	1	..	..	..	..	..	..	..	..	..	1
Norway.....	1	..	..	..	..	..	..	..	..	..	1
Denmark.....	1	..	..	..	..	..	..	..	..	..	1
Unknown....	4	..	..	..	..	..	..	..	..	..	4
TOTALS....	79	12	2	..	..	4	1	..	..	..	98
Ireland.....	67	12	..	..	..	3	2	..	..	..	84
Germany.....	8	2	..	..	..	1	..	..	1	..	12
France.....	4	..	..	..	..	..	..	..	..	..	4
Prussia.....	2	..	..	..	..	..	..	..	..	..	2
Maine.....	2	..	..	..	..	..	..	..	..	..	2
Ohio.....	1	..	..	..	..	..	..	..	..	..	1
New York....	1	..	..	..	..	..	..	..	..	..	1
Sardinia.....	1	..	..	..	..	..	..	..	..	..	1
England.....	2	..	..	..	..	..	..	..	..	..	2
Georgia.....	1	..	..	..	..	..	..	..	..	..	1
Massachusetts	1	1	..	..	..	1	..	..	..	..	3
Virginia.....	1	..	..	..	..	..	..	..	..	..	1
Norway.....	1	..	..	..	..	..	..	..	..	..	1
Kentucky....	1	..	..	..	..	1	..	..	..	..	2
Scotland.....	1	..	..	..	..	..	..	..	..	..	1
Denmark.....	1	..	..	..	..	..	..	..	..	..	1
TOTALS....	95	15	..	..	..	4	4	..	1	..	119



## MONTHLY STATEMENT OF DEATHS in the U.S. MARINE HOSPITAL, At the City of NEW-ORLEANS, for the Year 1850.

(P. B. McKELVY, Surgeon.)

DISEASES.	JANUARY.	FEBRUARY.	MARCH.	APRIL.	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.	OCTOBER.	NOVEMBER.	DECEMBER.
<b>Died of</b>												
Abscess, liver . . . . .			1								1	
Apoplexy . . . . .							1					
Apoplexy, pulmo- nary. . . . .									1			
Brain, softening of . . . . .						1						
" congestion of . . . . .								1				
Consumption . . . . .	4	2	1	1	2	1	1	2	3		2	2
Cholera, asphyxia . . . . .				1							1	1
Cholera, morbus . . . . .		1										
Contusion, lumba- vertebra. . . . .			1									
Contusion . . . . .										1		
Dropsy . . . . .	1	1				1				1		
Dysentery, acute . . . . .	1											
" chronic. . . . .		1										
Diarrhœa, chronic. . . . .							1			2	2	
Carried up. . . . .	6	6	2	2	2	3	3	2	3	5	7	3

DISEASES.	JANUARY.	FEBRUARY.	MARCH.	APRIL.	MAY.	JUNE.	JULY.	AUGUST.	SEPTEMBER.	OCTOBER.	NOVEMBER.	DECEMBER.
<b>Died of</b>												
(Brought up) . . . . .	6	6	2	2	2	3	3	2	3	5	7	3
Erysipelas . . . . .								1				
Fever, typhoid } Chagres } . . . . .	3					1				1		1
" bilious rem. . . . .	2											
" malignant } intermittent } . . . . .											2	
Hemorrhage, pul- monary. . . . .	1						1					
Heart, disease of . . . . .								1				
Œdema, glottis. . . . .		1										
Peritonitis . . . . .								1				
Pneumonia. . . . .		1										
Ulcerated larynx . . . . .				1								
Variola confluent . . . . .	1					1						
Hydarthus . . . . .												
TOTALS. . . . .	9	10	4	3	2	5	5	3	3	8	7	5

We commend to the careful consideration of such of our readers as are interested in the obituary reports of this city and Lafayette, and the character of the diseases which have appeared or prevailed during the year 1850, the foregoing tables. We believe that they embrace all the information that can be obtained on the subject. We have, on previous occasions, observed, that when many varieties of fever, such as Intermittent, Remittent, Bilious, Typhoid, Scarlet, etc., abound in the Charity Hospital, there is no such thing as an epidemic in the city. Every year's experience confirms this opinion, and we believe that it may now be deemed an aphorism. We have spoken of the Dengue as having been probably epidemic; but it is a disease of so mild a type, as not to influence the more formidable and malignant fevers, such as Cholera, Yellow Fever, and the obscure and dangerous varieties of Intermittents. We would cheerfully condense, and make a synopsis of the tables, did time and space permit; but, as both fail, we must here conclude our assigned duty, leaving it fearlessly to the public, to pass its own opinion on our labors.

P.S.—Since the reading and approval of the Report of the Committee, at a full meeting of the Board of Health, it has been suggested to us to recommend the permanent appointment of a physician and an apothecary, for each municipality. That the former shall attend to all poor and destitute persons who may be diseased, and who are unable to pay a physician, and that the latter furnish the remedies prescribed. Several of our young and promising physicians would gladly undertake this duty for a moderate compensation. It would alleviate a vast deal of suffering, and save many a life. It would also tend to relieve the Charity Hospital from the severe pressure to which, at times, it is subjected. These two considerations are sufficient to recommend the suggestion to the Municipal Councils of the city.

WM. P. HORT, }  
E. H. BARTON, } *Committee.*  
J. J. KER, }

A. HESTER, *Secretary.*

# Part Second.

## EXCERPTA.

### I.—POST-MORTEM APPEARANCES IN NINETY-SEVEN CASES OF YELLOW FEVER IN BRITISH GUIANA.

By DANIEL BLAIR, *Surgeon-General of British Guiana.*

(*Medico-Chirurgical Review*, 1850.)

The *post-mortem* appearances were noted by Dr. Blair in 97 cases. The condition of most parts of the body appears to have been carefully observed, and the number of times each condition occurred is noted numerically. This renders the chapter on the *post-mortem* appearances very valuable; and its value would have been still more increased, had the co-existing conditions of each state been more fully brought out. In the case of each organ also, it is not stated how many organs were examined, so that it is impossible to know how often the same organ appears in the table. The following table of the condition of the liver will exhibit both our author's method, and the defects to which we allude.

	CASES.
'Liver—recorded as natural . . . . .	3
“ recent adhesions of peritoneum and diaphragm . . . . .	1
“ “ diaphragm . . . . .	1
“ enlargement of . . . . .	20
“ “ right lobe of . . . . .	4
“ unusually small . . . . .	4
“ remarkably elastic . . . . .	4
“ flabby and elastic . . . . .	1
“ friable . . . . .	17
“ much softened . . . . .	2
“ hard and grating . . . . .	1
“ dense . . . . .	2
“ cirrhosis . . . . .	1
“ external surface of deep yellow . . . . .	10
“ “ pale yellow . . . . .	9
“ uniform yellow color of investing membrane and parenchyma . . . . .	1
“ external surface mottled, yellow and red, and yellow and slate color . . . . .	1
“ pale green . . . . .	1
“ greenish brown . . . . .	2
“ very red . . . . .	1
“ “Bath-brick” color . . . . .	1
“ pale slate color . . . . .	1
“ ochreous brown . . . . .	2
“ reddish yellow, externally and internally . . . . .	1
“ mottled externally; “Bath-brick” internally . . . . .	1

	CASES.
'Liver—"Bath-brick" externally; speckled internally	2
" mottled, pinkish-red externally; clayey-yellow internally,	1
" mottled, of different shades of yellow, externally; dark yellow, internally	1
" light brown externally; anæmiated internally	2
" speckled, red on yellow ground, externally and internally,	1
" red dots, surrounded by yellow rings; internally	16
" inflamed	1
" portal system gorged	13
" " empty	2
" parenchymatous congestion	17
" anæmiated	2
" gorged with bile drops	1
" black blood	4
" thin serous blood	4 <sup>1</sup> (p.96)

The defects of this method appear at once.

How many livers were here examined? This does not appear from the table. What was the predominant shade of color in the enlarged livers? The question cannot be answered. Was the 'enlargement' attended with 'friability,' or the reverse? An answer could only be guessed at by observing, that 20 livers are said to be enlarged and 17 friable, and that there are no higher numbers quoted; so that it would appear possible, that the total number of livers examined was not above 20, and that, therefore, the enlarged livers were friable. But here we beg the attention of our readers to the difficulties thrown in our way by loose and inaccurate methods of arranging materials which may themselves be well recorded. Dr. Blair's tables of *post-mortem* appearances are valuable, no doubt; a better method would have made them infinitely more so.

To turn from this point, the characters of the liver appear to have been mainly those of enlargement, friability, and yellow color; herein agreeing very closely with the anatomical signs noted by Louis in the epidemic at Gibraltar in 1828.\*

The spleen was perfectly healthy in 6 cases, friable and soft in 12; congested in 11, and enlarged in 14. Did the enlargement and softening go together here? We presume they did; and if so, the characters of the spleen would be enlargement and softening. It is much to be regretted that the weights are not given. Dr. Davy says, that in the late destructive epidemic in Barbadoes, the spleen 'exhibited no uniform, or indeed but rarely any, well-marked morbid appearance.' (p. 98.) This would seem very much opposed to the observations of Dr. Blair.

The kidneys are said to have been 'inflamed' in 10 cases,\* and to have had the 'cortical substance hypertrophied' in 23 cases.

The lungs and heart presented nothing particular. The lungs are said to have been 'gorged' in 20 cases, and the heart was soft and flabby in 8. The

\* Dr. Davy adds in a note: 'In the majority of cases, the liver has been found, after death from yellow fever in Gibraltar, of a yellowish hue, somewhat between straw color and that of unbleached wax, and usually friable. The same has frequently been observed before. My friend, Mr. Gulliver, conjectures the cause of the pale hue to be "merely a bloodless state of the organ," a draining of the red corpuscles in the black vomit from the portal system.' (p. 97.) How manifestly inadequate this explanation is, we need hardly remark. We are all familiar enough with anæmiated livers; and nothing can be more different than the hue in these cases, and the altogether special and peculiar tint of the liver in yellow fever.



blood was 'almost invariably abnormally thin and black.' (p.100.) It is noted as yellow in the heart in 3 cases.

In the head there was congestion of the pia mater; yellow tinging of the membranes; in 10 cases the sinuses and vessels were 'enormously congested;' in 14 there was 'general vascularity and congestion;' in 3 there was 'extravasation on brain.'

The condition of the alimentary canal was minutely noted; though, as usual, we are left entirely in the dark as to the number of cases examined. We extract the tables referring to the ileum and large intestines, as bearing on a point we shall have to consider in a future article.

	CASES.
<i>Ileum</i> —Contracted - - - - -	1
“ Containing much black vomit - - - - -	13
“ Hyperæmiated - - - - -	19
“ Ecchymosis of - - - - -	1
“ Mucous membrane eroded - - - - -	1
“ Extensive submucous arborizations - - - - -	7
“ Empty - - - - -	1
“ Perfectly healthy - - - - -	1
<i>Cæcum</i> —Contracted as in above case - - - - -	1
“ Containing dark molasses-like blood - - - - -	3
“ Blood and fæces - - - - -	1
“ Black vomit matter - - - - -	5
“ Much hyperæmiated - - - - -	8
<i>Colon</i> —Much contracted - - - - -	11
“ Inflated - - - - -	4
“ Containing much black-vomit matter - - - - -	5
“ Hyperæmiated - - - - -	3
“ “ and ecchymosed - - - - -	2
Green colored, internally - - - - -	1
Superficial ulcers on - - - - -	2
Colon and rectum healthy - - - - -	1

The stomach contained black vomit in 79 cases; blood in 1; other fluids in 11; and it was empty in 2. It was 'generally hyperæmiated' in 71 cases; ecchymosed in 15; with 'remarkable submucous vascular arborizations' in 8. It was mammillated in 53 cases, and showed superficial ulcerations and erosions in 15. In 11 cases the author calls it '*inflamed*,' but puts a note of interrogation after the word '*inflamed*.' The mucous membrane of the œsophagus was 'eroded' in 54 cases; in 11 it was ulcerated; hyperæmiated in 41; 'inflamed' (?) in 8.

The agminated and solitary glands are described in the same way; but they are placed apart from either the small or the large intestines, so that it is uncertain whether the solitary glands of the large intestines are or are not included in the account. It does not very clearly appear either to which set of glands, solitary or agminated, the description refers.

	CASES.
<i>Aggregate and Solitary Glands</i> —Well developed - - - - -	35
“ “ Hyperæmiated - - - - -	8
“ “ Surrounded by blue ecchymosis, - - - - -	1
“ “ Red areolæ - - - - -	1
“ “ With black 'navels' - - - - -	3' (p.94)

\* The author adds in a note: 'The pyuritis was generally slight, but occasionally extended to the ureters.' What a pity no details are given; the observation, as it stands, is worthless.

It would thus clearly appear that there is not deposit and consecutive ulceration in Peyer's patches, as in typhoid fever. The mesenteric glands are noticed as 'enlarged and congested' in only 1 case. The author afterwards describes the condition of the intestines as follows :

'The villi were the chief seats of engorgement, sometimes to perfect blackness. The hyperæmia had sometimes a stellated appearance, sometimes dotted or blurred or striated, sometimes arborescent, and generally of a rusty red color; frequently inflammation, congestion, and ecchymosis were so blended as to defy discrimination. The hyperæmiated or eroded surfaces were generally clothed with viscid mucous; sometimes the stomach was of an uniform deep claret-red color, as if by the imbibition of imperfectly-formed black vomit, and giving its peritoneal coat a rosy hue; sometimes the general red discoloration of an apparently inflamed piece of stomach or intestine could be scraped off without injuring the mucous tissue. On such a piece being slightly washed of its mucosities, and held up to the light, the appearance resolved itself to the mere film of blood, adherent, apparently, by the undeveloped epithelial matter. The ecchymosis was occasionally in the mucous frequently in the submucous, and only once in the subperitoneal tissue. The unusual conditions of the solitary and aggregate glands seemed due entirely to surrounding and interstitial congestion and ecchymosis. At the ilio-cæcal valve, the hyperæmia was thickly punctuated, like a closely shaven black beard.' (p. 101.)

The yellowness observed during life lasted after death. In thirteen cases the peritoneum was yellow; in other cases it was white or injected.

No remark is made respecting rigor mortis, except that 'in three cases there was remarkable cadaveric rigidity.'

The *treatment* of this epidemic need not detain us, as there is nothing new stated, and nothing efficacious pointed out, except that it is said, if 20 grains of calomel, and 24 of quinine, were given within a few hours after the development of the first stage of the disease, and were followed in six hours by a dose of  $\frac{3}{4}$  iij of castor oil, in nine cases out of ten, the disease was arrested. For ourselves we can only say, that we question the diagnosis of such cases; and we are sorry to find Dr. Blair countenancing that abominable system of large doses of calomel, which was first recommended on the strength of a crazy hypothesis, and has since been persevered in by some with a tenacity that one can heartily wish had been applied to a better cause. After the first large dose of calomel and quinine similar large doses were given, so that 'calomel and quinine might be introduced *cito, tuto et jucunde*' (!)\*

Such were the main symptoms and post-mortem appearances of the fever described by Dr. Blair.† We shall take another opportunity of comparing it with the yellow fever of other regions; and shall, at the present time, pass on to the consideration of its causes, and its apparent mode of spread and development.

\* Dr. Davy says, in a note: 'The above treatment, by calomel and quinine, was tried in the last endemic fever of Barbadoes, and extensively; but, I regret to say, not with like success.' It has been tried five hundred times, and it is really too bad to make us go through the same dreary catalogue of calomel, calomel forever.

† We must not omit to mention, that Dr. Blair mentions (p. 63) the fact of some puppies being affected with fever, loathing of food, yellow eyes, groin swelling, and irritability of stomach. They all died; and, after death, one observer found black vomit in the stomach. Dr. Blair opened one, but found no black vomit. Feathered stock also were reported to him as having died very speedily, the chief symptoms being, drooping of the wings and exudation of black fluid from the beaks. This reminds us of an observation of an old writer on Indian diseases, Girdlestone, of fowls being affected with cholera, when cooped near the ground.

II.—ON THE DIAGNOSIS OF GASTRALGIA AND GASTRITIS.

(*Medico-Chirurgical Review*, 1850.)

The diagnosis of gastralgia often presents very serious difficulties; we may mistake the more acute forms of the disease for the slight gastric disturbance which, although very common, has hardly a specific name in our nosological tables (*l'embarras gastrique* of the French writers), or for acute gastritis; while the ordinary, more chronic forms may be mistaken for chronic gastritis, simple ulcer of the stomach,\* cancer of the stomach, or for epigastric pains dependent on intercostal neuralgia.

The following table, extracted from Valleix, points out the most important distinctive signs between these several affections and gastralgia:—

<p>I. GASTRALGIA—ACUTE FORM.</p> <p><i>Acute pain</i> in the region of the stomach.</p> <p><i>Appetite preserved.</i></p> <p><i>No headache</i>, unless as a complication.</p> <p><i>Nausea only after meals, or in the morning.</i></p>	<p>GASTRIC DISTURBANCE.</p> <p><i>Discomfort</i>, rather than pain, in the epigastric region.</p> <p><i>Appetite lost</i>, or even a distaste for food.</p> <p>Frequently supra-orbital <i>headache</i>.</p> <p>Frequently distressing <i>nausea at different periods of the day.</i></p>
<p>II. GASTRALGIA—ACUTE FORM.</p> <p><i>Appetite more or less preserved.</i></p> <p><i>Little or no pain</i> on pressure.</p> <p><i>Vomiting rare</i>, and composed of <i>mucus or of food.</i></p> <p><i>No fever.</i></p>	<p>ACUTE GASTRITIS.</p> <p><i>Appetite lost.</i></p> <p><i>Pain on pressure</i>, frequently <i>acute.</i></p> <p><i>Frequently repeated bilious vomiting.</i></p> <p>More or less decided <i>febrile disturbance.</i></p>
<p>III. ORDINARY GASTRALGIA.</p> <p><i>Not usually complicating</i> other affections.</p> <p><i>Comparatively rare vomiting of food or mucus.</i></p> <p><i>Spontaneous pains, often very acute.</i></p> <p><i>Usually no pain</i> on pressure.</p> <p><i>Progress of disease very irregular.</i></p> <p><i>Absence of fever</i>, unless as a complication.</p>	<p>CHRONIC GASTRITIS.</p> <p><i>Usually complicating</i> another affection.</p> <p><i>Frequent vomiting of bilious and alimentary matter.</i></p> <p><i>Spontaneous pains, generally less acute.</i></p> <p><i>Always more or less acute pain</i> on pressure.</p> <p><i>Progress less irregular.</i></p> <p><i>Fever generally present.</i></p>
<p>IV. ORDINARY GASTRALGIA.</p> <p><i>Appetite more or less preserved.</i></p> <p><i>Vomiting a considerable period</i> after food has been taken.</p> <p><i>Never vomiting of black matter</i> or of pure blood.</p> <p><i>Slow progress</i> of the disease.</p>	<p>SIMPLE ULCER OF THE STOMACH.</p> <p><i>Loss of appetite.</i></p> <p><i>Frequently vomiting immediately</i> after food has been taken.</p> <p><i>Sometimes vomiting of black matter</i> or pure blood.</p> <p><i>More rapid progress</i> of the disease.</p>
<p>V. ORDINARY GASTRALGIA.</p> <p><i>Often vomiting of glairy matter</i> or of food, <i>comparatively soon after it has been taken.</i></p> <p><i>Destroys less rapidly.</i></p> <p><i>No signs</i> of the cancerous cachexia.</p>	<p>CANCER OF THE STOMACH.</p> <p><i>Vomiting of food at a longer period</i> after it has been taken.</p> <p><i>Destroys rapidly.</i></p> <p><i>Signs</i> of the cancerous cachexia.</p>

\* By 'simple ulcer of the stomach,' we mean the 'chronic ulcer' of Cruveilhier, and the 'perforating ulcer' of Rokitansky.—REV.



Hypochondriasis *frequent*.

Progress of the disease *very irregular*.

Hypochondriasis *less frequent*.

The disease progresses *regularly*, increasing in intensity.

VI. ORDINARY GASTRALGIA.

*Usually no pain on pressure.*

No shooting pains towards the dorsal region.

*No other painful spots* in the course of the nerves.

*Well-marked disturbance* of the functions of the stomach.

EPIGASTRIC PAINS, DEPENDENT ON INTERCOSTAL NEURALGIA.

Epigastric region *painful on pressure*. Shooting pains along the course of the nerve.

*Other painful spots*, similar to the epigastric painful spot.

*No disturbance* of the functions of the stomach.

It is not very rare to find these neuralgic pains complicating ordinary gastralgia.

We cannot convey to the minds of our readers so clear an idea of the extreme difficulty that sometimes presents itself in the diagnosis of this disease, as they will obtain by referring to Andral's 'Clinique Médicale,' liv. i., sect. ii., chap. 4, obs. 5. It is the case of a woman, aged 38 years, in whom chronic gastritis was diagnosed with apparent certainty, and cancerous infiltration of the sub-mucous tissue suspected. In describing the examination of the stomach after death, Andral candidly observes:—

'Quel fut notre étonnement de le rencontrer dans l'état le plus sain! La membrane était blanche dans toute son étendue; nulle part elle n'était modifiée ni dans son épaisseur, ni dans sa consistance.'

Valleix devotes no less than twenty-five pages to the treatment of gastralgia; while Wunderlich condenses his corresponding section into two-thirds of a page. The former commences by proving, from statistical evidence, that blood-letting in every form, emollients, and very low diet, should be entirely rejected in this disease; and that emetics and strong purgatives should be also discarded. In these points, we fully agree with him. Antispasmodics are then noticed. Amongst these, he assigns the first place to the sub-nitrate of bismuth, which may be advantageously united with henbane, extract of lettuce, magnesia, or ipecacuanha, according to circumstances. Wunderlich states that he has cured nearly all his cases (amounting to about 500) with bismuth, in one or two-grain doses. A combination of bismuth, asafetida, and valerian, has been highly recommended by Albers, and other German physicians. Zinc (especially the cyanide) and nitrate of silver, in doses varying from 1-20th to 1-12th of a grain, are the remedies which Wunderlich places next in order of value to sub-nitrate of bismuth. Narcotics—especially opium, belladonna, and lactucarium—have been highly extolled; and even if they do not effect a cure, their administration, in severe cases, is so essential to the temporary comfort of the patient, that it cannot be dispensed with. The best method of applying narcotics is externally,—on the epigastric region, by the endermic method. A small blister must be raised,\* and dressed daily with a small quantity of muriate or acetate of morphia, (from half a grain to two-thirds), combined with a little savine, or other irritant ointment. Excitant medicines have long held a high

\* The quickest method of raising a blister is by the application, prolonged for a few seconds, of the hot iron hammer, recommended by Dr. Day in the treatment of neuralgic affections.

rank in the treatment of gastralgia. They form the basis of all the stomachic or cardiac mixtures, of visceral elixirs, etc., which have ever found favor with the multitude in these cases. We may especially mention chamomile, mint, orange-peel, cloves, wormwood, canella, mace, allspice, saffron, and even alcohol, as common ingredients of these mixtures. Indeed, alcohol is almost always the menstruum adopted to extract the excitant properties of the drugs in this class of medicines:

Various compound powders of a similar nature have been prescribed, the most important ingredients being canella, nutmeg, cubeb, and coriander, often combined with rhubarb. Valleix speaks strongly in favor of this class of remedies, and regrets the timidity with which many physicians employ them. Tonics, either alone or combined with excitants, are often of great efficacy, especially the preparations of cinchona and iron. The following was a favorite prescription of Schmidtman\* in these cases:—

Of Inspissated Ovgall,	}	each ʒ ijss.
“ Extract of Gentian,		
“ Rhubarb,		
“ Carbonate of Iron, ʒ j.		

To be divided into 2-grain pills, six or nine of which may be taken during the day, especially before meals.

Alkaline medicines have been especially prescribed in those forms of gastralgia which are accompanied with acid erucations and pyrosis. They are, however, only of service in counteracting one of the symptoms—the abnormal acidity of the *primæ viæ*. Carbonate of ammonia, carbonate of potash, magnesia, etc., are far less efficacious than the mineral waters of Vichy, Neris, Pougues, etc.

Amongst other remedies which have found strong advocates in gastralgia, we may mention cod-liver oil (Münzthaler), tincture of guaicum (Elison), phosphoric ether (Löbstein), nud vomica (Schmidtman), electricity (Gourdon, Sarlandière), and hydrophathy. The last-named remedy has been recommended by several eminent French physicians; amongst others, by Recamier and by Valleix, who observes that it is an undeniable fact that patients suffering from obstinate gastralgia have been more or less rapidly cured by the hydrophathic treatment. ‘We must, however, (he adds), not overlook the circumstance, that their diet and general mode of life are completely changed, and that their food is substantial, though extremely simple, and that these conditions may have a considerable share in promoting the cure.’ Valleix adds that he has frequently checked the acid erucations by prescribing a glass or two of cold water in the morning and evening, and after meals.

In cases of this nature, more usually depends on the management of the diet, exercise, mode of life, etc., of the patient, than on the mere drugs prescribed. The physician who conceives that his duties commence and terminate with the writing of his prescription, has a very erroneous view of the duties of his calling. Narcotics may temporarily relieve pain, and tonics may tend to restore the tone of the stomach; but unless the physician can succeed in obtaining the full confidence of his patient, and in persuading him of the certainty of a speedy cure, the entire armory of the Pharmacopœia will be of comparatively little service.

\* Summa Observ. Med. ex praxi clinica xxx. ann. deprompt. 1826.

## III.—ON A PECULIAR FORM OF GONORRHŒA.

By W. COLLES, F.R.C.S.I., *Surgeon to Steevens' Hospital, etc.*

(Dublin Quarterly Journal.)

THERE are few diseases occurring so frequently in medical practice, the treatment of which has undergone so little modification, while the result of that treatment has been so uncertain and variable, as gonorrhœa. Thus we meet with two patients whose symptoms are apparently similar; we subject both to the same routine of practice, and the result will be, that one will be cured in the space of two or three weeks, while the other will continue to labor under the disease for months, if not for years.

It has been the habit of the surgeon to consider the disease to be the same in both cases, and to attribute the different results of his treatment to some peculiarity of constitution, which either will not tolerate the remedies proposed, or resist their effects. I think, however, that if we examine the subject more closely, we shall find that there may be various affections or morbid dispositions in the several organs concerned in the disease or in the neighboring parts, which, added to the original inflammation of the urethra, will contribute to keep up the discharge, and which must be removed before the patient can be perfectly cured. I had proposed alluding to such of these affections as I have found most frequently complicating the disease, and to the treatment required for each, before the gonorrhœa can be cured; but from the limited space that can be allotted to this communication in the present number of the Journal, I find that I must postpone doing so until a future opportunity. I shall, therefore, confine myself now to the consideration of one which I have frequently found co-existing with and conducing to the severity of the original disease, rendering it much more intractable in its nature and progress, requiring a modification in its treatment, and one which has not yet attracted the attention from surgeons that its importance and frequency would seem to merit.

Gonorrhœa was considered by Mr. Hunter to be a peculiar inflammation of the lining membrane of the urethra, which never extended beyond the first two inches of the canal, and this he named its specific distance: he seems to have come to this conclusion from observing that the patient always referred the pain to this one part. Subsequently to him, surgeons seem to have adopted this opinion without much consideration, for it will be found, on inquiry, that there is scarcely a disease of the urinary organs, however remote, in which the patient will not fix on this spot as the seat of pain: I need only refer to calculus of the bladder as a striking example.

Contrary to this received opinion, I have no doubt that this peculiar inflammation, with secretion of pus from the lining membrane of the urethra, may commence at the orifice, spread along the entire of the canal, and very often attack the lining membrane of the bladder itself, and at times extend, I suspect, even to the ureters and kidneys; while thus progressing, a very slight cause might direct it towards the testicles, constituting the disease termed *hernia humoralis*. That such is the fact as regards the bladder, is evidenced both from the general symptoms, and from the appearance of pus in the urine. The symptoms are, I believe, never so severe as in that form of disease called *catarrh* of the bladder, when a thick ropy mucus is secreted



in great quantity; they are at times so slight as scarcely to attract the patient's attention, who will merely consider that with him the symptoms are more severe than usual. I have seen this attack of the bladder ushered in with a severe rigor; and on close inquiry we may find that the patient labors under a slight degree of feverishness or uneasiness, coming on or increasing towards evening; and that he will complain of a dull, heavy pain across the pubis, extending round to the sacrum and anus, and at times even to the region of the kidneys. The calls to pass water will be somewhat more frequent than usual, and when they do occur they are irresistible, attended with considerable pain and forcing, which continue for some time after the last drops have passed away, and which are referred chiefly to the neck of the bladder, and extend from thence to the perineum and anus. The urine, when passed, at times appears clear and natural; in general, however, we can observe a slight cloudiness through it, and on allowing it to settle in a glass vessel, we shall perceive, after one or two hours, a copious yellowish or cream-colored deposit, consisting entirely of pus. If we take a drop of this urine immediately after it has been passed, before an alteration can occur in it, and place it under a microscope, it will be found to be loaded with pus globules. In some instances in this affection, a number of yellowish, shreddy particles will be seen floating through the urine, which at times alarm the patient, causing him to suppose he is laboring under seminal weakness; on examination, these particles will be found composed of clusters of pus-globules and epithelial scales, adhering together.

That the pus thus equally diffused through the urine has its source from the bladder, cannot, I think, admit of a doubt. It cannot be from the urethra alone, for I believe that there is a peculiar action of this canal on its contents, which tends to drive them forwards, and resists any retrograde movement. Besides, the urethra alone could not pour out the quantity of pus we meet with in some of these cases.

My friend, Dr. Fleming, at my request, examined the urine with the microscope in some of these cases, and the result of his observations is contained in the following extract from a letter I received from him on the subject:—

‘As regards your views respecting those inveterate cases of gonorrhœa, which are so annoying to the patient, and so puzzling to the surgeon, no second opinion can be entertained, but that the lining membrane of the bladder furnishes a portion of the purulent fluid, and, as you remark, at a much earlier period than at a first view would be suspected. To test the direct passage of the pus from the bladder, I have made the following experiments, both on the male and female. In the latter it is often most important to do so. I introduced a catheter, allowed the first ounce or so of fluid to escape, so as to get rid of the urethral discharge, then collected some of the urine in a clean glass, examined it forthwith with the microscope, and found pus globules. I have applied the same test in equivocal cases of hematuria, and found equally satisfactory results as regards blood globules.’

In the case which first drew my attention to this subject, the patient a few days after infection had a severe rigor, with considerable pain and irritation of all the urinary organs, attended with a copious deposit of pus, exceeding eight or ten ounces in the twenty-four hours. He soon began to waste, became emaciated, and even symptoms denoting hectic set in; and it was only by great attention he ultimately recovered. I at first feared that an abscess must have burst into the bladder; but his previous good health and the absence of

any symptoms indicative of a collection of matter, soon removed this impression. Since then, having suspected that this purulent state of the urine was at times both a consequence and a cause of the continuance of the disease, I have sought for its presence in several cases of gonorrhœa, and have met it much oftener than I had any reason to suspect; though I cannot form any conclusion as to the comparative frequency in its occurrence. I have observed the urine thus loaded with pus in two or three days after the commencement of the gonorrhœa, and afterwards keep pace with the original disease. I have also in two or three cases known the discharge from the urethra to continue, and pus to be found in variable quantities in the urine, for the space of nearly two years after the original infection.

I have no specific remedy to offer for the removal of this affection; in its treatment we must rely on, and be guided by, the general principles of surgery. And first, as to the value of that plan of treatment, called by the French *abortive*, I have no means of forming an opinion. I doubt not but that the injection of strong stimulants, as nitrate of silver or corrosive sublimate, may at times prevent the extension of the inflammation; yet, if they fail at first, they cannot but materially aggravate the subsequent stages of this disease. When the pus has once appeared in the urine, we must follow the antiphlogistic plan more strictly than is generally done; low diet and rest being strictly enjoined, and purgatives, diluents, and such remedies as tend to lessen the inflammatory condition of the blood being exhibited; when the inflammatory symptoms have subsided, and not till then, should we resort to those remedies considered as specifics,—the balsams, or cubeb. Of these I think the former have more influence over this form of the disease, and do not add so much to the irritation as the latter.

Should these means fail, it is customary to resort to the various tonics, astringents, acids, alkalies, oils, preparations of iron, etc. I must, however, confess, I have been often surprised to find what little influence medicine of any sort has had over this secretion of pus from the bladder. Each seemed for a time to benefit, yet no single remedy appears to possess any specific control over this disease. Should general remedies fail, and the case become chronic, surgeons resort to injections; but in this form of disease they must prove ineffectual. However, I would consider it a very justifiable proceeding, and one which I believe has often succeeded, to apply the remedies to the entire diseased surface; to inject, not only the urethra, but also the bladder itself with any of those numerous applications which are used in diseases in many respects similar, such as weak solutions of sulphate of zinc, of nitrate of silver, or even of balsams.

I have been induced to offer these crude and imperfect observations on this one form, or rather complication, of gonorrhœa, because it has not met the attention it merits; and I trust, by having called the notice of the profession to it, a body of facts and observations may be collected, which will speedily enable us to arrive at a more perfect knowledge of its diagnosis and treatment.

## Part Third.

### REVIEWS AND NOTICES OF NEW WORKS.

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I.—*The Races of Men; a Fragment: By* ROBERT KNOX, M.D. 1850.

THIS is a very remarkable work. It evinces great research; displays able reasoning; and presents a style, vigorous, bold, independent and logical.

The ground assumed and contended for, is the very reverse of that maintained by the author of the 'Vestiges of Creation.' It is a contest of giants. With Knox, 'race is everything;\* literature, science, art—in a word, civilization, depend on it.'

Chambers, the reputed author of the 'Vestiges,' on the other hand, reduces everything from *one* original animal life, by the gradual process of development, steadily advancing, through countless ages. Truly, a bold theorist!

According to Knox, man has ever been the same animal, having experienced no change since his creation, except such as civilisation may have impressed upon his mind and character.

In this part of the controversy, we believe that Knox is correct in his opinion. If reason cannot altogether prove it, instinct suggests it, and revelation confirms it.

Our author divides the human family into two great races—the fair, and the dark race. These are then subdivided; and each subdivision is supposed to constitute a distinct race. But let us give the author's own words:

'Men are of various races; call them species, if you will; call them permanent varieties—it matters not; the fact, the simple fact, remains just as it was,—men are of different races.'

This is the first great position assumed, as startling to men of science, generally, as it is to the theologians.

The second point we have to notice, is the opinion that any mixed race must, in course of time, as surely cease to exist as the pure race will certainly endure.

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\* That is, primitive, original race.



In the third place, it is contended that races and certain localities are so naturally and positively associated, that the race departing therefrom must inevitably deteriorate, and ultimately become extinct.

4th. The white race is admitted to be the most intellectual, having larger brains, and generally a more perfect organization.

5th. It is conjectured that, protected by climate, the true primitive black races will be preserved, as experience so far goes to prove that there are certain climates where the white races cannot exist, but which are congenial to the negro and the Indian.\*

Each one of these positions will, in the course of this review, be established in the author's own words.

The late Dr. Pritchard derived the whole human family from one primitive race. The theologians derive them from *one pair*, Adam and Eve, in Paradise. How they continue the race without *incest*, we cannot perceive. There are, according to them, no persons living but brothers and sisters, father and daughters, mother and sons. The ceremonial law may change, and be adapted to the peculiar times and the condition of things, but the moral law is part of Deity, and cannot change, since Deity is unchangeable. The force of the argument consists in the fact that Adam and Eve were *commanded* by God to increase and multiply, and replenish the earth.

According to the best Hebrew critics,—and they must be admitted to be the most reliable authorities in the translation of their own language—Adam and Eve are both nouns of multitude; therefore, it follows that a race, and not a pair, was created. That race was the Adamic: that might have existed, for aught we know, thousands of years before it became alienated from Deity, and was expelled from what is called the Garden of Eden. MAN, in the English language, means precisely what *Adam* does in the Hebrew. Both are nouns of multitude. 'And God said, let us create man;' that is, mankind. So much for the question of a primitive race.

In the next place, we would observe that the account in Genesis, of the abode of the Adamic race in the Garden of Eden, as a special locality, is altogether figurative; and we should bear in mind that all symbolical languages, like the ancient 'OBRI,' and the Oriental languages generally, abound in allegories and parables. Who will accuse us of scepticism for such opinions? The prophet Ezekiel, speaking of Tyre, that once great commercial emporium, whose merchants were princes, used this language:—'Thou hast been in *Eden*, the *garden* of God;' chap. 28, verse 13. And again the same terms

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\* This is doubtful and debatable ground.

occur in the 8th and 9th verses of the 31st chapter of the same prophet, as applied to Assyria; and we meet with the same expression again in the 36th chapter and 35th verse.

The term 'Garden of Eden,' then, signifies nothing more than a state of great prosperity, where a people enjoy the favor and protection of Deity.

In the fourth chapter of Genesis, we read: 'And Cain (after receiving the curse) went out from the presence of the Lord, and dwelt in the land of Nod, on the East of Eden;' there he found another race besides the Adamic; for he married there, and laid the foundation of a numerous family, tribe, race, or nation.

We consider these doctrines as eminently conservative;—as arming the Christian in impenetrable armor, not susceptible of being wounded in the heel, as Achilles, when in controversy with the unbeliever—when arguing such passages of Holy Writ, and about the origin of the *races* of men.

The author of the 'Vestiges' quotes Fletcher's rudiments of physiology in support of his theory of development. The following is the extraordinary doctrine of Fletcher:—'As the brain of every animal appears to pass, during its development, in succession through the types of all those below it, so the brain of man passes through the types of those of every tribe in the creation. Before the second month of utero-gestation, it represents the brain of an avertebrated animal; at the second, that of an osseous fish; at the third, that of a turtle; at the fourth, that of a bird; at the fifth, that of one of the Rodentia; at the sixth, that of one of the Ruminata; at the seventh, that of one of the Digitigrada; at the eighth, that of one of the Quadrumana; till, at the ninth, it compasses the brain of man.'

We have always thought there was far more of fiction, or imagination, than of truth and science, in such positions. What physician or naturalist has ever enjoyed the opportunity of examining the brains of *all* animals, together with the brain of the animal man, from the time he is in the embryo state in the ovaries of his mother, until he becomes a matured fœtus in the womb?

It is a great, yet very common error, to attempt to prove too much: it never can strengthen, but must ever tend to weaken a position.

But it is time to quote from our author. In speaking of the comparative physiological structure of races, he remarks:—'In a dark, or colored person, whose nerves I had an opportunity of observing, the nerves of the limbs were at least a third less than those of the Saxon man of the same height. Mr. Tiedmann, of Heidelberg, told me that

he had every reason to believe that the native Australian race differed in an extraordinary manner from the European. That this is the case with the Hottentot and Bosjeman races, has been long known.'

These are not new facts; but we allude to them with the view of showing on what the author relies to sustain his hypothesis. Again:

'The study of the races of men,—the tracing, at least, some of those great events distinguishing their natural histories, to their physical and moral natures,—has ever been with me a favorite pursuit. \* \* \* \* More than thirty years ago, observation taught me that the great question of race,—the most important, unquestionably, to man,—had been, for the most part, scrupulously, shall we say purposely, avoided by the statesman, the historian, the theologian—by journalists of nearly all countries. Unpalatable doctrines, no doubt, to dynasties lording it over nations composed of different races.

'Empires, monarchies, nations, are human contrivances, often held together by fraud and violence. Ireland, for example, and England—Prussia and Posen—Austria and Hungary. Does an *émeute* take place in Canada, see with what anxiety it is attempted to be shown in Parliament that it is not a fight of race against race! All in vain. The terrible question cannot be concealed any longer. The savage rule of the Tedeschi will no longer be endured in Italy. The Saxon-German detests the Sclavonian, who repays his hatred with defiance.'

The foregoing introduces a new idea of the author, to wit, the *antipathy* of races—'detestation and hatred, repaid by defiance.' We cannot agree with the talented writer, in such doctrine as this. We may conceive of distrust and animosity existing between the white and the colored races, but we can see no good reason for the existence of such feelings amongst kindred races. The writer seems to have entirely overlooked the influences of

#### GOVERNMENT.

Where a nation is composed of several races, one is generally predominant. That race often enjoys privileges and immunities which are denied to the others. Hence, hatred, jealousy, distrust, etc. But in this country, where every opinion, and every fashion, and every religion, are tolerated; where we see no difference between Jew and Gentile, between Greek and Turk, Celt and Saxon, Protestant and Catholic, we have no evidence of this mutual hatred. The government is mild, paternal, conciliating. All are equally interested in maintaining law and order; and hence confidence exists, rather than distrust.

We can easily account for the hatred existing between the Celtic and Milesian races in Ireland, and the Saxon British. *Their* country has been plundered, trodden down—oppressed to such an extent that one of the finest races, originally, has deteriorated to a painful and



humiliating position. How can the Italian be reconciled to the Austrian? He, too, is oppressed and humiliated. Or the gallant Magyars of Hungary, to the same tyrannical house of Hapsburg? How can the Jew or the Pole ever become a quiet element in the consolidation of the Russian Empire? These are all sufficient reasons to account for the fact noticed by our author. No '*à priori*,' or abstract reason, can establish the point; nor will partial illustration avail, without reference to the particular facts of the case.

Our author remarks: 'I, in opposition to these views,\* am prepared to assert that race is everything in human history; that the races of men are not the result of accident; that they are never convertible into each other, by any contrivance whatever. The eternal laws of nature must prevail over protocols and dynasties. Fraud—that is, the law—and brute force—that is, the bayonet—may effect much,—have effected much, but they cannot alter nature.'

These are general truisms, which all will admit, but they have nothing to do with the naked fact assumed,—the natural, enduring, unrelenting hatred of races—of each race against every other race.

The author argues that a race which has emigrated from what he supposes to be its natural location, designed by the 'great laws of nature,' must necessarily decline. There is no necessity in the case. We know that families intermarrying for centuries,—we mean an everlasting union of cousins,—is a practice that invariably leads to the deterioration of the race, and finally to idiocy. And all this may happen, and does happen, without change of country or climate. We see nothing in a change of climate, and especially if there is no great change of latitude and topography, to cause a deterioration in morals, civilization or religious principle. And, certainly, the animal cannot suffer where he has more room, a milder government, and abundance of the most nourishing food. In a physiological point of view, I consider the opinions of the author in this respect untenable.

We consider the mixture of the Celtic and Saxon blood as one of the most favorable for the development of the species, morally, intellectually and physically. The Saxon has the tenacity of the bull dog, but he is slow and cautious in his movements. Into this stern, persevering character, the Celtic blood infuses terrible energy. The result of the mixture is a better specimen of humanity than can be seen in either of the races, separately. And why not?—they are kindred races. All of Scandinavian origin,—all originally from the great Northern hive,—Celt and Gaul, and Urse and Cimry, may ap-

\* Those advanced by Dr. Pritchard.

pear to some to be distinct races. They are but species or varieties of the same race, and hence, apart from the oppression of government, there are no *natural* antipathies between them.

The mixing of the blood of the fiery Celt with the calm and determined Saxon, is nothing more than the admixture of the blood of the light and active Arabian steed with that of the heavy Belgian horse. The result is *bottom* and *speed*. The silk worms and the mulberry trees imported into Europe from China do not appear to be on the decline.

Tobacco has been transplanted from one country to another, — so has rice, so has the Irish potato. But it is useless to waste time on such plain and well-known facts. If cultivation will improve plants, — if the crossing the breed will improve animals, such as horses, cows and sheep, why should not man profit or be profited in the same way? When analogies are strong and abundant in the vegetable and animal kingdoms, they impart great strength to every part of an argument concerning the same.

The argument or position of the author, respecting mixed races, is to a certain degree correct. Amongst the lower animals, no hybrids breed. It is wisely ordained, for, were it otherwise, Chaos would soon come again in zoölogy, and physiology would be confusion worse confounded. The mulatto never attains to the age of the pure African. Every planter prefers a jet-black negro for enduring service, to any kind of mixture of the fair and black races. The pure race is superior in physical strength, is less subject to disease, and, when sick, his chance of recovery, as compared with the mixed race, is as three to one. We speak from observation and ample experience.

We will now repose for a moment. Our gallant steed is weary; our lance is shivered; our battleaxe is broken; our shield is battered, and the heraldic signs obscured. Hoping, however, to be always, like Bayard, '*sans peur et sans reproche*,' we will call on our faithful squires for a fresh charger, and new arms to renew this intellectual struggle.

We select the following as a fair example of the author's powerful style. He is about to write concerning the races of men, and he says he has not fully made up his mind as to the race with whose history he will commence.

'No race interests us so much as the Saxon, or, as I prefer calling him, for reasons to be afterwards explained, the Scandinavian. He is about to be the dominant race on the earth. A section of the race — the Anglo-Saxon — has, for nearly a century, been all-powerful on the ocean, the grand tyrants by sea — the British, — as the Muscovite has

been the grand tyrant on land. So said Napoleon, that mighty intellect, an over-match for the world. I may probably, then, commence with the physiological history of the Saxon, tracing the moral and physical characteristics which distinguish him from all other races of men; his religious formulas, his literature, his contempt for art, his abhorrence of theory, that is, for science and scientific men; his acquisitive and applicative genius,—tracing all to the eternal, unalterable qualities of race. It will be my endeavor to show him in all climes, and under all circumstances; how he modifies, for the time being, his natural but unalterable character, to suit the existing order of things, to show you how the Hippocratic theory of man is, like most other medical theories, wholly untrue, inapplicable to the Saxon, and, indeed, to every other race. Forget, for a time, the word Nation, and ask yourselves whence came the people comprising any ancient assemblage called a nation, a state, a republic, a monarchy, an empire? Ask yourselves this plain question, Are they indigeneous to the soil, or have they migrated from somewhere else? and, if so, have they altered in structure—in character?

‘How perfectly does the modern Scandinavian, or Saxon, resemble the original tribes, as they started from the woods of Germany to meet Cæsar on the Rhine!’

‘Whether under Pretorius, in Southern Africa, he throws out a defiance to the military despot, the irresponsible agent of a dynasty, ruling a Saxon race by laws hateful to their nature, antagonistic of their feelings; or demanding, in Upper Canada, free institutions; or driving that same dynasty, with its sham constitution, from the mighty American continent forever; establishing, in the place of its hateful and paltry thralldom, a republican empire, destined some future day to rule the world,—everywhere he is the same. Nature’s democrat—the respecter of law when the law is made *by himself*. \* \* \* As a living and material being, the history of man is included in the history of the organic world. He is of this world; he did not create it; he creates nothing; you cannot separate his history from the organic world. Apart, no doubt, he stands, but all species stand apart from each other quite as much as he does from them. He has specific laws regulating his form, but these are in perfect accordance with all Nature’s works. By the unity of organization is he connected with all life, past, present, and to come. Other animals have but one history, their zoölogical; man has two, the zoölogical and the intellectual. The latter must ever, to a certain extent, [we suppose he means, ‘*mens sana in corpore sana*’] be regulated by the former. Like other animals, he is found to occupy only a portion of space and a fraction of time, that is, of the continuous succession of events. It seems as if there was a period when he existed not, and, to believe geologists, a long period too. I do not hold this to be quite proved in any sense,\* but grant it at present: he holds, in this respect, the identical relation to time and space which we find all other animals do. This is their history. There was a period when they existed not in space, or cannot now be discovered. They next appear to run

\* Professor Agassiz might possibly solve this doubt.



their determined course; they then cease to be. Judging by the past this must also be the fate of man.'

If errors can be detected in the foregoing remarks, there are, it must be admitted, solemn truths, which the reader would do well to ponder, study, analyse and digest. We will glance at the errors.

There are physiological analyses; and the *philological* are no less important. We like such a work as the 'Vestiges of Creation.' The author has been accused of plagiarism; so has Shakspeare; so has Milton; so has Pope and Byron. How awfully and frequently have Horace, and Seneca, and Sophocles, and Anacreon been plundered of their intellectual stores! But human mind is ever the same; the same external objects are perceived by one or all of the organs of sense,—the same impression is made on the perceptive faculties,—the same intellectual digestion and appropriation has been going on throughout all time, since God created man in His own image. Our author observes:—

'I do not hold this to be proved in any sense.\* If there was 'a period that he existed not, and, to believe geologists, a long period,' etc. Is the author aware of the import of his words? A doubt of a period when man did not exist? Then creative power, previously admitted, is now doubted, and man the *creature*—the *animal*—is raised to the level of Deity, the Great Architect and Ruler of the Universe.

The fact is proved, demonstrated, established, that there was a period in time when neither man nor any other animal (and we include plants), could have existed. The molecular atoms of which his body was composed, were no doubt existing in both space and time. The spiritualized matter from which the immortal soul has been elaborated, was possibly also in existence as an entity, distinct from Deity, the Great Eternal Fountain and Source of all that exists—the inexhaustible Fountain of Love, Light, Truth and Justice.

W. P. H.

(To be concluded in our next.)

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II.—*Transactions of the American Medical Association; instituted in 1847*—Vol. III. Philadelphia: printed for the Association, by T. K. & P. G. Collins: 1850. Pp. 499.

WE again welcome the Third Annual Report of the proceedings of this valuable Association, and look with pride upon the laudable efforts of the *élite* of our professional brethren, of which it is mainly composed, to elevate its standard. No one doubts there are grounds

enough, and from the influence already experienced every hope is entertained that there will be in a few years an entire resurrection. The competition in Medical Schools, instead of having the effect of elevating the standard of professional merit, has so far had the directly opposite effect; the great effort seems to have been to *increase the numbers of the class*, (for mere filthy lucre's sake,) instead of increasing the *attainments* of its *members*. The lower standard, then, of graduating classes is the necessary result of cheap lectures, of lower acquirements in those applying for the doctorate, and the four months required in passing through the 'mill.' The inevitable consequence is, that the country is flooded with legalised M.D.'s, to the great injury of the community, and the deterioration of the profession in the eyes of the public. The Association has bent its ardent efforts to curtail this crying evil, and have begun at the root. They require a more extensive preliminary education, a longer period of pupilage, an attendance on chemical lectures, and an independent examination. So far the success has been very partial. Some of the best established schools are extending the term of their courses, but great opposition has been met with from the 'general manufactory,' and it is clearly evident that for entire success it will require the sustaining voice of public opinion and the general faculty, out of the schools, before it will accomplish that important victory — our *private interests*.

There has been another subject upon which they have been much more successful, and that is in relation to the introduction of spurious and adulterated drugs from abroad: and here it has already accomplished the great object of the law which Congress, upon its recommendation, promptly passed at their suggestion; indeed, so well has it been done, that it has already been deemed that there is no farther necessity for its continuance, so few rejections and condemnations having of late taken place. This is the highest compliment that could be passed to the efficacy of the law, but it requires no vaticination to say that its repeal would be immediately followed by the same disastrous consequences of flooding the country with spurious and adulterated drugs, that demanded the enactment of this most judicious law in 1848. In relation to this matter, and to render the armory of the profession perfect, (for what can medical men do without pure medicines — and is it not for this reason mainly that the profession has been stigmatised with its 'uncertainty?') There is but one more means to accomplish the entire object, and that is to prevent, by State laws, the domestic adulteration; this requires *State inspection* laws to prevent the sale of all kinds of spurious and adulterated

drugs and quack medicines. This is confessedly much more difficult, as the evil is much more extensive, and many more private interests are involved; but until it is accomplished, the practice of medicine, even by the most learned and skillful practitioner, will ever be subject to 'uncertainty,' patients be struck down by *medicable* ills, and a credulous community subject to quackery and imposture. The Association, however, has done all that it had the power, and that is in recommending to State societies to address the several State legislatures to abate the intolerable nuisance: and if this Association has done nothing else, it would be entitled to the gratitude of the American people by its calling the attention of the public to the grievance, and procuring the passage of a law to prevent their introduction from abroad.

(To be continued.)

E. H. B.

III.—*On the comparative liability of Males and Females to Insanity, and their comparative curability and mortality when Insane.*

By EDWARD JARVIS, M. D., of Dorchester, Mass. Utica.

THIS is the title of a neat little pamphlet of thirty-two pages, read before the Association of Medical Superintendents of American Institutions for the Insane, at Boston, June, 1850.

This is a subject that few medical gentlemen of this country have investigated, and one in which much remains to be known; in fact, the field is an extensive one, and the profession is deeply indebted to Dr. Jarvis for his little contribution.

Dr. Jarvis has collected the reports of 159 hospitals, public and private, for the insane in England and Wales, 8 in Scotland, 12 in Ireland, 27 in Belgium, 11 in France, 2 in Germany, 20 in the United States, and 1 in Canada, making 250 in all; from which he is only able to tell us what has long since been known, and pointed out by Esquirol. He is forced to admit and corroborate the facts and assertions made twenty years ago, by that celebrated author, when he said—

'The relation of insanity to the sexes varies from north to south, from nation to nation, from province to province. In Scotland, the sexes have equal proportions of lunacy. In England, there are less female than male lunatics. In the north of France, the female lunatics, and in the south of France, the male lunatics, predominate. In Naples, there are two female to one male lunatic; but in Milan, this proportion is reversed.'\*

In regard to the *second* branch of the subject—Whether insanity is the most curable in the male or female—he has no data upon which reliance can be placed. Upon this point, he says:

\* *Annales d'Hygiene*, iv., pp. 351, '2.



‘We know of no way by which we can determine, in the advance, whether the male or the female will recover most easily from lunacy.’

After producing a number of tables from the asylums of most countries, he remarks:

‘We see, that in the asylums of most of the countries here quoted, the proportion of cures to the admissions, and the probable curability, is greater among females than among males, and in the English and Irish asylums this proportion is materially larger, being an excess of 9 per cent. In France, Belgium, and Scotland, the difference is less, but still in favor of the females.

This difference will justify no very bold conclusion in regard to the curability of the sexes, but whatever inference can be drawn is in favor of women: yet in the United States the preponderance is slightly in favor of the males.

Some inference may be drawn from the final results of special causes. Unfortunately very few have published the remote results of the causes of this disorder. The reports of the State hospitals of Massachusetts, and of Ohio only, have noticed this fact.’

In speaking of the mortality in the sexes, our author very judiciously says:

‘We have no means of judging of the curability of these nervous disorders in the two sexes. Not knowing the number of persons attacked with them, we cannot compare the successful with the fatal issue, and thus ascertain the relative violence of the diseases upon the two sexes, when they come upon them.

Nevertheless, there is an agreement between this record of mortality from disorders of the brain and nerves, and the record of the experience of hospitals for the insane. They combine together to overthrow the common notion that woman especially is subject to nervous disorders, and that man is comparatively exempt from them; and more than this, they show that the reverse is true,—that man is more exposed to, is less frequently cured of, and falls more under the attacks of this class of diseases than woman.’

We have not space to pursue this subject further; but in taking leave of Dr. Jarvis, we would express the conviction, that the profession will feel indebted to him for directing their attention to so important a subject, as that of lunacy in the sexes.

B. F. T.

## Part Fourth.

### MISCELLANEOUS MEDICAL INTELLIGENCE.

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#### I.—AN ENQUIRY INTO THE NATURE AND EXISTENCE OF TYPHOID FEVER IN THE SOUTH.

*Being a reply to Dr. C. J. CLARK'S Communication in the January number, 1851, (New Orleans Medical and Surgical Journal) entitled, 'Remarks on the Existence of Typhoid Fever in Alabama.'*

BY JAMES C. HARRIS, M.D., OF WETUMPKA, ALA.

In some remarks made to the writer upon the subject of Typhoid Fever, which appeared in the May number, 1850, of the New Orleans Medical and Surgical Journal, it was contended, believed, and attempted to be shown, that, up to that time, there was no account, emanating from a strictly southern source, before the profession, upon the subject of typhoid fever, that would justify any one in the conclusion that such a form of fever, as a distinct variety, occurring in rural districts, and during the fall season, had really an existence among us. True, some gentlemen, residing in somewhat southern localities, had made mention, in their publications, of this variety of fever; but in such a manner, if not to leave indubitable evidence that it was not the typhoid fever of the authors, to render at least the true type exceedingly doubtful. Hence, in the preparation of the 'Enquiry,' it became no less the bounden duty than our pleasure, as bearing directly upon the subject, to allude to the labors of those who had preceded us; and among these, as a matter of course, to those of our esteemed friend Dr. Clark, but with no intention whatever of wounding his feelings, much less of getting into a controversy with him or any one else. In this latter—we think reasonable—expectation, it appears, however, we have been disappointed, as the Doctor, in the further investigation of this truly vexatious subject, is again before the profession, with more facts, cases, statistics and inferences; and which additional array of facts, cases, etc., we now propose briefly to notice; but, before proceeding to do so, must beg leave to observe that it is our candid conviction, based on some several years' experience, that the great *distinctive characteristic* of our *summer* and *autumnal* fevers, at their commencement, if not throughout their entire course, consists in their *remissional* features, and that so clearly is this element engrafted upon their physiognomy, that not a few of the most experienced have denied, during this season of the year, the existence even of a *continued form of fever*. But let this be as it may, we again repeat, that 'certain we are, from all the lights before us, that as yet cases of autumnal fever in the Southern States, of the *continued* type, not characterised by any distinct remissions and exacerbations, are of rather rare occurrence, and that when they fail to present these features, either at their commencement, or at any time during their progress, it will generally be found, upon examination, dependent upon previously existing or subsequent congestion or inflammation in some organ, or set of organs, and constituting always a danger-

ous, if not fatal complication; but in neither instance, under *judicious management*, ever presenting us with any more than a case of *continued fever*,—the result of these local congestions and inflammations, and at all times entirely different and easily distinguishable from typhoid fever, as seen in actual practice and described in the books. Fearing, however, that we are somewhat ignorant in relation to what really constitutes this typhoid fever, having been already twice admonished that ‘definitions are difficult things,’ we have concluded, for the purpose of assisting us in arriving at a more correct understanding of the subject, to make from Dr. Clark a short quotation, and which is as follows—hear him\*:

‘After dispersing all the arguments and cases of his opponents as with the wand of a magician, he (Dr. Harris) very naturally supposes we will ask him, What, then, is typhoid fever? Behold his reply: “It is a variety of fever *described* by Louis, Chomel, and others, and believed, not only by some of these, but by others, to be identical with a fever of Great Britain and Ireland, known under the name of *Typhus*.” Is it not a little singular, that a writer, who could give no better definition of typhoid fever than this, should undertake to determine its *identity*? We commend him to his “noisy typhoid fever gentlemen, who, when called upon, failed to state correctly the symptoms of ordinary remittent fever.”’

Now, for such a declaration as this, in relation to definition and identity, *and from the source*, we must confess we were not exactly prepared to hear; and it was not until after some reflection, worth while, that we came to the conclusion that the Doctor was not endeavoring to practice upon us, somewhat after the mysterious manner of his especial favorite, the typhoid fever of Benton. But, to be more serious, and to the point, the description given us by Louis, Chomel, and the English writers, for all we know, having met with but *little, if any, of the disease*, may be very incorrect, or entirely worthless. But, if we are thus to be deprived of their authority, we would thank Dr. C. to refer us to the source from whence more reliable information can be obtained, as it certainly is not to be found in the elegant treatise to which, we presume, he alludes, and which, in all essential particulars, is nothing more than an echo of the opinions of the Continental writers. Perhaps he may have thought, or actually meant that everything necessary for a proper understanding of the whole matter, might be found in the ‘facts’ laboriously collected, from day to day, at the bed-side of the sick, and carefully arranged and presented in the remarks on the existence of typhoid fever in Benton county. However this may be, we will now proceed, briefly, for the especial satisfaction of the Doctor, to examine more particularly into this matter of definition and identity.

M. Louis, we think, after giving a most critical and laborious *account, indeed*, of the typhoid affection of France, (and in which, we apprehend, everything is included,) concludes the same by informing us, that it may be *designated* thus †:—‘An acute disease, marked by a febrile action, more or less intense, variable in its duration, peculiar to young persons, and principally those who have been recently placed in some circumstances entirely new to them, the cause of which is unknown. Commencing with violent chill, *anorexia*, thirst, and, in a great majority of cases, with colic pains and diarrhœa, followed soon by somnolency, stupor, delirium, tympanitis, sudamina, rose-colored lenticular spots, eschars upon the sacrum, more or less deep ulceration of the skin in parts occupied by blisters; deafness; various spasmodic movements, or permanent contractions of the limbs,—some of which symptoms disappear, after a certain time, while the others go on increasing, and, for the most part, in a regular manner, until the patients die; or, they diminish, more or less gradually, and at length disappear entirely, if the

\* New Orleans Medical and Surgical Journal, January number, 1851, p. 466.

† Louis’ Translation, by Bowditch; vol. II., p. 269.



disease terminate favorably, and the anatomical characteristics of the affection is a peculiar change in the elliptical plates of the ilium.' This, by way of description. And now, as regards identity, we shall only have space, on the present occasion, to make one quotation, and which is as follows: \*—'Typhus is said to be more limited in its geographical range than typhoid fever—to be more contagious, and to prevail more frequently in an epidemic form,—in its origin and propagation, to be more closely connected with crowded, filthy, and poorly ventilated apartments; the poison of typhus, to be generated in an atmosphere vitiated by the emanations from living human bodies; that of typhoid fever coming—we know not whence: "It is generated as readily amidst cleanliness and purity, as amidst filth." (Bartlett, p. 213.)' M. Gaultier de Claubry, it will be recollected, in a memoir read before the French Academy, since the publication of M. Louis' work, proved to his satisfaction, (M. Louis'), 'that *typhoid fever is identical with the typhus of camps, gaols, etc.*,'—which latter is eminently contagious—prevails epidemically to a fearful extent—is generated in an atmosphere vitiated by the emanations from crowded human bodies. These, therefore, are far from being points of difference between the two forms of fever; on the contrary, they form strong analogies between them. As to the wide geographical range of typhoid fever, and limited one of typhus, it is not proved. Typhus fever prevails on certain parts of the continent of Europe, as well as in Great Britain. The typhus abdominalis is but one of the forms of typhus described by the German writers. Besides, *camp fever, gaol fever, etc.*, have always been regarded, by English writers, as true typhus—petechial typhus. If this be true, then, as has been proved by M. Gaultier de Claubry, that camp fever is nothing more than typhoid fever, things equal to the same thing are equal to each other, and the *typhus and typhoid varieties of continued fever are one and the same disease, and have the same geographical range.*

The same astute writer continues: 'We will conclude this review of the diagnosis of the two diseases, with the following remarks from the concluding portion of the very able and truly philosophical memoir just alluded to, (M. Gaultier de Claubry's,) to which we would refer our readers for very full and interesting details regarding the analogies and differences of these two forms of disease. "In nomenclature and symptomatology; in their variable intensity and gravity; in the different forms—the existence, time of appearance, and character of certain peculiar symptoms; in the anatomical alterations; in the relative prevalence in the two sexes—the age of the subject affected; in a mortality ranging between very wide figures; in the peculiarity of affecting one subject but once in his life; in the predisposing causes which modify the constitutions of the subjects; in a contagious character, depending on a specific miasmatic principle, developing in the healthy body a disease like that which gives rise to it; in the treatment formerly employed, and that which is best adapted to them; in the prophylaxis relative to individuals and masses,—such are the numerous and essential relations under which *typhus* and *typhoid fever* present to each other, not only an analogy, but a complete identity. But predisposing causes less unfavorable, and consequently, a previous alteration of the constitution less profound, and more propitious surrounding circumstances, are the causes why *typhoid fever* is generally less intense than typhus, and why its contagion acts less energetically, or may fail to act altogether. Nevertheless, under the four-fold relation of pathogenic condition, characteristic symptoms, anatomical alterations, and the character of a specific contagious affection,

\* Charleston Medical Journal and Review, March number, 1848; pp. 178, 9.

*typhus and typhoid fever* are one and the same disease — a specific, contagious, and exanthematous fever." (p. 182.)

In addition to all this, we would say, then, that he who can, after a careful study of some of the leading facts contained in the principal authorities already cited, with the acknowledgment of M. Louis staring him full in the face, (and who was certainly very well qualified to judge,) that the typhoid affection of France was nothing more than the same disease described by the English writers under the name of *typhus*, and then doubt their identity, must be truly hard of belief, and, we fear, would not be persuaded, though one were to rise from the dead. Dismissing, therefore, this part of the subject, we next come directly to enquire, under the standard thus erected, whether the *circumstances and symptoms* detailed as present in the cases reported by Dr. Clark, were such as are known to be necessary to constitute *typhus or typhoid fever*? and for which purpose we have concluded to copy entire the case of Asa Carroll, as we are informed by the Doctor 'that it will give us a fair specimen of a great many of the cases of this *typhoid fever*, as it occurs among us,' and which is as follows:

\* 'CASE 7.—Asa Carroll, the father of the former, aged 48, farmer, residing in the country, eight miles from Jacksonville, has been engaged at work on his farm during the summer. William Carroll (Case 6) had his spell in the house of his father. Asa Carroll nursed his son closely during his whole illness, and slept in the same room with him. About the time the son began to convalesce, the father became indisposed — became conscious that his mind was confused — went out near his farm to look for some stock, and says that it seemed to him that he could not recollect the woods, though perfectly familiar with them before. The next day he undertook to sow some wheat, but had to desist, on account of the confusion of his mind. The following day, the 12th of November, was taken with slight fever, and pain in the back of the head; felt chilly sensations while the fever was on him; could not get enough of cover on him to keep himself warm. For the first, continued to think there was not much the matter, and that he would soon be well. *Had light fever, with pain in the back of the head every day, which was lighter in the morning; slightly increased in the evening, with burning in the soles of the feet.* He treated himself for the first two weeks; took two doses of calomel, which was followed by oil and turpentine. Tried two or three times to break his fever with the sulphate of quinine. Each time he took the quinine, it increased his fever, and aggravated his symptoms. [Wonder what kind of quinine they use in Benton!] By the end of the first week his headache had ceased. In the second week, took another dose of calomel, which caused green discharges. Up to the fourteenth day of his disease, dating from the first distinct chills, *had no operation of his bowels without purgatives*; says his stools were yellow, and natural enough; has had no delirium, no perspiration, no thirst; appetite enough; no dazzling sensations; no roaring in his head or ringing in his ears; strength remains good. [Probably during the greatest remission, his head had better been made to roar, and ring a little, under the influence of a 15 or 20-grain dose of quinine.] Took a fourth dose of calomel on the fourteenth day of his disease, at night, which operated "*very severely*;" had several copious watery stools during the night and day following; some thirst, for the first time, and more fever than usual.

'16th Day of the Disease, November 28.—Saw him to-day, for the first time; checks slightly flushed; countenance otherwise natural; some more than the natural warmth about the head and body; pulse 100; moderate volume; compressible; mouth moist; tongue moderately coated; no redness; abdomen *meteorized*; no gurgling; no rose-colored spots; no tenderness; has a small blister drawn by flies over the umbilical region. (Take cretaceous mixture every four hours; a teaspoonful of powdered charcoal; *ter die*—rhubarb and blue mass at night; *thirty drops of spirits of nitre an hour, when he has fever*; elm water; a light milk and farinaceous diet.)

'18th.—Has had five watery stools in the last twenty-four hours; took an in

jection of lead last night; bowels quiet afterwards, until this morning, when he had a watery stool again. His fever was rising on the day before yesterday, when I left him; was high all that night, and all day yesterday; suffered a great deal with heat; great burning in his feet; some in his stomach; no perspiration; slept scarcely any night before last; *slept last night after his fever subsided*; no pain in the head, *limbs, or abdomen*; had slight *bleeding of the nose three different times*; was troubled with phantoms when he shut his eyes or attempted to sleep. [Pretty clear evidence, some of these, we think, of local sanguineous determinations.]

'This morning his pulse is 98—moderate volume. Considerable heat about his head and body; tongue reddish on the edges; cupped on top; the edges turning up all round when it is protruded; looks weak and reduced; [What might be expected!] voice rather feeble; some inflammation in the fauces; abdomen meteorized; no gurgling; no typhoid eruption. (Take chalk mixture; charcoal; glysters of laud.; *pro re nata* elm water; spirits nitre and cold applications *during the exacerbation*. Diet—milk and mush, and chicken broth.)

'20th Day.—Has not had such *high fever* since last visit; bowels have been contracted by laudanum and starch; had a *paroxysm of fever*, commencing yesterday morning, and lasting till *late last night*; *has not been entirely free at any time*; is low spirited; getting impatient and out of heart; is somewhat weaker, but able to sit up and *walk across the room and back again*; had a watery stool this morning; head a little hot; slight perspiration on the forehead; tongue improved; not much thirst; a little appetite; *abdomen slightly tympanitic—a little full and elastic*; no gurgling; no rose spots. (Discontinued chalk and charcoal; take decoction of cinchona and serpentaria; five drops of elixir vitriol, *ter die* brandy toddy; milk and mush diet.)

'21st Day.—Became delirious yesterday evening; highly so last night; sat up in the bed frequently, wanted to leave; got up, in spite of his nurses, and sat by the fire; feet and hands became cold, and it was difficult to keep them warm; had two stools, more consistent and natural than for some days; blister on the abdomen scarcely healed; his wife re-applied it last night, in my absence; distressing stranguary and *bloody urine* since it drew.

'This morning still delirious; intellect stunned; talks incoherently; mutters frequently; morose; low spirited; querulous; says nothing has done him any good; has a fixed gaze; raises up and looks in a wild and staring manner; strong cadaveric odor of his body; *all his urine bloody*; pulse 105; volume a little less than natural; head a little hot; the rest of his body not above the natural temperature; tongue looks well; abdomen rather full; *highly elastic*; scarcely any meteorism; no gurgling or typhoid eruption. (Blisters to the legs; cinchona and serpentaria; milk and mush, chicken broth, and brandy.)

'22d Day.—Slept a little last night; blisters drew well; more rational this morning; called for some chicken soup, which he ate with appetite; had three small stools during the night; thick—dark brown.

'23d Day.—Was quite delirious all last night; *paroxysm of fever as usual, in the evening, subsiding about 12 o'clock at night*. To-day, *discovered, for the first time, a slight pale red eruption on his chest and abdomen*. [Although the appearance of the rose-colored lenticular eruption of typhoid fever was observed, by M. Louis, in one instance, as late as the thirty-third day, still we are informed by him that, after the twenty-fourth day of the disease, but little can be known in relation to it, as it has disappeared. (Louis, vol. II., pp. 197, '8).] Had some diarrhoea yesterday, which was checked by laudanum; is sunk in low delirium; mutters to himself; sometimes gives rational answers; strong cadaverous odor; passes urine involuntarily; urine less bloody; conjunctiva injected; tough, viscid mucous collects in the larynx and trachea; breathes slowly, and with a heaving motion of the chest; lets his under jaw fall when sleeping; snores a little, which has not been usual; tongue tremulous, but neither dry nor red; failed to get it out of his mouth; countenance sunken and contracted; speaks with a tremulous voice, scarcely audible; difficult to get him to take diet; drinks brandy, which revives him a little for the time; feet and hands disposed to get cold; pulse 100 to 112; *some tension*, but not much force in the beat. (Brandy, boiled milk, flaxseed tea.)

'24th Day.—Was sunk in low muttering delirium all night; revived a little



at daylight; tongue still tremulous; cannot protrude it beyond the teeth; pulse 195; passed urine in his clothes; very little meteorism; no gurgling; takes brandy and milk

'26th Day.—Died: no post mortem examination.'

Were we to search the records of medicine through, we do not know where we could turn to a case more in point, or better calculated to enforce the doctrine that *remittent fever*, clearly so at the commencement, and retaining regular paroxysmal features throughout its entire course, may, through neglect or mismanagement during the first stages, assume a low grade of febrile action, attended in the latter stages with an *eruption*, or probably pale, red echemosed blotches on the surface of the body, with hemorrhages from the nose and bladder, and terminating, in an *indefinite period*, in low, muttering delirium, subsultus tendinum, involuntary evacuations from the bowels and bladder, coldness of the extremities, and death, than the foregoing. Nay, more, when taken in connection with the succeeding cases that appeared in the family of Mr. Carroll, and extending through a period, from the 8th of December, 1849, to the 12th of April following, it goes pretty clearly to show, that a *malarial fever*, occurring late in the autumn, after degenerating into what we think has been very improperly termed the *typhoid stage*, may, under the combined influence of *silt and cold*, produce in the persons of the masses a *mild grade of typhus*. But as we are fully admonished of the impossibility, from the shortness of our limits, of extending our remarks on the present occasion, beyond the approach of the winter season, we are compelled to forego the privilege of saying anything in relation to the pure or modified types of fever of this season.

In conclusion, we must remind Dr. C., that Dr. Cooke, for the purpose of giving way for the reception of the new views developed by the late investigations of his friends on *typhoid fever*, has long since ceased his labors as a public medical teacher, and that it has been not without some regret that we have, of late, seen, in at least one book, and several papers in the shape of essays, unnecessary, not to say unfair allusions to the doctrines and practice of this truly great natural philosopher, who, in his published works and lectures, has left to the American physician a priceless legacy, and in relation to whose *clear, instructive* manner of reasoning on medical subjects, in comparison with other men, in the language of the poet, we can only say—'Come, then, expressive Silence, muse his praise.'

Finally, there does appear to us, with some of the faculty, as regards the true nature of *typhoid fever*, an obscurity truly incomprehensible. For instance, we are informed by one,\* that 'It has been placed in the category of continued fevers, erroneously (he thinks,) both by European and American writers, as one of the forms of *typhus*, etc.; thus causing confused ideas of its nature, for it undoubtedly often runs its whole course without presenting a single *typhoid* feature, and frequently with a pulse considerably below the natural standard.' Hence, we again repeat what we have already published, that, if such a form of fever, as a distinct variety, etc., has really an existence among us, that it is high time the profession be informed of the fact, and the grounds upon which it rests its claims for its existence, as, for the life of us, we cannot but consider it, as yet, an unexplained affair, *how typhoid fever could run its whole course without ever presenting one solitary typhoid symptom*.

\* Scruggs on Typhoid Fever, N. O. Med. and Surg. Journal, Jan. number, p. 487.

WE translate the following items from *L'Union Medicale*, a periodical which is published three times a-week in Paris, France:—

#### II.—THE PULSE IN CHILDREN.

Dr. Guy, who has been making some statistical researches upon the frequency of the pulse in children, says that it varies as follows:—

	MALES.	FEMALES.
Under 2 years . . . . .	110 . . . . .	114
From 2 to 5 years . . . . .	101 . . . . .	103
“ 5 “ 8 “ . . . . .	85 . . . . .	93
“ 8 “ 12 “ . . . . .	79 . . . . .	92

Hence he deduces the conclusion that the pulse is uniformly more frequent among females than among males, up to twelve years of age; but between two and five years, the difference is very trifling.

#### III.—COMPRESSION OF THE ABDOMINAL AORTA IN UTERINE HEMORRHAGE.

At a sitting of one of the Academies of Paris, August, 1850, M. Duhamel reported the particulars of three remarkable cases of uterine hemorrhage, in which this means proved eminently successful, after all others had been tried without effect. In one instance the hemorrhage took place immediately after a natural and easy delivery; in the second, during the process of version; and in the third, nine days after accouchement. The accident was the result of an intense mental shock. Compression of the aorta, in this latter case, was kept up for five hours in succession, causing complete paralysis of the pelvic extremities: it disappeared, however, at the end of ten days.

M. Duhamel then went into an examination of some of the objections which had been urged against this mode of arresting uterine hemorrhages, and concluded by declaring it practicable in all extreme cases, and the means to be relied upon when all others had failed. Besides arresting the deluge of blood, it possessed the additional advantage of driving a sufficient amount to the brain, which would thus obviate those fatal synopes so much to apprehended in uterine hemorrhage.

#### IV.—CAUTERIZATION OF CHANCRES.

M. Ricord has recently written a series of letters on the subject of syphilis, in the Parisian medical journals, in which he recommends the cauterization of the primitive chancre, for the following reasons:—1st, To prevent constitutional infection. 2d, To obviate the development of buboes. 3d, To restrict the extension of the original ulcer, which might, under certain constitutional peculiarities, mutilate and even destroy the genital organs. 4th, And finally, to destroy a focus of infection.

#### V.—PRECAUTIONS TO BE ADOPTED IN TREATING INTERMITTENT FEVERS AND SKIN DISEASES WITH ARSENIC.

M. Gibert, long so famous on the treatment of cutaneous diseases, makes the subjoined observations on the administration of arsenic:—to be careful as to the dose and the preparation. The liquid form is to be preferred; and whether we use the arsenical solutions of soda, or potassa, they must always be administered with an abundance of fluid. The daily dose may, in the case of adults, be pushed to one *centigramme*, and even, in some instances, as high as two, three and five centigrammes. We must watch carefully the effects of the medicine upon the stomach and bowels, and to suspend it on the slightest evidence of its irritating effects upon the mucous surfaces. Arsenic must not be given to children, nor to irritable, feeble and cachectic subjects.

## VI.—AMAUROSIS IN BRIGHT'S DISEASE.

It has been recently reported by several eminent French physicians, and among them, Professors Roux of Paris, Forget of Strasburg, Cunier of Brussels, and Landouzy of Rheims, that amaurosis is frequently associated in the same case, with Bright's disease of the kidneys. This affection of the eye in albuminous nephritis, manifests itself sometimes in the form of dissolopia—of hæmiopia—of nyctolopia—of hemeralopia, etc.; but, to use a comprehensive term, all these various morbid affections of the eye are included by M. Landouzy, under the word *amaurosis*. If this connection between albuminuria and amaurosis be hereafter established, practitioners will doubtless be enabled to institute a more rational, if not a more successful, plan of treatment in the latter disease.

## VII.—‘SURGICAL REPORT FOR THE AMERICAN MEDICAL ASSOCIATION.

‘The Committee is invited to meet in the Charleston Hotel, South Carolina, the evening of the first Tuesday in May next. All professional brethren, who have *surgical* facts connected with the improvement of this branch of the profession during the year, will please address them to the Chairman of the Committee by the first of April, at *Augusta, Ga.* As all cannot be reached by a circular, it is hoped no one will wait for a more direct application than this general invitation.

‘By extending this notice, the medical periodicals of our country will advance the interests of the American Medical Association, and the editors will confer a favor upon their recent confrère.

‘PAUL F. EVE, M. D.,  
Professor of Surgery in the Louisville University, and  
Chairman of the Committee on Surgery.

‘LOUISVILLE, KY., *December, 1850.*’

## VIII.—TO THE MEDICAL PROFESSION.

‘The undersigned, Chairman of the Standing Committee on *Practical Medicine*, appointed by the American Medical Association May, 1850, respectfully solicits the co-operation of members of the medical profession in furnishing materials for the annual report in May, 1851. The duty of this Committee, as defined by the Constitution of the Association, is to “prepare an annual report on the more important improvements effected in this country in the management of individual diseases, and on the progress of epidemics; referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service” In order to fulfil the objects thus expressed, the requisite data must be supplied by medical practitioners in different sections of the Union. This is more particularly true with reference to the “*progress of epidemics*” and “*the character of prevailing diseases in special localities.*” Communications, therefore, are particularly desired from persons residing in places in which epidemics have prevailed, or in which prevailing diseases have been marked by special characters during the epidemic cholera and dysentery are known to have prevailed more or less extensively in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season—the production, diffusion, mortality, treatment, etc., of these diseases will be acceptable. It is requested that communications upon these or any of the subjects coming under the cognizance of the Committee, be transmitted to the undersigned by the first of March, 1851.

All contributions with which the Committee may be favored, will receive due attention and acknowledgment.

AUSTIN FLINT.

BUFFALO, N. Y., *November, 1850.*



## THE NEW-ORLEANS MEDICAL AND SURGICAL JOURNAL.

Vol. VII.]

NEW ORLEANS, MARCH 1, 1851.

[No. 5.

### THE ANNUAL REPORT OF THE BOARD OF HEALTH, FOR 1850.

The publication entire of this document, in the present number of the Journal, has so encroached upon our space, that we have failed to furnish our readers with the usual variety of medical intelligence. The highly important nature of the subject—the health and mortality of New Orleans, and the able manner in which it has been drawn up by the Chairman of the Committee, must, assuredly, amply apologize for its great length, and render it acceptable to the profession throughout every part of the South and West. The resident population of this city, especially that portion of it owning real estate, and engaged in commercial transactions, have been charged, time and again, with a desire to conceal, or at least misrepresent, the actual mortality of New Orleans. Nor has this charge been levelled against this class of individuals alone; but the medical profession, and even the Board of Health, have been charged with equivocation on this subject, and with a strong desire to overrate the salubrity of our climate, and under-rate our actual mortality.

In the present Report of the Board, nothing calculated to enlighten the public on these subjects has been withheld. The number of deaths, the disease, the average ages, the sex, color, etc., etc., all have been, as far as practicable, embraced in these tables, together with a full detail of meteorological observations, and such other information as seems calculated to gratify and enlighten the public mind. Much labor was bestowed upon the tables embodied in the Report, and they will be useful to the writer who may attempt hereafter the necrological history of New Orleans. The nomenclature of disease, as adopted in the Report, is certainly objectionable to the scientific statistician; but we were compelled to adhere, more or less, to that recorded in the certificates of physicians, and returned by the sextons to the Secretary of the Board of Health; and any departure from these authenticated documents would have added to the difficulty, and rendered still more equivocal the cause of death. It will be seen, that the total of all deaths for the year 1850, in the cities of New Orleans and Lafayette, numbered 7,819; whereas those for 1849 reached 9,862; being 2,043 less than the deaths for the latter year. The increased mortality of 1849 over that of 1850 must be attributed mainly to the epidemic cholera, as the deaths for this disease alone, for 1849, numbered 3,176; and for 1850, for the same disease, 1,426; being a difference in the two years of 1,750, in favor of the latter year.

When it is remembered that the Report of the Board of Health for 1849 does not include all the deaths which occurred in our sister city, Lafayette, the mortality for 1850, although embracing this latter city, will be found still less, in comparison, than that of 1849.

We also find a striking difference in the number of deaths from all forms of fever, for the two years, the total for 1849 reaching 1,399; and for 1850, 822; being less, by 577, for the year just closed.

Even by including the account of cholera in our estimates, we shall still find a diminution in the mortality for 1850, particularly in the class of febrile affections, usually the form in which the desolating angel visits our people during the hot months of the year.

Again, we would invite the particular attention of our readers to the Report of the Board of Health. The facts therein set forth, and the suggestions thrown out, are worthy the consideration of the people at large, and of the profession in particular. We have not space to enter into details on the subject; we have simply alluded to it in mass; but at some future time we may again take up the matter, and elaborate the material embodied in the Report.

HEALTH OF THE CITY, ETC.

It is once more our good fortune to announce a continuance of excellent public health. During the months of January and February, the city has been exempt from most of our usual winter diseases, save a few cases of pneumonia, measles, pleurisy, and a few sporadic attacks of variola. But these have rather been exceptions, especially in private practice. In the Charity Hospital, whither the afflicted immigrant is immediately transported on his reaching our shores, typhus and typhoid fevers have been quite prevalent during the last two or three months.

These diseases seem to be infectious or contagious under favorable circumstances, not only in the wards of the Hospital, where numbers are thrown together, but also in private families where persons may be received on their arrival with the disease.

The only sure method of checking the extension of ship or typhus fever, is segregation—a careful separation of the cases; but, as this may be impracticable in our Hospital, still this prophylactic measure might be enforced even here, to some extent, by scattering the cases as far as possible through the wards of the institution. Cleanliness and ventilation will extinguish the disease. The neglect of these two cardinal virtues will generate and propagate the infection.

Notwithstanding the crowded state of our city, and the daily arrival of thousands of strangers, our mortality is unusually small, as will appear from the following weekly summary, continued from our last number:

*Deaths in New Orleans and Lafayette for the Week ending—*

1850	....	December 28	.....	TOTAL,	122	....	CHOLERA,	25
1851	....	January 4	.....	"	136	....	"	13
"	....	" 11	.....	"	131	....	"	9
"	....	" 18	.....	"	132	....	"	6
"	....	" 25	.....	"	141	....	"	3
"	....	February 1	.....	"	132	....	"	9
"	....	" 8	.....	"	142	....	"	4
"	....	" 15	.....	"	144	....	"	7
				TOTAL,	1080			76

This indicates a small mortality for our present population, and if ship fever, now coming in from European ports daily, be excluded from the city and hospitals, the health of New Orleans ports would compare favorably with any city in the world.

The season, thus far, has presented its usual fluctuations in temperature — heat and cold, dryness and moisture; but taken together, it has been favorable both to health and commerce.

Much editorial matter, city intelligence, and miscellaneous medical news have been crowded out of the present number, to give space for the Report of the Board of Health, and the accompanying tables. We therefore ask the kind indulgence of some of our correspondents and subscribers, and promise ample justice to both parties in our subsequent number.

## METEOROLOGICAL

(Taken from the Abstract Meteorological : : :

WEEKLY.	THERMOMETER.			BAROMETER.			COURSE OF THE WIND.	FORCE OF THE WIND, Ratio 1 to 10	NUMBER OF RAIN-DAYS.	Quantity of RAIN, Inches.
	Max.	Min.	Range.	Max.	Min.	Range.				
1850.										
January .. 5	70.0	34.0	36.0	30.35	30.05	0.30	N.	3.25	1	0.160
" 12	74.0	52.0	22.0	30.15	30.00	0.15	S. W.	2.50	0	0.000
" 19	78.0	47.0	31.0	30.10	29.80	0.30	E.	3.00	3	4.600
" 26	78.0	40.0	38.0	30.15	29.80	0.35	S.	3.25	1	4.570
February 2	79.0	48.0	31.0	30.30	29.90	0.40	S. E.	2.25	1	2.870
" 9	70.0	30.0	40.0	30.50	29.80	0.70	N.	2.25	2	3.297
" 16	72.0	37.0	45.0	30.10	29.70	0.40	W. S. W.	3.25	1	0.075
" 23	74.0	47.0	27.0	30.20	30.05	0.15	W.	2.50	0	0.000
March .. 2	82.0	56.0	26.0	30.08	29.90	0.18	S. S. W.	3.00	1	0.180
" 9	81.0	48.0	33.0	30.12	29.90	0.22	S. E.	3.50	0	0.000
" 16	87.0	39.0	48.0	30.16	30.05	0.11	S. W.	3.50	3	0.185
" 23	88.0	37.0	51.0	30.17	29.90	0.26	S. S. W.	3.00	2	0.965
" 30	75.0	34.5	40.5	30.12	29.70	0.47	N.	2.75	1	1.020
April .. 6	76.0	49.0	27.0	30.07	29.78	0.29	S.	2.50	2	2.125
" 13	76.0	39.0	37.0	30.10	29.92	0.18	N.	2.75	1	0.170
" 20	85.0	46.0	39.0	30.23	30.08	0.15	S. W.	2.25	0	0.000
" 28	84.0	49.0	35.0	30.11	29.90	0.21	S. E.	3.75	3	2.350
May .. 5	81.0	45.5	35.5	30.20	29.82	0.38	W.	3.00	2	1.345
" 12	82.0	47.0	35.0	30.15	29.86	0.29	S. E.	2.75	1	2.615
" 19	84.0	60.0	24.0	30.15	29.80	0.35	S. W.	2.00	1	1.870
" 26	85.0	65.0	20.0	30.18	30.10	0.08	S. W.	2.00	0	0.000
June .. 2	89.0	71.0	18.0	30.11	29.85	0.26	E.	2.25	1	0.570
" 9	82.0	60.0	22.0	30.18	30.04	0.14	W.	2.75	0	0.000
" 16	85.0	62.0	23.0	30.18	29.95	0.23	S. E.	2.50	4	2.155
" 23	94.0	67.0	27.0	30.18	30.05	0.13	E.	2.25	0	0.000
" 30	94.0	67.0	27.0	30.11	29.81	0.30	S.	3.15	7	8.835
										FIRST QUARTER. Feet. Dec. 1.452
										SECOND QUARTER. Feet. Dec. 1.386

## RECAPITULATION.

FIRST QUARTER .....	Feet. Dec. 1.452.
SECOND QUARTER .....	1.836.
THIRD QUARTER .....	1.938.
FOURTH QUARTER .....	0.557.

TOTAL OF RAIN, in Feet and Decimals, in 1850 . . . 5.783.



TABLE FOR 1850,

Journal of D. T. LILLIE & Co.)

WEEKLY.	THERMOMETER.			BAROMETER.			COURSE OF THE WIND.	FORCE OF THE WIND, Ratio 1 to 10	Number of EARLY DAYS.	Quantity OF RAIN, Inches.
	Max.	Min.	Range.	Max.	Min.	Range.				
1850.										
July .. 7	93.0	75.0	18.0	30 15	29.96	0.19	E.	2.05	2	4.180
" 14	93.25	72.0	21.25	30 06	29.85	0.21	E.	1.70	6	5.230
" 21	92.50	75.0	17.50	30.12	29.91	0.21	E. N. E.	2.30	2	9.980
" 28	92.75	73.0	19.95	30.19	30.00	....	N. E.	2.55	1	0.275
August .. 4	93.25	78.0	15.25	30.21	30.09	....	S. E.	2.35	1	0.445
" 11	93.5	75.0	18.5	30.14	30.03	0.11	S. E.	3.00	1	0.425
" 18	90.0	70.0	20.0	30.10	29.93	0.17	S. E.	2.65	4	4.345
" 25	93.3	71.0	22.2	30.14	29.89	0.25	N. W.	2.10	2	0.350
Sept. .. 1	90.2	67.0	23.2	30.12	29.92	0.20	N. W.	2.55	5	5.640
" 8	89.75	70.0	19.7	30.16	30.00	0.16	E.	2.05	1	1.245
" 15	89.0	70.0	19.0	30.18	30.02	0.16	E.	2.20	0	0.000
" 22	89.5	73.0	16.5	30.12	30.01	0.11	E.	2.50	0	0.000
" 29	89.0	67.0	22.0	30.20	30.02	0.17	E.	2.18	1	0.590
October. .6	85.0	66.0	19 0	30.17	30.02	0.15	E.	3.10	1	0.775
" 13	82.0	64.0	18.0	30.12	30.03	0.09	E.	3.00	1	0.125
" 20	79.0	45.0	34.0	30.21	29.95	0.26	N.	2.50	1	0.485
" 27	69.0	35.5	33.5	30.24	30.10	0.14	N. E.	2.00	0	0.000
Novemb. 7	81.0	55.0	26.0	30.14	30.00	0.14	S. E.	2.75	0	0.000
" 14	67.0	49.0	18.0	30.18	30.00	0.18	N. W.	2.75	2	0.590
" 21	76.0	35.0	41.0	20.15	29.95	0.20	N. E.	2.25	0	0.000
" 28	75.0	51.0	24.0	30.36	29.92	0.44	N. W.	2.25	3	1.205
Decemb. 5	80.0	27.5	52.5	30.05	29.85	0.20	S.	2.00	2	1.045
" 12	67.0	29.0	38.0	30.56	30.18	0.38	N. E.	1.75	0	0.000
" 19	78.0	51.0	27.0	30.23	30.00	0.23	N. E.	2.25	1	0.650
" 26	76.7	44.0	32.7	30.34	29.86	0.48	N. E.	3.00	2	1.815
										THIRD QUARTER. — Feet. Dec. 1.938
										FOURTH QUARTER. — Feet. Dec. 0.557

We present the foregoing Weekly Meteorological Table, with Dr. BARTON'S Monthly Statement, and in another part of the Journal will be seen an irregular Diary, kept as time and opportunity would permit. Only six months of this Diary could be published in the present number. It is very imperfect; but the observations having been made at all hours of the day and the night, the items thus recorded may serve to fill up gaps in the other regular tables.


## METEOROLOGICAL REGISTER FOR

(Prepared for the Report

1850:	Thermometrical Averages,					Barometric Averages, FROM SAME PERIODS,	Dew Point Averages,			
	AT Sunrise	AT 9 A. M.	AT 3 P. M.	AT 9 P. M.	Total Average.		AT Sunrise	AT Mid-day	AT 9 P. M.	Total Average.
January ..	56.35	61.60	67.19	59.93	62.34	30.052	53.33	58.68	55.86	55.95
February,	51.46	58.75	65.96	55.07	58.11	30.086	44.73	50.80	45.06	46.86
March....	60.96	65.48	68.22	63.93	65.90	30.001	54.77	57.46	56.03	57.90
April.....	62.10	69.56	72.44	68.50	68.15	30.014	60.62	64.91	61.67	62.40
May.....	67.64	73.33	75.74	72.83	74.28	29.998	63.75	67.04	66.22	65.67
June.....	73.66	79.66	79.40	67.40	77.54	30.099	69.20	72.94	72.11	71.41
July.....	77.61	82.64	84.12	82.45	81.70	30.044	75.22	76.80	77.03	76.35
August...	78.68	84.51	85.74	82.71	82.91	30.036	76.41	76.95	77.20	76.85
September,	74.93	81.91	84.14	81.34	80.45	30.945	71.23	74.05	74.71	73.32
October...	65.00	72.00	74.79	70.53	71.35	30.095	60.93	62.95	63.20	62.37
November,	57.30	61.34	66.46	60.16	61.31	30.028	49.45	53.69	53.29	52.14
December,	47.93	55.68	62.38	56.00	55.49	30.130	46.59	52.29	50.67	49.85
TOTAL FOR THE YEAR	64.46	70.53	73.88	69.23	70.05	30.077	60.26	64.04	62.75	62.58

1850.	Degree of Moisture on the Hygrometric Scale.			Degree of Dryness on the Thermometric Scale.			Pluviometer.
	Maximum.	Minimum.	Average.	Maximum	Minimum.	Average.	QUANTITY OF RAIN, in Inches and 1000ths.
January...	1000	.401	.817	28.00	sat. 13 times.	6.64	5.706
February,	1000	.330	.696	42.60	do. once.	11.10	3.800
March....	.952	.498	.781	29.20	1.50	9.97	2.000
April.....	1000	.422	.822	26.4	sat. twice.	6.84	4.110
May.....	.938	.512	.775	19.7	1.60	8.13	6.370
June.....	.958	.444	.827	23.5	1.40	6.87	4.725
July.....	1000 4 times.	.589	.825	17.9	sat. 4 times.	6.96	6.100
August...	1000 4 times.	.550	.575	19.3	0	6.61	7.223
September,	1000	.593	.775	16.1	0	8.09	0.901
October...	1000	.366	.780	28.7	0	14.95	1.180
November,	.952	.397	.735	26.7	1.5	9.16	1.360
December,	1000	.464	.820	21.1	0	5.64	5.050
TOTAL FOR THE YEAR	.983	.463	.778	24.9	0.41	8.39	58.525

 The THERMOMETER is marked four times a-day — at Sunrise, 9 A. M., 3 P. M., clouds, force, direction and nomenclature, and amount of the heavens clear or otherwise, of the Rain — when it began and ended, as well as quality; Thermometer in sun, as well

NEW ORLEANS.—By E. H. BARTON, A.M., M.D.  
of the Board of Health.)

Amount of Moisture, Average,				Elasticity of Vapor, Average,				Weight of Vapor in a cubic foot, in grains, Average,			
AT Sunrise	AT Mid-day	AT 9 P.M.	Total Average.	AT Sunrise	AT Mid-day	AT 9 P.M.	Total Average.	AT Sunrise	AT Mid-day	AT 9 P.M.	Total Average.
.902	.619	.876	.817	.460	.538	.490	.496	5.033	5.839	5.445	5.439
.804	.870	.714	.697	.330	.412	.340	.363	3.806	4.453	3.700	2.986
.819	.601	.773	.776	.472	.516	.492	.493	5.235	5.455	5.425	5.371
.959	.674	.803	.821	.571	.644	.588	.601	6.321	7.062	6.432	6.638
.883	.641	.814	.778	.629	.699	.682	.670	6.739	7.459	7.396	7.198
.905	.720	.833	.819	.784	.849	.823	.818	8.474	9.017	8.853	8.781
.961	.671	.844	.825	.910	.942	.966	.939	9.796	10.078	10.190	10.021
.929	.694	.838	.820	.946	.966	.970	.960	10.174	10.155	10.340	10.223
.884	.654	.812	.783	.801	.858	.897	.852	8.645	9.241	9.582	9.156
.878	.634	.790	.767	.576	.615	.619	.603	6.349	6.598	6.738	6.561
.762	.630	.797	.729	.391	.454	.459	.435	4.381	5.177	4.987	4.848
.952	.720	.833	.833	.358	.433	.410	.400	4.071	4.791	5.575	4.812
.886	.677	.810	.788	.602	.660	.635	.635	6.585	7.110	7.055	6.919

Aspect of the Sky.			WINDS.								
Number of days			Number of days blowing from the								
PAIR.	CLOUDY.	RAINY.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	CALM.
13½	13½	4½	6½	5½	3½	1½	9½	0½	0½	2½	0½
18½	6½	3½	5½	3½	3½	0½	9½	0½	2½	2½	0
16½	12½	2	11½	2½	3½	0½	10½	0½	0½	2	0
16½	11	3½	5½	0½	2½	2½	14	0½	2½	2	0½
22½	6½	2½	4½	2½	2	1½	11	2½	3	2½	2
15½	5½	5	1½	2½	8½	4½	3½	0½	0	0½	1½
18½	9½	3	5	3	3½	1½	6½	3½	2½	1½	3½
21½	4½	4½	5½	0½	2½	1	7½	3½	5½	3½	1½
25	3½	0½	11	2½	5	1½	2½	1½	2	1½	1
21½	5½	1	10½	3½	8½	0½	1½	0	2	1	0½
15½	9	1½	7	4½	4½	5	0½	0½	1	2½	0½
18½	8	3½	6½	4½	4½	4½	4	1½	2½	1½	0
222½	91	35½	80½	35½	51½	25	81	14	24½	24	11½

and at 9 P.M., and so of the BAROMETER: WINDS, force and direction; ASPECT OF SKY— from 0 to 10; HYGROMETER at Sunrise, Mid-day, and 9 P.M., and various other particulars; as exposed to radiation at night, etc., not required to be enumerated here.



## ABSTRACT OF A METEOROLOGICAL JOURNAL FOR 1851,

By D. T. LILLIE &amp; CO., at the City of New Orleans.

Latitude, 29 deg. 57 min; Longitude, 90 deg. 07 min. west of Greenwich.

WEEKLY. — 1851.	THERMOMETER.			BAROMETER.			COURSE OF THE WIND.	FORCE OF THE WIND, Ratio 1 to 10.	NUMBER OF RAINY DAYS.	Quantity OF RAIN. — Inches.
	Max.	Min.	Range.	Max.	Min.	Range.				
January..2	71.0	39.2	31.8	30.30	29.46	0.90	N. E.	3.25	3	3.972
" 9	71.0	41.0	30.0	30.24	30.03	0.21	N. E.	2.50	1	2.790
" 16	76.0	49.0	27.0	30.36	29.93	0.43	N. W.	2.75	1	0.340
" 23	73.0	43.0	30.0	30.40	30.03	0.37	N. N. E.	3.00	1	0.450
" 30	73.0	37.0	36.0	30.35	29.94	0.41	N. N. W.	3.00	3	1.120
February 6	73.0	38.0	35.0	30.58	30.25	0.33	N. W.	2.75	3	1.530
" 13	81.0	43.0	38.0	30.45	29.95	0.50	S.	2.75	3	3.450
" 20	75.0	38.0	37.0	30.50	30.14	0.36	N.	2.75	4	1.375
" 27	85.0	60.0	25.0	30.28	30.08	0.20	S. W.	1.75	1	0.060

REMARKS.—The Thermometer used for these observations is not attached to the Barometer, but is a self-regulating one, and is in a fair exposure. Regular hours of observation, 8 A. M., 2 P. M., and 8 P. M.

## POSTSCRIPTUM.

PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION.—To the Advertisement, on the cover of this Number, we would direct the attention of Medical Students, who intend to visit Philadelphia, for the purpose of acquiring a thorough knowledge of the principles of Medicine. The Medical Gentlemen who have formed this Association for the purpose of teaching and qualifying the Student to receive his Doctorate, are eminently qualified, both from experience and extensive research, to discharge the duties which they have assumed. Most of them are young men, but already known to fame and to their Medical brethren through the country. We would, then, respectfully urge every Student who may be desirous to make himself thoroughly acquainted with the elementary principles of Medical Science, to repair, on reaching Philadelphia, to Dr. F. G. SMITH, the Secretary of this Association, and inscribe his name in their books.

THE  
NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL.

MAY, 1851.

Part First.

ORIGINAL COMMUNICATIONS.

I.—REPORT ON THE DISEASES AND PHYSICAL PECULIARITIES  
OF THE NEGRO RACE.

By SAMUEL A. CARTWRIGHT, M.D., *Chairman of the Committee appointed by the  
Medical Association of Louisiana to report on the above subject.*

(Read at the Annual Meeting of the Association, March 12th, 1851.)

*Gentlemen:*—On the part of the Committee, consisting of Doctors  
Copes, Williamson, Browning and myself, to investigate the diseases  
and physical peculiarities of our negro population, we beg leave  
TO REPORT—

*That*, although the African race constitutes nearly a moiety of our  
southern population, it has not been made the subject of much scien-  
tific investigation, and is almost entirely unnoticed in medical books  
and schools. It is only very lately, that it has, in large masses,  
dwelt in juxta position with science and mental progress. On the  
Niger and in the wilds of Africa, it has existed for thousands of years,  
excluded from the observation of the scientific world. It is only  
since the revival of learning, that the people of that race have been  
introduced on this continent. They are located in those parts of it,  
not prolific in books and medical authors. No medical school was  
ever established near them until a few years ago; hence, their dis-  
eases and physical peculiarities are almost unknown to the learned.  
The little knowledge that Southern physicians have acquired con-

cerning them, has not been derived from books or medical lectures, but from facts learned from their own observation in the field of experience, or picked up here and there from others.

Before going into the peculiarities of their diseases, it is necessary to glance at the anatomical and physiological differences between the negro and the white man; otherwise their diseases cannot be understood. It is commonly taken for granted, that the color of the skin constitutes the main and essential difference between the black and the white race; but there are other differences more deep, durable and indelible, in their anatomy and physiology, than that of mere color. In the albino the skin is white, yet the organization is that of the negro. Besides, it is not only in the skin, that a difference of color exists between the negro and white man, but in the membranes, the muscles, the tendons and in all the fluids and secretions. Even the negro's brain and nerves, the chyle and all the humors, are tintured with a shade of the pervading darkness. His bile is of a deeper color and his blood is blacker than the white man's. There is the same difference in the flesh of the white and black man, in regard to color, that exists between the flesh of the rabbit and the hare. His bones are whiter and harder than those of the white race, owing to their containing more phosphate of lime and less gelatine. His head is hung on the atlas differently from the white man; the face is thrown more upwards and the neck is shorter and less oblique; the spine more inwards, and the pelvis more obliquely outwards; the thigh-bones larger and flattened from before backwards; the bones more bent; the legs curved outwards or bowed; the feet flat; the gastrocnemii muscles smaller; the heel so long, as to make the ankle appear as if planted in the middle of the foot; the gait, hopper-hipped, or what the French call *l'allure déhanchée*, not unlike that of a person carrying a burden. The projecting mouth, the retreating forehead, the broad, flat nose, thick lips and wooly hair, are peculiarities that strike every beholder. According to Sæmmerring and other anatomists, who have dissected the negro, his brain is a ninth or tenth less than in other races of men, his facial angle smaller, and all the nerves going from the brain, as also the ganglionic system of nerves, are larger in proportion than in the white man. The nerves distributed to the muscles are an exception, being smaller than in the white race. Sæmmerring remarks, that the negro's brain has in a great measure run into nerves. One of the most striking differences is found in the much greater size of the *foramen magnum* in the negro than the white man. The foramen, or orifice between



the brain and the spinal marrow, is not only larger, but the medulla oblongata, and particularly the nerves supplying the abdominal and pelvic viscera. Although the nose is flat, the turbinated bones are more developed, and the pituitary membrane, lining the internal cavities of the nose, more extensive than in the white man, and causing the sense of smell to be more acute. The negro's hearing is better, his sight is stronger, and he seldom needs spectacles.

The field of vision is not so large in the negro's eye as in the white man's. He bears the rays of the sun better, because he is provided with an anatomical peculiarity in the inner canthus, contracting the field of vision, and excluding the sun's rays,—something like the *membrana nictitans*, formed by a preternatural development of the *plica lunaris*, like that which is observed in apes. His imitative powers are very great, and he can agitate every part of the body at the same time, or what he calls *dancing all over*. From the diffusion of the brain, as it were, into the various organs of the body, in the shape of nerves to minister to the senses, everything, from the necessity of such a conformation, partakes of sensuality, at the expense of intellectuality. Thus, music is a mere sensual pleasure with the negro. There is nothing in his music addressing the understanding; it has melody, but no harmony; his songs are mere sounds, without sense or meaning—pleasing the ear, without conveying a single idea to the mind; his ear is gratified by sound, as his stomach is by food. The great development of the nervous system, and the profuse distribution of nervous matter to the stomach, liver and genital organs, would make the Ethiopian race entirely unmanageable, if it were not that this excessive nervous development is associated with a deficiency of red blood in the pulmonary and arterial systems, from a defective atmospherization or arterialization of the blood in the lungs—constituting the best type of what is called the lymphatic temperament, in which lymph, phlegm, mucus, and other humors, predominate over the red blood. It is this defective hematosis, or atmospherization of the blood, conjoined with a deficiency of cerebral matter in the cranium, and an excess of nervous matter distributed to the organs of sensation and assimilation, that is the true cause of that debasement of mind, which has rendered the people of Africa unable to take care of themselves. It is the true cause of their indolence and apathy, and why they have chosen, through countless ages, idleness, misery and barbarism, to industry and frugality,—why social industry, or associated labor, so essential to all progress in civilisation and improvement, has never made any pro-

gress among them, or the arts and sciences taken root on any portion of African soil inhabited by them; as is proved by the fact that no letters, or even hieroglyphics—no buildings, roads or improvements, or monuments of any kind, are any where found, to indicate that they have ever been awakened from their apathy and sleepy indolence, to physical or mental exertion. To the same physiological causes, deeply rooted in the organization, we must look for an explanation of the strange facts, why none of the languages of the native tribes of Africa, as proved by ethnographical researches, have risen above common names, standing for things and actions, to abstract terms or generalizations;—why no form of government on abstract principles, with divisions of power into separate departments, has ever been instituted by them;—why they have always preferred, as more congenial to their nature, a government combining the legislative, judicial and executive powers in the same individual, in the person of a petty king, a chieftain or master;—why, in America, if let alone, they always prefer the same kind of government, which we call slavery, but which is actually an improvement on the government of their forefathers, as it gives them more tranquility and sensual enjoyment, expands the mind and improves the morals, by arousing them from that natural indolence so fatal to mental and moral progress. Even if they did not prefer slavery, tranquility and sensual enjoyment, to liberty, yet their organization of mind is such, that if they had their liberty, they have not the industry, the moral virtue, the courage and vigilance to maintain it, but would relapse into barbarism, or into slavery, as they have done in Hayti. The reason of this is founded in unalterable physiological laws. Under the compulsive power of the white man, they are made to labor or exercise, which makes the lungs perform the duty of vitalizing the blood more perfectly than is done when they are left free to indulge in idleness. It is the red, vital blood, sent to the brain, that liberates their mind when under the white man's control; and it is the want of a sufficiency of red, vital blood, that chains their mind to ignorance and barbarism, when in freedom.

The excess of organic nervous matter, and the deficiency of cerebral—the predominance of the humors over the red blood, from defective atmospherization of the blood in the lungs, impart to the negro a nature not unlike that of a new-born infant of the white race. In children, the nervous system predominates, and the temperament is lymphatic. The liver, and the rest of the glandular system, is out of proportion to the sanguineous and respiratory systems, the white

fluids predominating over the red; the lungs consume less oxygen, and the liver separates more carbon, than in the adult age. This constitution, so well marked in infancy, is the type of the Ethiopian constitution, of all ages and sexes. It is well known, that in infancy, full and free respiration of pure fresh air in repose, so far from being required, is hurtful and prejudicial. Half smothered by its mother's bosom, or the cold external air carefully excluded by a warm room or external covering over the face, the infant reposes — re-breathing its own breath, warmed to the same temperature as that of its body, and loaded with carbonic acid and aqueous vapor. The natural effect of this kind of respiration is, imperfect atmospherization of the blood in the lungs, and a hebetude of intellect, from the defective vitalization of the blood distributed to the brain. But it has heretofore escaped the attention of the scientific world, that the defective atmospherization of the blood, known to occur during sleep in infancy, and to be the most congenial to their constitutions, is the identical kind of respiration most congenial to the negro constitution, of all ages and sexes, when in repose. This is proved by the fact of the universal practice among them of covering their head and faces, during sleep, with a blanket, or any kind of covering that they can get hold of. If they have only a part of a blanket, they will cover their faces when about to go to sleep. If they have no covering, they will throw their hands or arms across the mouth and nose, and turn on their faces, as if with an instinctive design to obstruct the entrance of the free external air into the lungs during sleep. As in the case with infants, the air that negroes breathe, with their faces thus smothered with blankets or other covering, is not so much the external air as their own breath, warmed to the same temperature as that of their bodies, by confinement and re-inspiration. This instinctive and universal method of breathing, during sleep, proves the similarity of organization and physiological laws existing between negroes and infants, as far as the important function of respiration is concerned. Both are alike in re-breathing their own breath, and in requiring it to be warmed to their own temperature, by confinement which would be insupportable to the white race after passing the age of infancy. The inevitable effect of breathing a heated air, loaded with carbonic acid and aqueous vapor, is defective hematosis and hebetude of intellect.

Negroes, moreover, resemble children in the activity of the liver and in their strong assimilating powers, and in the predominance of the other systems over the sanguineous; hence they are difficult to bleed, owing to the smallness of their veins. On cording the arm of the



stoutest negro, the veins will be found scarcely as large as a white boy's of ten years of age. They are liable to all the convulsive diseases, cramps, spasms, colics, etc., that children are so subject to.

Although their skin is very thick, it is as sensitive, when they are in perfect health, as that of children, and like them they fear the rod. They resemble children in another very important particular; they are very easily governed by love combined with fear, and are ungovernable, vicious and rude under any form of government whatever, not resting on love and fear as a basis. Like children, it is not necessary that they be kept under the fear of the lash; it is sufficient that they be kept under the fear of offending those who have authority over them. Like children, they are constrained by unalterable physiological laws, to love those in authority over them, who minister to their wants and immediate necessities, and are not cruel or unmerciful. The defective hematosis, in both cases, and the want of courage and energy of mind as a consequence thereof, produces in both an instinctive feeling of dependence on others, to direct them and to take care of them. Hence, from a law of his nature, the negro can no more help loving a kind master, than the child can help loving her who gives it suck.

Like children, they require government in every thing; food, clothing, exercise, sleep—all require to be prescribed by rule, or they will run into excesses. Like children, they are apt to over-eat themselves or to confine their diet too much to one favorite article, unless restrained from doing so. They often gorge themselves with fat meat, as children do with sugar.

One of the greatest mysteries to those unacquainted with the negro character, is the facility with which an hundred, even two or three hundred, able-bodied and vigorous negroes are kept in subjection by one white man, who sleeps in perfect security among them, generally, in warm weather, with doors and windows open, with all his people, called slaves, at large around him. But a still greater mystery is the undoubted fact of the love they bear to their masters, similar in all respects to the love that children bear to their parents, which nothing but severity or cruelty in either case can alienate. The physiological laws, on which this instinctive and most mysterious love is founded in the one case, are applicable to the other. Like children, when well-behaved and disposed to do their duty, it is not the arbitrary authority over them that they dread, but the petty tyranny and imposition of one another. The overseer among them, like the school-master among children, has only to be impartial, and

to preserve order by strict justice to all, to gain their good will and affections, and to be viewed, not as an object of terror, but as a friend and protector to quiet their fears of one another.

There is a difference between infant negroes and infant white children; the former are born with heads like gourds, the fontanelles being nearly closed and the sutures between the various bones of the head united,—not open and permitting of overlapping, as in white children. There is no necessity for the overlapping of the bones of the head in infant negroes, as they are smaller, and the pelvis of their mothers larger than in the white race. All negroes are not equally black—the blacker, the healthier and stronger; any deviation from the black color, in the pure race, is a mark of feebleness or ill health. When heated from exercise, the negro's skin is covered with an oily exudation that gives a dark color to white linen, and has a very strong odor. The odor is strongest in the most robust; children and the aged have very little of it.

I have thus hastily and imperfectly noticed some of the more striking anatomical and physiological peculiarities of the negro race. The question may be asked, Does he belong to the same race as the white man? Is he a son of Adam? Does his peculiar physical conformation stand in opposition to the Bible, or does it prove its truth? These are important questions, both in a medical, historical and theological point of view. They can better be answered by a comparison of the facts derived from anatomy, physiology, history and theology, to see if they sustain one another. We learn from the Book of Genesis, that Noah had three sons, Shem, Ham and Japheth, and that Canaan, the son of Ham, was doomed to be servant of servants unto his brethren. From history, we learn, that the descendants of Canaan settled in Africa, and are the present Ethiopians, or black race of men; that Shem occupied Asia, and Japheth the north of Europe. In the 9th chapter and 27th verse of Genesis, one of the most authentic books of the Bible, is this remarkable prophecy: 'God shall enlarge Japheth, and he shall dwell in the tents of Shem; and Canaan *shall be* his servant.' Japheth has been greatly enlarged by the discovery of a new world, the continent of America. He found in it the Indians, whom natural history declares to be of Asiatic origin, in other words, the descendants of Shem: he drove out Shem, and occupied his tents: and now the remaining part of the prophecy is in the process of fulfilment, from the facts every where before us, of Canaan having become his servant. The question arises, Is the Canaanite, or Ethiopian, qualified for the trying duties of servi-

tude, and unfitted for the enjoyment of freedom? If he be, there is both wisdom, mercy and justice in the decree dooming him to be servant of servants, as the decree is in conformity to his nature. Anatomy and physiology have been interrogated, and the response is, that the Ethiopian, or Canaanite, is unfitted, from his organization and the physiological laws predicated on that organization, for the responsible duties of a free man, but, like the child, is only fitted for a state of dependence and subordination. When history is interrogated, the response is, that the only government under which the negro has made any improvement in mind, morals, religion, and the only government under which he has led a happy, quiet and contented life, is that under which he is subjected to the arbitrary power of Japheth, in obedience to the Divine decree. When the original Hebrew of the Bible is interrogated, we find, in the significant meaning of the original name of the negro, the identical fact set forth, which the knife of the anatomist at the dissecting table has made appear; as if the revelations of anatomy, physiology and history, were a mere re-writing of what Moses wrote. In the Hebrew word 'Canaan,' the original name of the Ethiopian, the word *slave by nature*, or language to the same effect, is written by the inspired penman. Hence there is no conflict between the revelations of the science of medicine, history, and the inductions drawn from the Baconian philosophy, and the authority of the Bible; one supports the other.

As an illustration, it is known that all the Hebrew names are derived from verbs, and are significant. The Hebrew verb *Canah*, from which the original name of the negro is derived, literally means *to submit himself—to bend the knee*. Gesenius, the best Hebrew scholar of modern times, renders both the Kal, Hiphil and Niphal form of the verb from which Canaan, the original name of the negro is derived, in the following Latin: *Genu flexit*—he bends the knee; *in genua procidet*—he falls on his knees; *depressus est animus*—his mind is depressed; *submissee se gessit*—he deports himself submissively; *fractus est*—he is crouched or broken; or in other words, *slave by nature*, the same thing which anatomy, physiology, history, and the inductions drawn from philosophical observations, prove him to be.

A knowledge of the great primary truth, that the negro is a slave by nature, and can never be happy, industrious, moral or religious, in any other condition than the one he was intended to fill, is of great importance to the theologian, the statesman, and to all those who are at heart seeking to promote his temporal and future welfare. This great truth, if better known and understood, would go far to prevent



the East India Company and British government from indulging in any expectation of seeing their immense possessions in Asia enhanced in value, by the overthrow of slave labor in America, through the instrumentality of northern fanaticism; or of seeing the Union divided into two or more fragments, hostile to each other; or of gaining any advantages, that civil commotion on this side of the Atlantic would give to the tottering monarchies of Europe. With the subject under this aspect, the science of Medicine has nothing to do, further than to uncover its light, to show truth from error.

Without a knowledge of the physical differences between the Ethiopian and the Caucasian, the Queen of England's medical advisers would not be much better qualified to prescribe for a negro, than her parliament to legislate for him; or her subjects to dictate to us what position he should occupy in our republican Union of Sovereign States.

#### THE DISEASES OF NEGROES — PULMONARY CONGESTIONS, PNEUMONIA, ETC.

One of the most formidable complaints among negroes, and which is more fatal than any other, is congestion of the lungs, or what European writers would call false pleurisy, or peri-pneumonia notha. It is often called cold plague, typhus pneumonia, bilious pleurisy, etc., according to its particular type, and the circumstances attending it; sometimes the head complains more than any other part, and it then bears the misnomer, 'head pleurisy.' It occurs, mostly, in winter and spring, but is met with at every season of the year, when cold nights succeed to warm days. It is more common among those who sleep in open houses, without sufficient fires to keep them warm and comfortable. It is seldom observed among negroes who inhabit log cabins, with cemented or clay floors, or warm houses made of brick, or any material to exclude the cold wind and air. The frame houses, with open weather-boarding and loose floors, admitting air both at the sides and from below, are buildings formed in ignorance of the peculiar physiological laws of the negro's organization, and are the fruitful sources of many of his most dangerous diseases.

Want of sufficient fires and warm blankets, is also another cause of thoracic complaints. The negro's lungs, except when the body is warmed by exercise, are very sensitive to the impressions of cold air. When not working or taking exercise, they always crowd around a fire, even in comparatively warm weather, and seem to take a positive pleasure in breathing heated air and warm smoke. In cold weather,

instead of sleeping with their feet to the fire, as all other kinds of people do, whether civilized or savage, they turn their head to the fire—evidently for the satisfaction of inhaling warm air, as congenial to their lungs, in repose, as it is to infants. In bed, when disposing themselves for sleep, the young and old, male and female, instinctively cover their heads and faces, as if to insure the inhalation of warm, impure air, loaded with carbonic acid and aqueous vapor. The natural effect of this practice is imperfect atmospherization of the blood—one of the heaviest chains that binds the negro to slavery. In treating, therefore, their pulmonary affections, the important fact should be taken into consideration, that cold air is inimical to the lungs of healthy negroes, when the body is in repose, and not heated by exercise, and consequently more prejudicial in the diseases of those organs. A small, steady fire, a close room, and plenty of thick blanket covering, aided with hot stimulating teas, are very essential means in the treatment of the pulmonary congestions to which their lungs are so prone. An accurate diagnosis, whether the complaint be a mere congestion, pleuritis or pneumonia, is not of much practical importance in the first instance, because, whether it be one or the other, warm air is equally essential, and warm stimulating teas, to determine to the surface. It is proper, first to warm the body by external means and stimulating drinks, after which, an emetic, followed by a purgative of a mild kind, will be beneficial. When there is pain in taking a full inspiration, a moderate blood-letting from the arm, followed by half grain or grain doses of tartar emetic, repeated at intervals of an hour or two, and combined with a little anodyne, to prevent its running off by the bowels, will be found a very effectual remedy in subduing inflammation and promoting expectoration. In the typhoid forms of pneumonia, the quinine, in efficient doses, combined with camphor, aromatics and calomel, is generally the best practice. Bleeding is not admissible in this form of pneumonia, otherwise they bear blood-letting in chest complaints much better than any others. But even in these, they will not bear repeated blood-letting, as the white race do.

#### BILIOUS AND ADYNAMIC FEVERS—REMITTENTS AND INTERMITTENTS.

The next class of complaints to which they are mostly liable, are bilious and adynamic fevers—remittents and intermittents. Evacuating the stomach and bowels by a mild emetico-cathartic, combined with a weak anodyne carminative, to prevent its excessive action, is generally the best medicine to begin with; for, whatever be the

type of the fever, as negroes are hearty eaters, it will be an advantage, in the after treatment of the case, to have the *primæ viæ* cleared of their load of undigested food, and the superabundant mucosities poured out into the alimentary canal of a people so phlegmatic, when attacked with a fever suspending digestion, and interrupting absorption.

For this purpose, a combination of ipecacuanha, rhubarb and cream of tartar, each half a drachm, and a tea-spoonful of paregoric, in ginger or pepper tea, is a very safe and effectual medicine. It will vomit, if there be bile or much mucosity, and will afterwards act on the bowels, promote secretion of urine, and determine to the surface; after which, a dose or two of quinine will generally effect a cure. Calomel is used too indiscriminately in the treatment of their diseases; nevertheless, in obstinate cases, it is not to be dispensed with. Negroes are very liable to become comatose, particularly after watery operations, or in torpid states of the liver. Such cases are best treated by a combination of calomel, camphor, capsicum, quinine and laudanum, and a blister to the back of the neck. Cold water to the head is dangerous. Nearly all their complaints bear stimulating, aromatic substances much better than similar affections among white people, and will not tolerate evacuations so well. The pure anti-phlogistic treatment by evacuations, cold air, starvation and gum water, so effectual in the inflammatory complaints of the hematose white man, will soon sink them into hopeless collapse. Even under the use of anti-phlogistics in their inflammatory complaints, pepper or ginger tea, or some stimulant, is necessary to support the vital actions, which would soon fail under such insipid drinks as gum water. The reason of this is, that the fluids and all the secretions are more acrid than those of the white man. In the latter, the lungs consume more oxygen; the blood is redder and more stimulating, and all the fluids more bland and sweet: whereas, in the negro, the deficient hematosis renders the blood less stimulating, and requires acrid and piquant substances addressed to the digestive system, to supply the stimulus that would otherwise be derived from the air in the lungs. Although they are so liable to congestive and bilious fevers — remittents and intermittents — they are not liable to the dreaded *el vomito*, or yellow fever. At least, they have it so lightly, that I have never seen a negro die with black vomit, although I have witnessed a number of yellow fever epidemics. This is a strong proof against the identity of yellow fever, and the other fevers just named.



## SCROFULA, ETC.

Like children, negroes are very liable to colics, cramps, convulsions, worms, glandular and nervous affections, sores, biles, warts, and other diseases of the skin. Scrofula is very common among them. Rickets, diseases of the spine and hip joint, and white swellings, are not uncommon. They are also subject to the goitre. All very fat negroes, except women who have passed the prime of life, are unhealthy and scrofulous. The great remedy for the whole tribe of their scrofulous affections, without which all other remedies do very little good, is *sunshine*. The solar rays is one of the most efficient therapeutic agents in the treatment of many other affections to which they are liable. A good, wholesome, mixed diet, warm clothing, warm, dry lodgings, and inunction of the skin, with oleaginous substances, and occasional tepid baths of salt and water, are also very necessary remedies. The limits of this report will not permit me to go into details of familiar treatment, as the use of iodine, and the usual remedies.

## FRAMBÆSIA, PIAN, OR YAWS.

The Frambæsia, Pian, or Yaws, is a disease thought to be peculiar to negroes. I have seen it in its worst forms, in the West Indies. I have occasionally met with it in its modified form, in the States of Mississippi and Louisiana, where it is commonly mistaken for syphilis. It is a contagious disease, communicable by contact among those who greatly neglect cleanliness. Children are liable to it, as well as adults. It is supposed to be communicable, in a modified form, to the white race, among whom it resembles pseudo-syphilis, or some disease of the nose, throat or larynx. Further observations are wanting in regard to it. It is said to be very prevalent in Tamaulipas, in Mexico. Attacking the nose and throat, in the first instance, very similar to secondary syphilitic affections, without ever having appeared on the genital organs at all, except in the shape of a slight herpes preputialis. According to my experience, no other remedies have been found to make the least impression upon it but the deuto-chloride of mercury, combined with guaiacum and dulcamara. Our planters do not go to the North or to Europe to learn the art of making sugar, cotton, rice, and tobacco, but they send their sons there to study medicine in the hospitals, where nearly all the diseases they see arise from causes unknown on our plantations—want of food, fire, and the common necessaries of life. Very good physicians they might be, if they staid there; but, on returning home, they have to study

Medicine over again, in the school of experience, before they can practice with success, particularly among negroes. It would be very strange, that among the whole multitude of medical schools in the United States, there is not one that has made any special provision for instruction in regard to three millions of people in the Southern States, and representing half the value of Southern property, differently organized in mind and body from any other people, and having diseases requiring peculiar treatment,—if it were not for the well-known fact of the predominance of a most erroneous hypothesis among statesmen, divines, and other classes of people nearly everywhere, ‘That there are no radical or physical differences in mankind, other than those produced by external circumstances, and that the treatment applicable to the white man would be just as good, under similar external circumstances, for the negro.’ This false hypothesis is at the root of the doctrine that the liberty and political institutions so beneficial to the white man, would be equally beneficial to the negro—that there is no internal or physical difference between the two races. The every-day experience of the Southern people, where the two races dwell together, prove this hypothesis to be unfounded; whereas its fallacy is not so apparent to the people of the North and of Europe, where only one race of mankind is found in numbers sufficient to make comparisons between the two. Hence they have not the data to arrive at the truth, and nothing to correct the erroneous views that a false dogma has given them in regard to negro slavery. But it is most strange that our institutions for medical learning, South, should be doing nothing, with such ample materials around them, to overturn an hypothesis, founded in gross ignorance of the anatomy and physiology of the African race—an hypothesis threatening to cause a disruption of our federal government, and that could be disproved and put down forever at the dissecting table; as it also could be by contrasting the phenomena, drawn from daily observations taken among three millions of negroes, in health and disease, with the phenomena already drawn from observations of the white race; and thereby proving the difference of organization in mind and body between the two races. Stranger still, that our Southern schools in Medicine should be content to linger behind those of the North, without even hope of rivaling them in the numbers of their students, when a provision for including, in their course of instruction, the three millions of people in our midst, not cared for by any school, would, in time, put them far a-head, by attracting the current of students South, who have heretofore been attracted to the North.

Some provision in our schools especially devoted to the anatomy and physiology of our negroes,—to the treatment of their diseases,—to the best means to prevent sickness among them,—to improve their condition, and at the same time to make them more valuable to their owners, and governed with more ease and safety,—would be sending Science into a new and wide field of usefulness, to reap immense benefits for the millions of both races inhabiting the South.

#### NEGRO CONSUMPTION.

Negro consumption is a disease almost unknown to medical men of the Northern States and Europe. A few Southern physicians have acquired some valuable information concerning it, from personal experience and observation; but this knowledge is scattered in fragments about, and has never been condensed in a form to make it of much practical utility. It is hoped that Dr. Fenner's Southern Reports will collect the experience of our physicians, and make that experience more available than it has heretofore been; some physicians, looking upon negro consumption through Northern books, suppose it to be a variety of phthisis pulmonalis—but it has no form or resemblance to the phthisis of the white race, except in the emaciation, or when it is complicated with the relics of pneumonia, or a badly-cured pleurisy. Others regard it as a dyspepsia, or some disease of the liver or stomach; the French call it *mal d'estomac*. But dyspepsia is not a disease of the negro; it is, *par excellence*, a disease of the Anglo-Saxon race; I have never seen a well-marked case of dyspepsia among the blacks. It is a disease that selects its victims from the most intellectual of mankind, passing by the ignorant and unreflecting.

The popular opinion is, that negro consumption is caused by *dirt-eating*. The eating of dirt is not the cause, but only one of the effects—a mere symptom, which may or may not attend it. As in pica, there is often a depraved appetite for substances not nutritious, as earth, chalk, lime, etc.; but oftener, as in malacia, a depraved appetite, for nutritious substances to a greater degree, than for non-nutritious. In negro consumption, the patients are generally hearty eaters of all kinds of food; but there are exceptions.

The disease may be detected, at a very early stage of its existence, by the pale, whitish color of the mucous membrane lining the gums and the inside of the mouth, lips and cheeks: so white are the mucous surfaces, that some overseers call it the paper-gum disease. It can be detected, however, in its incipient state, by making the



patient ascend a flight of stairs; the pulse will be accelerated from eighty or ninety beats, to an hundred and thirty or forty. All kinds of active exercise will greatly accelerate the pulse, that of walking up hill or up stairs more than any other. The skin is ashy, pale and dry; the veins of the head are distended, and show more than in health; occasionally during the day, there is some heat of the skin, and febrile excitement; the blood is poor, pale and thin, in the advanced stages, containing very few red globules; but the pathognomonic symptoms of the complaint are the acceleration of the pulse on exercise, and the whiteness of the lining membrane of the cheeks, lips and gums; the lining membrane of the eye-lids is also pale and whitish. It is of importance to know the pathognomonic signs in its early stages, not only in regard to its treatment, but to detect impositions, as negroes afflicted with the complaint are often for sale; the acceleration of the pulse on exercise incapacitates them for labor, as they quickly give out and have to leave their work. This induces their owners to sell them, although they may not know the cause of their inability to labor. Many of the negroes brought south for sale are in the incipient stage of the disease; they are found to be inefficient laborers, and are sold in consequence thereof.

In order to be able to prevent or cure any malady, it is necessary to know its cause, and its seat. The seat of negro consumption is not in the lungs, stomach, liver or any organ of the body, but in the mind, and its cause is generally mismanagement or bad government on the part of the master, and superstition on the part of the negro. The patients themselves believe that they are poisoned; they are right, but it is not the body, but the mind that is poisoned. Negroes are very jealous and suspicious; hence, if they are slighted or imposed on in any way, or over-tasked, or do not get what they call their rights, they are apt to fall into a morbid state of mind, with sulkiness and dissatisfaction very plainly depicted in their countenances. It is bad government to let them remain in this sulky, dissatisfied mood, without inquiring into its causes, and removing them; otherwise, its long continuance leads to the disease under consideration. They fancy, that their fellow-servants are against them, that their master or overseer cares nothing for them, or is prejudiced against them, and that some enemy on the plantation or in the neighborhood has tricked them, that is, laid poison for them to walk over, or given it to them in their food or drinks. On almost every large plantation, there are one or more negroes, who are ambitious of being considered in the character

of conjurers — in order to gain influence, and to make the others fear and obey them. The influence that these pretended conjurers exercise over their fellow servants, would not be credited by persons unacquainted with the superstitious mind of the negro. Nearly all, particularly those who have passed the age of puberty, are at times kept in constant dread and terror by the conjurers. These impostors, like all other impostors, take advantage of circumstances to swell their importance, and to inculcate a belief in their miraculous powers to bring good or evil upon those they like or dislike. It may be thought that the old superstition about conjuration has passed away with the old stock of native Africans; but it is too deeply radicaded in the negro intellect to pass away: intelligent negroes believe in it, who are ashamed to acknowledge it. The effect of such a superstition — a firm belief that he is poisoned or conjured — upon the patient's mind, already in a morbid state, and his health affected from hard usage, over-tasking or exposure, want of wholesome food, good clothing, warm comfortable lodging, and the distressing idea, that he is an object of hatred or dislike, both to his master and fellow servants, and has no one to befriend him, tends directly to generate that erythism of mind, which is the essential cause of negro consumption. This erythism of mind, like the erythism of the gravid uterus in delicate females, often causes a depraved appetite for earth, chalk, lime, and such indigestible substances. The digestive passages, in both cases, become coated with acescent mucosities, or clogged with saburricious matters. Natural instinct leads such patients to absorbents, to correct the state of the stomach.

In the depraved appetite caused by pregnancy, or in young women afflicted with leuchorrhœa, true art improves upon instinct, or the natural medication of the patients themselves, by substituting magnesia, cathartics, bitters and tonics. But for the same morbid appetite in negro consumption, the natural medication, resorted to by the instinctive wants of the patient, is mistaken for the cause of the disease. It is not only earth or clay that the patients have an appetite for, but, like chlorotic girls, they desire vinegar, pepper, salt, and stimulants. Their skins are dry, proving want of cutaneous exhalation; very little aqueous vapor is thrown off from the lungs, owing to their inability to take exercise. Consequently, defluxions occur on the mucous coat of the digestive passages, from want of action of the skin and lungs; the mucosity, lining the intestinal canal, interrupts the absorption of chyle — the blood becomes impoverished, and the body wastes away from interstitial absorption and want of nutriment.

As far as medication is concerned, I have found a combination of tartar emetic half grain, capsicum five grains, a tea-spoonful of charcoal, a table-spoonful of tincture of gum guaiacum, three times a-day, a good remedy; also, rubbing the whole surface of the body over with some oily substance. But these, as various other remedies, as purgatives, tonics, etc., should be assisted by removing the original cause of the dissatisfaction or trouble of mind, and by using every means to make the patient comfortable, satisfied and happy.

DRAPETOMANIA, OR THE DISEASE CAUSING SLAVES TO RUN AWAY.

Drapetomania is from *δραπέτης*, a runaway slave, and *μανια*, mad or crazy. It is unknown to our medical authorities, although its diagnostic symptom, the absconding from service, is well known to our planters and overseers, as it was to the ancient Greeks, who expressed by the single word *δραπέτης* the fact of the absconding, and the relation that the fugitive held to the person he fled from. I have added to the word meaning runaway slave, another Greek term, to express the disease of the mind causing him to abscond. In noticing a disease not heretofore classed among the long list of maladies that man is subject to, it was necessary to have a new term to express it. The cause, in the most of cases, that induces the negro to run away from service, is as much a disease of the mind as any other species of mental alienation, and much more curable, as a general rule. With the advantages of proper medical advice, strictly followed, this troublesome practice that many negroes have of running away, can be almost entirely prevented, although the slaves be located on the borders of a free State, within a stone's throw of the abolitionists. I was born in Virginia, east of the Blue Ridge, where negroes are numerous, and studied medicine some years in Maryland, a slave State, separated from Pennsylvania, a free State, by Mason & Dixon's line—a mere air line, without wall or guard. I long ago observed that some persons, considered as very good, and others as very bad masters, often lost their negroes by their absconding from service; while the slaves of another class of persons, remarkable for order and good discipline, but not praised or blamed as either good or bad masters, never ran away, although no guard or forcible means were used to prevent them. The same management which prevented them from walking over a mere nominal, unguarded line, will prevent them from running away anywhere.

To ascertain the true method of governing negroes, so as to cure and prevent the disease under consideration, we must go back to the



Pentateuch, and learn the true meaning of the untranslated term that represents the negro race. In the name there given to that race, is locked up the true art of governing negroes in such a manner that they cannot run away. The correct translation of that term declares the Creator's will in regard to the negro; it declares him to be the submissive knee-bender. In the anatomical conformation of his knees, we see '*genu flexit*' written in the physical structure of his knees, being more flexed or bent, than any other kind of man. If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than '*the submissive knee-bender,*' (which the Almighty declared he should be,) by trying to raise him to a level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him over his fellow-man, by being cruel to him or punishing him in anger, or by neglecting to protect him from the wanton abuses of his fellow-servants and all others, or by denying him the usual comforts and necessaries of life, the negro will run away: but if he keeps him in the position that we learn from the Scriptures he was intended to occupy, that is, the position of submission, and if his master or overseer be kind and gracious in his bearing towards him, without condescension, and at the same time ministers to his physical wants and protects him from abuses, the negro is spell-bound, and cannot runaway. '*He shall serve Japheth; he shall be his servant of servants;*'—on the conditions above mentioned—conditions that are clearly implied, though not directly expressed. According to my experience, the '*genu flexit*'—the awe and reverence, must be exacted from them, or they will despise their masters, become rude and ungovernable and run away. On Mason and Dixon's line, two classes of persons were apt to lose their negroes; those who made themselves too familiar with them, treating them as equals, and making little or no distinction in regard to color; and, on the other hand, those who treated them cruelly, denied them the common necessaries of life, neglected to protect them against the abuses of others, or frightened them by a blustering manner of approach, when about to punish them for misdemeanors. Before negroes run away, unless they are frightened or panic-struck, they become sulky and dissatisfied. The cause of this sulkiness and dissatisfaction should be inquired into and removed, or they are apt to run away or fall into the negro consumption. When sulky and dissatisfied without cause, the experience of those on the line and elsewhere was decidedly in favor of whipping them out of it, as a preventive measure against absconding or other bad conduct. It was called whipping the devil out of them.

If treated kindly, well fed and clothed, with fuel enough to keep a small fire burning all night, separated into families, each family having its own house — not permitted to run about at night, or to visit their neighbors, or to receive visits, or to use intoxicating liquors, and not overworked or exposed too much to the weather, they are very easily governed — more so than any other people in the world. When all this is done, if any one or more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good require that they should be punished until they fall into that submissive state which it was intended for them to occupy in all after time, when their progenitor received the name of Canaan, or ‘submissive knee-bender.’ They have only to be kept in that state, and treated like children, with care, kindness, attention and humanity, to prevent and cure them from running away.

DYSÆSTHESIA ÆTHIOPIS, OR HEBETUDE OF MIND AND OBTUSE SENSIBILITY OF BODY—A DISEASE PECULIAR TO NEGROES — CALLED BY OVERSEERS, ‘RASCALITY.’

Dysæsthesia Æthiopsis is a disease peculiar to negroes, affecting both mind and body, in a manner as well expressed by dysæsthesia, the name I have given it, as could be by a single term. There is both mind and sensibility, but both seem to be difficult to reach by impressions from without. There is partial insensibility of the skin, and so great a hebetude of the intellectual faculties as to be like a person half asleep, that is with difficulty aroused and kept awake. It differs from every other species of mental disease, as it is accompanied with physical signs or lesions of the body, discoverable to the medical observer, which are always present and sufficient to account for the symptoms. It is much more prevalent among free negroes living in clusters by themselves, than among slaves on our plantations, and attacks only such slaves as live like free negroes in regard to diet, drinks, exercise, etc. It is not my purpose to treat of the complaint as it prevails among free negroes, nearly all of whom are more or less afflicted with it, that have not got some white person to direct and to take care of them. To narrate its symptoms and effects among them would be to write a history of the ruins and dilapidation of Hayti and every spot of earth they have ever had uncontrolled possession over for any length of time. I propose only to describe its symptoms among slaves.

From the careless movements of the individuals affected with the complaint, they are apt to do much mischief, which appears as if intentional, but is mostly owing to the stupidity of mind and insensibility of the nerves induced by the disease. Thus, they break, waste and destroy everything they handle,—abuse horses and cattle,—tear, burn or rend their own clothing, and paying no attention to the rights of property, they steal other's to replace what they have destroyed. They wander about at night, and keep in a half-nodding sleep during the day. They slight their work,—cut up corn, cane, cotton or tobacco when hoeing it, as if for pure mischief. They raise disturbances with their overseers and fellow servants without cause or motive, and seem to be insensible to pain when subjected to punishment. The fact of the existence of such a complaint, making man like an automaton or senseless machine, having the above or similar symptoms, can be clearly established by the most direct and positive testimony. That it should have escaped the attention of the medical profession, can only be accounted for because its attention has not been sufficiently directed to the maladies of the negro race. Otherwise, a complaint of so common occurrence on badly-governed plantations, and so universal among free negroes, or those who are not governed at all,—a disease radicated in physical lesions and having its peculiar and well-marked symptoms, and its curative indications, would not have escaped the notice of the profession. The northern physicians and people have noticed the symptoms, but not the disease from which they spring. They ignorantly attribute the symptoms to the debasing influence of slavery on the mind, without considering that those who have never been in slavery, or their fathers before them, are the most afflicted, and the latest from the slave-holding South the least. The disease is the natural offspring of negro liberty—the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.

In treating of the anatomy and physiology of the negro, I showed that his respiratory system was under the same physiological laws as that of an infant child of the white race; that a warm atmosphere, loaded with carbonic acid and aqueous vapor, was the most congenial to his lungs during sleep, as it is to the infant; that, to insure the respiration of such an atmosphere, he invariably, as if moved by instinct, shrouds his head and face in a blanket or some other covering, when disposing himself to sleep; that if sleeping by the fire in cold weather, he turns his head to it, instead of his feet, evidently to inhale warm air; that when not in active exercise, he always hovers over a fire in comparatively warm weather, as if he took a positive pleasure in



inhaling hot air and smoke when his body is quiescent. The natural effect of this practice, it was shown, caused imperfect atmospherization or vitalization of the blood in the lungs, as occurs in infancy, and a hebetude or torpor of intellect—from blood not sufficiently vitalized being distributed to the brain; also, a slothfulness, torpor and disinclination to exercise, from the same cause—the want of blood sufficiently areated or vitalized in the circulating system. When left to himself, the negro indulges in his natural disposition to idleness and sloth, and does not take exercise enough to expand his lungs and to vitalize his blood, but dozes out a miserable existence in the midst of filth and uncleanness, being too indolent and having too little energy of mind to provide for himself proper food and comfortable lodging and clothing. The consequence is, that the blood becomes so highly carbonized and deprived of oxygen, that it not only becomes unfit to stimulate the brain to energy, but unfit to stimulate the nerves of sensation distributed to the body. A torpor and insensibility pervades the system; the sentient nerves distributed to the skin lose their feeling to so great a degree, that he often burns his skin by the fire he hovers over, without knowing it, and frequently has large holes in his clothes, and the shoes on his feet burnt to a crisp, without having been conscious of when it was done. This is the disease called *dysæsthesia*—a Greek term expressing the dull or obtuse sensation that always attends the complaint. When aroused from his sloth by the stimulus of hunger, he takes anything he can lay his hands on, and tramples on the rights, as well as on the property of others, with perfect indifference as to consequences. When driven to labor by the compulsive power of the white man, he performs the task assigned him in a headlong, careless manner, treading down with his feet, or cutting with his hoe the plants he is put to cultivate—breaking the tools he works with, and spoiling everything he touches that can be injured by careless handling. Hence the overseers call it ‘rascality,’ supposing that the mischief is intentionally done. But there is no premeditated mischief in the case,—the mind is too torpid to meditate mischief, or even to be aroused by the angry passions to deeds of daring. *Dysæsthesia*, or hebetude of sensation of both mind and body, prevails to so great an extent, that when the unfortunate individual is subjected to punishment, he neither feels pain of any consequence, or shows any unusual resentment, more than by a stupid sulkiness. In some cases, *anæsthesiæ* would be a more suitable name for it, as there appears to be an almost total loss of feeling. The term ‘rascality,’ given to this disease by overseers, is founded on an

erroneous hypothesis and leads to an incorrect empirical treatment, which seldom or ever cures it.

The complaint is easily curable, if treated on sound physiological principles. The skin is dry, thick and harsh to the touch, and the liver inactive. The liver, skin and kidneys should be stimulated to activity, and be made assist in decarbonising the blood. The best means to stimulate the skin is, first, to have the patient well washed with warm water and soap; then, to anoint it all over with oil, and to slap the oil in with a broad leather strap; then to put the patient to some hard kind of work in the open air and sunshine, that will compel him to expand his lungs, as chopping wood, splitting rails or sawing with the cross-cut or whip saw. Any kind of labor will do that will cause full and free respiration in its performance, as lifting or carrying heavy weights, or brisk walking; the object being to expand the lungs by full and deep inspirations and expirations, thereby to vitalize the impure circulating blood by introducing oxygen and expelling carbon. This treatment should not be continued too long at a time, because where the circulating fluids are so impure as in this complaint, patients cannot stand protracted exercise without resting frequently and drinking freely of cold water or some cooling beverage, as lemonade, or alternated with pepper tea sweetened with molasses. In bad cases, the blood has always the appearance of blood in scurvy, and commonly there is a scorbutic affection to be seen on the gums. After resting until the palpitation of the heart caused by the exercise is allayed, the patient should eat some good wholesome food, well seasoned with spices and mixed with vegetables, as turnip or mustard salad, with vinegar. After a moderate meal, he should resume his work again, resting at intervals, and taking refreshments and supporting the perspiration by partaking freely of liquids. At night he should be lodged in a warm room with a small fire in it, and should have a clean bed, with sufficient blanket covering, and be washed clean before going to bed: in the morning, oiled, slapped and put to work as before. Such treatment will, in a short time, effect a cure in all cases which are not complicated with chronic visceral derangements. The effect of this or a like course of treatment is often like enchantment. No sooner does the blood feel the vivifying influences derived from its full and perfect atmospherization by exercise in the open air and in the sun, than the negro seems to be awakened to a new existence, and to look grateful and thankful to the white man whose compulsory power, by making him inhale vital air, has restored his sensation and dispelled the mist that clouded his intellect. His intelligence

restored and his sensations awakened, he is no longer the *bipedum nequissimus*, or arrant rascal, he was supposed to be, but a good negro that can hoe or plow, and handle things with as much care as his other fellow-servants.

Contrary to the received opinion, a northern climate is the most favorable to the intellectual development of negroes, those of Missouri, Kentucky, and the colder parts of Virginia and Maryland, having much more mental energy, more bold and ungovernable than in the Southern lowlands; a dense atmosphere causing a better vitalization of their blood.

Although idleness is the most prolific cause of dysæsthesia, yet there are other ways that the blood gets deteriorated. I said before that negroes are like children, requiring government in everything. If not governed in their diet, they are apt to eat too much salt meat and not enough bread and vegetables, which practice generates a scorbutic state of the fluids and leads to the affection under consideration. This form of the complaint always shows itself in the gums, which become spongy and dark, and leave the teeth. Uncleanliness of skin and torpid liver also tend to produce it. A scurvy set of negroes means the same thing, in the South, as a disorderly, worthless set. That the blood, when rendered impure and carbonaceous from any cause, as from idleness, filthy habits, unwholesome food or alcoholic drinks, affects the mind, is not only known to physicians, but was known to the Bard of Avon when he penned the lines—'We are not ourselves when Nature, being oppressed, commands the mind to suffer with the body.'

According to unalterable physiological laws, negroes, as a general rule, to which there are but few exceptions, can only have their intellectual faculties awakened in a sufficient degree to receive moral culture, and to profit by religious or other instruction, when under the compulsory authority of the white man; because, as a general rule, to which there are but few exceptions, they will not take sufficient exercise, when removed from the white man's authority, to vitalize and decarbonize their blood by the process of full and free respiration, that active exercise of some kind alone can effect. A northern climate remedies, in a considerable degree, their naturally indolent disposition; but the dense atmosphere of Boston or Canada can scarcely produce sufficient hematosiis and vigor of mind to induce them to labor. From their natural indolence, unless under the stimulus of compulsion, they doze away their lives with the capacity of their lungs for atmospheric air only half expanded, from the want of



exercise to superinduce full and deep respiration. The inevitable effect is, to prevent a sufficient atmospherization or vitalization of the blood, so essential to the expansion and the freedom of action of the intellectual faculties. The black blood distributed to the brain chains the mind to ignorance, superstition and barbarism, and bolts the door against civilization, moral culture and religious truth. The compulsory power of the white man, by making the slothful negro take active exercise, puts into active play the lungs, through whose agency the vitalized blood is sent to the brain, to give liberty to the mind, and to open the door to intellectual improvement. The very exercise, so beneficial to the negro, is expended in cultivating those burning fields in cotton, sugar, rice and tobacco, which, but for his labor, would, from the heat of the climate, go uncultivated, and their products lost to the world. Both parties are benefitted — the negro as well as his master — even more. But there is a third party benefitted — the world at large. The three millions of bales of cotton, made by negro labor, afford a cheap clothing for the civilized world. The laboring classes of all mankind, having less to pay for clothing, have more money to spend in educating their children, and in intellectual, moral and religious progress.

The wisdom, mercy and justice of the decree, that Canaan shall serve Japheth, is proved by the disease we have been considering, because it proves that his physical organization, and the laws of his nature, are in perfect unison with slavery, and in entire discordance with liberty — a discordance so great as to produce the loathsome disease that we have been considering, as one of its inevitable effects, — a disease that locks up the understanding, blunts the sensations and chains the mind to superstition, ignorance and barbarism. Slaves are not subject to this disease, unless they are permitted to live like free negroes, in idleness and filth — to eat improper food, or to indulge in spirituous liquors. It is not their masters' interest that they should do so; as they would not only be unprofitable, but as great a nuisance to the South, as the free negroes were found to be in London, whom the British government, more than half a century ago, colonized in Sierra Leone to get them out of the way. The mad fanaticism that British writers, lecturers and emissaries, and the East India Company, planted in our Northern States, after it was found by well-tried experiments, that free negroes in England, in Canada, in Sierra Leone and elsewhere, were a perfect nuisance, and would not work as free laborers, but would retrograde to barbarism, was not planted there in opposition to British policy. Whatever was the motive of Great

Britain in sowing the whirlwind in our Northern States, it is now threatening the disruption of a mighty empire of the happiest, most progressive and Christian people, that ever inhabited the earth—and the only empire on the wide earth that England dreads as a rival, either in arts or in arms.

Our Declaration of Independence, which was drawn up at a time when negroes were scarcely considered as human beings, '*That all men are by nature free and equal,*' and only intended to apply to white men, is often quoted in support of the false dogma that all mankind possess the same mental, physiological and anatomical organization, and that the liberty, free institutions, and whatever else would be a blessing to one portion, would, under the same external circumstances, be to all, without regard to any original or internal differences, inherent in the organization. Although England preaches this doctrine, she practises in opposition to it every where. Instance, her treatment of the Gypsies in England, the Hindoos in India, the Hottentots at her Cape Colony, and the aboriginal inhabitants of New Holland. The dysæsthesia æthiopsis adds another to the many ten thousand evidencies of the fallacy of the dogma that abolitionism is built on; for here, in a country where two races of men dwell together, both born on the same soil, breathing the same air, and surrounded by the same external agents — liberty, which is elevating the one race of people above all other nations, sinks the other into beastly sloth and torpidity; and the slavery, which the one would prefer death rather than endure, improves the other in body, mind and morals; thus proving the dogma false, and establishing the truth that there is a radical, internal, or physical difference between the two races, so great in kind, as to make what is wholesome and beneficial for the white man, as liberty, republican or free institutions, etc., not only unsuitable to the negro race, but actually poisonous to its happiness.

## II.—MEDICAL NOTES:—DETAIL OF A CASE OF PHAGEDENIC CHANCRE, WITH SOME REMARKS ON THAT DISEASE.

TAKEN FROM THE LECTURES OF RICORD.

By WILLIAM H. ANDERSON, M.D., of Mobile.

No man is better known to the medical profession throughout the world, than the distinguished surgeon of the Hôpital du Midi. His deep researches into the most disgusting diseases that afflict civilized society, and the clearness and accuracy with which he describes the results of his investigations, induce us to seize with avidity, and treasure up, as eminently useful, all scientific matter that escapes from his pen, and from his lips. They who have followed him up in his wards, can well attest to the great benefit which he has been to mankind, and if they remember, with pain, the loathsome objects of human suffering which they have seen, they must at the same time recall with pride the triumphs of modern Medicine, and have the most pleasing recollections of the personal vivacity, lively style and agreeable bon mots of the distinguished lecturer. While there is no branch of venereal disease which he has not elucidated by his researches, there is certainly none for the correct treatment of which he has done more, than for the one which heads this article. Having lately had under treatment a case of this nature, I proceed to detail the case and make some remarks upon it.

J. F., a man of 22 years of age, consulted me in October last, to get advice about the treatment of a syphilitic phagedenic chancre, of which he had been, for the previous four months, the unfortunate victim. He was of sanguine and lymphatic temperament, with a predominance of the former; had enjoyed from childhood excellent health, and, until lately, was rather robust than otherwise. His general condition, when he presented himself, was pitiable in the extreme: body, much emaciated; countenance, pale; eyes, sunken; expression, languid; strength, feeble, and appetite gone—to which symptoms I may add general anæmia and protracted diarrhœa. He had contracted syphilis eight months previous, and had been under treatment from the first appearance of the chancre. The usual quantity of mercury had been administered, without removing, or even benefiting, the disease, and he had taken large quantities of sarsaparilla and hydriodate of potash. On examining his chest, to ascertain the cause of a slight cough, I found that he had a distinct souffle, produced at the aortic orifice, and continuing itself into the carotids, where it might be distinctly heard.

The chancre itself occupied a large portion of the dorsum of the penis, was oblong and irregular, and gave rise to a fœtid but rather



scanty discharge. Its size was about that of a dollar. The edges were ragged and burrowed; the bottom of the sore was irregular but not granulated; and the depth did not reach beyond the subcutaneous cellular tissue. From the bottom, a fœtid pultaceous fluid constantly exuded, and formed itself into tough masses, about the consistence of the half-dried secretion of the Schniderian membrane. This chancre had been burned with caustic repeatedly, and had exhausted a variety of local applications, such as the black wash, the yellow wash, calomel, aromatic wine, opiated solutions, etc. From a close examination into the history of the case, I felt satisfied that there was nothing left for me to do, but to put him on a new course of general and local remedies. I had no reason to believe that the constitution of the patient was affected with the syphilitic taint. He had never had bubo of the groin, nor had he suffered with any of the cutaneous eruptions, with ulcerated throat, or rheumatism. I considered the disease, therefore, as one essentially local, which, by the continued discharge and ill condition of the ulcer, had impaired the blood, dejected the spirits, and undermined the constitution. I gladly embraced the opportunity of using the tartrate of iron and potassa, a remedy which I had seen used in phagedena with great success, and on the administration of which I heard a lecture by Ricord, which, on account of its practical value, I will subjoin to this paper. Under the general and local treatment of this remedy, the patient improved, and was discharged at the end of three months, cured of his chancre and restored to general health.

That form of chancre called 'phagedenic,' according to Ricord, does not belong to the class of *primitive* ulcers. It is always the result of some vice which owes its origin to a local cause, or to a predisposition, either general or acquired. The local vice which occasions it, may be either simple or inflammatory œdema, inflammation without œdema, or strangulation. It is sometimes owing to dressings which have been ill-timed and badly applied. The cause is sometimes very difficult to appreciate, but come from whatever source it may, it always brings about the same results. As a general rule, one of the following causes will be found, in any given case of phagedena, to exist:—Weak constitution, chloro-œmia, great privations, excesses of any kind, living in damp, unwholesome districts, lymphatic temperament, scrofula, abuse of mercury, scorbutis, old or recent syphilis. The local condition, already mentioned, may be joined to any of these general causes.

In rare cases, any of these causes may exist, and yet produce no

appreciable effect on the constitution of the patient. In such cases, the only phenomena observable are those which the ulceration presents, and on these *local* appearances, the treatment with tartrate of iron and potassa is based. No practitioner is ignorant of the obstinacy of these phagedenic ulcers, and of the uncertainty of the remedies which have been opposed to them. The object of this paper is merely to present a *resumé* of the results obtained by means of the remedy in question. To this end, an investigation into the nature of phagedenic ulcers will the better enable us to appreciate the sanitary influence which the martial preparations exert over them.

In the first place, phagedena is by no means a proof of *constitutional* infection. On the contrary, when it is not a sequence of *indurated* chancre, it is almost always a guarantee against this infection. Acting on this principle, Ricord never administers mercury as an antiphlogistic, in the treatment of this modification of syphilitic ulcer, excepting only in those cases where the phagedenic state is owing to an anterior syphilitic affection.

The ulcer may take on several different forms: it may be gangrenous, serpiginous, pultaceous or diphtheritic; but it is always covered with a pultaceous layer, of greater or less thickness. Without describing, minutely, each one of these varieties, it may be well to give a description of that which we most frequently meet with.

Phagedenic ulcer, then, is more or less large, generally superficial, rarely extending in depth beneath the subcutaneous cellular tissue. Its shape, sometimes round, is more often irregular; its edges are of a brownish color, and are so much burrowed as to fall into the ulcer. Their base is a little engorged. The bottom of the ulcer is irregular; it presents here and there little cicatrized spots, but the greater part of its surface is covered with a tough, greenish-yellow matter, which it is sometimes difficult to detach, and which comes off in distinct flaps. Fleshy granulations are rarely seen, and if they do exist, they are pale, flabby, without color, and resemble vesicles. Most generally, the surface is of a grayish color, and scattered over with little red points, which easily bleed; the pus is thin, grayish and fœtid, and holds in suspension the *débris* of the tissues, and little flocculi of pultaceous matter. In the *progressive* stage of the ulcer, this pus will answer the purpose of inoculation. The duration of the ulcer is always long, and cicatrization, under any treatment, is slowly accomplished.

Ricord maintains that individuals affected with phagedenic ulcer are most generally exempt from constitutional infection. Often they

have no other symptoms or lesions than those belonging to the local disease; but it is not to be denied, that cases do exist where the same poison which has produced the phagedena, has told, also, severely on the general health. Hence, we sometimes see patients suffering with great languor, headache, palpitation of the heart, carotid murmurs, neuralgic pains in the stomach, pallor of the skin and of the mucous tissues, cutaneous eruptions, both general and immediately around the sore. When the ulcer is very large, and furnishes an abundant suppuration, there is a great wasting away of the body, which adds to the difficulty, and sometimes renders the cure protracted and uncertain.

Phagedenic ulcer, such as has been described, has always been considered a very serious disorder. We need no better proof of this than the accounts which the best authors give of it, and particularly the great variety of treatment which has been recommended for the treatment of it. It is unnecessary to refer to all these therapeutical remedies; suffice it to say, that they are all feeble and unimportant, when compared with the tartrate of iron and potassa. The administration of iron in phagedena is not of recent date, but hitherto it has been given only in small doses, at least when compared to the quantity which Ricord now thinks it necessary to administer. Previous to the last two or three years, fifty or sixty grains a-day was considered sufficient, but at the present time it is well ascertained that we may commence with half an ounce, and reach, gradually, double that quantity. The effect of such doses on the ulceration soon begins to display itself; even as early as the third day the benefit has been appreciated, and the ulcer has shown evident signs of improvement. The pultaceous matter which covers the bottom of it, first commences to be more easily detached. The suppuration assumes a more healthy appearance, and does not coagulate on the surface of the wound; the fleshy granulations, from being pale and transparent, become more red; the pus, which was thin and serous, and loaded with the detritus of the ulcer, is more homogeneous; the edges of the ulcer take on a more natural color, become by degrees absorbed, and rounded off, as it were. This latter is the first sign of cicatrization, and indicates a return of the phagedena to a simple sore, and a disposition to heal without delay. The method of cure, however, is subject to some variations, worthy of mentioning. It sometimes happens, for instance, that the cicatrization takes place with great difficulty, commencing late in the course of treatment. In such cases, the borders of the ulcer draw up, as it were, towards the centre; the wound undergoes a sort of crisping process, which greatly



reduces its size, and the surface, deprived of its flabby granulations, seems to draw up rather than to cicatrize. Occasionally, too, the wound will undergo a process of cure by regular granulation; but that is exceedingly rare. When the ulcer covers a very large extent of the penis, the cicatrix will form at several points, and proceed from centre to circumference. Finally, in that variety of phagedenic ulcer called *serpiginous*, cicatrization will be going on in one place, while ulceration is extending in another. This, however, should not give the physician uneasiness, because the one process always goes on faster than the other, and the wound heals.

The local treatment of these ulcers has been very variable. It has been the custom to dress the surface with aromatic wine—with the decoction of poppy heads, the solution of iodine, the powder of charcoal, of Peruvian bark, etc. But lately, Ricord uses, exclusively, the solution of the tartrate of iron and potassa. The first effect of this dressing may discourage the physician who has never seen it employed, for it gives to the wound a very bad appearance, owing to the color it imparts to the tissues; a little perseverance, however, soon manifests a marked difference in the general appearance of the ulcer. Without denying the healing property of other local means, in conjunction with the internal use of the iron, we feel justified in saying that they can claim only a secondary reputation, when compared with the curative agency of the remedy in question.

An accidental circumstance which twice presented itself to Ricord, furnished incontestible proof of the utility of the tartrate of iron. He was obliged to suspend its employment at two different times, and once for the period of eight or nine days. In both instances the sores retrograded, and the patients complained bitterly of renewed appearances of phagedena. The wounds returned to their original state; the bottom resumed its pultaceous, grayish appearance, and the discharge became sanious and unhealthy. The re-administration of the remedy did not fail to produce decided improvement.

The length of time during which this ferruginous treatment should be employed, cannot be definitely stated; and, indeed, it must be based on the actual state of the ulcer. In general, it is best to continue the treatment until cicatrization is *complete*. If there be the smallest point of a phagedenic ulcer still unhealed, and we omit the use of remedies, it will soon spread itself in the newly cicatrized tissue around it, and will be the more difficult to heal, from the very fact of its having invaded this peculiar tissue. It is best, then, to push the remedy to a complete cure. The shortest continuation of a phage-

denic ulcer, after the commencement of the use of the iron, is seventeen days. This relates to a case of phagedena occupying the extremity of the penis. In other patients, the cure does not go on so rapidly. Three patients were upwards of three months in regaining their health, but in all three it was necessary, once or twice, to suspend the remedy, in order to combat other symptoms of importance.

The pathological effects produced by the tartrate, in large doses, are scarcely ever serious enough to suspend its employment. All the patients, even the most prostrate, seem to bear it well. At the end of the third or fourth day, sometimes later, the skin and mucous membrane regains its healthy appearance, the patients suffer with a little heaviness about the head, the pulse becomes stronger, and the vitality of the system is evidently augmented. The arterial souffle, which existed before administration of the medicine, disappears by degrees. A very large dose sometimes produces pain, and a sense of weight about the stomach, but rarely occasions vomiting. As a general rule, the appetite increases, the evacuations become dark, and sometimes there is a disposition to diarrhœa. The color of the teeth is in no wise affected, but they retain their whiteness throughout the treatment.

The daily dose of the tartrate is from half an ounce to an ounce, dissolved in water. It is best to begin with about two drachms, and at the end of ten days to arrive at the full dose.

In investigating the *rationale* of the treatment above alluded to, I must confess that I am at a loss to account for the reasons why the remedy in question possesses such a controlling influence over phagedenic chancre. It coincides, to be sure, with our experience as to the therapeutical effects of the ferruginous preparations, but then other salts of iron seem to be so far inferior to the tartrate, that we are naturally led to believe that there is something specific in this preparation. The carbonate of iron, the sulphate, the muriated tincture, have all been tried, and although each has its effect in restoring, to a certain extent, the general health, yet no one of them can claim the same efficacy as the tartrate. What virtue the potash contained in the preparation is entitled to, is a subject of speculation. Probably it is productive of no important results, since potash has been given along with the other preparations, without increasing their power.

### III.—REMARKS ON VACCINATION, AND ITS PRESERVATIVE INFLUENCE AGAINST SMALL-POX.

BY E. F. TAYLOR, M.D., OF NEW ORLEANS.

Among the measures which have been devised for controlling the severity and limiting the ravages of Small-Pox, stands preëminent that of Vaccination.

So much has been said and written upon this subject, that nothing new could scarcely be expected to be added to the store of knowledge already possessed. There are, however, some points, the importance of which have not been thoroughly discussed; to these, in the course of our remarks, we propose to call the attention of the readers of the Journal.

It may not prove uninteresting to speak of the circumstances which led to this great discovery; more especially, as the English authorities attribute the praise to their countryman, Dr. Jenner. In this, they certainly falsify the facts of history, as we shall endeavor to show.

The credit of introducing vaccination into England is justly due to Dr. Jenner, but that the idea originated with him has certainly not been proven; on the contrary, the reverse is true. In reference to this subject, we find the following passages in the 'Dictionnaire des Sciences Médicales.'

'M. Rabaut, Pommier, ministre protestant à Montpellier, avant la révolution, avait été frappé de ce que, dans le Midi, on confondait sans le nom de *picotte*, la petite vérole de l'homme, le claveau de moutons, etc. Il en parlait un jour à un agriculteur des environs de Montpellier, qui, pour donner à l'observation de M. Rabaut un degré d'intérêt de plus, et pour augmenter en même temps l'énumération des animaux qui avaient la *picotte*, lui dit avoir observé cette *picotte* sur le trayon des vaches; et il ajouta que le cas était rare, et la maladie très-bénigne.

'A cette époque (1781,) il y avait à Montpellier un riche négociant de Bristol, nommé M. Irland, qui depuis plusieurs années, venait y passer les hivers avec un médecin Anglais, le docteur Pew.—M. Rabaut, qui s'était lié intimement avec eux, leur observa, un jour que la conversation roulait sur l'inoculation, *qu'il serait probablement avantageux d'inoculer à l'homme la picotte des vaches, parce qu'elle était constamment sans danger.* On disserta longuement sur cet objet, et le docteur Pew ajouta qu'aussitôt qu'il serait de retour en Angleterre, il proposait ce nouveau genre d'inoculation à son ami le docteur Jenner.'

It appears, then, that the first idea of the possibility of transferring the Cow-Pox to man originated in France, with Dr. Rabaut, in 1781,



and was communicated to Dr. Jenner, an English physician, who was intimately acquainted with Dr. Rabaut.

Baron Humboldt mentions, in his observations in New Spain, the case of a negro slave, belonging to the Marquis of Valleumbroso, upon whom the practice of inoculation had been performed, without success. A second operation was deemed necessary, when the negro remarked that he had had the irruption which the Indian Fathers considered a preventive against small-pox, which was common among, and occurred upon hands of milkers, residing in the Cordilleras of the Andes.

Dr. Jenner seems to have had his attention directed to this subject very early in life. The English history speaks of the idea having first occurred to him in 1780, but remained dormant for a long period. It is related that he deferred the important matter until about the year 1789, when he tried the experiment upon his own son, with small-pox virus. On the 14th of May, 1790, cow-pox matter was found, and a child vaccinated by Dr. Jenner, from the hands of a milker. This is regarded, in England, as the birth-day of vaccination. This child passed through the ordinary stages, without an untoward symptom, and was afterward inoculated with small-pox virus, without effect. Jenner's original essay ('An Inquiry into the Causes and Effects of Variolæ Vaccinæ,') was not published until the year 1798. The doctrine was eagerly embraced, and in 1801 it was ascertained that six thousand persons had been subject to vaccination; all of whom were afterwards tried with small-pox virus, and exposed to its contagion, without a single individual contracting the disease.

The practice of vaccination was first introduced into the United States by Dr. Waterhouse, of Boston, in the year 1799. Mr. Jefferson, in 1801, then president of the United States, established an Institute for vaccination, we believe, in Baltimore, for the purpose of diffusing its benefits among the Indian tribes that inhabited the North-Western territory, among whom the ravages of small-pox had made sad havoc. Dr. Smith was appointed in the capacity of vaccine agent, and presided over that department, until it was decried by the Federalists as unconstitutional, and repealed by an act of Congress.

It may not prove uninteresting to speak, in this place, of some of the circumstances which diminished the reputability with which vaccination began. In Scotland, in 1818 and 1819, an epidemic small-pox appeared in a mild form, denominated *modified small pox*, which term was generally adopted. Dr. Thompson, of Edinburgh, published an account of the epidemic, which elicited much discussion. It, how-

ever, failed to diminish the confidence placed in vaccination. In 1825, an epidemic appeared in London, which showed, according to the tables of mortality, 1300 deaths, some of which were believed to have been vaccinated. Shortly afterwards epidemics similar pervaded France and Italy. In Germany they took the alarm, and resorted to re-vaccination, which has been practised ever since.

In 1838, small-pox again appeared in London, the admissions into the Small-pox Hospital amounting, in that year, to over double the number of the preceding years, prior to vaccination. Many had a malignant form of the disease, some of whom died. These facts demonstrate the utility of re-vaccination; in this country, the same thing has occurred. We have seen a patient who suffered with a malignant form of the disease, who had been vaccinated in early life. It is questionable whether the lymph was of a genuine character, without which, we believe, there can be no guarantee of its protective influence.

When a pure article of cow-pox is inserted into the arm, the following phenomena occur: on the third day, a small pimple, elevated and distinctly circular, may be seen, of a reddish appearance; by an examination with the microscope, this appearance can be readily recognized at the end of the second day. At the end of the fifth day, the cuticle is elevated and a pearl-colored vesicle appears, containing a very delicate and transparent fluid. This vesicle is circular, if the operation is made with a pointed instrument, as with a needle, or oval, if made by a lancet. On the eighth day it arrives at its greatest perfection; it is then completely elevated from above the surrounding cuticle, and in appearance inclined more to a yellowish hue. In the black race, it is always yellowish, an occurrence which has not been heretofore remarked; indeed, we have never seen the secretion so perfectly transparent as in the white race, a fact worthy to be noticed. The vesicle is cellular in its nature, having from ten to fifteen in number, from the bottom of which is secreted the specific matter denominated vaccine.

After the eighth day, fever sets in, and we have inflammation occurring around the base of the vesicle, rendering the skin tense and oftentimes very painful; the areola is circular in its appearance, no matter how the incision is made, its diameter extending from one to three inches. At this period the adjacent cellular membrane presents considerable swelling and hardness. On the eleventh day the areola begins to disappear, leaving concentric circles of a slight bluish tinge. The vesicle having been discharged before this period, the

remaining lymph gradually contracts and forms a hard, round scab of a brownish appearance, which contracts and blackens. About the twenty-first day, the scab falls off, leaving a cicatrix circular, depressed slightly, striated and indented with small pits corresponding to the number of original cells, of which the vesicle had been composed.

The regular course of the vaccine vesicle, above described, is liable to be disturbed by various causes. The ordinary form of irregular vesicle is characterised by intolerable itching from the commencement. The vesicle advances too rapidly, attaining its height oftentimes by the fifth day. It resembles a common sore, discharging opaque matter or pus, instead of the thin transparent lymph, which we always find in the true vesicle. This irregularity is attributed to atmospheric influences oftentimes, but is dependent more frequently upon the bad quality of the lymph employed. Milan advocates this doctrine, and, we believe, with much show of truth.

When a child is in perfect health, if pure fluid lymph is inserted into its arm, the vaccine vesicle will always go through the regular normal form, insuring perfect immunity from small-pox poison, in the large majority of cases. The disease termed varioloid, is produced by imperfect vaccination; the common practice in this country, is to vaccinate with scabs—instead of the pure fluid secretion—which is always mixed with serum, the result of common inflammation.

The younger the lymph, the more intense; the secretion from a fifth-day vesicle will always succeed. The proper period for preserving lymph, is from the fifth to the seventh day; the secretion is more abundant at the latter period; it is thin and perfectly transparent. At the end of the seventh day, it becomes thicker and changes its color, when it is no longer *pure vaccine* secretion, being mixed with serum, the result of the fever and inflammation, as we before remarked, which sets in at this period. Lymph, taken from children at the age of from three to five months, is much more intense, and produces finer vesicles, than at any other period; consequently, it is better for propagation, and should always be preferred.

Whilst upon this subject, it may be necessary to speak of the manner of making incisions, to insure the complete success of the operation. After much practice, we have abandoned the old method of splitting the skin, by means of a lancet, and resort now, altogether, to a pointed instrument made for the purpose, or which is a very good substitute, a common cambric needle. With this instrument, previously dipped in fluid lymph, we raise the epidermis and push it



through, without a drop of blood escaping. It is only necessary that it should come in contact with the corion, to be absorbed, and produce its peculiar influence. There is no necessity for putting adhesive plaster over the puncture, as is commonly practised. Its effect cannot be produced at all, unless the virus comes in contact with an absorbing surface.

In as much as it is admitted that vaccine lymph is a very delicate secretion, and that the practice of vaccinating directly from the arm is, if practicable, always resorted to—it is then necessary and important to inquire in what manner it can be most conveniently preserved, in order to prevent its decomposition. In regard to this latter point, complaints are heard from every quarter of the country, that 'the vaccine will not take.' The cause of this failure, from what has been said, must be obvious to every discriminating mind: it is in the fact, that the old method of using scabs, instead of pure genuine lymph, is the one most commonly resorted to. This method is unscientific, and as we before observed, a very uncertain one. Our views are corroborated by the every-day experience of medical gentlemen. We come, then, to inquire in what manner lymph may be preserved, so as to obtain its effects as nearly as when propagated directly from the arm.

The method resorted to by the Germans, we have found to be excellent, and to answer completely and perfectly the object desired; we mean that of preserving the lymph on points of ivory, or—which is much better—in capillary tubes. They may be filled when the vesicle is at its height, from the fifth to the eighth day, before common inflammation sets in. It is then in its purest state, and the tubes may be sealed hermetically, being capable of propagating its specific influence for a great length of time, and having the additional advantage of being transported to any climate, without deterioration.

Jenner originally taught, that small-pox and cow-pox were similar in their nature, the latter being a modified form of small-pox. This opinion has been corroborated by many writers subsequently, but it is by no means admitted that they are identical, obeying the same laws. The effects of the poisons are different—the constitutional as well as the local symptoms being very different. The fact that vaccinated subjects are more liable to small-pox than those who have once been affected with that disease, is admitted beyond doubt. The one has occurred often, the other very rarely. These facts do certainly prove conclusively that the diseases are very different in many particulars. Experiments have been repeatedly instituted, to show, that small-pox

when passed through the system of the cow, is converted into vaccine. It is believed to be the common method of obtaining the virus, but it is a great mistake, for nothing is more clear than that it is the disease termed *grease* by farriers, occurring in the heels of the horse, from thence propagated to the cow from the hands of milkers, as we have stated in the first part of our paper.

When vaccination was first instituted, many persons were subjected to the influence of small-pox, by inoculation, but without effect. Time has an influence, so far as its protecting power is concerned. When a child is vaccinated, small-pox never occurs previous to the eighth year; after that period, from the ninth to the tenth year, it is occasionally met with. Its frequency increases towards puberty, and is often met with from eighteen to twenty-five years. These facts force us to the conclusion, that time materially influences the protective influence of the virus.

We must apply these pathological views, then, to an examination of the measures suggested to remedy these defects. These are a recurrence to the cow for pure lymph, and that of re-vaccination. The opinion that lymph loses its influence, proportionate to the number of times that it passes through the human body, is pretty generally entertained. Many experiments have been made, particularly by the English and Germans, with fresh lymph from the cow.

In Berlin, an institution has been established by the government, for the purpose of testing these matters, and for the propagation of a genuine article. It is instituted by statute, when a cow dies with the pox in her udders, that the owner is compelled, upon a penalty, to report to the coroner, who is a physician, whose duty it is to procure the lymph, and place it at the Academy for inspection. It then undergoes an examination, and is put up for the benefit of the king's subjects.

It is related that in the Small-pox Hospital, of London, in 1836, they changed their old stock of lymph for a more recent article, with a decided improvement in the vesicles. The inflammation was more severe, and the constitutional symptoms more decided. The most minute quantity took effect, producing finer and better raised vesicles. In a stock of lymph direct from the cow, which we propagated, we noticed, in a period of two months' vaccination,—passing through several hundred systems in that time—a very sensible diminution in the character of the vesicle, and the intensity of its influence. Our experience confirms the belief, that when an article is seen to diminish in intensity, we ought to recur to fresh lymph.

In regard to re-vaccination, it is believed to be exceedingly important, more especially by the Germans. The authorities of Paris have reported to the French government, on the other hand, against the practice. It is difficult to decide, but we are constrained to believe that it is better to be on the safe side, and re-vaccinate. We have facts enough, which go to prove that it is not necessary under the tenth year of age: the period most fitted for it is from puberty to manhood. Exceptions exist to this rule. We can call to mind a lady, whom we vaccinated with fine effect, who had undergone the process on two different occasions previously—in her youth, and at puberty.

We invite the attention of the profession to the utility of vaccination, in subjects who had not previously undergone that operation, when it may be supposed that small-pox has been already received in the system. In repeated instances, during a very malignant epidemic, we were induced to try vaccination when the fever had already set in, and with a happy effect. The poisons seemed to antagonise, and instead of having genuine small-pox, we had a mild form of varioloid. This is a remarkable fact, and is very interesting in its nature, worthy of being further investigated. My valued friend, Dr. Cartwright, of this city, informs me of having observed the same facts among plantations, when small-pox occurred among the negroes. Upon the occurrence of the first case, he immediately vaccinated the entire family, with the satisfaction of seeing the disease materially modified.

*New Orleans, La., March, 1851.*

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#### IV.—ON THE TREATMENT OF CHILD-BED FEVER.

*By DR. MONTGOMERY, of St. Louis, Mo.*

A. HESTER, M.D.:

*Dear Sir,*—The very interesting paper from the pen of Dr. Macgibbon in the January number of your valuable Journal, treating of puerperal fever, has induced me to beg of you a small space in some succeeding issue, for the purpose of directing the attention of your readers to the *remedial management* of that dire disease, especially to the essential importance of the free and frequent use of purgatives throughout its progress.

The insidious character of the malady,—its being so often masked — its frequent anomalies — sometimes great heat of skin, high arterial action and other symptoms, denoting a strong febrile condition,



whilst there is no inflammation or structural lesion—often little or no tenderness, and almost exempt from the ordinary signs of phlogosis, whilst the peritoneum, the uterus, or its appendages, may be in a dangerous state of inflammation, and *vice versa*: these considerations induce me to look upon purgatives with particular favor in the treatment of this Protean disease, aside from their general usefulness in all inflammatory affections. Immediately after *accouchement*, especially if much blood has been evacuated, we are very reluctant to bleed, unless the symptoms are very urgent and violent, and, as we have intimated, there are numerous very serious cases, where few, if any, well-marked symptoms or signs of danger present themselves; in all such circumstances, we happily possess, in the class of purgatives, remedies which are always safe, easily administered and very efficient in arresting the headlong course of the disease.

Whenever we are the least suspicious that puerperal fever may be developed—whenever we discern the first untoward sign or symptom, an appropriate purgative should be at once administered, and if it does not completely dispel the cause of our fears, we should then act promptly by bleeding, or pursuing whatever course our judgments dictated. I would not be understood as wishing to *substitute* purgation for bleeding, and I am very confident that the use of the latter will not justify us in omitting the former, for both are essentially necessary in a great majority of cases.

If the patient is young and not enfeebled by previous hemorrhage, we should employ venesection in the early stages of the disease. This should be done in the erect position, so that we will have a mark beyond which we will know that it would be dangerous to go. If from the slightness of the attack, the age, debility, or idiosyncrasy of the patient, or the stage of the disease, we dread to venesect, cups or leeches may be advantageously employed. Where we judge the seat of the disease to be in the uterus and its appendages, I greatly prefer scarified cups; and where the peritoneum is thought to be the part implicated, I think leeches the most suitable. A large quantity of blood can be abstracted by a few leeches in these cases, if we will use warm fomentations and poultices to the abdomen after they drop off; after either cups or leeches, a warm flaxseed-meal poultice over the bowels should be perseveringly employed. In southern climates it is but seldom that we will venture on venesection more than once in the attack, but the cups or leeches may often follow it, and be advantageously repeated in many instances.

As before intimated, I am strongly convinced of the remedial efficacy

and usefulness of suitable purgatives, not only in the commencement, but also throughout the progress of the malady. Now, I imagine many will be ready to exclaim, 'Why venture on the use of purgatives in this disease, where one of the most ill-boding symptoms is frequently an almost intractable profluvium from the bowels?' I answer, that it is to remove the CAUSES of this profluvium, and of the disease itself, that I advise a judicious administration of appropriate purgatives. The 'black draught,' as it is popularly called in the British Isles, is the purgative I generally prefer to all others; and it is almost exclusively the only one employed after child-birth by the women there,—a strong argument in favor of its salutary effects, as very few of them have a protracted convalescence, notwithstanding the many other disadvantages under which they so frequently suffer. The following is the usual formula for the composition of the black draught:—

Take of Senna leaves, one ounce;  
 Preserved tamarinds, two ounces;  
 Juniper berries, }  
 Coriander seed, } of each, half an ounce.

Infuse in a quart of boiling water; strain off and dissolve in the infusion, two ounces of sulphate of magnesia:—Dose, 4 to 8 ounces.

The acid of the tamarinds and the aroma of the juniper and coriander render this a very pleasant purgative, and prevents it from griping or nauseating. I have often seen it used where there was great debility and diarrhœa, and never without great apparent advantage. Like other purgatives, it tends to subdue inflammation by carrying off the fluids, removing all irritants from the bowels, and, in my humble opinion, besides these properties, it has a distinct cleansing and purifying action on the generative organs, and also prevents a continuance or recurrence of the morbid profluvium from the intestinal canal. Cases are very common where this colliquative diarrhœa is so intractable that it is not checked until many strong doses of opium, camphor, acetate of lead, etc., and even then its exit *from* the bowels is only arrested, whilst it is pent up in the canal, causing debility, swelling, oppression and febrile irritation. But if we premise a small dose or two of the black draught, the intestines seem to resume a tone and healthful action which, with an enemata of starch gruel, containing a little laudanum and acetate of lead, will enable them to maintain their wonted integrity.

Besides the black draught, the *sulph: magnes., pulv. rhei.* and *ol. ricini*, are appropriate purgatives in these cases, but, in my opinion, inferior to it in their remedial efficacy. The strong cathartics, as *aloc. gambogia*, scammonia, colocynth, etc., I think, are unsuitable.

Before dropping the subject of purgatives, I would beg to remind the reader that I do not advise them in the commencement of the attack only, but also occasionally throughout the course of the disease. The doses, of course, should be larger in the early stages, and, in every period, administered in accordance with the indications present.

Emetics have been highly lauded at different times, but it is probable that their efficiency, utility, and *safe* employment are, as yet, apocryphal, and require more time and experience before their perfect adaptation can be fully confirmed. The same objections exist against them as against drastic cathartics, causing too much perturbation in a disease characterised by great mobility and erethism.

It is probable that there is no disease which more imperatively demands the prompt use of mercury than puerperal fever; and I am not aware of any disease in which this potent drug can be freely and frequently administered with less dread of salivation or any other evil consequence attending it. The following is the combination which I have been long in the habit of prescribing for it in child-bed fever:—

℞.—Hydrarg. chlorid. mit., ℥i.; pulv. ipecacuanhæ, ℥i.; pulv. fol. digitalis, gr. x.: M.

Divide into ten powders, or make into twenty pills, and give one of the former or two of the latter every three hours, or more or less frequently, according to the urgency of the case, the constitution of the patient, &c.

At the commencement it may be given freely and frequently, so as to bring the system speedily under the influence of the medicine, through its internal administration, as I think the method of inunction is *effete* as regards the effect on the morbid action of the system. An emulsion of camphor, which can be made of any strength by the aid of a little chloroform, may be given occasionally, especially towards the latter periods of the disease. I am decidedly opposed to the administration of camphor in the form of a pill or tincture, as I fear it often thus acts as an irritant instead of a soothing nervine. Opium, or its preparations, I also leave out of the pills or combination as above given, because I prefer to keep the mercurial and the opiate separate, so as to be able to employ each in quantity and in frequency, as indications present themselves. Whenever the tenderness and pain is present in any considerable degree, one-fourth of a grain of morphine may be given in a dose of the camphor emulsion; and it should be repeated whenever the patient manifested signs of restlessness and suffering, as, besides alleviating the distress and soothing the irritation of the patient, opiates are powerful aids in overcoming the inflamma-



tion. It is important to bear in mind, that the calming effect of the anodynes and sedatives may mislead as to the actual state of our patient, and we should sedulously watch the case, and persevere with the means for its complete amelioration, until we had unmistakable proof that the disease was totally subjugated. Whilst, then, I would advise free recourse to opium or morphine whenever restlessness, irritability, tenderness or pain, were present, I still would not allow the happy calm produced by them to cause me to drop the other remedial measures, or to be lulled into fatal inactivity. The length of time that the mercurial combination should be continued, or the extent to which it should be employed, must be left to the judgment of the physician, as it will depend entirely upon the circumstances of each case; I would merely remark, that it is much safer to extend its use beyond what is essentially necessary, than to abandon it before the morbid catenation is effectually broken up, for, in the former case, we may produce salivation, whilst, in the latter, the life of the patient may be sacrificed to our timidity.

In the latter stages, when there is debility, oppression and tympanitis, the following mixture may be employed with great advantage:—

R.—Spirit terebinthinæ, ℥ss.; ess. menth. pip., ℥i.: aq. ammonia acetatis, ℥xx.: M.: Pulv. g. Arabic, ℥ii.

Two table-spoonfuls to be given occasionally.

Quinine may also now be given advantageously, and even at an earlier period if there are full remissions in the fever. There seem to be but two periods when the spirit terebinth. can be safely and judiciously administered — in the accession of the attack, and again after the inflammation has been subdued by depleting and antiphlogistic remedies. Given after the full development and before the decline of the disease, it is, to say the least, a very questionable curative.

With regard to food and drink, abstemiousness should be encouraged; a little barley, rice or toast water, will answer for both food and drink, and a large quantity of anything will be injurious. As a cooling beverage, both to quench thirst and abate the nausea and irritability of the stomach, Professor Lee has recommended an alkaline solution, which is both suitable and pleasant; it consists of one drachm of the carbonate of potassa dissolved in five ounces of spearmint water:— Dose, two table-spoonfuls every two hours if there is thirst or nausea. A wine-glassful of lime water with a table-spoonful of new milk, is an admirable remedy for the same purpose.

After the proper depletion, counter-irritation, as by blisters to the abdomen and thighs, and the application of tinct. iodin. or spt. tere-

binth., have been recommended, and, in many cases, are doubtless serviceable. In cases where the flow of urine has been scanty, I would much prefer the iodine to either the emp. lyttæ or the spt. terebinth.; and, again, we should probably pay some regard to the 'likes' and 'dislikes' of the patient, in these matters. Some cannot endure the odor of turpentine about their beds—some are excessively irritable under the drawing of a blister—whilst others might endure both of these patiently, and yet become almost frantic from the burning of iodine.

Injecting an infusion of hops up the vagina occasionally, will be found of advantage, and a general warm bath, or a warm hip bath, will often do much good.

In the few hints which I have given, I find that I have left to the last a very important part of the remedial management, to wit, good nursing, and a judicious management of the sick-room. Free ventilation should be allowed; and so that the patient would not be permitted to become chilly, the cooler she be kept the better. Perfect quietness and the avoidance of much company, is also necessary; and the babe should not be permitted to remain with the sick mother any longer than it is absolutely necessary. A good, sensible nurse, who will be capable of exercising full control over the patient, keeping her composed, regulating her drinks, preventing the chamber from becoming too warm, too crowded or too noisy, and preserving the invalid in mental calmness and personal cleanliness, will be an essential aid in the promotion of successful treatment.

*St. Louis, Feb. 4, 1851.*

#### V.—CASE OF TEMPORARY LOSS OF VISION, FROM DILATATION OF THE PUPILS,

WHICH FREQUENTLY OCCURRED AND DEPENDED UPON MORBID EXCITABILITY OF THE SPINAL MOTOR NERVES OF THE RADIATING FIBRES OF THE IRIS—OFFERED AS EVIDENCE OF THE EXISTENCE OF SUCH NERVES, AND BECAUSE OF ITS PRACTICAL IMPORTANCE.

*By C. H. STONE, M. D., of Natchez, Miss.*

Mrs. A. B. [the initials are fictitious], aged about twenty-four years, had always enjoyed good health, interrupted only slightly for a year before marriage, when she became affected with a morbid sensibility of the sacral nerves, and from which, probably, resulted an abortion in June, 1846, attended with considerable hemorrhage, which continued moderately, with occasional cessation, for a month. Her general health was restored by a visit to the seashore; the undue sensibility of the sacral nerves was overcome by cupping and counter-

irritation. She became pregnant, and was delivered, at full term, in July, 1847.

While much debilitated and unable to sit up, in consequence of the abortion in 1846, she occupied her time, for nearly a month, almost continually, in reading and fine sewing. From that period, she dates an impairment of vision—an amaurotic state of both eyes, which was shown by variously-colored objects appearing to float before the eyes, and by a dimness and momentary loss of vision suddenly taking place. This condition of her sight being only occasional, and not of much extent, except for two months previous to her confinement in 1847, was not communicated to her medical attendant until March, 1848. The floating of objects before the eyes, instead of increasing, as in amaurotic conditions, gradually and entirely disappeared soon after the confinement, but the sudden blindness became more and more readily and frequently produced.

Vision is (March, 1848) perfect for a time, even to distinguish minute objects at a distance. The pupils contract and expand properly on exposure to and removal from ordinary light, and as long as they remain of their usual size, the sight is perfect; but a dilatation suddenly takes place from exposure to a strong light, from reading or sewing, and even from looking intently upon an object for a short time, and instantly there is total blindness. Vision is again soon restored, even while the eyes remain fixed upon the object.

There is no uneasiness in the eyes or head, nor do the former appear in the least affected, except as stated.

The general health is much impaired; she has fever; the urinary secretion is very scanty and highly colored, and the ankles are swollen and very painful. A few moderate portions of mercurial and laxative medicine, and diuretics of acetate of potash and colchicum, gradually and fully restored the general health, but the impairment of vision remained the same. I was therefore led to investigate the case still further, and I found that pressure over the second cervical vertebra instantly caused dilatation of the pupils and total blindness. This was repeatedly tried at different times, with the same results, and every precaution taken to prevent deception, from its being produced by the other causes referred to, while this experiment was being made. If pressure was made often at the same visit, a longer time elapsed before vision became restored than when the neck had not been irritated by these means, and to such an extent that the patient once requested me to desist. She became satisfied, as I did, that the pressure produced the blindness, and recollected that she had previously



observed the same effect from accidentally irritating that part of the neck.

After two months' treatment, an improvement took place, but not to a sufficient extent to satisfy me, and I therefore advised her husband to take her to the North for the benefit of a change of climate, and of other medical advice. Her case was examined by two distinguished physicians of the city of New York, Drs. Cheeseman and Wallace, one or both of whom, at first, discredited the idea I had advanced respecting the immediate cause of the blindness, and its production by pressure on the neck, but became satisfied of its correctness. Their treatment did not materially differ from that I had adopted. She returned in the Fall, and, by the end of the year, became nearly relieved, and has since only had slight returns, not sufficient to induce her to use any remedy. In the latter part of 1849, she was again delivered at full term, and remains in good general health.

Although I had not seen a similar case, I was not surprised at the development of what was evidently the source of the blindness. It was plain that the loss of vision depended solely upon the dilatation, for it was evident that the retina was in a normal state, because during the blindness the patient was fully conscious of light, and, with the exception stated, vision was as distinct and perfect as ever, for small as for large objects, and whether those were viewed at short or long distances.

The blindness seemed to result from a want of power to adjust the forces of the muscular tissue of the iris, or rather, to *sustain* the adjustment, and this to depend upon a morbid excitability of the radiating fibres, which contracting suddenly and excessively, dilated the pupils. The power of regulating the admission of a due quantity of light was, in this way, lost—vision was overwhelmed by too much light.

It would have been more in accordance with present belief on this point, to have attributed the dilatation to a want of power in the motor nerves of the circular fibres, to maintain a due contraction of the pupils, which might result either from a deficiency of excitability in themselves, or of sensibility of the ophthalmic branch of the fifth, or from some impairment of the retina, but as an excitant to the cervical region caused the dilatation, such suppositions would, from this fact alone, have been highly unsatisfactory in this case, however well the fact of such impairments might explain a dilatation and blindness in other cases. It was an active, not a passive, dilatation. It yet re-

remained to be explained how the dilatation resulted from an *excitation* made through the eye, a *contraction* of the pupils being its usual, and, indeed, only recognized effect.

It was reasonable to infer that the spinal motor nerves, if such existed, being in a state of morbid excitability, would receive an impression from an undue excitant in preference, or in *preponderating proportion*, to the motor nerves of the circular fibres, which were as reasonably supposed to be in a normal condition. That the reverse of this takes place in a physiological condition seemed not a valid objection to this explanation.

I was led to this examination and opinion of the case from what I had often seen in cases of irritation of spinal nerves—*motor* as well as *sensitive*, which it had been my fortune to witness, from the time the attention of the profession had been more fully called to the latter class of cases, by Teale's work on Neuralgia, in 1829. Instances in which the sensitive nerves have been in a state of morbid sensibility, have, since then, been often observed and reported, while the morbid excitability of the motor nerves has been much overlooked. I had seen attacks of violent spasmodic cough, distressing dyspnoea, palpitation, vomiting, eructation of gas, etc., brought on instantly by pressure on the spinal column, thus developing the source of otherwise obscure and sometimes dangerous disorders. I therefore did not hesitate to form and express my opinion of this case to the patient and her husband, but I felt it my interest and duty to investigate it thoroughly, or to the extent of my ability; and I am free to admit that I was not so well acquainted with the minute anatomy and physiology of the eye, as to know whether the *authorities* would confirm my views, or render them wholly untenable, and leave my fact inexplicable.

It was no objection to my opinion, that Todd and Bowman, and other anatomists, as far as I could learn, did not describe *motor* nerves to the radiating fibres of the iris, for proof of such might be derived from experimental and pathological facts, more certainly than from anatomy, the more especially as the circular and radiating fibres are allowed equally to possess the character of muscular tissue; and as circular fibres are admitted to have a motor nerve for the contraction of the pupil, so the radiating fibres ought to have a motor nerve for their action and the consequent expansion of the pupil. The idea of a passive contraction of the latter, if tenable in any case, was not in this. I found in the British and Foreign Medical Review for July, 1846, p. 284, that 'some experiments of Signor Guarini would make it probable, not only that the movements of the iris are mainly due to

two sets of muscular fibres,—one circular, for the contraction of the pupil, the other radiating for its dilatation,—but, also, that these movements are under the influence of two sets of nervous fibres, of which one set, distributed to the circular fibres, are derived from the third nerve, through the ophthalmic ganglion, and the other, distributed to the radiating fibres, are supplied by the branches of the cervical spinal nerves which pass through the superior cervical ganglion of the sympathetic.’

The case of Mrs. A. B. received a full explanation from the experiments of Guarini, and also presented a pathological proof of the truth of his deductions. At that time I had not access to the experiments of Valentin, which are alluded to in this notice of Guarini’s, but I have since procured the ‘Physiological, Pathological and Anatomical Researches of Dr. John Reid,’ re-published in 1848, in which (at pp. 303 and 304) he refers to the results of Valentin’s experiments, from which it will be seen that what was made probable by the experiments of Guarini in 1844 and ’5, was rendered *more* than probable by those of Valentin in 1839.

Dr. Reid states that—‘From these and other facts, Valentin concludes that the iris derives its motor filaments from two sources—from cerebral and from spinal nerves; its cerebral motor filaments come from the inferior branch of the motor oculi nerve; its spinal motor filaments from the spinal cervical nerves:’ and that ‘the cerebral filaments move the circular muscular fibres of the iris, or the contractor muscle of the pupils; the spinal filaments move the radiating muscular fibres of the iris, or the dilator muscle of the pupil.’ ‘Valentin likewise believes that this view of the motor nerves of the iris, being derived from two different sources, and supplying antagonist muscles, will not only explain the effects of lesion of the sympathetic and vagus in the neck upon the iris, *but enable us to understand the variety in the condition of the pupil as to contraction and dilatation, in certain diseases, which has hitherto puzzled medical men;* and also clear up some anatomical anomalies in the origin of the ciliary nerves, which have been recorded.’

This was highly satisfactory; but I did not expect to find the record of any case similar to the one I had met with, yet, at length, I saw an essay on ‘Irritation of Spinal Nerves,’ by Dr. Brown, published in 1828, in the Glasgow Medical Journal, and soon after re-published in this country in the Journal of Foreign Medicine, vol. 2, in which (p. 322) Dr. Brown describes the case of ‘A. S., a girl of 17 years of age, in whom there was, in addition to the usual symptoms of this



disease, palsy, nearly complete, of the left upper extremity. The arm was numb, and she could only move one of the fingers. She lost the power of swallowing anything but liquids. These two symptoms remained, though almost every other yielded to the means employed. She had no pain in the head at this time, at least no fixed pain, nor any apparent affection of the mind. At one time the sight was dim and the pupils dilated; but I conceived that these, as in other cases, were owing to the spinal irritation of the nerves of the neck, not to any affection of the brain.' And at p. 323 he says—'It was formerly remarked, too, that Miss M. and A. R. were completely blind for some time. It appears, therefore, that this symptom is not unusual in cases of spinal irritation. I cannot, however, explain, by any nervous communication, how this should happen. I can only say, that I have observed partial or total blindness in several cases in which the upper cervical nerves were in an irritated state, and from the frequency of its occurrence. I must suppose, that it was connected with this irritation, and arose from it.

'As this symptom occurred, in general, during my absence, I am not sure whether, in all the cases, the pupils were dilated or not, during the state of blindness. In A. R.'s case, and in that of A. S., they were dilated, and I presume that such was also the case in the others, as that was the character of the eye when I saw it next day.'

It is reasonable to suppose that pressure on the upper front of the cervical region would, in these cases, have caused the pupils to dilate, and there is no reason to doubt that the dilatation was the cause of the blindness. There is sufficient 'nervous communication' with the upper cervical portion of the spine, to explain 'how this should happen,' if the function be admitted, for anatomists describe that the superior cervical ganglion of the sympathetic is connected by large branches with the first, second and third cervical nerves, and that the carotid plexus, formed by an ascending branch from this ganglion, has various communications; among others, there is a branch to the ophthalmic ganglion, and one or two filaments to the third pair. This is as much as anatomy can do; experiments and pathology must explain the rest; and if pressure near the roots of these cervical nerves, one or other being in a state of morbid sensibility and excitability, produces dilatation of the pupils—and if 'after the pupil of a live animal has contracted on irritating the third nerve, the superior cervical ganglion be irritated, *the pupil dilates again,*' as asserted by Guarini and Valentin, it appears certain, and better attested by the pathological than the experimental fact, that filaments from the

first, second or third cervical nerves are motors for the radiating fibres of the iris, which could be determined by irritating the branches before their connection with the ganglion. Although I am well aware that an irritant to a portion of the spinal column, the cord in a state of irritation, will sometimes develop *pain* in the nerves going *to* (why may it not cause *motion* through those proceeding *from*?) the cord at another and distant section, in the same morbid state, yet as, in the case of A. B., the irritant was over the second vertebra, it is a fair inference that the spinal motor of the iris is a filament of the second cervical nerve.

I have had proof in many instances, by pain in the eye, from pressure on the neck, that a nerve of sensation also connects the eye and the spinal cord, and so no doubt have many others. If the iris has one kind of spinal nerve, it has the other; and if it be granted that irritating the cervical ganglion, or irritating the spinal column, when an irritation exists in the cord or at the roots of its nerves, produces an action of the motor nerves, this can only occur through a nerve of sensation, for a pure motor nerve does not act from the direct application of irritants, because not sensitive—it acts only through a nerve of sensation or volition. That it was through a spinal sensitive nerve that the motor of the radiating fibres of the iris was excited, in irritating the cervical ganglion, and from pressure on the second vertebra, in the case of Mrs. A. B., will be admitted by all whose minds are not preoccupied with the doctrine of Bell—a host, it is true,—but likely soon to be few from an accumulation of opposing facts, and their exposition by Mr. Alexander Walker, to whom, it is hoped, justice will yet be done in the acknowledgment that to him, and not to Bell, we are indebted for the complete enunciation of the fact that the anterior and posterior spinal nerves perform distinct functions, and of the *true* doctrine that the former, *not the posterior*, are sensitive, and the latter, *not the anterior*, are the motor nerves.

Dilatation of the pupils may occur from opposite conditions of the cerebral and spinal motors of the iris, as well as from a blunted sensibility of the excitors of the former, from a lessened excitability of one set, the cerebral, or from an increased excitability of another, the spinal. Belladonna and strychnine will each produce the same effect—the former by a sedative impression, direct or indirect, on the cerebral, and the latter by an exciting impression on the spinal motor nerves and column; and it is well to know that, in disease, dilatation and blindness may depend upon the same

opposite states of the same distinct sets of nerves — of those belonging to the circular and those to the radiating fibres: and as section of the spinal motor, by removal of the cervical ganglion, will cause *contraction* of the pupil, it may be well to remember that the same may happen from a blunted excitability or paralysis of this nerve, however rare for this to occur from such cause, — probably not more so, or as difficult to distinguish, as a *dilatation* from the same state of the cerebral motors.

Cases of spinal irritation are numerous in the South, and, although far more frequently met with among delicate women, are not as much confined to them as generally supposed. I have seen them, many times, among men, and more frequently with the black race, of either sex, than the white man; and while affections of the *sensitive* nerves are more frequent and prominent, it is not unusual to find the *motors* chiefly, and apparently solely, implicated. Nor is it always that these irritations, especially of the sensitive nerves, begin at the roots — they more often, indeed, commence in the expansions, in which they often persist, notwithstanding an appropriate treatment of the spine may have afforded much relief; and this is also sometimes the case in primary irritations of the roots, or of the columns of the cord at the point of entrance or exit of the nerves, if long neglected: not only the secretory and other functions become deranged, but I am fully satisfied that *organic* changes have sometimes resulted from irritations of spinal nerves, long neglected.

March 20th, 1851.

VI.—AN ENCEPHALOID TESTICLE SITUATED IN THE CENTRE OF A MASS OF FIBRINE, DISTENDING THE TUNICA ALBUGINEA.—ITS EFFECT ON THE SPERMATIC CHORD.—DIFFICULT DIAGNOSIS.\*

BY M. ROUANET, D. M. P., OF NEW ORLEANS.

Towards the end of October, 1850, Mr. \* \* \*, about forty years of age, was injured in the right testicle, by coming suddenly and unexpectedly upon the sharp, angular extremity of a plank. Three weeks afterwards, he suffered from the *traction* occasioned by the *volume* and *weight* of the testicle, both of which had greatly increased. Resolvents, compression, — in short, every effort failed to alleviate the case.

SYMPTOMS.—I examined the tumor in consultation with the attending physician, on the 29th December, 1850. It was apparently about

\* This article was written in the French language, and any errors found therein must be charged to the Editor.



the size of the egg of a duck. It presented the ordinary appearance of a hydrocele, but was completely opaque. The apex of the tumor alone was susceptible of pain when pressed. Pressure suggested *mere ideas* of fluctuation, and soft elasticity. It was impossible to ascertain the exact position either of the testicle or of the epididymis, buried in such a morbid mass.

DIAGNOSIS.—The correctness of the diagnosis was the more important, as the left testicle lying outside the inguinal ring, its prolific power became very doubtful. Our researches were much restricted by the condition of things already described. Ideas of hydrocele, hæmatocele, encysted tumor, fungus hæmatodes, or encephaloid, were successively pondered. To ascertain the true nature of the disease, several punctures were made with a lancet, to the depth of four or five lines. From one of them about a spoonful of yellow serum escaped, coming, no doubt, from the vaginal tunic. This negative result caused us to abandon the idea of hydrocele (especially on account of the opacity), of hæmatocele, etc., leaving us with the sole probability of fungus hæmatodes, after all efforts to amend the case had been exhausted by a very experienced physician. Two circumstances prevented us from coming to a positive conclusion,—the tumor had not the specific gravity of sarcocele, neither had it the hardness of the first stage of encephaloid tumor. Notwithstanding the obscurity of the case, and the difficulty of precise diagnosis, we were nevertheless convinced of the *malignancy* of the disease, and of the necessity of prompt action.

THE OPERATION.—It was performed on the 9th January, 1851, with the assistance of a third and skilful practitioner. A consultation having previously been held, an incision was made accordingly in the scrotum, the whole length of the tumor, which clearly revealed the malignity of the disease; after which the incision was extended on the side of the ring, and the operation was successfully concluded. Three weeks afterwards the wound was perfectly cicatrized, and the patient was able to resume his usual avocations.

ANATOMICAL EXPLORATIONS developed the following results:—

1st, *A Deposit of Fibrine*.—The albuginous coat was much distended, and separated from the body of the gland by a new substance, of the thickness of several lines; this much resembled the tubulous matter of the testicle, but a closer examination enabled me to recognize the peculiar characters of the fibrine of the blood, in its softness, elasticity, semi-transparency, and the facility with which it could be separated into bundles or fascia; whilst it was easily

torn by a different kind of traction. Some sanguineous vessels of a peculiar whiteness demonstrated the commencement of regular organization.

2d, *Degeneration of the Testicle.*—The testicle was, we may say, isolated in the centre of the deposit of fibrine. When cut in the direction of its greatest diameter, it presented a double surface of the whiteness of milk, from which an inspissated, white matter could be expressed, whose parts were not closely united, but could be easily carried away by a small stream of water. After this operation, there remained a substance resembling *felt*. In one place we observed a scirrhous mass about the size of a pea.

3d, *The White Thickening of the Chord.*—The chord considerably thickened, to the extent of an inch, constituted one-third of the upper part of the tumor. Its substance was compact, white, unyielding, yet with a certain degree of elasticity. Pressure was not attended with any result as for matter expressed. The vas deferens lying above, but unconnected with it, was only involved in the diseased mass in the neighborhood of the epididymis. This last, very slightly changed in its structure, had maintained its relative position with the albuginea, to which it was united by a slight fibrinous connection.

Before the mass was removed, we had perceived, through the integuments, a small, hard body, situated at the upper third of the anterior face. It was now evident that this body could be nothing more nor less than the head of the epididymis.

#### REMARKS.

If I have been able to comprehend the progress of the morbid phenomena, the development must have been as follows:—Internal hemorrhage was occasioned by the contusion; the blood was diffused between the glandular body and the fibrous covering; the serum was absorbed, and the fibrine became coagulated and inspissated. The natural relations being disturbed, and much pressure ensuing, the gland was soon changed into a morbid tissue, and became a diseased focus of the most dangerous kind. The malignant secretions attacked the spermatic chord without affecting the fibrine that was interposed, and which, as yet, was too imperfectly organized.

According to this explanation, which alone appears to be genuine, Pott, Richter, etc., have not been wrong to admit the primitive hemorrhage of the albuginous coat as the third variety of hæmatocele. For if, in the majority of cases, hemorrhage is a consequence of organic degeneration, it does not appear to have been the case here,

since, contrary to the usual course of fungus hæmatodes, the volume of the testicle was not enlarged, nor was there any evidence of its being a hereditary or constitutional disease.

Two circumstances may be noticed as having entangled the preciseness of the diagnosis—the comparative lightness of the tumor, and the want of hardness on its first stage. Both can be explained by the presence of fibrine, which being lighter than the fleshy tissue (so called), formed a soft envelope around the testicle.

Examined through a microscope of three hundred diameters, some filaments could be perceived in the morbid matter, floating as it were in myriads of very small globules of about equal size. Observed through the microscope of Professor Jones, of sextuple power, we thought that we perceived spontaneous movements; but there is great danger of illusion in these very delicate microscopic explorations; besides which, the matter having been soaking in water for seven hours, there was ample time for thousands of infusoriæ to have been engendered in it.

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## VII.—OPERATION OF LITHOTOMY.

BY H. DUREL, D.M.P., OF NEW ORLEANS.

Jules Lefèvre, of French parentage, born at New Orleans in 1842, suffered at an early age from calculus in the bladder. His father declares that he must have felt the first symptoms of this affection when six months old. The symptoms, which were all of the same nature, increased in intensity as the child grew up. It was at the end of May, 1848, the child being then six years old, that I ascertained the presence of calculus in the bladder, the means of catheterism.

On the 5th of June, in the same year, with the assistance of Drs. Lambert, P. Tricou, Pecquet and Alpuente, I performed the operation by the bilateral method. The operation offered nothing remarkable; the calculus was extracted very easily, with a moderate loss of blood. The patient was put under the influence of chloroform. When he awoke, he scarcely knew what had been done. However, he had shrieked and moved so much, that it was necessary to keep him down by force.

On the second day, a small quantity of urine passed *per vias naturales*. The edges of the wound were a little swollen, and the patient was slightly fevered. The fever lasted several days, and then ceased. On the seventh day, the urine flowed freely *per vias naturales*, and trickled slowly through the wound. On the fifteenth day, I discontinued my attendance, the wound being quite scarred over. Two



years and eight months have now elapsed since the operation was performed, and the child has not had the slightest ailment since. He is a great deal more robust and healthy than he was before the operation.

*New Orleans, Feb. 3, 1851.*

VIII.—A DIARY OF THE CLIMATE OF NEW ORLEANS FOR 1850.

BY W. P. HORT, M.D.

(Concluded from page 689.)

**JULY.**

- 1—Sultry morning; light air from S.W.: ther. 80° at daylight; at 11½ A.M. fine shower of rain, with very moderate lightning and thunder; at noon, ther. 85°; at 10 P.M., 83°.
- 2—Pleasant morning; ther. 79° at daylight; wind S.W.; at noon, ther. 85°, with a fine breeze from N.W.; 9 P.M., 81°: weather becoming much more agreeable.
- 3—Day-dawn threatening: sultry and cloudy; at daylight, ther. 78°; at 8 A.M., 82°; at noon, 85°; 5 P.M., 82°; at midnight, 80°; wind south by west; wind in the afternoon N.W.; warm night.
- 4—Ther. 5 A.M. 80°, 82° at 8 A.M., and 86° at noon; wind variable, generally N.W.; the night calm and pleasant.
- 5—At daylight, ther. 80°: atmosphere oppressive and sultry; at 8 A.M., 82°: light breeze from the North; M., ther. 86°, and wind S.; midnight, ther. 82°.
- 6—Ther. 80° 6 A.M.; 85° at noon; wind part of the forenoon North, and in the afternoon South; a fine day, and the city healthy: some sporadic cases of cholera make their appearance.
- 7—Ther. 78° at daylight: 80° at 8 A.M.; quite calm, with an occasional current from every direction; P.M. a heavy rain: ther. 82°; a heavy squall from the South; streets well cleansed; clearing off in the afternoon, with wind at N.W.
- 8—Heavy rain all day, in showers; ther. 79° at 6 A.M., 82° at noon, and 80° at 3 P.M.; cool evening and night, after the rain.
- 9—Ther. 79° at 5 A.M.; light wind from W. N.W., very warm at noon, and ther. 86°; sun extremely powerful: six or seven persons struck down by its terrible impulses. In the afternoon wind N. N.W., in puffs; night warm and damp.
- 10—Cloudy and damp; ther. at daylight 80°; at 8 A.M. 82°; noon 84°; at 4 P.M. very heavy rain, with lightning and thunder for two hours; the night cool and wind West; ther. at midnight 80°.
- 11—Ther. 5 A.M. 76°; at 8 A.M. 80°: wind N.E.; much rain in the forenoon; occasional, P.M.; ther. 85° at noon, and 80° at 10 P.M.; very sultry between the showers.

- 12—Same kind of weather; strong wind, with squalls of rain, and dead calm during the intervals, making the weather very oppressive; ther. at daylight 79°; at noon 84°; 9 P.M. 81°.
- 13—Ther. at daylight 80°; at noon 82°; rain in the morning; very sultry afternoon; wind all round the compass; ther. 80 at 10 P.M.
- 14—Sultry and calm; not wind enough to stir a leaf; ther. 80° at daylight; at 10 A.M. 82°; heavy rain, with lightning and thunder during the day; atmosphere extremely damp and oppressive; wind all round the compass.
- 15—Calm, sultry, damp, oppressive weather—the very kind to impair vitality, and engender pestilence; heavy clouds in the horizon; ther. 6 A.M. 79°; noon 82°; 10 P.M. 80°: not a breath of air stirring.
- 16, 17, 18—Same weather; ther. varying from 79° at daylight, to 87° at noon, and 84° at 9 P.M.; generally calm, with occasional squalls from N.W.; nights warm.
- 19—Last night cooler; North breeze all night; ther. 80° at daylight; noon 87°; pleasant breeze P.M.; 84° at 10 P.M.
- 20, 21—Same weather and same temperature—80°, 87°, 84°; fine sea breeze after 11 A.M.
- 22—Wind North, and very light; ther. 80° at daylight, 90° at noon; wind all round the compass, generally North; warm night; ther. 86° at 9 P.M.
- 23, 24—The same temperature, weather and winds:
- 25—Air very damp: cloudy, threatening rain; ther. 80° at 6 A.M.: wind West; ther. at M. 85°; at night 82°.
- 26—Ther. 82°, 86°, 84°, at the usual hours; light showers during the day; wind generally West, but all round the compass; cool and pleasant night.
- 27—Weather very threatening; ther. 80° at daylight; between 7 and 8 A.M. a good shower; at noon ther. 87°; wind very variable, generally W. and S.W.; ther. at 10 A.M. 80°; cool and pleasant night.
- 28—Ther. 78° at 6 A.M.; very light wind from W., and dying away occasionally; ther. at M. 90°; towards 4 P.M. a very pleasant breeze from the West; ther. 82° at night.
- 29—Ther. 80°; light wind from N.W.; at noon 86°, with a fine breeze; ther. at M. 81°.
- 30—Ther. 80° at daylight, 88° at noon, 84° at 9 P.M., with a fine breeze from the South all day.
- 31—Ther. 80° at 5 A.M., 87° at noon, 84° at bed-time; first part of the

night very warm; more agreeable towards morning, with a fine S. W. breeze.

#### AUGUST.

- 1—Ther. 82° at daylight; very sultry and oppressive all the morning, with light, variable wind; ther. at M. 81°; P. M. a fine shower of rain brought the wind round to N. W.; at night 81°.
- 2—Ther. 6 A. M. 82°, at noon 88°; weather very warm, with variable winds; ther. at night 84°: warm night.
- 3—Ther. 6 A. M. 83°, at noon 88°, at 4 P. M. 93°, at night 87°—the hottest day of summer, so far; wind generally North, occasionally in puffs, and then dying away; warm night.
- 4—Ther. 85° at daylight, midday 93°, at night 92°: a very oppressive afternoon and night, the North wind of the forenoon having died away; about bed-time a westerly breeze sprang up, which cooled the atmosphere 6 degrees during the night.
- 5—Ther. at 5 A. M. 86°: very close, sultry morning; midday ther. 90°: a heavy squall from the South reduced the ther. to 86° in 20', and at 7 P. M. the mercury had lowered to 70°;—many persons estimate the fall to have been 10° in two hours: cool night, with fine westerly breeze.
- 6—Ther. at daylight 76°, midday 88° to 90°; very close afternoon; heavy clouds all round, and brilliant lightning at night: wind W.; temperature at bed-time 85°; warm night before midnight, but much cooler towards morning.
- 7—Still cloudy: ther. 6 A. M. 76°; at M. 88°: wind W., and very light; 3 P. M. ther. 91°—after which a fine northerly breeze cooled the air, and brought the temperature down to 81° by bed-time: the night, on the whole, cool and pleasant for the season, especially towards morning. Cases of dengue very abundant; sporadic cases of yellow fever reported; occasional cases of cholera; persons sun-struck.
- 8—Ther. 78° at 6 A. M.: wind N. and a fine breeze; at noon ther. 90°: wind dying away occasionally; at 2 P. M. heavy squall from the South: everything obscured by clouds of dust; at bed-time 85°, and very sultry until midnight, when a brisk westerly wind rapidly cooled the atmosphere.
- 9—Ther. 74° at daylight: wind W. by N.; ther. at midday 90°; at night 82°: a pleasant night, with a breeze throughout.
- 10—At 6 A. M. ther. 76°, at noon 88°, at night 84°: wind W. N. W., and very variable; after midnight ther. 80°, and more pleasant; first part of the night very oppressive.
- 11—Ther. 6 A. M. 80°: wind S, W.; 9 A. M. 86°; at 10 A. M. a violent



storm of wind, cooling the air considerably, and reducing the temperature to 80° at noon; rain in the afternoon; wind W. N. W., cooling the atmosphere; pleasant night; ther. at bed-time 78°.

- 12—Ther. 74° at 6 A.M., very calm; at noon 85°; North wind at intervals during the day; heavy storm in the N.E., extending to the West: ther. at night, 82°; 12 deaths of yellow fever reported in private practice; warm night.
- 13—Ther. 80° at 6 A.M.; very close, sultry morning; no wind; ther. at 10 A.M. 87°; at meridian pleasant showers; ther. reduced to 84°; at 3 P.M. ther. 87°; very light wind from N.E.; ther. at 9 P.M. 80°; cool, pleasant night, especially after midnight.
- 14—At 5 A.M. ther. 75°; very calm; occasional light airs from the South; pleasant showers during the day: ther. varying from 82° to 85°; at night, 10 P.M., 80°: pleasant night.
- 15—Wind N., and very light; ther. 5 A.M. 76°; fine shower about 1 P.M.; ther. 85°: pleasant evening; wind westerly, and agreeable night.
- 16—At 6 A.M. ther. 80°; close, sultry morning: very feeble breeze from the North, but varying in strength; ther. at noon 86°; sultry afternoon and evening; pleasant night, with fresh breeze, first from the North, and then W. S. W. toward morning.
- 17—Ther. at daylight 80°: heads of thunder-clouds visible in the East, with lightning—no breeze; during the midday tremendous heavy rain, washing the streets thoroughly; ther. 82°; at night 80°: the night cool and refreshing.
- 18—Ther. at 6 A.M. 78°; at M. 85°; at night 82°; wind light from S. and S. W.; warm night.
- 19—Ther. 6 A.M., 79°; at noon, 87°; at night, 81°; fine S.W. breeze; heavy clouds in the West, but no rain; agreeable night.
- 20—Ther. 80 at 6 A.M.; light North wind: 14 deaths reported in private practice by yellow fever last week—none in the hospital; dengue abundant; at midday, ther. 88°; wind N.W., and very light; fine moonlight night: ther. 80°.
- 21—Ther. 80° at daylight; light North wind, increasing during the day; temperature at noon, 90°; ther. all night 84°, with North wind very light; warm night.
- 22—Ther. 84° at daylight, 90° at noon; light northerly breeze rising with the sun; after M., wind from the S.: ther. 92° at 3 P.M., 86° during the night, and the heat very oppressive.

- 23—At 3 A.M. a bountiful shower, with lightning and thunder; wind N. E.; ther. 86° at daylight; at 8 A.M., ther. 80°; at noon, 90°; at 10 P.M., 82°; a tolerable night, with N. wind.
- 24—At 5 A.M., ther. 80°; 90° at noon; 8 P.M., 88°; 84° at midnight; light northerly breeze in the morning—southerly in the afternoon; the night cool, with westerly breeze all night.
- 25—At daylight, ther. 80°; from 11 A.M. to 3 P.M., from 88° to 92½°; wind N.; first part of the night very warm; ther. 86°: at 10 P.M. a thunder gust, with stormy wind and little rain, after which the balance of the night was warm.
- 26—At 5 A.M., ther. 82°; very close and sultry morning, with light North wind; 10 A.M., ther. 86°; after which rain, with strong N.W. wind, reducing the ther. at P.M. to 80°; wind all round the compass during the day; ther. at 9 P.M., 85°.
- 27—At 5 A.M., ther. 80°; no breeze; at noon, ther. 86°; wind all round the compass, chiefly N.; at 2 P.M., a thunder shower, with abundance of rain, lowering the temperature to 79°; ther. at night, 82°; cloudy and threatening all night: intense lightning; night, on the whole, agreeable.
- 28—Ther. at 5 A.M., 76°; wind North, and light; still cloudy; wind all round the compass in the course of the day, chiefly S.W.; ther. at noon, 82°; gentle showers in the afternoon for two or three hours; ther. at night, 80°: night moderate.
- 29—Ther. 78° at 5 A.M.; cloudy and calm. Sixteen deaths from yellow fever reported last week. Two heavy showers between 11½ A.M. and 3½ P.M., with wind, thunder and lightning, reducing the ther. from 84° to 78°; cool night: wind W. day and night.
- 30—At 5 A.M., ther. 70°; wind S.W., and slight; heavy rain again from noon till 4 P.M., reducing the heat from 82° to 76°: cool, agreeable night; wind W. and N.W. during the night.
- 31—Wind W. by N., and quite cool; ther. 78°; atmosphere hazy; great evaporation going on, which cools the air very much; ther. 82° at noon; 78° at night, with fresh North breeze.

**SEPTEMBER.**

- 1—Stiff North wind all night (genuine yellow fever weather); at 5 A.M., ther. 70°; at 8 A.M., 73°; at midday, 80°; at midnight, 74°: very cool night, with strong N.W. wind.
- 2—Ther. 70°; midday, 83°; 8 P.M., 78°: wind N.W. till 9 A.M., then E. by N. till 4 P.M.; afterwards N., and very cool night; ther. at midnight, 72°.

- 3—Ther. at daylight, 70°; wind N. W.; after sunrise, E. by N.; midday ther. 84°: in the afternoon, wind S. by E., and rather warm; quite cool at midnight, with N. wind; ther. 78°.
- 4—At daylight 74°; wind N.E.; somewhat cloudy; ther. midday 85°; wind South toward night, and weather rather sultry; at night 81°; midnight 80°.
- 5—Ther. 76° at 6 A.M.: light North wind; close and sultry weather; ther. 90° at midday; very warm and oppressive day and night; ther. at 10 P.M. 86°.
- 6—Ther. at daylight 80°; light northerly breeze; at noon ther. 88°, with shift of wind to the southward; first part of the night warm, with ther. at 84°; cool toward morning.
- 7—Ther. 76° at daylight; wind North, and light; more breeze toward noon, and the ther. 87°; at 9 P.M. ther. 83°; at same time, heavy rain, with lightning and thunder, cooling the air considerably.
- 8—Ther. at daylight 75°; wind N. E.: cool and pleasant; midday ther. 82°; after which the wind gradually died away, the weather being close and sultry; 8 P.M. ther. at 80°, after which the night became cool.
- 9—Ther. at 5 A.M. 74°; at midday 84°: wind N. by E. and brisk, making it cool and pleasant all the forenoon; rather warm afternoon, but cool night; ther. 9 P.M. 79°.
- 10—Ther. 75° at 5 A.M.: light wind; midnight N. by E.; temperature at noon, 86°; toward bed-time, 82°; warm afternoon and pleasant night.
- 11—Ther. at 6 A.M. 75°; wind E., and fresh at noon: ther. 85°; fine breeze all day until night, which was, however, pleasant, with ther. at 78°.
- 12—At 6 A.M. ther. 75°; wind S. E.; calm until sunrise, after which a fine, pleasant breeze from E.S.E. till about 3 P.M.; ther. at noon 86°; very calm evening, followed by a cool night; wind S.W., and ther. 78°.
- 13—At 6 A.M. ther. 75°: wind E., and very light; after sunrise brisk N. E. wind all the forenoon; ther. at noon 90°; calm and sultry toward sundown; ther. 8 P.M. 85°; midnight 80°.
- 14—Ther. 79 at 6 A.M.; at noon 90°; at 9 P.M. 84°; wind N., and very light until sunrise, brisk during the day, and dying away toward sunset; first part of the night warm; cool toward morning.
- 15—At daylight the ther. at 79°; at midday 90°, and 84° at 9 P.M.;



- very warm day, with light N. wind, shifting to the W. during the night, which was, on the whole, moderate.
- 16—Ther. 80 at 6 A.M.; light breeze from the N.; the weather hazy and indicative of heat and drought. At noon, ther. 92°; breeze gradually died away toward night as usual; ther. 86° at 9 P.M.
- 17—Since midnight a strong N. E. breeze; ther. at 6 A.M. 76°; great change in the atmosphere—it is more elastic; ther. at noon 85°; pleasant afternoon, with southerly breeze; ther. 80° at bed-time, and night quite moderate, with S. wind; cool toward morning.
- 18—At 6 A.M. ther. 76°; fine southerly breeze, and clear atmosphere all day; ther. at noon 86°; at 10 P.M. 79°; cool night, and very bright moon.
- 19—Ther. 76 at 6 A.M.; wind S. by W. and brisk, making the day cool and pleasant; at noon 86°; at night 79°, and cool.
- 20—Ther. at 6 A.M. 79°; very light air generally from the N.; cloudy and damp, indicating rain; at noon 86°: very sultry afternoon; general complaint of oppressive heat: at 9 P.M. ther. 82°; night moderate toward morning.
- 21—Ther. 78° at 6 A.M.; wind very variable, all round the compass, but rather brisk during the day: ther. at noon 86°; very agreeable afternoon, evening and night; ther 79°, with cool westerly breeze.
- 22—At 6 A.M. ther. 77°; no wind; fog from 4 to 7 A.M.; at noon ther. 86°; pleasant evening; ther. 10 P.M. 79°; night moderate.
- 23—At 6 A.M. ther. 77°; quite calm, hazy weather; ther. at noon 87°; some easterly breeze during the day; evening warm; at 10 P.M. 81°.—This day the Falcon arrived, having lost eighteen by cholera between Chagres and Havana. No sickness since she left the last place.
- 24—Ther. at 6 A.M. 76°; at noon 88°; at night 82°; midnight 80°; pleasant southerly breeze all day; moderate in the evening and at night.
- 25—Ther. at 6 A.M. 76; N. wind; dry and dusty; at noon ther. 87°; at 9 P.M. 81°; night moderate.
- 26—Precisely similar weather and temperature, followed by a warm night: wind alternately N. and E.
- 27—At 6 A.M. ther. 79°; at midday 88°; at 10 P.M. 84°; wind varying from N. E. to E. by S., but generally brisk; the first part of the night was very warm, but more moderate toward morning.
- 28—Ther. 80 at 6 A.M.; cloudy, with a sharp East wind; light shower

at 9 A.M., ther. at noon 85°; at night 79°; threatening rain toward night.

29—A heavy shower about 1 A.M.; the ther. 74° at 6 A.M.; a cool morning, with fine breeze from the North all day; ther. at noon 82°: at night 75°; cool evening and night. Great decrease in the number of patients and the mortality in the Charity Hospital.

30—Ther. 72° at 6 A.M.; cool, clear morning; the wind N. E., and fresh; ther. at noon 80°; at 10 P.M. 74°; cool and cloudy all day and all night; the wind still at N. E.

#### OCTOBER.

1—At 8 A.M. ther. 70°; N. E. breeze; cloudy day: ther. at noon 74°; a cool, bracing day.—Health of the city much improved.

2—Ther. 70° at daylight; at noon 76°; stiff N.E. breeze all day; ther. at night 48°.

3—At 6 A.M. ther. 70°; at noon 80°; at night 72°; strong E. wind all day; cool night.

4—At 6 A.M. ther. 72°; at noon 82°; at 9 P.M. 75°; wind varied from N.E. to S.E., coming in squalls; a fine shower at 6 P.M., and again during the night; wind N.E.; cloudy weather all day.

5—Ther. 76° at 6 A.M.; damp and cloudy weather; wind E. and in puffs; at noon ther. 83; rather close toward evening; ther. at 9 P. M. 75°.

6—N. wind since midnight, and cool morning; ther. at daylight 69°; at noon 79°, and at 9 P.M. 72°; cold N. wind continued all day; a cool night, with a fine breeze from the East.

7—Ther. 68° at 6 A.M.; N. E. breeze, and hazy weather; sun rises very red; at noon ther. 80°; at 8 P.M. 76°; heavy dew at night.

8—Ther. 73° at 6 A.M.; light E. wind, and hazy: regular Fall weather; at noon the ther. 83°, with southerly breeze; ther. at night 80°; damp, with appearance of rain toward evening; pleasant night.

9—Ther. at 6 A.M. 75°; wind S.E. in puffs all the forenoon; at noon ther. 83°, and weather rather warm; more breeze and more pleasant toward night; ther. at 9 P.M. 80°; calm night; wind S.W.

10—Ther. 76 at 6 A.M.; wind S. W., and very light; cloudy in the N. and N. E.; ther. at noon 83°; balance of the day like yesterday; moderate at night, the ther. being 76° at 8 P.M.

11—At 6 A.M. ther. 71°; at noon 83°; southerly breeze all day.—We

- have now Indian-summer weather, and quite hazy. Ther. at 9 P.M. 76°; the night was very pleasant, with S.W. breeze.
- 12 —Ther. 72° at 6 A.M.; wind N., and light; at noon 81°, and calm; wind W. in the afternoon, but close and sultry: a slight shower at 9 P.M.; ther. 79°; balance of the day moderate and agreeable.
- 13 —Ther. 74° at 6 A.M.; calm, hazy and sultry; light easterly wind; at noon 85°; at night 80°; a close, sultry day throughout.
- 14 —Ther. 6 A.M. 75°; same kind of weather, with light currents of air from North and East; at noon 85°, with more breeze; at 9 P.M. 79°.
- 15 —Ther. 75° at 6 A.M.; at noon 85°; at night 79°; same weather as the two preceding days; wind N. in the morning and E. toward evening. Twelve cases of cholera and two of yellow fever in the obituary report for last week. Total deaths in city and Lafayette, 133.
- 16 —Ther. 74° at 6 A.M.; wind E., with hazy and smoky weather; at noon ther. 85°; warm evening, and rather so at night; ther. at 9 P.M. 79°.
- 17 —Ther. 74° at 6 A.M.; cloudy, with lightning since midnight; considerable rain during the day, with southerly squalls: ther. at noon 76°; the weather cleared up toward evening, with light N. wind; cool and damp night; ther. 72° at midnight.
- 18 —Ther. 70° at 6 A.M.; clear above, but hazy over the surface; light N. wind; ther. at noon 80°; at 9 P.M. 72°; strong N. wind all night, it having gradually increased since noon.
- 19 —Ther. at daylight 62°; wind N., and very strong; very clear atmosphere; ther. at noon 70°; wind moderated toward night; ther. at 10 P.M. 68°; cool night.
- 20 —Ther. at 6 A.M., 58°, and wind N. E.; fine, clear, bracing weather; ther. at noon 70°; cold and thick weather toward night; ther. at 10 P.M. 58°; wind E.
- 21 —Ther. at daylight 56°; hazy and very raw weather; ther. at noon 70°; afternoon as yesterday; wind E. all day; the ther. at 9 P.M. 60°; cool and clear night, with S. E. wind.
- 22 —Ther. at daylight 58°; wind S. E., and a beautiful day; temperature at noon 74°; at 9 P.M. 68°; same wind and weather all day.
- 23 —Ther. at 6 A.M. 62°; wind S. E.; fog in the morning, but clear at noon, and ther. 78°; fine, pleasant afternoon; ther. at 9 P.M. 74°.
- 24 —Ther. 70° at 6 A.M., with S. wind; at noon 80°; warm afternoon; ther. at 9 P.M. 75°; at midnight, a violent norther begins.



- 25—Ther. 54° at 6 A.M.; wind N., and clouds of dust; very cloudy until 8 A.M.; ther. 60° at noon; very cold day and night; at 9 P.M. ther. 56°.
- 26—Ther 50° at daylight°; at noon 60°; at night 54°: clear and cool all day and all night, with brisk N. wind.
- 27—Ther. 50° at daylight; clear and cool, with N. E. wind, which shifted to the S. at noon, with a temperature of 60°; wind in the afternoon S. W. and N. at night; temperature at 11 P.M. 57°;
- 28—Ther. 52° at 6 A.M.; character of the morning frosty; very calm and smoky, with wind from the E.; at noon ther. 68°. The papers say that there have been three frosts on the outskirts of the city. Great falling off in the deaths recorded. Temperature at night, 11 P. M., 60°.
- 29—Ther. 54° at daylight; smoky and foggy; very raw and disagreeable morning, with the wind at N.E.; at noon N. wind; ther. 70°; afternoon rather warmer than on the previous day, but still very raw; ther. at 9 P.M. 63°; cool night.
- 30—Ther. at 6 A.M. 55°; a raw, foggy morning; light wind from N.E.; ther. at noon 71°, with light easterly wind; very variable during the day; cloudy and foggy toward night; ther. at 9 P.M. 64°; cool night.
- 31—Ther. 6 A.M. 60°; a cloudy, foggy and raw morning, with light currents of air from N. E. and N.; at noon ther. 73°, with S.E. wind; clouds are indicative of rain, and the atmosphere is close and disagreeable; ther. at 9 P.M. 79°.

**NOVEMBER.**

- 1—Ther. at daylight 66°: at noon 77°; fresh southerly wind; ther. at 9 P.M. 70°; wind S. all night; moderate weather and heavy dew toward morning.
- 2—Ther. 66° at 6 A.M.; at noon 80°; wind easterly all day, and at times very fresh at night; 72° at 9 P.M.
- 3 and 4—Same kind of weather; ther. 66°, 78° and 70°, at 6 A.M., at noon, and at 9 P.M.; wind varying from S. to E.
- 5—Ther. 66° at 6 A.M. wind S. and fresh; at noon ther. 78°; Indian summer weather; light fogs and heavy dews toward morning; fine southerly breeze all day; close at night: ther. 74°.
- 6—Fog on and off all night; ther 65° at 6 A.M.: wind S. E.; sultry and cloudy at noon; ther. 78°; cooler toward evening; temperature at midnight 61°.
- 7—Ther 56° at 6 A.M.: a norther blowing since midnight; the weather

- cloudy and very harsh: ther. at noon 68°; the wind lulled for a short time, but freshened again towards night; ther. at 9 P.M. 60°; cool night.
- 8—Ther. at 6 A.M. 52°; cloudy and very raw weather, with N. E. wind; ther. at noon 64°; at midnight 58°; cool night.
- 9—Ther. at 6 A.M. 54°; at noon 66°; at midnight 60°; foggy and cloudy all day, and very raw; towards night the wind shifted from S. E. to N.W.; cool night.
- 10—Ther. 54° at 6 A.M.; rain, and weather very raw; clearing up about noon, at which time the ther. was 66°, and at 10 P.M. 60°; wind N.E. all day.
- 11—Ther. 54° at 6 A.M.; a fine morning, a little hazy, with N.W. wind; at noon, the wind variable, passing round the compass, but finally settling at N.W.; ther. at noon 66°; at 9 P.M. 60°.
- 12—Ther. 50° at 6 A.M.; a light shower just before daylight; wind E.; ther. at noon 66°, and wind variable, and at night E.; ther. at 9 P.M. 59°; cool night.
- 13—Ther. 50° at 6 A.M.; a light shower just before daylight, with N. wind; ther. at noon 64°, and wind variable; ther. 58° at 9 P.M.; night cool and calm.
- 14—Nearly the same weather; thermometer varying from 56° to 66°; wind all round the compass; raw weather.
- 15—Ther. 58° at 6 A.M.; rain, and wind S. E.; at noon ther. 60°; in the afternoon wind N.W., and weather very raw; ther. 57° at 8 P.M.
- 16—Ther. 56° at 6 A.M.; wind N., and raw weather, continuing the same all day: at noon ther. 60°, and at 9 P.M. 53°.
- 17—Ther. 46° at 6 A.M.; wind N.E.; at noon the wind N.W., and ther. 50°; at midnight 48°, and very cold: the day was clear until towards night, when it became foggy.
- 18—Ther. at 6 A.M. 44°; a heavy white frost, smoky and no wind, but from the drift of the fog, apparently East; the weather moderating all day; at noon ther. 56°; wind S.E.; ther. all night 56°.
- 19—Slight rain about daylight; ther. 56°; at noon 74°; the weather cloudy, damp and sultry, with westerly wind, and quite strong; ther. at noon 74°; at 9 P.M. 69°; rain all night after a very damp, disagreeable day.
- 20—Rain early in the morning; ther. 56° at 6 A.M.; rain ceased at 7 A.M.; wind shifted from S.W. to N.; cloudy and threatening weather all day; ther. at noon 66°; ther. at 9 P.M. 62°.
- 21—Ther. 56° at 6 A.M.; at noon 66°; at night, 9 P.M., 63°: same weather as yesterday, with easterly wind.

- 22—Ther. 56° at daylight, with S. wind; at noon ther. 70°, with wind N.; cooler towards night; at 9 P.M. 62°.
- 23—Ther. 56° at 6 A.M.; a calm, fine morning, with N.W. wind; ther. at noon 68°, becoming gradually warmer; ther. at 9 P.M. 62°; light easterly wind all day.
- 24 and 25—The weather becoming gradually warmer, with thermometer varying from 60° to 70°: the wind southerly, and threatening rain; raw, damp weather.
- 26—Ther. at daylight 60°; at noon 74°; at night, 9 P.M., 72°; light showers during the day, the wind being S. by E.; sultry, raw, disagreeable weather, and very damp.
- 27—Ther. 70° at 6 A.M.; showery during the day; wind ranging from S.W. to S. E., and very fresh and squally: ther. at noon 74°; at 9 P.M. 70°; threatening appearance at night.
- 28—Heavy rain, with lightning and thunder, at 2 A.M.; at 6 A.M. ther. 64°; at noon 62°; wind North, and weather cloudy; ther. at 9 P.M. 61.5°.
- 29—Ther. at daylight 56°; at noon 62°; at 9 P.M. 59°: wind varying from N. E. to N.; rapid evaporation going on, making the weather damp and chilly.
- 30—Ther. 54° at daylight; cloudy and very raw, with East wind:—cases of cholera increasing; some alarm created; it is still sporadic, and chiefly confined to immigrants from Europe and returning Californians.

**DECEMBER.**

- 1—Ther. at daylight 60°: it rained from 3 A.M. until 10 A.M., with lightning and thunder, with squalls of wind from the E.; at noon the ther. 66°, and the same at 9 P.M.: the weather in the evening was damp and sultry, with South wind.
- 2—Ther. at daylight 68°; at noon 74°; at 10 P.M. 72°: the weather sultry, damp and oppressive, decidedly favorable to the spread of cholera; the wind was W. S.W.
- 3—Ther. at 6 A.M. 70°; the night was sultry and oppressive; a heavy fog in the morning—much the same weather as yesterday; wind S.W.; ther. at noon 78°, and at 9 P.M. 76°; a warm, disagreeable night.
- 4—Ther. at daylight 70°; wind S.W.; same weather as yesterday in all respects; cloudy and threatening rain; cholera reported to be largely on the increase, but confined principally to the lowest classes of the unacclimated foreigners; at noon the ther. 80°; at 9 P.M. 76°.



- 5—Ther. at 6 A. M. 60°; a norther having commenced at daylight, which continued throughout the day; cloudy, with occasionally fine rain: ther. at noon 62°; at 9 A. M. 60°.
- 6—The ther. at 7 A. M. 50°: it has rained during the night; wind still N.; a cold, cloudy, raw morning; the temperature unchanged all night; very cold night.
- 7—Ther. at daylight 33°; wind N.; still cloudy, but apparently clearing up; a heavy frost, and ice to be seen in many places: ther. at noon 40°; the weather tolerably clear by this time; ther. at 9 A. M. 35°, and wind N. W.
- 8—The night has been very cold: ther. at daylight 30°; a clear, bright morning, with a moderate North wind; freezing all day in the shade, the thermometer remaining at 32° from 9 A. M. until bedtime.
- 9—Ther. at 6 A. M. 38°; severe white frost; foggy and calm until 8 A. M.: wind N. N. E. and variable; ther. at noon 42°, and at 9 P. M. 46°; wind southerly; a cool night.
- 10—A heavy white frost in the morning, with a heavy fog after daylight; the ther. at 6 A. M. 40°; light N. W. wind; temperature at noon 56.5°; at 9 P. M. 52°; after the fog cleared away, about 9 A. M., the weather was clear and bracing.
- 11—We have white frost again; the ther. at 7 A. M. 44°; at noon 60°; wind N., although somewhat variable; towards evening the weather moderating, and the clouds threatening rain.
- 12—We have about the same weather as yesterday, but more moderate: the ther. at 6 A. M. 53°; at noon 65°; wind has shifted to S. W., passing round by the eastward; temperature at night 58°.
- 13—Ther. at daylight 56°; at noon 68°; at night 66°: the wind S. W., with damp, cloudy weather.
- 14—The same weather continues; temperature at 7 A. M. 56°; at noon 70°; the weather has become very damp and sultry, indicating a great deficiency of impulses in the electrical matter: ther. at 10 A. M. 64°; wind S. W.
- 15—Pretty much the same weather, but gradually moderating for the three or four last days; ther. at 7 A. M. 62°; at noon 78°; at 9 A. M. 66°; we have had very heavy fogs every morning during the past week: the wind was southerly all day, ranging from S. W. to S. E.
- 16—The same weather, temperature and wind as yesterday: much complaint of influenzas and of rheumatic and neuralgic affections: electrometers will scarcely give the slightest indication

of the presence of electricity, and experiments with the electrical machine are out of the question.

- 17—The wind is N.W., and no fog; it is a clear, delightful and bracing morning: the ther. at daylight 56°; at noon 64°; at 10 P.M. 62°: the wind has been steady all day.
- 18—The ther. at daylight 56°, with N.E. wind; at noon 66°; at 10 P.M. 64°: it has been a pleasant, bracing day, with the wind variable and all round the compass; cloudy towards night, and threatening rain.
- 19—The ther. at 6 A.M. 63°; at noon 68°; at 9 P.M. 64°: the wind S.W. and blowing in heavy gusts, threatening rain; in the course of the day, occasional light showers in the afternoon; about 4 P.M. the mercury rose to 72°; towards sunset, the wind having lulled, very heavy rain, which continued throughout the night with but few and short intervals: it is very damp and disagreeable weather.
- 20—It is still raining at daylight; ther. 56°; wind round to the N., with appearance of rain; very gloomy, cloudy weather: towards sunset the weather slowly cleared up, and at night the stars were numerous and brilliant: the ther. at noon 64°; at 9 P.M. 60°: the wind has been all round the compass since noon, indicating very unsettled weather.
- 21—Ther. at daylight 62°: the fog is very heavy and damp; it is a dismal day—cloudy and gloomy, with variable winds from all quarters of the compass: the ther. at noon 74°; very heavy rain about dark, and at times during the night; ther. at 9 P.M. 69°.
- 22—Ther. at 6 A.M. 66°; wind S., and very heavy fog; heavy rain at 7 A.M.; at noon ther. 75°; the wind now changed to the N., and after some struggle, became established, and blew strong from that point in the after part of the day; ther. at bed-time 60°.
- 23—A clear, beautiful morning; the wind N., and the ther. 52° at 7 A.M.; at noon 60°; wind N. all day; at night 55°.
- 24—Ther. at daylight 40°; wind easterly; the weather is cool and bracing; ther. at noon 60°; at 9 P.M. 59°; there has been a fine easterly breeze all day.
- 25—Ther. at 6 A.M. 56°: the weather is damp, wind still E., but the general appearance of the sky, etc., indicative of rain; the wind and dampness increased during the day: the ther. at noon 56°; at night 9 P.M. 54°: it commenced raining toward night with scarcely any intermission.
- 26—Ther. 54°; cloudy and damp; same kind of weather as yesterday

- evening; ther. at noon 60°; at 9 P.M. 57°; rain toward evening, which continued all night.
- 27—A wild, stormy day; ther. at 6 A.M. 56°; rain all day, and very heavy showers toward night; wind S.E.: ther. at noon 59°; at night 56°: it continued raining, with occasional intermissions.
- 28—A moderate N.W. wind; ther. 52° at 6 A.M.: it is gradually clearing up; pleasant sunshine at noon, and ther. 56°, and at 9 P.M. 50°.
- 29—Ther. 47° at 6 A.M.; very cold rain, with N.W. wind; same weather all day; the ther. at noon 48°, and at 9 P.M. 42°: it has been a dismal day, and the night no better; we infer that there is a snow-storm not far off: wind very variable from N.W. to N.E., varying every hour.
- 30—A most dismal morning, the same as yesterday; ther. at 6 P.M. 42°; the wind is N.E. and very strong; ther. at noon 46°; at 9 A.M. 42°; some rain in the afternoon, and it clears up with a N.W. wind.
- 31—Ther. 40° at daylight; clear and cold, and light N. wind; a fine bracing day throughout: the ther. at noon 46°, and at 10 P.M. 42°; a cool night.

## CONCLUSION.

New Orleans is situated in what are called the variable latitudes of the earth. We are neither far enough north, nor far enough south, to enjoy anything like steady weather. From the experience of one year, we cannot predict the occurrences and changes of the next year. In twenty years' experience on the Gulf of Mexico, in Florida and Louisiana, I have noticed as a general rule, this only stability in our climate—more or less rain from the 1st of January to the end of April, and then drought from the 1st of May to the middle of June. This has been so general a rule that planters have, year after year, been in the habit of regulating their crops accordingly. The first quarter of the year presents a fair average of the winter in Louisiana. In the month of March we perceive that the mercury rose on the 15th to 81°, and on the 14th and 21st it rose to 80°. There were some cold days as usual, and high winds in the course of the month. The weather, however, was very variable.

The month of April was unusually cool, the thermometer ranging from 54° to 74° up to the 16th. On the 17th the mercury rose to 80°; also, on the 21st, the 25th and 26th. On the 23d it reached 82°. All the other days were comparatively cool for April. We had the usual quantity of showers during this month.



May was also unusually cool, with the exception of a few warm days. Instead of the ordinary persevering drought, we had rain sometimes heavy, and at other times moderate, on the 3d, 4th, 8th, 11th, 13th, 14th and 30th.

June, usually one of the hottest months in the year, was, on the whole, quite a cool month.

## Part Second.

### EXCERPTA.

#### I.—OBSERVATIONS ON THE NATURE AND TREATMENT OF VARIOUS DISEASES.

BY ROBERT J. GRAVES, M.D., F.R.S.

[From the Dublin Quarterly Journal, February, 1851.]

##### SINGULAR DEFECT AND IMPOTENCE OF MEMORY AFTER PARALYSIS.

A farmer in the county of Wicklow, in comfortable circumstances, when fifty years of age, had a paralytic fit, in the year 1839; since that time he never recovered the use of the affected side, and still labors under a painful degree of hesitation of speech. He is, however, able to walk about, take a great deal of active exercise, and superintend the business of his farm. His memory seems to be tolerably good for all parts of speech except noun-substantives and proper names; the latter he cannot at all retain; and this defect is accompanied by the following singular peculiarity—that he perfectly recollects the initial letter of every substantive or proper name for which he has occasion in conversation, though he cannot recall to his memory the word itself. Experience, therefore, has taught him the utility of having written in manuscript a list of the things he is in the habit of calling for or speaking about, including the proper names of his children, servants, and acquaintances: all these he has arranged alphabetically in a little pocket dictionary, which he uses as follows: if he wishes to ask anything about a cow, before he commences the sentence he turns to the letter C, and looks out for the word 'cow,' and keeps his finger and eye fixed on the word until he has finished the sentence. He can pronounce the word 'cow' in its proper place, so long as he has his eye fixed upon the written letters; but the moment he shuts the book it passes out of his memory, and cannot be recalled, although he recollects its initial, and can refer to it again when necessary. In the same way when he comes to Dublin, and wishes to consult me (for my name is among the indispensable proper names in his dictionary), he comes with his dictionary open to the hall-door, and asks to see Dr. Graves; but if, by accident, he has forgotten his dictionary, as happened on one occasion, he is totally unable to tell the servant what or whom he wants. He cannot recollect his own name unless he looks out for it, nor the name of any person of his acquaintance; but he is never for a moment at a loss for the initial which is to guide him in his search for the word he seeks.

His is a remarkably exaggerated degree of the common defect of memory, observed in the diseases of old age, and in which the names of persons and things are frequently forgotten, although their initials are recollected. It is strange that substantives and proper names, words which are the first

acquired by the memory in childhood, are sooner forgotten than verbs, adjectives, and other parts of speech, which are a much later acquisition.

A lady about fifty years of age, who was laboring under what is popularly termed a breaking-up of the system,—that is, a simultaneous decrease in the energy of all the vital functions,—showed among the first symptoms a defect of memory similar to that which I have related above. The first name which she was perceived frequently to forget was that of a family with whom she was very intimate, and whom she saw almost every day, and she was much tormented by this defect, whenever she had occasion to refer to any of its members in conversation. After a time this defect extended to the names of other persons and things; in the course of a few months she lapsed into a general want of memory, and weakness of intellect.

It is interesting to compare such cases with the temporary loss of memory which is produced by inebriety, and the permanent loss of the same faculty that shows itself in old age. Such a comparison proves that diseases of the brain occasion a defect of memory, which is but an exaggeration of that observed in old age and in inebriety; and it is, therefore, to be attributed, not to any affection of any particular portion of the brain, but to a general derangement of the cerebral functions. Some medical men are inclined to think that where, under such circumstances, the memory is very deficient and the intellect weak, softening of the brain exists; but the preceding observations show that such a conclusion is derived from a very partial view of the subject, inasmuch as the patient, whose case I have first referred to, is still living, and is much in the same state that followed the paralytic stroke eleven years ago.

The effects produced on the memory by paralysis are by no means proportionate to the loss of muscular power that the disease gives rise to; and the same disproportion exists also with respect to the generative powers. Thus I have known several cases in which young men who were attacked with apoplexy and hemiplegia, from which they recovered with a very imperfectly restored muscular power of the limbs and speech, became subsequently the fathers of several healthy children. On the other hand, I have seen two cases where the cerebral attack was so slight as not to produce more than a transitory giddiness, a passing feeling of terror, and some hesitation of speech, with a little subsequent numbness in the arm and cheek, and slight weakness of the leg at the same side. All these palpable symptoms passed away within twenty-four hours, leaving behind scarcely an evident trace of diminished power in the limbs, and no impairment of any of the senses, articulation, or memory; yet the cerebral attack occasioned, from the very moment of its occurrence, a complete impotency, which in both cases has been for many years permanent, although, as I have said before, both individuals are in other respects quite healthy.

#### PARALYSIS AFFECTING THE TEETH.

In a former paper I remarked that although the teeth are possessed of an exquisite sense of touch, and are frequently the seat of intense pain, yet no one (as far as I could ascertain) had observed in paralysis a loss of sensation in the teeth. I have been for years on the watch for this symptom, and have at length detected it in a gentleman who has had several attacks of



hemiplegia, each accompanied by complete numbness of all the teeth at one side of his mouth. †

LETHARGY.

It is curious how certain derangements of the functions of the brain occur without being accompanied by other notable symptoms of disease. Thus, I know a gentleman advanced in life, and of plethoric habits, who has been for several years affected with lethargic symptoms, but without any headache, tendency to paralysis, or impairment of his general mental energies. He is frequently attacked, however, even at his meals, with unconquerable sleepiness, and it is surprising how suddenly it comes on; thus, he will be sitting, talking quite cheerfully, and unexpectedly he drops into a sleep, which lasts for about half a minute or a minute, and then he arouses himself, and continues awake for a few minutes longer. This happens so often that he cannot now venture to go into company. And, as I have said before, this drowsiness comes on so quickly that at one meal he has broken three or four glasses by becoming unconscious after the act of filling the glass, and during the time he was raising it to his mouth. He was consequently obliged to have an attendant to watch him going to bed, lest he might fall asleep in an inconvenient place or position, or might endanger the safety of the house by allowing the candle to fall. Whether his immunity from other symptoms arises from a seton in his neck, which he was advised in London to have inserted, I cannot tell; but this state of the cerebral functions, existing so long, and without any additional symptoms, is very curious.

II.—CASE OF ERYSIPELATOUS LARYNGITIS, IN WHICH TRACHEOTOMY WAS PERFORMED.

By JOSIAH SMYLY, A.B., *Surgeon to the Meath Hospital and County of Dublin Infirmary, etc.*

When erysipelas attacks the throat, and spreads to the larynx, it causes œdema of the glottis, closing the rima, and suffocation must be the result, unless an opening be made in the trachea for the admission of air into the lungs.

Tracheotomy, as warranted in such circumstances, is spoken of by authors in terms so discouraging as to deter the surgeon from the performance of it; and my object in narrating the following case is, to show that erysipelalous laryngitis is not so hopeless as we are taught to consider it, and that, even under unpromising circumstances, a happy result may be obtained by having recourse to this operation.

Professor Porter, in his admirable 'Observations on the Surgical Pathology of the Larynx and Trachea,' at page 95 of the second edition, remarks as follows:—'It occasionally happens that erysipelalous inflammation attacks the larynx and trachea, and produces symptoms of dyspnœa of a singularly formidable character. In the winter of 1835-'36, erysipelas prevailed to a very considerable extent in the Dublin hospitals, and many examples occurred of its seizing on the throat, either by apparently spreading to it from the head and face, or by some species of metastasis, the disease subsiding externally on its engaging the internal structures. Amongst all

these cases I have not heard of a single recovery ; neither do I suppose such to be possible, considering the low and typhoid character of the fever. In most of these, the submucous cellular tissue was found extensively infiltrated with putrid matter. I am not at this moment aware that bronchotomy was performed on any of these patients, although I knew it was proposed with reference to three ; and, if it had been, I cannot by any means imagine it could have been attended with success.'

Again, at page 97, he says :—'In the absence of evidence of incurable disease, the surgeon is right who seeks to relieve the prominent and distressing symptoms of difficult respiration. He fails, certainly, but he does so with the consolation of having performed his duty to the utmost of his ability.'

Mr. F. Ryland, of Birmingham, writing in 1837, illustrates the pathology of erysipelatos laryngitis by seven cases ; with regard to the operation he says, at page 31 —'We cannot anticipate much success from the operation in cases of erysipelatos laryngitis, because the erysipelas having existed for some days previous to its attacking the larynx, will have considerably lowered the powers of the system, and perhaps impaired the condition of the brain. Whether these results might be prevented by the early performance of the operation in question, is at present doubtful ; but, considering the inadequate relief afforded by other means, it would be right to give the patient the benefit of the doubt.'

On the 18th of May, 1850, I was called upon to visit Mrs. S —, aged 63, who was supposed to be on the point of suffocation. I was supplied with the following history of her case by Dr. Leech, who was previously in attendance on her. On the 11th of May she had feverish symptoms, and on the 14th complained of soreness of her throat. Her daughter had just recovered from diphtheritis affecting her mouth and throat ; and this appeared to be a similar affection. On the 16th, Dr. Leech was called in ; she had then great difficulty in swallowing, and her breathing was slightly affected ; the larynx was tender to the touch, and the inside of the mouth and throat was covered with a white membranous coating. Leeches, calomel and Dover's powder, and a cathartic, were prescribed.

18th.—All the symptoms were aggravated ; she complains of soreness in one nostril, and stiffness of the eyelids, and her breathing became so labored towards evening that a consultation was requested, to consider the propriety of opening the trachea ; but leeches and calomel, prescribed in the mean time, were followed by such relief that it was considered prudent to defer the operation till the following morning.

19th.—Early this morning her breathing became so difficult that immediate suffocation was dreaded ; the erysipelas had extended from the nostril to the face, engaging the nose and right eyelid ; her distress was so great that she eagerly embraced the hope of relief that was held out to her by the operation ; her sufferings were greatly aggravated by the swollen state of the epiglottis, which was incapable of performing its functions, so that fluids made their way into the glottis, bringing on violent struggling for breath. The distress she suffered from this was so great that, notwithstanding a burning thirst, she had abstained altogether from fluids for the last twenty-four hours.

At 10 o'clock, A. M., assisted by Dr. Leech, Dr. Davy, and Dr. Barker, the operation was performed, and a silver canula was inserted into the trachea, when immediate relief from all the urgent symptoms was obtained.

20th.—Breathes freely through the canula; slept a good deal during the night. The erysipelas has spread, and extends all over the right ear, where the cuticle is raised in blisters. Fluids taken by the mouth still get into the larynx, and are discharged by the canula; they do not, however, now cause the same paroxysms of suffocation. She was ordered bark and wine.

21st.—Erysipelas extending; pulse, 120.

23d.—Improved; had a good night. Erysipelas has not spread since yesterday; the whole face is now engaged; no raving; pulse, 108; strength increased. The rima glottidis seeming to be open, the canula was withdrawn. Liquids can now be swallowed without difficulty.

24th.—Breathes freely, both through the rima and the wound, which has been left open; had a restless night; pulse 120; is drowsy, and slightly delirious.

25th.—Had a good night; pulse, 92; great drowsiness.

29th.—Has continued steadily to improve since last report. The lips of the wound were drawn together with adhesive plaster this day.

December, 1850.—It is now more than six months since the operation was performed, and Mrs. S—— has enjoyed excellent health from the time of her recovery, and has felt no inconvenience whatever resulting from it. The wound healed rapidly, and she convalesced rapidly after the last report given above.—*Ibid.*

### III.—THE MANIA FOR OPERATION.

[From the London Lancet.]

When anæsthesia was first introduced into the practice of surgery, it was justly hailed as a most valuable boon to suffering humanity. The knife of the surgeon lost, as it were by magic, all its terrors. When the sufferer for the first time was presented to the eye of the spectator, lying passive under the influence of chloroform, how strongly was marked out the difference between the sensible and the insensible object of operative procedure. There was no longer witnessed the cry of agony issuing from the frail body of some poor nervous emaciated woman, whose breast was about to be submitted to the knife: nor the scarcely less painful effect of subdued emotion, in the strong frame, while it quivered under the strokes of the scalpel. The surgeon now has not to contend against these calls upon his humanity, and his responsibility is not increased by knowing, that while he is performing a painful duty, he is inflicting great, though necessary pain. There lies the patient, under the influence of the Lethean vapor, revelling perhaps in dreams of happiness, whilst the operator is employed in removing a limb, or dragging away some portion of necrosed bone,—the patient not being the least sensible of either the pain or the danger of the operation.

Such are some of the more prominent benefits which chloroform has conferred upon sufferers from disease. Like all such blessings, however, it has its drawbacks and evils, amongst the more conspicuous of which may be mentioned the facility with which patients are now persuaded to submit to



the knife, and the encouragement which it holds out to what are called 'promising young men' 'to carve their way into practice.' But for chloroform, it is scarcely to be believed, that some of the formidable operations for the removal of ovarian tumors would have been resorted to when other and more justifiable means have been devised for their relief, or that the head of the thigh would have been submitted to the knife and the saw with as much nonchalance as though it were being removed from the dead body in the dissecting-room. The reports of discussions in the medical societies during the past session are frightfully illustrative of this operating mania. The 'exploration,' as it is called, of an ovarian tumor, by an incision through the walls of the abdomen, is regarded in no more formidable light than the application of the stethoscope; and an incision from the ensiform cartilage to the pubis is declared to be an innocent proceeding. How are we to show this? Not in the published records of the operations, for in these only the successful cases are brought under notice, whilst the instances in which the patient has succumbed are buried in oblivion. Can it be true, as is currently reported, that the statistics of what is called ovariectomy are mere attempts to blink the question, and that the results have been so unfortunate, that the practitioners who have performed the operation dare not tell the truth upon the subject? However this may be, rumor asserts this as the motive which influences certain operators in withholding from their professional brethren the results of their experience. With this, indeed, they have been openly charged in the first medical society of the kingdom. Can it be true? The silence that has followed the charge makes it evident that in some particular instances there must be strong motives for concealment. The publisher of unsuccessful cases, be these what they may, is, at all events, to be lauded for his candor. He may have erred in judgment, but his honesty must be held to be unimpeachable.

But what are we to say to those operators, honest as they may be, who have performed operations for which there is no justification, and which cannot be mentioned without exciting our strongest feelings of reprobation? An operation which has been denounced by Brodie, Syme, and Coulson, may justly be suspected; but what shall we say to such an operation when performed under the painful and pitiable circumstances as are alluded to in the Report of the Medical Society of London last week? We do not wish to enlarge upon this really distressing subject; but public duty demands that such operations should be held out as beacon-lights to the young surgeons of this empire, to warn them from pursuing a course which must eventually terminate in their discomfiture. With the grave thinkers and the great operators of our time the resort to the knife has been always regarded as an opprobrium upon the skill of the surgeon; not so with some of the young gentlemen who would vainly aspire to walk in the footsteps of a Cooper or a Liston. Let them remember, however, that these eminent members of our profession owed less of their just fame to their successful use of the knife, than to the exercise of those acquirements and that sagacity which enabled them to select the proper cases for operation. Such men as these did not operate for the sake of cutting; they resorted to the knife only as a substitute -- and that, to them, a lamentable one -- for other less successful, but always employed resources of surgery.

## IV.—OF THE NATURE AND SEAT OF COLICA PICTONUM.

M. Brachet, in a recent Prize Essay offered the Toulouse Academy of Sciences, and reviewed in the January number, 1851, of the British and Foreign Medico-Chirurgical Review, gives us the following synopsis of the opinions of various authors on the nature and seat of lead-colic. It affords a striking example of the great discrepancy of opinion existing among medical men on the '*locus morbi*' and the pathological lesions determined. We quote as follows:—En.

'Baumes, Gendrin, Borghi, Giacomini, Sandras, Bouchardat, Legroux, Bouillaud, Triberti, Mialhe, etc., have considered it a general disease, a toxicosis, a poisoning of the entire economy. Combalusier limits the toxicosis to the presence of lead in the *primæ viæ*, and has many followers.

'The majority have placed its seat in the nervous system, either in a general manner, or by specifying certain portions. Thus Macbride, Cullen, Vogel, Vitet, Pinel, the two Franks, etc., make it a nervous affection. Willis and Lepois refer all to the brain, and Renaudin to the brain and spinal marrow. Astruc, Sauvages, Lamure, Barbier, and Serre, localise it in the spinal marrow. Dehaen, Vantroostwyk, Tronchin, Ranque, Tanquerel, Orfila, Grisolle, and Piorry, consider it as a lesion of the nerves of the abdomen, or of the great sympathetic, either in its totality or in its abdominal lumbar diaphragmatic or intestinal portion. Brachet, Anquetin, Andral, and Galtier, regard it as a lesion of both the cerebro-spinal and the ganglionic nervous systems.

'Of all the organs, the intestines have been most generally regarded as, the seat of the disease, either in a general manner, as by Stoll, Bordeu, etc.; or in a more particular one, as the mucous membrane, by Stockhusen, Gardane, Debois, Palais, Broussais, Roche, etc.; or the muscular coat by Merat. Boisseau makes the stomach participate, and Darwin the liver. Dubois places the scene of the drama in the mesentery; Tavuri in the peritoneum, Giacomini in the abdominal muscles, and Legroux in the hepatic circulation. Each author has been led to his localisation either by particular facts or theoretical reasoning. All furnish good reasons for their conclusions; but a deficiency in the number of facts has prevented them from observing the disease in its entirety, and has led them to generalise from too limited premises.

'We have seen that while a number of authors have only considered the affection as a poisoning, the majority regard it as a general or local nervous affection. Bordeu, Henckel, Palais, Roche, Renaudin, etc., believe they can recognise the marks of inflammation. Stoll regards it as a specific disease, *sui generis*; and such is the opinion of Brachet, as also apparently of many others, if we may judge by the difficulty they have of disposing of this disease in their classifications. We may observe that, in this long series of opinions, almost every one admits a modification of excitement, irritation or inflammation. Three, however, think differently, Darwin regards it as a diminished action of the intestine; Merat as a paralysis of the intestinal mucous membrane, and Giacomini as an hyposthenic affection.' (p. 57.)

## V.—ON VACCINATION AND REVACCINATION.

BY M. CRANINX.

[From the Medico-Chirurgical Review.]

An interesting discussion has lately taken place at the Belgian Academy of Medicine, upon the subject of vaccination. The following were the conclusions of M. Craninx, the reporter, which were affirmed by the Academy:—1. Variola and varioloid are but two degrees of the same affection. 2. Simple variola may attack the same individual twice, but scarcely in rapid succession (*coup sur coup*). 3. It may also attack persons who have been properly vaccinated, but it is then generally mitigated. (M. Lombard observed that the word ‘generally’ must be dwelt upon; for subjects who, to all appearance, have been well vaccinated, at a distant period occasionally die from variola. He added, that in the dreadful epidemic which has just devastated Liege, this was the case, while none of those who underwent revaccination took the disease.) 4. Variola, after vaccination, is almost without example for the next ten years; but it is observed from time to time in those who have been vaccinated for more than twenty years. It is, however, very rare after forty. 5. It is of more frequent occurrence, but, at the same time, milder, in the vaccinated, than in persons who have already undergone an attack of it. 6. Varioloid is observed oftener than variola after vaccination, and is not infrequently observed in children; but it increases both in frequency and severity from ten to twenty-five or thirty years. 7. Variola and varioloid in the vaccinated, not following the same course in respect to frequency or intensity as in the non-vaccinated, the cases in which they are seen among the former cannot all be explained upon the supposition of a faulty vaccination, but upon that of a diminution of the preservative action of vaccination. 8. Perhaps we should admit incomplete vaccinations possessed of a less degree of preservative power, and capable of becoming sooner exhausted. In this point of view, sufficient importance is not attached to the general reaction which should accompany the vaccine eruption, indicating the action of the virus upon the general economy. 9. If the protective power of vaccination has become enfeebled by time, if not in all, at least in several individuals, there is not sufficient evidence to show that the vaccine, considered in itself, has lost its efficacy since the first years of its discovery. While there is doubt, it is better to revert to the cow-pox whenever the opportunity presents itself. (Upon this resolution M. Seutin remarked that, believing as he did that the vaccine lymph which existed is efficient, and that it fails either from not having been taken well, or owing to individual susceptibilities, he considered this conclusion would spread needless alarms. M. Lombardi observed, however, that the new cow-pox, recently imported from England, certainly exhibited a more certain and more active effect.) 10. As the immunity conferred by vaccination is not indefinitely absolute, revaccination, at least for a great number of individuals, is rationally indicated. 11. Observation shows, that when it succeeds, the second vaccination produces phenomena very nearly like the first, so that we would, *à priori*, anticipate the same effects from it. 12. Experience has determined this point; it has proved that a recent revaccination preserves from variola and varioloid, and that, practised on a sufficient scale, conjointly with vaccination, it constitutes a sure means of arresting the progress of this malady when it appears epidemically. 13.



It succeeds best in proportion as it is most required, that is, the more remote the period is since the individual has had variola, or has been vaccinated. 14. If it does not succeed at a first attempt, it should, if necessary, be repeated several times. 15. During the prevalence of an epidemic of variola or varioloid, it is prudent to revaccinate all those whose first vaccination dates ten years back, and all those whose first vaccination gives rise to any doubt. 16. Revaccination may be performed almost indifferently with the lymph of a primary or a secondary vaccination. 17. It is imprudent to inoculate with the lymph of spontaneous varioloid; nevertheless, in the time of an epidemic, if vaccine lymph could not be possibly obtained, we should be authorised in the employment of this fluid, and to transmit it as we do vaccine lymph. 18. If revaccination is so useful a thing, at least for a certain number of persons, vaccination loses none of its importance; and the government and the profession should exert all their influence to enable the entire population to participate in its benefits.—*Gazette Médicale*, No. 27.

#### V.—MERCURIAL PURGATIVES IN THE TREATMENT OF TYPHOID FEVER.

[From *L'Union Médicale*, Feb., 1851.]

Dr. Tauffieb, a resident of Barr, on the lower Rhine, writes as follows on the mercurial treatment of typhoid fever. Calomel was administered to five hundred and eighteen subjects laboring under this form of fever, and the disease was arrested in its course in a few days in three hundred and five, in the following manner:—

The first effect of the medicine, in most of these cases, was to determine a number of dark-brown greenish discharges, invariably followed by general relief; on these three-hundred and five subjects, two hundred and thirty of them convalesced immediately or soon after the purgative effects of the calomel were obtained; twelve of these were found to be salivated by the first few doses of the medicine; in 75 others, the typhoid fever was not arrested in its onward course until the moment when salivation, more or less profuse, manifested itself. In these cases the purgative action of the medicine produced only slight and temporary relief; finally, in two hundred and thirteen patients, the fever was not arrested; the salutary effect of the mercurial purgatives, in these cases, was much less appreciable, at least, in so short a time; of these patients, sixty died.

One interesting fact, says the writer, may be noted, that the eighty-seven patients who were salivated, recovered without a single exception, and that in all convalescence immediately followed the ptyalism. The Doctor concludes his paper in these emphatic words:—

Mercurial purgatives possess, then, it appears, the power to arrest typhoid fever, and this is accomplished in two different modes: first, by a primitive action, either direct or local, upon the digestive organs; second, by a secondary influence, consecutive to the absorption of the mercury, and manifesting its salutary influence by exciting a critical salivary secretion.

## Part Third.

### REVIEWS AND NOTICES OF NEW WORKS.

I.—*The Races of Men; a Fragment: By* ROBERT KNOX, M.D. 1850.

(Concluded from page 672.)

#### THE PHYSIOLOGICAL CONSIDERATION.

A gradual development—after the earth—mere molecular matter—was prepared for living entities, whether corallines, zoöphites, infusoria, saurians, behemoths, or elephants. The author of the ‘*Vestiges*’ says: ‘In pursuing the progress of the development of both plants and animals upon the globe, we have seen an advance in both cases from simple to higher forms of organization.’ The sea-weeds first, then the land plants—the cellular and cryptogamic. Leaving plants, we turn to the development of animals. First, the radiata, including five species, from the infusoria to the conchifera, where this embryo vital existence becomes blended with the mollusca. From insects, microscopic entities, we get to the articulata, fishes, crocodiles, tortoises, terrapines, &c.; and next, to birds. And, lastly, according to the ‘fitness of things,’ in the progress of events, brought about by Infinite Wisdom and Infinite Power, we see ushered into existence the race of the vertebrata—the mammalia, of which man is the head. But is he merely, in this position, to be considered as an animal? What has our author said? ‘Other animals have but *one* history, the zoölogical,—man has *two*, the animal nature, and the *intellectual entity*.’

We find fossil remains—evidences of the existence of animals now extinct,—and ever and anon exhumed in Siberia, or some other wild and desolate part of the earth; but nowhere have the remains of man been found, to prove that he was amongst the earliest creation of living entities. There is every reason to believe that his appearance on this earth is comparatively of very modern date. We believe that this fact is admitted by nearly every naturalist and geologist, from Cuvier and Shaw down to the present time.

We like analysis, searching and scrutinizing. Dugald Stewart treats us to a chapter on association of ideas; Brown speaks of the laws of suggestion; Bacon, Newton and Locke have alluded to cause

and effect — one and the same idea. It is the great original, eternal law of *continuity*, and nothing else. Most writers allude to the laws of forces—words that mean nothing. When we speak of laws of motion, we become intelligible.

But we have somewhat digressed from the point under consideration. We are viewing man as an animal, and, at the same time, as an intellectual being. Two terms of matter, we presume, will be admitted,—the molecular and the spiritualized. Now, then, if we for one moment think of the infinite products resulting from the combination of four elements,—received as such by the chemists, although hydrogen is doubtful,—hydrogen, nitrogen, oxygen and carbon, the various polarisation of atoms in two elements—body and soul—will satisfactorily account for all the diversity in physical development and intellectual organization, which we notice among the human race; and this is the sum total of our knowledge on the subject. We may study Pritchard—review Cuvier—take up the ‘*Vestiges*,’ and read the very talented and interesting work we have attempted to analyze and sift. It only shows us, that however Science may dive into the depths of the earth in her patient explorations, or Fancy expand her wings, and Imagination extend her flights, we reach a point where all is mystery,—a boundary the human mind cannot transcend,—a position in nature that mind cannot take by storm or by stratagem,—where neither Napoleon nor Wellington, Scott nor Taylor would avail.

We do recognise races, and we see great diversity of character, as evinced in government, laws, education, morals, social relations, arts, sciences, mechanical skill and religion. Be it so. ‘*Cogito ergo sum*,’ is the aphorism that introduces the metaphysical speculation of Descartes. He was right. Archimedes said, ‘Give me a fulcrum, and I will move the world.’ Another great truism. Where there is *thought*, there must be *entity* and *vitality*—something more than molecular matter. Critics have condemned Descartes, and affirmed that he assumed what he had to prove. Such critics had better go to school. Descartes is in metaphysics in modern times, what Hippocrates was in medicine in ancient times. Sound and safe authorities. Simplicity in philosophy is everything; it draws us nearer to the great fountain of light. Complication leads us to the yawning gulf of error and darkness. ‘Give me a lever,’ said Archimedes, ‘and I will move the world.’ It is the sole principle of mechanical power. The screw, the wheel, the pulley, the inclined plane, etc., are but varied applications of leverage. We have wandered into these digressions to sustain the position assumed by the author, that man is something more than



a mere animal — that he has intellect, which unites him to Deity, and connects him with eternity.

We have included the Celt, in the great northern Scandinavian family.

It may be asked, How can the impulsive, fiery Celt be of the same breed as the calm, determined Saxon? Study nature. Amongst bees you will find some whose hives you cannot approach without danger; others are mild, and you may even thrust your hand into the hive with impunity. From the same mother, and from the same birth, you will find some irritable, cross dogs, and some of the most docile and affectionate. And so it is in human families. We see the quiet, studious, plodding boy who disturbs nobody, and we see the fiery youth ever rushing into quarrels troubles and difficulties, as the war-horse does into the battle. And so it is with tribes and nations. The Saxon is the quiet, thoughtful child; the Celt is the fiery, imperious and impulsive boy. Both may come from the same mother, or the same hive.

The limits assigned for this review will not permit us to dwell longer on the intellectual and physiological points in this most interesting Work. They present a fertile field for facts and for reflections; and we leave it with reluctance, to consider briefly

#### THE PHILOLOGICAL ARGUMENT.

In that great Work of Gebellin, perhaps the most extraordinary production of any *one* mind, entitled 'Le Monde Primitif et Langue Universelle,' an attempt is made, in the Polyglot Dictionary, to trace all languages to a common source or origin. German and English writers, on the authority of Gebellin, have admitted a common origin of languages, and hence inferred one original race of men. What is language? The question is clearly answered by the author of 'Vestiges': 'It is the communication of ideas, by whatever means. Ideas may be communicated by looks, gestures, and signs of various other kinds, as well as by speech.'

We think it useless to infer identity of race from a common root of language. The attempt to *establish* does not *prove* a fact. God could as well create a dozen races, as one race, or one family: and, endowed with organs of speech of superior quality to the inferior animals, man would naturally give names to external objects, and express his feelings in some way or another. This is the origin of human language; for animals had a language of their own long before the creation of man. Similarity of language would be inferred from the general organization of human mind and physical form; but as

no two grains on the seashore are precisely alike,—nor two blades of grass on the meadow or on the prairie,—nor two leaves on trees, or flowers on shrubs, so are no two human minds or characters alike. Man differeth from his fellow-man, as ‘one star differeth from another star in glory.’ Hence diversity of language; and the philological argument can furnish us with nothing definite. It affords us no more light than we possessed without it.

Consider what changes even specific language undergoes. What identity is there between the modern and the ancient Greek; between the French of Dagobert and the French of Guizot, Thiers, and Dupin; between the English of Chatham, Peel, Webster and Clay, and the black letter of Chaucer, or the *same* mitigated and modified in Spenser’s ‘Faëry Quene’?

It would be perilous to endeavor to establish a theory on such a foundation. It would be like building on quicksands. We therefore dismiss the philological argument, and will conclude by a notice of the arrangement of the subject by the author of the work in question.

The glorious power of man’s intellect bursts upon us like a meteor or a comet, in the introduction to this great work.

In Lecture the First, the author treats of the Saxon or Scandinavian race. We will here present the writer’s views in his own words:—

‘Of the origin of the Saxon race, we know just as much as we do of the origin of man—that is, nothing. History shows us that, in remote times, a race of men differing from all others physically and mentally, dwelt in Scandinavia—say in Norway, Denmark, Sweden, Holstein—on the shores of the Baltic, in fact; by the mouths of the Rhine, and on its northern and eastern bank. Cæsar met Ariovistus at the head of a German army, on the Rhine. The Germans, as other Scandinavian and other trans-rhinal nations were then called, had crossed the river, making incursions into the territories of their Celtic neighbors, inhabiting Old Gaul.\* The Dictator defeated them, compelling them to recross the Rhine into their own territories. But he did not follow them into their native woods. The Romans never had any real power beyond the Rhine. At no time did they conquer the Saxon or true German—that is, Scandinavian—race.’

This is one of the great truths of history. It is also one of the powerful indications of a superior pure race. It cannot be *conquered*—it may be exterminated.

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\* We have already stated that we believe the Celt to be a member of the Scandinavian family.

But we must quote again: 'What had induced the Scandinavians to cross the Rhine in Cæsar's time? What had led them long before into Italy, where they encountered Marius? Ask the South African Saxon boor, what induces him to spread himself over a land one twentieth part of which could easily maintain him in comfort and affluence. What urges him against Caffraria—against Natal? It has been said that the Scandinavian or Saxon tribes were pressed for space; that more numerous barbarous tribes were pushing them on. The overpopulousness of their woods, and their retiring before another force, does not well agree.' In regard to the disposition of the man of Saxon or Scandinavian descent, to spread himself over a vast region, our author refers it to the qualities of the race: 'To their inordinate self-esteem,—to their love of independence, which makes them dislike the proximity of a neighbor,—to their hatred for dynasties and governments; democrats by their nature, the only democrats on earth—the only race which truly comprehend the meaning of the word liberty.'

To discriminate is always better than to indulge in generalities. What does the author mean when he speaks of the Saxon's hatred of government? All experience refutes the libel. What is the great element in the blood of the American Saxon people from ocean to ocean—from the northern lakes to the Gulf of Mexico? They are supporters, above all other men, of law and order. The author should have qualified his remark, as he did before—'*when the laws are of his own making.*'

Passing on, we come to the reflections and remarks about the physiological laws of race. The author knows nothing about these laws. No man does. It is useless, therefore, to speculate on the subject. We abhor the '*Vox et preterea nihil.*'

The third lecture is a history of the Gipsy, Copt and Jew. Of the Gipsy, our author says: 'They neither toil nor think; theirs is the life of the wild animals, unaltered and unalterable. Confine them, limit their range, and they perish. Their ancient history is entirely unknown. In the mean time, the climate of Britain has had much less effect on them than on surrounding Cheviot. Swarthy in complexion, with dark, long eyebrows, black hair, a somewhat oval face, an Eastern physiognomy, neither Jewish, nor Coptic, nor Arab; mouth larger than in the European; nostrils somewhat expanded; stature moderate. They will not work, but as they must live, they beg and steal.'

We next are treated to some lucubrations about transcendental ana-



tomy, which we deem unimportant, yet many authorities are quoted and alluded to; such as Cuvier, Buckland, Geoffry, Herschel, Humboldt, Oken, Göthe, Spix, Carus, etc.

The transcendental doctrine is that first hinted at by Aristotle, revived by Cuvier, and finally boldly and clearly presented to the world by the author of the 'Vestiges.' It is the theory of development, as opposed to that of genus and species. The reader must decide this matter for himself. Powerful arguments have been advanced on both sides. Progress we can comprehend; of the original development of races we know nothing positively. In the beginning God created. This *en arche* leaves the mind bewildered. It is not so much a period of time, as an unknown point in the ocean of eternity.

The fourth lecture treats of the Coptic, Jewish and Phœnician races. The Coptic is the ancient Egyptian race. 'What has become of the grand Coptic race—those builders unequalled in ancient or modern times? \* \* \* Their disposition was to build; their innate instincts were architectural—in this coinciding with the Jew, the Greek, the Phœnician. Their past history is a perfect enigma to this day, nor do I believe that a single fact has been well made out. Who were the Hikshohs, the Shepherd Kings, &c.? Did civilization travel up or down the banks of the Nile? Did the Nile irrigate, in former times, the Lybian Desert? and are the *oases* proofs of such being its course? \* \* \* Homer describes Egypt as being, in the times of the Trojan war, a highly civilized country. What an antiquity must we then assign to it! The Homeric poem itself was suspected to be Egyptian; and Cadmus brought letters into Greece from Egypt, happily leaving the hieroglyphics behind him.'

We believe that there is ample proof of the existence of high civilization in Egypt, from the latest explorations of their hieroglyphical records, three thousand years before the father of Abraham, the founder of the Jewish nation, removed from Ur in Chaldea to Palestine. Most writers agree in deriving the streams of mankind, or races of men, from an Eastern source. There is nothing certain on the subject, unless we admit the location of the Adamic race according to the Scriptural account. It was somewhere in the neighborhood of the river Euphrates, between the land of the Assyrian and the Babylonian probably. We have already stated that the expression 'Garden of Eden,' is an allegory, meaning public welfare and great prosperity, resulting from the protection and favor of Deity.

The fifth lecture is on the value of monumental records, &c.

Let us see how this great man opens this chapter. 'The origin of mankind, the source and origin of life on the globe (may it ever be "*teres atque rotundus*"\*), is a problem which modern science cannot solve. The only philosophic attempt at the solution of this great problem, was the hypothesis of Humboldt, Herschel, Oken, and Geoffrey St. Hilaire.'

Why should human mind struggle in vain, for thousands of years, to penetrate the great ocean of eternity, to which a friend has happily applied the term 'Teleology.' † Strabo and Josephus have convinced us that the Mosaic history (always supposing that it is comprehended, according to the ancient *symbolical* Obri language,) gives the only true history of the origin of man. Why persist—when reason is ever baffled? Is it humiliation to kneel before Deity and drink in light, and truth, and inspiration from the revelation of God.—'The Helicon's harmonious fount, from which a thousand springs their mazy progress take,' of the ancient Greeks? We have quoted the beautiful and eloquent words of Gray; the ideas are the same. A fountain of love, of light, of truth, of justice, whether it is the Jupiter of the Greek, the Odin of the Scandinavian, or the God of the Christian.

The first mode of preserving facts, was tradition; the second, an improvement, was symbolical record; the third, we trace to the letters introduced by Cadmus, into Greece; the fourth, sylographic, very ancient, a cause of dispute to this day between the Javanese and Chinese, as to original invention; then the lithographic and the stenographic. Monumental records were of vast importance in a certain age of the world; they are now comparatively useless, except as ornaments to grounds, gardens and public squares. The printing press has supplanted all, and reigns unrivalled, as recording the efforts of mind and perpetuating knowledge, *by unlimited diffusion*. Our author's idea of the Jew is singular; he considers him pretty much as a civilized Gipsy. The Jew, the Copt, the Phenician, are all of Eastern origin. We are inclined to believe in four great original races. We assign no limit to varieties and species. The Asiatic—primitive. The Caucasian, on the dividing line of Asia and Europe, the source of the Scandinavian and the Saxon. The African, the genuine Negro, and the Indian. This gives us two white, and two dark primitive races. It is, we admit, hypothesis.

The sixth lecture, or chapter, is on the dark races; we can only announce it. The author fully sustains himself throughout.

\* Horace, 7th Satire.

† Dr. B. Dowler, of New Orleans.—Ed.

The seventh is on the Celtic race, and here we must quote: 'From the remotest period of historical narrative—usually called history—the abode of the Celtic race was Gaul, on this side of the Alps—the present country called France. This was the country which Cæsar subdued, and formed into a Roman province. But long prior to his time the Celtic race had overflowed its barriers, crossing the Alps, peopling the North of Italy, and making permanent settlements there—the Gallic Cisalpine of Roman writers. They had sacked Rome; they had burst into Greece, and plundered the Temple of Delphi. War and plunder, bloodshed and violence, in which the race delights, was their object. From Brennus to Napoleon, the war cry of the Celtic race was "To the Alps,—To the Rhine!" This game, which still engages their whole attention, has now been played for nearly four thousand years.'

There is much truth in this description of the Celtic race. We have already endeavored to trace from the Scandinavian source, and have nothing more, at present, to say on the subject.

In the eighth lecture, the author maintains that none but those who are of pure Scandinavian blood and descent are really Germans. He locates them in the North of Germany, extending as far South as Leipsic and Dresden. In Southern Germany he introduces the Sclavonian race, and in Russia he locates the Sarmatian. Our author assigns the greatest intellectual power to the Sclavonian race; he says: 'Little seems to me to be known of this noble race, the most intellectual, probably, of all.' \* \* \* 'Superior to the Saxon and Celtic races in their taste for music, architecture, and the fine arts generally, above all, gifted with high feelings, leading them to view Nature's laws abstractedly, and to see, in her operations, principles imperceptible to others.'

We would not disparage this or any race, but we really cannot admit that they manifest, or ever have manifested the intellectual superiority and perfection of taste, claimed for them by the author. We see anything but high qualities of mind, and generous emotions, in this race. Who saved Vienna from the Turk? It was John Sobieski, at the head of his conquering Poles (Sarmatian race.) Where is their gratitude? They aided and abetted in the partition of Poland, and the extinction of their nationality.

What race was the great barrier between them and the conquering Turcomans, of the fifteenth, sixteenth and seventeenth centuries? The Hungarians, whom they have oppressed and betrayed; and now where are they? The Sclavonian is prostrate before the Sarmatian.



The ninth lecture argues the question of dominancy; the great final struggle is to be between the Sarmatian, (Russian) and Scandinavian races. He believes that the latter will prove the conquering race, and that the United States is now the dominant power. There is more truth than fiction in this opinion.

But it is time to close this protracted review. The remaining subjects of which he treats are Jewish and Coptic chronology, ancient Greece, the fine arts, etc. He winds up with an appendix and notes.

This book should be in the library of every physician, and man of science. The lofty, bold, independent style, assumed at the beginning, is sustained to the last. It contains a vast amount of information, and no man can read it without being more or less profited, — it will compel him to think.

W. P. H.

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## II.—*Statistics of Amputations at the Massachusetts General Hospital.*

We are indebted to Dr. George Hayward, one of the surgeons to this hospital, for a copy of these interesting statistical facts. The subject of amputation has received but little attention in this country. Indeed, until Dr. Norris, of Philadelphia, and the author of the pamphlet before us, directed public attention to the statistics of amputation, but little positive knowledge existed in the profession on this important subject. In one of the greatest hospitals of the South — viz., the New-Orleans Charity Hospital — the records on the mortality following amputations are so imperfect, that no reliance can be placed upon the statistics in question: hence, a vast store-house of useful knowledge — that kind of knowledge which requires years to accumulate — has been closed against the profession. By this omission — to use no other term — the profession has been unfortunately deprived of hundreds of facts, which, if brought to light and properly classified, might have enabled us to determine many questions which heretofore, for lack of this information, remained undecided, to the serious detriment of the interests of the profession, and, above all, to the prejudice of afflicted humanity. The hospital is now in such hands, as induces us to hope that, for the future, this desirable knowledge will be furnished the profession. The facts, as developed in these statistics, compel us to admit that the mortality succeeding amputations is much greater than a casual observer might be led to imagine. Thus it is, that figures, when rigidly interpreted, too often demolish the idle calculations of the sanguine and superficial, and

drive them back to the true, the numerical method, as the only certain basis upon which they can proceed to the construction of axioms, theorems, and, finally, principles.

Dr. Norris has shown, that nearly one-half of those on whom the operation of amputation was performed in the Pennsylvania hospital, for 1838, perished; and this, too, in one of the best-regulated institutions, perhaps, in the world; and under the supervision of surgeons who have no superiors.

In the Parisian hospitals, it is well known that more than one-half die after amputation.

Dr. Hayward, we are gratified to learn, shows that, in the Massachusetts General Hospital, more satisfactory results were obtained than in either of the above-mentioned hospitals. The circular incision is generally preferred in the Boston hospital, unless the surgeon has reason to believe that a better flap could be made by the other method. We may remark, that the surgeons of New Orleans generally prefer the flap operation, as not only less painful and tedious, but free from many of the objections which might be urged against the circular operation.

In the Massachusetts General Hospital, the dressings are simple after amputation, consisting of two or three strips of adhesive plaster, a compress, and roller; but we notice that nothing is said of cold applications in the after treatment—doubtless, an oversight in the writer.

Dr. Hayward has given us some most valuable statistics of amputations performed in the Massachusetts hospital, commencing as far back as January, 1822, in the first table, and ending January, 1840. During this period of time, the total number of amputations of large limbs reached sixty-seven, of which fifteen died; certainly indicating rare success in a great public hospital.

We also learn, from the admirable commentaries made by Dr. H., in these statistical tables, that secondary hemorrhage was not frequent after these operations; and when it did occur, it was generally arrested by pressure; but if this failed, the stump was exposed, the bleeding vessel sought, and ligatured. Not a death followed any case of secondary hemorrhage. Efforts were invariably made to heal the wound by the first intention; but it seems the surgeons rarely succeeded.

Opiates are seldom administered prior to an operation; but in a case of delirium tremens, twelve grains of opium were given before the operation, and the patient recovered. These tables go to ratify

the experience of the surgeons of the present day, in relation to the comparative danger following the amputation of particular limbs: that the danger is greater in amputations of the thigh than those of the leg, and much less in the upper than lower extremities. Another important fact is proven by these tables: that patients on whom the operation of amputation is performed for chronic diseases, are much more likely to recover than those on whom it may be made for recent injuries.

Dr. Hayward thinks that amputations are frequently 'performed when they might be avoided.' This remark is by no means as applicable to the present day, as to times past. He also thinks that it is too often deferred to so late a period, especially in chronic diseases, as to greatly diminish the chances of the patient's recovery.

In cases of severe injury, requiring amputation, and attended with a great shock to the nervous system, Dr. Hayward, like a surgeon of experience, delays the operation until reaction is established. With few exceptions, we believe this is the universal practice among the well-informed surgeons of the present day. From observation and comparison, Dr. H. is induced to believe that a '*high state of health* is not favorable to surgical operations,' and that surgeons of the present day are rather disposed to defer amputation too long in cases of diseased limbs, being unwilling to admit that the case is beyond the reach of their remedies and skill.

In table 2, of which we have as yet given no account, the influence of anæsthesia in amputations is estimated. In fifty-one operations for the removal of limbs, the patient was subjected to the anæsthetic influence of either ether or chloroform, and out of this number thirteen deaths occurred—a fact which conclusively proves that these narcotic agents do not diminish the risks of an operation—at least, of an amputation. Of twenty-three amputations embraced in the same table, and performed without the administration of chloroform or ether, five died and eighteen recovered.

Dr. Hayward observes, in concluding his instructive statistics, that no operation of any importance is now performed at the Massachusetts General Hospital, without previously subjecting the patient to the influence of some one of the anæsthetic agents; and yet, in no instance has any fatal or injurious consequences resulted from their use. This corresponds, we believe, with the experience of the New Orleans surgeons.



III.—*Institution for the Education of Idiots, Imbeciles and Children of retarded development of Mind.*—Barre, Mass.: 1851.

Whoever looks around him, and investigates the condition of society, will find that the members of the medical profession are almost invariably the first to originate and carry into successful practice those measures which seem best calculated to improve the health, regulate the mind, and promote the happiness and prosperity of mankind. Deeply versed in the sciences of physiology and psychology, and familiar with the physical influences which impress and modify the human organism, the physicians of the present day are constantly striving to outstrip each other in devising means to correct, not only the physical, but likewise the mental infirmities of our species. To this class of philanthropists belongs Dr. Wilbur, of Barre, Mass., to whom the public is indebted for originating an institution—the first in the United States—for the education of imbeciles and idiots. The results of his labors for two years and a half, in this department of education, are embraced in this modest, but satisfactory circular, and we are free to confess that the cases he details would lead us to hope that far more may be done to strengthen and develop the intellectual and moral faculties of the idiot, than had ever been dreamed of in the wildest enthusiasm of the philanthropist. In the history of the fifteen cases selected for publication by Dr. Wilbur, we recognize the practical physician, the mental philosopher, and the shrewd observer, all of which mental qualities must be requisite to trace to their proper sources the phenomena of mental imbecility.

We will close these few observations, by copying from this circular the details of a single case, which we feel confident will be read with profit and astonishment by the profession.

‘CASE NO. 1—A boy of 11 years old; sanguine temperament; of average size; head slightly irregular in its conformation; subject to epileptic spasms, and a constant diarrhœa. He was healthy and intelligent until the period of first dentition, during which period he had severe and long-continued convulsions, which left him, at the end of a year, with the spasms above-mentioned, and profound idiocy. There was a want of control of the muscular system of the limbs, producing a peculiar gait. His organs of sensation were apparently good. His perceptions of the objects of the sight, hearing and touch, were almost wanting. With such feeble perceptions of the external world, of course his intellectual operations were of the most limited character, relating almost entirely to the gratification of his natural appetites. He perceived only those properties of matter which have relation to those appetites, and his highest mental efforts resulted only in leading his attendant to the cupboard or the water-pail. Watch

him ever so closely, and he manifested no sign of consciousness of anything about him. No sights attracted his attention; no sounds disturbed him. He had no idea of language, not even distinguishing tones of approbation from tones of displeasure; never expressing any want by sounds, and capable only of a few rude and inarticulate cries.

‘He was entirely destitute of the faculty of imitation; he had no idea of musical sounds, and it was impossible to fix his attention for a moment.

‘He was subject to violent fits of passion, which were always exhausted upon himself. When thus excited, he pinched and bit himself, beat his head against the wall, and pulled his hair, from which latter cause the back part of his head was entirely bald. He was destitute of *will*, except as before mentioned, in its relations to the gratification of his appetite; without power of grasping any object placed in his hands. He had no fear, except the instinctive one of falling; for he knew no cause of danger.

‘He was in constant motion through the day—now throwing himself upon the floor, now running from one part of the house to another, occupying himself only in shaking a bunch of strings before his eyes, or twisting them around his fingers, to produce a tickling sensation. His restlessness manifested itself, also, in a variety of mechanical habits; a constant rocking of his body from side to side, and a frequent slapping of the hands upon the thighs. His discharges were involuntary, and he was tormented by an incessant hunger and thirst. He was accustomed to being rocked to sleep in the arms of his mother, or a servant, and woke usually at 3 or 4 o’clock in the morning. He had never known the slightest useful occupation—had never obeyed a single positive command, whether expressed by words or signs. He was as helpless as an infant, and when left by his parents manifested less than an infant would an appreciation of his change of circumstances.

‘My first efforts were, of course, directed to breaking up his numerous troublesome and disagreeable habits. I put him in a bed which had been prepared for him in my own room, at a regular time every night. This was by no means in accordance with his inclinations, and I was compelled to hold him firmly for two or three hours, for several nights, never suffering my eyes to wander from his face. The same struggle was renewed each morning, at an early hour. A week or two sufficed to conquer any irregularity of his, either in going to bed or rising. But this was not all—the lesson was taught him, that my will was paramount to his.

‘I drew him, by main force, up a ladder placed at an angle of  $45^{\circ}$ , against the wall. The instinct of self-preservation caused him to grasp, with hands unaccustomed to prehension, the rounds of the ladder, till, with loud outcries and cautious steps, he took courage to descend. This was repeated day after day.

‘Marching in front of him, with face toward him, I made him follow me. Occasionally, he darted from me, but was brought back to follow me, till he became quite passive in the march. In time, I ascended the ladder, and he followed a few steps, getting down as

before. Each day he proceeded a little higher, till the ladder was no longer a source of dread to him.

‘I then placed heavy iron dumb-bells in his hands, which he seemed afraid to drop. These were replaced by lighter ones from time to time, until he could grasp objects that were smaller, and of less weight.

‘I took him into the open air with me, now running and urging him to follow — now following, and inciting him to run.

‘The exercises on the ladders placed at different angles are continued; for while they strengthen the muscular system, they require the constant exercise of the attention.

‘I learned him to pick up objects of various forms. Now I blind-fold him, making him follow me by the sound of my voice, teaching his ear to understand the direction of sounds — educating one sense by shutting up the communication to the mind through the medium of another. Putting a fork in his hand, I allowed him to have no other food except what he took up with it; my hand holding it in his, and guiding it to his mouth. These acquirements all cost time and patience. To illustrate this, I need only say, that this last — ability to feed himself — required five weeks of instruction. Since that period, he has always sat at the table with us, eating with propriety, both with a fork and spoon.

‘I commenced with exercises in imitation. I held up my arms, and then placed his in the same position; dropped mine by my sides, and carried his down in the same manner. By dint of ten thousand repetitions, he learned to follow me in these successive acts. Each new act of imitation required less labor. One fact deserves a mention from its singularity. After learning to imitate me in several motions of the arms, when quite near him, I found, on removing to a little distance, that he took no notice of me, and I was compelled to renew the exercises at various distances. His perceptions of sight seemed to extend only to objects within very limited distances.

‘I strove to exhaust his constant restlessness by frequent and fatiguing exercises upon the ladder; taught him to appreciate musical sounds; corrected a disagreeable habit of swallowing, by making him hold a small stick in his mouth; and learned him to carry his head erect, by placing a small block of wood upon his head. I need not give further details of the course pursued with him, but only add a brief account of his present condition.

‘He has now been with me two years. His form is more erect, and carriage better. His spasms have in a great measure ceased; his diarrhœa entirely disappeared. No exercises upon the ladders seem too difficult for him, and he ranges over my series of ladders with great rapidity and fearlessness, obedient to my slightest sign or word of command. He marches, and goes through a series of exercises in imitation, with the precision and celerity of a soldier. His senses have been educated, and his perceptions wonderfully increased; he sees my slightest motion, and detects my steps in the entry. He is fond of music, dancing in the best of time at our usual family dances. He has acquired no inconsiderable manual dexterity, picking up small



objects from the floor; threading small brass beads with a needle; piling wooden blocks upon the floor; handing thin cards, one by one, at my bidding; wheeling a wheelbarrow, which he manages with great adroitness; imitating various marks with a crayon on the blackboard; partly dressing and undressing himself, etc.

‘He can now sit quietly in a chair, both in the school and elsewhere; he rarely pinches himself, or pulls his hair. In short, all his vicious or disagreeable habits have been much improved, if not entirely eradicated. His case presented more obstacles in the way of successful instruction and management, than any I ever recollect to have seen. His progress has been slow, but each successive week has exhibited some improvement in him; his intelligence increased; his will more subdued; his habits corrected, and his physical system more developed. I will only add, to a description that may already seem tedious, that I regard myself, as yet, but laying the foundation for future acquirements.’

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IV.—*A Manual of Practice in Febrile Diseases, or a Treatise on Fever, with a review of its nature, causes, etc.* By Dr. JAMES N. SWONZY, of Williamson Co., Tennessee. Nashville, 1850.

We have received from the author, the above little Work, which we purpose to notice, treating, as it does, upon a subject of vital importance to all medical men who practice in the South. The subject is almost perfectly thread-bare, but Dr. Swonzy has treated it in a manner creditable to himself, and instructive to his readers.

In his general observations relative to the definition of fever, he remarks:—

‘Since the circulation is directed by the nervous system, fever is the effect of its excitement or irritation; and the circulation, by its quality or quantity, influencing the nervous system, induces nervous affections by its stimulus, causing stupor; or, by its paucity, producing torpor. Water, or its moisture, pervades the membranous system: air, or its vapor, traverses the glandular system: caloric, or its gas, the nervous; and gelatin, or serum, the vascular system.’

Our author, after Darwin, divides fever into sthenic and asthenic. In regard to the sthenic variety, he makes some judicious and happy observations. Hear him:—

‘The inflammatory fever is an affection chiefly of the cerebellous system. A tendency to congestion in the cerebellum, on the occurrence of a favorable crisis, is, by the anastomotic vessels, derived to the cerebrum, and translated to the mucous membrane of the nose, where a special evacuation by hemorrhage occurs. The lungs by the par vagum nerve has an intimate connection with the cerebellum, sympathises with it, in a disposition to congestion, which, on a healthy crisis, is derived to the liver, and an evacuation is effected, by a

sediment in the urine. By translation from the spine, or rather its membranes, to the mucous membrane, exudation is there increased, and a critical diarrhœa produced. By translation from the muscles to the skin, insensible perspiration is increased, along with a gentle, sensible perspiration, discharges from the nervous loops, and lymphatic glands; or tumor, abscess from the latter, by translation, forms.'

We were particularly struck with the author's views upon the affusion of cold water in the typhoid or nervous forms of fever. He speaks of it as being a most powerful and efficacious means, particularly when employed in the earlier stages of the disease, after the evacuation of the alimentary canal. Its efficacy is established beyond a doubt, when employed thus early. We have seen, when the exacerbation was at its height, marked by flushes of heat, thirst and inquietude, the most salutary effects produced by the affusion of cold water. We know of no means so powerful in inducing reaction, not only in the disease in question, but in the cold stage of congestive intermittent.

In speaking of yellow fever, Dr. Swonzy maintains the old opinion, that it is an aggravated form of remittent fever. Dr. Fenner, we believe, in his Southern Reports, entertains the same opinion, and maintains that yellow fever is not a distinct disease, *sui generis*, but that its peculiar characteristics are developed and influenced by climate, etc.

As a matter of curiosity, we would remark the difference entertained relative to the treatment of the disease, twenty-five years ago, in this city, and the practice pursued at the present time.

'In cases of much prostration, a stimulant and tonic course may be proper; as calomel, gr. i. or ii., and opium gr. i., alternated with bark  $\zeta$ i. or quinine, gr. i., with port wine  $\zeta$ i., every four or six hours throughout the disease; changing the port wine on convalescence for champagne wine, and omitting the calomel. The writer, under an attack of this fever for twelve days, at New Orleans, in the Fall of 1824, adopted this treatment, a practice of Dr. Gustave, the principal physician of the city, for some fifteen years, with entire success.'

What would be said of this practice in 1851? We affirm, if Dr. Swonzy was here as a practising physician, he might be liable to the imputation of being a crazy man. Since the introduction of quinine in large doses, the practice has greatly changed, and now we hear of 20 and 60 grains being administered, instead of the 1-gr. doses of Dr. Gustave in 1824, as mentioned by Dr. Swonzy.

We might pursue this subject much further, but our review has already extended to too great a length. Having the pleasure of being personally acquainted with Dr. Swonzy, we would beg leave to inquire

the results of his recent experiments upon the gallinaceous tribe, relative to fever, rheumatism, etc.

In taking leave of Dr. Swonzy, we would most respectfully tender our thanks for his kindness in presenting us a copy of his little Work, and would remark, that we have derived much pleasure and instruction from its perusal.

B. F. T.

V.—*An Inaugural Essay on Zoo-Adynamia.* By GEORGE J. ZIEGLER, M.D. 1850.

This essay was presented to the Faculty of the University of Pennsylvania, by Dr. Ziegler, for the degree of Doctor in Medicine, and published upon the recommendation of Prof. S. Jackson. It contains 64 pages, and embraces an amount of learning and research in medical science, scarcely to be expected in one just entering, as it were, the portals of the science. Without claiming for the youthful author any extraordinary amount of originality in the materials out of which this essay is prepared, we can safely assert that he has skilfully applied the facts and principles of Medicine to the elucidation of a pathological condition but imperfectly understood, and never well defined. We give the following, as a specimen of his style and views, on the '*Treatment of Lesions of Nutrition:*'

'TREATMENT OF LESIONS OF NUTRITION.—In Lesions of Nutrition, where the adynamia depends upon an arrestation of blood, if from any mechanical cause, the obvious indication is to place the parts in a proper position, or remove obstruction, and thus permit the reflow of the blood, when all the symptoms will generally soon disappear, if the cause has not been continued too long, accompanied, however, by a peculiar tingling or prickling sensation as the circulation returns, being dependent, most probably, upon the stimulus of the blood, or oxygen in the blood, as it steals through the capillaries, and impinges on the sentient extremities of the nerves, analogous somewhat to the sensation from tickling; but if, in the latter case, the part be grasped more rudely, or, in the former, the blood be forced upon the nerves in a larger quantity, and with greater impetus, by concussion or otherwise, its pressure removes that peculiar almost unbearable feeling. This same feeling seems to be experienced to some extent in the return to sensibility from paralysis or anæsthesia.

'As this state of anæsthesia is so easily produced in the extremities by pressure on the vessels, the question arises *whether it could not be applicable for some practical purposes in the performance of operations*, and thus supersede, in some measure, the necessity for the general anæsthesia artificially induced.

'*In cases, for example, of required amputation of an arm or leg, or any part of them, by the preceding use of the tourniquet around*



*the limb, compressing the vessels of that limb, in a few minutes would arrest the circulation and thus produce a palsy and loss of sensation in it, and the operation might be performed with comparatively little shock to the system, and probably little or no sensation to the patient.*

‘In local adynamia, as a consequence of anæmia, the first indication is to improve the blood, and through it the system, and if there is an excess of serum, to equalize the circulation. This may, in the former, be effected by stimulants, tonics, mineral and vegetable—the former particularly—alteratives, and those remedies which seem to have a more specific tendency to the different parts or organs affected; also, diet, dress, and other hygiènic measures. But in many cases after the blood is enriched and the system improved, the local affection is not cured or relieved; it may then be necessary to resort to strychnia or electricity, to disturb or remove the inertia, or in similar cases combine the use of these with the other remedies above mentioned, and at the same time.

‘In those cases in which there is an abundance or preponderance of serum, it might be supposed that removing the excess by bleeding or active purgation, would relieve the condition, and assist in the more rapid recovery; but, on experiment, this would be found to prove fallacious, except there were local congestion, etc., there being, to some extent, an advantage in this condition of general plethora from serum, as by the mechanical pressure of the fluid upon the brain, etc., it probably prevents frequently the disposition to syncope, which is often experienced by persons in the anæmic state; and it may be from the want of the due amount of pressure or support from the fluids or blood-vessels upon the brain and nervous system, etc., as, in cases of spurious, and in some of chronic hydrocephalus, pressure relieves and cures the disease; they differing, however—in the former requiring pressure from within, by refilling the vessels, and by stimulation and improvement of the system; the latter from without, judiciously graduated, to support, and at the same time to cause absorption of the accumulated fluid; and in anæmia, the brain and nervous centres acquire strength as the blood becomes richer and more abundant, thus filling the vessels, and by its pressure supporting and steadying the nervous system, at the same time affording nutrition and stimuli, which, of course, is the most beneficial. Other examples have been given in the preceding pages, as the injection of fluid in the veins in cholera, and the transfusion of blood, etc. This condition is also shown by the fact of some persons being able to hear distinctly when their heads are filled with blood, either from excitement or by a recumbent position, whilst in a standing position they are deaf; also in the fact of placing persons in a state of syncope in a recumbent position, to cause a greater flow of blood to the brain, and thus revive them.

‘In those cases resulting from drains from the system, they must first be corrected, and the same general course, as before mentioned, pursued to improve the system, at the same time avoiding all causes which produce such drains. Thus, in lactation, the child must be

weaned or provided with a nurse; in seminal evacuations, either from excessive venery or masturbation, they must be avoided; and in excessive secretions, hemorrhages or drains of any kind, except as succedanii, must be arrested by the appropriate treatment, according to the character of the discharge, etc.'

VI.—*The Diagnosis, Pathology and Treatment of the Diseases of the Chest.* By W. W. GERHARD, M.D., Lecturer on Clinical Medicine to the University of Pennsylvania, etc.: 1850.

The first edition of this Work was issued in 1835, since which time it has reached its *third*, the present edition greatly enlarged and thoroughly revised. Next to Barth and Rogez, Gerhard on the Chest is, perhaps, the best Work of its size in the English language.

Taught under the watchful care of M. Louis to diagnose the diseases of the lungs, and having prosecuted the subject for years in the large hospitals of Philadelphia, Dr. Gerhard has, perhaps, made himself the very first auscultator on this side the Atlantic. This Work is, therefore, the fruits of long and patient study, and embraces a vast fund of practical information obtained at the bed-side and in the dissecting room.

The present edition embraces an account of the effects of cod liver oil in the treatment of consumption, 'as well as an account of the spirometer, a new instrument for ascertaining the condition of the lungs.' Every American practitioner should have a copy of this Work.

VII.—*Review of Chemistry for Students, adapted to the courses as taught in the Medical Schools of the United States.* By J. G. MURPHY, M.D.: Philadelphia, Lindsay & Blakiston, 1851.

The author has reduced to a small compass all the materials which go to constitute the principles of chemical science; and for those medical students who can content themselves with a brief outline of this important department of Medicine, this Work has been prepared. It is certainly desirable for the medical student to bring with him to the lecture room the elementary knowledge contained in this compilation; yet it is a notorious fact that many—very many of them are as ignorant of chemical science, as of perpetual motion or the mode of squaring the circle! It was doubtless through a conviction of this truth that Dr. Murphy undertook to systematize and simplify the ground-work of chemistry.

T. L. White, 53 Canal-street, has the Work for sale.





843 have been restored to their friends cured, and 371 more or less benefitted by treatment. In the management of these patients, strict seclusion has been in a great measure abolished, and restraining apparatus scarcely holds a place among the *armamentaria* of the institution.

This fact speaks well for the enlightened philanthropy of the medical superintendent, and should be imitated by other institutions, the object of which is to ameliorate the mental condition of the unfortunate.

IX. — *Treatise on the Diseases and the Physical Education of Children.* By JOHN EBERLE, M.D., late Professor of the Theory and Practice of Medicine in Transylvania University, etc.; 4th Edition, with Notes and large Additions, by THOMAS D. MITCHELL, A.M., M.D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine, etc. Philadelphia: Lipincott, Grambo & Co., 1850; 1 vol., pp. 768.

This is a Work in two distinct parts by these distinguished gentlemen, and their high standing in the profession is a most respectable guarantee of its nature and usefulness. Professor Eberle, though much of a book-maker, was yet a practical man of long and extensive experience, and his extensive learning was properly used to apply the fruits which he culled from every source, and we might almost say all languages and countries, to the bed-side of suffering humanity. As long as he lived this continued to be the case, and upon every subject that he wrote, and his varied learning was so well *posted up* that the products of his pen must be considered as the *status* of the profession upon that particular subject at that time. Such was doubtless the fact — and so far do we go and no farther — and it is the highest compliment we can pay the illustrious dead; but we confess we are almost prejudiced against '*stereotype editions.*' No man has a patent right to knowledge; it is like saying 'thus far shalt thou go and no farther,' but the command is as powerless as the Persian monarch's to the waves. The best proof we can offer of the correctness of this position is, that Professor Mitchell has *added*, within a few years after the death of Mr. Eberle, nearly *one-third* to the present edition, which doubtless would have been supererogatory had Professor Eberle lived, and these are very valuable and important additions too, bringing up the Work fully to the learning and requirements of the present day.

In no respect does the production of these gentlemen represent the practical experience of the present day, more truly than in constant

testimony they bear to the injurious consequences of drugging, not only during pregnancy, but to the tender infant as soon as born, and to any resemblance of an ailment as long as they continue under parental control. There are few things more injurious in impairing the constitution and adding to the ills and shortening the duration of life. The hygiènic treatment, so much neglected in domestic life, is detailed with great force and applicability, and much industry and research is shown in the investigation. The important subject of vital statistics, that almost new science, just beginning to be understood and appreciated among us, is brought to bear with great force upon the causes of infantile mortality.

The astounding fact is shown, that in the two large cities of New York and Philadelphia, more than one-half the total deaths occur under five years of age! and in Boston, where the mortality is least, it is *still greater* than the average in Europe. As alarming as these facts are, it is still worse when we find that it is steadily increasing, for, in a lengthy table given, it is shown that it was but about 31 per cent. in 1816! This is certainly without a parallel in any civilized or barbarous community on earth. No people in the world have so many means of comfort, easily procured, as our countrymen, and none seem to show more recklessness of life.

In this respect the city of New Orleans exhibits a wonderful contrast. Fortunately for us, in this respect at least, facts and figures that have been until of late so little consulted among us, come to our relief, and bear out the statement that has been made of the kindly nature of our climate to infantile and early life, and we have great pleasure in stating, from the data we have consulted, that the mortality under five years is below 30 per cent.!

Our author (Professor Mitchell) attributes this great mortality, with great plausibility, to the BAD MILK furnished by dairymen to families, and we shall not attempt to gainsay it—it is certainly fully corroborated by the occasional trials here, where it has been clearly shown the addition of foreign ingredients, and it is pretty extensively believed that our milk is ordinarily diluted to the extent of at least 30 per cent.! In our country it is too often considered as an infringement of our natural freedom, if an attempt is made to restrict, by municipal regulation, sanitary or sumptuary laws—nay, that all have the right to eat, drink and drug as they please, and that any combination of these may be made and sold under any appellation that avarice or imposture may dictate. The great extent of the abuses, under the plea of the 'largest liberty,' is shown not only in relation to the

important department of hygiène, but to the abuse constantly exercised in making and vending nostrums and quack medicines of every kind for the benefit of the pretender, and the injury of the community. We call these *abuses* of our liberty, and all experience will bear us out in the opinion that most hygiènic regulations should be supported and enforced by law. As little as we respect countries having systems of law not founded on the representative principle, yet we cannot withhold it from them when they relate to the preservation of health and life. At present, we shall only refer to one bearing upon the subject before us; that is, in relation to the purity of milk (almost one of the necessaries of life). In Havana and Mexico and some parts of Europe, the animal furnishing the milk, whether cow, goat, ass, etc., is brought, in many instances, to your door and milked before you; and where that is not the case, an officer answering to our commissary bears about him a small portable instrument called a **LACTOMETER**, by the application of which the purity of the milk is immediately ascertained, and if it does not come up to the standard, it is at once condemned, forfeited, and the milkman punished. How easy it would be to furnish our commissaries with such an instrument, which would not cost 50 cents!

The experiments we have made upon this subject, we reserve for a more appropriate opportunity, to present to the public; in the mean time we cannot avoid saying that there are few subjects to which our municipal councils can be more appropriately invited, and we are somewhat surprised that it has so far escaped the lynx-eyed vigilance of our valuable Board of Health. This instrument can be obtained of Mr. Bonnabel. The Work itself can be had of White, Canal-st., who is an active and courteous caterer for the medical as well as general public.

E. H. B.

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X.—*Renal Affections, their Diagnosis and Pathology.* By CHARLES FRICK, M.D. Philadelphia: Lea & Blanchard, 1850: pp. 189.

This rather difficult and somewhat obscure subject has been very clearly elucidated by our author, and he is entitled to the thanks of both student and practitioner for the plain and interesting manner in which he has performed the task. In a very satisfactory introduction he explains the principles applicable to the subject, commencing at the *beginning*—that in all bodies endowed with life two principles are constantly going on, namely, waste and reparation; these varying at



different ages. At maturity they nearly equalise one another, while in early life the addition of new material, in the form of vitalised tissue, more than counterbalances the waste that is produced by the influence of oxygen. The lungs and skin perform a part of the function allotted to them by ridding the economy of carbonic acid, while the kidneys are the emunctories by which the effete matter produced during the decomposition of the tissues, as well as those substances that take no part in the animal economy, or whose retention would be injurious, are eliminated from the system; and it is to the secretion of these organs, therefore, that we are principally to look for any derangement in the function of digestion, or of mal-assimilation in the processes of disintegration.

Hence we see, then, that as the presence of the different ingredients entering into this secretion is almost entirely due to the process of decay, the laws of chemistry are applicable. If vitality had continued in force, this change could not have taken place; and it is only when the influence of this power is entirely removed from the different particles entering into the composition of the tissues that chemical phenomena can be brought into play, and effect the formation of those substances whose elimination is the principal function that nature purposed the kidneys to perform.

Our author combats, and we think successfully, various errors upon the physiology of this secretion, three of which he finds very universal among medical men, viz., that an abnormal condition of the urine is always associated with some defect, functional or organic, of the kidneys: 2d, That a deposit is always indicative of an abnormal state of the secretion; and, what is of still more importance, that a healthy appearance of the urine cannot be associated with an unhealthy condition of that fluid. In regard to the first of these opinions, the fact is that the urine is never indicative of the physical condition of the kidneys, any more than the blood is of the state of the heart, except in two instances, and these are where it contains pus, or some of the elements of the circulating fluid, as albumen; in all other cases the foreign materials present are dependant on mal-assimilation, either of some article of food or of the tissues entering into the composition of the body, or are derived from the ureters and coat of the bladder. Again, a deposit may very frequently occur from a precipitation from some healthy ingredient, by subjecting it to a lower temperature or to evaporation, or from decomposition where new elements are formed. And again, the urine may be loaded with albumen or sugar in solution, and yet present a perfectly healthy appear-

ance on a casual examination, or even with oxalate of lime in crystals, which, from their property of refracting light in a peculiar manner, are not discoverable until a drop of the fluid is placed under the field of the microscope.

He gives very intelligible directions by which to ascertain the qualities of the urine, the time of day when passed, varying its qualities much; and instructs you in the mode of using the various chemical tests and the microscope.

He then proceeds to the pathological condition, which the relative amounts of the various ingredients point out, and indicates the treatment that is predicated upon them.

Upon the whole, we think very favorably of the Work; it is essentially American, and measurably original.

It is to be procured from our friend White, Canal-street.

E. H. B.

XI.—*First Principles of Medicine.* By ARCHIBALD BILLING, M.D., A.M., F.R.S., Fellow of the Royal College of Physicians, etc. Second American edition, from revised fifth London edition. Philadelphia: Lea & Blanchard: 1850.

If half the books that are issued from the press, on medical science, at the present day, contained as much good sense and sound reasoning as the 'Principles of Medicine,' much precious time might be saved to the student, and both the profession and the public would thereby be benefitted in the end. As a standard work, abounding in original views, boldly proclaimed and ingeniously woven together, it has been before the profession a number of years, and is now acknowledged to be one of the classic productions of our common profession.

It is a book that should be studied by all as a model. It will teach the thoughtless to reflect, and the learned to philosophize.

Our friend T. L. White, 53 Canal-street, has a number of copies handsomely put up, for his customers.

XII.—*The Medical Student's Guide for extracting Teeth.* By S. S. HORNOR, Surgeon Dentist.

The young physician frequently engages in the practice of his profession far beyond the reach of a dentist, and he is compelled therefore to take upon himself, at least, a portion of the dentist's work—particularly the extracting of decayed and painful teeth: hence, he

should make himself acquainted with this part of the dental art, that he may remove a tooth with skill and ease, for in many instances the ready performance of this little operation will pave the road to the confidence of the patient and his friends in the practice of Medicine.

To enable him to perform this operation with ease and address, we would recommend this little manual by Mr. Hornor to his attention; it is a Work that is not restricted to the extraction of teeth alone; but it explains and illustrates some of the sympathetic affections which are generated by the decay of these organs. It may be obtained of T. L. White, 53 Canal-street, who keeps a splendid assortment of recent medical works for sale.

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XIII.—*The Stethoscope, and Virginia Medical Gazette; a Monthly Journal of Medicine and the Collateral Sciences.* Edited by P. CLAIBORNE GOOCH, A.M., M.D., etc.—Vol. I., No. 1. February, 1851: Richmond, Virginia, pp. 64. (\$3 per annum.)

We welcome from our *native* State, at last, a medical periodical which, from the excellence and abundance of its original matter, promises to diffuse through the country much useful practical information. From the introductory remarks of the Editor, which are well conceived and handsomely expressed, we have formed a highly favorable opinion both of his literary abilities and his entire devotion to the cause of medical science. In point of talent and that true *esprit du corps* which should ever obtain in our profession, Virginia is, perhaps, not second to any State in the Confederacy; and we shall be greatly disappointed, if this Journal does not take a high position, at once, among the medical periodicals of the country. To the Editor, we extend the right hand of good-fellowship, and trust his reward may be greater, and his labor less, than ours have been.



## XIV.—INTRODUCTORIES, LECTURES, ETC.

- 1st. *Address before the New York Medical Colleye.* By HORACE GREEN, A.M., M.D., Professor.
- 2d. *Address before the Medical College of Ohio.* By JOHN BELL, M.D., Professor.
- 3d. *Lecture to the Kentucky School of Medicine.* By SAMUEL ANANAN, M.D.; Professor. 1850.
- 4th. *Introductory Lecture before the Jefferson Medical College.* By JOHN K. MITCHELL, M.D., Professor. 1850.
- 5th. *Address before the Medical Class of St. Louis University.* By M. M. PALLEN, M.D., Professor of Obstetrics and the Diseases of Women and Children.

Dr. Horace Green, now Professor in the New York Medical College, is the author of a most excellent practical Work on the diseases of the throat and lungs. Until he elaborated this Work, he was comparatively unknown out of the city of New York; but as soon as his book saw the light, it was read, adjudged, and found full of new views and sound clinical instruction. The author's reputation, like that of Armstrong's, rose with the circulation of his writings, and he soon found himself famous in the eyes of the public.

So much for the past. His introductory before the trustees and students of the New York Medical College is well conceived, and bears every evidence of cultivated taste and solid good sense. If we are not greatly mistaken, Professor Green will soon obtain an enviable reputation as a lecturer and teacher of *practical* medicine; his mind is evidently eclectic in its tendencies, whilst his sound judgment and discriminating faculties will but give force and firmness to his eclecticism. We are, besides, much pleased with both the tone and spirit of the address, and thank Professor G. for this mark of his consideration.

Of the merits of Professor Bell's address to the Medical College of Ohio, it is only necessary to remark, that it fully sustains his well-known reputation as a writer and lecturer, although we must demur to certain portions of it, as both ungenerous and in bad taste, to wit, the following:—

'The time,' says Professor Bell, 'is past when one great school, as that of Alexandria in ancient, and that of Leyden, Montpelier and Edinburgh in modern times, attracted universal regard, and was the

recognized the centre of knowledge, and the dispenser of professional titles and fame. In our own country, the University of Pennsylvania enjoyed, for a while, this enviable eminence; but of late, it has been outstripped by its young and vigorous rival, the Jefferson Medical College; and it now lives, in part, on its former reputation, which, like the vanity of ancestral fame, is a very flatulent diet:’ etc., etc.

Unwilling to say one word against the able Faculty of the Jefferson Medical College, we would nevertheless ask Dr. Bell who, as lecturers and teachers, are superior to Gibson, Jackson, Rogers, Wood, Hodge, Horner, and last, though perhaps not least, *Carson*, the successful rival of Doctor B. for the chair of *Materia Medica* in the University? Self respect, and a decent regard for the feelings of friends, should induce Dr. B. to avoid any allusion, in future, to a circumstance which he and his admirers (and we are among the latter) cannot contemplate without mortification and regret.

We did not intend to allude to this subject, although pamphlets on this point had been addressed us, but the ill-timed and illiberal remarks of Dr. Bell, as above quoted, forced us to break our silence and to express both our astonishment and regret at the course he has pursued in relation to the conduct of the trustees and faculty of the University of Pennsylvania.

Moreover, we believe the best interests of the University were promoted in the rejection, by the administrators, of the claims of Dr. Bell; not that he is not an able writer and a diligent cultivator of medical science,—not that he is unlearned in all that can constitute a good teacher and an accomplished physician, but we think the present incumbent of the chair of *materia medica* the best qualified to teach that particular branch of Medicine, because, with equal talents, he has devoted most of his time to this speciality; whereas Dr. B. has not confined his studies to any one branch of medical science, but has, with untiring industry and an enlightened zeal, ranged the entire field, and made himself respectable in all, but distinguished in no one department of practical medicine. It is for this reason that we approve the selection made by the trustees and faculty of the University of Pennsylvania; but, in this expression, we do not mean to imply a want of confidence in the learning and talents of the distinguished Professor of the Ohio Medical College.

*Professor Annan's Introductory before the Kentucky School of Medicine*, at Louisville, is a chaste and beautiful production—and we were so well pleased with it, that we could not lay it down until every line of it had been read. This is much more than we can say

of one-half the Introductory which fall into our hands. His views of medical education, and the best course to pursue to master the science in all its important details, are well digested and generally orthodox. Professor A. is, we should think, a safe and able teacher, and we commend his sentiments to students of Medicine.

*Professor Mitchell's* Lecture on the 'Impediments to the study of Medicine,' abounds in good advice, and contains many suggestions which might prove profitable even to the practitioner. His sketch of the various obstacles and impediments to the acquisition of medical knowledge, by the student, is as true as it is beautiful; and the apt illustrations with which he enforces his views, indicate the shrewd observer and the man of the world.

Professor Mitchell's style is quite fascinating — so much so that we could not lay down his address until we had read the last line.

*The Address of Professor Pallen, of the St. Louis University,* speaks well for the literary attainments of the author; and we must confess that we derived both pleasure and instruction from its perusal. By-the-by, the Professor seems as well acquainted with *astronomy*, as with the 'diseases of women and children,' and no one who might read this address would ever dream that the learned Professor would ever condescend to manipulate a *manikin*, or discourse on the proper method of dressing the umbilical cord!

He seems, indeed, more familiar, judging from this lecture, with the views of Laplace, Kepler, etc., than the teachings of Dubois, Blundell, Dewees and others; — but *de gustibus non*.

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#### XV.—REPORT OF THE BRITISH BOARD OF HEALTH.

The Report of the General Board of Health of London, presented to both houses of Parliament, by command of Her Majesty, on the epidemic cholera of 1848 and 1849, is one of the most able, complete and instructive, that we have ever met with.

The immense Colonial Empire of Great Britain, which, like the once proud Spanish Empire, is never out of hearing of the tap of a drum, the blast of the bugle, or a ray of the sun, gives to the medical gentlemen of that country a very great advantage as regards the statistics and details of any pervading and devastating epidemic.

Our ships not devoted to commerce are few and far between, and



spread over the vast oceans of this earth, and scattered amongst the nations. No complaint can be made of our naval officers, when due opportunity is presented to them of obtaining and imparting useful and interesting information; they faithfully perform their duty: but the British have their scientific observers in every land, and in every clime. In Canada and in Hindoostan; on Vancouver's Island and in China; at the Cape of Good Hope and in New Holland; in short, at every important point throughout their vast Colonial Empire.

It is but just, however, to say of the physicians of our country, *that so far as means of observation are available*, as ample details and statistics are collected, as we see in any civilised country. It is, comparatively, to a very limited number of men of thorough-going business habits, that the scientific portion of the inhabitants of this earth are indebted for observation and facts! Much as this is to be regretted, it is a truth that cannot be denied. It is indeed a pity, and an inconceivable and an incalculable loss to mankind, that so much intellectual capital is at all times unemployed.

In this report of the General Board of Health for the city of London, on the Epidemic Cholera of 1848 and 1849, we find that it was as uncertain and erratic in its progress as in 1832 and 1833, presenting an array of facts totally at variance with the idea of contagion. The following are some of the general conclusions to which the Board arrived:—

‘It was stated in the Metropolitan Sanitary Report, that when cholera first appeared in this country, the general belief was that the disease spreads principally, if not entirely, by communication of the infected with the healthy, and that therefore the main security of nations, cities and individuals, consists in the isolation of the infected from the uninfected,—a doctrine which naturally leads to the enforcement of rigorous quarantine regulations, the establishment of military and police cordons; the excitement of panic, and the neglect, and often the abandonment, of the sick, even by relations and friends; but that, since opportunities had been obtained of a closer observation of the character of this disease, and of the mode in which it spreads through continents, nations, cities, towns and families, facts had been ascertained which were incompatible with this view of its mode of dissemination, and of its prevention; that the disease is not, in the common acceptation of the term, contagious, but spreads by an atmospheric influence, its progress consisting of a succession of local outbreaks. We submit that the facts which we have detailed, relative to its progress from Asia to Europe, through the several countries of Europe, through the principal towns of Great Britain, and through districts, streets, courts

and houses of each individual town, is in strict accordance with this view.'

In 1845, in speaking of cholera—the cholera of 1831, '32, '33—the writer of this notice or review observed—

'What did quarantine laws accomplish? what could the concentrated power of the Russian Emperor effect in arresting the progress of that malignant and fatal disease called Asiatic cholera? Many contended that it was a contagious and imported disease, and that its stern and silent march could be arrested by human legislation and effort. The valley of the Ganges, as has before been remarked, is the centre of the region of cholera. In Hindoostan, however, it has set all law and systems at defiance. It has driven the British troops from the plains to the mountains, and again, another year, from the mountains to the plains. In 1802 or '3, it left the valley of the Ganges, and carried death and destruction from the Himalayan mountains, along the mountain ridges, to the southern extremity of Hindoostan. Dr. McArthur informs us that there were official returns of more than *one hundred thousand* deaths that year, and the true number must have greatly exceeded this, from the difficulty that always exists in that country of procuring correct returns. In 1817, it traversed Hindostan, Cabool, Affghanistan, Persia, and reached the frontier posts in Asia. It then retired to the valley of the Ganges, and remained there thirteen years, when it started anew, traversed Asia, and while the Russian troops were guarding every road and pass on the European frontier, forming a complete "*cordon militaire*," the cholera broke out in Moscow, six hundred miles in their rear. It reached the latitude of 60° north, swept rapidly over the continent of Europe, crossed the channel to Great Britain, and whilst we were felicitating ourselves that an ocean rolled between us and that dire pestilence, it appeared in Canada. The people of the Northern States were much alarmed; they adopted every measure that ingenuity could suggest to prevent its ingress into the United States; but it passed at once from Quebec to New York, and finally reached this city. Was this an imported or contagious disease? Did any quarantine law or military power, or human effort, avail to arrest its onward progress for one moment? It came—passed on its career of destruction, and disappeared like a hideous dream, exhibiting throughout the utter impotence of human effort and human skill to arrest its march of death. Having spoken of what may be accomplished by judicious police regulations, your attention is called to what occurred in Philadelphia, when the cholera was in the United States. Generally it excited the utmost terror and alarm; and people were flying in every direction to escape its icy grasp. But the enlightened physicians of Philadelphia did every thing they could to calm the fears of the public: they assured their fellow-citizens that the disease was not contagious; that fear of it created the greatest danger; that it might be greatly mitigated by the most strict observance of cleanliness; by maintaining a calm state of the mind, banishing every thing like fear, and by judicious police regulations. They

succeeded in all their noble views, and the consequence was that Philadelphia suffered less from the cholera than any other city or place, in proportion to its population. A more successful effort to arrest or greatly mitigate disease was never more apparent than in this instance. It was an intellectual and moral triumph.'

It is interesting to notice the identity of the facts observed on both sides of the Atlantic, on the subject of the cholera, whether reference is made to that of 1832, or to the more recent attack in 1848 and 1849, and to the primary and aggravating causes in both instances. But we go on with the report :

‘At the commencement of these investigations, it was believed that cholera, typhus, and other epidemic diseases, were imported—this impression being derived from the observation of the frequency of their occurrence in migratory populations, whereas we have shown, in our Report on Quarantine, that in over-crowded, low lodging-houses, the worst of fever-nests in every town, as well as in close, over-crowded and filthy ships, the conditions being the same as in a stationary population, the results are the same; and that the tramping about in the open air, except when the strength is exhausted by fatigue, instead of increasing, tends to lessen disease.

‘We have elsewhere stated, that whereas it was formerly believed that the most powerful predisposition to this disease is induced by deficient food and clothing, and that, for this reason, its chief victims are found among the destitute, or persons on the verge of pauperism, a closer observation of facts showed, that while the unfavorable influence of destitution is not to be denied, a far more powerful predisposition is the habitual respiration of an impure atmosphere; that the highest degree of susceptibility is produced where both these conditions are combined—that is, where people live irregularly, or on unsuitable diet, and at the same time filthily; and that, in places in which a great degree of cleanliness is maintained, the poor, as well as the rich, enjoy exemption from this disease. We submit, that the tenor of the evidence derived from recent experience affords ample confirmation of these views.

‘It was stated by the Metropolitan Sanitary Commissioners, that even at the time experience had sufficiently proved that the circumstances which influence the origin and spread of typhus, and other epidemic diseases, were generally removable by proper sanitary arrangements; that consequently typhus and its kindred diseases are, to a great extent, preventible, and that there was reason to believe that the spread of cholera might be prevented by the like means, namely, by general and combined sanitary arrangements.

‘We submit that the late experience has added to our previous knowledge of the efficiency of sanitary arrangements, in checking the extension of this formidable disease; for the evidence we have now detailed shows,

‘That where combined sanitary arrangements have been carried into effect, the outbreak of the pestilence has been sometimes averted;



‘That where its outbreak has not been prevented, its course has been gradually, and, in several instances, suddenly arrested;

‘That where material improvements have been made in the condition of the dwellings of the laboring classes, there has been an entire exemption from the disease; and that where minor improvements have been introduced, the attacks have been less severe and less extensive, and the mortality comparatively slight.’

This admirable report is replete with solemn and important truths; and to show still further what singular coincidence there has been between the Board of Health of New Orleans and that of London, I must make the following quotation, which shows, that as we have had to complain of the lukewarmness or indifference of our municipal authorities, the same complaints and difficulties have existed in the British metropolis.

‘It must be obvious to all unprejudiced persons, that if any combined and efficient efforts were made by the agency of sanitary amelioration, to guard the population of this vast metropolis from the ravages of the destructive pestilence with which it was at the period threatened, no initiatory measures could be better adapted to secure that all-important object, than those set forth in the above regulations,\* and yet I am bound to state that, with some few exceptions, they were disregarded by the various boards of guardians in London and its neighborhood, for many months after the cholera had given unmistakable evidence of its presence by severe, though restricted, outbreaks in divers metropolitan parishes. In spite of these regulations and significant warnings, much precious time was thus irrevocably lost; no systematic sanitary precautions were adopted; and I consequently found, on visiting various localities on the reëpearance of the disease in June and July, as the medical visitors did subsequently in September, that foul and obstructed drains, filthy houses, and overflowing cess-pools, were as rife as they were before Christmas, when the epidemic first broke out. This was even the case in various spots where cholera had formerly prevailed, and where the whole class of epidemic diseases had again and again recurred.’

The question of the origin of cholera, and of its being a contagious disease, and of its mode of propagation, is one of great interest; it deserves to be well studied by the medical philosopher.

The report of the General Board of Health, from which we have quoted, throws much light on the subject. From their neat and accurate map, we learn that cholera existed in Cabool, during the hot season, from 1817 to 1845. In 1846 it appeared at Umballa, in the Punjab, in the month of July; and in the Island of Ceylon in the November following. In the spring of the ensuing year, 1847, it

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\* Substantially the same as have been over and over again recommended in this city, by the Board of Health.—*Rev.*

reached Bombay ; Kurrachee, in Beloochistan, in June. Teheran, in Persia, in July ; Tabrez, in Autumn ; also Shere, Diabekar, Derbend, Mossül, Damascus, Aleppo, Ispahan and Bagdad, in September. From January, 1847, to October, 1848, it attacked successively the following places :—Mecca, Trebizond, Astracan, Moscow, St. Petersburg, Berlin, Constantinople, Tantah, in Africa, the only spot on that large continent situated on the Southern shore of the Mediterranean, Hamburg and Edinburg. It did not touch the great island group of Eastern Australia ; Birmah, Siam, Cochin China, the Chinese Empire, Thibet, Mongolia, Independent Tartary, or Siberia. It touched but one spot in Arabia, Sheerez, on the Persian Gulf. Norway, Sweden, Lapland, Finland, France, Austria, Spain, Portugal and Italy, also escaped the visitation.

It is gratifying to see the darkness of error that has so long pervaded the civilized world, disappearing before the light of truth ; but it is peculiarly gratifying, when we think of the sad consequences connected with erroneous views on the subject of contagion in certain diseases, and with the now almost obsolete ideas of quarantine.

Before we close this short notice, we will observe that the same premonitory symptoms were noticed in Europe in the cholera of 1848, as have repeatedly been spoken of in the United States. We allude to influenza and diarrhœa, the precursors of the pestilence.

‘In every European city in which the pestilence prevailed, it gave distinct warning of its approach, and intimated, by signs not to be mistaken, the severity of the impending attack. An extraordinary prevalence and mortality of the classes of disease which have been observed usually to precede it, foretold its approach and intensity.

‘At Moscow, at St. Petersburg, and in other Russian towns, its outbreak was preceded by a general prevalence of influenza and intermittent fever ; the latter disease, in many continental cities, taking the place of typhus in this country. Diarrhœa, also, in the European cities first attacked, was generally prevalent before the actual outbreak of the disease. At Berlin, intermittent fever, dysentery, but especially diarrhœa, were epidemic. The same diseases, but particularly intermittent fever, scarlet fever and influenza, were prevalent at Hamburg. In London, there had been, during the preceding five years, a progressive increase in the whole class of zymotic diseases, amounting to an excess above the average of 31 per cent. ; while the mortality from typhus, which in 1846 considerably preponderated over that of 1845, but was still higher in 1847, and exceeded in 1848, by several hundred deaths, the mortality of any preceding year. The deaths from scarlet fever were also greatly above the average, and such was the mortality from influenza, that in 1847 and 1848 almost as many at the earlier period of life perished by this disease as by the more terrible epidemic that followed it ; but the malady which all along continued its course,

with the most steady progress, was that which was the more nearly allied in nature to the approaching epidemic, namely, diarrhœa.'

A careful examination of such facts, existing and recorded on both sides of the Atlantic, are in our opinion as fatal to the doctrine of importation (as it is usually understood) as that of contagion. How can cholera a thousand miles off produce and aggravate diseases? We can see no connection of cause and effect, and, indeed, the idea is absurd. The disease appears to be slowly engendered by some unknown causes which first produce the various diseases spoken of, then increase their intensity, and finally develop cholera.

This report is rich in maps and tables, showing the progress and the mortality of the epidemic. As a matter of record and reference it is very valuable; and to us it is peculiarly interesting, as the facts and conclusions therein contained accord so precisely with the observations to be found in the reports of our Board of Health, for several years past. The report is signed as follows:

'ASHLEY,  
EDWIN CHADWICK,  
T. SOUTHWOOD SMITH.'

W. P. H.



## Part Fourth.

### MISCELLANEOUS MEDICAL INTELLIGENCE.

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#### I.—A CASE OF OVARIAN TUMOR REMOVED, PER VIAS NATURALES, BY CATHETERISM OF THE FALLOPIAN TUBES.

*Reported by* SAMUEL A. CARTWRIGHT, M.D.

*March 10th*, 1850, I sent for Dr. Warren Stone, to consult him in regard to the propriety of extirpating a very large and hard ovarian tumor, in a patient of mine, Mrs. \* \* \*, a small, delicately-formed lady, of sanguine temperament and scrofulous constitution, lately from the country. The patient herself wanted an operation performed, and came to the city for that purpose. When I told her that it would require an incision two feet long to extirpate so large a tumor, she replied that she did not care if it were three feet, as she had rather die than live to suffer as she did. A tormenting strangury, from the pressure of the tumor on the bladder, annoyed her very much, day and night. She was about nineteen years of age, had been married two years, and was very feeble, pale and emaciated. She said that the tumor had been growing from her earliest recollection, but it had not become so large as to incommode her much, until after her marriage; she had taken iodine and its preparations, for a long time; had been twice salivated, and so far from deriving any benefit, grew weaker, and the tumor continued to enlarge. She was also afflicted with bronchitis and ulceration of the throat, which she attributed to salivation. The tumor made her look as large as a woman in the ninth month of pregnancy; it was hard and irregular to the touch, and seemed to arise from the left ovarium; it would incline from side to side with the position of the body; a prolongation of the tumor had slipped down between the bladder and uterus, and so much compressed the vagina as to be in the way of a speculum examination. As the case was beyond the reach of medicine, the resources of surgery were invoked. After a careful examination, Dr. Stone came to the conclusion that a surgical operation would be too hazardous, and in all probability fatal, in consequence of adhesions of the tumor to the bladder and contiguous viscera.

The patient was put on a course of proto-iodide of mercury, combined with cicuta; the tincture of iodine was applied externally, and a tincture of praira brava root advised for the relief of the irritation of the bladder. This treatment was continued for seven or eight days, the patient growing weaker and the tumor larger. The disease of the throat became so annoying, that I found it necessary to apply the nitrate of silver frequently to the ulcerated and inflamed tonsils, and to substitute tonics for the iodide of mercury and cicuta.

On the 18th of March the patient consented to a speculum examination; the uterus was rather under the usual size; there was no leucorrhœal discharge, congestion or inflammation; the mucous surfaces were in a state of anæmia, being pale and ensanguineous. A very small gum-elastic catheter, with a wire in it, after repeated efforts, was introduced into the uterine cavity. The passage of the catheter through the coarctation, called the os internum, gave some pain, and caused a faintish, sick sensation; but this is nearly always the case in probing a healthy uterus, and the operation requires some address and a proper instrument, or it cannot be effected. The small catheter was withdrawn, and a larger-sized instrument was passed with some difficulty through the cavity of the cervix into the uterus; it penetrated about two inches; on being withdrawn, a little blood, as usual, followed. I now concluded to try catheterism of the left Fallopian tube. With this view, the catheter, containing a wire, was flexed like the male catheter and passed through the fusiform cavity of the neck into the triangular cavity of the uterus itself; the wire was withdrawn about half an inch, so as to make the point of the instrument more flexible, and was carried forward in the direction of the ostium uterinum of the left Fallopian tube. It entered the tube after a few trials, and after penetrating about an inch, it seemed to enter a cavity or expansion of the tube itself; it was pushed forward about an inch and a half more, seeming in its passage to encounter a soft, yielding substance; it was then withdrawn; a glutinous substance followed its withdrawal, which I recognized to be a hydatid formation. The same catheter, with a very tapering point, was dipped in a solution of nitrate of silver, a drachm to an ounce. Several minims of the solution were drawn into it by working the wire in the caliber of the instrument; it was then passed through the uterine cavity into the Fallopian tube, until it had penetrated the tube three inches, when it was moved about in the cavity of the tube, and the wire moved so as to eject the caustic solution through the eyes of the catheter, among the hydatid cists that the instrument had reached; on

withdrawing it, a semi-membraneous, tenacious substance, with dark specks interspersed through it, not unlike frog-spawn, presented itself at the mouth of the uterus, seeking an exit, but too thick and glutinous to pass freely. Finding it too soft and yielding to be drawn away with the forceps, a little raw cotton was passed around a probe, so as to entangle the viscid substance, and, by turning the probe, the stringy matter was wound around it, and pulled out of the uterus in long mucilaginous ropes. The supply seemed to be inexhaustible. The patient being much fatigued, the operation of drawing away the hydatids was at length suspended; nevertheless they continued to come away, *per vias naturales*, for a week or more. In the meantime, the tumor was reduced to less than half its former size, and grew softer and less painful. The catheterism of the Fallopian tube, with the catheter filled with a strong solution of nitrate of silver, was again repeated on the 3d of April, the 1st, 7th and 13th of May. At the last operation, no more hydatids or viscid fluid was brought away; but at all the other operations, they were not only brought away at the time, but continued to pass off for a week or more after each catheterism.

The day after the last operation, the patient left town for the sea-shore; her health had begun to improve rapidly, her pains were gone, and her abdomen was reduced to near its natural size. While absent, her health appeared to be entirely reinstated.

Last autumn she returned to the city, quite well, though some fullness and hardness could still be felt in the hypogastric region, the effects of the former adhesions, verifying the accuracy of the diagnosis made by Dr. Stone, of whose skill in surgery New Orleans is justly proud. Soon after her return she had an attack of fever, which, as is usual, sought out the weakest part, and the ovarian region again became the seat of painful sensation, which, with the distension from dyspeptic flatulence, made her apprehensive, for some months, that she was not cured; but her general health improved in the course of the winter, and she was enabled to dance, waltz, and walk about town as actively as almost any other woman. Although she suffers somewhat from painful distension in the abdominal and pelvic regions during her menstrual periods, and is dyspeptic and flatulent at such times, yet, when that is over, her form is quite sylph-like. Her bronchial disease is cured, and the leucophlegmasia is giving way to the rosy hue proper to her original sanguine temperament.

As this is the first case of ovarian tumor, as far as I know, which has been treated by catheterism of the Fallopian tubes, I have thought



proper to report it. I do not consider the operation as always a difficult one; because, when the ovaries are in a morbid state, the Fallopian tubes are, in general, much more easily catheterized than in the healthy condition. I doubt its practicability in a state of health; possibly it might be effected during the catamenial period. The same important practical law obtains in regard to the uterus itself, it being generally easier to probe when in a morbid state. I have succeeded in curing some cases of dysmenorrhœa and sterility by catheterism of the Fallopian tubes, selecting the proper time for the operation; but as its virtues in this respect are already known to the profession, it is unnecessary to dwell upon the subject, further than to say, that New Orleans can show some as unquestionable evidences of its efficacy in sterility as London.

*New Orleans, April 15, 1851.*

## II.—TRANSACTIONS OF THE LOUISIANA STATE MEDICAL SOCIETY.

The Louisiana State Medical Society has had its annual meeting since the publication of our last number. This is the second session since its organization, and the large number of medical gentlemen that participated in its transactions, augurs favorably for its long continuance, as its proceedings do for its utility, and the great ability displayed by the reports of the standing committees, for the elevation of medical literature in the State.

We were at first apprehensive that an attempt to establish a society of this kind—a State medical society—in Louisiana, would prove a failure; but we are now inclined to the opinion that the experiment has been fairly tested, and proven to be eminently successful. We congratulate the profession—more especially those members who first conceived the practicability of effecting this object, and took the initiative steps for its accomplishment.

Notwithstanding our gratification at the important and pleasing results that have been thus far obtained, we much regret that so limited a number of our medical friends from the country parishes were in attendance. We trust that this will not be the case at the next annual meeting. In this State, we have been exceedingly tardy in these matters, considering the amount of professional talent throughout the State. Nor has this been a 'masterly inactivity' on our part, when we reflect upon what has been done this last session. Nearly every State in the Union has had its State medical society for years, and we are just arousing from our lethargy. Almost every county or parish

in States numbering, perhaps, fewer years of a national existence than ourselves, has a local organization of this kind, whilst Louisiana, with one or two solitary and short-lived exceptions, beyond the limits of this city, has been entirely deficient.

There are several causes which would go far to palliate this want of action, but the fault rests mainly with the medical gentlemen themselves. This is especially the case as respects our *State* society, as an article in its constitution requires that every member of the Society shall be a '*licentiate of the State.*' This prevents a large number from being members who have neglected, or not felt it a duty incumbent upon them, to comply with this wholesome statute. It has been urged, in answer to this requisition of the law, that the license law, as it now stands, confers no benefits, nor yields them any protection whatever. We confess that this is too true; but still, a yielding of obedience to such enactments is but a moral duty, and yields to him the conscientious feelings of having done correctly.

We cannot, with our limited space, make any extended notice of all the important matter embraced in the transactions of the Society, nor will this be necessary, as they are to be published with the short, but most excellent, annual address of the president, in pamphlet form; as will likewise be issued from the press, the reports from the standing committees; one of which, however, we have inserted, by permission, in this number of our Journal. We will, therefore, have to refer our readers to the forthcoming documents for a knowledge of the papers and the reports read before the Society, and only give a list of the subjects embraced in the reports, for the benefit of our distant readers, who may not have an opportunity of getting hold of the narratives, etc.:

'On Diseases Peculiar to Negroes'—Dr. Cartwright, Chairman.

'On General and Special Hygiène of the State; its Vital Statistics and Meteorology'—Dr. E. H. Barton, Chairman.

'On the Indigenous Botany of the State, and its *Materia Medica*'—Dr. Riddell, Chairman.

'On Medical Education and the License Law'—Dr. Wm. P. Hort, Chairman.

In connection with the above, we may state that the Society was gratified by the reading of a valuable paper 'On the Prophylactic Effect of Quinine in Erysipelas,' by Dr. Wedderburn.

The following is a list of the subjects proposed to various standing committees, to be reported on at the next annual meeting:—

1. 'On Medical Education and the License Law'—Dr. A. F. Axon, Chairman.

2. 'On Surgery and Surgical Operations'—Dr. W. Stone, Chairman.
3. 'On Physiology and Pathology'—Dr. Thomas Hunt, Chairman.
4. 'On Midwifery and Diseases of Women and Children'—Dr. W. P. Hort, Chairman.
5. 'On Practical Medicine'—Dr. J. W. Picton, Chairman.
6. 'On General Therapeutics, Materia Medica, and Pharmacy'—Dr. J. C. Simonds, Chairman.
7. 'On Hygiène, Meteorology, and Vital Statistics of the State'—Dr. E. D. Fenner, Chairman.
8. 'On the Botany and Natural History of the State, and Adjoining States'—Dr. J. Hale, Chairman.
9. 'On the Diseases Peculiar to Negroes and a Southern Climate'—Dr. S. P. Davidson.
10. 'On the Adulteration of Medicines, and the Sale of Drugs and Medicines'—Mr. E. C. Bolton.

There were several resolutions brought before the Society and acted upon, but, being mostly of local character and application, we will omit all notice of these, with one or two exceptions.

A resolution was passed requesting the delegates from this State to the National Medical Convention, to use their best endeavors to have it adjourn to hold its next session in this city. We trust that the delegates will be fortunate enough to succeed in this part of their mission;—we would feel it highly complimentary to us, and dare say that the hospitality of the city will be most liberally tendered to our medical brethren, if they will so far honor us.

Passing over the transactions, we were much pleased to find that the Society took so lively an interest in the 'Southern Medical Reports' published by our fellow citizen, Dr. Fenner; not only because we think it justly due the gentleman, but also that we think them meritorious, and intrinsically valuable and important to the medical public generally, and most especially to the Southern and South-western States. We will, however, take the liberty of inserting the resolutions, which speak more plainly and more to the point than we can:—

*Extract from the Proceedings of the Louisiana State Medical Society, New Orleans, March 15, 1851.*

1. Resolved, That the Louisiana State Medical Society do cordially recommend to the patronage of the profession, Dr. Fenner's 'Southern Medical Reports.'
2. Resolved, That the medical profession of the State, and the South generally, are deeply indebted to Dr. Fenner for the ability and



industry with which he has labored for their progress, in the publication of his volume of 'Southern Medical Reports.'

These resolutions were unanimously adopted.

The Society last year organized several special committees on various subjects, but few of these reported; some from not having had it in their power to obtain the requisite material for their purpose. One of the most important of these committees, to petition the legislature for an act of incorporation, for certain alterations or improvements of the 'License Law,' and to establish a registry of the marriages, births, and deaths throughout the State, have not been able to take any steps in the line of their duty, being continued until the next session, before which time the legislature will assemble, when it is presumed that the result of their exertions will be made known.

The establishment of a well-conducted registry of the marriages, births and deaths throughout the State, will be, if continued for any considerable number of years, a matter of much importance, not only as regards the statistical information to be derived from it, but do much to remove the erroneous impression of the insalubrity of our climate.

Another portion of the duty devolved upon this committee, respecting the license law, for the suppression of this wholesale quackery and charlatanism, as it now exists, we are fearful cannot be accomplished. We very much question the probability of our obtaining any legislative redress whatever for our grievances.

The public, whose judgments are difficult to convince in opposition to their preconceived notions, or no notions whatever, or, we might say, superstitious reverence for ignorant pretensions and the marvelous, would never consent to the enactment of a penal statute for the protection of this or any other science; and the simple penalty which now exists on this subject, 'that a physician cannot collect his fees for professional services by any legal process, without he is a licentiate of the State,' is a matter of no importance to the medical man whatever. A person can apply to whom he pleases for advice, whether he pay them for it or not,—at least they generally do so, law or no law; and they care as little for the intrinsic merits or qualifications of a man, if he only pretends to it, for they think that in this *progressive age of ours*, it is quite as easy to cultivate cabbage as science.

They do not, nor will they understand the utility of such laws. Most assuredly it is not for any pecuniary benefit that the profession derive from it! It is not for any position in society that this or any law can give him, superior to his fellow men, for these depend upon

other causes—causes that law can neither give nor take away; but it is simply neither more nor less than to protect the public from men whose extreme ignorance of any principle of art is their only merit; who pretend—and act most pertinaciously upon the pretension—that an hour's knowledge is worthy of more confidence than years of study, of accumulated observation, wisdom, and experience for thousands of years. We must acknowledge, with regret, that legislative enactment, even if it can be procured, will be of but little use, and concur in the able report of the committee 'on Medical Education and the License Law,' that the only means left to the profession to combat this evil, if it be possible, is so to elevate the profession, by adopting a higher standard of primary, as well as a more extensive course of medical education. It cannot be denied but that the multiplicity of medical schools in the United States has greatly lowered the standard of the medical man, by granting diplomas to those who are almost deficient in the rudiments of a common English education, and much less possessing a mind fitted for any sort of discipline or training for reflection or observation, essentially requisite for a successful practitioner in our time-honored science. But as respects our own school in this city, these remarks are not applicable. The course here is as thorough as any in the country, and infinitely more so than in many, with unequalled means of obtaining clinical instruction, and observing clinical practice, and other knowledge essential to the completeness of their education; whilst the young gentlemen that have heretofore composed the class have been generally well educated.

We do not, however, in these desultory remarks, wish to trespass upon the labors of the committee; but there are one or two remarks so trite and true, and so applicable, that we will close this notice by their quotation.

Speaking of the course of medical education pursued in Europe, the committee say, 'that on medical education necessarily depend, in every civilized country, the reputation, importance, learning, and dignified standing of the profession. In Europe, each state, from the colossal empire of Russia to the smallest of the German or Italian political bodies, has endeavored to surpass all others in the superior excellence of its plan of medical education. In the first place, great attention is paid to the *preparatory* or *preliminary* course, in which a solid foundation of classical, historical, mathematical, geographical, and philosophical knowledge is carefully and laboriously laid.'

We do not believe, nor is it presumed, that the more extensive the education the more the natural ability; but it makes such talent more

available; it places such ability, when cultivated and connected with a profession, in a much higher attitude.

The too frequent and unfortunate application of a peculiar order or turn of mind to any particular pursuit or profession, is happily illustrated by an example:

'For the fact that a young student has read medicine for a certain time with a respectable practitioner, is neither proof of his general knowledge nor of the strength or special tendency of his mind. We have seen the males of a family summarily disposed of without the slightest reference to qualification. The eldest, set apart for the medical profession; the next, devoted to the study and practice of the law; the third, to divinity and the pulpit, while the fourth, and the only one gifted by nature with an intellect formed to maintain a high position in one of the so-called liberal professions, was devoted to the plough.'

### III.—THE DENGUE IN MOBILE, ALABAMA, IN 1850.

We copy from the published proceedings of the Alabama Medical Association, the following brief history of the Dengue, as drawn up by Dr. Wm. H. Anderson, and read before the Association.

It will be seen that it bore a striking resemblance to an endemic which prevailed, about the same time, in this city, and has received the same name by many of the profession. We are gratified to find such able authority as Dr. Anderson concur with us in the opinion that this disease is a *neuralgic affection*.\*—ED.:

#### 'THE DENGUE.

'Early in the month of September, the Dengue invaded Mobile, and was almost universal in its attack. It spread itself through all classes, and attacked all ages; not even sparing infants under one month old. Although, as a general rule, the disease was ushered in by premonitory symptoms, and even gave notice of its approach four or five days previous to its actual invasion, yet it was often sudden in its attack, making the transit from perfect health to painful sickness an almost momentary affair.

'During the first fortnight of the career of this epidemic, it was a simple disease, uncomplicated with any symptoms or lesions except those which are peculiarly its own. As such, it was preceded by general uneasiness, wandering pains, decline, rather than loss of appetite, and disturbed sleep. Most of these symptoms lasted from several hours to several days; at the end of which time, they all became exaggerated, and the disease set in with all its violence. The pains, which had hitherto been general only, now had a tendency to become local, and to spend their forces on one or several parts of the body.

\* Vide Vol. vii., No. 3, of the N. O. Med. and Surg. Journal.



The forehead, the breast, the lumbar region, and the joints, seemed to be the parts which were most affected with actual pain, while all the voluntary muscles were stiffened and suffused with defective innervation. In many cases, there were catarrh, irritability of the larynx, and slight cough. A large majority of the cases were accompanied with an eruption, which belonged to no particular class, but occasionally partook of the intense blush of scarlatina, the mottled appearance of roseola, and the actual spots of ephelis itself. In various instances, an exfoliation of cuticle, similar to that of scarlatina, occurred, leaving a tenderness of the newly-exposed skin. This eruption, though usually accompanying the disease, sometimes did not make its appearance until the close of the attack. In this form of the Dengue, the febrile symptoms were light, and the secretions nearly natural. The treatment was simply palliative, consisting of anodynes and sudorifics, and the duration of the attack was from two to seven or eight days.

‘As the season advanced, the Dengue, from being a light and unimportant affection, assumed a serious, and, in some instances, alarming aspect. This was not considered, however, so much an aggravation of the disease, as a complication of it with the usual autumnal fever. In these cases, superadded to the symptoms already mentioned, were great febrile excitement, obstinate vomitings, severe superorbital pain, injected conjunctiva, costiveness, deranged biliary secretion, and scanty, high-colored urine. In many instances, there was a total absence of sleep for several days and nights. The cerebral excitement amounted sometimes to actual delirium, and the stiffness of the muscles was such, that it was absolutely painful for the patient to move or be moved in bed. Any motion of the eyes, especially the attempt to roll them outwards, was accompanied with lancinating pain. The symptoms of this type of the Dengue were variable. In some cases, its invasion would be ushered in with a chill; in others, this symptom would be entirely wanting. Some patients evinced much febrile excitement, while in others the pulse remained nearly natural. As a general rule, the skin was hot and dry, little disposed to moisture; but now and then a case would present itself with cold extremities, general sensation of chilliness, and profuse perspiration, throughout the attack. Such persons seemed to fare neither better nor worse than those who had an entire different train of symptoms. The convalescence, in all cases, was slow, and in many instances was by no means in keeping with the lightness of the attack. This protracted convalescence is a remarkable and distinctive feature of the disease in question.

‘With regard to the treatment, it, of course, varied with the complications. Sudorifics were seldom neglected, and, to relieve pain and stiffness, all kinds of anodynes, both general and topical, were used; and most of them, we must add, with little effect. Camphor, veratrine, hyosciamus, aconite, prussic acid, chloroform, and a host of other remedies, of kindred action, were administered, with varied success. Morphine and quinine seemed to enjoy more reputation in the simultaneous alleviation of pain and the production of sleep than any other remedies.

‘If we search for the cause of this wide-spread epidemic, we find it veiled in the same obscurity that hides the cause of all other diseases, and we are not prepared to attribute it exclusively either to electric, telluric, fungoid, or zymotic agency. The individual opinions of medical men as to its true cause vary so widely, that it is unnecessary to record them here; and even if they were produced, they would serve, from their discrepancy, only to prove that the true etiology is, as yet, not understood.

‘Equally unsettled with the cause, is the pathology of the disease. From the irritability of the larynx, the redness of the fauces, the cough, etc., which sometimes accompanies the Dengue, it has been called a catarrhal fever; but there are other symptoms, altogether different from anything we see in ordinary catarrh. Some practitioners of respectability look upon it as an eruptive fever; but the advocates of this theory cannot be unmindful that a great number of the cases go through their course without any eruption at all. An opinion has been current that the Dengue is a sort of bastard yellow fever, and this was strengthened by the fact that it made its appearance at the same time, and invaded in the same manner, with the genuine yellow fever. The differences are so great, however, between the two diseases, that the most ardent advocate could not establish a respectable relationship or kindred. An epidemic of yellow fever, so universal in its attack as the Dengue was in Charleston, Mobile and New Orleans, would be a scourge that has no parallel in the history of medicine. Some practitioners consider the disease as an epidemic neuralgia, and, if the writer of this article inclines to any opinion at all, it is to that which classes the disease, in its *uncomplicated* form, with the neuralgic affections.

‘The limits of this report preclude the possibility of dwelling longer on this uncommon and interesting disease. It was intended only to give a rapid sketch of its history, as it appeared amongst us, but in doing this in such a cursory and imperfect manner, the writer feels it his duty to close with the remark that he has not done justice either to the disease or to the reader.’

#### IV.—PROCEEDINGS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA;

*Begun and held in the city of Mobile, December 10–14, 1850: with an Appendix. Mobile, 1851: pp. 156.*

The medical profession of our sister State, Alabama, always active and intelligent, has quite astonished us with the ‘proceedings’ of their recent ‘Medical Association,’ held at Mobile. The pamphlet before us embraces 156 pages, and comprises the following proceedings:—

An annual address of A. Lopez, M.D., President.

Treasurer’s report.

Report of delegates appointed to attend the meeting of the American Medical Association, held at Cincinnati, Ohio, May, 1850.

‘Report of Diseases prevailing in Church Hill, and its vicinity, (Lowndes county,)’ by Dr. C. E. Percivall.

‘Medical Botany of Sumter county,’ by D. P. Smyth, M.D., of Jones’ Bluff.

Report of M. A. Welch, M.D., of Talladega.

‘Report on the Diseases of Mobile,’ by Wm. H. Anderson, M.D., Mobile.

‘Diseases, etc., of Lowndesboro’ (Ala.) and its vicinity,’ by H. V. Wooten, M.D.

‘Report on the Diseases of Sumter county,’ by L. H. Anderson, M.D.

‘Wound of the Heart, penetrating the right ventricle, from which the patient recovered,’ by Chas. E. Lavender, M.D.

‘Report on the Diseases of Wetumpka, etc.,’ by Dr. T. W. Mason.

‘Notes on Marasmus, Pertussis and Typhoid Fever,’ by W. P. Reese, M.D.

‘Report on the Diseases of the western part of Lowndes county, Ala., for 1850,’ by W. P. Reese, M.D.

‘Clinical Facts relative to the administration of Cod Liver Oil,’ by William H. Anderson, M.D., of Mobile.

‘Valedictory Address,’ by Chas. E. Lavender, M.D.

Constitution and By-Laws.

Names of the members of the Association.

Passing over the interesting ‘minutes of the proceedings’ of the Association, (which we would gladly publish entire, had we space), we come to the able address of the President, Dr. A. Lopez, of Mobile. This occupies over fifteen pages of the volume, and breathes throughout an ardent enthusiasm and genuine devotion to the cause of medical science and the interest of the public.

In this address Dr. L. gives us every evidence of his scholastic attainments and refined taste: his imagination is fervid and sometimes poetic; his metaphors apt and striking; his arguments conclusive and well sustained;—in a word, this address is worthy the profession, and reflects the highest credit upon the Medical Association of the State of Alabama.

The ‘valedictory address,’ delivered by Dr. C. E. Lavender, to the members of the Association, is a beautiful production, and contains some capital hits at those who countenance quackery in some of its multiform shapes. As an illustration, read the following extract, at page 146 :—

‘Has Medicine appealed for justice and an acknowledgment of her



rights to public opinion? Before that august tribunal, too, quackery has a thousand tongues. The name of her advocate is legion. Nor are they all obscure or mean. The reverend divine deems it not beneath the dignity of his sacerdotal robes to lend his countenance to a patent pill, or gravely to certify that the sulphate of quinine, in pill or bolus, tonic drops, or phœnix bitters, will cure the chills and fever. The lawyer, for a moment forgetful of his profession, travels out of the record, turns his back upon his clients, and proclaims to a pill-taking world, that a certain bolus, or half-a-dozen small globules, of rhubarb and aloes and gamboge, will "work out black bile and purify the blood." His honor gravely rises from the woolsack, and certifies, with pen in hand, that opium and brandy have eased his gouty pains? All these, with the pedler, merchant, pedagogue, and all that nameless host known as "profanum vulgus," rush madly into print; and many an honorable ex-member lives long in print, at the tale of a quack nostrum, when his fame, perchance, his very name, would have been consigned to the dark caves of oblivion, had it not been for the notable pill-maker, or lucky nostrum vender. And the press—the periodic press—the world-upheaving lever of Archimedes, finds a sturdy fulcrum in popular credulity. And newspapers, claiming to be moral, at least, if not to be the organs of truth and morality, are forced, for a *quid pro quo*, to set forth certificates that ought to make the paper blush. But all these things are popular: Quackery is popular; and nostrums are popular. An Indian from the forest, or a mesmeric somnambulist would be consulted, where a physician's learning and skill would be passed by in neglect. Verily, the sentiment of wonder, the love of the marvellous, is strongly implanted in our nature, and will have its way in this free land of ours, although we may pay dearly for the privilege. The man who would not willingly pay five dollars for an ounce of pure sulphate of quinine, will gladly pay his fifty dollars an ounce for the same article after it has been drugged with inert matters and published under some new and senseless name. And the citizen who would cheerfully pay to his lawyer one thousand dollars to have a contested will established, or five hundred dollars to have his neighbor well-abused, would pay, with much complaint and bitter coldness, one hundred dollars to the physician whose skill had saved the life of the dearest member of his family.'

To some portions of this address, although true to the letter, we object, as too sarcastic, and rather calculated to engender hostility to the profession, than to correct the evils complained of. Vituperation and bitter denunciation will never change the constitution of man, and still less diminish the faith of the public in charlatans and their potions.

At present, we cannot devote more space to the consideration of these truly interesting proceedings. In another part of the Journal will be found extracts from some of the papers read before the Association; we shall continue, from time to time, to enrich our pages by drawing largely upon these proceedings.

## V.—ABORTIVE TREATMENT OF GONORRHŒA.

In the April number of the *Lancet*, for 1851, Dr. Lloyd, of St. Bartholomew's Hospital, reports the result of his experience in the treatment of gonorrhœa by injections with the chloride of zinc. According to the testimony of this surgeon, this usually troublesome disease may be speedily arrested, if taken in its early stages, by throwing up the urethra a solution of the chloride of zinc of the strength of one or two grains to the ounce of distilled water. At the same time he advises the use of mild saline cathartics, tepid hip baths, etc., and this course almost invariably effects a cure in a few days. Several cases are related, illustrative of the efficacy, certainty and safety of the practice. We hope the profession will give this remedy a fair trial, and publish the result. The chloride of zinc is already well known to the profession, as a powerful escarotic, and may be made a valuable medicine in judicious and skilful hands.—ED.

VI.—MORTALITY IN THE HOSPITALS OF LONDON AND PARIS—  
COMPARED.

It is interesting to compare the mortality of these two great cities. In a period of four years—from 1846 to 1849, inclusive—the hospitals of London (including *ten*) received 29,047 patients, or 7,261 per annum. The deaths out of this number were 2,458, or 614 annually; that is, 8.4 per cent. of the total admissions. The mortality varied considerably in the different hospitals, being the greatest in the University College Hospital, and the least in that of St. Thomas. There is one striking circumstance in the hospitals of the two cities, to wit, the small number of admissions as well as deaths in the London hospitals, as compared with those of Paris.

The London charities exclude a great many applicants for relief; whereas the Parisian hospitals are less rigid, and receive, indiscriminately, all classes and conditions of the poor who may be sick and destitute, and apply for relief. Hence, say the French, the mortality must be greater in theirs than in the English hospitals.

The average in both, however, is about ten per cent. During the year 1850, the Charity Hospital of New Orleans received 18,800 patients; and of this number 1,800 died, being ten per cent., as in the London and Parisian hospitals.—(*L'Union Médicale*).—ED.

**THE NEW-ORLEANS MEDICAL AND SURGICAL JOURNAL.**

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VOL. VII.]

NEW ORLEANS, MAY 1, 1851.

[No. 6.

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This number completes Vol. VII. of the 'New-Orleans Medical and Surgical Journal,' and we feel encouraged by the substantial aid which has been extended to the Work, to continue our labors, and to appeal again to the friends of the enterprise, for still greater efforts in our behalf. Embarrassed for the *third* time in the *publisher's* department, we shall strive to extricate it from all extraneous influences, in spite of such trifles as may oppose its onward progress, and place the Work upon higher ground, and a still more enduring foundation. Connected with the Work from its inception, and feeling a just pride in its prosperity and usefulness, we shall be the last to abandon the hope of ultimate and complete success, despite the difficulties which may from time to time be thrown in our way. In conclusion, we would urge our subscribers to exert themselves, among their friends and brother-practitioners, to enlarge our subscription list, and thus give us the most indubitable proofs of their interest in the prosperity of the Journal.

A full and complete Index to Vol. VII. will be found at the close of this number.

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**HEALTH OF THE CITY.**

On this subject, we have but little to add to the remarks contained in our March issue. Excepting imported disease, as among European immigrants, and invalids from other sections of the country, our population continues exempt from almost every form of indigenous disease, and hence our mortality for the past nine weeks has not been large.

The great Charity Hospital has continued crowded with sick and disabled Irish, etc., who have been transported in scores, from the vessels, soon after their arrival, to this benevolent institution.

The sufferings, privations and sickness among these poor immigrants are truly appalling, and the subject is now engaging the attention of the Board of Health and the City Councils. We hope some steps may be taken to provide suitable accommodations beyond the city, for these afflicted objects of charity. We had much to say on this subject, but must defer it for the present. We continue our weekly record of deaths, from our last number:—



Deaths in New Orleans and Lafayette for the week ending—

1851..	February	22	....	TOTAL,	132	....	CHOLERA,	7	....	FEVERS,	24
"	..	March	1	....	"	135	....	"	8	....	" 26
"	..	"	8	....	"	138	....	"	5	....	" 27
"	..	"	15	....	"	148	....	"	2	....	" 20
"	..	"	22	....	"	157	....	"	2	....	" 11
"	..	"	29	....	"	127	....	"	0	....	" 20
"	..	April	5	....	"	140	....	"	7	....	" 30
"	..	"	12	....	"	162	....	"	23	....	" 13
"	..	"	19	....	"	180	....	"	19	....	" 30
				TOTALS,	1322	....	73			201	

The above indicates a gradual but steady increase of deaths; this may be attributed to the sudden changes in our climate, and to the almost daily arrival of hundreds of sick and half-starved immigrants on our shores. The month of April has been remarkably cool at intervals; and this fall of temperature has invariably been attended with an additional mortality—particularly of cholera cases, as may be seen by reference to the above table. In consequence of these sudden and unexpected fluctuations, from heat to cold, bowel affections in the form of diarrhœas, dysenteries, cholera morbus, etc., have been quite prevalent—terminating, if neglected, in genuine cholera and death.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISIANA—  
SESSION 1850-51.

After a session of four months, the term of lectures in this flourishing medical institution closed about the 1st of March.

The commencement took place on the 11th of March, in one of the large lecture-rooms attached to the Medical Department, when Professor G. A. Nott, Dean of the Faculty, delivered a Charge to the Graduates, in the presence of the Regents of the University, the Professors, and a large concourse of medical gentlemen and citizens of New Orleans.

The address by Professor Nott was an elegant and chaste production, replete with good sense and sound advice to the graduates. He pointed out to them, in forcible language, the temptations against which they must contend in the career upon which they were about to enter, for fame and distinction;—held out to them, in glowing and truly eloquent terms, the rich rewards that awaited such as lead a life of virtue and self-denial, and labored for the promotion of medical science and the alleviation of human suffering. The Class, and all present, seemed deeply interested in the address and the occasion;

and, after the close of the Professor's lecture, *Chief Justice Eustis*, *Provost* of the University, closed the ceremonies of the day, by conferring the degree of Doctor in Medicine—in a few parting words of advice—upon the following young gentlemen, students of the University:—

NAME.	THESIS.	STATE.
J. Bachman Lee	Signs of pregnancy	Alabama.
R. G. Stirling	Dengue.	Louisiana.
J. C. Mills	Cholera	Louisiana.
R. T. Royston	Trismus Nascentium	Alabama.
R. F. Hereford	Cholera	Louisiana.
F. B. Albers	Miasmas and contagions	Louisiana.
Thos. A. Davis	Intermittent fever	Alabama.
T. J. Burrows	Congestive fever	Alabama.
J. Thomas Barron	Peritonitis	Alabama.
John E. Paine	Laryngotomy	Mississippi.
W. C. Gilson	Phenomena of death	Mississippi.
W. P. Hughes	On the blood	Mississippi.
Stirling H. Jones	Acute Gastritis	Alabama.
G. T. Gates	Acute Pleuritis	Mississippi.
Wm. D. Fisher	Opium	Tennessee.
Wm. C. Red	Pertussis	Mississippi.
T. W. Jones	Inflammation	Alabama.
Jos. S. Rash	Digestion	Alabama.
A. C. Stewart	Dyspepsia	Louisiana.
Stanton Slaughter	Cold as an application in disease	Mississippi.
Richard H. Lockhart	Auscultation	Georgia.
W. S. Coates	Acute Gastritis	Mississippi.
W. H. Lowe	Inflammation	Alabama.
Edward Barge	Dysentery	Alabama.
Milton Gary	Pneumonia	Alabama.
A. M. Harman	Anæsthesia	Texas.
Wm. A. Thomason	Bilious remittent fever	Alabama.
J. F. Matchet	{ Watery extract from the leaves of the sorrel tree	{ Alabama.
T. Covington	Gastritis	Mississippi.
J. G. Calcote	Cholera infantum	Louisiana.
Wm. Bonner	Abortion	Alabama.
Frederic Egan	Hydrocephalus	Louisiana.
Philip M. Ryan	Bilious remittent fever	Louisiana.
T. V. Whicker	Intermittent fever	Iowa.
C. R. Brumley	Phthisis Pulmonalis	Louisiana.
James C. Hill	Dysentery	Louisiana.
E. F. Nichols	Dropsy	Louisiana.
John Butts	Phthisis Pulmonalis	Alabama.
E. Pollard	Conjunctivitis	Louisiana.
GRADUATES IN PHARMACY.		
G. Le Roy		Louisiana.
L. A. W. S. Wolf	Opium	Louisiana

*University of Louisiana, Medical Department, March 1, 1851.*

## SOUTHERN MEDICAL REPORTS.

We are gratified to perceive, from a circular before us, that Dr. Fenner is again busily occupied in preparing the *second* number of his 'Reports,' which we learn from his publisher will be issued some time in June of the present year.

The importance of this Work to the medical profession of the South-west can scarcely be overrated, and, we feel confident, will be ultimately appreciated by all who take a lively interest in the medical literature of this section of the Union.

The original contributions made to this Work are from some of the first minds in the profession. These, together with an able *resumé*, by the erudite editor, of such papers of interest as may appear, from time to time, in the medical journals of the South, will impart to these Reports unusual interest and value. To great labor, and a perseverance deserving, if it is not rewarded, the editor has added some pecuniary losses, in which we hope he will be more than repaid by the profits flowing from the sale of the second number.

Whilst we thus pay our feeble tribute to the talents and enterprise of the editor, and to the merits of the Work which he so worthily directs, we would respectfully remind our readers that these 'Reports' are not intended to supersede or conflict with the interest or patronage of our own older, but less pretending bantling, viz., '*The New Orleans Medical and Surgical Journal.*' We feel confident that our much esteemed confrère unites with us in the foregoing sentiments, and deprecates any attempt to view the two enterprises as opposed to each other. On the contrary, both are struggling to advance the interest of the profession, and to diffuse through the pages of their respective Works such facts and observations as may tend to elevate the medical profession in the South, and prove to the world that even in this debilitating climate the minds of medical men are active, observing and capable of mastering all the difficulties of our noble science.

## DR. B. DOWLER AND THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

We learn that, at a meeting of the Medico-Chirurgical College of Philadelphia, held April 5th, 1851, our talented friend and distinguished fellow citizen, Dr B. Dowler, was unanimously elected an honorary member of the College.

This is a just tribute to rare endowments and great learning, and reflects equal credit upon the learned body which confers, and Dr. Dowler who receives, such honors.



## CHARITY HOSPITAL, APRIL 15, 1851.

At a meeting of the Board of Administrators, composed of Messrs. Cenas, Hoffman, Augustin, Bogart, Bell, Hennen, and Drs. E. D. Fenner and Pusan, the following surgeons and physicians were elected to serve until the first Monday of November:—

*Surgeons*:—Charles McCormick, M.D., T.W. Compton, M.D.

*Physicians*:—J. A. Cantrelle, M.D., A. Hester, M.D., Copcs, M.D., R. M. Graham, M.D., E. Martin, M.D., MacGibbon, M. D., Y. R., Lemonnier, M. D., and — Ballard, M.D.— Dr J. P. C. Weirdestrandt, re-elected House-Surgeon.

All the above gentlemen have entered upon their duties with apparently much zeal, and a determination to carry out the wishes of the Board of Administrators.

## CHARITY HOSPITAL REPORT.

From the 1st of January to the 1st of April inst.

		JANUARY.	FEBRUARY.	MARCH.
ADMISSIONS . . .	Males . .	1207	1115	1004
Do. . . . .	Females .	441	401	370
		—1648	—1516	—1374
DISCHARGES . . .	Males . .	1000	923	1311
Do. . . . .	Females .	304	324	463
		—1304	—1247	—1774
DEATHS . . . . .	Males . .	153	163	112
Do. . . . .	Females .	57	43	43
		— 210	— 206	— 155

TABLE OF DEATHS DURING THE SAME PERIOD,  
From some of the Principal Diseases.

	JANUARY.	FEBR'RY.	MARCH.	TOTAL.
Cholera, Asiatic . . . . .	38	27	8	73
Dysentery . . . . .	21	25	19	65
Diarrhœa . . . . .	21	30	10	61
Phthisis Pulmonalis . . . . .	30	27	20	77
Typhus Fever . . . . .	42	42	43	127
Other Diseases . . . . .	58	55	55	168
TOTAL . . . . .	210	206	155	571

AN ANALYTICAL REPORT OF THE UNITED STATES MARINE HOSPITAL,  
For the Quarter ending March 31st, 1851.

DISEASES.	DISCHARGED IN			TOTAL.	DISEASES.	DISCHARGED IN			TOTAL.
	January.	February	March.			January.	February	March.	
Abscess, prostate ..	1	..	1	1	Brought up ....	43	50	49	142
Anchylousis .....	2	..	1	3	Orchitis .....	..	..	1	1
Ascites .....	1	1	1	3	Ophthalmia .....	..	1	..	1
Asthma .....	..	1	..	1	Paronychia .....	2	1	..	3
Bronchitis .....	1	2	2	5	Parotitis .....	..	2	..	2
Bubo .....	2	1	4	7	Phthisis pulmonalis .....	..	1	3	4
Contusion .....	5	1	8	14	Pneumonia .....	..	1	..	1
Condylomata .....	..	1	..	1	Paralysis, partial .....	1	..	2	3
Colitis .....	..	1	..	1	Peritonitis .....	1	..	..	1
Dysentery, acute .....	2	..	1	3	Pleuritis .....	1	..	..	1
Diarrhœa, acute .....	3	2	..	5	Rheumatism .....	11	15	20	46
"    chronic .....	1	1	1	3	Syphilis .....	6	10	24	40
Debility, general .....	1	1	..	2	Scald (from steam) .....	1	..	..	1
Dislocation, humerus .....	..	..	1	1	Tonsilitis .....	..	1	..	1
Erysipelas .....	..	..	2	2	Ulcers .....	2	7	3	12
Fever, intermittent .....	16	21	13	50	Urine, retention of .....	..	..	1	1
"    typhoid .....	..	3	2	5	Wounds, incised .....	1	..	2	3
"    "    from Chagres .....	..	1	4	5	Urethra, stricture of .....	..	..	1	1
Fracture, clavicle .....	..	1	2	3					
"    inferior maxillary, ..	1	..	..	1	TOTAL .....	69	89	106	13
Fistula in ano .....	..	1	..	1					
Gonorrhœa .....	6	7	3	16	<b>DIED OF</b>				
Hypochondriasis .....	..	..	1	1	Abscess, brain .....	..	1	..	1
Hepatitis .....	1	..	..	1	Ascites .....	..	..	1	1
Indigestion .....	..	1	..	1	Diarrhœa, chronic .....	1	2	..	3
Icterus .....	1	..	1	2	Heart, disease of .....	..	..	1	1
Iritis syphilis .....	..	..	2	2	Phthisis pulmonalis .....	1	2	1	4
Insanity, partial .....	1	..	..	1	Fever, typhoid, from )	..	2	..	2
Laryngitis .....	..	1	..	1	Chagres .....	..	..	..	2
Carried up .....	43	50	49	142	Scald (from steam) .....	..	1	..	1
					TOTAL .....	2	8	3	13

RECAPITULATION.

REMAINING in the Hospital January 1st, 1851 ..					83
ADMITTED .....	JANUARY.	FEBRUARY.	MARCH.		
	83	106	98	=	287
DISCHARGED .....	69	89	106	=	264
DIED .....	2	8	3	=	13
				---	277
REMAINING April 1st, 1851 ..					93

## ABSTRACT OF A METEOROLOGICAL JOURNAL FOR 1851.

By D. T. LILLIE &amp; CO., at the City of New Orleans.

Latitude, 29 deg. 57 min; Longitude, 90 deg. 07 min. west of Greenwich.

WEEKLY. — 1851.	THERMOMETER.			BAROMETER.			COURSE OF THE WIND.	FORCE OF THE WIND, Ratio 1 to 10.	NUMBER OF RAINY DAYS.	Quantity of RAIN. — Inches.
	Max.	Min.	Range.	Max.	Min.	Range.				
March...6	82.0	47.0	35.0	30.47	30.10	0.37	N.W.	2.25	1	0.430
" 13	81.5	46.0	35.5	30.40	30.12	0.28	N.BYW	2.00	1	0.080
" 20	86.0	57.0	29.0	30.18	30.10	0.08	S.W.	2.50	1	0.010
" 27	82.5	54.5	28.0	30.35	30.08	0.27	N. E.	2.75	1	1.260
April...3	88.0	64.0	24.0	30.27	30.08	0.19	S.W.	2.00	3	1.405
" 10	81.0	56.0	25.0	30.36	29.90	0.46	N. E.	3.25	2	3.730
" 17	82.5	57.0	25.5	30.30	29.94	0.36	N. E.	3.25	1	0.209

REMARKS.—The Thermometer used for these observations is not attached to the Barometer, but is a self-regulating one, and is in a fair exposure. Regular hours of observation, 8 A. M., 2 P. M., and 8 P. M.



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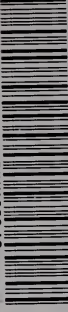




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