SOUTHERN

MEDICAL AND SURGICAL JOURNAL.

EDITED BY

PAUL F. EVE, M.D.,
PROFESSOR OF SURGERY IN THE MEDICAL COLLEGE OF GEORGIA,
AND ONE OF THE RECENT VICE-PRESIDENTS OF THE NATIONAL MEDICAL ASSOCIATION.

Medical College of Georgia.

"Je prends le bien où je le trouve."

VOL. V.—1849.—NEW SERIES.

Augusta, Ga.
JAMES MCCAFFERTY,
PRINTER AND PUBLISHER.

1849.
ARTICLE IV.

Observations on Ranula; with Cases, Treatment and Cure.
By James M. Gordon, M. D., of Lawrenceville, Gwinnettc county, Ga.

Did not experience and almost daily observation teach us to the contrary, we should not anticipate in any case of the above named disease the slightest difficulty in its cure. When we reflect with what tardiness and exceeding difficulty wounds within the oral cavity, from the great humidity, together with other causes, are healed, we should be led to suppose that from analogy and reasoning, a priori, that in every case a mere puncture would be sufficient—the continual flow of saliva through the artificial opening thus made acting as an additional cause to prevent re-union or cicatrization. But it is far otherwise. Notwithstanding in perhaps a majority of cases it is sufficient, yet in very many not so, as will be seen in the sequel of this article.

The term Ranula, (from rana,) from its supposed or imaginary resemblance to a frog, or the peculiar croaking sound of the voice in articulating, is used to denote the presence of a tumour in the sublingual or submaxillary regions filled with saliva and viscid mucous generally of a light straw colour. These tumours not unfrequently acquire considerable size—that of a man's fist, or larger—and not only partially and sometimes wholly destroy the power of speech, but offer very material obstruction in the efforts of deglutition and respiration. When
not relieved by a counter-opening, they acquire a volume sufficient to thrust the tongue backwards, and from the compression, to waste a portion of its substance, to remove the teeth from their sockets, &c., and finally burst of themselves, leaving a very troublesome ulcer. The cause of these morbid accumulations is from either a closure or mechanical obstruction of the excretory ducts of the salivary glands, or the orifices of those ducts. The closure of these ducts may take place in the ordinary manner of inflammation and adhesion of their opposite sides. The mechanical obstructions may be either foreign bodies or the morbid secretions of the glands themselves. By far the most common mechanical obstruction is a deposition of calcareous matter, which not unfrequently assumes a hard, stony nature, and in great abundance. The duct of the parotid, from its larger size, rarely becomes closed so as to constitute ranula of that gland. From greater diminutiveness, those of the submaxillary and sublingual, are more often the seat of disease. In cases of long standing, a kind of adventitious cyst, or sac, is formed, which becomes thickened and more resisting in proportion to the duration of the case. The affection is one producing rather a sense of restraint than of pain, except when active inflammation is established, when it becomes acutely painful.

Treatment. — As a matter of course, the indication in the treatment of a case will be, first, to carefully examine and remove any foreign body that may be present. Calcareous deposits being the most common, and frequently in abundance, demand especial attention.

Where the orifices of the ducts have become closed, they should, if possible, be dilated by means of a silver probe or bougie; but as this is generally impracticable, an opening with a lancet in the most prominent part of the tumour should be made, which will not only relieve the immediate exigencies of the case, but frequently effect a radical cure, by a fistulous aperture remaining, through which the saliva is discharged. When a common puncture is found insufficient, from its disposition to close, the indication will be more certainly fulfilled by removing a portion of the cyst, and occasionally touching the
sides of the aperture with caustic, so as to prevent its closing. If the latter proposition should prove unavailing, it has been proposed to pass a seton directly through the tumour, and suffered to remain till a permanent fistulous opening is established. Finally, after the failure of all the above enumerated modes of treatment, it has been proposed to extirpate the sac. But from the nature of the adjacent tissues and the contiguity of numerous large blood-vessels, it is both a difficult and highly dangerous operation, and, as we believe, wholly unnecessary, and does not at the present day receive the sanction of the profession. The plan of treatment which we so successfully resorted to in the protracted and exceedingly difficult case about to be narrated, would obviate, under the most adverse circumstances, the necessity of so formidable an operation. We allude to injecting the sac with the diluted tincture of iodine, after the manner first proposed by Dr. Martin, for the radical cure of hydrocele, and since, so successful in hydarthrus. This experiment we considered ourselves justified in making, after the failure of every other known method of treatment, and as will be seen with complete success.

Case I. J. A. R., a fine healthy boy, seven years of age, was attacked in October, 1843, with what his parents thought a severe cold; his articulation became difficult, as also his breathing and swallowing. Various domestic remedies were administered in order to break the cold, when, contrary to expectation, and notwithstanding the multiplicity of remedies, the symptoms continued to increase in severity. We were requested to see him, and found a considerable tumour projecting from beneath the tongue of the size of a walnut, or larger. Satisfied of the nature of the tumour, we did not hesitate to at once plunge a lancet into it. A considerable quantity of saliva flowed out—the opening never closed, and there has been no return of the disease up to the present time.

Case II. Ruthy, a mulatto woman, now the property of Mr A., æt. 34, of scrofulous diathesis, about three years since discovered a small tumour occupying the sublingual space. It continued to enlarge till it became of sufficient size to occupy
the whole space in the right side of the mouth, and formed a large tumour under the right inferior maxillary bone, in addition to that already formed in the sublingual region. The tongue was thrust backwards and to the left; respiration and deglutition were performed with great difficulty, and the voice nearly entirely lost. She was then placed under the care of Dr. ——, who had charge of the case for nearly two years, who, as he informed us himself, had unsuccessfully exhausted every known method of treatment, and had finally abandoned the case as incurable, only making an opening once a week, or ten days, for the escape of the saliva.

She was sent to our office on the 6th of April last, and presented the following appearances:—A considerable tumour occupying the sublingual, and extending from thence backwards to the submaxillary region and forming a prominence below the inferior maxilla, soft and fluctuating, the size of a duck's egg. There also existed scrofulous ulceration of the throat, together with enlargement of the cervical lymphatics. An opening was made in the most prominent point of the tumour opposite the second bicuspid tooth, and a large quantity of thick, inodorous, straw-coloured fluid discharged. A gum-elastic tent was inserted through the opening into the sac, which, owing to the difficulty of keeping in situ from its contractility, was in a few days removed, and one of oiled silk substituted. She was directed to take, in solution, five, gradually increased to ten, grains of iodide of potassium, three times daily, and to have the throat, externally, painted with tinct. iodine once per day. That course of treatment was faithfully pursued for the space of two months—in the mean time the ulceration healed kindly, and the indurated lymphatics were much improved. The tent was removed and re-inserted as often as deemed necessary, in the hope that a permanent opening would be established, but in vain, forty-eight hours at any time being sufficient for the opening to close after the removal of the tent.

As a dernier resort we were about acting upon a suggestion kindly made by our esteemed friend, Prof. P. F. Eve, to insert into an opening in the sac a common shirt-stud, with a small hole drilled in its centre through which the saliva might escape,
and which was to be perpetually worn by the patient. It occurred to us, however, before resorting to this last expedient, to test the efficacy of iodine injection. The cyst was filled with a fluid composed of tincture iodine, one part; water, four parts; which was retained until considerable pain was experienced, and then discharged. Considerable inflammation followed, and we are happy to say, a total obliteration of the cavity of the sac.

Since that time there has been no return of the disease, and from a state of anaemia and great debility, her system has rallied, and she is now in the enjoyment of perfect health. We deem it not amiss to say, that notwithstanding she is a seamstress, and valuable house-servant, she was purchased by Mr. A. at the exceedingly low price of one hundred dollars, and that now she would command six hundred dollars in any market where she is known.

ARTICLE V.


Fever, in the general acceptation of the word, is that state characterized by heat, thirst, frequency of the pulse, &c., &c.; and is present in a large proportion of diseases. But "the fever," of which this article will treat, is a radical disease, occurring in marshy districts and other unhealthy locations. The name fever was no doubt given to this disease, from the fact, that heat, thirst, &c., or some one of them, constituting fever, was always present; and also that the symptoms of any particular local affection, so far as had then been discovered, were not always present. Hence the term idiopathic was used to distinguish this from fevers arising from acute inflammations, &c., which were called symptomatic. Some among pathologists, however, contended that all fevers were symptomatic. Broussais, as we might say, the father of these, believed that the alimentary canal was the seat of local inflammation in all cases of "the fever;" although symptoms of that state of the organs were far from being always present, as admitted by himself. The idiopathists whose recorded opinions were my text-book in college, six or eight years ago, denied the operation of the
morbific poison on the mucous gastro-enteritic surface; and, in fact, that inflammation is set up in any organ, directly by the miasmatic cause, but merely an irritability of the sanguiniferous and perhaps other systems. Some of these insisted that the capillary system is the seat of irritation, while others refer it to other organs.

Now, it is of little importance, as I conceive, whether we call it idiopathic, or symptomatic, so that we find out the organ primarily affected, and the nature of that affection. "The fever" is a peculiar fever, because it is produced by a peculiar, specific cause,—not that the symptoms, heat, thirst, &c., are different in this disease from what they are in other fevers, but that they are produced by a specific virus acting on a particular organ. The organ or structure primarily affected by the morbific cause, has been the subject of contention for more than two thousand years; and the means which have been mostly relied on to determine this fact, (viz., post-mortem examination,) have led to more error than any thing else. Fortunately for science no particular organ has been found, invariably bearing the marks of inflammation; for even these changes may be articulo-mortem, or post-mortem, and calculated to deceive. That the initial symptoms of fever are those of deranged nervous action, has been admitted by the best pathologists for years. But dissections do not invariably reveal any lesion of the nervous centres. Few, therefore, could believe they were radically diseased. The only reasonable conclusion to which I can arrive, is, that the organ whose functions are always first disturbed, must be the one on which the malaria has its specific action. If the morbific agent affected indiscriminately, whatever structure it came in contact with, the lungs, blood-vessels, &c., would be the first to give indication of disease. But every physician that has watched the symptoms as they rise, in autumnal fevers, knows that cerebro-spinal disturbance is exhibited, conjointly, or the spinal alone, even before any febrile action is set up. The nature of the primary derangement, we can learn sufficiently for all practical purposes from the derangement of its functions. To irritability of the capillaries, and other parts of the circulatory system, as well as other organs of the body, is the direct tendency of the morbid nervous action.
For a complete view of the pathology of intermittent and remittent fever, the reader is referred to Prof. L. D. Ford's excellent article on that subject in the first volume of the Southern Medical and Surgical Journal.

That intermittent fever, arising from the common cause, may, in progress of the disease, assume a different type,—from the subject being situated so as to inhale effluvia arising from putrid vegetable or animal substances, immediately in the vicinity of the sick room, and of a different character from that which induced the fever,—no close observer, in the practice of medicine, will deny. And that this exhalation which is known to alter the character of fever, from remittent to continued or typhoid, will, when of sufficient strength to affect a person in health, produce fever of the latter form, is equally true. These facts being admitted, we must conclude there is a difference in the two forms of fever; either from an altogether different character of the local affection in the same part, or from an extension to a more vital organ. Then, as our only index to the primary local disturbance, is the consecutive symptoms of deranged functions, by the study of them alone can we learn the pathology and treatment of fever. If, as in intermittent and remittent fever, we find paroxysmal pains in the back, limbs, &c., with constriction, &c., of the capillaries, we can but refer the derangement to the nervous centre in proximity to, and supplying those parts with nervous power. But if, as in typhoid fever, we find cerebral disturbance to take the place of the paroxysmal or periodical nature of the affection, there is good reason for ascribing the continued character of the fever to the cerebral derangement.

In typhoid fever, as in some other diseases whose pathology is not very well understood, we learn a good deal by the success or failure of remedies. For instance—in spinal or remittent fever, spinal revulsives and counter-irritants materially benefit the patient; while in cerebral or typhoid fever, refrigerant, counter-irritants, &c., to the head, effect much good. Quinine, the great remedy for fever of a spinal organ, is worse than useless in the continued form of fever; for, if the medicine should have no injurious effect, much time is lost in affording appropriate remedies. It is unfortunately the case, however, that we
cannot, always, distinguish the different forms in their commencement. It may be said, and truly too, that typhoid fever does not always carry with it symptoms of cerebral disturbance—such as delirium, &c. But, it must be recollected, that although the mind may remain undisturbed throughout the whole course of the disease, nevertheless the origin may be in the brain; for the organs of involuntary action are under the influence of portions of the brain, whose functions may be deranged, and yet the cerebrum proper, or that portion in which resides the mental faculties, remain normal.

In the milder forms of fever (intermittent, for instance) the brain is subject to be secondarily, or sympathetically, affected with congestion, &c., in consequence of the deranged functions of other organs of the body: these are removed by contracting the primary disease. Mercury, the great alterative in fever, seems to be applicable to any form; but that it may prove salutory, other appropriate remedies, according to the location of the disease, must not be neglected. As to the nature of the derangement produced in the brain, by the poisonous effluvia, I would say, in conclusion, that this poison has its specific action on the great nervous centre, deranging its functions, without visibly altering its structure. A great many of the active poisons and medicines have a specific action on certain organs or strictures, and will effect no other, though in contact with them. Some of these disorganize the part; others—as the malaria—do not.

**ARTICLE VI.**

A Case of Ruptured Uterus. By J. C. C. Blackburn, M. D., of Knoxville, Ga.

On the 20th of November, I was summoned in great haste to the bed-side of Mrs. W.——, who was represented to be in labor. Upon my arrival, I found her attended by an ignorant midwife, who had, as I learned, been giving her “teas,” &c., for some hours previous to my arrival. She was the mother of five children, and of a good constitution. I found the membranes had given way early in her labor, and the discharge of
the liquor amni had been very considerable. The os uteri had become so much dilated that the head had entered the superior aperture of the pelvis. During the night she was very restless, and would turn constantly from one side of the bed to the other, and expressed herself as fearing a fatal termination of "her labor." To relieve restlessness, I gave her a few drops of tinct. opii., which suspended pain and gave her a few broken slumbers. As soon as the anodyne had spent its influence, her pains returned at short intervals, and with some considerable severity. The labor made gradual progress, and I could detect no difference between it than a common case of tedious labor. By the afternoon of the next day, the head had descended into the concavity of the sacrum, and the condition of the soft parts, and the tranquility of the pulse promised, as I thought, a speedy and happy delivery. All at once the pains subsided, and she exclaimed, "O Doctor, my womb is split, and I shall die!" Her respiration became so difficult that she insisted upon being taken up. She made a few unsuccessful efforts to get up, and constantly insisted that she was dying. Upon applying my hand to the abdomen, I discovered that some part of the child had bursted through the uterus. In the mean time, vomiting, hiccuping, uterine hæmorrhage, cessation of labor-pains, &c., convinced me that death would soon close the agonizing scene. Her respiration became more and more oppressed, and in a few minutes spasms took place, and death bore her swiftly to the spirit world.

This is the first case of ruptured uterus I have ever seen, and pray God it may be the last. Whether it was attributable to violence and want of skill, on the part of the attending "midwife," in introducing her hand, or to the spontaneous contractions of the womb, I know not.

V

ARTICLE VII.

Death from a Foreign Body (a piece of bone) cutting from the Pharynx into the Larynx. By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

On Saturday, 15th of June last, a coloured boy, aged nine years, while taking beef-soup had a piece of bone to stick fast in
the throat. Efforts were immediately made by the family to dislodge it, and these were subsequently directed by two skillful physicians of the village where the accident occurred. The means employed consisted of emetics, the forceps, probang, &c. These attempts having been unsuccessfully renewed the next morning, the little patient was sent with his mother to me, a distance of twenty-five miles. They arrived at my office at 4, P. M.; being about twenty-eight hours after the foreign body was arrested in its passage to the stomach.

At this time, there was considerable hoarseness, besides the difficulty of deglutition. The patient had slept some the previous night, and had also swallowed a little water since the efforts made to relieve him. His mother said the foreign body could be felt by the tip of the finger while the mouth was forcibly opened—at least, so she had been informed by the physicians. There was now no cough, neither had there been at any time. By thrusting the fore and middle fingers deep into the pharynx, the sharp, rough, projecting edge of a piece of bone was reached, but which occasioned an instantaneous and spasmodic action in the muscles of the part, but which excited no cough. The forceps and other instruments were now directed against this foreign substance, and it was supposed to have been seized more than once; but after an hour's persevering endeavour to remove it, the case was abandoned for the present. It was only while the patient was firmly held, and the mouth forcibly opened, (for he was too young to be persuaded to submit quietly,) that these attempts for its extraction could be made.

After these latter efforts, the patient never swallowed, not even iced water, and his respiration became more and more embarrassed. He passed a bad night, and seemed much exhausted the next morning. Indeed, it soon became apparent that without relief he could not long survive. Drs. Newton, H. F. and R. Campbell and Dr. Barry saw the patient at 12, M., and as I was engaged in carrying out our decisions—viz., to make one more attempt to extract the bone, and should that prove, like the others, unsuccessful, then to open the pharynx—he expired. A new pair of forceps had only been directed to the foreign body, when he breathed his last. The larynx was now laid open, and a silver tube introduced into it encountered
something foreign. Tracheotomy was next performed and artificial respiration attempted for half an hour. The heart continued to act, but respiration was not re-established.

Death having thus occurred, the wind-pipe was freely exposed, when a piece of bone was found projecting into the larynx below the rima glottidis, and extending thence through its posterior wall into the pharynx. It was the outer lamina, thin, sharp, having jagged edges and of an oblong shape. It measures one inch by half an inch. The irregular, serrated edges, particularly on one side, explains the difficulty in removing this foreign substance; and its thin, sharp extremities, the facility with which it cut its passage from the pharynx into the larynx. Did not the means employed produce or promote the entrance of this foreign body into the wind-pipe? He evidently died from exhaustion, the result of the treatment pursued in the case, and the interference to respiration by the presence of the bone in the larynx.

PART II.

Reviews and Extracts.

The Transactions of the American Medical Association.

(CONCLUDED.)

The Report of the Committee on Surgery was presented to the Association by Dr. G. W. Norris, of Philadelphia, and the part on anaesthetic agents by Dr. Isaac Parish, of the same city.

The subjects of Lithotomy and Aneurism especially claimed the attention of the committee. The lateral operation for stone, it is known, has most generally been resorted to in our country. In relation to the bi-lateral method, it is said—

"A few among us have resorted to it and within a few years the profession have been favoured with valuable papers on modifications of it by Drs. Warren and Stevens. So far as your committee can ascertain, the first operation in our country by this method was performed by Dr. Wm. Ashmead, of Philadelphia, in 1832, nearly eight years after it was brought prominently into notice by Dupuytren at the Hotel Dieu of Paris."
The case proved successful, and in that and the succeeding years, the same gentleman operated upon three other patients. Dr. Og er of Charleston, repeated the operation in 1835, without any knowledge of its having been previously done in this country, and since that period it is known to your committee to have been practiced by Dr. Stevens, Eve, the Warrens, Mussey, May, Watson, Hoffman, Post and Pancoast."

On the subject of aneurism, five cases are referred to, which were treated by compression. In the one of Dr. Knight, of New Haven, manual pressure was resorted to as follows:

"To accomplish this, a sufficient number of assistants were procured from the members of the medical class, who cheerfully offered their services. They were divided into relays, two keeping up the pressure for five or six hours, relieving each other every hour or half hour, and these succeeded by two others. Sufficient pressure to arrest the pulsation in the tumour was found to be most easily made with the thumb or fingers, without a compress, upon the artery as it passes over the os pubis, and the direction given to the assistants was to keep up this amount of pressure as nearly continuously as possible. This treatment was commenced at 3 o'clock P. M. No pain of consequence was produced by it for five or six hours, and then it was not severe, and was quieted by the eighth of a grain of morphia once or twice repeated. About eight hours after the pressure was applied, the temperature of the limb was diminished, and it appeared shrunken in size. Upon removing the pressure from the artery at 11 o'clock of the following day—twenty hours from the commencement of the treatment, the tumour was found to have diminished very little, if at all, and pulsated as strongly as before; but the tibial arteries could not be felt. The treatment was continued. Upon examining the parts the next morning, forty hours after the treatment was begun, the tumour was found to be nearly one-third less in size, firm and unyielding on pressure, and entirely without pulsation. All treatment was then discontinued. The femoral artery pulsated with its usual strength in the groin, and distinctly as far as its passage through the tendon of the adductor muscles. Between this point and the tumor it could not be felt. Several of the anastomosing arteries, especially one upon the inside of the limb, could be distinctly traced passing over the knee, pulsating strongly, and enlarged in size. From that time to the present—a period of more than four months—no change has taken place in the limb, except that the tumour has gradually diminished, so as now to be scarcely discoverable, and that the leg, which was at first cold and weak, has nearly regained its natural temperature and strength."
A ligature to the aorta is thus noticed:

"That a ligature may be placed upon the aorta, there are recorded observations to attest: that it will ever be followed by any lasting benefit, there is every reason to doubt. Cooper's patient having died in forty; James' in three. and Murray's in twenty-three hours after it was done. As adding, however, to the list of cases, which show that the collateral vessels are fully able to carry on vigorously the circulation after its complete obliteration, a case which has been detailed by Dr. West, in the No. of the Trans. of the Philadelphia College of Physicians for February of the present year, is worthy of notice. The subject of it, who was aged 32, and died suddenly from the rupture of an internal aneurism, was remarkably muscular and athletic, with the superior half of his body more developed than the lower. The interesting feature of the case, for our purposes, was, that in tracing the aorta beyond the origins of the great vessels, its cavity was found to be entirely obliterated immediately beyond the ductus arteriosus. At the point of obliteration, it presented a well defined and regular contraction, which looked as if it had been produced by a ligature thrown around the artery. Beyond this, the vessel resumed very nearly its natural dimensions, and so continued throughout its course. It gave origin, in its whole length, to the usual branches; the upper pair of intercostals coming off immediately below the stricture. The internal mammary arteries, which pursued their course along the thoracic parietes in a very tortuous manner, were fully as large as the internal iliacs, and so were the epigastrics; these vessels constituting the main channels for keeping up the connection of the circulation above and below the aortic stricture."

Of the ultimate effects of ligature to the carotid artery, the committee close their report with the following remarks:

"Within a year or two past, attention has been, in a particular manner, directed to derangement of the cerebral functions following ligature of the common carotid artery. These cerebral symptoms are attributable either to cutting off the direct supply of blood to the brain, or to disease consequent upon the altered condition of the circulation in that organ. Nearly one-fifth of the recorded cases of the operation in question, are found to have exhibited it in a greater or less degree; and the frequency of its occurrence has been singularly overlooked by practical surgeons. Two cases have been forwarded to the committee by Dr. Mettauer, of Virginia, in which it was observed: in these the vessels were taken up, in one instance,
for an anastomosing aneurism of the antrum and nasal cavities, and in the other for the cure of a false aneurism. Both patients had lost large quantities of blood previous to the operations. In each case partial hemiplegia of the opposite side to the artery which was ligatured, was noticed in a few hours, and was followed by delirium and convulsions. In one of the instances, death occurred on the 8th, and in the other on the 10th day.

"Autopsic examinations showed softening of the medullary substance on the side opposite to that on which the vessel was tied, while the hemisphere corresponding to it was healthy, though pale and bloodless."

In the December No. of our Journal, we reported a case of ligature to both primitive carotids, and at this time, more than twelve years since the operation, the patient is in the enjoyment of excellent health, with the full preservation of all his mental faculties.

So much has been published in our Journal on the subject of anaesthetic agents, that we pass over this part of the volume before us, and take up next the Report of the Committee on Obstetrics. This was drawn up by Dr. Harvey Lindsay, of Washington city, and refers chiefly to the applicability of anaesthetic means to midwifery. The conclusions are these:

"Directions for its Use.—1. The recumbent position is decidedly the most favourable for the inhalation of chloroform, and in obstetrical practice it should be administered in no other.

2. No inhaling apparatus should be employed. A common pocket handkerchief folded in the form of a compress, or a sponge, applied so as to cover both the nostrils and mouth, is the best vehicle. With these there is no danger of the exclusion of atmospheric air, an accident to which we may be exposed in a greater or less degree with ordinary inhalers, and they are at the same time much less formidable in appearance, and much more readily applied.

3. Upon the handkerchief, or sponge, may be poured a drachm of chloroform, if the full anaesthetic effect be desired, or one-half or one-third of this quantity, if a less decided result only is sought for: the effect, however, to be the guide rather than the quantity used, as very different quantities are required in different cases.

4. The inhalation should never be continued after the full anaesthetic effect is produced, which can generally be recognized at once by the stertorous or sonorous sleep. Nor should it
ever be given after the pulse begins to fail in frequency and force. It is advisable that the pulse should never be allowed to fall below 60 or 65 per minute: when it reaches this point, the sponge should be removed and atmospheric air alone be inhaled until the pulse recovers its tone. It is also to be borne in mind, that the depressing agency of chloroform continues to increase for several seconds after it is withdrawn, differing, in this respect, from ether, which does not appear to be cumulative in its operation, for the patient never becomes more depressed than she is at the moment of ceasing the inhalation.

"5. In cases of labour where we wish our patient to derive the full benefit of this agent, the ether or chloroform should be reapplied at the accession of each pain—a few drops (20 or 30) being placed on the handkerchief each time for this purpose. This may be continued with perfect safety, in all ordinary cases, to the termination of the labour, even if it should last several hours.

"6. As a general rule, the inhalation should not be commenced until the labour pains are fairly established, and recur at regular intervals, as the chloroform, if given before this period, might interfere with their regular recurrence, and thus protract the labour, while this result need never be apprehended if its use is delayed to the proper time.

"The utmost caution should be observed by the practitioner in relation to the purity of the article he employs. Its specific gravity should not be less than 1480, the best quality being as high as 1500. Another test is, that pure chloroform, applied to the skin or mucous membrane, produces simple redness, without cauterization or vesication. When mixed with a small quantity of absolute alcohol, it acquires caustic properties. Whenever, therefore, the chloroform used in medical practice has caused vesication of the lips or nostril, with irritation of the bronchial tubes, it is proof positive that it cannot be pure.

"The committee do not think it important to express an opinion as to the comparative value of sulphuric ether and chloroform in obstetric practice. While the latter is more convenient, the former is probably more safe, owing to the fact, perhaps, that it is not cumulative in its operation. They are both efficient, and either may be employed at the option of the accoucheur."

We take also the following from the same report:

"The use of Ice to promote Uterine Contractions.—Dr. Louis Mackall, a highly respectable physician of Maryland, in a communication to the committee, states, that for several years past he has been in the habit of employing pounded ice in cases
of suspended or protracted labour. That when this had been swallowed freely, the pains had immediately returned, the uterus had contracted strongly and the labour been speedily completed.

"He also communicated letters from Dr. B. Mackall, Dr. Skinner, and Dr. M'Cubbin of Maryland, strongly corroborating his statement of the efficiency of ice in promoting the contractions of the uterus.

"Dr. B. Mackall remarks, that his experience, in the use of ice for this purpose extends through a period of ten or twelve years. 'During that time' he says, 'I have had frequent opportunities of observing its effects, and I can safely declare, that in no single instance have I been disappointed in its action. I have used it under a variety of circumstances and always with the most satisfactory result. In cases where labour pains had been suspended for twelve or twenty-four hours, they have been renewed promptly and efficiently. In cases of inevitable abortion, where the uterine contractions are feeble and inefficient, and where hemmorrhage is considerable, I regard it as invaluable. In retention of the placenta from imperfect contraction of the uterus, and in cases of alarming hemorrhage after delivery and expulsion of the after-birth, it is equally applicable. In short, wherever the firm contraction of the uterus is desirable, that object will most certainly be attained by the administration of ice.' 'In no instance have I witnessed the slightest ill effect from its administration.'"

We pass over too the report of the committee on Education, because its important features have already been presented to the reader.

We make the following extracts from the able, witty and caustic report of the committee on Medical literature, written by Dr. Oliver Wendell Holmes:

"The general plan of the original periodical publications which have been enumerated is very similar. The first part of each number is devoted to original articles, consisting of essays, histories of epidemics and endemics, series of cases, and single cases, and accounts of operations. Occasionally a more detailed and comprehensive history of some disease is introduced under the name of monograph, and not unfrequently extensive statistical tables are given, bearing especially upon surgical and obstetrical practice. Then follow Reviews or formal examinations of works recently published, usually analytical in character, and having for their principal object the book rather than the general subject of which it treats. To this division
succeeds a miscellaneous and heterogeneous assemblage of bibliographical notices; the sweepings of the critical atelier; the rinsings and heeltaps of the critical banquet; a necessary part of the editor's prospectus, but one which is least gratifying to minute inspection. Here the importunate friend receives his expected compliment, the dull dignitary is pacified with his scanty morsel of eulogy, the Mæcenas is paid in fair words for his patronage; the book which must be noticed and has not been read, is embalmed in safe epithets and inurned in accommodating generalities. Lastly, a considerable part of the number is made up of selections, either taken promiscuously from other journals and recently published works, or in the better managed periodicals classified so as to present a summary of the recent progress of science in its several departments.

"The proportion allotted to these several divisions varies very much. Taking into consideration the usual difference of type in the original and borrowed matter, and the very liberal extracts which the reviewers commonly make from the work before them, it will be found that a very large part of all the journals is made up of quotations; and to a considerable extent of the same quotations, whatever may be the particular journal examined. The committee have been struck with the fact, that the same articles have been presented over and over again to their notice, in many different periodicals, each borrowing from its neighbors the best papers of the last preceding number, so that the perusal of many is not so much more laborious than that of a single one, as would be anticipated. The ring of editors sit in each other's laps, with perfect propriety, and great convenience it is true, but with a wonderful saving in the article of furniture.

"In making these remarks, it is not intended to undervalue the great amount of intelligence and industry embodied in these periodicals, or to make any return of ingratitude to the faithful servants of science and humanity, who, in the midst of innumerable distractions, and often at an absolute sacrifice of their material interests, are giving their time and health, and substance, to the demands of this most exacting department of mental labour. The task of filling a vessel which had no bottom, used to be thought a severe punishment enough for regions where the art of torture was a science, but to fill a quarterly or monthly, or weekly receptacle with the pure distillation of two or three brains which have been tapped once, thrice, or a dozen times a quarter for an indefinite period, is more than mortal stamina can support. The natural inference is, that no journal should be established which has not a pretty wide intellectual constituency to support it, unless it wishes to live upon the
common stock without contributing a fair proportion in its turn.

* * * * * * * * * * * * *

"In the course of half a century from the establishment of the first of the Medical Journals, their number has been gradually rising, until at the present time, at least twenty are known to be in existence. Some principle in addition to the wants of the reading community, must exist to account for such inordinate secundity in this particular department. This is to be found in the homely fact, that a medical journal is a convenient ally and advertising medium for public institutions and publishing establishments, and that by the help yourself system so generally established, it is not necessarily much harder to edit a medical journal than to furnish the 'notes and additions' to the work of a British author. Still, the general character of these journals is respectable, and of several among them highly creditable to the state of medical science. Every year shows that exact observation is more and more valued, and that a better literary standard is becoming gradually established. The Committee would not discharge an important duty, if they neglected to point out what appear to them the most obvious defects noticeable in this important department. The first is a tendency to speculate, and very often to dispute about the ultimate causes of diseases, instead of thoroughly investigating their phenomena. This is a point which has been made the subject of controversy elsewhere. Whether the true version be 'Don't think but try' or 'think, and try;' it very certainly is not 'think, instead of trying;' or 'instead of observing.' Yet, this is the way in which an incalculable amount of time and paper has been wasted, by men of ingenious minds, placed in the very midst of pathological occurrences which had never been properly studied in their character of phenomena, and this it is which gives such a gaseous and unsubstantial character to many of our magazine articles, that even the greedy Abstracts and the cannibal Retrospects, pass them by as diet fit only for the chameleon! Another and sorer cause of complaint, of occasional but not frequent occurrence, is to be found in the liberties allowed to anonymous writers—not so much with regard to each other, for if 'Medicus' and 'Senex' were to succeed in reciprocal annihilation, the loss might not be serious—but with regard to their neighbours at large and to things in general. An editor is responsible that nothing shall be admitted into his pages, the essential character of which is hostile and inflammatory, on the same principle that he is bound to be courteous in his common intercourse. Some errors of this kind are doubtless owing to want of careful supervision on the part of the editor. That such negligence is
very general, there can be no dispute; there is hardly one of the journals whose fair features are not marked with the *acne* of typographical inaccuracies—and as the editors are educated men, the inference is inevitable that they have not read their own pages. Some years since, a leading American Journal remarked of the report of the Massachusetts Insane Hospital, 'on page 79, is a very important typographical error—the word *chains* occurs twice when it should be *chairs*. No chains have ever been used in the institution.' But, within a few months the same journal allowed the following words to stand upon its pages as Latin: 'mulierem uteres gerentum morta quopiam acuto corripi iesbale;' and speaks in its January number, of a disease as being 'imminently curable.'

"The Committee have no intention of furnishing a list of errata to the periodical works in question, although they have almost involuntarily accumulated the means of so doing. The most unpardonable are those which mangle and distort the names of our medical authorities—'Lænnec,' 'Bœrhaave,' 'Bonelli,' 'Shenk,' and many more, have suffered this kind of mutilation or martyrdom. On the other hand, some new honours have been awarded by a similar mechanism, and what is still more remarkable, new authorities in science have been created by the same agency. 'Baron Louis' received his title in Boston (Nov. 3d, 1847); 'Sir John Hunter' was knighted in New York (Jan. 1848), and *Hives*, the inventor of 'Hives' Syrup, was born a full grown therapeutist at Philadelphia (April 1842).

"The advertising portion of the journals seems to be considered by some editors as beyond the jurisdiction of medical ethics. It is to this opinion, or more probably to mere inadvertence, that the physician owes the privilege of reading before he opens one of the prominent journals, the notice of one Dr. Beache's Medical Works, 'for which he has received numerous gold medals from the various crowned heads of Europe, and diplomas from the most learned colleges in the Old World.' (July, 1847.)"

"It cannot be denied that the great *forte* of American Medical scholarship has hitherto consisted in 'editing' the works of British authors. The Committee are not disposed to disguise the fact that this business has been carried on in a very cheap and labor-saving fashion. A tacit alliance between writers and publishers has infused the spirit of trade into the very heart of our native literature. The gilt letters of the book-binder play no inconsiderable part in the creation of our literary celebrities. Sometimes the additions by the 'American Editor'
have been real and important, oftener nominal and insignificant. The following calculation of the proportion added to different recently published works, taken at random, will show the average amount of materials so contributed. The Editor's proportion was, in two instances, one-fourth; in two more one-eighth; in one one-ninth; in another one-tenth; in others one-fifteenth, one-seventeenth, one-nineteenth, one-twentieth, one-twenty-eighth, one-fifty-ninth, one-sixty-fifth, one-ninetieth, one-hundred and seventh, and, in one instance, such a sprinkling as a single penful of ink might furnish, and leave enough to spare for a flourishing autograph. The fairest fruits of British genius and research are shaken into the lap of the American student, and the great danger seems to be, that in place of the genuine culture of our own fields, the creative energy of the country shall manifest itself in generating a race of curculios to revel in voracious indolence upon the products of a foreign soil!

"But the higher problems of medicine have been, as yet, comparatively imperfectly investigated. Two fatal influences have acted not merely on medical science, but on all natural science in this country." The first is the habit of indolence generated by the easy acquisition of a foreign literature which seems to answer every necessary purpose. The second is the habit of negligence which springs from the curious fact of a constant parallelism, which is not identity, in most natural objects and phenomena of the New World, with something of the older continent. In literature this has enfeebled the relation between words and realities; in science it has induced the same laxity and incoherence. The American constitution must be studied by itself—it differs from the European in outline, in proportions, in the obvious characters of the skin and hair—why should it not differ in the susceptibilities which, awakened, become disease? The American Climate remoulds the European, and casts a new die of humanity—will it not generate causes of disease different from those of the Old World? Over this virgin soil a new Flora is weaving her long web of tapestry, flowing from the lichens of Katahdin to the myrtles of Cape Sable; is there no undiscovered healing in any of its leafy and blossoming folds? Here is the true field for the American medical intellect; not to set English portraits of disease in American frames; not to trust for immortality to a little more or less of manual adroitness or questionable hardihood; but to co-operate with that fast-gathering band of students who, in other departments of science, are studying what nature has done with her American elements, and teach us what disease is here, how it is generated, and what kindly antidotes have been sown in the same furrows with its fatal seeds."
We close this notice of the Transactions of the American Medical Association, by a quotation presented to it, on the subject of adulterated drugs; and may recur to it hereafter, especially to the report of the committee on indigenous medical Botany.

"In none of the various branches of trade are such opportunities of fraud offered, as in that pertaining to the preparation of medical agents. Every one, by practice or observation, may derive sufficient information to detect imposition in the various articles of necessity or taste, while but a very limited number are qualified to detect frauds in medicine. Many know, or affect to know, the modus operandi of medicines, whose general knowledge does not in reality extend beyond the quantity prescribed and the general external appearance of the various preparations. Every physician cannot, (even in the extended compass embraced in the present requirements of our medical schools,) by possibility, be an analytical chemist; and in a majority of cases, the requisitions of an extended practice and the exigencies of a critical case, would preclude the possibility of an analytical examination. In a practice requiring his assiduous attention and closest scrutiny, it would be exacting too much to expect the physician to be encumbered with a chemical laboratory. We deem the protection afforded by the bill will obviate, to a great extent, the necessity of this procedure.

There are but few of us who have not stood beside the beds of sick friends, and watched with anxiety the professional attention of the physician; and we have staked our confidence and our all on the curative agents administered. Alternate hope and fear animate and depress. The agents given are prescribed in officinal doses; but, alas! they are spurious, misnamed, adulterated; and pressing the subject no further, we leave the imagination to complete the picture.

"No one is exempt from attacks of disease. Soon or late all mankind need the aid of medicine. Oh! who has not thought, when pressed by the hand of affliction, and groaning under the many ills that flesh is heir to, of the happy home, the heritage of our first parents. One act of disobedience brought death and all its concomitant evils. We have seen it in the battle front; we hear its wail when famine and woe are near; it commenced its persecutions at our birth, and will only end them at our death. The All-wise Being has not left us without a solace. The bruised and perturbed spirit, the healing balm of a revealed religion blesses and restores; for the sick and afflicted, a no less bountiful provision is made. Every kingdom in nature opens its bosom and stretches forth its hands to tender
its benefits; every plant and flower, every hill-top, every valley, the mountain and the sea, all afford him curative agencies, challenge his interests, and awake his gratitude.

Surely, these blessings should not be frustrated; these gifts of kindness and comfort should not by man's invention and cupidity be perverted from their primitive design. The knowledge expended in adulterating medicine can find no apologist. Connected with it, are degradation and infamy, at which we well might startle. What opinions would we entertain of the cutler who would prepare his instruments, either to break in the surgeon's hand, or with a refinement of cruelty, so construct the knife as that its edge would turn on its first use. Destitution and want may drive a man to seize upon that which is his neighbour's, and we might in pity overlook the crime, or cover it with the mantle of charity; but the cool-blooded, deliberate, studied, and fatal deception practised in articles designed for the relief of suffering and disease, can admit of no palliation—can find no excuse."


In stature the Mexicans are very inferior. The Indians are several inches below what is regarded as mediocrity with us. The inclination to degenerate in size, is remarkable in the Mexican horse, jackass, and their product, the mule; and the dog is smaller than the animal of the same species in our own country.

Both the Spanish and Indian Mexican is of a nervous temperament. The body and mind are highly sympathetic with each other. The sensibility of the nervous expansions is keen. The remark which has been made by some of our officers, that Mexicans entertain a great tolerance of pain, is, I am convinced, erroneous. Though the Indian from his taciturnity and reserve makes an effort to restrain an exhibition of his sufferings, the involuntary expressions which I have witnessed, convince me that his feelings are very acute. Nervous complaints are exceeding common though more especially with the white portion of the community.

The Indian is distinguished for a capacious chest and a small abdomen.

Among both sexes of the Creoles, and among the females of the Indian race, the adipose tissue is apt to present a remarkable development.

The Indian exhibits a fine instance of muscular development. The strength he is capable of exerting is superior to that of an
European laborer. His great power is particularly manifested in the carrying of burdens. A large chest, small belly, and ample muscle, constitute the conformation of men, who, without fatigue, can march in a day twice the distance the European is able to accomplish.

The natural intellect of the Creole is certainly good—that of the Indian very contracted. Humboldt thinks, that when the mind of the latter is educated, it manifests a tendency "to subtilize and seize the finest differences in the comparison of objects." He at the same time ascribes to him an almost utter destitution of imagination. Both races possess social feelings susceptible of great refinement. Though their semi-barbarous condition and the unprincipled character of some of their chiefs, have stained their national history with examples of savage ferocity, the real nature of the people is gentle and compassionate. One of the greatest of their faults is too little independence of thought and feeling.

The longevity of the Spanish portion of the inhabitants is not great. It is quite rare to see a man of very advanced age. The Indians live longer. The annual number of births in the capital, in the mean for a term of one hundred years, was 5930, and that of deaths, 5050; so that, apart from emigration, the population has had very little tendency to increase.

I now proceed to the consideration of the particular diseases as manifested among the inhabitants of this city.

**Intermittent Fever** is by no means a fatal disease. The season of its greatest prevalence is that of April and May.

**Remittent Fever** is almost totally unknown.

**Typhoid Fever** is very common in all seasons, but is most so in April and October. It has the pathognomonic characters which were first noticed by the pathologists of Paris. In the 3d, 9th, and 14th Regiments of Infantry, since their arrival in this city, the fever has prevailed to a very considerable extent.

I arrived here early in December, when I joined the regiment of mounted riflemen. Previously there were a number of cases in the regiment, and the disease had proved fatal to my zealous and indefatigable predecessor, Assistant-Surgeon Suter. But after him, no others in the regiment were affected until the weather became mild.

The cases of typhoid fever which I have seen in the Mexican hospital San Hipolito, and those which have come under my own charge, have been marked by pyrexia; a rose-colored lenticular eruption; tenderness of the bowels, and particularly in the region of the ilio-coccal valve with a gurgling sound when pressure is made in the latter region; looseness of the bowels; headache; injected conjunctiva; deafness; more or less stupor; a brown
tongue, and a collection of sordes on the gums and teeth; with a belief of the patient that little or nothing was the matter with him. In the most severe cases, there were delirium, subsultus tendinum and involuntary evacuations. Some were accompanied with bronchitic or pleuritic complications. The treatment I have pursued, (and which, in the limited number of cases that have been under my charge, has always been successful,) has been to shave the head and apply to it wet cloths, institute a mucilaginous diet, purge the bowels with castor oil once, or more frequently, (if there is much pain in the bowels and the excretions are vitiated,) apply leeches and poultices to the belly, and administer neutral mixture so long as there is preternatural heat and dryness of the skin. If the irritation of the alimentary canal have not been great, I have sometimes given the tartrate of antimony and potassa, with lemonade. When the pleura is affected, I have cupped repeatedly, and endeavored to bring the system under the influence of mercury. I have been studious to cause in the patient's room, a constant renewal of the atmosphere, and during the day, have sometimes removed him to the open air. The shirt and bed-clothes have been frequently changed.

To the Small-pox is due the terrible reduction which the Indian population has experienced in some parts of this country since the first entrance of the Spaniards. The disease appears almost exclusively in the form of an epidemic, occurring at very marked intervals. Its ravages were awful in 1763, and still more so in 1779, when in the capital alone it destroyed more than 9000 persons. "A great part of the Mexican youth were cut down that year." In consequence chiefly of the introduction of the variolous inoculation, the epidemic of 1797 was less destructive. The vaccine inoculation was first introduced in 1804, by Thomas Murphy, who brought the matter from the United States. It was readily submitted to by the inhabitants, who had previously been convinced of the value of an analogous process—inoculation with variolous matter. The introduction of vaccination was matured by a Spanish medical commission, which was despatched by the Government to carry the process into Mexico and other Spanish colonies. Original matter has been obtained from the udders of cows in Atlixco and near Valladolid. Although the small-pox, now that its extension and violence are controlled by vaccination and rational treatment, is divested of much of its fearfulness, in the history of Mexico it stands pre-eminent as the instrument of death. Terrible must have been its ravages to have given occasion to the statement of Motolinia, that in 1520 it carried off one half of the inhabitants.
Yellow Fever does not appear in the capital of the republic, but the Matlasahuatl, a disease described as resembling the former, has raged here as an epidemic in times long past. It occurred in the years 1545, 1576, and 1736. Torquemada estimates the mortality caused by it in the first mentioned year at 800,000, and in 1576 at 2,000,000. It is remarkable for not attacking whites and those in whose veins is mingled the blood of the white man.

Diarrhea and Dysentery are, when taken aggregately, charged with a greater mortality than any other disease. Indeed, this mortality amounts to nearly one-fifth of the whole.

That form of hepatitis which results in abscess is very common—these abscesses often discharge several pints of pus. It has been found best to make a very free external opening to the abscess; nor is it thought necessary to be solicitous about the admission of air, which is not supposed to be injurious. At least, the advantage accruing from maintaining a passage constantly free for the issue of pus, more than counterbalances the injury from the air. In this way, I learn from Dr. Galenzowsky, more than one-half of the cases are cured.

Catarrh and Bronchitis are diseases of ordinary occurrence; but Phthisis Pulmonalis is very rare. Vesicular Emphysema is frequent.

Mexicans have already been stated to be subject to nervous affections. Among these may be specified cephalalgia, epilepsy, neuralgia, paralysis, and chorea.

Calculation is very seldom met with in the city of Mexico. In some other parts of the republic, it is more common.

In respect to venereal diseases, they may be stated to be one of the greatest banes of the country. There are few males of middle age in the city of Mexico, who have not been subjects of this disease. Nearly all of the lower class of females, also, have been affected. This is at once an effect and illustration of the immorality of the population. The chancre among the Mexicans is generally of the Hunterian character, and apt to be followed by secondary symptoms. I have frequently heard our medical officers affirm the difficulty of managing venereal affections in this place.

Dropsies are common. Hemorrhages, though the fact may seem strange in a country where the external pressure of the atmosphere is slight, are rare.

The inhabitants of this city are much subject to Pericarditis and Endocarditis, and also to organic affections of the Heart. Ossification in the vascular system, however, is said not to be unusually frequent.

But one of the most strikingly common diseases in this place,
is *Senile Gangrene*. Being present recently at an amputation of the thigh performed on account of this disease, I extracted the popliteal artery, which clearly demonstrated, in part, the pathology of the affection. In the cardiac portion of the artery is a coagulum of blood; but situated in the peripheral portion, and separated from the coagulum by a narrow section in a state of transition, is a cord of white fibrin. It is to be supposed, that the inner coat of the artery being inflamed caused a coagulum of blood (as in the analogous case of endocarditis,) which was succeeded by fibrin.

The poor are much affected with *indolent ulcers*, generally situated in the legs. These ulcers are a frequent cause of death.

In walking the streets, one constantly meets persons with *affections of the Eye*. The most common are opacity of the cornea, fibrinous occlusion of the pupil, and inflamed and hypertrophied conjunctiva. Although many cases are exhibited for mendicant purposes, enough others are seen to convince a stranger that the number is extraordinarily large. Inflammations of the cornea and iris, it is well known must be treated promptly and judiciously or the sight will almost certainly be lost by the exudation of coagulable lymph. Now there is probably no more improvident people in the world than the poor of this city. Need we wonder then at the opacities and occlusions? Besides, when we reflect that iritis is frequently produced by syphilis, and that conjunctivitis, as well as inflammation of deeper tissues, is a result of gonorrhœal inoculation and of catarrhal influence, and, moreover, that syphilis, gonorrhœa, and catarrh, are here exceedingly prevalent, we have a most satisfactory explanation.

Considering the fact that close study is not an ordinary phenomenon among Mexicans, *Myopia* is found in the cities of the table-land to an extraordinary extent.

To *diseases of the Skin*, the constitution of the Indian seems rather disinclined. There is, however, one horrible cutaneous affection which is frequently encountered. This is the *Elephantiasis Greca*. There are three forms. The first is characterized by tubercles, generally varying from a quarter to three-quarters of an inch broad; disposed to squareness of shape; projecting, red or livid in the beginning, susceptible of change to a bronze hue; sometimes indolent, at other times more sensitive, and accompanied by a swelling of the subcutaneous cellular tissue; preceded by spots of a variable red; beginning usually at the root of the nose, and extending over the head and upper extremities, then affecting the lower, but seldom occupying the trunk. This is called the tuberculous form. The second, called the anaesthetic, is characterized by
want of sensibility in the extremities of the limbs, and by absorption of the bones. I have seen the auricular and annular fingers as completely removed by absorption as by amputation at the metacarpo-phalangeal articulation, and without any semblance of a cicatrix. The third form was first described by Dr. Lucio, physician to the San Lazaro Hospital, in this city, for the accommodation of patients of this disease. It consists principally in the production of red and painful discolorations, which commonly terminate in ulceration. The subjects of this form are called lazarios. Two or more forms sometimes co-exist in the same individual. Dr. Lucio has discovered in the inspection of such as die from this disease, the frequency of certain alterations in the spleen. The first and second forms may be regarded as incurable. The patients, after having been affected many years without any material derangement of general health, usually die with diarrhoea; and in such cases the mesentery is found to contain deposits of tubercular matter. The San Lazaro Hospital was erected in the year 1811. In the year 1844, it had received in all, 82 women and 123 men. Elephantiasis affects only the poor, and particularly such as are exposed to strong heat and humidity. All the patients in this city come from the western side, though I am not aware of any explanation of this fact. The subjects are from 15 to 40 years old.

Looking for the local causes of disease, the mind immediately recurs to the large expanse of surface in the valley of Mexico, which is annually flooded by rains and dried during the dry season. The portion subject to these changes is not less than one-tenth of the whole valley. Here is a grand laboratory for the production of intermittent miasmata. These, however, do not appear to be evolved in the highest amount until the close of the dry season, when the heat is greatest, and the superimposed layer of water has been evaporated.

Another cause of disease is the humidity of the atmosphere during the wet season, when heavy rains occur every day, frequently flooding the streets of the city. The perspiration of the body not being duly evaporated, it becomes necessary that the supply of heat should be diminished to prevent the temperature of the system rising above the normal standard. This supply is founded in the conversion of the carbon of the system into carbonic acid gas, and can be diminished in several different ways. It may be effected by the deposition of carbon in the form of fat, a process, however, which nature is frequently indisposed to adopt. Then the supply of carbon to the system may be curtailed by reducing the amount of food, which is the appropriate mode of overcoming the difficulty. Nature indi-
cates this course by lessening the appetite in such cases. But when the constitution is disinclined to the formation of fat, and when the appetite is artificially stimulated as it is in Mexico by the constant and excessive abuse of alcoholic drinks, red pepper and garlic, then the superabundant carbon remains only to be eliminated by the liver as an element of the bile. The excitement of the liver necessary for this extraordinary labor, disposes it to inflammation. The increased vascularity of the intestines required for a supply of blood by the portal circle, sufficient for the extraordinary secretion of bile, renders the intestinal canal also predisposed to inflammation. This predisposition of the canal is increased by the irritation attending the reception of the unusual amount of bile, and of fruits, here almost unlimited in variety, and some of which are not very healthful. Now if a man in the condition just described, with his system overheated and debilitated, go out doors into the rain and wet his feet with water which has flooded the streets, the surface of the body is too rapidly cooled, and the liver or bowels, already excited, become almost unavoidably the seat of inflammation. We have thus no difficulty in understanding why hepatitis, dysentery and diarrhoea are here so frequent.

The very great difference in the temperature of day and night, and of sunshine and shade, with the thin mode of dressing, is a sufficient cause for the prevalence of catarrhs and bronchitis, as well as other internal inflammations. It is true that the contiguity of the lakes has a tendency to equalize the temperature of day and night; but there are other causes which render it extremely unequal. These are, the clearness and stillness of the atmosphere; the want of trees and other projecting bodies; and finally the rareness of the atmosphere, which, in consequence of this rareness, has less power to maintain an equilibrium in the heat of the body, and leaves it more exclusively exposed to the influence of radiated caloric. The latter agency, in connection with the thickness of the walls of houses, renders the change of temperature very great in passing from the sun into the house. Drafts of air, however, have for the same reason, less potent influences here than in a denser atmosphere.

To the rareness of the atmosphere, also, as may be reasonably imagined, should be attributed the prevalence of vesicular emphysema.

The management of suspended animation in new-born children is a subject so well understood; and the principles upon which it should be conducted are now so clearly recognised, as to render any lengthened observations thereon wholly unnecessary in a work like the present. The following short description, therefore, of the practice of the Hospital in this class of cases, (not the least important or interesting to the accoucheur,) is purely confined to practical details especially such as relate to the use of the stethoscope and of artificial respiration.

When a child, immediately after its birth, exhibits none of the ordinary signs of vitality, such as respiratory efforts, or muscular contraction, the question will at once suggest itself, does life yet remain—is there still a possibility of restoring animation? We hesitate not to say that the most accurate information upon this point is to be derived from the stethoscopical examination of the heart, for we have seen very many children resuscitated with whom the cardiac pulsations as detected by mediate auscultation, had been the only proof of lingering vitality. What the effect of such evidence should be on the physician’s conduct we need not at this moment stop to inquire; but it would undoubtedly prove a source of much encouragement under circumstances otherwise apparently hopeless, and at a time when he must be oppressed with the consciousness that the result of his endeavours is awaited with the most intense anxiety and solicitude. We have seen many infants restored to animation in whom respiration was for a long time suspended, yet we never saw a single instance where the slightest symptoms of vitality could be produced if the heart’s pulsations had ceased to be audible when the child was born. It may be asserted, without fear of contradiction, that had the stethoscope been used, no such accident could ever have happened as a doctor ordering an infant to be removed as dead which afterwards recovered without any assistance. Let it not be supposed, from the preceding observations, that we would recommend any innovation upon the rule that resuscitations should always be attempted in the absence of the signs of decomposition; to the excellence of this precept we give our full concurrence.

Children labouring under suspended animation at the time of birth are found to present very different external appearances, which, it may be supposed, are regulated by the extent and kind of lesion the vital functions have sustained. Now we think that, setting aside physiological considerations, and
looking solely to practice, all these cases may be conveniently arranged in two classes, whose characteristic features are drawn from the general condition of the infant. In the one case the child is pale and perfectly flaccid; the eyes are closed; there is complete relaxation of all the muscles; great flexibility of the joints; and the finger can be pressed into the pharynx without any opposition being felt. In this form, which we are inclined to think is, perhaps, the more dangerous of the two, the state of the child closely approximates to syncope, as there seems to be a failure or deficiency of the vital principle.

In the examples of the second class, the outward appearance of the child is totally different, and would seem to be the result of great cerebral congestion or apoplexy. The surface of the body is apparently swelled, and of a red or livid colour, and both these characters are most remarkable in the face and neck; the eyelids are generally apart, and the eye-balls prominent, with more or less injection of their conjunctival membrane. There is seldom that extreme mobility of the limbs and flaccid state of the muscles that we see in the former class of cases. This state of the foetus was very apt to occur where the umbilical cord had tightly encircled the neck, or where the expulsion of the body did not take place for some time after the head.

Should the child not begin to breathe immediately after its birth, sprinkling the chest and face with cold water generally proved a most efficient means of stimulating the respiratory muscles, and exciting sensibility. This is a measure, however, which cannot be persisted in after the first or second trial, as it is of too depressing a nature; on this account, also, it is not well adapted to the cases included in our first class. It was, of course, an established rule not to sever the connection between the foetus and placenta as long as the pulsations of the cord continued distinct. If the child presented an apoplectic appearance, some blood (3 iiij. or 3 iv.) was allowed to flow from the foetal end of the funis after its division. This simple mode of depletion frequently produced the most beneficial effects, relieving the oppressed state of the nervous system, and being speedily followed by signs of increased sensibility. If a sufficient quantity of blood could not be procured from the funis, the application of a leech to the temple was frequently attended with marked advantage. When the cord was long enough to admit of it, the warm bath was sometimes employed before cutting it. Smartly slapping the chest or buttocks is often resorted to with advantage in mild cases where the suspension of animation is only partial; but it will not, we think, be found to answer any good purpose if the infant be in a low state of
vitality. Ammonia applied to the nostril is an excellent restorative if there be any attempts at inspiration, so that it can be inhaled, but otherwise it is of no use. These efforts of the child to breathe will be very much assisted by compressing the epigastrium and sides of the chest with the hands, so as to empty the lungs of the inspired air as effectually as possible. In the first instance, and before adopting other measures, it is of importance to rid the mouth of any mucus that might hinder the entrance of air by obstructing the glottis. For this purpose, Gardien recommends a pledget of lint dipped in a solution of common salt to be used. A flexible tube, with a pump attached to it, has also been employed; but we give the preference to the finger over every contrivance.

In every instance where the process of respiration was slow of being established, or very imperfect after two or more trials in the above restorative measures, artificial respiration was commenced, and continued, with intermissions, until the necessity for its further employment was superseded by the natural performance of the function, or until the gradual failure and cessation of the heart’s action showed that all attempts at recalling the vital principle might be relinquished. We have said “with intermissions,” because it was generally thought advisable to suspend the process for a moment or two at intervals, just to see if the failure of the supply of air to the lungs would stimulate the child to make an effort at inspiration. A gum-elastic male catheter, of the full size (No. 9 or 10) was the instrument used on all occasions for inflating the lungs. The child was placed in a horizontal posture, with the neck considerably extended, and the head bent rather backwards; the catheter was passed a short way into the mouth, and the lips and nostrils were then kept closely compressed, at the same time that the larynx was gently pressed against the spine, so as to favour the ingress of air into the trachea, and to prevent or obstruct its transmission down the oesophagus. Alternately with the insufflation of the lungs, a slight degree of pressure was made on the epigastrium and ribs, with a view to assist expiration. There was great difficulty with some children in directing the current of air down the trachea, and keeping it from distending the stomach. This was avoided by placing a hand on the precordial region, and altering the position of the head and larynx. During the process of inflation, which was repeated at short intervals in imitation of natural respiration, whenever the child made any attempt to breathe, the compression was instantly removed from the mouth and nose, in order to give every facility to the entrance of air. It was considered a point of importance, in blowing through the
catheter, to do so in the manner of using the blow-pipe, namely, that the efforts should be made by the mouth and soft palate, and not by the chest; and consequently, that the air should come from the mouth, and not from the lungs of the operator. This mode of inflating the lungs of still-born children is, we conceive, open to fewer objections than any other. In the first place, the degree of force with which the air is propelled can be carefully regulated; secondly, its temperature is raised before entering the chest of the infant; thirdly, in quality it is little, if at all, removed from pure atmospheric air; and, lastly, no injury can possibly be inflicted on the soft parts within the mouth of the child. From our experience of this measure we must speak of its utility in terms of the strongest commendation, as we never could trace any evil effects from its employment, whilst in very many instances we have had every reason to believe that the child's life was preserved by its means.

The artificial respiration very constantly accelerated the action of the heart, where this was at all pulsating at the time of commencing the process; but we never observed that it restored in the least degree the cardiac movements after these had ceased to be perceptible. The recovery of the child did not, by any means, follow as a consequence, of this improvement in the heart's functions; for, on many occasions, we have known the pulse to double its rapidity under the employment of this agent, but as soon as its use was suspended, the velocity of the circulation would quickly diminish, again to become raised on inflating the lungs; and thus we have seen matters go on alternating for two hours or upwards, and yet the great object of our exertions not be ultimately attained.

When, however, this increased frequency of the pulse is accompanied by other indications of vitality, such are restoration of the natural colour to the surface, the efforts at respiration recurring at shorter intervals and with more strength, signs of muscular irritability in the limbs and face, &c., we may calculate, with tolerable certainty, upon a successful issue to the case.

The artificial process was generally left off as soon as natural respiration was at all established, or at least sufficiently so to maintain the heart's function in that state of activity to which it had been raised by the temporary expedient of inflating the lungs. As resuscitation can seldom be considered complete and satisfactory until the infant breathes naturally, or cries aloud, it was often necessary to proceed with the employment of restorative and invigorating remedies for some time after the discontinuance of artificial respiration. As soon as the child could swallow, small quantities of white-wine whey were given
from time to time; or if it seemed very languid and feeble, a small enema containing a few drops of the fetid or aromatic spirit of ammonia was administered. But by far the most important point in the management of these weakly, delicate infants, or of such as are in a similar condition from having been born prematurely, is to support the temperature of their bodies by artificial means. For this purpose nothing answers so well as cotton wadding, being softer and warmer than flannel or any of the materials ordinarily used in the clothing of children.


When quinine is taken by an adult to the extent of thirty or forty grains, it produces certain cerebral symptoms, the constituents of which are a ringing noise in the ears, and more or less deafness.

This set of symptoms, where there is no idiosyncrasy, indicates the saturation of the system by the medicine, as ptyalism does mercury, and may be conveniently known by the name of cinchonism.

Rare instances occur in which hyper-cinchonism is induced by a very few grains of quinine, accompanied by many nervous symptoms, and formication so severe as to proscribe the use of the remedy. In some—and this may occur in cases which had hitherto been normal—cinchonism has not been induced till after the administration of seventy-two grains of quinine.

Cinchonism is not peculiar to quinine: by other vegetable febrifuges, such as salicine, angustura bark, and bebeerine, cinchonism can be induced, but not with the same certainty as by quinine, neither in the same uniform series of phenomena, neither with the same harmlessness.

Cinchonism seldom lasts longer than twenty-four hours, except in some cases of anaemia, in which the writer has known it continue upwards of a week.

Quinine has been prescribed by the writer to patients of both sexes and all ages, and where ascertainable, almost invariably to cinchonism, during thirteen years, and probably to the extent of several thousand ounces of the sulphate; and during that time he has seen no case of danger from its effects, with the exception of three or four cases, of imputed abortion.

To many the muffled ears of cinchonism is not even disagreeable. Cinchonism is capable of superseding and suppressing that excited condition of the circulation and animal heat known as fever, except when depending on anaemia, as symptomatic of inflammation, or its effects.
Quinine is purely a febrifuge; instead of being a tonic or stomachic, it generally induces anorexia, and a relaxed and macerated state of the skin, some tremulousness, and in many cases slight aphonia.

As a febrifuge, the full efficacy of quinine is seldom obtained, unless pushed to cinchonism. Cinchonism is, therefore, the test and criterion in practice of the full and sufficient use of quinine. It is probable that the protective influence of quinine against fever, seldom lasts longer than the manifestation of cinchonism. The ordinary headache of fever does not contraindicate the use of quinine.

The power of quinine seems to be to cut off the connection between local irritation and constitutional excitement, to disturb and break the series of morbid elaborations set up in some specific fevers, which terminate for the most part, in contamination of the blood and loss of vital cohesion of the capillaries. In intermittent fever it is antidotal.

Quinine is of little efficacy in intermittent fever, when exhibited during the paroxysm.

Quinine is of no efficacy in the last stage of continued or remittent fever, where the vascular and thermal excitement have been succeeded by organic lesion or contamination of the blood. It should be given, as is well known, in the intermission of intermittent fever, and in the formative, or in the first stage of continued remittent or yellow fever.

The use of quinine against relapses of intermittent fever, whether the disease had been primary or secondary, is one of its most valuable applications.

In using quinine against the paroxysms of intermittent fever, hourly doses of three grains, till twelve doses be given, is the best mode of saturating the system with the remedy. If, however, the disease be a quotidian, with short intermission, six-grain doses hourly, till six doses be given, will be judicious practice.

In the other fevers were quinine is eligible, and the remedy is prescribed during the existence of febrile excitement, the dose, to be efficacious, must be large, and the impression on the disease sudden and overwhelming.

An auxiliary, too, is also required in such cases: twenty-four grains of quinine and twenty grains of calomel, in one dose, is the most powerful resolvent of fever. One or two such doses, with an interval of six hours, and followed by a castor oil purgative, are generally sufficient; but I have prescribed six such doses with efficacy, and I recollect no instance of ptyalism occurring when this treatment was required and adopted, and sometimes there is but mild cinchonism. An intolerance of
Quinine, or early and intense cinchonism, in such cases, is one of the worst prognostics.

In the treatment of simple intermittent fever, or its relapses, calomel is rarely, if ever, prescribed by the writer. Sulphate and carbonate of magnesia mixture, or sulphate of magnesia and tartrate of antimony mixture, as a purgative during the hot stage, (if needed) or fifteen drops of solution of acetate of morphine, with a drachm of sweet spirits of nitre, if there is much suffering from muscular pains, headache, or emesis and retching, will speedily relieve the paroxysm; and followed by quinine, in combination with purgative doses of rhubarb, will fulfil all the indications for the intermission.

But when a European or North American, probably not long from a cold climate, and during the prevalence of malignant disease, is attacked by fever, and shows to the quick and practised eye alarming indications, no fear of the injurious aftereffects of the mercurial will have weight to withhold the resolvent dose of calomel and quinine. In cases threatening danger to life only need it be used, and I know of no instance wherein the slightest untoward result has been experienced from its use.

The combination of quinine with tartar-emetic in pneumonic and bronchitic complications of intermittent is eminently successful. The forces which disturb the remedial power of quinine in fever are chiefly inflammatory and congestive complications, or a loaded condition of the alimentary canal. These must be obviated by appropriate treatment, and the disease rendered as simple or idiopathic as possible, concurrent with the use of quinine. Thus arteriotomy may frequently be required in continued, remittent, or yellow fever; and in intermittent, with tenderness over spleen, a blister may be required, as an auxiliary to cinchonism.

There is a form of continued, or irregular remittent fever, occurring chiefly in children or adolescents, in which generally no local cause can be discovered, but which is often imputed to worms; but give what anthelminatics you will, no worms may be passed; hence here they are popularly called "stu' born worms." This fever may continue for a week or a fortnight without any contamination of the blood or loss of vital cohesion, and probably depends on intestinal irritation. Danger in these cases chiefly arises from the superintvention of some lesion, induced by the long-continued and excessive heat and violent action of the heart, or sympathetic irritation of the brain. In these cases I use quinine, with immediate and signal efficacy, in the following manner:—

The patient is put into a bath, and the cold affusion is applied, till the pulse becomes small, and nearly extinct, at the wrist,
and the skin cold. He then, while in the bath, gets his dose of quinine, (two or three grains,) and is returned to bed without being dried. The bath and the dose of quinine are continued hourly, as long as the skin persists warm, when the hourly dose of quinine is due. After five or six baths the skin generally becomes permanently cool, and then the quinine is pushed on to cinchonism, alone, and without the bath. This mode of making an intermission in a continued fever I have never found attended with unpleasant or dangerous consequences, and it will generally subdue the fever after every other method has been tried in vain.

In fever of doubtful origin, and where latent inflammation is suspected, I have frequently used a small cantharides blister as a test: in fact, I never like to pass the blistered surface of a patient without inspecting it, its revelations are often so interesting and important. If, instead of the usual vesication of thin serum and cuticle, the vesication is a bladder of fibrinous coagulum, or suety in consistence, inflammatory action is going on, probably in the neighborhood of the part, and tartar-emetic, or such-like combinations are indicated.

Relapses in intermittents have there determinate periods, the day from the last attack being generally some multiple of seven.

The usual day of relapse among the acclimatized of this colony is the fourteenth or twenty-eighth.

After one or two relapses, the law of each individual case can be ascertained by each patient.

The prophylactic which I have adopted with great success, and in my own person first, many years ago, is as follows:

Two days before the anticipated relapse, three grains of quinine, to be taken thrice daily for four days; and after a similar relapse interval, the quinine to be again taken in the same manner; and so on, repeated three or four times successively. The disease is eradicated completely by thus baffling the relapse.

**Quinine.** By Wm. Fletcher Holmes, M. D., of Newberry, So. Carolina.—(Charleston Med. Journ. and Rev.)

There are various conflicting opinions in relation to the action of Quinine upon the animal economy; some authors advocating its sedative, and others its excitant properties; whilst perhaps a majority regard it as either stimulant or sedative, according to the dose. In large doses, experience has led me to look upon it as a sedative to the vascular, but an excitant to the nervous system, producing a high degree of nervous erethism,
a peculiar irritability of the nerves, which supply the organs of hearing and vision, and a vertiginous sensation described by patients as extremely distressing. This tendency which Quinine possesses, of augmenting, and indeed originating determination to the brain, has led to its exclusion in fevers accompanied with cerebral congestion, or inflammation, or nervous excitability. For some time past physicians have been on the alert to discover some agent which would neutralize this peculiar property of Quinine without impairing its febrifuge powers. The West and South-West have exultingly proclaimed "Eureka," and hold up to us morphine as the long sought desideratum. But impartial observation will convince any eclectic practitioner that any preparation of opium will enhance to an alarming extent the prevailing determination to the brain. Ever since I took my degree, this subject has been a matter of inquiry and experiment with me, and I have come to the decided conclusion that Digitalis modifies the action of Quinine, in this particular, to a more considerable extent than any other agent. I have administered Quinine in large doses, in combination with this medicine, to young children, whose nervous systems are very mobile and impressible, with the happiest effects, and without producing any of those unpleasant symptoms, commonly attributable to the free exhibition of this potent febrifuge. To delicate females, whose constitutional aversion to this medicine amounted almost to idiosyncracy, it has been given with a few drops of the tincture digitalis, with the most pleasant results. In bilious remittent I do not hesitate to exhibit Quinine, as mentioned above, even when the exacerbation is at its height, and the consequences are often seen in an abundant flow of the cutaneous transpiration, a prolonged remission, and in many instances a complete apyrexia.

I regard Quinine as possessing high antiseptic properties. In malignant and protracted fevers, where it is desired to make a mercurial impression upon the system, in combination with calomel, it (Quinine) assists in the development of ptyalism, and at the same time modifies the well known tendency of that powerful alternative to produce ulceration of the gums, sloughing of the cheeks, etc. In typhous and typhoid fevers, it has seemed to me to correct the indisputable proclivity to putrescence of the fluids, as indicated by petechie, and the prompt disposition to gangrene of vesicated surfaces. In the dothen-enterite of typhoid fever, in combination with calomel and the nitrat argent., it has been given with the happiest effects; and in the "congestive chills" which have latterly sprung up into such gloomy notoriety among us, it is the sheet-anchor of the physician's hopes, and sooth to say, it rarely fails us in the hour of
trial. Upon its abundant exhibition alone must the practitioner base his expectations of success, and its rapid and powerful action often transcends our most sanguine anticipations.

The attention of the profession has hitherto been solely directed to the action of Quinine as a febrifuge, overlooking what I consider of paramount importance, viz: its special affinity for the nervous system, and its peculiar adaptation to the relief of neuropathic affections of long standing.

In a protracted case of neuralgic dysmenorrhœa, accompanied with intense cephalalgia, which resisted cups and vescication, in which the most powerful alteratives, such as mercury, guaiac, iodine, and the arsenical solution had been vainly tried, I administered Quinine combined with carb. ferri and belladonna, with decided effect.

This may seem inconsistent with my belief in its stimulant property, and I can account for its efficacy in this instance upon no other grounds than its obvious analogy with the beneficial exhibition of stimulants in the chronic phlegmasiae. In the treatment of epilepsy, chorea, St. Viti, I am disposed to look for important results from the use of Quinine.

Nitrate of Potass in Rheumatism. (Boston Med. & Surg. J.)

At a meeting of the Royal Medical and Chirurgical Society, London, Nov. 14, a paper was read by W. R. Basham, M. D., “On the employment of nitrate of potass in acute rheumatism, with suggestions for the use of saline solutions as external applications in local rheumatic inflammation.” The author takes, as the basis of his essay, the following facts: 1st, that in acute rheumatism, as in other inflammatory diseases, the most important changes in the composition of the blood are the increased quantity of fibrine, and the deficiency of the saline ingredients; 2d, that where this state of the blood exists there is a special disposition to the deposit of fibrine, and the formation of adventitious tissues; while in diseases in which the fibrine is deficient, and the salts in excess in the blood, the blood does not coagulate, and hemorrhages of a passive character occur; and 3d, that although, as his own experiments have satisfied him, saline solutions have not the power of dissolving coagulated fibrine, yet certain salts in solution, mixed with the blood at the moment of its escape from the body, possess the property of suspending or retarding the separation of the fibrine. He next inquires whether any therapeutic principle can be derived from these facts, and proposes the question, whether saline remedies, largely employed, may not suppress the tendency to the fibrinous exu-
Nitrate of Potass in Rheumatism.

dation, or retard it, so as to give time for other remedies to diminish the proportion of fibrine present in the blood. With reference to this question, he alludes to the observations of several physicians on the use of nitrate of potash in acute rheumatism, and details his own experience of its effects. He gives one, two, or three ounces of nitrate of potass, largely diluted (in two quarts of water), in the twenty-four hours. In the majority of cases no obvious effect is produced on the force of frequency of the pulse, the digestive functions, or the quantity of urine exuded. But the urine always acquires a high specific gravity, and nitrate of potass may be detected in it. The swelling, heat and pain of the joints affected with rheumatism are relieved in a most marked degree, even when no other remedies are employed at the same time. There is a certain amount of exemption from cardiac complication; and cardiac inflammation, when present, is more amenable to remedies. In a case which the author relates, he examined the blood of the patient before the commencement of the saline treatment, and again after this treatment had been continued for some days. In the first instance it was buffed and cupped, the fibrine was in excess, and the salts were deficient. After the administration of the nitre there was no buffy coat, the proportion of fibrine had diminished, and that of the salts greatly increased. The author presumes, therefore, that while the internal use of the nitrate of potass assisted to restore the proportion of the saline constituents, the other treatment employed tended to lessen the excess of fibrine. Some remarks of Mr. Gulliver have led the author to investigate the effects of the external application of saline matters to parts affected with rheumatism. His experiments have been principally made with nitrate of potass. In chronic rheumatism he has used the iodide of potassium, and in gout the dibasic phosphate of soda. He applies the saline substance by means of the spongio-piline, a portion of which, large enough to envelop the part affected, having been moistened with water, the salt employed is sprinkled in powder freely on the spongy surface: it is then applied to the part, and secured with a roller. In numberless instances, by this simple treatment, he has witnessed the most palpable and instant relief to the local inflammation. Constitutional remedies were employed at the same time, but the relief was proved to be due to the saline applications, by the fact, that where several joints were affected, only those were relieved to which the salt was applied. At the end of the paper the author gives an abstract of seventy-nine cases of acute rheumatism, showing the results of treatment, and other particulars.

Dr. Henry Bennett had witnessed the results of a similar
mode of treatment to that practised by Dr. Basham, in Paris, in 1837, and subsequently. In that year, M. Gendrin had instituted a series of experiments with the nitrate of potash, in acute rheumatism. He gave it in doses varying from six to twelve drachms. He had seen this treatment adopted in about as many cases as were recorded in the paper before them, and with the same result. It was found to be a safe, powerful, and energetic remedy. In the experiments of M. Gendrin, no other medicine was given, not even aperients. The result of the treatment was generally successful, but in every tenth or twelfth case it was found necessary to resort to the old remedies, bleeding, calomel, and opium, &c. It was noticed, also, that patients treated with the nitrate of potash were unusually free from cardiac disease, more so, indeed, than when any other kind of treatment was adopted. Another noticeable circumstance connected with this mode of treatment was, that patients recovered more rapidly from the disease than when any other plan was pursued. This was most important, particularly in Paris, where bleeding was often resorted to, to a considerable extent, and patients were consequently kept months, and even years, in a weakly condition. He had never seen any injurious effects from large doses given. This, no doubt, was owing to the large quantity of fluid in which the medicine was dissolved. In all cases of poisoning by this agent, recorded in works on medical jurisprudence, the quantity of fluid used was small. The plan pursued was perfectly original, and the originality was due to Dr. Basham. In slight rheumatic cases, in which there was little febrile action, this treatment was most beneficial, the patients recovering in four or five days.

Dr. C. J. B. Williams inquired the number of days that it required to give relief to the acute symptoms in rheumatic fever.

Dr. Basham said, that in only two cases had he treated the disease by nitrate of potash alone. The acute, inflammatory symptoms usually gave way on the third or fourth day; and it was important to state, that in no one case treated by the nitrate of potash had there been any relapse. This was a strong recommendation of the value of the treatment, when we collected how common relapses were, when the other modes of treatment were employed. In the first instance, he had given as much as four ounces of the salt in the twenty-four hours, but he had now reduced the quantity to one or two ounces in that period. A great quantity of the salt escaped by the urine, the quantity of which was not much increased, but its specific gravity was a great deal higher, averaging between 1030 and 1040. This increase in the specific gravity he considered was due to the potash.
Every recollection I have of tracheotomy convinces me that it is far more advisable to remove a circular portion of the trachea, and to secure the integuments and muscles from passing over the orifice made, than to use a tube.

In one case, after the use of the tube for a few days, with much inflammation and irritation, it was removed entirely, and the patient breathed freely several weeks through the orifice only.

In another case, the tube excited so much inflammation as, I believe, to prove fatal.

I would therefore propose the rejection of the silver tube. This may be still more necessary in tetanus or hydrophobia, should the operation ever be performed in these cases, than in any other, on account of the augmented irritability of the spinal system.

Reduced to this simplicity, therefore, all that is required is an instrument for removing a circular portion of the trachea. A steel tube with an extremely sharp edge at the lower part, to which a piston is accurately fitted, is all that is required. All haemorrhage having ceased, this tube must be accurately applied to the trachea, and with a little force, and the piston is to be drawn smartly upwards. The portion of the trachea is drawn into the tube with a slight report.

It must be admitted, however, that such an instrument would require to be in excellent order, and to be used with a skilful hand. The profession are therefore indebted to Mr. Weiss, who kindly volunteered his aid in carrying out my suggestion, for proposing a material improvement in my instrument.

It may be known that a steel tube, with a lower cutting edge, through which a small screw, in the form of a cork-screw, is made to pass, is employed for removing a minute portion of the tympanum in certain cases of deafness. Mr. Weiss proposed to use a little cork-screw of this kind instead of the piston, in the instrument for tracheotomy, and such an instrument is now before me.

The portion of trachea is seized by the screw, and the steel tube descends with a rotary motion, and removes the portion of trachea with the utmost facility and certainty.

A still more simple instrument could be constructed, by substituting a small tenaculum for the cork-screw. Indeed, with the aid of a small tenaculum, the skilful surgeon would readily remove a circular or oval portion of the trachea, by means of a couching-needle or a very small scalpel; or such an instrument might be made to revolve round a fixed point. Thus, then, the
profession is provided with a ready mode of performing tracheotomy.

Besides the case of laryngitis, of tetanus, or of hydrophobia, the patient in the stertor of drunkenness, of epilepsy, or of apoplexy, when this is extreme, dies of asphyxia. Now that tracheotomy is rendered so safe and easy, I trust such an event will not again be permitted to occur.

There is another view of this remarkable question. I believe no violent general convulsion could occur, if the glottis were not closed; in other words, if the trachea were opened. Might not the faculties, or the life of the epileptic patient, be preserved by tracheotomy, the orifice being preserved open? The wound might be healed like that of the pierced ear, and opened or closed as the occasion required. I would propose this measure, as a preventive, in the case of frequent severe epileptic seizure. Over the orifice a proper guard might be worn, permitting the ingress and egress of the air, and admitting of being closed at will for articulation.

One gentleman has asserted that the hydrophobic patient does not die of asphyxia. I should think he never saw, or carefully observed and watched, a case of that most fearful of maladies, as he is obviously unacquainted with the writings of Dr. Physick, of Philadelphia.

I need not remind my readers of the importance of some proper instrument for the performance of tracheotomy in infants and children, in whom the free space over the trachea is so limited.

On the Internal Use of Turpentine Oil in cases of Hemorrhage.


The author, after noticing the fact that several writers—Adair, Nichol, Johnson, Warneck, Copland, Ashwell, and Pereira—have spoken of the efficacy of the essential oil of turpentine in hemorrhagic diseases, observes that this remedy seems nevertheless to be little used by practitioners. In the case in which he first made trial of it, haematuria of two years' standing, in an old man of eighty, was stopped in twenty-four hours by eight drops of oil of turpentine, and did not return. He has since used it in different cases of hemorrhage, and always with a favorable result. The cases in which its use is indicated are those of passive hemorrhage. It must not be employed in cases where there is an active determination of blood, and where the pulse is full. When the discharge of blood is the consequence
of organic disease, as of disease of the uterus, or of tubercular disease of the lungs, the action of the remedy is not so efficacious; but the author has seen a case of seirrus of the womb, in which the hemorrhage was for some time stopped by this remedy. The author has found the action of turpentine oil very rapid, an effect being manifest in a few hours, often after one small dose. In order better to ascertain its power, he used it alone, without having recourse to local astringents or cold applications, where he could do so without fear of endangering the life of the patient. He has used it most frequently in cases of menorrhagia and epistaxis; but he mentions, that it appears to him to be particularly applicable in the cases of hemorrhage attending typhus. He noticed the fact that turpentine exerts different actions on the body according as it is taken in larger or small doses, being more readily absorbed in the latter case; and he remarks, that as its beneficial action in cases of hemorrhage must depend on its being absorbed, the inference would be drawn, that the doses in which it is given in such cases ought to be small. His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is an almond emulsion, with a little gum Arabic. When there is pain in the abdomen, a few drops of laudanum may be added.

_Sulphate of Quinine in Asthma._ By A. M. Johnson, M. D., of Vermont, Illinois.—(St. Louis Med. and Surg. Journ.)

October 20th 1843, I was called to see Mrs. R., aged 45. I found her sitting, leaning forwards, with her knees drawn up, her elbows on them, her head supported by her hands, laboring for breath, her mouth open, and making such a loud wheezing noise as to be heard at a considerable distance; extremities cold; pulse feeble and irregular; in a word, she was labouring under all the distressing symptoms of asthma. Mr R. informed me that she had been subject to attacks of asthma for the last 20 years, which would yield to V. S. emet. and cath. in the course of 4 or 5 days. I recollected of somewhere reading a treaties on the *modus operandi* of quinia, in which the author suggested the propriety of its (sulph. quinine,) use in the treat-ment of asthma. Looking upon that disease as one of the spasmodic disorders of the excito-motory system of nerves, the par vagum being the apparent one, and the impression it con-veys to the medula oblongata is reflected through associated mot-er nerves upon the bronchial muscles; and believing *quinia* to be a sedative and a sudorific, I, at once administered xii grs. of
New mode of Reclaiming Drunkards. [February,

sulph. quinine. In 30 minutes, my patients remarked that she felt faint; we put her to bed; in two hours she awoke from a short sleep, and observed that she was well.—Her breathing was natural, pulse regular, and countenance normal. In 8 hours, ordered them to give oil ricini.

13th. Up to this day, she has not had a second attack.

December 29th, was called to see a boy, aged 10 years; had been subject to attacks of asthma from infancy; found him with the disease firmly seated. I gave him at once v grs. quinia; saw him in an hour again, not much relieved; ordered v grs. more; in two hours saw him again, and was happy to find the child entirely relieved. Was acquainted with the boy for 2 years in which time he had not a second attack.

June 17th, 1844, I was called to see Mr. B., aged 28;—found him labouring under an asthmatic disease, to which he had been subject for years. Gave at once xii grs. quinia; in three hours, entirely relieved. This patient died in September with hydro-pericardium. I have treated many cases of this (asthma) disease, and with immediate relief. I reported my success to my friend, Dr. Vance, of this place, who informs me that he has used it, with the same happy effects. Drs. Christy & Allen of Moquon, and Allen of Astoria, at my suggestion, have given it a trial, and with a like success. I now leave the report with this remark—that I do not claim the honor of its discovery, but presume that I was the first practitioner in the west to make use of sulph. quinia in asthma. I leave the modus operandi of quinia in the above disease with those who may give the above a perusal.


This plan consists in confining the person treated to one room, and giving him brandy in all his drink, whether water or coffee, and mixing brandy in small quantities with all his food. 139 soldiers were treated by Dr. Ritzous, at Stockholm, under this system. During the first few days, from five to seven, this new regimen pleased the patients much. They were in a state of continual joyous intoxication. The pulse became full and slow; the tongue red and moist. All complained of a sense of burning in the region of the stomach. The stools were regular; the urine red and scanty; the skin moist. The pupils were neither contracted nor dilated. About the end of the fifth or seventh day, the excitement of intoxication ceased; the patient came to himself, but was languid and silent. The sensation of burning
in the stomach became more acute, and was accompanied by inextinguishable thirst. The tongue became yellow about the edges; the stomach could take neither food nor drink, but they were immediately rejected by vomiting. The greater number gave up eating. The pulse was small, weak and trembling. At the end of from two to four days, this state disappeared in its turn, and the patient recommenced eating and drinking. Some were again attacked with intoxication during six or eight days; and when they came to their reason, they always preserved an invincible repugnance for food and drink mingled with brandy. In six of the men, slight delirium, which disappeared of itself, remained after the end of the treatment.

All the persons thus treated were carefully examined by medical men: it was considered important to direct attention to the thoracic and abdominal organs, and to inquire if there existed no disposition to apoplexy and cerebral congestion.

The duration of the treatment varied from six to twelve days; for some it required twenty days, including the time required for the treatment of the convalescence. This consisted in a new regimen—substituted for that with brandy, which had produced such an aversion that even its odour excited nausea. At first, pure water was given in small quantities, then milk, or gruel, and, by and by, other kinds of food were also given, but always in small quantity.

The treatment was suspended in seven individuals: in two, owing to convulsions; in three, from the vomiting of blood; in one, from hæmoptysis; and in another, owing to a blow received by the patient on the head.

No other disagreeable results followed the treatment: indeed, those submitted to it appeared to enjoy better health than they had previously. One only was attacked by melancholy, and cured by laxatives.

One man was obliged to suspend the treatment on the sixth day, he being then threatened with cerebral congestion and symptoms of irritation in the abdominal organs. He was cured by cold applications to the head, and purgation with castor oil. When he recovered, he had completely lost his taste for brandy.

Of the whole garrison, 139 men were treated on this plan of Schreiber—128 were completely reclaimed from drunkenness, 4 relapsed, and 7 were obliged to suspend the treatment. The greater number were from 20 to 25 years of age.

In this mode of treatment, strict surveillance on the part of a medical man is necessary. Results so satisfactory as those just recorded cannot be always expected; relapses may take place after apparently the most complete recovery; but it is not less certain that this plan of treating so widely spread and ignoble a vice merits all the attention of the physician.
There is another point which it may be as well to consider in adopting this singular method of treating drunkenness, namely, whether, if death should ensue from it, the practitioner might not have to answer a charge of poisoning by alcohol.

**Tar in Cutaneous Diseases.** By Mr. Thos. Hunt, of Herne Bay.——(Medical Gazette.)

The notorious intractability of these disorders naturally excites one's attention to any remedy which has proved successful; accordingly, the treatment by tar, especially since the introduction of capsules, has come into very general use; and it is unquestionable that some obstinate cases have yielded to it. I still, however, must maintain my preference for a previous trial of arsenic in decreasing doses, and on a full stomach, for the following reasons:

1. As far as my experience has extended, it has, when regularly and properly administered, never yet failed in any of the diseases enumerated by your correspondent, provided the patient be free from organic disease, and temperate in his habits. And we have yet to learn whether, in any of the cases of reputed failure, the arsenic has been carefully administered in accordance with the conditions I have specified; and this is an all-important point; for in a majority of my own successful cases, arsenic had failed, having previously been tried on an essentially different plan; and in many of them tar had likewise failed.

2. Arsenic not only cures the disease, but, when continued for a certain time after the final disappearance of the disease, always in a great degree, and frequently entirely, destroys all tendency to the morbid action. This is not the case with tar. On Mr. Wetherfield's own showing, some of his patients were only relieved for the time, and "suffered repeatedly from the disease."

3. Although Mr. Wetherfield's patients appear to have made no complaints—to their honor be it spoken—yet the odour of tar, to say nothing of its trouble and filth, is to some persons intolerable; and to none can it be agreeable to reflect, that they carry it about with them into every company. Arsenic is not open to this objection.

4. Arsenic, besides being more certain and lasting in its effects, as well as less unpleasant, is as safe as tar. Of this I have abundant proofs in the history of many thousands of cases. Nor have I yet met with a patient who, from idiosyncracy, could not bear it. I have explained in my book, that where the system was remarkably susceptible, and in a degree intolerant of the remedy, the disease was so much the more amenable to its influ-
ence, yielding speedily to such very minute doses as the patient could bear with impunity.

Nevertheless, if I should meet with a case in which arsenic cannot be borne in any dose, I will certainly give a trial to the tar.

I may, perhaps, be allowed to add, however, that it is our duty in every case, as it will prove our interest, as well as that of the patient, to try at once the most effective remedy we have at hand, especially if it be safe, and subjects the patient to no annoyance.

Cure for Stammering. By Charles A. Lee, M. D.—(Buffalo Medical Journal.)

Is there any cure for stammering? I believe there is, but not in the Surgical Armamentaria, nor in the materia medica proper. We read that Demosthenes cured himself of stammering by speaking with a pebble under his tongue. Mrs. Leigh, who has had great success in curing this difficulty, has availed herself of this hint, and directs her patients to elevate the tongue, raising the point towards the palate. Stammerers will tell you, that if they allow the tongue to lie low in the mouth, they find it much more difficult to articulate than if it is somewhat elevated. It is an excellent plan in the treatment of these cases, to direct the patient to sing his words, and you know that persons who stammer can sing much better than they can talk. In this way the attention is directed more to the larynx, and its muscles are brought at length under such a degree of control, that the habit of stammering is nearly, or quite overcome. If we could devise a method, by which the glottis could be kept permanently open, I doubt not, that the habit could be easily cured. I know no better way of voluntarily keeping it open, than that recommended by Dr. Arnott, viz: that the patient should connect all his words by an intonation of the voice continued between the different words. A still later mode of curing the difficulty, is that suggested by Müller, viz: of reading sentences, in which all letters, which cannot be pronounced with a vocal sound, viz: b, d, q, p, t, and k, are omitted, and only those consonants included, which are susceptible of an accompanying intonation of the voice; which should also be prolonged, as in singing. This plan, while it keeps the glottis open, combines articulation with vocalisation. After practising in this manner for a while, the stammerer should then proceed to the mute and continuous consonant h, and the explosive sounds q, d, b, k, t, p. This mode of treatment, followed up, I believe will cure most
cases of stammering, however bad they may be, but then it will require great perseverance on the part of the patient, and patience on the part of the instructor, if there be one; although I see no necessity for a teacher, after the principle has been fully explained, and understood. The patient is to study very carefully the manner of articulating the different letters, and then pronounce them repeatedly, slowly, and analytically. As soon as he can master sentences from which the explosive consonants have been omitted, he is to pass on to others in which they are sparingly introduced, and so on to ordinary language. Confidence in himself, and in his ability to command the muscles of articulation, is of the highest importance to the stammerer, and this can only be acquired in the manner pointed out, viz: overcoming obstacles by degrees, and proceeding step by step from that which is easy and practicable, to that which is more difficult.

Preparation of Collodion, or Solution of Gun-cotton as an Adhesive Material for Surgical Purposes—(Annalist.)

M. Malgaigne has recently communicated to the French medical journals some remarks on the preparation of gun-cotton for surgical purposes. Several French chemists, at the suggestion of M. Malgaigne, attempted to make an ethereal solution of this compound by pursuing the process recommended by Mr. Maynard, in the American Journal of Medical Sciences; but they failed in procuring the cotton in a state in which it could be dissolved by ether. It appears that these experiment- alists had employed a mixture of nitric and sulphuric acids; but M. Mialhe ascertained, after many trials, that the collodion, in a state fitted for solution, was much more easily procured by using a mixture of nitrate of potash and sulphuric acid.

For the information of our readers who may be disposed to try this new adhesive material, we here give a description of M. Mialhe's process for its preparation. It appears, from the results obtained by this chemist, that cotton, in its most explosive form, is not the best fitted for making the ethereal solution.

<table>
<thead>
<tr>
<th>Parts by weight.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finely powdered nitrate of potash</td>
</tr>
<tr>
<td>Concentrated sulphuric acid*</td>
</tr>
<tr>
<td>Carded cotton</td>
</tr>
</tbody>
</table>

Mix the nitre with the sulphuric acid in a porcelain vessel,

* The common commercial acid will answer. When very weak, a longer immersion of the cotton is required.
then add the cotton, and agitate the mass for three minutes by the aid of two glass rods. Wash the cotton, without first pressing it, in a large quantity of water, and, when all acidity is removed (indicated by litmus paper), press it firmly in a cloth. Pull it out in a loose mass, and dry it on a stove at a moderate heat.

The compound thus obtained is not pure fulminating cotton: it always retains a small quantity of sulphuric acid, is less inflammable than gun-cotton, and it leaves a carbonaceous residue after explosion. It has, however, in a remarkable degree, the property of solubility in ether, especially when mixed with a little alcohol, and it forms therewith a very adhesive solution, to which the name of Collodion has been applied.

**Preparation of Collodion.**

<table>
<thead>
<tr>
<th></th>
<th>Parts by weight.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared cotton</td>
<td>- - - - - - - 8</td>
</tr>
<tr>
<td>Rectified sulphuric ether</td>
<td>- - - - - 125</td>
</tr>
<tr>
<td>Rectified alcohol</td>
<td>- - - - - 8</td>
</tr>
</tbody>
</table>

Put the cotton with the ether into a well-stopped bottle, and shake the mixture for some minutes. Then add the alcohol by degrees, and continue to shake until the whole of the liquid acquires a syrupy consistency. It may then be passed through a cloth, the residue strongly pressed, and the liquid kept in a well-secured bottle.

Collodion thus prepared possesses remarkable adhesive properties. A piece of linen or cotton cloth covered with it, and made to adhere by evaporation to the palm of the hand, will support, after a few minutes, without giving way, a weight of from twenty to thirty pounds. Its adhesive power is so great, that the cloth will commonly be torn before it gives way. The collodion cannot be regarded as a perfect solution of the cotton. It contains, suspended and floating in it, a quantity of the vegetable fibre which has escaped the solvent action of the ether. The liquid portion may be separated from these fibres by a filter, but it is doubtful whether this is an advantage. In the evaporation of the liquid, these undissolved fibres, by felting with each other, appear to give a greater degree of tenacity and resistance to the dried mass.

In the preparation of collodion it is indispensable to avoid the presence of water, as this renders it less adhesive; hence the ether, as well as the alcohol, should be pure and rectified. The parts to which the collodion is applied should be first thoroughly dried, and no water allowed to come in contact with them until all the ether is evaporated.
PART III.

MONTHLY PERISCOPE.

Function of the Skin.—Mr. Wilson, in his work on Diseases of the Skin, (says the Charleston Medical Journal and Review,) after describing the structure and arrangement of the sudoriparous glands, makes the following curious remarks:

"Taken separately, the little perspiratory tube is calculated to awaken in the mind very little idea of the importance of the system to which it belongs, but when the vast number of similar organs composing this system are considered, for it includes the sebiparous organs, which are also agents in perspiration, we are led to form some notion, however imperfect, of their probable influence on the health and comfort of the individual. I use the words imperfect notion, advisedly, for the reality surpasses imagination and almost belief. To arrive at something like an estimate of the value of the perspiratory system, in relation to the rest of the organism, I counted the perspiratory pores on the palm of the hand, and found 3528 in a square inch; now each of these pores being the aperture of a little tube of about a quarter of an inch long it follows that in a square inch of skin, on the palm of the hand, there exists a length of tube equal to 282 inches, or 73½ feet. On the pulps of the fingers, where the ridges of the sensitive layer of the true skin are somewhat finer than in the palm of the hand, the number of pores on the square inch a little exceeds that of the palm, and on the heel, where the ridges are coarser, the number of pores on the square inch was 2268, and the length of the tube 567 inches or 47 feet. To obtain an estimate of the length of the tube of the perspiratory system of the whole surface of the body, I think that 2500 might be taken as a fair average of the number of pores in the square inch, and 700 consequently of the number of inches in length. Now the number of square inches of surface in a man of ordinary height and bulk, is 2500; the number of pores, therefore, 7,000,000, and the number of inches of perspiratory tube 1,750,000, that is, 145,833 feet, or 48,000 yards, or nearly 28 miles."

A Case of Superfetation and Mixed Birth. By THOS. B. TAYLOR, M. D., of Princeton, Miss.—The following remarkable case of superfetation and mixed birth occurred in this neighborhood a few months since; and as there are but few cases of a similar character on record, and as this differs in some of its features from any other, I have concluded to report it, provided you may deem it worthy of a place in your Journal.

Clarrissa, a negress, the property of Mr. A. Knox, aged about 35 years, in May last, was delivered of twins; one a mulatto, and the other a negro child. She had been married to a negro man on the plantation, of delicate constitution, for many years, and had had several children by him. Her menstrual discharge had occurred for several
months previous to her pregnancy, at about the full of the moon. She felt herself pregnant by her customary signs, about the middle of the month; and, to confirm her suspicions, at the next period, it did not appear. About three weeks from the time she first felt she had conceived, and one week after her menses had failed to appear, she had sexual intercourse once with a white man. She slept with her husband every night—had connection with him the night before she had intercourse with the white man, but not on the same night. At their birth the mulatto child bore marks of being at least three weeks younger than the negro; thus sustaining the woman in her suppositions, as to the time between her two conceptions. This woman is a faithful servant, and I have every reason to believe she told the truth in relating the circumstances of her case to me.—[New Orleans Med. and Surg. Journal.

Can a Reptile live in the Stomach?—To the Editor of the Boston Medical and Surgical Journal. Dear Sir,—Permit me to make the inquiry, through you, whether it is possible for a reptile to live in the human stomach? and if so, how long? Could it not only live but grow to some size there?

The reasons for making this inquiry, are the following:—Mrs. W., who has usually enjoyed excellent health, has, during the summer past, been unable to attend to her ordinary business. Her appetite has been capricious. She has complained of a disagreeable sensation at the pit of the stomach, sometimes amounting to pain, and frequently attended with nausea. These symptoms increased in severity until, about a fortnight since, she ejected a live snake from her stomach. It was seven inches in length, and of the common green species. It lived two days in a bottle of water, and then died. I have it now preserved in spirits. Mrs. W. thinks she remembers having swallowed some object in a glass of spring water which she drank in the dark, in May or June. She has now recovered her usual health.

Yours, &c.

Hallowell, Me., Nov. 1, 1848.

M. C. Richardson, M.D.

Neuralgia of the Teeth. By Doct. R. A. Chambers, of Mifflin co., Penn.—This troublesome disease, which is generally characterised by periodical pains, shooting with the utmost violence along the branches of the fifth pair of nerves distributed to the affected jaw, I have succeeded in arresting and entirely curing in two cases. Both patients had been troubled for years, and suffered much from the intenseness of pain which attacked them at stated periods, and continued for several hours, after which there was not the slightest symptom for some three or four days, when it would make its appearance with the same distressing effects. Various applications, as well as internal remedies, had been resorted to, but all to no purpose, as little or no benefit had resulted from their use. The poles of an electro-magnetic apparatus were ordered to be applied to the jaw, tracing as near as possible the distribution of the nerves. This was done; and after two applications in the one case, and three in the other, I had the pleasure of witnessing
a cure, as no returning symptoms have made their appearance during the several months which have now elapsed.—[N. Y. Annalist.]

Poisoning by an Infusion of Poison Oak.—Mr. Wilkes, a student of medicine from Tennessee, curious to test the truth of the statement of some writers on materia medica, that the Rhus toxicotendron only produces its poisonous effects when applied to the skin, tried, a few weeks since, the experiment of drinking a strong decoction of the plant. He boiled the vine, with its leaves, and drank about a gill of the fluid, taking care, while preparing it, not to let the vine come in contact with his person. It was taken after supper, and next morning he found his face much swollen. The swelling continued to increase until his eyes were completely closed. He resorted at once to a wash composed of perchloride of mercury, gr. j.; sal. ammoniac, grs. iij.; water, 3ij., which he had prepared in the event of his being poisoned. In about thirty-six hours the swelling and inflammation had disappeared. He slept nearly the whole time his eyes were closed, showing the narcotic action of the article.—[Western Journ. of Med. and Surg.]

Blisters to Thigh in Vomiting.—The treatment recommended by the author in this disease, is rational and practical. There is one remedy which we have found useful, to which he does not allude. We have used it in cases where the vomiting was incessant, every thing being rejected the moment it reached the stomach, the dejections frequent, copious and watery, and the thirst most distressingly urgent, and where every thing had failed to relieve, or even to mitigate the severity of the symptoms. Under such circumstances we have found small blisters applied to the inside of the thighs, give almost immediate relief to the nausea, retching, vomiting and thirst, and afford time and opportunity for the administration of remedies. Applied on the inside of the thighs, they have produced a decided mitigation of the symptoms as soon as vesication commenced, whereas when applied to the epigastrium, they have in such cases little or no effect.—[Charleston Medical Journal.

Leeches.—The following simple method for preserving leeches and making them suck vigorously a second time, is recommended by Dr. Christison. "It has been stated that they may be rendered in a few days as active and useful as ever, by dissolving a little white sugar in the water (in which they are kept,) and renewing this solution twice at intervals of twelve hours, and twice afterwards at intervals of a day. I have tried this plan and found that the same leeches drew blood three times at intervals of three days, with scarcely any diminution of activity, and with scarce a death among them." p. 540. This of course, does not dispense with the necessity for stripping them.—[Ibid.

Operation for Hare-lip.—M. Guersent, who has had extensive opportunities of judging of the most favorable period for operating in hare-lip, gives the preference to the period recommended by Dubois,
during the first fortnight after birth. He advises against undertaking the operation when the child is about a year old, or during the process of dentition. It may again be performed with much greater hope of success when the child has attained the age of five or six years. Dietlenbach latterly gave a similar preference to the early operation.

[Gu commodes Hop., in Monh. Journ.]

Amputation at the Hip-joint.—M. Guersent operated, on the 28th December, 1847, for a cancerous affection of the femur by disarticulation at the hip-joint. The child, aged 5, was very much reduced. He was put under the influence of chloroform—insensibility was complete in two minutes. The operation lasted only two minutes. When the ligature was being placed on the vessels the child became pale, a little foam came from the mouth, the eyes were turned up, and the pulse at the wrist dissappeared. This state of syncope was dissipated by means of active ventilation, and the introduction of a few spoonfuls of wine into the stomach—and the child began to cry, much to the relief of the surgeon. Twenty-two days after the operation the child was as well as possible.—[Journ. de Méd. et de Cher., in Prov. Med. and Surg. Journ.

Ergot as a Remedy for Spermatorrhœa.—In a recent lecture on excessive and involuntary seminal emissions, Prof. W. Parker stated that he had used the Ergot in combination with the Tinct. Ferri. Murias, with very marked benefit.—[Annalist.

New Mode of preparing Sections of Skin so as to show the Glands.—M. Flourens communicated, July 12, to the Academy of Sciences, the following extract of a letter from M. Retzius: "I have the honor to present to you two fine sections of the skin from the Axilla, in which can be distinctly seen the superficial sebaceous glands, and the more deeply seated sudorifirous glands. The skin is rendered diaphanous by maceration in sulphuric ether. In this way, we can see the beautiful glands either with the naked eye or with the magnifier.—[Compte rendu, in Annalist.

Novel Effects of Hydropathy.—A friend at our elbow suggests that the notion of drugs working out through the skin after long remora in the system, was deduced in this vicinity from the case of the Rev. J——, once a respectable minister but who abandoned himself to drinking and opium eating. He was induced, by some of the cold water sages, to try the effect of their panacea. When he was under a full head of the sweating and steaming process, sure enough, the pent up vapors gave forth a most unsavory odor of laudanum! With their usual cautious generalization, and the modest self-reliance which always marks the inductive philosopher, the old women of both sexes who watched the phenomena, at once held up their hands in amazement at the miraculous fact—more wonderful than the liquefaction of the blood of St. Janarius—that the long locked up poison was compelled to
desert its victim! Poor J——! the reform was of short duration. The Lunatic Hospital at Worcester soon received him, and the amusing explanation came out, that a small vial of the precious tincture, which he had concealed about his person to comfort him in passing through Jordan—for his dread of the element had long been perfectly hydrophobic—had been accidentally fractured, and its perfume thus shed abroad!

“You may break, you may ruin the vase if you will, But the scent of the roses will hang round it still.” [Buffalo Medical Journal.]

Springs of South Carolina.—Still more singular were the circumstances related to me respecting the Woodboo Springs; many years ago a similar "break" or sink having occurred in the canal it was repaired by driving piles into it and filling the interstices with fascines made of rice straw, (then grown extensively in the inland swamps of this neighborhood) covering these with rammed clay and planking over the whole. The work, however, having been carelessly performed, did not last long, the piles, fascines and other material used in the repair suddenly disappeared and were followed by the waters of that entire section of the canal. Two months afterwards, to the surprise of those who witnessed it, the fascines of rice straw came up with the bubbling waters of Woodboo Springs at a distance of two miles below. [Charleston Medical Journal.]

The Ervalenta—Quackery exposed.—In the Pharmaceutical Journal, March, 1845, the nature of a secret remedy for constipation, called Ervalenta, and Mélassè de la Cochin China, was exposed. The first, (the ervalenta,) we explained, was the meal of the lentil, called Ervum Lens, sold at three times its ordinary price; and the second (the melasse de la Cochin China), was common treacle, sold at five times the usual charge for it; and the smallest quantity of these two sold, cost twenty-eight shillings.

"The speculation has, we presume, proved a lucrative one, for it has given rise to an imitation in the form of a preparation called 'Revalenta Arabica,' a nutritive and eminently curative specula, derived from an African plant.' It is prepared like gruel, by mixing two ounces of it with a pint and a half, or a quart of water, boiling over a slow fire, and stirring well till it has boiled for fifteen minutes. Honey, or the best raw sugar, and salt to taste, are then added, and it is ready for use. If this does not act sufficiently on the bowels, two or three spoonfuls of 'our prepared melasse' are to be substituted for the raw sugar.

"The word 'Revalenta' is obviously borrowed from 'Ervalenta' by the transposition of the letters of the first syllable.

"The word 'Ervalenta' is derived, as we before explained, from the 'Ervum Lens,' the botanical name of the lentil.

"The lentil is cultivated in Egypt, as well as in various parts of Europe, and therefore the proprietor of the revalenta is so far correct when he says it is an 'African plant.'
"On subjecting the meal called revalenta to a microscopic examination, we find that, like crenalenta, it is prepared from the lentil. The character of the starch-grain readily distinguishes it."

The expected-to-be omnicient medical man has here the history of this queer-named composition. The facts speak for themselves much more truly than the silly certificates which are pulped in such abundance on the subject, from the pens of dyspeptic parsons, constipated lawyers, &c.—[Lancet.

Cure for Hiccups.—Travelling some time since, by railroad from Columbus to Baltimore, I took my seat immediately in front of a gentleman who was suffering under a paroxysm of hiccups, to a degree that I had never before witnessed. In a few minutes a person appeared from the end of the car, and took a seat beside him, when he said, "Sir, can you tell me what is good for the hiccups? I have been afflicted in the way you see me since yesterday noon, and have had no rest, or relief from a physician to whom I applied for assistance; I am worn out with suffering." To whom the person replied, "Sir, I will cure it in less than two minutes by your watch; have confidence, for I am sure I can do it. Hold up, high, above your head, two fingers of your hand; lean back in your seat, opening your mouth and throat, so as to give free passage to your lungs; breathe very long and softly, and look very steadily at your fingers." In less than the time specified the cure was performed, one hiccups only occurring during the trial.—The patient could not express his gratitude, while the practitioner only exacted from him as a fee, the promise that he would extend the knowledge which he had imparted, as freely as he had received it, assuring him that he would never be dissatisfied in the result.

We were all struck with the fact, and many of us considered that the stranger was sent by the appointment of that Power, often designated as a particular Providence. Since then I have often had occasion to practice upon patients in the same disorder, and never without the most signal success.—[Newspaper.

Persistence of the Urachus in an Adult.—Dr. Robert Cabell has brought before the Medical Society of New York the details of a case of persistence of the urachus in a mulatto girl, fifteen years of age, and enjoying good health. The umbilicus was depressed, and presented, in the centre, a small aperture, through which the girl could make her urine pass while lying down. Dr. Cabell introduced a thin gum-elastic catheter into that orifice, and succeeded in conveying the instrument into the bladder, after having introduced it for six or seven inches. On the catheter being withdrawn, a jet of urine followed. The canal of the urethra is, however, perfectly free, and the patient is nowise inconvenienced by this abnormal conformation.—[Lancet.

The Use of Iron as a Prophylactic against Cholera.—To the Editor of The Lancet. Sir,—I wish to suggest to those exposed to the influence of cholera, the internal use of iron as a prophylactic.
I conjecture that when the blood is well impregnated with iron, it is rendered less prone to undergo the morbid change in which many epidemic diseases primarily consist. The experience of an individual is sufficient to put this conjecture to the test; and as regards cholera, I have not even that experience to offer. During the prevalence of Irish fever, I believe I did obtain a little negative evidence in support of my opinion, but not nearly sufficient to establish it.

Taken in the form of pill along with solid food, iron scarcely ever disagrees, provided neither fever nor active inflammation be present. Any one disposed to try it against the contagion—for such I believe it—of cholera, will find a grain or two of the sulphate, made into a pill, with extract of gentian, to be taken during, or immediately after, each of the principal meals, a convenient method.

Your obedient servant, M. D.

_Here's Hood's Illustration of Hydropathy._—"It has been our good fortune, since reading Claridge on hydropathy, to see a sick drake avail himself of the water cure, at the dispensary in Saint James' Park. First, in wading in, he took a 'Fuse bad,' then took a 'Sitz bad,' and then turning his curly tail up in the air, he took a 'Kopf bad.' Lastly, he rose almost upright on his latter end, and made such a flapping with his wings, that we really expected he was going to shout 'Priesnitz for ever.' But no such thing. He only said, 'quack! quack!! quack!!'"

MEDICAL INTELLIGENCE.

0°F TO THE PHYSICIANS OF GEORGIA.—The Faculty of the Medical College of Georgia, suggest to the Medical profession of the State, the propriety of organizing an association. Since the institution of the National or American Medical Association, our sister States, Alabama and South Carolina, have taken action on the subject. It is therefore proposed to call a convention of the Physicians of Georgia, to be held in the City of Augusta, on Tuesday the 20th of February next, then to adopt such measures for the improvement and benefit of the Profession as they may deem proper.

The Georgia Rail Road has promptly reduced its fare to one half, for all members of the profession coming to the Convention, and it is presumed that the other rail roads will do the same.

Editors favorable to the above object will please insert this notice.

Dr. Gordon's Letter respecting the continuance of this Journal.

_Lawrenceville, Ga., Jan. 8th, 1849._

To the Editor of the Southern Medical and Surgical Journal:

_Dear Doctor—_It is with unfeigned regret that I have discovered by the last (January) No. of the Southern Medical and Surgical Journal, that it is languishing for the want of patronage. In all candour,
and with a truly praiseworthy frankness, you have given publicity to these facts, and now throw the final destiny of the oldest and one of the best monthly medical periodicals of the South and West upon the reader mercies of the medical profession. The all-important question is propounded—"SHALL IT BE CONTINUED OR NOT?" Now sir, in addition to this important query, I would ask, if there is one solitary individual composing the long list of Alumni or friends of the Medical College of Georgia who will not cheerfully enlist all his energies and influence in sustaining the character and honor of his Alma Mater, or State Medical Institution. Or rather, will not the profession of the South and West unite, and, as with one voice, proclaim that it can and will be sustained. So far as our knowledge at present extends, we know of no Journal published in the United States containing so much interesting matter at so low a price. This fact alone should be sufficient to insure its success.

But a more important consideration why it should be continued, is, that it is a home journal, the only convenient medium through which we can freely interchange our views upon professional subjects, and aid each other in the high and holy objects of doing good.

We cannot but indulge in the gloomy forebodings, that if the present crisis is suffered to pass unimproved, from this time henceforward may be dated the downfall of Southern Medical Literature. That if its oldest and ablest exponent is suffered, for the want of support, to be numbered "with the things that were," those of more recent origin will almost necessarily follow in the train, and truly, like a star, we fear,

"It will sink to rise no more."

In conclusion, I would make this proposition to my professional brethren of Georgia and the adjoining States, and more especially to the Alumni of the Medical College of Georgia—that each individual use his utmost exertions to procure at least two new subscribers, and as many more as practicable.

Since the reception of the last No. I have been enabled to obtain two subscribers who have not hitherto favored it with their support, and I promise further to obtain two more. But just let the Alumni (to say nothing of the exertion of other friends) unite and carry out our proposition, and the work is done. Not only will the subscription defray the expenses of publication, but also remunerate you, Mr. Editor, for your arduous duties in conducting the Editorial department, for verify "the laborer is worthy of his hire."

Truly yours, &c.

JAS. M. GORDON.

The Asiatic Cholera.—This dread disease has re-commenced its ravages on our Continent at two quite distant points, first at New York City, and still more recently at New Orleans. We are enabled in this No. to present the reader with a full account of its appearance, progress, and we hope decline and departure from the vicinity of the former place; hoping in our next issue, to be permitted to announce the like favour as regards the valley of the Mississippi.

The report which follows, is prepared by Dr. Alexander B. Whi-
ting, Health Officer at the Quarantine establishment of New York, by order of the Mayor and Medical counsel.

On the second of December, the packet ship New York arrived at Quarantine with a number of persons sick, having lost seven during the last week of her voyage, with a disease that has since proved to be Asiatic Cholera. The New York left Havre on the ninth of November, with three hundred and thirty-one steerage passengers, twenty-one cabin, and thirty-three crew; a total of three hundred and eighty-five. All continued well until the twenty-fifth, Saturday, when one of the steerage passengers, a German, aged twenty-nine, in robust health, was attacked with vomiting and purging, accompanied by cramps of the muscles of the upper and lower extremities. The Captain supposed it to be cholera morbus, and prescribed judiciously for the symptoms, but they continued until the third day, when death occurred.

The next case was on the 26th, Sunday, when an old man, aged sixty-two, in feeble health, was attacked with vomiting and purging, with coldness of the whole body, and violent cramps and spasms. He died on the second day after the attack. Monday and Tuesday, 27th and 28th, two cases occurred. A girl, aged five years, died in two hours, and a boy also, aged five, died in four and a half hours after their first attack, both perfectly well previously. Wednesday, 29th, a man, aged forty, was attacked at 8 o'clock, A. M., and died at 3, P. M., of the same day. On Thursday, two children sickened and died, after six and eight hours illness.

The ship came to anchor at Quarantine on Friday night, and from that time until Sunday noon, when the passengers were landed, twelve new cases occurred.

Since the arrival of the ship at Quarantine, eighteen cases have occurred, making, with the twelve taken from the ship, thirty cases, of which number twenty have died. The whole number, from the first case at sea, has been thirty-seven, of which twenty-seven have proved fatal.

The disease was considered by Captain Lines as cholera morbus, and treated by him as such, with calomel and ipecacuanha, opiates, warm drinks and mustard, and heat externally. Vomiting and purging, cold clammy skin, cramps and spasms were observed by him in several of the cases, but not the peculiar character of the evacuations.

In the cases that have occurred here, Diarrhoea has preceded in only a few, or about one-third. A majority were attacked in the morning, between the hours of two and eight.

Most of them have presented all or most of the following symptoms: Vomiting and purging of thin discharges, sometimes at first, light brown, but generally from the first, of a white or yellowish white or pearl color, with white flocculi, forming a thicker whitish sediment on standing a short time. They are well described as rice water evacuations. In some cases a half gallon has been vomited, but generally in smaller quantities. A child, six years old, vomited fully this quantity at once, had no other evacuation, and afterwards recovered.

The vomiting is usually accompanied by great uneasiness and pain, particularly at the epigastrium. In some cases vomiting has existed without purging, and vice versa. In several cases neither vomiting nor purging, but the stomach and bowels were found full after death with the same fluid. One or more large worms, the Lumbrici, have been discharged, either by vomiting or the bowels, in a large majority of the cases. This fact has been before remarked.

The tongue and breath are icy cold; sometimes the tongue is clean, but generally slightly coated. The voice becomes weak and husky, and with a great effort the patient speaks in a thick whisper.

The skin assumes a dark livid color, becomes cold and clammy, and when pinched up, remains so for a short time.

The countenance wears a haggard, sunken look, the eye is dull and heavy, although the pupil is somewhat dilated.

The extremities are shrivelled, the fingers and toes, and nails, resembling those that have been long in the water, and of a purple hue.

All the cases have been affected with cramps and spasms of the extremities and abdomen, in some slight, but generally a very painful symptom.
The pulse, from the inception of the real attack, becomes small and frequent, from 110 to 140, according to the progress of the disease, and in the stage of collapse entirely lost at the wrist for hours.

The breathing labored and hurried, and in the cases where the spasms were severe, occasionally suspended momentarily.

In some of the cases all these symptoms were present, while in others only a few of them existed. The number or apparent violence of the symptoms form no criterion for the prognosis. Fatal results followed in a number of cases in a few hours, where the dejections were slight, and spasms and other violent symptoms were absent. Death seems to ensue from the oppression of the vital organs, and the nervous system, by some giant poison. The wretched expression of countenance, the icy tongue and breath, the sunken eye, reveal this most strongly.

In this disease there has been but one stage—that of collapse—although every pain has been taken to detect the first deviations from health, directions given to all to communicate them at once, and persons employed to inspect them constantly, and a physician to pass among them at all hours of the night and day. The first intimations are the extreme symptoms, defying the most prompt and decided remedies.

The appearances after death are those that have been usually observed after death from cholera. A shrunk and shrivelled livid exterior, a gorged and congested condition of the internal organs. The meninges and substance of the brain, and all its vessels, usually red, either from actual congestion, or the retention of the exsudate of the blood while the serum is drained off. The lungs, liver, spleen, heart, intestines and kidneys, present the same deepened color. I have observed no alterations of structure or softening.

The bladder is contracted to an extremely small size. I should have observed that there is an entire suppression of urine in most of the cases. In several cases that I have examined, the entire mucous lining of the bursal tubes has been much injected.

That this is Asiatic Cholera, cannot be doubted. From the commencement of the disease to the present time, thirty-seven cases have occurred, twenty-seven of which have died in an average period of ten hours. The average duration of the disease in the children that have died, has been four hours.

A new feature has appeared in the history of this disease, in the fact that six persons have been affected in a similar way, who had been but for two days exposed to contact or proximity to these people.

Nothing like cholera existed at this place at the time of the arrival of the ship New York. When her passengers were removed to the public stores they were occupied by about seventy persons, who had just recovered from other diseases. One of these, a man just recovering from a fractured patella, assisted in the removal of the patients. This was on Sunday; on the Wednesday following, he was attacked with violent symptoms of cholera, and died the same day. A woman who had been a nurse, without having any communication with these people, but occupying another room in the same building, was attacked, and died the same day, with all the symptoms of cholera. A man who had been discharged and gone to the city of New York on Monday, and had remained a little over a day in this same enclosure, was returned from the city as a case of cholera, and died also on Wednesday. On perceiving this communication of the disease to the convalescents, I immediately sent them away and distributed them through the other hospitals, since which three others have been attacked, two of whom have died, but none other than those at first exposed at the public stores, have been affected. These had all been inmates of the hospital for weeks, were ready to be discharged, and had but a limited exposure for forty-eight hours to the influences of the disease.

At the time the first cases occurred, November 25th, the ship was in N. lat. 42°, long. 61°, about 110 miles S. S. W. from Sable Island. On the 23d and 24th, the two days preceding the appearance of the cholera, the wind was N. N. W. On the 25th it changed to the southward, with squalls and rain. In the morning the barometer was at 30 inches, and fell during the day to 29 1/2 inches; thermometer 60° Fahr. Sunday and Monday, 26th and 27th, wind westerly, and fresh; Tuesday, 28th, moderate from N. W.; barometer 30, thermometer 42°.

I have given these particulars of the wind and weather in connection with the
dates of the first appearance of the disease that all aid may be given to our attempts to account for its origin. Here its actual manifestations commenced. Did it originate in a casual but unusual mingling of certain elements or condition of the elements, or from contact with an advanced wing of the grand cholera army, or from the development of seeds latent and waiting for peculiar culture? Here we are met by interesting and peculiar facts.

All the persons who have been attacked, from the first case on board ship, to the last, excepting the inmates of the hospital, have been from among two hundred and seventy Germans who have been living in Havre and its environs, where there has not been a single case of cholera. These persons were originally from Germany, mechanics, and flourishing, until by the triumph of liberty and equality, the native French artisans have succeeded in inducing the public to withdraw their patronage, and the municipal authorities to prescribe them.

The consuls of their native countries have come forward and provided for their emigration to America. The question arises, is there not some difference between these and the other passengers that might enable us to account for the fact?

The only one that may be adduced, is the depressing influence of grief at being driven from their homes and flourishing trades; but this is not apparent in their appearance or manner. They enjoyed promiscuously with the other passengers, the best accommodations, and I am assured by Capt. Lines, that their fare was the same with the other passengers.

I have examined their provisions on board ship, casks of bacon, rice, flour, beans, biscuit and potatoes, unheaded and exhibited to me, as it has been dealt to them, and I am sure that more wholesome or sweeter provisions could not be provided.

They are all healthy and robust—have not been exposed to the cholera at home, and have since leaving their port of departure, shared equally with the exempt, the comforts and privations of a sea voyage, variations of wind and weather, have breathed the same air, and fed on the same food.

When I speak of treatment, and mention twenty deaths out of thirty cases, I can evidently not be expected to produce a successful plan of treatment.

I will mention the general plan, however, as in some cases it has been successful, and in others failed from the fact that the disease presented its first and final stage simultaneously. On admission, the patient is enveloped in warm blankets, next the skin, and warm mustard applied largely to the stomach and bowels and extremities. Hot bricks, bottles of water, or bags of sand applied to various parts of the body, and a stream of hot air conveyed from a hot air apparatus under the bed clothes. With this is combined as much friction with hot tincture of capsicum as can be carried on under the clothes without exposure of the body to the air. This is done in all cases, and is an efficient method of restoring warmth to the surface, if practicable.

Various internal means of treatment have been tried. In a number of cases, Dr. Joseph Brown's practice of administering mustard emetics, has been adopted, but without the blood-letting. Only two cases that were treated in the first stage of the disease in this way, were benefited, reaction occurring after the emetic, followed immediately by a scruple dose of calomel, combined with Dover's powder. Unless reaction is effected by the emetic, the prostration and irritation of stomach produced by it can only serve to enhance the disease.

In eight other cases, the large doses of calomel, capsicum and camphor, as administered in the practice of Dr. Cartwright, of Mississippi, and suggested to me by S. M. Fox, Esq., were carefully tried, combined with the rubbing in of hot tincture of capsicum. But the results did not encourage the continuation of the treatment.

Chloroform has been administered in a number of cases, carefully and repeatedly, and at first gave some hope that it would prove a successful remedy, but no other permanent good has resulted from its use but to relieve the spasms and cramps. For this purpose I have used it in all cases moderately, and if not a cure for all the symptoms, it is an invaluable remedy in subduing one of the most painful symptoms of the disease.

Hot wine whey and mustard whey have been administered, in combination with other means, particularly in the latter stages of extreme prostration.

The saline mixture has also received a careful trial in a number of cases from
the commencement of the disease, and although hopefully watched for beneficial results, laid aside as worse than inefficient. If administered in a condition of the system when it might be absorbed, advantage may be derived from it, otherwise it can but increase the irritability of the stomach, the thirst and prostration, and aggravate the disease.

Sugar of lead and opium have been administered in large and small doses, but soon abandoned as impotent.

The treatment that has proved of most service has been calomel in scruple doses, combined with opium and camphor, followed at two or three hours intervals, by smaller doses of calomel, until reaction is indicated by some action of the liver. This plan, combined with the faithful application of external heat, &c., I am satisfied has proved of most advantage in the cases that have come under my notice. Every case in which the slightest bilious evacuation has been procured, has commenced to recover from that moment, and although of itself, unable to effect the reaction necessary for its own peculiar action. Calomel will doubtless always prove the most potent auxiliary in the catalogue of remedies for cholera.

No one specific can ever control a disease whose nature is made up of so many complications, an obstinate exsanguination and paralysis of the surface with a fearful congestion of all the internal vital organs, and a derangement of the nervous system, indicated by convulsions of every portion of the body.

December 19th. Since the above was submitted, I have had further opportunity to observe the character and treatment of the cholera, existing at the Marine Hospital. Since the 11th December, to date, there have occurred thirty-three new cases. All but three of these have been from the same class of Germans from Havre, as the other cases. One, and the only one that has occurred among the French passengers of the New York, was a Frenchman from Paris, a fatal case.

Two others were old inmates of the hospital of Irish nativity. They were just recovering from typhus fever, and located in a hospital most distant from the cholera hospital. One was attacked on the 10th, the other on the 11th of December, with all the symptoms of the disease, proving fatal on the third day in the first case. The other is convalescing. No intercourse between these patients and the cholera cases can be detected, neither of the convalescents that were at first returned from the public stores, and were afterwards attacked, had visited their wards, and their physicians in attendance had been but little among the cholera patients.

The whole number of cases, thus far, at Quarantine, has been sixty-three. Of these, twenty-nine have died. A large proportion have been children under fourteen years, twenty, or about one-third of the whole number having been of this class.

Most of them passed through the first attack of the disease, and died from subsequent congestion or effusion in the brain.

Of the thirty-three cases that have happened since my report of the 11th, I am glad to state that only nine have been fatal. And as there appears to be no difference in the severity of the symptoms at the outset of the disease, I cannot but attribute the diminished fatality to a more happy plan of treatment.

From the results of the first thirty cases, and post-mortem revelations, I became convinced that the stimulating plan was not the treatment for this cholera, and abandoned at first the mustard, then the capsiicum, ammonia, brandy, wine whey, etc., and relied on calomel in large doses, with opium, Dover’s powder, and camphor.

With regard to camphor, even though it has been always lauded, and by some as the specific in cholera, I entertain suspicions of its utility.

The treatment I have now adopted, and adhere to, from its decided agency in controlling the symptoms and inducing early reaction, is the exhibition of moderate doses of calomel, with morphine, at short intervals. Five grains of calomel, with a quarter of a grain of sulph. morphia, is at first given to an adult; in a half of an hour, or one hour, a scruple dose of calomel is exhibited, and is usually retained; afterward, a pill of cal. grs. v., sulph. morphia, gr. ¼, is given each hour, two hours or three hours, as the effect may indicate. This is observed in the subsidence of the pain and spasms, the diminished quantity and frequency of the evacuations, the return of warmth, and restoration of the pulse.
This treatment is continued until some indications of bilious action appear; the first is usually a change of color and consistence, from the light, thin, rice water, to a greenish, and then brown or brownish yellow color. The evacuations from the stomach and bowels will frequently continue green, or of the color of sulphate of copper, for hours, but I have not known a single case to relapse where this effect had once been produced.

I was led to substitute the morphine for opium, from its being less liable to disturb the stomach or to produce narcosis, an effect to be deprecated in this stage of congestion, except it result naturally from the obviation of pain and excitement.

In children, however, under six or seven years, I have used Dover's powder in preference to morphine, as being more manageable in regard to the dose. A very simple remedy, but one that I have used in children with happy effects, has been the tea of the spearmint, given hot in the first stages, and afterwards cold, in a small quantity, a large spoonful occasionally.

The most valuable external means is the stream of hot vapor of alcohol, poured over the patient by a very simple apparatus at the foot of the bed. This is a large alcohol lamp placed under a sheet-iron cylinder, with a pipe running from it. The lamp is placed on the floor, and the tube with an elbow, and terminating in a large funnel to elevate the clothes, is inserted under the bed-clothes. This and hot mustard applications are the only external means that I rely on. They are potent, and can be continued without the fatigue or exposure of the patient, a paramount desideratum, as there is plenty of both to contend with as the inevitable effects of the disease.

We also append the following report from the Sanatory Committee of the Board of Health of the city of New York:

"The undersigned, having been appointed by the Sanatory Committee of the Board of Health to prepare a communication to the public, in relation to the Epidemic Cholera with which this city is at present threatened, respectfully report:

That, as yet, the disease is entirely limited to the Quarantine, and the hope is cherished that under the protection of a kind Providence, this city may be preserved from its ravages. It is evident, however, that the cause of the disease is hovering in the atmosphere about us, and it therefore becomes a duty to adopt in season all such precautionary measures as may tend, if possible, to mitigate its evils, should it unfortunately assail us. Under this impression, they beg leave to make the following suggestions:

As the whole history of the cholera shows that its diffusion is promoted by all those causes which have a tendency to render the air impure, the first and most important concern relates to the cleanliness of the City. To accomplish this, the undersigned are satisfied that the Board of Health have taken such measures, and will continue to do so, as they trust will be efficient. The Board of Health, however, it is evident, cannot do everything, and the Committee would respectfully call upon their fellow citizens to co-operate with them in every possible way in their power. Sources of filth and impurity may exist without the knowledge of the public authorities, and every citizen should feel the necessity of keeping a watchful supervision over his own premises, and when individual efforts are inadequate, to call upon the Board for aid and assistance.

Believing that much may be done in the way of prevention, if not cure, of the disease, in case it should unfortunately attack us, the undersigned would offer a few suggestions of a general nature, founded on experience, leaving the application of them to the good sense and discretion of the community at large.

In the first place, they would advise particular attention to clothing. From the nature of the complaint, it is evident that much depends upon keeping the body warm, and protecting it from sudden exposures to cold and moisture. Flannel next the skin should be a universal article of apparel, and they would respectfully suggest to those charitable associations which are in the habit of supplying the poor with clothing, to make this an object of special attention. At this season of the year, too, the supply of fuel to the poor should be liberal.
In the second place, the diet should be particularly attended to. The under-
signed would not recommend any sudden or great change in the ordinary modes
of living, where those modes are temperate, and have been found to agree. Such
changes, they believe, would do more harm than good. From the peculiar
nature of the disease, however, it is well known that certain kinds of food are
injuries, and, without going into particulars, they would merely state that all
such articles as have a tendency to relax the bowels, ought to be avoided. All
crude and raw vegetables, as well as violent purgative medicines, are calculated
to do mischief. Excesses, either in eating or drinking, cannot be too religiously
abstained from.

In the third place, attention to personal cleanliness, by the frequent use of the
tepid bath, is particularly recommended.

In the fourth place, the preservation of a calm and composed state of mind is
all important, and may do more than is generally supposed in preventing the
onset of this disease. It is the result of experience that all epidemics are
aggravated more or less by mental disturbance, whether in the shape of active
panic or low despondency. To the cholera this is particularly applicable.
While our citizens, therefore, use every prudential and precautionary measure,
let them keep up a good heart and dispel all fear.

In the fifth place, with regard to the treatment of cholera, it may be observed
that as a general rule, the disease does not attack so suddenly as to preclude the
possibility of calling in timely medical assistance. A relaxed state of the bowels
for a longer or shorter period, gives notice of its approach. In all cases, there-
fore, when any disorder of this kind exists, common prudence will suggest the
necessity of resorting to medical aid. If this be done in season, the disease
may generally be promptly arrested. When professional aid cannot be imme-
diately obtained, and where simple relaxation of the bowels exists, fifteen or
twenty drops of laudanum may be taken; to be repeated in one or two hours,
according to circumstances. For young persons and children, the dose must be
reduced according to the age—at the age say of ten years, five drops at the age of
two or three years, two or three drops.

Where the symptoms are more severe, and the patient is cold, in addition to
the laudanum, he should be put immediately to bed, between blankets, and every
appliance in the shape of bottles of hot water, bags of hot salt, or sand, frictions,
&c., &c., &c., be diligently resorted to. A strong mustard poultice, too, should
be applied over the region of the stomach, to remain on till it produces smarting
of the skin. In addition to this, a little brandy and water should be given, with
the view of restoring warmth. As in this city no difficulty in obtaining the
speedy assistance of a physician can exist, any directions in relation to the after
treatment are deemed unnecessary.

JOHN B. BECK, M.D., Chairman.
RICHARD L. MORRIS, M.D.
JOSEPH M. SMITH, M.D.

New York, December 8, 1848.

Tribute of Respect to a member of the present Medical Class.

MEDICAL COLLEGE, Augusta, Ga., Jan. 16th, 1849.

The Faculty and Students of the Medical College of Georgia, having just been
called to lament the sudden and unexpected death of Mr. James Antony, son
of Dr. Milton Antony, (formerly of this city,) and one of the matriculated mem-
bers of the present class, unanimously

Resolved, That while they unfeignedly mourn the premature departure of this
 estimable young man, they cannot but as sincerely regret the severe mental
discipline, and the uncompromising devotion to study, which they believe have
cost him his life. Gifted with a fine mind, and a stirring ambition, he had set
his mark high for distinction in his profession, encouraged, no doubt, by the
grateful memory of his honored father's worth. Forgetful of the claims of
Nature, the morning star often found him absorbed in his studies, with his
couch unpressed, until disease supervened, and he fell an early victim to its violent ravages, a melancholy, but instructive lesson to the living, that, in order to lay the foundation for long and extensive usefulness in the profession, the claims of the body, as well as of the mind, cannot be, with impunity, neglected. But high minded, amiable, and hopeful as he was, our young friend is gone, and with heartfelt earnestness, we can only exclaim, "peace to his departed spirit."

Resolved, also, That his bereaved relatives have our kindest sympathies, and that a copy of these resolutions be forwarded to his eldest brother, and through him to the other surviving members of the family, with our unitedcondolence in their affliction.

Resolved, furthermore, That as a mark of respect for the memory of the deceased, we wear crape upon the left arm for 30 days.

The foregoing resolutions, passed unanimously, were directed to be published in the city papers, and in the forthcoming number of the Southern Medical and Surgical Journal.

PAUL F. EVE, Chairman.


<table>
<thead>
<tr>
<th>Sun</th>
<th>Ther.</th>
<th>Bar.</th>
<th>2, P. M. Ther.</th>
<th>Bar.</th>
<th>Wind</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>41</td>
<td>29-75-100</td>
<td>64</td>
<td>29-85-100</td>
<td>S. E.</td>
<td>Cloudy—rain at 7½ P.M. 25-100.</td>
</tr>
<tr>
<td>2</td>
<td>46</td>
<td>71-100</td>
<td>58</td>
<td>82-100</td>
<td>N.W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>30</td>
<td>60</td>
<td>30-4-100</td>
<td>S.</td>
<td>Fair.</td>
</tr>
<tr>
<td>4</td>
<td>39</td>
<td>6-100</td>
<td>63</td>
<td>6-100</td>
<td>S.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>5</td>
<td>44</td>
<td>10-100</td>
<td>74</td>
<td>10-100</td>
<td>S.</td>
<td>Fair.</td>
</tr>
<tr>
<td>6</td>
<td>47</td>
<td>6-100</td>
<td>74</td>
<td>30</td>
<td>S.</td>
<td>Fair—some flying clouds.</td>
</tr>
<tr>
<td>7</td>
<td>60</td>
<td>29-94-100</td>
<td>64</td>
<td>29-88-100</td>
<td>S.</td>
<td>Drizzly rain.</td>
</tr>
<tr>
<td>8</td>
<td>56</td>
<td>92-100</td>
<td>77</td>
<td>94-100</td>
<td>S.</td>
<td>Fair.</td>
</tr>
<tr>
<td>9</td>
<td>50</td>
<td>97-100</td>
<td>74</td>
<td>94-100</td>
<td>S.</td>
<td>Fair—some clouds.</td>
</tr>
<tr>
<td>10</td>
<td>63</td>
<td>82-100</td>
<td>76</td>
<td>73-100</td>
<td>S.</td>
<td>Cloudy—rain at 5 P.M. 10-100.</td>
</tr>
<tr>
<td>11</td>
<td>59</td>
<td>73-100</td>
<td>67</td>
<td>68-100</td>
<td>W.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>12</td>
<td>50</td>
<td>69-100</td>
<td>54</td>
<td>70-100</td>
<td>E.</td>
<td>Cloudy—rain, 80-100.</td>
</tr>
<tr>
<td>13</td>
<td>46</td>
<td>86-100</td>
<td>46</td>
<td>90-100</td>
<td>N.W.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>14</td>
<td>43</td>
<td>91-100</td>
<td>46</td>
<td>85-100</td>
<td>N.E.</td>
<td>Rain, 20-100.</td>
</tr>
<tr>
<td>15</td>
<td>48</td>
<td>73-100</td>
<td>67</td>
<td>77-100</td>
<td>N.W.</td>
<td>Rain, after 12 m.</td>
</tr>
<tr>
<td>16</td>
<td>54</td>
<td>82-100</td>
<td>58</td>
<td>73-100</td>
<td>S.</td>
<td>Rain, 45-100.</td>
</tr>
<tr>
<td>17</td>
<td>60</td>
<td>83-100</td>
<td>66</td>
<td>83-100</td>
<td>W.</td>
<td>Cloudy—sprinkle.</td>
</tr>
<tr>
<td>18</td>
<td>61</td>
<td>90-10</td>
<td>71</td>
<td>90-100</td>
<td>S.W.</td>
<td>Cloudy—rain last night, 10-100.</td>
</tr>
<tr>
<td>19</td>
<td>64</td>
<td>95-100</td>
<td>79</td>
<td>98-100</td>
<td>S.W.</td>
<td>Fair—blow.</td>
</tr>
<tr>
<td>20</td>
<td>54</td>
<td>30</td>
<td>77</td>
<td>30</td>
<td>S.W.</td>
<td>Fair—breeze.</td>
</tr>
<tr>
<td>21</td>
<td>55</td>
<td>29-90-100</td>
<td>80</td>
<td>29-83-100</td>
<td>S.W.</td>
<td>Fair—breeze.</td>
</tr>
<tr>
<td>22</td>
<td>58</td>
<td>81-100</td>
<td>76</td>
<td>78-100</td>
<td>S.W.</td>
<td>Fair—blow—flying clouds.</td>
</tr>
<tr>
<td>23</td>
<td>54</td>
<td>30</td>
<td>58</td>
<td>30-8-100</td>
<td>E.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>24</td>
<td>50</td>
<td>3-100</td>
<td>58</td>
<td>29-95-100</td>
<td>S.</td>
<td>Cloudy—sprinkle.</td>
</tr>
<tr>
<td>25</td>
<td>57</td>
<td>29-87-100</td>
<td>73</td>
<td>82-100</td>
<td>S.</td>
<td>Cloudy—rain afternoon, 5-100.</td>
</tr>
<tr>
<td>26</td>
<td>44</td>
<td>30-6-100</td>
<td>61</td>
<td>30-18-100</td>
<td>N.E.</td>
<td>Fair—some clouds—breeze.</td>
</tr>
<tr>
<td>27</td>
<td>42</td>
<td>6-100</td>
<td>42</td>
<td>29-94-100</td>
<td>N.W.</td>
<td>Rainy.</td>
</tr>
<tr>
<td>28</td>
<td>38</td>
<td>29-96-100</td>
<td>61</td>
<td>94-100</td>
<td>E.</td>
<td>Cloudy.</td>
</tr>
<tr>
<td>29</td>
<td>50</td>
<td>66-100</td>
<td>52</td>
<td>48-100</td>
<td>N.W.</td>
<td>Rainy, 30-100.</td>
</tr>
<tr>
<td>30</td>
<td>46</td>
<td>56-100</td>
<td>58</td>
<td>77-100</td>
<td>N.</td>
<td>Fair, with flying clouds.</td>
</tr>
<tr>
<td>31</td>
<td>40</td>
<td>30</td>
<td>57</td>
<td>30</td>
<td>N.</td>
<td>Cloudy.</td>
</tr>
</tbody>
</table>

* Thermometer 70° at 10 o'clock, A. M.

12 Fair days. Quantity of Rain 2 inches 45-100. Wind East of N. and S. 8 days. West of do. do. 12 days.