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"Je prends le bien où je le trouve."

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1849.
Experimental Researches on the febrifuge properties of the
Extract of Dogwood Bark; Cornine obtained—with Cases.
By D. C. O'Keeffe, Student of Medicine, Augusta, Ga.

Deeming it proper to premise the circumstances eliciting this
article, we take pleasure in stating that Dr. Oakman, of Colum-
bia county, Ga., presented Prof. Paul F. Eve with a specimen
of the Ext. of Cornus Florida, prepared by himself. With the
view of having its remedial virtues tested, Prof. Eve thought fit
to transfer it to my preceptors, Drs. H. F. and R. Campbell, by
whom I have been kindly permitted to appropriate it as the sub-
ject of my inaugural Thesis.

It was not until the commencement of the present century,
that this article attracted the attention of the profession at large;
previous to this time, it had not been much used by regular
practitioners, though a popular remedy in domestic practice,
and more particularly, among some Southern tribes of Indians.
To Dr. J. M. Walker, of Virginia, has been justly awarded the
merit of being the first to institute chemical investigations on the
constituent principles of the bark, and of promulgating to the
profession the discoveries he had made.* By more recent
writers on the subject, however, these are pronounced to have
been “very imperfect.”†

Some time subsequent to this, it was analyzed by Mr. J.
Cockburn, (Am. Journ. Pharm., vol. 1, p. 114,) who found it to

* Inaug. diss., Phil. 1797.
† Griffith's Medical Botany.
contain other principles in addition to those discovered by Dr. Walker. During the interim of these examinations, the announcement by Mr. G. W. Carpenter (of Philadelphia) of a proximate alkaline principle, to which the name Cornine was given, tended to stimulate the inquiries of other analysis; but the results obtained by these were unfortunately contradictory of Mr. C.'s assertions.

Since then, little, if any, has been advanced on the subject, owing doubtless to an over-zeal on the part of its advocates in attributing to it remedial properties which an enlightened experience could not sanction. At a time when the labours of the profession were engrossed with investigating the essential principles of the Cinchona bark, to have discovered among our native productions a succedaneum for the expensive exotics would have been a great desideratum. To accomplish this, much has been extravagantly said, but has detracted in the same ratio from the intrinsic merits of the bark. Our predecessors appear to have contented themselves with the effort to establish a complete identity between the constituent principles of the Dogwood and Peruvian barks, the efficient virtues of the former receiving little or no attention. The essential identity of these barks can subserve no practical purpose; for the assumption of the non-existence in the former, of any principle analogous to the latter, does not, in the least, invalidate its claims to anti-periodic powers. In a practical point of view, it matters not whether their modus operandi on the animal economy be identical; the same end is accomplished by both, though it may be in a totally different manner. Each may exert a peculiar influence over disease—an influence sui generis; but from this the conclusion is by no means warranted that their proximate principles are analogous, or that their power of controlling disease is the same. This peculiar anti-periodic virtue the Cinchona bark possesses in an eminent degree: no fact in medicine is better established. In relation to the Dogwood bark, we are not prepared to make this broad assertion; our remarks shall only have reference to one variety of paroxysmal disease, viz: Intermittent and Remittent fever.

For its efficacy in the other varieties of paroxysmal disease we cannot vouch; such, indeed, would be premature and un-
founded speculation. The enthusiastic theorist may conjure up inviting schemes of doctrine, indulge in elaborate and ingenious hypotheses—reveling in the creations of his fancy; but with the profession at the present day, facts, not speculation, constitute the basis of investigation.

The exhibition of the Dogwood bark, by infusion and powder, in the treatment of intermittent fever, presents no novelty; the untutored Indian, as well as the educated physician, availed himself of its virtues in this particular application. To the article under these forms our remarks shall not refer, save to animadvert upon the sensible effects set forth by all authors as invariably resulting from its administration.

The Extract is the preparation to which we would emphatically direct the attention of the profession. Of this, nothing has been said by systematic writers on the Materia Medica, nor do the leading periodicals of medical literature add any thing to our information on the subject; therefore, the conclusions reasonably deduced are—that it has never been used in any form of disease; that its employment in the treatment of intermittent and remittent fever is decidedly unprecedented; and that its success in these affections is worthy of consideration only on the strength of the cases hereinafter adduced, and the rigid minuteness observed in recording the symptoms presented in each particular case.

On reviewing the opinions of the profession concerning this article, it strikes us that too many uncalled-for restrictions have swayed the minds of practitioners in its administration. It is true, that the standard American works on the Materia Medica abound with eulogies on its remedial properties, but these are nullified by allegations of its tendency to "irritate the stomach and bowels; produce diarrhœa, griping pains, &c." Now this fact of itself, is sufficient to account for the utter oblivion to which it has been consigned; and it affords a striking evidence of the evils of that pathology which regards the gastro-intestinal canal as the fons et origo of all febrile derangements.

With such an incompatibility staring him in the face—an irritant to a diseased gastro-intestinal surface—what practitioner would venture the use of the Cornus Florida in a case of intermittent or remittent fever? Of a tendency to disorder
the stomach and bowels, we have not seen a solitary well-marked instance, though we have exhibited it in unusually large doses, and under all circumstances which would contra-indicate the use of a remedy possessing such properties.

Let it suffice here, merely to have expressed these convictions, leaving the considerations by which they are substantiated to be adduced, when commenting upon special cases hereinafter cited.

It is curious to reflect, why an indigenous plant of such important medical properties should have fallen into disrepute in the very infancy of its career. The reason of this, however, is sufficiently obvious. It will be borne in mind, that the investigations alluded to in the commencement of this article were all instituted in a region, where, from the nature of the climate, malarial fevers received but little or no attention, and at a time, too, when an interpretation of its modus operandi was biassed by the prevailing doctrine as to the pathology of fever. Why it is that minute practical observation has not subverted these unfounded theoretical assertions—or why the master-spirits of the profession have been governed by the ipse dixits of others, in relation to the effects and mode of operation of this remedy, are problems which will devolve upon the Southern practitioner for solution. Had the various forms of periodical fever composed so large a share of the Northern physician's practice, the far-off Quito alone yielding him the sheet-anchor of his hopes, as it is with Southern practitioners, the opinion is unhesitatingly expressed that the Dogwood bark, and its preparations, would have been among our most popular remedies.

In view, therefore, of these considerations, and the absolute impossibility of having the curative virtues of any anti-periodic sufficiently tested in the region alluded to, we naturally refer to the records of Medicine in the South, and even here, we find our anticipations disappointed.

Bearing in mind that periodical fever is the endemic disease of the Southern climate, and the high amount of expenditure incurred by the unlimited use of Quinine—if the success of the treatment here pursued has been truly represented, then the importance of substituting an indigenous agent would be fully appreciated, and its universal adoption confer incalculable benefits.
To the physician of the Southern States, then, whose great duty is the management of paroxysmal fevers, an effort to establish an indigenous anti-periodic may not be unacceptable. Without devoting further time to preliminaries, already extended too far, it is proposed to pass to a brief description of the tree.

**Cornus Florida. Common Names—Dogwood; Boxtree; Great flowered Cornel, &c.**

A minute botanical history of this well-known tree is rendered unnecessary by the abundance of its growth, and the facility of its recognition by every observer. It is, therefore, deemed prudent to sum up, with as much brevity as practicable, the outlines of its botanical characters; the physical properties of the bark, its chemical composition and therapeutical employment. This beautiful and useful tree is found in almost every part of the United States, especially, in swampy and moist woods, varying in height from fifteen to thirty-five feet, six to thirty-six inches in circumference, with a rough, dark-brown bark, much fissured. Latitude modifies its growth, being a much larger tree in the Southern states. It flowers from February to June, according to climate, but always with so much regularity that some of our Southern tribes were accustomed to name the spring from its flowering. From the presence of gallic acid in it, a good writing ink may be made from it.* In the New England states, it is well known by the name of Boxwood.

The officinal portion is the bark of the root, stem and branches; the bark of the root is said to be preferable. In our preparations, the bark of the stem has been exclusively employed, and has afforded results so conclusive and satisfactory, as to inspire us with the fullest confidence of its applicability under all circumstances. However, it is not intended to question the accuracy of the assertion, but if time should verify its claims to superiority, it will but furnish another argument in support of its remedial virtues. The bark, as found in the shops, is in pieces several inches long, half an inch or more broad, and two or three lines thick; it is, generally, more or less rolled, sometimes with a fawn-coloured epidermis, and sometimes deprived of it; of a reddish-gray colour, affording, when pulverized, a

*Griffith, op. cit.*
grayish powder tinged with red. The bark of the root is destitute of epidermis. The odour is slight, and the taste very much like the Cinchona; it is bitter, and astringent, with a little aroma. Its astringency is, however, stronger than that of the Peruvian bark. It appears to be more particularly related to the cinchona oblongifolia.

Chemical Composition. Gum, resin, tannin, and gallic acid were the result of Dr. Walker's analysis. To these have since been added by Mr. Cockburn, oil, fatty matter, a crystalline substance, bitter extractive, wax, and colouring matter, lignin and potassa, iron, lime and magnesia.* His experiments go to prove that the extractive matter alone contains the bitter principle, from which the crystalline substance is obtained.

As to the propriety of admitting the existence of this alkaloid substance announced by Mr. Carpenter, the weight of authority seems to preponderate against it. And Mr. C. has certainly forfeited his claims to originality, (admitting its discovery,) by withholding from the profession the process by which it was obtained. Although the existence of this bitter principle has long been regarded a mooted point, nay, as one unworthy the attention of modern analysts, nevertheless, advocates are not wanting who assure us, that they have used the Sulphate of Cornine with as much, if not more, success, than the Sulphate of Quinine in intermittent fevers.

The gratification of a scientific curiosity would suggest an inquiry into the source of such contrariety of opinion, resulting from the labours of analysts; and a satisfactory explication is revealed in the fact, that the investigations have been conducted under incorrect principles. That Cornine constitutes an ingredient of the Dogwood bark, and may be obtained therefrom, it is our design to demonstrate; but that it possesses alkaline properties, and combines with acids, are fallacious inferences that have too long frustrated the sanguine anticipations of the solicitous experimenter.

It is due the kindness of Dr. Robert Campbell, to mention his valuable services in determining upon, and conducting the following process for obtaining the Cornine:

Pulverize two lbs. of the well-dried bark of the root; separ-

ate its tannin with sulphuric aether, and filter. Macerate the separated bark in alcohol for two days, to extract its resin and cornine. Pour off the alcohol, and precipitate the resin with water. Filter off the resin, and precipitate the cornine from the liquor with a solution of sub-acetate of lead. Separate the sub-acetate of lead from the solution by passing a current of sulphuretted-hydrogen gas through it. Filter, and evaporate the fluid down to the Cornine.

This substance is possessed of decided acid properties, having a well-marked acid reaction; it is of a dark straw colour, very bitter and astringent.

In support of our views, we can only bring forward the authority of a celebrated chemist of Heidleberg, (Prof. Geiger,) whose remarks we insert in full.

"Cornine.—Mr. Carpenter declares this bitter substance obtained from the bark of the root of Cornus florida, to be a base. "Prof. Geiger subsequently discovered acidous properties in this bitter substance. It is soluble in water and alcohol, and combines with the oxides of lead and silver. This bark contains a crystallizable resin."

In continuing to designate this principle under the original name, an erroneous signification of its properties is implied, from an analogy between the term cornine, and those of other alkaline bases,—e. g. morphine. But, whereas, Prof. Geiger, to whom originality had given a prior right, has not deemed it necessary to substitute a change, we have described it under the same appellation.

Medical properties and uses. This bark is tonic, astringent, and somewhat stimulant in its action, and from the concurrent testimony of numerous practitioners, who have given it an extensive trial, is the best native substitute for the cinchona, and in some cases has been found successful, where this substance proved ineffectual in preventing the return of paroxysmal fevers.

By country practitioners it has been extensively employed

* "Cornin—In der als Fiebertmittel empfohlenen Wurzelrudie von Cornus florida glaubte Carpenter eine Phaufenbase auf gefuuden zu haben.

in intermittents, and the report they give is quite satisfactory. Prof. Barton, and Dr. Gregg, of Bristol, add their decided testimony relative to its efficacy in the cure of intermittent fever. The latter writer states, that he has exhibited it for nearly twenty-three years, during which time he invariably found it sufficient to arrest intermittent fever, and uniformly beneficial as a tonic in cases of debility. It has also been employed with apparent benefit in typhoid fevers, and other complaints for which the Peruvian tonic has been found beneficial.

A decoction of it has been found successful in the "yellow water," of horses, so fatal some years ago. An agreeable bitter is made by infusing the ripe fruit or berries in spirits. The Indians employed an infusion of the flowers in intermittents; and the same has been recommended in flatulent colic. It is sometimes combined with the barks of the Liriodendron and Serpentaria, either in decoction or in solution.

Such were the opinions of the profession with regard to the Dogwood bark a half century ago; and such is the amount of knowledge to be gleaned from all that has been written upon the subject. We will next proceed to give the process for preparing the Extract, inspired with the hope that it will fully correspond with the suggestions expressed by Drs. Wood and Bache, in the last edition of the U. S. Dispensatory:—"An Extract might probably be used with advantage in intermittents in large doses."

Take of Dogwood bark, coarsely powdered, one pound; Alcohol, four pints; Water, six pints. Macerate the Dogwood bark with the Alcohol for five days, pour off the tincture, and express. Boil the residuum for half an hour in three pints of the water—strain the liquor, while hot, through linen, and express: repeat the boiling for the same length of time, with the three remaining pints of water, strain and express as before; then mix the decoctions, and evaporate to the consistence of a thin syrup. Distil the alcohol from the tincture, until it acquires the same thickness; then mix both inspissated liquors, and evaporate to the consistence proper for making pills.

Much of the remedial virtues of this Extract depends on the mode of preparation, and the quality of the bark employed. The bark of the stem yields, proportionately, more extract than
that of the branches; the size of the tree, and thickness of the bark, also contribute to augment the amount of extract obtained.

In evaporating the decoctions to the consistence directed, the more quickly the process is conducted, the better; for thus, the duration of exposure to the prejudicial influence of the atmosphere, is diminished. Care must be taken in distilling the alcohol from the tincture, that the preparation sustain no injury by adherence to the bottom and sides of the apparatus—an accident apt to occur, if the process be prolonged beyond the prescribed limits; should the latter take place, the distillation will have been continued to dryness, and the extract burned. Great caution must be observed in conducting the evaporation of both the inspissated fluids. To prevent the preparation being burned during the latter stage of the process, it will be necessary to remove it from the fire, and complete the evaporation in an open vessel over a slow fire, at the same time keeping it frequently stirred.

The use of alcohol is indispensable for extracting the resin of the bark. The boiling may be repeated until the bark is entirely devoid of bitterness, which result we have noticed after the second boiling. From ten pounds of bark we obtained fifteen ounces of extract, yielding the proportion of an ounce and a half to a pound. The average consumption of alcohol is a pint to the ounce and a half of extract.

To the adept in Pharmacy, a descent into so minute a specification of directions and precautions is inapplicable; they are simply the facts which experience has furnished us, and are solely intended to direct subsequent experimenters, who, deeming the subject worthy of their consideration, may be induced to adopt our formula in its preparation. In the hands of other practitioners, its success may be equivocal: if so, we have no hesitation in attributing its failure to the absence of the necessary care in conducting the process.

Medical properties and uses. At this early period of its existence, it would be unphilosophical to venture upon a delineation of the precise modus operandi of this remedy upon the system in a pathological state. For, although its effects in various morbid conditions have palpably, and repeatedly, been manifested, and might have afforded data, upon which to erect
a comely theoretical superstructure—destined, perhaps, ere long, to be sapped by some successful revolutionist—still, far be it from our purpose, to launch out unsupported into the void realms of hypothesis, and revel in the short-lived glories of a precocious and presumptuous speculation; but content ourselves with confining our statements within the limits of mere fact, nor be obnoxious to the charges emanating from the varied interpretation of results, consequent upon the disparity of human opinions. The discrepancy existing, even at this advanced stage of its history, regarding the effects of Quinine on the animal economy, alone might warn us of so perilous an adventure. A general, and in some cases, a profuse perspiration, has been the most obvious of its sensible effects; its astringency may be set down as well authenticated, from facts which will be presented in their proper place; some patients have declared that it produced "ringing in the ears," &c., but such we regard as ill-founded, and attributable rather to the agency of a morbid imagination.

Of its alleged tendency to irritate the intestinal canal, enough has been said, we trust, to satisfy the most skeptical mind; so far from producing any unpleasant effects in the stomach, or bowels, diarrhœas, when occurring as complications in intermittent fever, have, not unfrequently, been arrested under its administration.

Notwithstanding our confidence of its applicability under all circumstances, where an anti-febrile remedy is indicated, we would not be understood as denying the existence of gastric disorder in every case in which it has been used. Such an assertion would be equivalent to the annihilation of a symptom the most uniform in a febrile paroxysm, viz., vomiting; and the candid practitioner will be free to admit the peculiar embarrassment presented in the treatment by this distressing accident. The writer, anxious to ascertain with precision the effects of large doses of the extract on the system in a physiological state, has instituted the following experiment upon himself.

10, A. M. 1st dose, 30 grs. Ext.; pulse previous to taking it, 72.
11. 2nd dose, 30 grs.; pulse intermittent, 72–76; temperature of surface somewhat augmented; general perspiration; a sense of fullness and slight dull pain over the frontal eminences,
1849. O'Keeffe, on the Properties of Dogwood Bark.

much increased on flexing the head forward and downward; uneasy feelings in the stomach and bowels.

12, M. 3d dose, 30 grs.; pulse 76, not intermittent, but somewhat depressed; sensation in the head uniform. On taking this dose a sense of warmth was felt in the stomach, and radiated over the surface of the trunk.

1, P. M. 4th dose, 30 grs.; pulse 76, and regular; pain in the head augmented, and extended down the forehead to the eye-lids, with a disposition to sleep; slight oppression in the precordia.

Eating dinner, neither mitigated nor heightened the dull headache, which continued the same throughout the day: at night, tendency to sleep much more urgent—retired early, slept well during the night, and arose in the morning free from any unpleasant sensations whatever.

The effects manifested in the foregoing instance by the ingestion of 3 ii. of the Ext., in solution—the largest quantity ever taken in so short a time, would appear to controvert the opinion of its being a stimulant. Dr. Walker found the bark to augment the force and frequency of the pulse, and to increase the temperature of the body—effects which may have been presented to this practitioner in the administration of the bark, and which, (as stated in our premises,) it is not our province to corroborate nor refute. But, from the exhibition of the extract, results, diametrically opposite to the former, will be found to obtain—the pulse, if previously excited, becomes soft and regular; if natural, no material alteration is perceptible. The temperature is slightly increased, invariably attended with copious, sometimes, profuse universal perspiration, generally commencing after the second dose, and continuing several hours subsequent to its discontinuance.

The following cases, subjected to our own management, will sufficiently sustain the positions assumed, in relation to the effects and remedial powers of this Extract. A faithful history of the most prominent symptoms observed in every case is given in detail, particularizing those which distinctly exemplify the assertions we have made. To the practitioner of this climate, a minute relation of the ordinary characteristic symptoms of a paroxysm of simple intermittent fever may appear futile and uninstructive: for it need scarcely be added, that the tyro in
Medicine, and not unfrequently, the unprofessional, in this immediate locality, being familiar with the specific, can control a simple intermittent in as short a time, and with as much facility, as the most experienced. Under ordinary circumstances, minutiae would be unnecessary; but when the object in view is to establish the efficiency of a new remedy in any case whatever of paroxysmal fever, it becomes necessary to relate accurately, the phenomena, which taken collectively, entitle it to be ranked among this class of diseases: otherwise the reader would be at liberty to doubt the genuineness of such a case. And further, it may be remarked, that few localities afford the medical practitioner as ample facilities of familiarizing himself with the lineaments and protean types of malarial disease, as are presented in our region; therefore, have we thought proper to record all the symptoms of which we were cognizant.

With a view to succinctness, the cases have been classified according to the special points which they are designed to illustrate.

**Case I.** Sam, a negro, at. 25, steam-boat hand, of full plethoric habit, previous health much impaired, being a dyspeptic; had fever 12, M., on the 24th Sept. 1848. At 4, P. M., 25th, had a second paroxysm, and at 8, A. M., 26th, a severe chill succeeded by fever. First visit, 4, P. M., to-day—found his skin uniformly hot, though partially moist; violent head-ache; pain in the back and limbs; pulse full, strong and frequent. He had taken some patent pills (by his own prescription) which had operated freely. Prescription: *Ext. Cornus 4 grs. every hour till 56 grs. are taken*; sinapism to the whole length of the spine.

1, P. M., 27th. Found him sitting up, with but little fever; has taken the Ext. Cor.; sinapism applied; perspired profusely during the night—says he "thought it would never quit pouring off him"—had to exchange clothes several times; feels exhausted, and has slight pain in the back and limbs. *Ext. Cor. 8 grs. at 4, A. M., 28th; repeated every hour till 30 grs. are taken.*

1, P. M., 28th. Prescription followed; had an exacerbation of all the febrile symptoms at 4, P. M. yesterday; there was considerable aggravation of the pains in the back and extremities;
throbbing pain in the head; tenderness of the epigastrium, with darting pain through the stomach and vomiting. These symptoms continued all night; slept none; the pulse now is quick and irritable; skin warm, and bedewed with gentle perspiration on the head and shoulders; respiration somewhat impeded; tongue coated white; complains of permanent pain in the lower dorsal region; by his side is a pan containing a large quantity of a thin, white, frothy fluid—an excessive flow of saliva, which had commenced soon after the exacerbation had made its incursion. Ordered: Cal. and Rhei. aa 15 grs.; sinapism to the spine; 8 grs. Ext. Cor. at 8, A. M. 29th, repeated every hour until 48 grs. are taken.

2, P. M., 29th. Has taken the Ext. Cor. as directed, but not the Cal., &c. At 3, P. M., yesterday, exacerbation returned, but its severity was very much mitigated; great relief was obtained from sinapism to the spine; pulse weak and irritable; skin moderately cool—very nearly natural in temperature; tongue coated, with a disagreeable taste in the mouth; tenderness on pressure at the epigastrium, extending down the abdomen; constant and copious eructation of frothy fluid. Ext. Cor. 8 grs. every hour till 40 grs. are taken.

11, A. M., 30th. Has no fever; no exacerbation since last visit; prescription partially attended to—has taken but 28 grs. Ext. Cor.; bowels much constipated. Calomel and Rhubarb aa 15 grs., to be taken instanter.

4, P. M. Sent for in haste to see him: found him in a comatose condition, which had supervened soon after my departure this morning; can articulate indistinctly; from 12 to 2 o'clock was speechless, nor could he be aroused by the loudest calls; skin is now universally coo'; pulse slow and feeble; shrinks and groans upon the slightest pressure over the epigastric and umbilical regions; complains of exquisite pain in the stomach and bowels. At 11½ this morning, he took the Cal., &c., became suddenly sick at the stomach, vomited freely, then sunk into his present state. It is proper to remark, that at the time of taking this powder, he had not had an operation in three days—owing to neglect on the part of the attendants; since taking it, he has had two stools. Prescribed: hot mustard pediluvium; blister-plaster over the epigastric and umbilical regions.
Oct. 1st, 10, A. M. Blister has drawn well; pain in the stomach relieved—is much better. No medicine to-day.

Oct. 2nd. Continues to improve; no fever.

This patient continued to improve steadily without further medication.

Case II. A. M., white woman, æt. 36, residence near the cemetery, of delicate habit, constitution impaired. Three weeks since, had three paroxysms of quotidian intermittent fever, for which she had been treated by the reporter with quinine, &c. On the arrest of the fever, menstruation commenced and lasted three days; a week intervened with comparatively good health, when the menses returned more copious than ordinary for five days. During all this time, she says she has had fever, more or less marked, every day, owing doubtless to her menstrual derangement. This brings us to the history of the disease under consideration.

On the 14th Sept., the day on which the menses disappeared, had a slight chill about 8, P. M.; represents herself as having slept none that night.

15th. A chill at 12, M. 7, P. M., first visit—this is her state: skin preternaturally warm and dry; pulse feeble, frequent and irritable; tongue parched and coated brown; pain in the back, and extremities, particularly in the lumbar and upper dorsal regions; eyes icterode; bowels torpid, having had but one evacuation in a week; vomiting and tenderness in the epigastric region. Prescription: Calomel and Jalap, aa 15 grs.; sinapism to the spine; 8 grs. Ext. Cor. at 12, M., 16th, repeated every hour till 60 grs. are taken.

16th, 4, P. M. 32 grs. Ext. taken; Calomel and Jalap, and sinapism, attended to as directed; has had two stools; feels much better; pulse soft and somewhat excited. Since the first dose of the Ext., the surface has been universally covered with perspiration—the only physical effect of the medicine; pain and weakness in the back relieved by sinapism; vomited freely last night—describes the matter vomited to be largely mixed with bile; head-ache and tenderness in the right hypochondrium most prominent symptoms. Prescription continued as directed.
17th, 1, P. M. Has taken the Ext.; exacerbation returned about 8 last night; was delirious; all the symptoms of the previous paroxysm were somewhat aggravated; vomited frequently and copiously; thirst urgent—drank cold water ad libitum. The pulse now is full and frequent; skin warm and soft, being inclined to perspire; head-ache severe, with neuralgic pains in the face: exquisite tenderness in the cervical and upper dorsal spine—shrinks from the slightest pressure on that region; tenderness in the epigastric, with a dull, heavy sensation in the right hypochondriac regions; tongue dark, coated in the centre, red at the tip and edges; eyes suffused and yellowish; has vomited twice since morning; bowels constipated. Ordered: hot mustard pediluvium every two hours; strong sinapisms to the spine, and over the epigastrium; one laxative pill to-night; 16 grs. Cornus every hour till 80 grs. are taken.

18th, 11, A. M. Prescription strictly followed; had a mitigation of all the symptoms commencing about 5, P. M. yesterday; commenced perspiring after taking the second dose of the Ext., which continued all night; slept tolerably well—complaining of slight head-ache and sick stomach. This is her present state: pulse weak, and 90 per minute; skin moist, and natural in temperature; tongue clearing off; slight pain in the head, with great exhaustion; bowels costive. A compound powder of Aloes 2 grs., Calomel 3 grs., and Rhubarb 10 grs.; 4 grs. Ext. Cor. every hour till 48 grs. are taken; diet, rice gruel, and chicken soup.

19th. Has taken all the medicine; has had one stool; had a comfortable night's rest; pulse natural; perspired freely after taking the Ext. Cor.; has slight pain in the head; bowels still constipated. Ordered: Cream of Tartar and Jalap, on alternate nights, to keep the bowels regular; diet, as before.

20th. Found her up, and attending to her ordinary avocations. Convalescence may be dated from this period.

Case III. Mrs. T., aged 45, of delicate habit, good constitution, complained of tenderness in the legs and feet on the night of the 27th Sept.; to this tenderness succeeded lancinating pains, with heat, swelling and redness. 28th. Felt a general uneasiness, with some fever; pains in the back and shoulders; great restlessness, and want of sleep.
29th, 4, P. M. First visit: had a severe chill about 8 this morning; pulse full, strong and frequent; skin hot and dry; countenance flushed; tongue parched, and coated white; severe head-ache; pains in the back and extremities; pain in the epigastric region; the inflamed state of the legs and feet unabated, the slightest pressure on the legs producing the most exquisite pain, amounting to faintness; thirst urgent. Prescribed: Calomel, 15 grs., incorporated with one laxative pill; sinapism to the whole length of the spine; cold water, ademesem; 15 grs. Ext. Cor. at 4, A. M. 30th, repeated every hour till 60 grs. are taken; an infusion of Salts and Senna to-morrow morning.

30th, 12, M. Prescription followed: has had several copious stools; vomited pretty freely last night; slept but little; had a mitigation of all the symptoms, commencing about 3 this morning, the pain in the legs excepted; exacerbation returned between 8 and 9, with increased intensity; has vomited several times; head-ache violent, with delirium; excruciating pain in the legs and feet; pulse full and strong, 135; skin intensely hot and dry; tongue parched and coated; pain in the back and shoulders—cannot move without distressing pain; respiration hurried and oppressed; great tenderness in the epigastric and both hypochondriac regions; vomits frequently. Ordered: undiluted sinapisms to the spine and abdomen; cold affusion to the head frequently; cold water in large quantities, to promote vomiting.

9, P. M. No abatement of the foregoing symptoms, vomiting excepted; has vomited but once since the application of sinapism over the abdomen. 16 grs. Ext. Cor. at 2, A. M., Oct. 1st, repeated every hour till 80 grs. are taken.

Oct. 1st, 12, M. Has taken the medicine; had a remission about 1, A. M.; has not had a return since. The pulse now is soft, and 98; skin warm and moist; swelling and tenderness in the legs much relieved; slight pain in the head; pain in the back and stomach all disappeared; bowels torpid. Three laxative pills; 4 grs. Ext. Cor. every hour until 48 grs. are taken.

2nd. Has taken all the medicine; all febrile symptoms disappeared—only slight tenderness in the right leg. From this time, Mrs. T. continued to improve steadily till convalescence was complete.
Here we have three well-marked cases of Intermittent fever, brought to a happy termination by the *Extract of Dogwood bark*. Independent of their applicability to illustrate the efficiency of the Ext. Cor. in the treatment of paroxysmal fevers, it is proposed to give to each a separate consideration, for the purpose of adverting to certain adventitious complications closely connected with the modern pathology of this disease. Case No. 1, presents us with a dyspeptic, or perhaps, what Prof. Garvin would denominate a subject of "morbid sensibility of the stomach." To effect a cure, 162 grs. of the Extract have been given without producing any unpleasant effect in the intestinal canal. That the fever subsided into a local phlegmasia—gastritis, cannot be denied; it would be absurd in the extreme, not to admit the supervention of a complication of such frequent occurrence in intermittent as well as in remittent fever; but it is presumed that no physician, (if he be not of the physiological school,) guided by a correct pathology of remittent fever, will attribute this gastric disorder to any other source, than simply an accident liable to occur, independently of any mode of treatment. Prof. Ford, speaking of the abortive treatment of remittent fever, says,† "If after the subduction of the fever, there remains the evidence of disease in the liver or stomach or bowels, then this may be corrected by appropriate remedies, more readily, more safely and effectually, than during the fever. The writer would insist upon this subsequent treatment of any remaining disease, as a necessary part of this abortive treatment."

We likewise have additional corroboration of the impressive inculcations of the latter writer, viz: that paroxysmal fever is independent of the local affection, in the case before us; the paroxysms have been arrested by the anti-periodic treatment, while the local affection remains to be combatted by local applications. It may be further remarked, that the first two paroxysms were simple intermittent of the double tertian type; that they became remittent, and passed on to convalescence, the local affection alone remaining to be subdued by appropriate remedies.

By this case and such others, then, are obviated two grave

objections, found in books, to the use of the preparations of the Dogwood bark, viz: 1st, that large quantities will produce disorder in the stomach and bowels; and 2dly, that in any quantity it produces diarrhœa, griping pains, &c. An instance, perhaps, could not be found, which in a higher degree combined the peculiarities which would predispose to these unpleasant consequences, than the one under consideration; for it is a well-established principle, that a pre-existing morbid condition of any organ will, generally, be increased by intermittent or remittent fever; and such precisely obtained here. The morbid sensibility of the stomach predisposed that organ to inflammation; its development was gradual, as evinced by the frequent eructation of colourless fluid—the morbid sensibility of the stomach extending to the salivary glands, according to Prof. Garvin;* and the febrile paroxysms acting as the exciting cause. These facts, it is hoped, will sufficiently account for the super- vention of gastritis in the present case, and dissipate the un- founded objections raised in conformity with doctrines long since obsolete.

In case No. 2, we have an instance of simple intermittent fever renewed at the third hebdomadal period by an attack of remittent fever, and arrested by the second administration of the Ext. of Dogwood bark. It may be seen that the disease preserved the double tertian type throughout its course; that vomiting, an almost invariable symptom in remittent fever, occurred previously and subsequently to the exhibition of the Extr., no modification resulting from its action; and that after the first dose, the obstructed cutaneous secretion has been re- stored to the great comfort and relief of the patient.

Here a disquisition of peculiar importance presents itself, viz., as to whether the Ext. of Dogwood bark exercises a prophylactic influence in obviating the hebdomadal recurrence of periodic fevers. It is generally conceded that the recurrence of the disease, under the hebdomadal form, is of more frequent occurrence since the introduction of quinine as a therapeutic agent; and its exclusive employment in the cure of paroxysmal fevers, than previous to that time.

Without advocating the opinion that quinine predisposes the

system to these periodic invasions, the inferences rationally deducible from the general properties of the Ext. of Dogwood bark are—that with antiperiodic, it combines tonic virtues, therefore its effects on the system are more permanent than those of quinine, to which modern observation will not ascribe these properties in so high a degree; that by imparting tone to the system, it secures a more favourable and fortified condition of the organs for resisting the subsequent encroachments of the morbid agent; and consequently, may not this latter qualification give it an important advantage over quinine, inasmuch as it is calculated to accomplish per se, what would require quinine, with a course of tonic treatment?

A few cases could be adduced in support of the position here suggested, which will be adverted to en passant; but to substantiate and mature such a proposition, would demand the evidence of protracted experience. And should subsequent observation add confirmation to the truth of the foregoing suggestion, the profession will have attained the link which now seems deficient in the chain of radical treatment of paroxysmal fever.

Case No. 3, presents but little variation from the two preceding cases, only being complicated by anasarca, which was a peculiarly distressing accident. The connection between the paroxysms and the local affection is shown by the subsidence of the latter, without any local application, on the arrest of the former. The second administration of the Ext. Cor. prevented a return of the exacerbation.

Case IV. F. C., a mechanic, æt. 32, residence on the canal—intemperate habits. On the 10th July, he was taken with a chill succeeded by fever. 12th, second paroxysm, and on the 14th, third paroxysm. It is proper to remark, that at this time, he was convalescing from some hepatic affection of three weeks continuance, manifested by an icterode state of the skin, and slight tenderness on pressure, over the liver and stomach.

16th, 7, P. M. First visit—found him in the sweating stage of a paroxysm, which came on about 12, M., to-day; the tongue is coated, and red; breath offensive; great tenderness on pres-
sure over the epigastric, and right hypochondriac regions; also over the dorsal vertebrae. Sinapism, to the epigastrium and dorsal spine; Cal. 20 grs., Jal. 10 grs.; 8 grs. Ext. Cor. at 7, A. M. 18th, repeated every hour until 40 grs. are taken.

19th, 4, P. M. Prescription followed; had a paroxysm yesterday about 3, P. M. Mitigated in all the symptoms, and of shorter duration than the preceding; has had several stools; tenderness over the liver relieved; is free from fever, but there being anorexia and much debility, has kept his bed all day. 8 grs. Ext. Cor. at 7, A. M. 20th, repeated every hour till 64 grs. are taken.

21st. Took 64 grs. Ext. Cor.; missed the paroxysm; local pains and tenderness all disappeared; appetite and colour of skin much improved. Convalescence was rapid, notwithstanding the protracted illness.

Case V. Phil, a negro, rail-road hand, aged 29, strong constitution, occupation a blacksmith, had a chill 12, M., 9th Sept., attended with vomiting, diarrhoea and griping pain in the bowels. 10th. Had the second chill about 12, M., diarrhoea and griping pain persistent.

11th, 10, A.M. First saw him—has no fever, but is much exhausted; diarrhoea and pain in the bowels most prominent symptoms. Prescribed: Cal. and Dover's powd., aa 15 grs.; 20 grs. Ext. Cor. every hour till 60 grs. are taken.

3, P. M. Paroxysm returned at 12, M.; has taken all the medicine; has slight fever now; no vomiting; diarrhoea and griping pain relieved—the former completely checked. Infusion of salts and senna to-night.

12th, 4:3, P. M. Has taken the salts and senna; several copious stools; has no fever, no pain—feels much better, but weak. 12 grs. Ext. Cor. at 7, to-morrow morning, repeated every hour till 60 grs. are taken.

13th, 4, P. M. Took the Ext. Cor., which produced slight vertigo; no fever—convalescent.

Case VI. S. L., a white girl, aged 9 years, of delicate habit: 5th Sept., had the first paroxysm; 6th, chill at 10, A. M.

7th, 11, A. M. First visit—found the pulse excited; skin
warm; has had diarrhoea since she was first taken; took a dose of oil yesterday morning, which had operated freely—anticipates a chill momentarily. 12 grs. Ext. Cor. every hour till 36 grs. are taken—will take at 4, to-morrow morning, 8 grs, Ext. Cor., repeated every hour till 24 grs. are taken.

8th, 11, A.M. Had taken but one dose before the invasion of the paroxysm on yesterday, which was succeeded by fever of short duration; has taken this morning three doses of Ext. Cor. Same continued till two doses more are taken.

9th. Had no return of the paroxysm yesterday; has not had any to-day; diarrhoea checked—convalescent.

Case VII. Mrs. B. æt. 60, of delicate habit, residence lower part Green-street, has had quotidian fever since the 21st Aug.

28th, 1, P.M. First visit—was free from fever, but expected the return of a paroxysm about 8 this evening, which was the usual time of access; since the first invasion, she has had diarrhoea with occasional pain in the bowels, which became aggravated by each successive paroxysm. Prescription: Ext. Cor. 60 grs.; pulv. Opii. 2 grs.; ⅓ every hour until all are taken.

29th, 11, A.M. Directions followed: produced free perspiration; bowels more regular; missed the expected paroxysm; was slightly under the influence of opium. 8 grs. Ext. Cor. every hour till 48 grs. are taken.

30th, 10, A.M. Has taken the medicine; no febrile symptom; pulse feeble and regular; surface cool and natural. No medicine to-day.

31st. Continues to improve; bowels torpid. Ordered three laxative pills.

Sept. 1st. Convalescent.

Case VIII. G. K., æt. 13, occupation in the Factory, had a chill at 11, A.M., Sept. 11th, succeeded by fever of long duration. 12th. Chill at the same time. 7, P.M. First visit—pulse full, frequent and soft; skin moderately hot and dry; pain on the slightest pressure over the dorsal spine and epigastric region; complains of slight soreness in the throat; diarrhoea with occasional griping pain in the bowels; has vomited several times to-day. Ordered two laxative pills; a strong infusion of capsi-
cum and alum, as a gargle; sinapisms to the spine and epigastic region; 12 grs. Ext. Cor. at 6, A. M. to-morrow, repeated every hour till 48 grs. are taken.

14th, 12, M. Took the medicine yesterday; paroxysm recurred at 2, P. M., of shorter duration than the preceding, and much mitigated; vomiting, diarrhœa and pain in the bowels relieved; tenderness in the throat removed; has had several consistent stools. 16 grs. Ext. Cor. every hour till 48 grs. are taken.

15th, 4, P. M. Prescription followed; missed the paroxysm yesterday—is up and about. No medicine to-day.

16th. Fully convalescent.

From the third case, we have five cases of simple intermittent fever, satisfactorily treated by the Ext. of Dogwood bark, which establish, *sine dubio*, the propriety of its administration, irrespective of circumstances.

In the fourth case, we have a tertian intermittent cured by the second exhibition of the Ext. Cor. The effect of 40 grs. taken on the 18th, was to retard the period of invasion from 12, M., to 3, P. M., together with a mitigation of all the symptoms; 64 grs. given in anticipation of the next accession secured its prevention. Here, there must have existed more or less disorder of the entire intestinal canal, yet, how satisfactorily, not only, has the fever been arrested by the Ext. Cor.—the assumed "irritant" of authors—but his whole system has regained tone under its use!

The fifth case forcibly maintains its aptitude in all cases where the quinine is indicated, regardless of the state of the gastro-intestinal surface. With this patient, gastro-intestinal disorder was a most distressing complication, as evinced by vomiting, pain in the bowels and diarrhœa; yet in the face of these apparent contra-indications, the *Cornus*—with the profession the reputed irritant to the stomach and bowels—is administered not only with impunity, but decided advantage. It is evident in this case, that on the first administration of the medicine, the remaining time of the intermission was not sufficient to bring the patient under its influence; the paroxysm returned with less severity, yet it was not without effect; for
on the 12th, though no medicine was given, the paroxysm did not recur—showing its permanent influence over the system.

The repetition of a drachm on the 13th, ensured convalescence, furnishing conclusive evidence of the safety of giving two drachms of the Ext. Cor. upon an irritated stomach and diseased bowels, and thus commending this medicine to our implicit confidence, even under such circumstances.

In case No. 6, it will be seen that but one dose of the Ext. had been taken previous to the accession of the chill on the 7th; 40 grs. taken on the 8th, obviated the paroxysm and cured the diarrhoea. Upon this case, more comment is unnecessary, further than to notice the propriety of administering the medicine to the child with as much safety as to the adult.

In the seventh case, the paroxysm is arrested by a drachm of the Ext.—two grs. of opium forming an element in the prescription. Whether to attribute the subsidence of the diarrhoea to the opium or Ext. Cor., the facts of the case alone do not warrant a decision. But from a careful consideration of analogous cases in which no opiate has been employed, we feel justified in the opinion that results equally satisfactory would have obtained under the influence of the Ext. Cor. alone. The next may serve as an instance.

In case 8, the paroxysm is not prevented by the first prescription; but the time of access is retarded from 11, A. M., to 2, P. M.; its severity moderated, and duration curtailed; and the gastro-intestinal disorder rectified as promptly, safely and effectually, as in the preceding case by the co-operation of an opiate.

In the report of the five last cases, the object has been to corroborate the assertions advanced in our premises, viz: that the Ext. of Dogwood bark has no tendency to irritate the intestinal canal; but, on the contrary, when disordered, that the celerity with which its healthy action is restored by the agency of this medicine, sanctions its unconditional application in similar cases.

There is another most valuable property invariably manifested by this medicine, to which we would invite especial attention: it is its well-marked influence over that condition of the system which determines obstruction of the cutaneous ex-
halation. In the foregoing cases characterized by disorder of the intestinal canal, the manifestations of its utility have been so obvious as to suggest a close analogy between its modus operandi and that of the Dover's powder, in controlling the morbid phenomena indicating the use of the latter remedy—combining in a certain degree the actions of both a diaphoretic and a sedative. And further, to this sudorific agency may be fairly ascribed the subsidence of the diarrhoea complicating the above-detailed cases. So uniformly has this diaphoretic property been evinced, that we have not hesitated to administer it in any stage of a febrile paroxysm, thereby superinducing an alleviation of the febrile symptoms by the early establishment of the "sweating stage." In support of this view special cases could be brought forward, but our limits interdict their insertion.

Case IX. J. S. et. 15, of relaxed habit, residence in Harrisburgh. About four weeks since, he had three paroxysms of quotidian malignant intermittent fever—the two last being attended with all the symptoms characteristic of this type, viz., delirium, jactitation of the arms and legs, stupor, speechlessness, &c., &c.; for which he had been treated by the reporter with the ordinary remedies—active depletion, general and local; revulsion by vesication and sinapisms; quinine, hot mustard pediluvia, cold affusion to the head, &c. On the 6th August, 8, A. M., had a severe chill, followed by fever, which lasted till about 4, P. M. A perfect intermission on the 7th; and at 8, A. M., 8th, had a second chill, and fever of the same continuance, but augmented in intensity.

First saw him at 7, P. M., 9th—was then in usual good health, but had many apprehensions of the expected paroxysm. Ordered: Blue mass, 20 grs. with one laxative pill; 16 grs. Ext. Cor. at 4, A. M., 10th, repeated every hour until 60 grs. are taken; sinapism to the spine at 6, to-morrow morning.

10th, 11, A. M. Has taken the prescription; one copious stool this morning; skin pliant and moist; pulse soft and regular; complains of nausea and slight head-ache; has no fever. Infusion of salts and senna.

11th. Convalescent.
Case X. Nases, a negro, rail-road hand, aged 32, full plethoric habit. Three weeks since, had five paroxysms of quotidian intermittent fever, treated with quinine.

7th Sept., 10 2/3, A.M. Was taken with a chill, succeeded by fever, which lasted all that day. An intermission on the 8th. 7, P. M., first visit—expected a recurrence of the paroxysm to-morrow morning. Ordered: Cal. and Jal. aa 15 grs.; 8 grs. Ext. Cor. at 4, A. M., 9th, repeated every hour till 64 grs. are taken.

9th, 5, P. M. Prescription followed; has been freely operated on; missed the paroxysm, and has no symptom of disease.

10th. Convalescent.

Case XI. M. C., aged 21, full habit, strong constitution, occupation in the Factory. One week since, she had tertian intermittent of five weeks duration, of which she was cured by quinine, &c.

1, P. M., 11th Sept. Had a chill, followed by fever, and at 9, A. M., 12th, is found free from fever, but much indisposed. Prescribed: Cal. and Jal. aa 15 grs.; 16 grs. Ext. Cor. every hour till 64 grs. are taken. 6, P. M. Has had several evacuations; has taken but 32 grs. of the Ext. Cor.; no fever during the day. 8 grs. Ext. Cor. at 8, A. M., 13th, repeated every hour until 32 grs. are taken.

13th. Took the medicine; no fever. Dismissed, convalescent.

N. B.—We have had an opportunity of seeing the three last recorded cases frequently since their respective time of treatment; we can, therefore, vouch for their radical cure. Nov. 9th.

Here we have three cases of intermittent fever recurring under the hebdomadal form after the quinine treatment, in which this tendency is eradicated by the use of the Ext. Cor.—showing, at least as far as they go, the prophylactic virtue of this article.

Case 9, offers for our consideration, a tertian intermittent, returning at the fourth hebdomadal period, after an attack of malignant intermittent, which shows satisfactorily the efficacy of the Ext. Cor., as well as many of the characteristics of this affection, viz., its liability to recur at hebdomadal periods, inde-
pendent of the mode of treatment; a progressive increase in the intensity of each succeeding paroxysm, which, if not arrested by medication, might have assumed the malignant type—as on the occasion alluded to, the malignant was preceded by two paroxysms of simple intermittent. On the first administration of the Ext. in this case, the result obtained could not have been surpassed by the use of any anti-periodic agent.

On cases 10 and 11, we will forbear commenting; but for further remarks upon this division of the subject, reference may be had to our observations on case 2.*

There are some other cases which, from having no direct relation to the special points which the preceding cases are respectively designed to elucidate, could not be comprised under any of the three divisions above laid down, yet they may be worthy of note, as justifying the claims of the Extract of Dogwood bark to anti-periodic power.

Case XII. Mrs. B., æt. 42, of full habit, has had quotidian intermittent fever since 1st Sept., the time of access being variable. Took, on the 6th, 20 grs. quinine; notwithstanding the paroxysm returned about 12, at night. At 10, A. M., 7th, the skin is found cool and dry; pulse feeble and frequent; head-ache and pain in the lumbar region; great exhaustion and restlessness; tongue slightly furred. Prescription: Sinapism to the spine; 8 grs. Ext. Cor. every hour till 64 grs. are taken.

8th, 9, A. M. Has taken the medicine, missed the expected paroxysm—is much better in every particular. 10 grs. Ext. Cor. at 8, P. M., repeated every hour till 40 grs. are taken.

9th. Has taken the medicine; no fever since last visit—convalescent.

Case XIII. Howard, aged 23, a steam-boat hand, occupation cook, previous health very good, has had intermittent fever of the double-tertian type since August 27th.

First saw him 9, A. M., 1st Sept.—had no fever, 4, P. M., being the usual time of access. Ordered, 8 grs. Ext. Cor. every hour till 72 grs. are taken.

*In the four cases of the hebdomadal type which we have given, the immunity from subsequent attacks was ascertained by frequently visiting them from the period of the first invasion until the present time—November 5th, 1848.
2nd, 10, A. M. Has no fever, missed the paroxysm yesterday; bowels constipated. Ext. Cor., 8 grs. every hour till 48 grs. are taken; Cal. and Jal. aa 15 grs.

3rd. Has taken the prescription; no fever—convalescent.

**Case XIV.** A. C., aged 21, of full, plethoric habit, occupation in the Factory—has had tertian intermittent since 2d Sept. Assumed the double-tertian type on the 8th.

9th, 4, P. M. First visit—paroxysm came on at 10, this morning, having taken, previous to its accession, quinine pills to the amount of 25 grs. (by her own prescription). The skin is now hot and dry; head-ache violent; pulse frequent and irritable; exquisite pain in the back and epigastric region. Ordered: Sinapisms to dorsal spine and epigastric region; 8 grs. Ext. Cor. at 4, A. M., to-morrow, repeated every hour till 48 grs. are taken.

10th, 12, M. Prescription followed; no fever—perfect intermission. 12 grs. Ext. Cor. at 5, to-morrow morning, repeated every hour till 60 grs. are taken.

11th, 6, P. M. Has taken all the medicine; no symptom of fever at any time of the day. Convalescent.

**Case XV.** Mrs. N., æt. 26, of strong constitution, previous health generally good. At 10, A. M., 10th August, was taken with a chill—6, P. M., finding her thus: skin generally warm and moist; pulse soft and feeble; occasional sickness at the stomach, but no vomiting; a shooting pain through the right breast, productive of much distress and embarrassing respiration; tongue foul; head-ache; pain in the back and limbs—especially severe in the hip, knee and ankle-joints, the slightest motion of the lower extremities being attended with great suffering. Cal. and Rhub. aa 10 grs.; 8 grs. Ext. Cor. at 4, A. M., 11th, repeated every hour till 48 grs. are taken.

11th, 4, P. M. Prescription attended to; two stools this morning; paroxysm recurred at 10, A. M., not preceded by a chill, and, as she represents, much mitigated; head-ache, sick stomach, and pain in the breast, persistent; skin moist; tongue clean at the tip and edges; pulse 120, and feeble. Ordered, an infusion of salts and senna; sinapism to the whole length of the
spine; 15 grs. Ext. Cor. at 6, A. M., 12th, repeated every hour until 60 grs. are taken.

12th, 11, A. M. Directions followed—several copious stools; skin pliant, and partially bedewed with perspiration; had slight head-ache about 9, this morning, but was only transient; pain in the breast and joints relieved. No medicine to-day.

13th. Found her up and at work, without fever or any local pain. The convalescence of Mrs. N. was pleasingly satisfactory.

Respecting these cases we will only add, that such could be multiplied ad infinitum, from the practice of my preceptors, Drs. Campbell; but we trust that the views propounded in this thesis are amply sustained by arguments fairly deduced from the facts presented in the cases already cited.

Impressed with the importance of establishing for this remedy a confidence commensurate with its value, we will further add, that in simple intermittent fever, the paroxysm is generally arrested on its first administration—invariably upon the second; that no complicating accidents should contra-indicate its employment in a febrile paroxysm; that when it fails to preclude an approaching paroxysm, it moderates the symptoms, and shortens its duration; and that in the cases of remittent fever, treated with this medicine, the longest time of attendance was four days. in most, less—facts, which on good grounds controvert the truth of that doctrine which regards quinine to be the sine qua non under such circumstances.

Add to this the comparative immunity from expense secured to the practitioner, by the substitution of an indigenous article, whose abundance need not be dwelt upon, for an exotic which, though maintaining a position unique in the catalogue of remedies, has had its objections.

In conclusion, we would say—those who may not be disposed to submit the remedy to an experimental examination, can have no right to disprove our assertions: those who may, we confidently believe, will advance additional testimony in their favour.

These pages have been already extended beyond the proper limits; yet we shall cherish the hope that words have not been multiplied in vain, if, by our remarks, the attention of the profession be directed to a remedy consigned to an untimely oblivion by the exclusive doctrines of by-gone years.
Report of the first day's Surgical Clinic of the present Session in the Medical College of Georgia. By Paul F. Eve, M.D., Professor of Surgery.

The operations of the first day's clinic in our College, may, in the absence of more important matter, possess sufficient interest to be laid before the profession. It will serve to give variety, if nothing else, to the original department of this No. of our Journal. Four patients were introduced on the occasion, and the operations, about to be described, performed before the class.

Case I. Enlarged Glands in the axilla—operation completed while patient was under the influence of chloroform.—This case, the first in order, presented a collection of enlarged lymphatic glands in the right axillary region. She is a negro woman, aged 21, just arrived from the interior of So. Carolina, is the mother of one child, and is now supposed to be pregnant about the fourth month. As is too often the case with patients of this class, little satisfactory can be elicited relative to the cause of her present complaint. She now has a cluster of tumors deeply situated in the axilla, which she says commenced growing several months ago. They have been treated as an abscess. They are now quite hard, moveable upon each other, rounded in form, attached to surrounding parts by cellular tissue, and are quite painful at times. Their removal being determined upon, and the patient offering some objections to etherization, an incision was made over the central mass of some three inches in length, and several of the largest at once extracted. Finding that the chain of diseased glands extended under the scapula, and the sufferings of the patient being great, chloroform was administered by inhalation, and the operation completed by removing a mass of enlarged glands, which, taken together, was about \( \frac{1}{2} \) pound in weight.

The diseased structure consisted of a central tumor, harder and larger than some dozen others which were softer and of a yellowish white color. They were distinct, of a round shape,
connected by bands of cellular tissue, were fibrous when laid open; the largest one being evidently schirrous.

On the third day, the wound was dressed, found so nearly healed, and the patient doing so well, that she left for home by easy stages.

Case II. Congenital Tumor of the Hand—extirpation.—This is an infant, four months old, who has a tumor of the size of a small egg, over the palmar surface of the fifth metacarpophalangeal articulation. It is hard upon the surface, softer within, pretty vascular, and its character confessedly unknown. The mother attributed it to "longings after a brandy peach"—we can, however, assure the old women it did not resemble this in any of its physical properties. This tumor has been gradually increasing since birth.

By a continuous sweep of the knife it was partially removed—that is, a portion attached to the aponeurosis of the hand still remained. There was no great hemorrhage, and the wound was dressed for suppuration.

The part removed consisted of thickened dermoid tissue, and of abnormal structure, made up of a congeries of whitish cords, resembling in size, shape and color, common vermicelli.

After the third day, the wound was poulticed, and it healed in about three weeks. There still exists a small portion of thickened tissue at one point of the original disease, to which pressure is being applied.

Case III. Callous Ulcer of five years standing—application of the actual cautery.—Winney, a negro girl, aged 20, has now been a year in my Surgical Infirmary. She entered for an ulcer situated over the internal malleolus of the right foot. She says a portion of a cotton stock was thrust into the seat of the disease while plowing. The ulcer has been healed on more than one occasion, but bearing the weight of the body on the foot invariably re-opens it. From the loss of the soft parts near the internal ankle, the foot and the great toe incline inwards, so that when the foot is placed flat upon the ground, the cicatrix of the ulcer is ruptured. No sinus is found to penetrate the joint, and the bony structure is apparently healthy.
This girl has been subjected to a great variety of treatment, but none yet has proven entirely successful. At one time a piece of skin from the jaw of a lamb was secured over the ulcer — then an anaplastic operation attempted, but with no other favorable result, than to change the position of the ulcer to just above the internal malleolus. The actual cautery was now applied, very little sensibility being evinced by the patient, so callous is the diseased surface.

Case IV. Stricture of the Urethra relieved by the catheter — patient under chloroform.—This is a negro boy, 19 years old, who for six or eight years has labored under difficult micturition. He acknowledges no other cause for it than the fact of his having been a dirt-eater. He denies ever having had gonorrheæ. The stricture is situated at the membranous portion of the urethra, and an instrument of the smallest size cannot be made to enter the parts. This patient was in my Infirmary about two years ago, and so obstinate was the case then, that he was only relieved by cutting out the contracted portion of the urethra.

On the present occasion, he was placed under chloroform, and although he could only pass urine by drops, a catheter of common size entered the bladder with perfect ease. In previous attempts the patient would writhe in pain; now no resistance was offered on his part, and by the slightest effort, the instrument passed through the stricture.

This patient is about to return home, having a metallic bougie larger in diameter than 2½ lines, which he uses himself. The chloroform, in his case, acted truly like enchantment.

(On the next day's clinic, four cataracts were operated upon, but as a member of the class is drawing up their report, with other cases, as a substitute for his Thesis, we shall of course decline noticing them here.)
We proceed to redeem our promise of giving a notice of the first volume of the Transactions of the American Medical Association. From the several lengthy accounts already published by us respecting the proceedings of this body, little else remains for us to do than simply to extract what we deem useful and interesting to those readers who are unable to obtain the record of their transactions. All we propose then, to do now, is to pass over the pages of this volume and transfer to our Journal the important professional facts it contains. The meeting in Baltimore was composed as follows—4 from the U. S. Navy, 9 New Hampshire, 4 Vermont, 19 Massachusetts, 4 Rhode Island, 15 Connecticut, 45 New-York, 8 New Jersey, 51 Pennsylvania, 5 Delaware, 68 Maryland, 10 District of Columbia, 14 Virginia, 3 South Carolina, 2 Georgia, 1 Louisiana, 1 Missouri, 1 Kentucky, 3 Tennessee, 3 Illinois, 3 Indiana, 1 Wisconsin, Texas, North Carolina, Mississippi, Alabama, Maine, Florida, Arkansas, Iowa and Michigan, nine States, were not represented. Total number of delegates present, 266.

As an Appendix to the proceedings of the sessions held in Baltimore, are the reports of the various committees appointed at the previous meeting which was held at Philadelphia. The first is on medical science, and prepared by Dr. W. T. Wragg, of Charleston, S. C., who acted as Chairman, in the absence of Dr. S. H. Dickson. It occupies 50 pages. This is certainly a most able article, and does great credit to our young professional friend. We take the following extracts from it:

"On the Causes and Treatment of Scurvy the Journals furnish us much valuable matter. Dr. Shapter and Dr. Lonsdale* consider the absence of the potatoe as the "fons et origo mali." They adduce much proof from their own experience, and that of others, in confirmation of their views. As a general rule,
the statement may be made, that wholesome diet requires a supply of succulent vegetables, with a portion of vegetable acid. In the potatoe, tartaric acid exists, and to this is due its anti-scrobic properties.

"Dr. Bellingham* has announced similar views. 'It is clear,' he says, 'therefore, that the cause of the present epidemic may be traced to the absence of the potatoe from the dietary of the poor, and it is equally clear, that a diet of bread, with or without meat, or broth, is incapable of preserving the body in health, and tends to develope scurvy.' Facts, he says, upset the theory of Liebig, that as carbon, the principal constituent of fat, is abundant in potatoes; whereas, the constituents of bone and muscle are found in peas, beans, oats, barley, rye, wheat, &c., more plentifully; that, therefore, these latter are more fit for a labouring population as articles of food. 'Indeed,' he says, 'if all we read about nitrogenized and non-nitrogenized articles of food were correct, the potatoe would have fallen into disrepute long since.' Whereas 'for more than half a century, it has been the sole food of the great majority of the peasantry of the country (Ireland); and we believe a healthier, hardier population was to be met with in few countries—contrasting sadly with their present altered aspect, after a diet for some months composed of highly nitrogenized substances.'

"Dr. Ritchie† also considers 'deficiency of potatoes and succulent vegetables as the most efficient cause.' In those forms of the disease in which the superadded symptoms are not so severe as to call for the undivided or the especial care of the physician, his treatment was diet regulated on principles deducible from his views of the causes of the disease, and the use of lemon juice or citric acid.

"Dr. Curran‡ takes similar views. 'In four-fifths of his cases, at least, the diet had been bread, with tea or coffee; and in no single instance could he discover that green vegetables or potatoes had formed part of their dietary.' He treated the disease with lemon juice, nitrate of potash, and vinegar.

"Dr. Christison§ agrees with all the other writers, that error in diet is the cause of the disease, but considers that the indispensible article is milk.

"Dr. Foltz, in his excellent report on the scurvy in the United States squadron in the Gulf of Mexico, printed in the American Journal, attributes the disease to the absence of vegetables; and refers to the change of the ration law, by which the one day for vegetable food was taken away, as a cause of its appearance in the East India squadron. 'Dr. Dodd, of the Potol-
mac, suggests that the inferior quality of the salt used in curing the meat was one cause. Dr. Foltz sums up the causes of the disease in the Mexican Gulf squadron thus: 'Protracted cruising between the tropics, unwholesome and innoxious salt provisions, vitiated atmosphere on board, resulting from imperfect ventilation, at times a reduction in the quantity of water; and, in the crew of the Raritan, the despondency and disappointment resulting from being kept on board ship after the expiration of the time for which many of the crew had shipped.' He observes, in regard to the treatment, that it consists in supplying the system freely with protein, by giving freely such vegetables as most abound in it. The vegetable acids and potatoes are the chief means. The basis of the potatoe being starch, he suggests experiments with that substance. He confirms the experiments of Becquerel and Rodier in not having found the blood dissolved.

"Cancer does not affect the sexes indifferently. Mr. Wilkinson King* gives as the result of post-mortem examinations made at Guy's Hospital, the extraordinary announcement that one-half of the females who die about the age of 44 are subjects of cancerous formations, and of males one-eighth only.

"Diagnosis in cases of Cerebral Disease.—Mr. Corfe† says that when the lesion of the brain has been sudden, the eyes are closed, and the patient is insensible; when slow and progressive they are half closed, or wide open, and there is distortion of the features, irregularity of the pupils, dullness of the countenance, and palsy.

"Here the Committee will close their report with a contrasted reference to the opinions of two authorities, high in the estimation of their respective countrymen.

"In discussing the treatment of 'fevers and other diseases having a definite course to run,' Ranking, in his Retrospective Address, speaking of the contributions on the subject for the past year, remarks:—'We may, however, acquire this one idea from their perusal, that these cases get well but are not cured. Nature is the agent in the benefit produced, and he is the best physician who most clearly acknowledges her power and interferes least with her operations. He is the worst who is ever attempting to force her to bend to the potency of his drugs.' Prof. Dickson, in his beautiful introductory before his class at the University of New York, says, on the contrary, 'Our fevers will kill, in a large proportion of cases, if not arrested artificially; our inflammations tend rapidly to disorganization, and our profluvia to exhaustion, among the hardy and hard-living inhabitant of our wide spread territory, with the great majority

of whom we shall not be able to avail ourselves of those all-important adjuvants of a milder and less efficient system of practice, to be found in a well-regulated regimen, judicious nursing, and assiduous care."

The Report on Practical Medicine next follows in order. Dr. Joseph M. Smith, of New-York, was the chairman. This was not read at the Association, for it had not yet arrived, owing to an accident to a steam-boat on the Delaware, but Dr. S: was permitted to make a verbal statement of its contents. This was done in a very impressive and eloquent manner, by the learned professor of the College of Physicians and Surgeons. We find in it the following definition of contagious, infectious, and meteoratious diseases:

"In the observations to which the committee invite the attention of the Association, epidemics are regarded as arising from three general sources, to-wit, contagion, infection, and meteoration; and in accordance with this view of their etiology, they may be divided into contagious, infectious, and meteoratious, and defined as follows:

"1. Contagious Epidemics are those distempers which arise from poisons, generated by specific morbid actions in the human body, and which are communicable from the sick to the healthy by mediate and immediate contact. To this division belong scarlet fever, measles, small-pox, and a few other diseases.

"2. Infectious Epidemics are those diseases which originate from the emanations or miasmata from decomposing organic substances, including the excrementitious or effete animal matters thrown out of the body in health and disease. The disorders referable to this class are intermittent and remittent fevers, yellow fever, typhus, malignant puerperal fever, and some varieties of dysentery and erysipelas.

"3. Meteoratious Epidemics are those wide-spreading maladies which arise from certain latent influences of the general atmosphere, and which have no special relations or connections with seasons, localities and climates. The most notable examples of this kind are influenza and cholera.

"In respect to these three kinds of epidemics, the following laws are well ascertained:—1. That their prevalence is periodical. 2. That no two of them, belonging respectively to different classes, and the same is generally true of such as belong to the same class, occur to the same extent, in the same place, at the same time. 3. That whenever any of the diseases be-
longing to the several classes prevail together in the same place, they become involved in each other in the order we have arranged them, the first being modified by the second, and both of these by the third, so that one is always predominant, and compels the others to wear its livery. 4. That the same epidemic varies in its character in different years, the modifications depending mostly upon the diversities of the seasons, and the varying influences of the prevailing insensible meteoration, or as it is called, the epidemic constitution of the atmosphere."

Of the late epidemic (typhus or typhoid fever, or ship fever) it observes—

"The condition of the German and Irish emigrants prior to their embarkation, and during their transit of the ocean, was in most instances conspicuously different. Whilst the former were generally robust, and well provided on the passage with the means of subsistence, and observant of cleanliness and ventilation,—the latter were in most cases enfeebled from the want of sustenance, and on ship-board, destitute of supplies of wholesome food, depressed in mind, clothed in filthy garments, and crowded and confined in air rendered pestiferous by the excrementitious matters eliminated from their own bodies. In contrast the hygienic circumstances in which the two classes of emigrants were placed, it is easy to account for the greater amount of sickness and mortality which occurred in one class than in the other. It is said, that of the admissions of emigrants into the hospitals and almshouse of New York, the Irish exceeded the German in the proportion of about one to nine or ten; and we are told, that the Irish in British ships suffered more than those in American.

"The amount of disease and number of deaths which occurred in emigrant ships, while crossing the Atlantic, are appalling to contemplate. Many thousands perished on the voyage to the United States and Canada. In some ships bound to New York, from 20 to 30 died on the passage; and in many vessels destined to Canada, the deaths were from 30 to upwards of 100. From one ship, the Virginia, bound from Liverpool to Quebec, with 470 passengers, 158 of the number were buried at sea.

"The Montreal Immigrant Committee, in their report for 1847, state, that 'in no year since the conquest has Canada presented such fearful scenes of destitution and suffering. The year 1847 has been unparalleled for the amount of immigration to Canada; near 100,000 souls have left the British isles for these provinces the past year,—over 5,000 of these died on their passage out, 3,389 at Grosse Isle, 1,137 at Quebec, 3,862
at Montreal, 130 at Lachine, and 39 at St. Johns, making in all at these several places 13,815. How many have died in other sections in Canada East cannot now be known, nor, indeed, how many have perished in Canada West; but coupling all those who have perished with those who have passed into the United States, Canada cannot now number 50,000 souls of the 90 odd thousand which landed upon our shores. In sketching a retrospect of these terrific scenes, the Montreal committee forcibly remark— "From Grosse Isle, the great charnel house for victimized humanity, up to Port Sarnia—along the borders of our magnificent river, upon the shores of Lake Ontario and Erie, and wherever the tide of immigration has extended, are to be found the final resting places of the sons and daughters of Erin—one unbroken chain of graves, where repose fathers and mothers, sisters and brothers, in one commingled heap, without a tear bedewing the soil, or stone to mark the spot. Twenty thousand and upward have gone to their graves, and the whole appears, to one not immediately interested, 'like a tale that is told.'"

Dr. Smith advocates the identity of typhus and typhoid fever, which we now think is abundantly established.

Accompanying this report is an article, published entire, from Gurdon Buck, Jr., M. D., Surgeon to the New York Hospital, &c., &c. It is entitled Edematous Laryngitis, successfully treated by scarifications of the Glottis and Epiglottis. The subject is also illustrated with four plates. We present our readers one case, with the remarks preceding it, and those also made by the author at the close of the paper:

"Within the short period of eleven months there were no less than eight cases of this rare disease in the New York Hospital, of which seven occurred between the months of December, 1847, and February, 1848. During this latter period the season was remarkably rainy and wet, accompanied with very little snow, and characterized by the prevalence of erysipelas and typhus fever, as well as an asthenic type in other diseases, both in and out of the hospital.

"More than a year previous to the occurrence of the first of these cases, and without any knowledge at that time of any similar method of cure, having been practised or proposed by others, I was led to the conviction that scarifications of the edematous edges of the glottis, as well as of the epiglottis, might be employed as an effectual means of relief in this formidable disease; and when the occasion presented itself of
carrying into effect these views, the remark was made to my assistants at the hospital, and other gentlemen present, that such had been my convictions, and that the first opportunity had now occurred of applying them to practice.

"The well known fatal character of the disease warranted the trial of any new remedy that afforded a reasonable prospect of benefit.

"In connection with this operation, the employment of the touch was naturally regarded as of great importance as a means of exploring the diseased parts, and thus establishing the diagnosis beyond doubt.

"Though the edematous swelling of one or both edges of the glottis is the cause of the dyspnœa, from the mechanical obstruction it presents to the entrance of air into the larynx, yet, as will hereafter appear, the epiglottis almost always participates in the swelling, and being within reach of the fore-fingers passed into the mouth, it affords an invaluable means of diagnosis.

"The following is the mode of performing the operation of scarifying, as employed in the cases about to be related.

"The patient being seated on a chair, with his head thrown back, and supported by an assistant, he is directed to keep his mouth as wide open as possible: and if there be any difficulty in this respect, a piece of wood an inch and a quarter in width, and half an inch in thickness, is to be placed edgewise between the molar teeth of the left side. The fore-finger of the left hand is then to be introduced at the right angle of the mouth, and passed down over the tongue till it encounters the epiglottis.

"But little difficulty is generally experienced in carrying the end of the finger above and behind the epiglottis so as to overlap it and press it forwards towards the base of the tongue. In some individuals the finger may be made to overlap the epiglottis to the extent of three-fourths of an inch.

"Thus placed, the finger serves as a sure guide to the instrument to be used, which is represented accurately in the accompanying plate. The knife is then to be conducted with its concavity directed downwards, along the finger till its point reaches the finger nail. By elevating the handle so as to depress the blade an inch to an inch and a half farther, the cutting extremity is placed in the glottis between its edges; at this stage of the operation the knife is to be slightly rotated to one side and the other, giving it a cutting motion in the act of withdrawing it. This may be repeated without removing the finger, two or three times on either side. The margin of the epiglottis, and the swelling between it and the base of the tongue may be scarified still more easily with the same instrument, or scissors curved flatwise may be employed for these parts, guided in the same manner as the knife.
"Though a disagreeable sense of suffocation and choking is caused by the operation, the patient soon recovers from it, and submits to a repetition after a short interval. In every instance the operation has been performed twice, and in some three times.

"Before proceeding to the operation, it has always been explained to the patient, that the seat of his difficulty was a swelling at the top of the windpipe, preventing the air from entering, and the object of the operation was to cut it and let out fluid, and thus give him relief. This explanation corresponds so exactly with his own sensations, which refer to the top of the thyroid cartilage as the seat of obstruction, that he readily submits to the proposed operation, and renders all the co-operation in his power for its performance.

"A slight hemorrhage follows the scarifications, and should be encouraged by gargling with warm water. In one instance the quantity of blood mixed with sputa amounted to half a wine-glassful.

"The first case for employing the operation was the following:

"Case I. Arthur W. Taylor, seaman, born in New York, aged thirty-one years, was acting as nurse in Ward No. 4, south building, New York Hospital. For two days previous to the 13th of April, 1847, when his case was first noticed he had suffered from painful deglutition, with elongation of the uvula, that kept up a constant tickling sensation—the fauces also presented an inflamed appearance. The epiglottis was seen as well as felt to be swollen. Breathing was difficult, and attended with paroxysms of suffocation.

"A stimulating gargle had been used, and, on the morning of the above date, the uvula had been excised with some relief. Six leeches had been applied over the larynx, and the bites were still bleeding at the time of the regular visit at noon. After exploring the parts with the finger, and ascertaining the existence of swelling of the epiglottis, and also allowing my two assistants to do the same, I scarified the aryteno-epiglottic folds and the epiglottis, partly with scissors curved flatwise, and partly with a sharp pointed curved bistoury, guarded to within one-third of an inch of its point by a narrow strip of adhesive plaster wound around it, and conducted to the parts upon the fore-finger of the left hand, previously introduced at the right angle of the mouth. Two or three repetitions were requisite, at short intervals, to complete the operation. The patient hawked up three or four tea-spoonsful of blood, mixed with mucus, and expressed himself as feeling relieved. Twenty
ounces of blood were drawn from the arm soon after, and grain doses of tartar emetic administered.

"On the following day (the 14th), an improvement in the respiration had evidently taken place.

"On the 15th, respiration was still further improved, the pulse was 84, and soft; patient complained of soreness of the scarriflied parts. Antimony was stopped.

"On the 17th he was much improved in all respects, pulse 68.

"On the 23d he was discharged cured.

"The question of diagnosis in this disease is one of vital importance, irrespective of the present operation, but in connection with it its importance becomes very greatly enhanced. Without stopping to notice the distinctive symptoms which have been generally regarded as characteristic of this disease, or those of other diseases that are most likely to be mistaken for it, I beg leave to insist upon one sign which is strictly pathognomonic, and does not appear to have been sufficiently appreciated.

"I refer to the swelling of the epiglottis as ascertained by the touch. The discovery of it, according to Bayle, Dic. des Scien. Med., tome xviii., p. 507,) is due to M. Thuillié, who proposed it in a thesis sustained before the Faculty of Medicine in Paris, in 1815. The value of this sign will be admitted if we consider how frequent the swelling of the epiglottis co-exists with that of the glottis. Bayle, (loc. cit.) who dissected more than seventeen cases of this disease, says, 'the epiglottis is rarely intact, often it is very much swollen at its edges.' Ryland says, (loc. cit., p. 48,) 'The œdema is seldom confined to these localities, but extends to the base and lateral edges of the epiglottis, &c.'

"Among seventeen cases collected from different sources, and in which the condition of the epiglottis was ascertained, either by dissection after death, or by the touch or inspection during life, swelling was found in fifteen. Of the eight cases reported in this paper, the epiglottis was found swollen in seven, and in the remaining one there was no evidence that it was not swollen.

"This swelling takes place either at the margin on one or both sides of the median line, or on the lingual surface of the epiglottis at its base, filling up one or both depressions between it and the tongue, and obliterating the central glosso-epiglottic frænum.

"It conveys to the touch the sensation of a soft pulpy body, easily recognized and distinguished from the stiff rigid swelling of these parts in membranous laryngitis.

"The facility of ascertaining the condition of the epiglottis
with the end of the fore-finger, not only by placing it in contact with its anterior surface, but by passing over its upper edge and applying it upon its posterior surface, has been already noticed.

"To test this question still further, the experiment has been repeated in at least twelve individuals, and in all with success, though not with equal facility. In some these parts were easier of access than in others, but in none did the experiment fail.

"In the exceptional cases where the epiglottis is not found swollen, the edges of the glottis may be brought more within reach by pressing up the os hyoides with one hand applied externally over it, and acting from below upward, while the fore-finger of the other hand is introduced as directed into the mouth.

"Should this not accomplish the object, the fore and middle finger may be thrust far back into the pharynx, as is required for the removal of a foreign body lodged in the throat.

"In all the five cases treated by scarifications, it will be remembered that the test of touch was applied, not only by myself, but by one or more of my colleagues, or assistants, and thus the diagnosis of the disease was established beyond doubt.

"To those who have encountered this formidable disease, this subject will possess peculiar interest; and the remedy proposed, perhaps, may be hailed by them as a valuable improvement in the healing art.

"Time and experience alone can determine this question. To this test I desire to subject it after having, as I believe, faithfully recorded and made known the results of my own experience.

"In conclusion, I desire to express my grateful acknowledgments to Drs. R. K. Hoffman and John A. Swett, my highly esteemed colleagues at the New York Hospital, for the opportunities they kindly afforded me of applying the new treatment upon their patients, and also to my pupil Mr. Moreau Morris, for the accurate and beautiful drawings accompanying this paper, and so indispensable for its illustration.

"Note.—Since this paper was laid before the American Medical Association at its recent meeting, I have had access to Valleix's work, entitled Guide du Médecin Practicien, tome 1. p. 481, Paris, 1842, giving a detailed account of M. Lisfranc's operation, respecting which it seemed doubtful, from the very slight notice taken of it by early authorities, especially Cruveilhier, whether it had ever been performed. M. Valleix says, 'M. Lisfranc (Mem. sur l'Ang. Laryng. Ædem. Journ. Gén. de Méd., tome lxxxiii., 1823.) first conceived the idea of evacuating by means of incisions more or less numerous, the serous or sero-purulent fluid engorging the submucous tissue of the larynx.
This surgeon cites five cases in which this operation was followed by an immediate change, and subsequently by a complete cure. In a sixth case, several similar operations at variable intervals acted only as palliatives. Extensive lesions of the larynx existed, which at length caused the death of the patient.

“The following is M. Lisfranc’s method of scarrifying the larynx. ‘Take a long narrow-bladed slightly curved bistoury in a stiff handle, protected with a strip of linen to within half an inch of the point. Let the patient open his mouth wide, and have the jaws kept apart by means of a cork placed far back between the molar teeth, one end of the cork being held by an assistant. The patient, being placed in front of the operator with his head supported against the breast of an assistant, pass the index and middle finger of the left hand into the mouth till they reach the swollen edges of the larynx, glide the bistoury flatwise upon the finger,’ holding it as you would a pen. On reaching the larynx, direct the edge forward and upward, then after having elevated the handle depress it gradually, at the same time pressing gently upon the point. At first, a few punctures only should be made, as by the aid of pressure two or three small incisions are sufficient. They may easily be multiplied in the same way if judged necessary.

“These scarrifications, says M. Lisfranc, produce a flow of the infiltrated matter and sometimes a slight oozing of blood, which effects a salutary disgorgement. The cough excited by a few drops of serum falling into the larynx, contributes much to diminish the swelling. The immediate beneficial results of these scarrifications might be partially defeated, by their occasioning more or less inflammation of the larynx and surrounding parts. In such a case recourse must be had to general or local bleeding, which would soon disperse this traumatic inflammation.’

“It appears also, from M. Valleix’s statement, that Professor Marjolin has lacerated the oedematous edges of the larynx with a piece of althea root, and M. Legroux with the nail of the index finger sharpened for the purpose, and both with success.”

[To be concluded in February No.]

New Operation for the Radical Cure of Varicocele. By S. D. Gross, M. D., Professor of Surgery in the Medical Department of the University of Louisville. (American Journal of Medical Sciences.)

The following operation for the radical cure of varicocele I have performed eight times within the last few years. The
patients were all young men of good constitution, and they all recovered without a single bad symptom. The cure, so far as I have been able to learn, promises to be permanent in every instance.

During the operation the patient may lie down, sit in a chair, or stand up, as may be most convenient. The scrotum, previously divested of hair, is rendered tense by grasping it behind with the left hand. A vertical incision, scarcely an inch in length, is made over the anterior part of the tumour, down to the enlarged veins, which are next carefully isolated from the accompanying duct, artery, and nerves, by a few touches with the point of the scalpel. This constitutes the first step of the operation. The second consists in passing a short, thick sewing-needle—a No. 1 of the milliner, underneath two or three of the larger trunks, and winding around it a stout thread, either elliptically, or in the form of the figure 8. The ligature is drawn with great firmness, so as to indent the coats of the vessels, and put an immediate stop to the circulation. The operation is finished by closing the wound carefully with one or two twisted sutures, or a few strips of court-plaster. The patient is now put to bed, the scrotum is supported with a silk handkerchief, and light diet is enjoined. At the end of twenty-four, or, at most, thirty-six hours, the blood in the constricted veins is sufficiently coagulated to justify their division, and the removal of the needle. This is readily effected by insinuating a narrow, sharp-pointed bistoury underneath the vessel, with its back towards the needle.

Should symptoms of inflammation arise after the operation; or, in other words, should the parts become red, tender, and swollen, recourse must be had to antiphlogistics, and to the application of cold water, or solutions of acetate of lead and opium. The patient may usually sit up in five or six days, and in a few more he may be permitted to walk about. The little wound soon cicatrizes; and the induration, caused by the coagulation of the blood between the testis and the seat of the constriction, gradually disappears by absorption. The period required for this rarely exceeds a month.

The advantages of the above operation are, first, its perfect simplicity and the facility with which it may be executed; secondly, its freedom from pain and hemorrhage; thirdly, the certainty with which we may avoid injury to the spermatic artery, duct, and nerves; fourthly, the little inconvenience or suffering which the patient experiences after it has been performed; and fifthly, the rapidity of the cure. These considerations will, I think, be found sufficient to recommend this method to the favourable notice of practitioners. Most of the opera-
tions described in the books are complicated, severe, and dan-
gerous.

It occasionally happens in this affection that the scrotum is
very flabby and pendulous. When this is the case the cure will
hardly be complete unless the surgeon retrenches the redundant
structures. I have been obliged to resort to this expedient only
once in my operations. A portion of scrotum, nearly of the
size of a large hand, was excised with the scalpel, and the wound
closed by the continued suture, which I consider far preferable,
under such circumstances, to the interrupted or twisted.

Louisville, Ky., July, 1848.

Cases of Pneumonia Typhoides; with Remarks on the Use of
Acetate Plumbi, in this Affection. By Moses C. Hasbrouck,
M. D., of Rockland Co., N. Y.

To the Editor of the New York Journal of Medicine:

Dear Sir,—I send you the notes of three cases of pneumonia
typhoides, or of what I am in the habit of terming "asthenic
pneumonia." They are intended to show the beneficial in-
fluence of acetate of lead, and if you deem them worthy of
publication you will oblige me by giving them a place in your
Journal.

Case I. Mr. G. S., aged 38, of sanguine temperament and
good constitution, after a day's ride, exposed to a cold and damp
atmosphere, went to bed with a severe chill, violent headache,
severe pain in the back and limbs, and soon after he became
delirious. I saw him eight hours after the attack, and found
him with a rapid and feeble pulse, constant delirium, and with
the whole surface of his body and limbs bathed in perspiration.
He was also expectorating profusely a sero-mucous fluid of a
brick-dust color. His tongue was clean. His right side from
the spine forwards, and the scapula and axilla downwards, to
the border of the ribs, gave out minute crepitation. His bow-
els were loose.

B. G. Opii, grs. iv.
Calomel, grs. viij.
Tar. Emetic, gr. j.
M. f. in Pulv. viij., one of these to be given every third hour.

These powders with slight modifications to suit occurring
symptoms were continued until the morning of the third day,
when it became evident that unless something was ordered to
check the inordinate perspiration and expectoration, which
still continued, the patient must sink. Bronchial breathing had taken the place of the crepitus, and the prostration was great. Acetate of lead was now given, combined with suitable doses of calomel and opium. In less than thirty-six hours, the perspiration and expectoration were reduced to an ordinary quantity; the pulse was below a hundred, and the delirium gone. Crepitant rôle in right side returned. The gums had the blue border, and gave slight evidence of the action of calomel; convalescence was almost or quite established.

Case II. Mrs. H., aged 45, of feeble constitution, had been frequently sick, and was at the time of the attack worn down by nursing. She was taken with a chill, followed by severe headache and neuralgia, pains of the back and limbs, and a violent lancinating pain in the left side near the border of the ribs extending thence to the shoulder of the same side. She had a dry cough with trifling frothy expectoration. pulse 120 and feeble, tongue slightly coated white, and moist, skin hot and dry. Percussion clear and a perfectly natural, vesicular murmur. Two days after pleuritis extended to the lungs proper; the pain abated and a brick-dust colored expectoration appeared. Uterine hemorrhage also set in, not profuse, but sufficient to increase rapidly the debility. To check this hemorrhage, rather than with a view to operate on the pulmonic inflammation, I gave acetate of lead, two grain doses, every four hours, united with calomel and opium, which she was taking. The next day the hemorrhage was less, but not entirely arrested, and all the other symptoms decidedly better; and what may be particularly mentioned, the skin was moist. The following day, slight effects of calomel and lead on the gums were evident; continuing the same medicine in diminished doses, convalescence was established, accompanied with a very sore mouth.

Observing the sudden effect of the lead here, and reflecting upon it, in connection with the case of Mr. G. S., I resolved to give it a trial in the next case which might occur, even should there be no excessive evacuation which it might be desirable to arrest; solely with a view to its alterative effect upon the capillary structure.

Case III. Mr. P. W., a young man of good constitution, sent for me at 6 A.M., the 12th February last. He was taken the night before with a chill which lasted an hour, which was followed by heat and pain in the right side, near the border of the false ribs. He had complained of severe pain in the head also, but was now delirious. His pulse was 120 and feeble,
Cases of Pneumonia Typhoides. [January,

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tongue coated with a thick yellowish coat, and moist, skin hot and dry; he had vomited a number of times and had frequent discharges from the bowels; coughed frequently without expectorating. His breathing was oppressed, his countenance contracted, eyes icterode and dull. Râle crepitans over the right lateral region of the chest.


The next day's report was, that he had not vomited since he took the medicine, and his bowels had moved twice only. Delirium continued, pulse 110, and skin moist, slight dulness on percussion, and tubular breathing had taken the place of the crepitus. Same medicine continued.

14th. All was worse, constant delirium; the eyes had the peculiar typhoid stare; coughed little, expectorated nothing; pulse small and 130, skin dry.

B Calomel, gr. ss. Pulv. Ipecac, and Opii, aa gr. ss. Every four hours.

16th. No amendment.

B. Calomel, gr. j.

Opii, gr. ½. Camphor, gr. j. Every two hours.

16th, 10 A. M. Still worse, no cough, rapid bronchial breathing of the "blowing kind," quite up to the scapula and clavicle. I now added to the last prescription two grains of lead, every two hours.

17th, 9 A. M. When I entered the room this morning, he looked up, and with a natural expression of countenance, and in a perfectly rational manner, jocosely asked me whether I was trying in how short a time I could treat a man to death. And he was sweating profusely, with pulse down to 100, and breathing comparatively easy. Cough had returned also, with a free expectoration.

On the 18th the gums were slightly affected, and a rapid convalesence followed.

We are aware that the recovery of three patients from attacks of severe inflammation during the use of acetate of lead, stated as a simple, isolated fact, can be of but little value. But if these cases, in their symptoms, all point to a certain pathological condition, state, or stage of disease, in which the ordinary remedies seemed to lack power to effect a favorable change, and which change seemed to be produced by lead; and if to this fact we can add a rational explanation, founded upon an analogous operation of lead in other diseases, we certainly go as far as three
cases, under any circumstances, can enable us to go, in establishing a principle.

Those who are familiar with the "First Principles of Medicine, by Archibald Billings;" and, I should say, assent to his views of the nature of inflammation—that is, that the proximate cause of inflammation is a relaxation of the capillaries, and that sedatives, (antimony and neutral salts,) as well as alterative, are absorbed, and thus brought in contact with these vessels, and through an operation on their nervous tissue, cause their contraction—will have but little difficulty in understanding the rationale of the operation of lead in low grades of inflammatory action. They will at once recognise, in the foregoing cases, an extreme relaxation of capillaries, (it was so great in the first two, that the fluids ran out, as it were, of their open extremities,) and they will at once impute the sudden and remarkable change to the well-known astringent properties of lead.

Scrofula—its causes. By Dr. King. (Med. Gaz. in Braithwaite.)

The following propositions laid down by Dr. King are illustrated and supported by numerous facts:—

Prop. 1. The grand source of scrofula is the direct hereditary principle.

2. Scrofula is also hereditary in the collateral branches when it is latent in the direct ones.

3. When second marriages take place, if both parents are healthy, the children will be unhealthy; if either parent be scrofulous, the children will be scrofulous.

4. Persons who have been scrofulous in youth may appear to have been cured, and to have got into good health, but the constitutional taint remains, and the children will be scrofulous.

5. Phthisis is a form of the scrofulous constitution, and its most fatal form. It is the great sledge-hammer. Sydenham had advanced so far in pathology as to call phthisis, "scrofula in the lungs." Portal was of opinion that congenital phthisis, "phthisie d'origine," was scrofulous. Bayle and Laennec say the same; but less decidedly, which to our eyes appears strange. An eminent writer of the present day may be quoted as a proof that medical men have not at present very clear ideas upon this subject. He says scrofula is a form of cachexia—i. e. cachexia is the cause of which scrofula is the effect. It would be more correct to say, scrofula or the scrofulous constitution, is the cause of which cachexia is the effect. Cachexia is a form of scrofula. Cachexia has many causes, of which a very important one is scrofula.
6. Scrofula and phthisis co-exist in the same family. More than half the scrofulous patients have parents or ancestors who died of phthisis. Of 84 cases in the hospital of St. Louis, at Paris, more than half had consumptive parents. All the patients in the hospital at St. Louis who died of the various forms of scrofula, had tubercles in the lungs. They often recover from the other forms of scrofula, and then die of phthisis; and for this reason the most experienced medical men are very cautious in their mode of curing local scrofulous affections, for fear of metastasis to the lungs. They always endeavor to do it upon an alternative— i.e., a constitutional principle; so that the cure may be the effect of an improved constitution, and the improved constitution the effect of the treatment.

7. Persons who are scrofulous in youth sometimes become strong after puberty; but the taint remains, and the children are scrofulous.—The parents try to conceal the scrofula of their youth, which makes it difficult for the physician to trace the constitution of the child.

8. Persons who do not appear to be scrofulous themselves, but whose brothers or sisters are so, have scrofulous children. The family taint seems to pass through them to the children.

We shall now endeavor to point out certain causes which seem to originate scrofula, or the scrofulous constitution, or poison, independent of hereditary taint.

Cause 1. The first cause is syphilis; which, in many cases, is obvious; and in others, when the parents conceal it, it can only be inferred. If a parent has had both syphilis and scrofula, the poison is doubled. The eruptions, ophthalmia, ulcerations, and caries, of the two diseases, are often very similar; but, as syphilis is cured by mercury, and scrofula not, the result of treatment is a sure test of the nature of the disease. Syphilis is accidental, contagious, and curable. Scrofula is constitutional, not contagious, and incurable, or, at least, difficult of cure. Scrofula always existed. Syphilis did not exist in Europe till about A.D. 1500. The disease derived from syphilitic parents is not primary but secondary syphilis, syphilitic cachexia, or scrofula. Spain has been overrun by this disease subsequent to the introduction of syphilis. The antiphlogistic treatment of syphilis, instead of the mercurial, is a cause of scrofula, because the cure has not been radical.

Cause 2. The second originating cause of scrofula is the excessive abuse and indulgence of the sexual instinct. One instance will illustrate the principle:—All the children of a family had scrofulous affections: haemoptysis, ophthalmia, pulmonary tubercles, worms. One little girl had abscess in the left sub-maxillary region, was of pallid complexion, with large
Scrofula—its causes.

mouth and decayed teeth. The chief cause appeared to be the early sexual dissipation of the father. Cases like this, as well as those which are of syphilitic origin, illustrate the remarkable and forcible expression of Job, (c. 20, v. 11) “his bones are full of the sin of his youth.” This is one of the many ways in which wealth may prove a curse. Wealth is power, and the first tendency of power is to abuse itself, in all the modifications of which that power is susceptible.

Cause 3. A third originating cause of scrofula is premature indulgence of the sexual instinct, and premature marriage. If the offspring are to be healthy, strong, and vigorous, no man ought to marry before the age of 25. The secretion of the seminal fluid, like all other parts, is and must be subject to laws which decide its health and vigor. The secretion should not be too rapid or frequent, and it should also be spontaneous, i.e., the natural effect of a healthy organism, and not of a mere mental action or effort of imagination.

Cause 4. A fourth originating cause of scrofula is marriage too late in life. The debility produced by early sensuality may be in some measure remedied by moderation, restraint, and time, by change of mind, thought, imagination, desire, and intellectual occupation. But the debility produced by old age can never be remedied. The generative faculty is said to begin to decline about the age of 45, which may be called its culminating point. It then begins to decay slowly at first, and more rapidly afterwards. Those who marry late in life may have one or two children strong, but every child is weaker than the preceding ones, and the youngest are the weakest. The old man’s child has become a proverb for visible debility stamped upon its physiognomy. Many of them die at birth. Some are precocious in childhood, and then suddenly fade, and become effete and stunted, like the withering and dropping off of fresh fruit in autumn;—they are born out of season. The period of weak fecundity in woman commences about forty. After this time pregnancy is often a delusion, or there is imperfect conception and miscarriage, or the child perishes at birth, or, if reared it is delicate and scrofulous.

Cause 5. A fifth originating cause of scrofula is disproportionate age and unequal vigour. When the father is younger than the mother, it may be a cause of scrofula.

Cause 6. A sixth originating cause of scrofula is paralysis, epilepsy, lunacy, and other diseases of the brain.
On Treatment of Ganglion. By Bransby Cooper, Esq., F. R. S.
(Med. Gaz., in Braithwaite.)

[After alluding to the usual plan of giving a ganglion a sharp blow with the back of a book, and to the fact that the walls of the cyst are sometimes too dense to be ruptured without employing a dangerous degree of force, Mr. Cooper, says,]

I think it a better plan to pass a couching needle beneath the skin, introducing it at some distance from the ganglion, and after puncturing the sac in several places, to press the synovial fluid into the cellular tissue; pressure must be applied to the part, and a splint then adjusted, to insure perfect quiescence of the wrist-joint. The smaller description of ganglia which sometimes occur on the palmar surface of the hand, at the extremity of the metacarpal bone, cannot be subjected to similar treatment to that just detailed, but must be punctured directly; the small quantity of synovia they contain being expressed from the opening.

In certain situations in the body it is extremely difficult to form a diagnosis of bursae mucose; they are sometimes so hard as to be mistaken for small exostoses; and, by the enlargement of the bursa, between the latissimus dorsi muscle and the inferior angle of the scapula, a tumor may be formed, which might be readily mistaken for chronic abscess, steatoma, or even malignant disease; but a surgeon conversant with the character of ganglia in their natural state, would soon discover the real cause of the swelling.

On the feet, and more particularly on the inner side of the root of the great toe, an adventitious bursa, termed a bunion, is very frequently formed; it is produced by, tight and ill-made shoes, which force the great toe into an unnatural position, out of the line of the axis of its metatarsal bone, and under the other toes, in such a manner that the bone of the first phalanx presses forcibly on the capsular ligament of the joint, and induces the inflammation and acute pain inseparable from this distortion. Unless the deformity be remedied, the continual pressure of the bone tends to increase the inflammatory action, and ulceration would be the ultimate result, were it not for the compensating provision of nature, which leads to the formation of a ganglion between the capsular ligament and the skin. If, however the pressure be still continued, it may induce inflammation of the adventitious bursa, and an inflamed bunion is the consequence; this so completely cripples the sufferer, and the pain is so excessive, that surgical aid is here usually sought, although, however, various mechanical contrivances have been proposed, and also many different kinds of plasters, the objects of all being to remove the pressure which has been the original cause of
the disease. No treatment can prove successful, unless the
great toe be restored to its natural relative position parallel with
the others, and the most simple and effectual means of effecting
this, is the one adopted by my colleague, Mr. Key; he recom-
mends that the stocking of the patient should be furnished with
a division or compartment, resembling the finger of a glove, to
receive the affected toe, a similar compartment being also con-
structed in the inside of the shoe; into these the toe passes, and
is preserved in a direction parallel to that of the others; but it
may be necessary before resorting to the use of this contrivance
to subdue the local inflammation by the application of leeches,
blisters, or evaporating lotions.

A ganglion on the dorsum of the foot or instep, sometimes
produces even a more serious form of the disease than the
bunion. It may cause contraction of the extensor tendons of
the small toes, permanently extending the latter, so that the
whole of the weight of the body falls during progression upon
the first phalanges, in which situation ganglia are found pre-
cisely similar to that just described as occurring at the point
of the great toe. If these become indurated by neglect or con-
tinual pressure, so that the effused contents cannot be let out
by puncture, the only alternative left to the surgeon is to divide
the implicated tendon or tendons, so as to relieve the permanent
extension of the phalanges, and to restore the toes to their
natural position. I have known exfoliations of the phalanx
to occur as the result of this affection, but immediately upon
the removal of the exfoliating bone, the deep ulcer which had
been produced in the sole of the foot, healed, and the patient at
once recovered.

Enlarged Prostate Gland. (Dublin Quarterly Journ.)

Dr. Mayne presented a recent specimen of diseased prostate
gland, taken from the body of a man aged 72, who lately died
of dysentery in the Hospital of the South Union. The prosta-
tic disease, under which he had laboured for a considerable
period, was attended by the ordinary symptoms, but towards
the close of the case it was marked by the occurrence of some
uncommon circumstances, which induced Dr. Mayne to lay the
specimen before the Society. This patient frequently suffered
retention of urine, occurring at intervals of three or four weeks,
easily relieved by the catheter, and again brought on by expo-
sure to cold, by any irregularity of habits, and very often by
permitting the bladder to become too much distended; he was
in the habit of occasionally absenting himself from the work-
house on leave, and was always observed to return suffering
from retention. In June last he had gone out, as previously, on leave; he was absent much longer than usual, but when he returned he was not suffering from retention. This excited some curiosity, and being questioned, he acknowledged that, immediately after he had gone out, he was attacked by the complaint, and, not wishing to return so soon, he had applied to a medical practitioner, who proceeded to relieve him by introducing a catheter. This he described to have been effected with great difficulty; that blood flowed away before the urine began to be discharged, and that he was directed to retain the instrument in the bladder for some days. The result was that from that period to his death, an interval of about seven months, he had no return of the complaint. So pleased was he with this, that he used to contrast very unfavourably the medical practice of the hospital with that of the surgeon, by whom he said he had been perfectly cured at once.

Upon examination after death the prostate was found enlarged in all its lobes; the third lobe projected from behind forwards, and a false passage had been effected through it, which had become established as a new portion of the canal for the passage of the urine, which had continued to be discharged by it.

Dr. Mayne observed that Sir B. Brodie had advised the use of force in passing the instrument in cases of this kind. He says, "When your efforts to introduce the catheter have been unavailing, when you feel the point pressing against the tumour of the prostate, and unable to pass over it, apply some force to the instrument at the same time that you depress the handle. It will generally penetrate through the prostate, enter the bladder by an artificial opening, and relieve the patient, and, of course, continue to relieve him, if you allow it to remain in the bladder."

Dr. Mayne observed, that the result of the case he had laid before the Society, whether the practice was designed or accidental, confirmed (as far as one case could) the propriety of the advice given by Sir B. Brodie.—January 23, 1847.

PART III.

Monthly Periscope.

Fasting for forty-three Days and five Hours.—The following remarkable case is furnished in a letter to the Editor, from Dr. W. V. M. Edmondson, dated East New Market, Md., Dec. 2, 1848.

"A gentleman in this vicinity—John Stevens, of Luke—died on the 25th of October, aged 85 years and 3 days; having eschewed all nourishment (except air and water) for the preceding 43 days and 5.
hours. His bowels were moved, for the first twenty days, once; the next fifteen days, twice; the remaining eight days, three times. He was indisposed some ten days prior to the period referred to. He was sensible to the last, and died without a struggle. Habits industrious, frugal, and temperate."—[Boston Med. and Surg. Journal.]

Unsuccessful attempt at Poisoning with Pounded Glass.—We make the following extract of a letter from our intelligent correspondent, W. K. Bowling, M. D., of Adairville, in this State, dated October 15, 1848.

"Mrs. C., of this village, in her attentions to her child, about nine months of age, after a discharge from its bowels, discovered some particles of glass adhering to its nates. Becoming alarmed she sent for my partner, Dr. Poor, who, upon his arrival, had the feces washed, and procured more than a tea spoonful of powdered glass. He gave the child a dose of castor oil, and superintended in person the washing of the discharges as long as any glass was found in them, and procured by weight eighty grains! The glass had been irregularly powdered, and exhibited fragments of every size from a grain of wheat to the finest sand. The child showed not the slightest indisposition, and remains perfectly well up to the present time, (five days) since the last glass was discovered in its discharges.

"I have thought this case worthy of preservation for two reasons:—1st. Because physicians rarely have an opportunity of witnessing the effect of pulverized glass upon the gastro-intestinal mucous membrane of man. 2d. Because the case appears to demonstrate that this substance does not exercise any deleterious influence."—[Western Jour. of Medicine and Surgery.]

Contrast of the Symptoms produced by Prussic Acid and Opium.

**Prussic Acid.**
The symptoms begin immediately or they may be delayed only a few minutes.

Hence coma is speedily induced, and is seldom delayed beyond two minutes.

Convulsions occasionally.

Pupil usually dilated.

Respiration varies.

Pulse imperceptible.

Little if any tendency to vomiting.

Terminates within an hour.

**Opium.**
The symptoms do not begin immediately, there being an interval of ten, fifteen, or thirty minutes.

Hence coma comes on gradually, and is seldom seen until after the lapse of a quarter of an hour.

Convulsions rarely.

Pupil most frequently contracted.

Breaths slowly and almost imperceptibly.

Pulse full, slow, rarely frequent.

Greater tendency to vomiting.

Terminates within 6 or 12 hours.

[British American Med. Journal.]

Nitrate of Silver in Mercurial Ptyalism.—Numerous have been the remedies proposed in severe salivation, but none of them is so effectual as we could wish. The nitrate of silver is now advocated as
a powerful curative agent in the mercurial ptyalism, by M. Bouchacourt, in the Journal de Médecine de Lyon. He narrates a case in which almost all the known agents had been vainly resorted to, but upon the use of a solution of the nitrate of silver, rapid recovery took place. The solution was made of the strength of one part of the salt to sixty of water, and was applied to the mouth and tongue by means of a staff covered with lint. Its application caused at first some pain, particularly where there were aphthous patches, but in a few minutes great relief was experienced, and the patient was able to sleep—the refreshment of which he had been robbed for four nights. For the two or three following days the lotion was applied twice daily, and about the fourth day all inflammation had subsided.—[London Lancet.

Case of Separation of the Stomach from the Oesophagus. By Thos. M. Flint, Student of Medicine in the Jefferson Medical College. (Communicated by Prof. Dunglison.) Prof. Dunglison: Dear Sir,—By your request I furnish you the particulars of the case in which softening of the stomach was found to have occurred. The attending physician, who is a respectable graduate of this school, has given me the following statement of facts: "The patient was a male child, aged seven years; sick about three weeks; symptoms of worms were prominent—one was passed; cerebral symptoms followed, which terminated in death. Coma and unconsciousness were prominent symptoms for ten days previous to death. When roused from this state, he would eat a small quantity of gruel. He was treated for worms and cerebral symptoms.

On the 4th inst., thirty-six hours after death, I opened the body in the presence of the attending physician and a member of this class. We carefully examined the intestines, beginning at the rectum and tracing the tube up to the connection of the duodenum with the stomach, without meeting with a worm of any kind; but noticed marked inflammation of the small intestines. We next directed our attention to the stomach itself, which, to our surprise, was found to be severed from its connection with the oesophagus, and its contents, a dark-brownish mucilaginous-like fluid, poured out into the cavity of the abdomen to the left of the spinal column. We were not prepared to meet with a lesion of this character, and could account for it only by the action of the gastric acids producing remollissement of this organ after death. In this opinion we were confirmed by the appearance of the liver; for beside evident marks of acute inflammation the inferior edge of the left lobe, which had been in contact with the gastric fluid, was corroded and corrugated.

That you may have the opportunity of examining the case, I herewith deliver to you the stomach and liver taken from the patient at the post-mortem. Respectfully yours, THOMAS M. FLINT.


The Treatment of Onychia.—Onychia forms about the root of the nail, detaches the nail from its living connexions, but still the parts are not
robbed of the power of keeping up its growth. This is a most painful state of things; and in the usual method of treating the complaint, a most torturing operation is resorted to, that of cutting or tearing off the portion of the nail. All this pain the patient may be saved, by first getting the fingers as quiet as possible, by soothing measures; when this is done, to insinuate a shred of lint, by means of a probe, hammered flat, so as to pass this small portion as far as it can go between the sore structure and the surface of the nail; and if this piece of lint be moistened with a weak solution of nitrate of silver, the beneficial effect will be apparent in twenty-four hours. The sores will heal quickly, and the pain will be subdued. The simple lint should be kept insinuated for some time, even after the sore is healed. The nail will grow to its usual length, and the hollow sore will be filled up before long.—[Vincent's Surgical Operations, in Ranking.

**Enormous Abdominal Tumor.**—A man died recently at Oswego, from whose abdomen was taken, after death, a tumor which weighed 114½ pounds. The patient, a man of rather intemperate habit, received from some cause, a strain about two years since. Soon after, his abdomen began to increase in size, until it measured, six feet eleven inches in circumference. It was supposed to be encysted dropsy, but upon examination was found, we should judge by the description, to be of that variety of carcinoma, known as colloid.


**Perforation of the Skull with an Iron Bolt.**—Newspapers have been circulating the story of a shocking accident which occurred at Caven-dish, Vt., where an iron bar, one inch and a quarter in diameter, and nearly 3 feet long, was actually driven through a man's skull, and passed off many rods beyond. Strange as it may appear, the facts, as related, are true. The man is living, and walks about the house. All the particulars of the case are preparing for publication in this Journal, by Dr. Harlow, the attending surgeon, who writes, under date of Nov. 20th, “The notes of my case of injury of the head will be ready in a few days. A sinus under the frontalis muscle is now nearly healed.”—[Boston Med. and Surg. Journ.

**Gutta Percha as a Splint in Club Foot.**—Mr. Lyon mentions the successful application of this article used as follows in the treatment of club foot.

"After dividing the tendo-Achillis, a procedure not always required, the limb is wrapped in a bandage of gutta percha, of the thickness of a penny piece; softened with hot water, the bandage is applied as is customary with the common roller. The limb being thus encased in gutta percha while it is still soft, it is restored to its proper form, and held for a few minutes until the bandage become perfectly hard, when the foot is retained in the required position."—[London Lancet.

**Prediction of the Anaesthetic Condition during Delivery**—by the late
Dr. Rush.—“I have expressed a hope in another place, (Medical Repository, vol. iv.), that a medicine would be discovered that would suspend sensibility altogether, and leave irritability, or the powers of motion, unimpaired, and thereby destroy labour-pains altogether. I was encouraged to cherish this hope, by having known delivery to take place, in one instance, during a paroxysm of epilepsy, and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness, nor recollection of pain.”—[Dr. Channing, of Boston,]

On the Treatment of Psoriasis, &c. By Dr. Romberg, Berlin.—In psoriasis inveterata, Dr. Romberg found the aqua picea, or aqua picea liquide, to effect a cure when all other means failed. The aqua picea was prepared by pouring a quart of cold water over a pound of pitch, and leaving it to stand for twenty-four hours in a cool place, and a “beer-glass” (about four ounces!) of the water filtered through paper, is to be taken every morning fasting, and the parts affected to be bathed with it twice or three times a day. Its use may be continued for months, the only apparent effect resulting being slight diuresis. [This is an old English remedy, and has been used in ichthyosis.] [British and Foreign Rev. Braithwaite’s Retrospe.

Cholera in England.—The total number of cases of cholera already reported from its first appearance, has now reached 1039, of which 533 have proved fatal, and 331 are still under treatment. During the last week, the number of deaths reported in the metropolitan districts was 62; and we think, judging from the daily reports at present, that the number this week will range about 60, although the daily returns since Monday show a decided improvement. On Monday the metropolitan cases amounted to 18, but on Tuesday they declined to 6, one of which was fatal; and on Wednesday, to 4, but three of which were fatal. The improved state of the weather may have conducted to this result. From the Provinces, the daily returns appear without any cases reported. In Edinburgh, the malady still prevails to some extent,—the new cases are scarcely ever under twenty daily; the deaths are from five to ten daily. The official returns of the Registrar-General, for the week ending the 11th inst., only show an excess of eleven above the average weekly returns of the preceding five years within the bills of mortality. (The above is abridged from the latest accounts in the English papers.)—[Boston Med. and Surg. Journ.

Larve of Flies ejected from the Stomach. Mr. Editor,—The two creatures enclosed in this little box were thrown from a man’s stomach, four weeks since, in the act of vomiting. The man is represented to be of “middle age,” of a hardy, robust constitution, and in his ordinary health. Although not an intemperate man, in the usual acceptation of the term, yet he occasionally drank a little spirit, and it was “immediately after drinking a tumbler of hot gin sling,” that he was taken with nausea and vomiting, and threw up these animals, if
animals they be. They have been kept during the four weeks in a dry pill-box made of pasteboard, and yet one of them is still alive and kicking. I have transferred them to another box, and protected them with a lock of moist cotton to secure them from harm on their way to Boston. They were presented me by Dr. Grant, of Ossipee, a member of our Legislature now in session in this town, who will be pleased to answer any inquiries respecting the case. If the little one should be as active when you obtain him as he is now, I think you will consider him, as I certainly do, a queer fish to be derived from such a source.

Very respectfully,

Tho. Chadbourne.

Concord, N. H., Dec. 4th, 1848.

Immediately on the receipt of the box containing the larvae, one of which was alive, we called on Augustus A. Gould, M. D., the distinguised entomologist, for his opinion in regard to them—and he has kindly sent us the following note.—Ed.

Dear Sir,—The animals you left with me are larvae of a large fly (syrphus ?), which live in the water. They are familiary called rattailed worms. The rings of the tail are constructed to push out, like the joints of a telescope, so as to reach the surface of the water, and thus accommodate themselves to different depths. Through this tube they draw in air, and the end is protected by a circlet of hairs to prevent foreign substances from entering the tube.

Respectfully,

Augustus A. Gould.

Boston, Dec. 6th, 1848.

Wonderful Effects of “Calcarea Carbonica” Homœopathically used.

“A young lad, aged fifteen, extremely psoric, had remained exceedingly small and thin; his limbs were very slight, and his head too large for the rest of his body. He suffered from violent headaches when making any mental exertion; in his childhood he had suffered from feebleness of the limbs; he was very timid, especially at night; he could not bear to be left alone in the dark. Two doses of Calcarea at forty five day’s interval, after one dose of Sulphur, brought about such a favorable change in his constitution, that, in six months, his height, which had hitherto increased only from six to eight lines per annum, gained four inches; his limbs, the hands and feet in particular, had become large and strong, like those of a young man who would grow to the ordinary height.”

A smart boy, that, and up to—chalk! Only think of it. The next case by the same writer, is one of cyanosis in a girl seven years old, who “presented all the appearance of abnormal permeability of the ductus arteriosus.” * * “A globule of the 30th dilution of calcarea effected a radical cure in six weeks, probably by restoring the abnormal part to its proper state!!” Think of it again. Infinitely less than the ten thousand millionth part of the duodecillionth of a grain of chalk, will make a boy grow four inches in six months, or close up an open ductus arteriosus in six weeks!! The good book asks us in a very positive way “who by taking thought, can add one cubit to his stature?” Answer: We can’t by taking thought, but we can by taking chalk and brimstone!
Reader of ours, do not imagine that we have taken the above cases from the renowned works of the famous Baron Munchausen, or the true histories of Lemuel Gulliver, Esq.; they are truly quoted from an address by the learned Dr. Croserio, before the Société Hahnemannienne, in the Sept. No. of the American Journal of Homoeopathy, published in New-York City. The same astute philosopher, in closing his address, gives a last advice, (we should suppose he couldn't long survive it!) "to exercise prudence in its administration," for, says he, "this remedy (calcarea carbonica,) is one of the most energetic, and in spite of its peculiar adaptation to infantile diseases, we should be very circumspect in our doses, especially at that period of life and in old age, for even at the end of six weeks it often produces very violent primitive symptoms, which might be attended with danger, if the doses given were too strong." Further on he says, "with respect to the duration of the action of calcarea, it is very long. When it is very homœopathic we may look for salutary effects for six weeks and longer!"

Gentle reader, if you have rickets, scrofula, lupus, neuralgia, chorea, headache, cyanosis, "big head" or any other of the numerous affections for which calcarea is homœopathically administered, take a globule of the 30th dilution, and if six weeks afterward, you have a troublesome borborygmus, a twinge of the toothache, or a "crick in the back," go and make your 'davít that the chalk did it, and you will contribute to that great mass of evidence upon which homœopathy, as a system is built. For ourselves, we can't understand how any man in his senses can swallow and believe such nonsense. It strikes us, that some, at least, of the converts to and advocates of, this system of moonshine would be much benefitted by some "very homœopathic" article, which would produce what an old quack in Springfield declares he can cure—"information on the brain!"—(Ohio Med. Journ.

[Pass his name round—let it be honored now, as it certainly will be by posterity.—Edit. S. M. & S. J.]

Starling Medical College.—Lynd Starling, Esq., of Columbus, Ohio, has added to his donation of $30,000 to the Medical Institution bearing his name, an additional sum of $5000. A college edifice, including a small hospital with thirty beds, is to be commenced next spring. The generous donor deserves to be canonized in the calender of medical saints, for we suspect such a munificent endowment of a medical College by a single individual, is without a precedent in this country.

[Buffalo Medical Journal.

Fees from Clergymen.—At a recent meeting of the State Medical Society of Connecticut, a resolution was introduced by a member, to the effect that the present practice of prescribing gratuitously for clergymen and their families, ought to be abandoned. This resolution has given rise to considerable discussion. Several communications have appeared in the Boston Med. and Surg. Journal, pro and con, and the editor of the N. Y. Annalist enters quite heartily into the subject.
The ground taken by those who are in favor of exacting fees from clergymen as well as others, is, mainly, that there is no good reason why we should not, and especially that the clerical profession do more to uphold and extend quackery in its various forms, than any other equal number of men.

Clergymen, it is contended, are generally no subjects for charity. They are comfortably supported, and receive, like others, their hire; some of them are wealthy. They are not, as a body, like them of old; they have both “purse and scrip,” and many of them are “clothed in purple and fine linen and fare sumptuously every day.” Their poor parishioners who receive, perhaps, but their twelve or twenty dollars per month, are compelled to pay to the uttermost farthing; why should not the clergyman? Again, it is said, that the clergy sustain and extend quackery, and constantly step out of their own sphere to meddle with that which does not directly concern them, and of which they are profoundly ignorant. One can scarcely take up a newspaper that does not see the names of numbers of Reverend gentlemen, affixed to certificates attesting to the most ridiculous and impossible absurdities, and recommending, in the most extravagant terms, medicines, the very composition of which, they do not know, and the nature and effects of which, they would not understand if they did. They, moreover, are frequently intermeddled with the regular profession, recommending this man because he is a member of their particular church, and decrying that, because he belongs to another; and they are, besides, the most active and influential advocates of homoeopathy, homeopathy, eclecticism and other forms of quackery.

The above, we remark, contains the strongest part of the objections urged against further gratuitous service. Without stating formally the other side of the question, we shall, in as few words as possible, give our own views on this subject. We regard it as one of some importance, the discussion of which may do good.

We have a high respect for the clerical profession. Their mission is the most important that can be conceived. Compared with it all the professions, businesses, and pursuits of life sink into absolute nothingness. They are dignified by their calling—the greatest, the best man in the universe cannot dignify. On this account they are to be respected; but the very sanctity of their profession turns the eyes of all men upon them. They are men nevertheless, and subject to like passions and infirmities with us. They are obnoxious to mistakes and errors like us, and some of them are no better informed, even in what relates to their own calling, than they should be. There are exceptions to all general rules, but, taken as a whole, the clergy of the United States are an educated, refined, and able set of men. As a body, they are not guilty of the charges preferred against them. Many ignorant or superficial ones (those who are varnished over with a thin scum of universal knowledge, we mean,) there are, and these are they, for the most part, whose names are found in the lying advertisements of the newspapers. We will go farther. There are some denominations very nearly or entirely free from the sin laid to their
charge. No well-educated, faithful, pious, conscientious clergyman, who has a proper respect for his profession and himself, and we have many such, will ever, under any circumstances, lend himself to the propagation of error and falsehood, in the way spoken of. The vast majority of clergymen appreciate as it deserves, the medical profession, and are found everywhere, its considerate and consistent supporters. The whole body should not be made to suffer for the delinquencies of a few. Our own skirts are not entirely clear. Recreant M. D.'s, who love gold better than honesty or honor, as well as Reverends, appear appended to newspaper puffs, and gaseous advertisements. We spurn them both alike. We discriminate in the one case, why not in the other?

As a profession, then, we acquit the clergy of any attempt or desire to depreciate or injure in any way, the legitimate science of medicine. So far as this charge is concerned, we would have every physician to act for himself. Wherever and whenever a clergyman is found encouraging, in any way, quackery in our profession, let him be marked. If he consorts with quacks, to their tender mercies consign him; and if any professional services are rendered, charge to the extent of the law, and collect the fees.

But how is it in reference to the pecuniary ability of clergymen? In the large cities they often receive liberal salaries, besides numerous perquisites, but it is perfectly notorious that the great majority throughout the country are miserably remunerated for their services. No class of men, of equal attainments, are anything like as poorly paid. We verily believe that, if all the salaries were averaged, the resulting sum would not be over $500 per annum. Out of this pittance, families are to be supported, and old age provided for. An equal amount of talent and learning devoted to almost any other pursuit, would secure a competence, and the very fact that a young man is willing to forego his earthly prospects, and embrace a life of self-denial, if not of actual privation, is "confirmation strong as holy writ," of the purity of his motives—we had almost said, of the depth of his piety. Clergymen are almost universally poor. Now and then one has inherited a patrimony, or married a rich wife, but the exceptions only prove the rule.

We think, in view of the whole subject, which we have, however, barely glanced at, that the following is the proper course to be pursued. When a clergymen is wealthy, or has an income, independent of his salary he should pay his physician's as well as his grocer's bill. In all other cases, with the exceptions mentioned before, which should be absolute, we hope the practice of the profession will be as it has heretofore been, and that clergymen and their families will receive, as a general rule, without fee, the best services we can render.—[Ohio Med. and Surg. Journal. (Well said and true.—Edtr. S. M. & S. Jour.)

The Eclectic Practitioners, or the so-called Practical Men.—There are medical men in high positions, greatly occupied with numerous patients, who from a want of study, of intelligence, or of time, from
a natural indolence, or from being too old to master recent important improvements, affect a supreme disdain for everything that concerns doctrine or generalization, either physiological or philosophical. They call themselves practical men, and speak ironically of theorists—men of science or of the closet, such who labor most for the advancement of medical science, and whose knowledge crushes and confounds them. These so-called practical men are those who have no doctrine and no general principles, who gather together ready made formulate and isolated cases, without any kind of scientific discernment. The only medicine they study is that contained in small books of prescriptions, published in 18mo. or 24mo., which they carry in their pockets, and know by heart. We have frequently had occasion to remark that a practical man, that is, a man who boasts of knowing nothing of scientific medicine, is a medical machine inferior intellectually to a master-mason, a locksmith, or a cabinet-maker, for these have principles and a sort of doctrine which they apply in their business. They were appreciated in like manner by a learned individual whose authority no one could doubt, and who said,—"The true eclectic works without conviction, without principle, without idea. He is continually enlarging his circle, in order to enclose within it facts of the most contradictory nature—they sacrifice in a sort to every god, and create a kind of scientific pantheism, not less fatal to true science than pantheism, properly so-called, is to true religion."—[Prof. Crweilhier's Address to the Anatomical Society, 1845.

Headache caused by Inflammation of the Frontal Sinuses.—M. Mombert was accidentally led to the appreciation of this cause of headache by the observation of a friend who was attacked with violent frontal headache, which lasted the whole day and departed towards night, again to recur with equal severity in the morning. Several physicians had prescribed for the patient without advantage. One morning, in the excess of his pain, he rubbed his forehead so violently with a clothes-brush that he completely took the skin off, leaving a sore, which remained for some time. From this period the headache entirely subsided. Instructed by the case, M. Mombert treated a patient laboring under similar symptoms by applying a blister over the frontal sinuses; the result was equally fortunate.—[Viertel Järeschrift für die Practisch. Hilkunde.—Ranking's Abstract.

Prescription for Whooping Cough.—Dr. McMurray, in the St. Louis Med. and Surg. Journal, for April, has found the following of great service in the treatment of this distressing affection after healthy secretions of the bowels have been obtained by the use of calomel, ipecac, and rhubarb.

R. Hydriodate Potassa, . . . . gr. vj.
Mucil. Acacia, . . . . 3vj.
Syrup Senega, . . . . 3j.
Tinct. Lobelia, . . . . 3j. M.

Dose, a tea-spoonful four times per day to a child two years old.

[New York Jour. of Med.
Prescription for Nausea and Vomiting of Yellow Fever.—"For the nausea and vomiting attendant upon the disease, an ethereal tincture of kreosote was almost invariably beneficial. By it I arrested the black vomit itself and procured recovery. The prescription usually employed was, Kreosote, . . . gtt. xx.
Eth. Sulph., . . . 3f.
Spts. Lavend. Comp., 3f. M.

A tea-spoonful every fifteen minutes until the nausea and vomiting ceased."—[Dr. Mitchell, U. S. N., in Med. Examiner.

MEDICAL INTELLIGENCE.

THE SOUTHERN MEDICAL AND SURGICAL JOURNAL—Shall it be continued or not? In entering upon the fifth of the new series of the Southern Medical and Surgical Journal, it will in all probability prove its last volume. The present patronage does not support it. With every effort to discharge our whole duty as Editor, and after every appeal on the part of the Publisher, only three hundred subscribers have paid for the Journal for the year 1848. This too with payments demanded in advance. If this be the result of the cash system, what would have been the result of the credit? The publisher, therefore, distinctly declares, he cannot continue the publication of the work at a positive pecuniary loss to himself. The editor never has asked, never expected, and has never received one cent from the subscription, for his labour in conducting the Journal. He speaks thus plainly on the subject because the occasion demands it, and experience has taught him to be candid. For the last (third) volume of the old series, one-half of the actual cost of publication had to be paid by the editor, viz., $900.00.

In paying the subscription to the work for the first year, many have acted upon the principle they have no further payment to make—forgetting entirely that each Vol. requires to be paid for. It will take double the present number of subscribers, to carry on the Journal successfully and profitably. This we have no reason to believe will be obtained, and we now announce, early in the fifth volume, the great probability of the discontinuance of the Journal after the present year, 1849. The profession of the South and West have now these facts before them, and they must say whether the oldest, the most prompt, and the only monthly medical publication in this region, is to be sustained or not.

In the meantime we hope to continue our labours uninterruptedly through the fifth volume.

Death of a child in Utero, by Lightning—the mother escaping.—Our valuable contributor to the Journal, Dr. J. A. Mayes, of Bradleyville, So. Ca., writes to us, under date Dec. 6th: "Looking over the pages of the December No., I noticed an account of several persons struck with lightning, the reading of which brought to my recollection the following case. A negro woman, about 30 years of age, in good health, and eight months advanced in pregnancy, was overtaken by a thunder storm in the month of August, 1848. For protection against the rain and wind, she leaned against a pine tree, but had scarcely done so, before the tree was struck by lightning. The shoulders, front of the chest and abdomen,
were severely burned, but the brain was, in no respect, injured. From that time, to her delivery, which was three weeks afterwards, she complained of being very unwell. The child was dead, and appearances indicated that it had been so from the time the mother received the stroke of lightning. The woman recovered rapidly. This, then, is a case of a child in utero being killed by lightning, whilst the mother escaped."

Letter from Dr. MEALS on the Use of Quick-Silver.

MARIETTA, GA., NOV. 1st, 1848.

Dear Doctor—A friend, who expressed much gratification after reading my article on the uses of Crude Mercury, has just placed in my hands the October number of the New York Annalist, in which I find an article, from the German, confirming to a considerable extent, my views on the applicability of Quicksilver to diseases of the bowels. My reasons for sending it to you are,—first, that you do not, I believe, exchange with this Journal, and would most probably not see it; secondly, that testimony thus adduced from sections so remote, might have the effect of inducing physicians in this country to at least give the remedy a trial; and, thirdly, from my extraordinary success in its administration, I cannot but feel anxious that it should occupy that high position in the catalogue of remedies, to which I think it so justly entitled.

Very truly, yours, &c.,

HENRY H. MEALS.

Metallic Quicksilver in Ileus and Obstructed Bowels.—Several cases of the utility of quicksilver in ileus have been recently published in the German Journals. Dr. Schubert relates one of a man to whom every internal and external medicine had been given, until the incessant vomiting obliged the abandonment of all of the former. The constipation was most obstinate, and the abdomen much distended, but there were no signs of inflammation. The patient seemed at the last extremity, when Dr. Schubert remembering two similar cases had been so treated with success, ordered him 4 oz. of quicksilver every half hour. His death seeming inevitable, only two doses were given; but after two hours he had stools, and soon recovered.

Dr. Lowenhardt refers to a work published by him in 1838, in which he sets forth the advantages derivable from the substance, and in the paper before us details additional cases in illustration. The cases now added are those of volvulus, internal incarceration, spastic ileus; inflammatory ileus, after the inflammatory symptoms are removed; incarceration persisting after the operation for hernia, probably from the agglutination of the parieties of the canal by exuded mucus; and especially very obstinate vomiting. All the cases he adds were not cures, and he gives the post-mortem examination of some, from which it appears that the mercury sometimes passes through an intussusception, without removing it.—[Casper's Wochenschrift, No. 9, Medicintache Zeitung, 12 and 13.

The American Medical Association.—How the first volume of its Transactions may be obtained.—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other institutions authorized to appoint delegates, send correct lists of those chosen to attend the next annual meeting, to Dr. HENRY J. BOWDITCH, Boston, on or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

* We have regularly acknowledged the receipt of the Annalist on the cover of every No. of our Journal as issued.—Edt.
Medical Intelligence.—Meteorology.

We take this opportunity to remind the Members of the Association of the resolution adopted in Baltimore, directing that a copy of the Transactions should be sent to each member only as shall have paid the annual assessment for the present year (three dollars). Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association will be furnished copies on the same terms as members (viz., three copies for five dollars) on remitting the amount to the Treasurer.

To other persons the Transactions will be furnished at the rate of two dollars per copy in paper covers, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.—[Medical News.]

Obituary.—Died, in this city, on the 18th Dec. last, Paul F. Eve, Jun., youngest child of the editor of this Journal.

[It was only in our last No. that in recording the death of his son, we expressed our deep sympathy for our friend, the editor of the American Journal of Insanity—little then thinking how soon we were to experience the same heart-rending bereavement. For nearly three years have we been bowed down by domestic affliction.]

METEOROLOGICAL OBSERVATIONS, for November, 1848, at Augusta, Ga. Latitude 33° 27' north—Longitude 4° 32' west Wash. Altitude above tide 52 feet.

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16 Fair days. Quantity of Rain 2 inches 55-100. Wind East of N. and S. 6 days. West of do. do. 20 days.