The past History and present Condition of the Science of Chemistry. By Alexander Means, M. D., Professor of Chemistry and Pharmacy, in the Medical College of Georgia.

The investigation of no department of physics has, within the last half century, been prosecuted with so much ardor, or contributed so many important and astonishing results to the general fund of human knowledge, or advanced so rapidly the progress of civilization, as the science to whose history we devote the present article. Its grand discoveries have already incalculably increased the stores of medical philosophy, and its fruitful resources promise yet larger accessions for time to come.

A science, therefore, whose pervading laws and invaluable disclosures seem to effect every co-ordinate branch of the profession, may well, in the present day, challenge the attention of physicians; and a brief review of its past progress and present condition, may not, it is hoped, be unacceptable to the medical public. And yet it is a subject of sincere regret, that up to the middle of the last century, the reliable resources within the author's reach and upon which he is allowed to draw for his historical details, are so extremely meagre and unsatisfactory.

The extent and value of the claims of Chemistry upon public attention, were once either unknown or utterly misapprehended. A few striking but mysterious phenomena in the natural world, dependent upon agencies then entirely inexplicable, caught the
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public eye and sprung the enquiries of many enthusiastic, but aspiring minds.

In a speculative and superstitious age, when there were few land-marks to science, and when vague conjecture supplied the place of facts, it is not a matter of surprise that the chimerical pretensions of Astrology and Alchymy should for a time reign in the ascendant, and even claim the dignified appellation of “Philosophy.” Yet, to a student of the 19th century, it seems passing strange that the extravagant dogmas of the one, should have commanded public confidence for perhaps five thousand years, while the technical jargon of the other was bandied from the lips of the learned for at least eighteen hundred.

Chemistry, then, unlike most of the sister sciences, is traced back to a period when its deluded and moon-struck cultivators wasted their lives in cells and caverns, secluded from the sweets of society and the light of heaven, in the prosecution of their occult processes, in the vain and futile attempt to discover the Grand Catholicon, which should heal all diseases, avert death, and confer a terrestrial immortality:—the Philosopher’s Stone, which should confer countless wealth, by enabling them to transmute all the baser metals into gold or silver:—and the Alcahest, or universal menstruum, whose solvent powers were supposed to be irresistible.

If we are to credit Suidas, a Greek lexicographer, who lived in the latter part of the 9th century, “Chemistry (χημική) is the art of making gold.” He also reports that many books written upon this subject, existed in Egypt in the reign of the Emperor Dioclesian, 284 years before the commencement of the Christian era:—and that such were the apprehensions of that monarch, that the wealth to be procured by this mysterious act might encourage a spirit of rebellion against the Roman power, that he ordered them all to be collected and burnt. According to the same ancient authority, the famous Argonautic expedition, so much celebrated in former ages by poets and historians, in which Jason and his followers, 1263 B. C., by a hazardous and eventful voyage through the Ἑγαῖ Propontis and Euxine seas from Greece to Colchis, effected the redemption of the Golden Fleece, from the guilty monarch Ἐetes, is but an allegorical representation of an enterprize, undertaken for the purpose of
procuring a book bound in *sheep skin*, which taught the art of making gold.

The alchemists, however, claim a high antiquity for the discovery of their art, and refer its origin to Hermes Trismegistus, who is regarded as identical with Canaan the grand-son of Noah, through Ham, and who is fabled to have left the secrets of the art engraven upon some Egyptian pillars. The earliest accredited historian, however, Herodotus, who travelled extensively through Egypt, Italy and all Greece, and who wrote 445 B.C., makes no allusion to such pillars.

Albertus Magnus, it is true, a learned writer, whose works appeared about the commencement of the 13th century, says that "the method of making the Philosopher's Stone was engraven by Hermes, upon an emerald tablet, which was buried in his tomb, and taken up again by order of Alexander the Great," and the public were afterwards edified by a publication of this hypothetical deposit in the *Bibliotheca Chemica* of Manget, an eminent Geneva physician who flourished about 1675.

Without dwelling longer upon the vague and unsatisfactory annals of this age of extravagance, or attempting more accurately to define the period which gave origin to the dogmas of Alchemy, they may be certainly pronounced to have obtained universally by the 10th century, and for five or six hundred years afterwards Chemistry may be regarded as identical with this fabulous science, and its range of action confined to the art of making the Philosopher's Stone.

Overawed by a solemn parade of learning and the imposing mysteries of the art, it is not surprising that an ignorant and credulous populace should soon attribute to the alembic and crucible of the chemist, strange and transforming powers, capable not only of the wonderful metallic transmutation at first proposed, but of producing remedies of specific and sovereign virtues for the cure of all diseases and the removal of all infirmities, so that the sick bed should no longer hold its victim, and even old age and decrepitude should undergo complete rejuvenescence and flourish again in the perpetuated vigor of youth.

Chemical medicines, prepared by unknown processes, began at length to be pursued for public use. When this practice first
commenced, the records within our reach will not enable us to say, or how many empirical panderers to the morbid palates of the superstitious, might have spread their useless or their hazardous nostrums, before talents and learning lent their aids to these investigations, we know not. The first individual of elevated character, however, who is known to have draughted upon our science in the preparation of medicines, is Basil Valentine, a Benedictine Monk of the town of Erfurt in Germany, who made his appearance, if we may determine from the conflicting reports of biographers, about the middle of the 15th century. He seems to have been a man of original and investigating mind, and less infatuated by the alchymistical mummeries of the day than most of his contemporaries. To him we are indebted for the discovery of Antimony. In strolling abroad, on a certain occasion, he is said to have met with some of the crude metal (the sulphuret,) which attracted his attention. In order to try its properties, he fed it to some swine, which seemed rapidly to fatten under its administration. He next covertly tried its action upon his "brethren of the cloister," to whom it proved, in every instance, fatal. Hence, its present English appellation from 'Avt, (against) Movap^oc: (a monk); and the French, Antimoine.

The torturings of this article by acids, alkalis and fire, led to an acquaintance with many of its properties, and hence the origin of his famous work, Currus triumphalis antimonii.—Here allow us digressively to remark, how different the estimates placed upon the same articles of the materia medica in different ages and by different physicians. Antimony furnishes a striking exemplification of this remark—for it has at one time been extolled by medical men "as a panacea, and at another decried as a poison." And in the 17th century, we are assured that the French Parliament, led by the Faculty of Paris, first proscribed and then restored both the antimonial medicines and those who employed them.

About the close of the 15th century, a bold, erratic mind arose from the literary canton of Zurich, in Switzerland, which, for more than one hundred years, controlled popular opinion upon the subject of medicine and surgery and their tributary sciences. Born in the age of the Zuinglian reformation, and
for 38 years contemporaneous with the great Swiss Reformer, he was neither his inferior in intellect nor enterprise, although he selected a different field in which to display his prodigious activity of character. The complex and pompous praenomen, however, of the great Basle professor—Aureolus Philippus Theophrastus Bombastus de Hohenheim Paracelsus, differs not more from the brevity of ordinary names, than his arrogant pretensions and cumbrous formulæ, from the modesty of merit and the simplicity of truth. Characterized however by remarkable shrewdness of observation, great egotism, and strong superstitions, and urged on by a fervent temperament, a fearless spirit, and a towering ambition, he could not but make, by the very force of his genius, a powerful impression upon the age in which he lived. Vague and incoherent as were his own views of the origin and cure of disease, he was unsparing in his invectives and vulgar sarcasms against his Galenic contemporaries. His boasted recipes appear to have been mostly but a ridiculous medley of inert and often disgusting articles, dependent alone upon one or two medicinal agents for all their therapeutical results. “Dried toads, frogs, serpents, mummies, scarabæi, the dung of pigeons, and of dogs, and even still more disgusting preparations figure among the most efficacious of his remedies,”—while opium and mercury, correctly employed under the direction of his inventive talent and irrepressible zeal, seem mainly to have won his professional reputation. Believing, though he did, with his great German predecessor, that salt, sulphur, and mercury constituted the elements of all substances, he nevertheless cultivated chemistry and mineralogy with commendable energy, and perhaps shows to more advantage in these departments of science, than in all the rest embraced in his elaborate philosophical treatises. The works of this fearless pioneer of medicine are to be found in the well selected library of the Medical College of Georgia.

The Aristotelian Philosophy, which for more than three centuries before the Christian era had controlled the opinions and misguided the researches of the philosophic world, now had to yield before the intellectual power and learned labors of the immortal author of the Novum Organum, and Lord Bacon, viscount of St. Albans, piquantly pronounced by Pope, as
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"the wisest, brightest, meanest of mankind," has won the enviable distinction of having abolished the false method of investigating nature, which contended itself with first adopting favorite postulates in science, and then gleaning pertinent facts to support them, either overlooking or rejecting, in the mean time, all counter testimony, and by substituting in its stead the inductive system—the only true and safe mode of scientific research, which marks patiently and impartially the characteristics of physical phenomena, and then, from the uniformity of observed results, determines upon the existence of general laws. Mind, thus liberated from the thraldom of erroneous opinions, began to interrogate Nature for facts upon which to form correct theories. The old dogmas of Basil Valentine and Paracelsus, soon fell under the ban of the Baconian Philosophy, and Sir Robert Boyle, son of Richard Boyle, Earl of Cork, about the year 1650, is believed to have been the first original experimenter in Chemistry, and the first to signify his dissent from the doctrines of his predecessors. The valuable labors of this great and pious man opened the way for other adventurers, and, in connexion with those of Robert Hooke, and Sir Isaac Newton, about the year 1666, may be said to have given the exterminating blow to the existence of Alchemy in the British dominions.

The spirit of free inquiry soon resulted in invaluable contribution to the experimental sciences, and among them, Chemistry could not fail to secure a share of public attention. Chemical medicines became in high repute, and physiology itself was dependent upon the play of chemical affinities for the explanation of all its functional phenomena. From the latter part of the 17th century, therefore, till the middle of the 18th, the Chemical Physicians occupied their zenith of prosperity. In this catalogue must be ranked the learned scholar and active experimenter, John Baptist Van Helmont, born at Brussels, and for eighteen years contemporaneous with Boyle. A sworn enemy to the Galenists and Peripatetics, he devoted the energies of his gifted mind to the correction or modification of the views of Paracelsus, bringing to his aid the results of many valuable chemical discoveries, and acquiring a reputation for his many wonderful cures, which subjected him to an arraignment before
the Inquisition upon the charge of Magic. Honorably discharged from this arrest, he retired to Holland to free himself from the curse of such superstitious intolerance. Under his prompt and powerful treatment, recovery or death were hasty issues—either the disease or the patient being obliged to yield within two or three days.

It is to De le Boé Sylvius, however, a native of Hanau, in Germany, and professor of medicine in Leyden, we are to look for the first attempt to explain the laws of animal physiology by the application of chemical principles. This eloquent and popular lecturer was elevated to the chair of the university of which he constituted so distinguished an ornament, in the year 1658, where he attracted crowds of pupils to witness his demonstrations of Harvey’s discovery of the circulation of the blood as well as to imbibe his chemical doctrines. It is true, that the prevailing opinions of this great teacher were characterized by many extravagancies and error, unsparingly challenged by subsequent physiologists as downright absurdities, and yet it is interesting to remark that his vague notions of the active agency of acids and alkales in the human body, in the production of hygienic or diseased action, have been rendered much less chimerical, than they were once regarded, by the wonderful discoveries of the 19th century. That galvanic currents are being constantly generated throughout the animal organism and are widely diffused through the whole of the muscular, cellular and nervous structures—dependent for their origin upon chemical changes going on among the elements of the blood, by the process of nutrition, the metamorphosis of the tissues, &c., has, by the ablest experimentalists of the age, as Dumas, Lagaree, Doune, Zantideshi, Matteucci, and others, been satisfactorily demonstrated, and that the irregularity, diminution, or excess of these chemico-electric currents, is profoundly concerned in the production of many pathological conditions of the human body, we think equally clear. Again, the prevalent condition of the secretion of the human stomach is acid, and that of the liver known to be alkaline, and by a beautiful and ingenious arrangement of the Professor of Pisa, consisting of a simple wire with terminal plates, these two important organs were thrown into the line of a galvanic circle, and a current instantly detect-
ed which deflected a galvanometer 20°. The celebrated Liebig has more recently still, furnished further evidence of structural arrangement for chemical reaction, productive of electro-vital currents. He has found that the complicated cylindrical cells of the muscular texture, detected by the microscopic observations of Raspail and others, are saturated with a fluid containing free lactic acid and some "tribasic phosphate of soda, with excess of acid," which by interstitial communication and chemical reaction with the alkaline elements of the blood, serum, chyle and lymph, every where diffused through their mass, must necessarily generate galvanic currents. While, therefore, the lights of science have exposed the incongruous absurdities which marked the pathology of Sylvius, and his chemical cotemporaries, still some physiological agencies which he seems but dimly to have discovered, have since been more distinctly traced and recognized.

How true is it that bold and original minds leap to grand and important conclusions from deductions drawn from a few leading facts, the relationships and ultimate bearings of which the dull plodding powers of ordinary minds cannot perceive or comprehend, and therefore, reject. And it is not until a host of correlative and sustaining facts has accumulated in the slow progress of ages, that the philosophic world is forced back upon the great truth, which genius in advance of its age, had long before announced. Such was the fate of the grand astronomical system first discovered by the intellectual acumen and profound learning of the great Prussian Astronomer, who, after twenty years intense labor, was constrained to renounce the deferents, cycles and epicycles of the prevalent Pythagorean Philosophy, and recognized the doctrine of planetary revolutions around a solar centre. And yet, alas! from the ignorance of the age, the simple and correct views of Copernicus, were destined to be rejected and superseded by the errors of Tycho Brahe, which reigned for 160 years, until the illustrious Newton again reinstated the authority of truth, and the enlightened world now everywhere submits to its claims.

About this period, also, the reveries of the Mathematical Physician had reached their acme of notoriety, and the advocates of this crude theory attempted to sustain their views in
opposition to those of the chemical school until about the year 1725, when both the contending sects seem to have sank into merited neglect, and arrested popular attention no longer. Chemistry, however, which had contributed too much to the list of the materia medica not to be regarded as a valuable adjunct to the medical profession, was nevertheless not understood in its loftiest pretensions, but by popular consent was degraded to the offices of mere pharmacy and regarded as synonymous with it. For more than fifteen years, (viz. from 1730 to 1746,) even in Great Britain, the chemist was limited in the application of his art solely to the articles of the pharmacopoeia. Here, however, a brighter light begins to dawn upon the hemisphere of science. A powerful mind, radiant with genius and glowing with thought, appears upon the horizon. Caledonia may well boast of her distinguished son, and enrol upon the same scroll with her Hunters, her Monros and Leslies—the name of William Cullen, while her two celebrated universities will long cherish the recollection of his eloquent lectures, and for successive ages continue to feel the effects of the stirring impulse which he gave to the subject of Philosophical Chemistry throughout the British isles.

His early predilections for this science, which he cultivated with such enviable success while a public lecturer in Glasgow, were, in 1751, abandoned for that of medicine, to which he was probably influenced by the appointment, under the crown, of King’s Professor of Medicine, and to which his lofty powers and varied attainments admirably fitted him.

He left not this interesting field, however, until he had excited a spirit of liberal enquiry in the philosophic mind. With almost prophetic vision he looked forward to the future triumphs of Chemistry—predicted its glorious career, and proclaimed and effected its enfranchisement from the Lilliputian domain to which pharmacologists had confined it. In the midst of the crowded classes who hung, delighted, upon his lips, and gathered wisdom from his “thoughts that breathed and words that burned,” was one mind of kindred stamp to his own. His lectures formed the taste and fired the genius of Joseph Black, who was born of English parentage, at Bordeaux, in France, but educated at Belfast and Glasgow, where he took the degree
of M. D. in 1754. This memorable philosopher was destined to become the successor of Dr. Cullen in both universities. Dr. Black seems to have been characterized by quick perceptions, patient industry, and fine powers of analysis, and to have devoted himself with untiring assiduity to chemical pursuits, a strong predilection for which induced him to resign the professorship of Anatomy in the Glasgow University to which his superior abilities had at an early age elevated him.

To the science and penetration of this great man, we trace the origin of Pneumatic Chemistry. Until the age of the illustrious Florentine philosopher, the existence of any material body in the universe, of less specific gravity than sulphuric ether, was not even suspected. The learned and sagacious Galileo, however, detected and proved the gravity of the atmosphere, which was afterwards more fully demonstrated by Torricelli and Paschal. Still Nature preserved the secrets of her world of gases for more than one hundred years longer, and no other aeriform body was known, until a gleeful group of idle children, surrounding a brewer's vat, and ever and anon extinguishing their little straw tapers in the bursting bubbles which escaped from the fermenting mass, caught the quick eye of the Glasgow professor as he strolled along the street. By ordinary minds this little incident would have passed, as it had done perhaps for centuries before, either entirely unobserved or without exciting a moment's reflection. Not so with Dr. Black. With him, Thought was ever enthroned and Observation on the lookout to detect and solve the interesting phenomena of the natural world. His examination, in this instance, made in the year 1757, resulted in the discovery of Carbonic acid gas, called by him, in his inaugural dissertation, Fixed Air, and which he ascertained was combined with common limestone and magnesia, and evolvable from these bases by the application of heat and acids. He found that it was also liberated in the process of respiration and fermentation, and constituted one of the products of combustion. His discovery of the doctrine of Latent Heat also, was not among the least of his contributions to chemical science. Following in the wake of their distinguished leader, the two celebrated pupils of Dr. Black, viz., Drs. Irvine and Crawford, prosecuted with ardor and success the examination
of the laws of caloric, as operating both in the animate and inanimate universe. The well-known theory of animal heat, as taught by the latter, at one time largely commanded the confidence of the scientific world. Dr. C. supposed that the carbonic acid gas thrown off in the breath, was generated in the lungs by the union of the oxygen of the air with the carbon of the blood, and that the combination was attended with the disengagement of heat:—that the capacity of arteriāl, compared with venous blood, was as 1030 to 892, leaving the difference between the two (138) to be given out as sensible heat along the track of the sanguiferous circulation. Physiological facts, however, under the eye of such able experimenters as Davy and Williams, Leibeg, Matteucci and others, have long since disproved the correctness of these views, and authorized the adoption of others, less embarrassed with difficulties and based upon a more luminous exhibition of organic laws.

After the discovery of Carbonic Acid, pneumatic chemistry made rapid advances. In 1766, Hon. Henry Cavendish of England—an able chemist, mathematician, and astronomer—discovered the great levity and inflammability of Hydrogen gas. In 1772, Nitrogen was added to the list of gases by Dr. Daniel Rutherford, a physician and philosopher of Edinburgh, and afterwards professor of Botany and keeper of the botanic garden.

The existence and properties of Oxygen, the most important, perhaps, of all the gases, were discovered by Dr. Joseph Priestly—a dissenting English Divine, of great literary attainments, whose contributions to electricity, optics and other departments of chemical science, have been highly valuable. Unfortunately for Dr. Priestly, the brightness of his philosophical reputation has been largely shaded by the heterodoxy of his theological views, and the boldness and heat with which they were pressed upon popular attention. After the destruction of his house, manuscripts, library and apparatus, by the violence of an infuriated mob, he determined to seek a more quiet retreat in America, to which he removed in 1794. Here his Socinian views were openly and controvertially maintained with warmth and pertinacity. He died in 1804, but not until he had witnessed the entire explosion of the Stahlian theory of Phlogiston,
to the defence and propagation of which, his great talents had been long enthusiastically committed. This dogma of Becker and Stahl, which lay like an incubus upon the progress of chemical research for more than fifty years, required not only the demonstrations of science, but the force of genius and the reiteration of truth, for ten long years before the philosophic mind could be disenthralled from its paralyzing spell. It was reserved for the able and indefatigable Lavoiser to achieve this victory in science and to open the way for a free and satisfactory explanation of the phenomena of combustion and other chemical changes.

(TO BE CONTINUED.)

ARTICLE IX.

Remarks on the true value of Mercury in the Treatment of Malarial Fevers. By J. A. Mayes, M. D., of So. Carolina.

Innovations upon established doctrines and theories in Medicine, are necessarily received with extreme caution; and, this is more particularly the case, when, the theories attacked have been regarded as true and indisputable, for a length of time, sufficient to throw the weight of antiquity in their favour. The difficulties of a successful innovation also increase in magnitude, if the partizans of the former theories, claim a share of success equal to those of the latter. It is very plain, then, that numerical tables setting forth equality of success under both systems, cannot be made use of by either party, as an argument in favor of their respective theories. Other considerations must be thrown into the scale; and as the only considerations, which could affect the relative value of two distinct theories, claiming equal success, must refer principally to time and to ultimate consequences, the argument must be confined to those topics entirely; and, therefore, it behooves the party who attempts the innovation, to show that all the advantages which could be gained by those circumstances, are on the side of the Practice proposed as a substitute for the old.

The profession have long been taught to look upon mercury as the most certain means of cure, for fevers of malarial origin;
and, previous to the discovery of Quinine in 1820, there was no reason to doubt the correctness of the Practice; as the profession had no other remedy at their command, upon which they could place reliance in the treatment of the then formidable Remittent fevers. They had, it is true, the Peruvian bark, from which the Quinine is prepared, but reason and experience both teach us, that the bark, in substance, could never be safely administered in those conditions of the disease, in which the Quinine is found to exert its most salutary influences. They had, then, no other resource but mercury, and if in the free use of this mineral, mischief was sometimes done, no blame can be attached to them; their motto was, that it was better to live with the general health impaired, than to die; a motto, to which, all of the present day subscribe.

These cogent reasons, which once existed for the free use of mercury in Malarial fevers, have been set aside by recent discoveries, and we are now in possession of remedies, the use of which, is followed by speedy convalescence and little risk of permanent injury to the general health. But, as this is not admitted by all, it becomes us to enter more minutely into the consideration of the subject.

The pathology of Malarial fevers, must necessarily receive but little notice here. Sufficient for our present purpose will it be, to refer to the able articles of Prof. Ford, in the Southern Medical and Surgical Journal, for an exposition of the subject, and to the article of Prof. Dugas, in the same, on the application of Quinine to the treatment of Remittent fever.

The efficacy of the treatment, recommended by both these writers, has never been disputed, so far as it relates to the jugulation of the disease; their opponents admitting that their course of Practice will certainly arrest the fever very suddenly, but assert that it does not so completely eradicate the disease as that recommended by the standard authorities on the subject. This objection must certainly arise from an oversight, as Dr. Ford expressly declares—"if, after the subduction of the fever (by Quinine) there remains the evidence of disease in the liver or stomach or bowels, then, this may be corrected by appropriate remedies, more readily, more safely and effectually than during the fever." To make good the objection, therefore, it
will devolve upon their opponents to show, that the administration of mercury after the subduction of the fever, is not attended with favorable results, or that the absence of fever is not a favorable condition for its employment.

As all admit the powers of Quinine in arresting very suddenly the paroxysms of fever, it would be useless to bring up an array of evidence bearing upon that point. That the sudden stoppage of the fever must not be considered as the evidence of cure is a point upon which we would lay some stress. Without appropriate after treatment, relapses are very apt to occur; and in consequence of the neglecting of this important matter by the patients themselves, who generally feel too well to be taking medicine, the principal value of the treatment is lost, and the system of practice unjustly censured as defective; which defect, if critically examined, will be found to consist in the proscription of all exhausting and debilitating remedies, leaving the patient so little weakened, that, without the exercise of considerable authority by the practitioner, the patient is left uncured, though apparently cured.

The intention of the mercurial treatment was the same as that for which many now prescribe the Quinine, viz., the subduction of the fever. The time necessary for this, was, in the most favourable cases, about ten days, but it frequently did not arrest the fever in that time, and the final termination of the case was always uncertain. The principal object of the practitioner being, in most cases, the production of salivation as soon as possible, the convalescence was necessarily tedious; if not from the salivation itself, certainly so in consequence of the debilitating nature of the treatment, of which, mercury was always the leading article.

The ultimate consequences of this treatment are worthy of our most serious consideration. Mercury is not an innocent medicine, but

"a mortal mineral; which, being took,
Should by the minute feed on life, and, ling'ring,
By inches waste you."

Slowly and surely undermining the powers of life, it converts the robust man into an invalid for life, and in the tender years of infancy lays the foundation of permanent ill health, insuring premature old age, and imbecility of mind.
That an impairment of the vital powers, to a greater or less degree, is the usual consequence of a decided mercurial impression, is evident from the following considerations:—The vital powers resist the encroachments of all agents that are, in themselves, calculated to lessen the duration of life; in other words, there is a vis-conservatrix, an instinct which prompts to the expulsion of all substances, that are not subservient to the purposes of nutrition; and, as medicines do not, in any direct manner, subserve those purposes, their administration is always followed by the increased activity of some organ in procuring their elimination. Thus, taking advantage of this fact, we administer medicines in different diseases, with a view to their increasing the action of some particular organ, and, in this indirect manner, do they answer useful purposes in the treatment of diseases; there being none, or few, which act specifically. The prolonged excitement of any organ results in a state of actual debility; just as much so, as long continued and excessive manual labour would debilitate the system generally. A familiar illustration of this may be found in Dyspepsia, brought on by overloading the stomach; the organ, at last, becoming torpid, and requiring the most active stimulation to arouse it; which stimulation, in the end, results in a form of the disease more unmanageable than the first. The vital powers will resist successfully the encroachments of medicinal substances for a while, as one or two cathartic doses does not materially injure the tone of the bowels, neither will one or two days use of diuretics injure that of the kidneys. Frequent repetition of these substances, will, however, bring on a condition of those organs, which will demand their further use; and is not this condition an evidence that they are debilitated?

In the same manner, one or two doses of mercury will do little or no harm; the vital powers will, however, yield to its prolonged use, and as the remedy is one which is believed to exert its action in stimulating the glandular system generally, the consequence of that prolonged stimulation, must be an impairment of their functional activity to a greater or less degree. Whatever conclusions we reach concerning the ultimate results of the prolonged use of any class of medicines, we are bound to admit the correctness of them when applied to other classes,
bearing in mind, at the same time, the specific differences in their modus operandi.

We are perfectly familiar with the fact, that a person, once subjected to the mercurial influence, is very readily affected by it afterwards, although it may have been a very difficult matter to produce the constitutional impression at first. With every salivation after the first, we find our patients more susceptible of its impression; and the remark is constantly made, and with much truth, that a person after being salivated, suffers much more readily from the vicissitudes of atmospheric temperature. As the action of mercury is spent upon the system generally, whilst most other medicines are confined in their action to single organs, we arrive at the conclusion, that it will impair the general health more than other medicines. Quinine, and the narcotics generally, are not confined in their action to single organs, but affect the whole nervous system; what precise amount of injury they are capable of doing cannot be ascertained; but their action, if long continued, would certainly result in disastrous consequences. The specific action of Quinine cannot be continued many days with safety, but this is never necessary, except in extreme cases; all the assistance it is capable of rendering, being obtained in one or two days vigorous employment. If this was the case with mercury, one of the principal objections to it would fall to the ground; but experience teaches us, that many days use of the mineral are requisite to procure the desired effect, i.e., the subduction of the fever; and, as with the subduction of the fever its constitutional impression becomes apparent in most cases, we come to the point which constitutes the essential difference between mercury and Quinine, as remedies for fever; the one arresting the fever with only a slight perturbation of the nervous system, the other with a derangement of the general system, which, by the confession of all, often becomes permanent.

But the intention of employing mercury was not alone to subdue the fever. If that were the sole object, the argument might now be closed, as all are prepared to admit that the fever may be arrested in a much shorter space of time by Quinine. The advocates of mercury contend that its use is necessary for the correction of the vitiated secretions, particularly that of the
liver; and here we make issue with them again, not denying the powers of mercury in modifying the hepatic secretion, but maintaining that this control over the secreting system can only be acquired during the existence of the fever, at the risk of permanent injury to the general health. To establish our point, we only deem it necessary to refer once more to the writings of Professors Ford and Dugas, where it has already been ably discussed, and the position rendered impregnable, that the vitiated state of the hepatic secretion, is the result of the fever and not the cause of it. The course of treatment, then, dictated by a prudent regard for the welfare of our patients, would certainly consist in the employment of those means which would arrest the fever in the shortest space of time; and we would also be morally bound to reject all remedies which would not contribute directly to that result. If this can be accomplished immediately by any known remedy, we should prescribe it, and await its effect, before we turn our attention to those disorders of the general system, which have been induced by the fever; the treatment of which would, then, be attended with no difficulty.

If mercurials are useless during the existence of the fever, the same cannot be maintained successfully with respect to the after treatment. Nothing is more usual after the subsidence of fever, to find the patient with a dry, coated tongue; bitter, disagreeable taste; bowels costive; urine highly tinged with bilious matter; whites of the eyes, and the skin generally, tinged with a yellowish hue. Again, we often find want of appetite; indisposition to the least exercise; much thirst, particularly at night; restlessness at night; rather quick pulse; blisters on the lips, and much depression of spirits. Also, in the cases of children, irregular appetite and a disposition to dropsical effusions. For the relief of these symptoms, we have no more effectual remedy than mercury; the best preparation of which is the blue pill. The remedy being used at this stage, the practitioner runs no risk of giving too much; and consequently, the patient will enjoy all the advantages which could be derived from mercury, without the chances of having his general health impaired by a salivation, either accidental or designed.
That the mercury will "improve the secretions" as certainly at this period of the treatment, as before, is a proposition, which, we presume, will never be gravely disputed, as all are agreed upon the principle that an excited state of the circulatory system, is an unfavourable state for medicines to take their proper effect; and consequently, in the absence of the fever, mercury will display better effects than during the paroxysms, without the danger of being accumulated.

In conclusion, the writer would say, that the subject discussed in the foregoing pages, is one of much practical importance: that he feels his inability to present the argument in such a manner as would command attention; and that he hopes some one of the South, more gifted than himself, would successfully accomplish that which he has humbly essayed to commence.

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**ARTICLE X.**

*Lithotomy—117 Calculi, weighing 4½ ounces, successfully removed.* By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

A brief notice of the following case, against the writer's expressed wish, was made in one of our newspapers. It is proposed to record it now, where, if it possesses sufficient interest, it legitimately belongs.

In the severe September gale of 1824, Mr. O'Bannon, then a lad of 18 years, was engaged at work upon a house, which was blown down. In the fall, he was struck upon the back by a piece of timber, and from the injury then received he dates his difficulty in urinating. During the twenty-four years he has been a sufferer, Mr. O'B has fully tested the prescriptions of the unprofessional of several States, and he has travelled far and near in search of relief. He even became a sailor on the ocean; but all to no purpose, his disease continued to harrass him day and night.

For the past two years his difficulty to urinate became so great, that to discharge it at all, he had to assume the horizontal
position, and then with the fingers introduced into the rectum, he pushed up the bladder. A large quantity of matter, he says, is also evacuated by the penis. When he sits upon the edge of a chair he experiences a sensation as of crushing (crepitation) a ball of snow in the perineum.

In December he entered the charitable Institution under our Faculty, and a catheter was for the first time attempted to be introduced. This came at once in contact with a calculous mass in the perineum, where a tumor was found, projecting to the right of the raphe running back from the scrotum.

Operation. On the 6th of last month (January) the following operation was performed in the presence of the Medical Class of our College—Chloroform was administered by Dr. Means. After the patient was placed in the usual position for lithotomy, an incision, about three inches in length, was made over the tumor situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female catheter through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra and the double lithotome conducted by it into the bladder; the former was withdrawn and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithotomy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation, the rectum protruded in a large mass so as to interfere with lowering the handle of the forceps, to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour. He was so reduced by his long suffering, a period of twenty-four years and four months, that after the operation I took him like a child in my arms and carried him up a flight of stairs to his room.

The following is the analysis of the calculus, kindly made by Professor Means, and addressed to me:
“The urinary calculus, taken from the bladder of Mr. O'Bannon, has been subjected, at your request, to a chemical analysis, and merits at my hands the following description, viz:

**External form.**—The particular calculus under consideration, is but a fair specimen, both in its physical properties and chemical constituents, to every other of the entire number removed from the perineum and cystic cavity of your recent patient, and which, by your courtesy, I was privileged to examine, both during, and after the extraordinary operation. Being a solid, bounded by four oblique planes, it presents the tetrahedral shape distinctly: its solid angles and lateral edges, instead of being regularly truncated, and replaced by tangent planes, exhibit gently rounded surfaces, which gradually blend with the respective faces, and are evidently the result of constant attrition, kept up for many years.

**Physical characteristics.**—The exterior furnishes a beautifully smooth, and even polished surface. The structure is laminated with admirable parallelism—the respective tunicas conforming to the external figure of the stone, and easily separable by the nail—the fracture, uneven, and the powder, harsh and gravelly under the touch.

The predominant color is a greyish white, which is frequently substituted, however, in the more deeply seated laminae, by a pale-brown tint. Its specific gravity, is 1.02.

**Chemical constituents.**—I had anticipated the uric acid calculus, but the use of the blow-pipe flame, and the application of appropriate acid and alkaline tests, soon revealed the presence of Phosphate of Lime, almost pure. This form of urinary concretion has been pronounced by Silliman, Gardner and others, as very rare. It is peculiar, however, to the prostate gland, in the neighborhood of which the calculus, in your recent operation, were found to be embedded, and which probably controlled the chemical affinities that subsequently deposited so large a mass in the fundus of the bladder. Its chemical elements are 3 atoms of Phosphoric Acid, 8 of Lime, and 1 of basic water, as expressed in the following formula:—$8 \text{ CaO}, \text{HO} \rightarrow 3\text{PO}_5$.

The Fusible Calculus (Phosphate of Ammonia and Magnesia) has, in one or two instances, reported in the Philosophical Transactions, for 1809, been found in such quantity as nearly to fill the cavity of the bladder, but so large a mass of Bone-earth calculi, is surely a still more rare occurrence.

The whole number extracted was 117, of which the largest weighed 3⅝, and 38 grs.; the two next in size, each 78 grs., and the smallest 1 gr.—furnishing an aggregate weight of 3½vss.”

As usual with me, no dressing was applied to the wound, but the patient was requested to keep his knees together and to
remain perfectly quiet. He took 40 drops of laudanum the night after the operation, and his diet was restricted to cold lemonade flaxseed tea. He also omitted the medicines upon which he had been placed, viz., Peruvian bark and sulph. iron, with volatile alkali occasionally.

January 7th. Had passed a pretty good night. Some urine had even been already voided by the natural passage, notwithstanding the opening in the perineum. He has bathed himself in warm water; has now no fever, is quite cheerful, smokes his pipe, and has taken some soup, table tea, and an orange.

Jan. 8th. Is doing well. Has had a good night—the best, he says, for years past. Uses a bed-pan to prevent soiling the clothes. Has sat up a little by the fire.

He has continued gradually to improve, notwithstanding the unfavorable state of the weather. No other application to the wound than castile soap and warm water, several times daily.

On the 10th, four days after the operation, he changed his room. He experienced the next day some uneasiness in urinating, and had for a day or two slight diarrhoea.

On the 17th, the eleventh day since the operation, he was out in the yard walking about. By pressing the edges of the wound together he could now pass nearly all the urine through the urethra.

On the 24th of January, i. e., the 18th day after he was disembarrassed of his numerous calculi, Mr. O'Bannon returned home, a distance of 22 miles. The wound had nearly healed. He is to use, as a tonic, small doses of sulphs. quinine and iron.

A month after the operation, a special messenger reports him entirely well.

In noticing the peculiarities of this case, we remark—1st, the cause—an injury to the spinal column, probably by partial paralysis of the bladder favoring a perversion of the function of this organ.

2d. The nature of the calculus—phosphate of lime or bone-earth. This is, I believe, peculiar to disease of the bladder itself. Any calculus may have a coating of phosphate of lime, but when composed throughout of this combination, the evidence is strong, if not conclusive, that it originated in the bladder.
3d. The long existence of the disease without its character being detected.

4th. The size and shape of the calculi. They appeared both in the perineum and bladder to have been regularly impacted, one against the other. Occasionally two, but generally one only was seized by the forceps in their extraction.

5th. The membranous portion of the urethra preserved its integrity, while the bulbous was ruptured by the stones. The two deposits, the one in the perineum and the other in the bladder, were about two inches apart.

6th. The calculi must have all had a common origin—there being no difference in their shape, color or composition. Those in the bladder were, however, a little larger than those taken from the perineum. I agree with Prof. Means in the opinion, that they probably originated in the prostate gland, observing the laws of crystalization in their subsequent aggrandizement in the bladder and perineum.

7th. The remarkable fact that Mr. O'Bannon preserved his virile powers. His wife has borne several children, and is now actually seven months pregnant.

8th. The speedy recovery, in certainly, what must be considered, quite unfavorable circumstances.

PART II.

Reviews and Extracts.

The Asiatic Cholera in New Orleans.

We take the following from the Picayune, published in advance of the Medical Journal, the January No. of which has not yet reached us—it is from the pen of one of the original founders of this Medical Periodical—the New Orleans Medical and Surgical Journal.

To the Editor of the New Orleans Med. and Surg. Journal:

Dear Sir—According to your request, I shall offer you some brief memoranda of the epidemic cholera which has recently scourged our city. We have passed through a long-dreaded and most dangerous crisis; and now that "the action" is over,
and the dust and smoke of the "battle-field" (if you will allow
the metaphor) are cleared away, it is both meet and proper for
us to review the scene, take account of the "killed and wound-
ed," and endeavor to learn from the result some lesson of wis-
don and usefulness. Nor do I deem my military metaphor
altogether inappropiate to the present time. True, our city
is shrouded in mourning and sadness, yet many have escaped
the peril of death; and as we have recently commemorated our
almost miraculous deliverance from from the arms of the inva-
der in days of yore, let us not be unmindful or ungrateful for
our recent deliverance from an impending danger scarcely less
terrific. We have encountered an unseen and dreadful foe—
one whose progress was marked by the victims strewn along
his course. Yet even his ravages were not unmixed with
mercy. Here and there a victim was overwhelmed, as by
an avalanche, and there was no help for him; but for the most
part, fair and timely warning was given, and those who attend-
ed to the dictates of wisdom and prudence found but little diffi-
culty in escaping the impending danger. Amidst the general
alarm and distress that pervaded the community, the duties and
responsibilities which devolved upon the respectable portion of
the medical profession were of the most serious and important
nature: they were met and performed with a firmness and
fidelity worthy of a passing notice. Without regarding the
unjust and illiberal imputations that were cast upon the profes-
sion, it is not to be denied that the physicians of New Orleans
have boldly stood their ground, shared the common danger and
done all in their power, as well to instruct their fellow-citizens
how to keep well as to rescue them when ill. What better evi-
dence need I adduce to substantiate this assertion, than the fact
that although nearly every body felt more or less the epidemic
influence, there were comparatively but few bad cases and very
few deaths amongst the better classes of people—such as usual-
ly apply to respectable and educated physicians for medical
aid? The reason is obvious: these people applied for medical
aid in good season—they obtained the best advice and remedies,
and were promptly cured; whilst others were either deluded
into false security, by relying upon some worthless but well-
puffed nostrum, or through ignorance and temerity neglected
all remedies until the disease had advanced beyond the curable
stage. This was the penalty of ignorance and folly—and a
severe one, too. Without farther preliminaries, let us note
some of the more prominent facts connected with the rise, pro-
gress and results of the epidemic.

The commencement of the late epidemic may be dated from
the 11th of December, when the ship "Swanton" arrived at
Asiatic Cholera in New Orleans.

[March.

this port, thirty-nine days from Havre, with 280 steerage passengers, consisting of German and French immigrants—chiefly German. Now, whether it be a mere coincidence that epidemic cholera broke out in this city just at the time when a vessel arrived having some cases of cholera on board, or that said vessel brought the infection, which rapidly spread through the whole community, is an exceedingly debatable question. But let me go on with a statement of such facts and circumstances as I have, before I attempt to debate it. The whole subject is replete with interest. Every thing connected with it is new to me, and I will endeavor to make the most rational induction in my power, having no preconceived theory to substantiate.

For several weeks previous to the arrival of the "Swanton," the weather had been changeable—for the most part very warm, though there had been several white frosts. Yellow fever had almost disappeared, and there was but little sickness prevailing; though amongst the existing diseases were observed some remarkable cases of stomach and bowel complaints. On the 5th of December I attended a gentleman on Customhouse-street, who labored under vomiting, pain and spasms in the bowels, and prostration to such a degree that, if epidemic cholera had been supposed to be here, no person would have hesitated to pronounce him a case. He had no rice water evacuations, but his bowels were rather costive, and he vomited bile; but many such cases have been seen since the epidemic was declared. He recovered after two or three days' illness, and has not been again sick.

Some days previous to this, three or four negroes were attacked with cholera morbus on the same night and at the same house, in Gravier-street. They were promptly treated, and all soon recovered. Similar cases were observed in the practice of a number of physicians in different parts of the city, all going to show, as it appears to me, that the epidemic influence of cholera was gradually being matured and developed in our midst.

I have recently learned some other facts, which are worthy of notice in connection with the commencement of this epidemic. The ship "Guttenburg," from Hamburg, with some 250 steerage passengers, after a passage of fifty-five days, arrived at New Orleans on the 6th of December. Cholera was prevailing at Hamburg when this ship left, and six or seven deaths from it occurred on board before she got out of the Elbe. As soon as the vessel got out to sea, the disease subsided completely, and no more cases occurred during the whole voyage. As there were no cases of cholera on board when she arrived here, it attracted no attention, although she came from an infected port; but I am informed by one of the visiting physicians of the
Charity Hospital, that soon after the epidemic broke out here, a man died in one of his wards, who stated that he had recently arrived from Germany, on board a vessel which had lost several passengers by cholera. What became of the other passengers of the "Guttenburg" I know not.

In addition to this I should not omit the following fact, obtained from the records of the Mayor's office and the newspapers of the day, viz: The bark "Callao," from Bremen, having 152 German emigrants on board, after a passage of forty-eight days, arrived at New Orleans on the 8th of December, was anchored off Slaughter House Point, on the opposite side of the river. The Secretary of the Board of Health was sent to examine her on the 11th of December, and reported that: "During the voyage eighteen of the immigrants died, some of whom died with purging and vomiting; and others with violent attacks of diarrhoea. The last death occurred on the 30th of November, At present no cases of sickness on board, and those who left the vessel since its arrival are well. N. B.—It is reported in the log-book that the first case that died perished from cholera. This is merely the opinion of those on board, and is not entitled to much weight."

The Callao remained over on the opposite side of the river until about the 4th of January, when she was brought over on this side to be loaded.

The ship Swanton left Havre on the 2d or 3d of November. There was no cholera at Havre when she left, nor have we heard of any since. There was none in any part of France, but the epidemic had reached Germany, and some of the passengers on board the Swanton were German emigrants. Whether they came from an infected district or not, we are not informed. The vessel was out twenty-six days before a death occurred, the first being from consumption on the 28th November. We learn that sixteen or seventeen deaths occurred during the passage, most of them from bowel complaints, supposed to be dysentery. The Swanton reached New Orleans on the 11th of December, and took position at the wharf in the upper part of the Second Municipality. On the morning of the 12th a woman was carried from the ship to the Charity Hospital, and found to be in a complete state of collapse. She was reported to have been attacked the night previous with violent vomiting, purging and cramps.

The intelligent house surgeon, Dr. Wedderstrandt, as well as a number of other physicians who saw this case, at once recognized it as Asiatic cholera, and the Board of Health was notified of the fact. The woman died at 6 P. M. The Secretary of the Board, Dr. Hester, was immediately despatched for
the purpose of examining the condition of the vessel and passengers. He reported the facts above stated, and in addition, that "he found two old women laboring under bowel complaints, and two children suffering from debility—the ship in a fair condition as regards cleanliness—passengers generally look well."

On the morning of the 13th, a man who came over on the same vessel, was brought to the Charity Hospital and found to be in a complete state of collapse. He was cold and pulseless, but his intellect was perfectly clear, and he gave the following account of himself: He said he had a slight diarrhoea on the morning of the 11th, but he walked about the city and ate an apple. On the 12th he left the ship and went to a boarding-house near the Poydras market—still had slight diarrhoea, but ate no fruit this day. After going to bed, was attacked with severe vomiting, purging and cramps—took no medicine and was reduced to a state of collapse when he entered the hospital. He died about 6 P.M. The books of the hospital show three other cases of cholera admitted on this day, all of which terminated fatally. They were from different parts of the city, and not passengers of the Swanton. On the same day I observed two women in the hospital from the same ship. They had only slight diarrhoea, and were promptly relieved. The two fatal cases were seen by a number of physicians, most of whom felt no hesitation in pronouncing them Asiatic Cholera, though a different opinion was expressed by some. The rumor soon spread throughout the city and created great consternation.

On the evening of the same day (13th December) that the second case was taken to the Charity Hospital, a man who has resided here for many years, and who does business not far from the St. Charles Hotel, came into my office with strong symptoms of cholera. He had not been near the ship Swanton, nor seen any of the passengers. I prescribed for him, and on visiting him at his room, half an hour afterwards, I found him extremely ill, with severe pain in his bowels, copious watery purging, skin bathed in cold sweat, great thirst and general prostration. His condition was so alarming and he derived so little relief from large and repeated doses of opium, calomel, camphor and capsicum, assisted by sinapisms, stimulating frictions, &c., that I determined to resort to the inhalation of chloroform. By this means he was made perfectly easy in about two minutes, and remained so until the other medicines he had taken had time to act. He got through the night pretty well, and recovered in a few days from a dangerous illness.

On the 14th December, the Board of health held a special meeting, and issued a card which appeared in the newspapers the following morning, assuring the public that there was no
foundation for the rumor that Asiatic cholera had made its appearance in the city. This statement was seconded by flourishing editorials in several of the newspapers of the day.

On the 15th December there were eight cases of cholera admitted into the Charity Hospital, and I heard of cases in the private practice of a number of physicians.

In a letter from a learned physician of this city to a distinguished professor in Paris, which was published in the Commercial Times of the 23d inst., the author mentions three fatal cases of cholera that occurred on Customhouse, Bienville and Chartres streets on the 15th. He goes on to say: "It is well enough to remark here, that these three primary victims of cholera in New Orleans were all cooks, going every morning, very early, to the principal market in the city, situated on the bank of the river, a cable's length from the infected vessel." In the latter part of this statement, the worthy author must have made a mistake, for the President of the Board of Health was informed by its Secretary, who was sent to examine the Swanton, that he found her in the upper end of the Second Municipality, which is nearly a mile from the aforesaid principal market, frequented by the unfortunate cooks. So these cases must have originated in a different way.

On the 16th December there were eleven cases of cholera admitted into the hospital, and the disease was evidently rapidly increasing in private practice.

On this day I was called to see Dr. J. B. Morgan, of Jackson, Miss., who was attacked the night previous, without having committed any other indiscretion than eating some fish and oysters at dinner. When I arrived at his room, I met Dr. Farrell, who had seen him before, and had good reason to be provoked at the difficulty he found in convincing Dr. Morgan of the danger he was in, and the importance of prompt and vigorous treatment. Dr. M. had already passed about thirty liquid evacuations, then had cramps in his legs, and in fact was on the verge of collapse. Dr. M. being an old friend and neighbor of mine, I joined my entreaties to the arguments of Dr. F., and we did all we could to convince him of the importance of vigorous treatment, but all to no purpose. He insisted that he was not dangerously ill—that he had been similarly affected many a time before, and that if he were not disturbed he would soon be well. The sequel soon verified our worst apprehensions. He was incorrigibly obstinate, dallied too long with a dangerous disease, and was lost.

The panic now prevailed throughout the city, and vast numbers of people fled in every direction; yet some of the leading newspapers and a few physicians hooted at the idea that the
disease was *Asiatic cholera*, and the Board of Health still kept aloof. From this time the disease increased so rapidly that on the 22d December, ten days from the time when the first case was admitted into the hospital, the number of deaths by cholera in that institution amounted to twenty-two, and in the whole city to forty-five. But let me not encroach upon your province, Mr. Editor. Being Secretary to the Board of Health, you will of course supply your journal with all the mortuary statistics that may be interesting to the profession. I may be permitted to state in this connection, however, that the Board of health published on the morning of the 23d December that Asiatic cholera was "epidemic" in the city, the number of deaths from it the day previous having been forty-five; and they announced the cessation of the epidemic, on the 6th of January, when the deaths amounted to thirty-eight.

The epidemic raged most severely from the 22d to the 30th of December, having reached its zenith about the 28th, on which day the deaths by cholera were ninety-two. From the 16th to the 22d the weather was oppressively warm, the thermometer rising as high as 84°. From the 22d it was cool, wet, and gloomy, till the night of the 30th, when there fell a white frost. On the morning of the 1st January there was another white frost, and from that time the disease declined steadily.

The epidemic influence appeared to be felt by almost every person in the city, whether native or foreigners, acclimated or unacclimated. Thousands complained of an extraordinary uneasiness in the stomach and bowels, but in a vast majority of instances it was easily relieved, and but few bad cases occurred amongst those who were prudent and paid proper attention to the premonitory symptoms. The lower classes of people have evidently suffered most, which may be attributed to ignorance or neglect. The mortality at the Charity Hospital has been very great; yet no one can be surprised at it who visited that institution during the epidemic and witnessed the condition in which the patients were when admitted. Cholera is an insidious disease that generally steals upon its victims, seldom declaring itself openly until it has them completely within its fatal grasp. I have not a doubt that seven-tenths of the people who have recently perished of it in this city might have been saved, if they had procured proper medical aid at the onset of the disease. I presume there is hardly a physician in the city who has not been called to persons reduced to the most dangerous condition by relying too implicitly and too long upon some of the various "specifics" advertised in our newspapers and lauded by the editors. Yet some may have been saved by these very nostrums; for there be many in this good-
ly Commonwealth who have such an antipathy to physic, that they will not take it under any circumstances, unless they see its assumed virtues blazoned before the public by the effulgent illumination of fictitious puffs and certificates. They have a decided penchant for the marvellous, the mysterious, and the unknown. They scorn reason and common sense, and have contempt for honest simplicity in scientific researches. Like the followers of the veiled prophet of Khorasson, they:

"Would be dupes and victims—and they are."

But let me not weary your patience with matters of this sort. The people are free agents, and have the right to take what medicine they like. If they prefer artful humbuggery to honest unpretending science, why let them have it to their heart's content.

The mortality from cholera at its late visitation, compares most favorably with that of 1832, when it first scourged our city. The number of deaths by cholera from the 12th December, 1848, to the 20th January, 1849, as appears from the reports of the Board of Health, amounts to near 1400, five hundred and ninety-six of which occurred at the Charity Hospital. We learn from an interesting Memoir on the Cholera of 1832, addressed to the Academy of Medicine of Paris, by Dr. M. Halphen, a French practitioner of this city at that time, that the disease made its appearance about the 25th of October, in the midst of an epidemic of yellow fever; that in a few days it raged severely; and that in the short space of twenty days it killed about 6000 people. Dr. Halphen says, that the mortality amounted on some days as high as 500 a day. He estimates the full population of the city then at 50,000, and as cholera broke out during the prevalence of yellow fever, ere yet the absent citizens had returned and before the customary visitors dared to come in, he does not think the population at that time exceeded 35,000; thus showing the frightful loss of about one-sixth of the people in about twenty days. When we read over these sad details, we may well congratulate ourselves upon our happy deliverance from the late pestilence. True, we have lost about 1400 people, amongst them a few valuable citizens; but what would have been our fate if so malignant a disease as that of 1832 had broken out in December last, when all our own people were at home; and the city was full of strangers? In 1832, the living could not afford decent burial to the dead. Dr. Halphen states, that on some days upwards of one hundred corpses were accumulated at the cemeteries, waiting for interment. Large trenches were dug, into which cart loads of uncoffined bodies were heaped indiscriminately; and in the dead of night, a great number of bodies, with bricks and stones
tied to the feet, were stealthily thrown into the river. The same ratio of mortality at the present time would demand about twenty thousand victims. Let us turn from the appalling calculation, and thank God that we have been so mercifully spared.

As in 1832, the epidemic has declined to a stage of comparative security, but the disease has not entirely disappeared. There is as little cholera in New Orleans at the present time, in proportion to the population, as in any other part of the Lower Mississippi Valley. Whether the epidemic will be re-kindled, at the approach of the ensuing summer, remains to be seen. If the miserable condition of the city, as regards cleanliness, will have any influence upon the event, we may certainly expect it. New Orleans must ever continue to be a prey to the most fatal diseases that prevail, until something efficient is done to improve its sanitary condition.

The manner in which the cholera has spread from this city, in every direction, forms a problem as curious and difficult as that of its first appearance. Almost every vessel that left the city, a few days after the disease commenced, soon had cases aboard, and on some of the steamboats going up the river there were twenty or thirty cases and many deaths. Thus, persons having the disease, and dying of it, were carried to all the landings, towns and cities up the river as high as Cincinnati. In many of these places it spread to a limited extent among the inhabitants; in others it did not. We have as yet heard of no place up the river where the disease has prevailed as an epidemic. We learn that cholera is spreading among the plantations along the river, and also in the interior of Louisiana. To some of these the infection appeared to be directly carried; at others it began without any communication with an infected district. The most remarkable mortality that we have heard of, out of the city of New Orleans, occurred in the 8th Infantry, a body of 450 soldiers which arrived here from Jefferson Barracks on the 1st of December, and were stationed at the Barracks, about four miles below New Orleans. There they remained till the 12th, when they embarked for Port Lavaca, in Texas, on board the steamships Telegraph and New Orleans. These ships reached Port Lavaca on the 15th, but the men did not land till the 20th December. On the night of the 21st, according to a correspondent of one of our newspapers, the right wing of the regiment, under the command of Brevet Major Gates, moved twelve miles into the country; the left wing, under command of Major Morrison, remaining in Lavaca. During the night the weather changed, from sultry heat to a cold, rainy norther, and by daylight four soldiers of those left in the town were dead with cholera, and many laboring under the disease. On
the following day an express came back from Major Gates, with the intelligence that his men were falling rapidly with the same disease. The disease raged with such severity that in the brief space of three or four days 115 men, or about one-fourth of the command, perished. Yet, strange as it may appear, the correspondent informs us that "no cases occurred among the citizens." Now these soldiers must have imbibed the morbid cause somewhere, which lay dormant in their systems, like a powerful enemy in ambush, until a fit opportunity was offered for action by the sudden and malign influence of a Texan norther. Then it sprang upon its unsuspecting victims, made dreadful havoc, and in a few days vanished.

We are informed that cholera has prevailed to a considerable extent at Houston, Texas, whilst Galveston on the sea-board, has escaped, although situated on the line of travel from New Orleans to Houston.

Soon after the epidemic commenced in this city, a trader on Esplanade street took his negroes (about sixty in number) across the lake and located them in the pine woods, where he hoped they would be perfectly secure. They were all well when they left the city, excepting one case, which terminated fatally on the day of their arrival over there, and continued well for nearly three weeks after reaching their point of destination. The cholera then broke out among them and killed a considerable number in a very short time.

At the Charity Hospital, probably as many as fifty cases have occurred among the nurses, servants, and persons who had been admitted for other complaints.

After reviewing the few recent facts which I have just stated, what shall we say about the contagiousness or transportability of cholera? Numberless striking facts recorded in the history of cholera would seem to prove beyond cavil that it may be transported from place to place, through the medium of persons affected. On the other hand, the numerous instances in which the disease failed to be propagated through this medium and the utter futility of rigid quarantine regulations and sanitary cordons in arresting its march, would seem to authorize a different opinion. Amidst these contending difficulties, if the reader can arrive at a satisfactory conclusion, I can only say he is more fortunate than myself. Speaking of quarantine, perhaps we may hear before long that the city of Natchez, on the river above us, has been protected from cholera by her quarantine. I have been informed that there were some fatal cases of cholera in that place. Moreover, I have good authority for saying that the quarantine regulations of Natchez are altogether worthless, except to the officers charged with their enforcement.
I ought not to close this communication without saying something about the general character of the disease, and the treatment pursued by the physicians of New Orleans. As to the character of the epidemic, I think I may safely say that it has not been very malignant. In most instances the attack was insidious and mild—generally commencing with a looseness of the bowels, attended with more or less griping, and often accompanied by nausea and vomiting. The latter symptoms almost invariably attended those patients who had committed imprudence in eating. Without descending into minutiae, I may say that the disease almost invariably commenced with some unusual disturbance of the digestive organs. When this disturbance commanded the attention it deserved, it was generally most easily remedied by the simplest means; but if neglected, it seldom failed to lead on to the most disastrous consequences. This, then, is the curable stage of cholera, and almost the only stage in which it can be cured; for if it be permitted to run on till the patient becomes cold and pulseless, ninety-nine in a hundred will inevitably die. By powerful means, reaction may often be established; but the danger is not yet passed—a great majority still die of the consecutive fever. Say what you will about creating panic and spreading alarm amongst the people, I feel no hesitation in asserting that when epidemic cholera is prevailing, every person who has any unusual diarrhoea, had better believe he is a case and act accordingly. If this simple rule were universally adopted, cholera would soon be rendered comparatively harmless. Thus, according to Dr. Watson, one of the ablest English authors, the disease was arrested in London by the establishment of "Diarrhoea Dispensaries," where the poor were supplied gratuitously with proper remedies. Thousands applied, who would otherwise have waited to get ill before going to a hospital to be treated. Who can deny that it would be well to frighten the people, if need be, into this degree of precaution? Without it you may rest assured there is no safety.

I deem it unnecessary to enter into a minute detail of the symptoms that characterize cholera, as they are familiar to most persons, whether belonging to the medical profession or not. It may not be amiss, however, to mention a few of the most remarkable ones that attended the late epidemic. Many bad cases were marked by an obstinate vomiting of bile, which continued until death. The vomiting would continue for days, and incredible quantities would be thrown up. In these cases the diarrhoea was generally moderate and sometimes absent. The worst cases were those in which the rice water discharges were profuse, as well from the stomach as the bowels. In these, there was no appearance of bile whatever.
A few cases were seen at the Charity Hospital which terminated in black vomit.

When collapse supervened early in the attack, before the system was too much exhausted by copious rice-water evacuations, it was less difficult to bring about reaction, and there was better hope of ultimate success. So far as I know, the only cases of recovery that took place after decided collapse, were of this kind.

Where reaction from a state of collapse was slow and difficult, a sort of typhus fever supervened, which lasted for some days, and generally terminated fatally with affection of the brain. The intellect was generally clear and undisturbed to the last excepting those who died of the consecutive fever. It is marvelous and astounding to witness the mental clearness and composure of some persons dying with cholera! Whilst the attendant relatives and friends are agonized with grief at the sudden and awful calamity, the poor victim is often seen supernaturally calm and uttering words of consolation with the expiring breath.

The treatment of cholera admits of much variation. Educated physicians every where concur in the indications to be fulfilled or what is wanted to be done; but amidst the multiplicity of remedies at their command, of course each one resorts to such as he thinks are best adapted to the circumstances of the case. Doubtless the same object may be accomplished by a variety of means, if it can be accomplished at all; and in our choice of remedies we must be guided by observation and experience. In the treatment of what are called the premonitory symptoms, the first indication is—to check the diarrhoea as soon as possible, keeping an eye at the same time to the important secretions of the liver, kidneys and skin. For this purpose, physicians very generally resort to opium and its preparations, combined with stimulants and aromatics—or opium with some mercurial, or with quinine. According to the urgency of the symptoms a good prescription may be made of laudanum or paregoric and brandy—or laudanum, spirits of camphor and tincture of assafetida—or laudanum, essence of peppermint and compound spirits of lavender—or calomel, opium and capsicum or camphor—or equal parts of paregoric and tincture of catechu. The following is a recipe which I found to answer very well, viz:—B. Sulph. Quinin, drm. i.; Tinet Opini., drs. iss.; Tinet. Capsici Comp., drs. iii.; Muciag. Acaica with Aqua Cinnamon, f. oz. iv. M. Give a table-spoonful and repeat after every two loose stools.

Although opium is so often found in the prescriptions above, I should mention that some physicians disapprove of it, and sel...
dom prescribe it in cholera, except by enema. These gentlemen place their chief reliance upon calomel, combined with camphor, capsicum and the like. As to the sulphate of quinine, it appears to be serviceable in almost every kind of disease that occurs in this region. It possesses remarkable intrinsic virtues, and may be used as an adjuvant to many other remedies.

In the treatment of the violent or acute stage of cholera, when there is vomiting, purging and cramps, we resort to anodynes, antispasmodics, stimulants, calomel, &c., internally, aided by sinapisms, stimulating frictions, &c., externally.

The treatment of the stage of collapse is altogether desperate. As before stated, a vast majority of patients die after getting into this condition; and it is no wonder, for the system is then completely drained of its vital fluid. An excessive hæmorrhage from a divided artery would not produce a greater prostration than is brought about by the copious serous evacuations of cholera; for all the fluid discharged is abstracted from the blood. Various remedies are used in this stage, such as sinapisms, blisters, the hot and the cold bath, the hot air bath, calomel, carbonate of ammonia, &c., &c. The most remarkable recovery from collapse that I witnessed was effected by very large doses of calomel, washed down with table-spoon doses of laudanum, aided by sinapisms and frictions with spirits of turpentine and sweet oil. This was a lady who was rescued from the very jaws of death. She was afterwards pretty badly salivated, but recovered without serious injury.

Two other physicians attended her with me. In the case of Dr. Morgan, mentioned before, I witnessed the astonishing power of cold water in bringing about reaction from a hopeless state of collapse. Warmth was restored, the pulse returned at the wrist, and life was prolonged two or three days; but still it failed, for the injury sustained was irreparable. The cold bath was administered in this instance at the suggestion of my friends, Dr. Richardson, of Vicksburg, and Dr. Guștine, late of Natchez, who said they had derived great benefit from it in the cholera of 1833. Being favorably impressed with the power which the remedy displayed in the case of Dr. M., I resorted to it in two other cases of collapse in private practice. It produced reaction, but they both died for want of vital power to sustain it.

I must apologise for the length to which this communication has unexpectedly been drawn. I have not gone into the minutiae of the theory and practice, or the pathology of cholera. It is to be hoped that our medical journal will be enriched by some valuable papers on these subjects, especially the pathology of the disease, which has been laboriously investigated by some of our most respectable physicians.
Before closing, I will offer a remark or two on the course to be pursued by persons exposed to the epidemic influence of cholera:

1. Let them avoid imprudent excesses of all kinds.
2. Let them not make too sudden and great a change in their established habits.
3. Most persons should avoid fish and oysters; also, acid fruits and vegetables, with the exception of rice, potatoes, and beans.
4. When feeling weak and slightly indisposed, let them take a little good brandy or wine.
5. Let them pay prompt attention to the first and slightest premonitory symptoms. Their family physician, or some respectable regular physician will give them the best advice they can obtain, as it is their interest as well as their duty to preserve the lives of their employers.
6. When some simple remedy does not quickly arrest the disease, they should send for their physician: they will be apt to do this sooner or later, and it is but right that he should have a fair chance to save them, as his reputation is involved in the result.

By attending to these simple directions, many may escape the impending danger; whilst, by neglecting them, thousands will fall into untimely graves.

Very respectfully,

New Orleans, January, 1849.

E. D. FENNER.

Influence of Quackery on Health, Morals, &c.—(Boston Medical and Surgical Journal.)

Remarks of Mr. Sanborn, of Hanover, in the N. H. Legislature, upon the Bill incorporating the New Hampshire Medical Botanic Society.

The most scientific physicians of the age admit that, in past ages, too much medicine has generally been administered to the sick. Excessive medication has been a fault of many practitioners of the healing art; and why? Simply because a large proportion of the diseases for which physicians are called upon to prescribe, are imaginary, and the patients really need no medicine. All physicians and metaphysicians agree on this point, that the imagination has an important agency both in the production and cure of diseases. The mind and body are so intimately associated that they mutually affect each other. Moreover, many real diseases are merely functional and not organic in their nature. They belong rather to the movement
of the vital machinery than to its separate organs. For instance, a clock or watch may be perfect, in all its wheels, and yet fail to make the time accurately, because it is not well regulated. So the human system may be sound and entire, in all its parts, and yet its healthy functions may be so deranged as to render the patient really ill. Now what does such a man need? Simply the advice of a competent physician, who may prescribe, perhaps, a change of diet, a change of place, new objects of attention, increased exercise, or some inert and harmless medicine to satisfy the demands of the patient. The existence of this great class of merely functional and frequently imaginary diseases, gives the homœopathist his wonderful success. Being called, in many cases, where the patient needs no medicine, he administers an infinitesimal quantity, just to satisfy the demands of the sick, that "something should be done," and the man speedily recovers. Did any sane man ever persuade himself that the efficacy of a medicine is increased precisely as its quantity is diminished? and that the smaller the dose, the more potent its influence? If the doctrines of the founder of homœopathy be true, an ounce of opium would convert Lake Superior into excellent paregoric, and the world might be supplied with soporific mixtures already shaken and fit for use, as long as time shall last. But Hahnemann was a deceiver and an impostor. His own language to a friend was—"I give medicines but very seldom, although I always prescribed small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine! Most patients will get well by adopting a simple mode of living, and by placing a boundless confidence in their medical attendants." It is, no doubt, well for the patient to confide in the skill of his physician, and it is sometimes well to humor the patient's desire for a prescription, though no medicine be needed. In such cases, the most eminent physicians frequently administers some innocent substance, as a bread pill, or a little gum Arabic water, which usually proves successful.

Besides the imaginary diseases above alluded to, another large class arises from slight indigestion, or from occasional intemperance in food or drink. A man abuses his system by excessive eating, or by improper or innutritious food. He suffers from nausea, faintness and depression of spirits. At night he is troubled by bad dreams or incubus. Another, perhaps, has been too closely confined to a sedentary life, has inhaled bad air, and feels languid and feeble, experiencing what an old lady once denominated "a sense of all-gone-ness." What do such patients need? The first should fast; the second should "take
up his bed and walk." But while they are suffering from a voluntary transgression of the laws of health, the advertisement of some nostrum vender meets their eye. It matters little what the medicine may be, it is adapted to cure any and every specific disease. Their symptoms are exactly described; thousands have already been cured, and respectable men certify to the efficacy of the offered remedy. They, too, are persuaded to try it. They take into the stomach, already enfeebled and needing rest—a stimulant, perhaps an active poison, which operates as a local irritant. The patient immediately feels better, and the next day is ready to certify to the wonderful efficacy of the new remedy, and perhaps on the day following he finds it necessary to resort to it "yet again." The miraculous cure can be easily accounted for. The operation of the stimulant or local irritant is simply this. It has pleased the Creator to lay up in the store-house of the human constitution a vast amount of strength and animal spirits, which remain latent while the system is in healthy and undisturbed action, but are developed by certain exciting agents and causes. This dormant energy may be waked to action either through the agency of strong passions and mental excitement, or by medical agents operating mechanically upon the delicate lining membrane of the internal organs. Alcohol and all the diffusive stimulants operate, in this way, upon the animal system. As most of the nostrums of the day contain alcohol, or some other poison or irritant resembling it in its effects, we may very properly illustrate the operation of patent medicines, by the well-known effects of alcohol. Alcohol, like other active poisons, is indigestible; and, of course, innutritious. No part of the system can assimilate it. When taken into the mouth its tendency is to corrugate its lining surface and produce a burning sensation in the organs of taste. It produces the same effect upon the stomach. It is taken up by the absorbents, and mingling with the blood, it moves in a fiery current through the arteries and veins, visiting, in its course, the heart, the lungs, and the brain. Of course, the nervous system is greatly excited, and there is an increase of nervous energy, and consequently an increase of strength and animal spirits. The latent powers of the system are roused, and the machinery of life moves with an increased and unnatural velocity. This effect continues till the offensive fluid, being rejected at every portal of life within, is thrown off from the system by the emunctories and pores of the skin. Herein it operates as a deceiver. The wary man, or the sick man, drinks and feels refreshed. He is, as he believes, both brighter and stronger; while, in fact, he has only drawn, in advance upon that nervous energy, which
is treasured up to meet the demands of the system in cases of emergency. Any of the violent passions would, when in action, produce the same result. Let a neighbor approach the toper just as he is about to raise the cup to his lips, and spurn him with the foot or buffet him with the fist, without provocation, and will not the insult make the wary man forget his fatigue? Will it not increase his strength as much as though he had swallowed the potion. No doubt it would; and the excitement resulting from the exercise of any strong passion would produce the same result, whether it be love or fear, jealousy or hate. But in the human constitution, as in physics, action and re-action are equal and in contrary directions. The unnatural excitement, from whatever cause produced, whether by alcohol, vegetable elixirs or passion, is followed by unnatural depression and consequent physical exhaustion. A man, by using artificial stimulants, may do the work of two days in one, and he will live two days in one; and this is the reason why drunkards do not live out half their days. The same is true of those who swallow large quantities of patent medicines, which usually contain some active poison. They operate as a stimulant or local irritant upon the already jaded stomach, destroy its healthy action, and produce a chronic and incurable disease.

But it may be asked, if this be the ordinary effect of frequent medication by popular nostrums, why are so many cures announced? The answer is obvious. The sick recover in spite of the medicine, but would recover much sooner without it. Many of these boasted cures are only lucky coincidences. Post hoc, ergo propter hoc, is the great stumbling block of ignorant men. One event follows another in the order of time, the inference is that the consequent was the effect of the antecedent. Patrick called on his physician for a prescription for his wife. He was ordered to apply a blister to the chest. Pat having no chest in the house, applied the blister to the lid of an old trunk, and the wife happened to recover, and was ready to certify to the efficacy of the application. A few years ago, there lived in Vermont a medical prophet, who healed the diseases of patients at a distance, provided they sent him a minute account of their symptoms, with the required fee. A lady residing in the county of Cheshire, in this State, who had for a long time been in ill health, had faith in the prophet. She besought a neighbor who was about to visit the residence of the prophet, to carry a letter detailing the symptoms of her disease. She inquired diligently the time when he would arrive at the place, that she might know whether her disease was affected by the power of the prophet. At the supposed time of his arrival, she began to amend; the next day she walked
abroad, extended her walk the day following, and when the neighbor returned, was much improved in health. On inquiry, she ascertained that the faithless neighbor had never seen the prophet, and her unopened letter and money were returned. The history of charlatanry is full of such facts. It is no doubt true, that more than half the cases of illness that occur, would terminate successfully if no physician were called and no medicine were taken. These cases furnish the certificates of impostors.

The cure of the scrofula by the royal touch, the weapon ointment and sympathetic powder, in popular use about 200 years ago, furnish testimony in point. For many generations, it was customary for the kings of England to lay their hands upon persons afflicted with the "king's evil" (so called), and hang a piece of gold around the neck of each patient. The profligate Charles II. is said to have touched nearly 100,000 patients of this description, all of whom were essentially benefited, except in cases of deficient faith. It will not be denied that the peculiar mental state of patients, in such cases, may have modified real disease, and perhaps, in some instances, removed it; still, the virtue resided in the patient, not in the King. The unguentum armarium, or weapon ointment, which was so popular for a time in healing wounds, was applied to the weapon and not to the wound. A similar use was made of the sympathetic powders, for the relief of pain. A handkerchief or some article of apparel belonging to the sick was moistened with a solution of the powder, and the patient was relieved. Thousands were ready to testify to the efficacy of each of these absurd curative processes. So when Perkins's metallic tractors were in vogue, about 40 years ago, it is said that a million and a half of radical cures were announced as resulting from the use of these harmless pieces of metal. They were soon discarded by the public when it was ascertained that equally wonderful results were produced by tractors of lead or wood, with nails, pieces of bone, slate pencil and tobacco pipe. Then men forebore to pay five guineas for a couple of ounces of brass and iron! Surely the poet has well said:—

"The world is generally averse
To all the truth it sees and hears,  
But swallows nonsense and a lie
With greediness and gluttony."

"Surely the pleasure is as great
Of being cheated as to cheat."

The truth is no man is proof against deception; and when the body is weakened by disease, real or imaginary, the mind suffers from sympathy; and under such circumstances, the most
intelligent are easily duped by pretenders and quacks. Their medicines always promise more than any medicine, however good, could be expected to perform. It is safe to assert that there is not an advertised nostrum, in the market, which does not hold out false hopes to the sick. Every such advertisement is an imposition upon the public, whether it come from physicians regular, irregular or defective; and in the grammar of medicine, the latter class is very numerous. If one tithe of what the vegetable doctors assert were true, we might attain unto what the progenitors of our race would have secured by partaking of the fruit of the tree of life. We might "live forever." If the pompous assertions of the makers of cosmetics, washes for the face, and beautifying lotions, were true, we might have ladies beautiful as the hours, with the assurance of perpetual juvenescence. In a word, we might bid defiance to the darts of death, and the vegetable doctor might stand over the prostrate king of terrors, and exclaim, in triumph, "Oh death, where is thy sting?" and then turn to his patient, and in the language of Oriental adulation, exclaim, oh patient, "live forever!"

It is pretended that nobody is deceived by the professions of quacks. Every day's experience contradicts this assertion. The rich and the poor, the wise and the simple, are all occasionally deluded by these cheating, lying impostors. The human mind is so constituted, that we must confide in others. We are made to trust each other; to believe the solemn declarations of our fellows. Without this mutual confidence, society could not exist: hence the abuse of it becomes the more odious. None are so credulous as the sick. They listen readily to the advice and suggestion of others. Fearing the ravages of disease, they eagerly lay hold of any hope, however delusive, which empirics may hold out to them. The extensive sale of vegetable medicines proves this. A few years ago, when Morison's vegetable life pills were so popular in this country, a suit was commenced in a court in Massachusetts, by Morison and Moat, against John K. Palmer, for selling a spurious article. It appeared there in evidence, that the proprietors had been so successful in England, as to be able to establish the "British College of Health," at an expense of $250,000, from which agents were sent into all the principal cities in Europe and America. The demand for these pills became so great, in this country, that the sale amounted to $250,000 in a single year; and the seller of the spurious pills had disposed of 100,000 boxes, before he was arrested by the patentee. It appeared, furthermore, that this "British College of Health," with its high sounding name, had neither charter, professors, nor students; but
consisted of an immense building in the suburbs of London, with appropriate apparatus for the manufacture of "Hygeian pills"; and that the proprietor was neither surgeon, physician nor man of science, but an arch quack. What has become of this vaunted remedy, in the brief space of ten years? Gone, like thousands of its predecessors, to the shades of Erebus and old Night!

The fact that new nostrums remain popular only for a brief period, proves that their healing virtues, like the diseases they profess to cure, are imaginary. Each remedy has its brief day of glory, and is succeeded by a rival candidate for the popular applause. Each new invention has a two-fold office. It comes to bury the dead and herald a new race. Every fresh adventurer denounces all rivals as deceivers and impostors. These makers and vendors of nostrums abuse each other like pickpockets. They wage upon every fellow quack an internecine war. Ever member of the fraternity is an Ishmaelite to every other. On all sides it is war to the knife, and the knife to the hilt. The dead lie prostrate on many a hard-fought field; but it is the patients who die, not the quacks! But are we not bound to believe what these impostors say of each other? Who should know the tricks of the trade better than they? If we can trust their promises, we certainly are bound to credit their assertions concerning the fraternity. They warn us, "as we value health," to shun all prescriptions of quacks except their own; and this is done by every inventor of a new medicine. Look at the flaming advertisements of the rival Drs. Townsend, which stare us in the face from every paper printed in Concord, together with a beautiful wood cut, representing old Dr. Jacob Townsend himself. These rivals mutually vilify each other. If they speak the truth of each other, no greater villains walk the earth, "unwhipped of justice."

They both offer for sale a syrup of sarsaparilla. The old doctor says he has paid $200,000 within the last eight years for advertising; and whence came this immense sum? We cannot suppose that any man would devote more than a tithe of his income to advertising; therefore the doctor must have been doing an excellent business in the sarsaparilla line, for eight years. Indeed, Messrs. Allison & Gault, of this town, certify that they alone have sold over 4000 bottles of that article within the past year.

At the present day there is a great fondness for vegetable medicines. Anything having the prefix of vegetable to it, goes down with the multitude. Notwithstanding everybody knows that no new vegetable has been discovered, and no new properties have been detected in vegetables before known; still they
confide in the assertions of cheats and knaves that the commonest herbs may be made sovereign remedies for "all the ills that flesh is heir to." It is equally well known that a majority of all the medicines in the pharmacopoeia of the regular faculty, are of vegetable origin; and, that the most deadly poisons, such as destroy life almost at a blow, like a thunderbolt, are from the vegetable kingdom; still we are told that all vegetable remedies are safe, while mercury is the great bugbear of the many. But it has been proved, in courts of justice, where quacks have been arraigned for manslaughter, that pills, professing to be purely vegetable, have produced salivation in the patient. There are, perhaps, a score of infallible remedies for consumption; and, there can scarcely be a doubt that the only ingredient in them all, which serves to allay the irritation of a chronic cough, is opium! This for a time quiets the consumptive patient, and deceives him with the hope of recovery; but by frequent use of it, the strength is exhausted, and the system sinks under the repeated assaults of empiricism.

But of all the gross and palpable impositions upon the public credulity, the pretence that the Indians understand the healing virtues of roots and herbs is the most absurd and monstrous. Civilized and Christian men having recourse to savages to learn science! It is, however, a notorious fact that Indian "medicine men," as they are called, are the greatest impostors living. They surpass their civilized imitators. They "out-Herod Herod" in knavery. The whole system of practice among the Indians has always consisted in fraud and pretence. Catlin, who spent years among our North American Indians, constantly affirms this. They know literally nothing of the power of simples. They employ over the sick, charms, spells and incantations, and make use of amulets and consecrated medicine bags as curative agents. Yet our scientific botanists go to these ignorant, besotted dupes of superstition, to learn medical science! Sometimes a veritable Indian doctor appears among us, with more brass than copper in his face. He makes his prescription with great gravity and solemnity. He cuts his herbs and gathers his roots under the influence of certain astronomical signs! These signs, by the way, are but a relic of old astrology, as ancient as the Pharaohs, and have no more significance for us than the worship of Isis. But our doctor regards the "stellar influence" in gathering his herbs. He strips the bark upward for an emetic, and downward for a cathartic. He steeps the whole in river water taken up in a peculiar way. I once heard of an instance where the whole process failed because the patient dipped the water up stream instead of down! "Because you see," said the learned doctor,
"if the water be dipped up stream, it goes again natur; if down stream, it helps natur"! Such are Indian doctors. *Ab uno discce omnes.*

Last, but not least, I mention the inventions of Thomsonians. To this class belong the petitioners. According to the system of farmer Thomson they practise medicine. This system every where discourages study, and encourages empiricism. Like Dogberry in the play, they not only hold that "reading and writing comes by nature," but medical science comes by inspiration, or accident. The founder of this system gained his knowledge entirely by experiment and chance. By accident he discovered the emetic properties of lobelia. He first administered it as a medicine to his own children for measles. On the rehearsal of this fact, one of his eulogists explains:—"Hark! attention the universe! Momentous event! To his own child, when greatly debilitated, did Samuel Thomson administer, in November, in the year 1802, several portions of lobulia inflata as an emetic. Propitious moment, well worthy of being celebrated, could the exact time be ascertained, throughout all ages to come"! The philosophy of this great man was truly simple! He says—"the component parts of all animal bodies are earth and water. These are the solids; fire and air are the fluids. Death and life are cold and heat." This is all very natural, very artless, and clear as mud! But it is as difficult to see the bottom of a puddle as of the ocean; hence, by a figure of speech, we may denominate this bold theory, *profound.* Medical practice is greatly simplified by his new hypothesis of disease. "Disease," says he, "is a unit, having one common and general cause, and requiring one general remedy for its removal." Hence steam and lobelia were applied by him and his followers in all conceivable cases. But if human diseases require but one remedy, this new philosopher found that human credulity would tolerate some twenty or thirty different preparations of it, and the individual who heads the petition now before this House, has invented nearly as many more purely vegetable remedies! How complicated this unit of disease and remedy becomes, as we move onward, by the power of steam! This is the great motive power of all modern enterprise. Our ships are propelled by steam; our machinery is driven by steam; we travel by steam: and any man who chooses may take his long and last journey to "that undiscover ed country from whose bourne no traveller returns," by steam.

I have said that the Thomsonian practice discourages scientific study. This appears in the writings of all its advocates. In the "Thomsonian Manual," printed at Boston, No. 8, page 121, it is written—"Dr. Thomson has always opposed the idea
which some entertain, that a college education is necessary for a practitioner, or to advance the glorious system of which he is the founder.” The writer admits that medical institutions may be useful, but still maintains that they are not necessary; for he adds, “that it requires a long and laborious study of the anatomy and physiology of man, or a profound knowledge of botany, in order to make a successful Thomsonian practitioner, the career of Thomson and many others proves the contrary.”

He goes on to assert that the requisition of study for a year or two in some college or infirmary creates “a dangerous monopoly,” and tends to clothe the new theory in mystery. Dr. O. P. Warren, the first individual named in this act of incorporation, in his “Vegetable Expositor,” No 1, page 19, speaking of botanic practice, says—“The shop of the chemist, with its thousand of technical instruments, and the paraphernalia of the druggist, are not necessary to its existence. Nature is its laboratory. Nature, his chemist, furnishes, in every clime, the cure for every incidental disease, in some simple vegetable; and every child of nature understands the disease and remedy. It is only within the pale of civilization that these vegetable remedies have been unknown.” He adopts, it seems, the notion of Indian skill; nay more, he says, page 1 of the same pamphlet, that Samuel Thomson “learned from the beast the physic of the field.” The only useful lesson taught by the beasts is to shun vegetable poisons. They never crop these vile weeds, except by mistake. The object of this system is to multiply nostrums, and sell them to enrich the inventors. These medicines have already become a heavy burden to the community. They need no legislative encouragement, but rather require prohibitory enactments. They have become as numerous as the frogs of Egypt. They are found in our marts of business, in our shops, and in our streets. They are carried by pedlers from house to house. They come up into our chambers, and our kneading troughs, and our beds! The makers of them amass princely fortunes and live in palaces. The buyers of them, for the most part, lose their purchase money and their health. It is by no means contended that all these nostrums are uniformly injurious to health. Some of them may be useful, if properly applied. But as they are used indiscriminately by all classes of persons and for all sorts of diseases, they are undoubtedly productive of infinite mischief. Such of them as are invented by illiterate pretenders to medical knowledge, cannot be safely used by any person. Many of the Thomsonian practitioners boast of their ignorance and glory in their shame. They openly abuse learning and its advocates; yet they prate about nature’s laws. They pretend “to assist nature” in the
cure of diseases. How can they assist nature, unless they know how nature acts? They are quite as likely to contravene the laws of nature as to co-operate with her, unless they have thoroughly studied physiology and anatomy. These sciences they discard. Botany alone they study and that empirically, and thus "assist nature." If nature could utter her voice, she would, no doubt, exclaim in the language of the Patriarch of Uz, "miserable comforters are ye all."

Observations on Collodion in Treatment of Diseases of the Skin.

By Erasmus Wilson, Esq., F. R. S.—(Lond. Lancet.)

It is now about four months since a solution of gun-cotton in sulphuric ether (collodion) was placed in my hands by Messrs. Bell of Oxford-street, and since I first proceeded to employ it in the treatment of cutaneous diseases. I was at that time much interested in the medical progress of a young lady (the daughter of a physician in the west of England) who had been suffering for many years with scrofulous ulceration of the skin in various parts of the body. She had been under my care for several months, and the sores were much improved, but they were nevertheless very far from being healed. The diseased skin had the appearance of being worm-eaten, its hollows were filled with pus, which burrowed under the surface, and it was moreover thickened and congested. By the constitutional treatment which I had pursued, I had, to a considerable degree, corrected the pyogenic tendency of her system; but I felt the want of a local remedy that would serve as an impermeable covering to the surface—in fact, take the place of the lost epidermis, and act the part of an artificial scarf-skin. I had tried vulgarized caoutchouc spread with adhesive plaster, gutta percha, nitrate of silver, astringent solutions, ointments, and pressure by bandage, in vain—the remedy was not as yet found. I was revolving this difficulty in my mind when the collodion was put in my hand. The bearer of the little bottle may remember my exclamation, that "that was exactly the thing I wanted.”

On the next visit of my patient, I removed the dressings from the sores, and pencilled them over with the new agent, which covered the surface with a powerfully adhesive film, of about the thickness of gold-beaters’ skin, and effectually represented the lost scarf-skin. A piece of dry, soft linen was the only additional covering required, and she left me, much delighted at the abandonment of the local applications and bandages. This young lady has since continued to apply the collodion herself,
night and morning, until the present time, when the sores are nearly well, and the congestion and scrofulous thickening of the skin almost gone.

From careful observation of the effects of the collodion in this case, I found it to possess four important properties—viz:
First. That of a mild stimulant.
Second. That of an efficient substitute for the natural scarf-skin.
Third. That of a mechanical compress.
Fourth. That of an adhesive glue, from which quality it derives its name.

First. As a mild stimulant, it is fitted to exert a local alternative action on the congested capillaries of a chronic ulceration and give activity to the healing process.
Second. In its character of a substitute for the absent scarf-skin, it is transparent, pliant and more or less impermeable, according to the thickness of the layer that may seem to be required.
Third. Its most remarkable property, as it seems to me, is the contraction which occurs during the dessication of the collodion, and which produces a local pressure of considerable power on the surface to which it is applied. Thus, in the case above related, the congestion of the thickened skin was relieved by the varnish-like film of collodion spread upon its surface, by means of a camel-hair brush, as completely as if a neatly adjusted bandage had been placed over it. In another instance, I found a film of collodion entirely remove a purple congestion (resulting from imperfect circulation) from the tip of the nose, in a lady who had long suffered from the annoyance. In a third case, in which the fingers of an elderly lady were congested and blue, and the congestion was attended by pain and throbbing, like that which accompanies chilblains, the collodion produced so much contraction as to render their tips white and bloodless, and I was obliged to discontinue the application in consequence.

Fourthly. The glue-like property of the collodion is evinced in its adhesion of cut surfaces, a property which is much increased by the contraction above mentioned. When employed with the purpose of keeping together the edges of an incision, a piece of cambric or thin linen rag should be dipped in the solution, and placed along the line of incision, after the cut edges have been adjusted and carefully dried, perfect dryness of the skin being a necessary condition to the adhesion of the solution. From the rapidity with which the solution dries, and its perfect adhesive powers, collodion is likely to occupy an important place in surgical practice.
The diseases of the skin in which I have hitherto used the
collodion with advantage are, chronic erythema of the face:
tertrigo; chapped nipples and chapped hands; herpes labialis,
preputialis, and herpes zoster; lichen agrius; lupus non exedens
and exedens; acne vulgaris; and several affections of the sebi-
parous organs. In chronic erythema of the face, its contracting
power was most usefully evinced, as it was also in lupus non
exedens, and acne.

In a troublesome case of chapped hands and fingers, resulting
from chronic lichen agrius, the collodion acted not merely as a
protective covering, but also promoted the healing of the cracks
more quickly than the remedies I have been in the habit of em-
ploying. In chapped nipples, it was even more efficient in its
protective and curative action, and seemed, in the two instances
in which I used it, to work a charm upon the painful skin.
The gaping cracks were instantly drawn together and almost
obliterated by the contracting power of the remedy, and were
effectually shielded from the influence of moisture and the pres-
sure of the gums of the infant, and all this, in consequence of the
rapid evaporation of the ether, in an instant of time. In another
point of view the remedy is invaluable as an application to
chapped nipples—namely, as being in nowise injurious to the
infant, from offering nothing which can be removed by the lips
during the act of sucking, and in this particular, therefore, pos-
sessing a vast superiority over the various forms of ointments,
astringent lotions, &c.

In four instances, it immediately put a stop to herpes labialis,
and in a very severe attack, it showed itself to be a powerful
and useful remedy. Small superficial ulcerations of the corona
glandis and prepuce, caused by excoriatio, were cured by a
single application, and in a gentleman very susceptible of exco-
ration, it acted admirably as a prophylactic. From the success
of the latter trial I am inclined to think that it might be usefully
employed as a prophylactic, in case of exposure to syphilitic
contagion.

When properly applied, the collodion enters all the crevices
of the lines of motion of the skin, and adheres so firmly as to
require several washings for its removal. As it is usually pre-
pared, it has the consistence of syrup, and in this state is best
suited for those cases in which its adhesive properties are prin-
cipally needed. Where, however, it is intended to be applied
to the surface of an ulcer or abrasion, or to chaps of the skin, I
find it convenient to dilute it with ether, and render it almost
as limpid as water.

In pursuing this subject, I have made trial of a solution of
gutta percha in chloroform, and also in benzole, but these solu-
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tions are very inferior to the collodion, for the purposes above named. Their adhesive powers are weaker than the collodion, and the layer which they form when painted on the skin, is apt to rise at the edges, and rub off.

_extract from a clinical lecture on cholera. by prof. harrison, of cincinnati, o. (western lancet)

directions for the prevention of cholera.

i.—purity of air.

a. all impurities of a personal and domestic nature to be removed—free admission of fresh air, with entire perflation of atmosphere.

b. humidity to be removed by fires—dry scrubbing to be used in domestic cleansing; in place of water cleansing.

c. crowding of persons within apartments to be avoided, especially during sleeping hours.

d. avoid the use of every article that would impregnate the atmosphere with vapors of any kind—tobacco, tar and even chlorine vapors, by deteriorating the vitalizing action of the atmosphere, are injurious.

ii.—diet and drink.

a. no sudden innovation, or change, to be made in the plan of living.

b. acid fruits and vegetables to be avoided.

c. excess in eating to be shunned.

d. poor diet, and impure water to be avoided.

e. tea and coffee may be used by those accustomed to their use. vinous or spirituous drinks to be avoided by those unaccustomed to them, and employed moderately by those who have contracted the habit of their daily use.

f. meat suppers to be avoided; but plain dressed meats may be eaten at dinner. beef, mutton, fowls, and bacon may be safely eaten once a day;—pork should not be taken.

g. rich deserts of every kind, with ice cream, to be avoided; also very cold drinks and acid liquors.

h. cucumbers, melons, and corn are improper; rice well boiled, and irish potatoes are best; bread a few hours out of the oven, is better than when very fresh.

iii.—dress, and protection of the surface.

a. wet and insufficient clothing to be avoided. flannel next the skin is partly protective, especially when a flannel, or woolen belt is worn around the abdomen.
b. Extremes of heat and cold to be shunned.

c. The bedding and clothing should be daily exposed in cold weather to the fire, and in summer to the sun.

IV.—Exercise.

a. Fatigue is to be avoided.

b. Moderate exercise, when not exposed to a damp air or hot sun, is best.

V.—State of the Mind.

a. A calm, cheerful condition of mind is to be maintained.

b. Fear, above all other emotions, is the most injurious; an attack of cholera is frequently determined by the depressing agency of a strong presentiment of a seizure; or by an urgent personal appropriation of its peculiar phenomena.

c. Scrupulously abstain from that "idle commenting of the brain," which leads timid and excitable persons to a perpetual recurrence of thought upon this, to them harrowing theme.

d. Although plausible grounds may be offered to prove that cholera is, on rare occasions, contagious, yet ample observation has demonstrated, and diversified experience attested, that no real contagious property appertains to the mode of its propagation. All the terrors of a dark and superstitious faith in its contagiousness, should be quieted under a calm assurance that there is no choleric poison given out by those afflicted with the disease, but that its mode of propagation is altogether atmospheric—that it spreads in virtue of a peculiar vitiation of the entire air we inhale, and not by distinct lines of personal contamination.

e. Every thing calculated to depress, or in any way deteriorate the physical or moral energies, will act prejudicially.

Treatment in the Precursory Stage.

First. Employ the following tonic mixture, three times a day, in tea-spoonful doses, mixed with a wine-glass of cold water.

B. Sulph. Quinine, 3ff.

Ether Sulphuric, ⅗ ss.

Spots. Camphor, ⅗ ss. Mix.

Second. Carefully watch the state of the stomach and bowels. If sickness of the stomach comes on, and especially if looseness of the bowels, then no time is to be lost in applying for medical advice. But if there be no opportunity of immediately consulting a judicious physician, and the diarrhoea be slight, the following prescription may be usefully taken—and this, with a strict regulation of the diet, and avoidance of fatigue, will prove available for an arrest of this symptom of the precursory period of the complaint.
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b. Tinct. opii, 5 ij.
   Ess. ppt., 5 j.
   Ess. cinnamon, 5 j.
   Chloroform, 2 j.
   Syrup tolu., 3 ij. Mix.

A tea-spoonful every two hours till the diarrhœa is checked. Or six or eight drops of laudanum with thirty drops of the spts. of camphor, in a little water, will perhaps answer.

Should the diarrhœa prove obstinate, and especially should there be an absence of bile in the evacuations, then the formula given below is to be used.

Treatment in the Invasive Stage, or when the Premonitory Symptoms are present.

First. Nausea, or vomiting; or diarrhœa, particularly of a thin rice-water material, or cramps, denote, when either, and especially when more than one is experienced, that the cholera, or commencement of the cholera, is upon the patient.

Second. If plethora exists, blood-letting has proved eminently serviceable.

Third. Take of the following pills every two hours till the diarrhœa is checked.
   b. Sugar of lead, 2 j.
      Opium, gr. vi.
      Cayenne pepper, 2 j.
      Camphor, 3 ss.
      Calomel, 2 j. Mix.—Divide into six pills.

Fourth. If the patient has lately partaken of any article of diet, then give a table-spoonful of powdered mustard and the same quantity of common salt, in a tumbler of warm water.

Fifth. Apply a large warm mush poultice all over the abdomen, and spread over the poultice, before its application, a thick layer of strong powdered mustard.

Sixth. If the patient grows worse, then employ the following:
   b. G. Camphor, 5 j.
      Cayenne pepper, 5 ss.
      Pow. mustard, 5 j.
      Spts. turpentine, 5 vj. Mix.
      To be rubbed over the entire surface of the body.

And the following:—b. Ether sulphuric, 5 j.
   Spts. camphor, 5 ij.
   Spts. ammonia, 5 ss.
   Brandy, 5 xij. Mix.

A table-spoonful, with an equal quantity of cold water every hour.

This last mixture is to be used after symptoms of collapse set
in, and, in conjunction with its exhibition, strong mercurial ointment mixed with camphor and cayenne pepper, are to be applied to the surface. Additional to these means, injections of ten grains of starch of lead, dissolved in an ounce of starch or gum water, with a tea-spoonful of laudanum, should be administered every half hour.

Quinine as a Prophylactic of Puerperal Fever.—(Lancet.)

The idea that quinine is preservative against puerperal fever was started by M. Alphonse Leroy, of Rouen, in 1793. M. Leudet put it to the test in an epidemic which occurred in 1843, and lasted for three months, administering it before the accustomed period of the first appearance of the malady. For this purpose he employed the quinine in 15 grain (one gramme) doses, and in the few cases it was then tried in no fever followed. He repeated his experiments in two other epidemics, occurring in the years 1845 and 1846, when he found that those submitted to this medicine did not contract the fever. To give the statistics:—Of 83 women who entered the Hôtel Dieu de Rouen, between September, 1843, and January, 1844, 74 took no medicine, and 21 of them were seized with puerperal fever, whilst the remaining nine were dosed with the quinine, and escaped contagion. Again: between July 8th and August 9th, 1845, 26 deliveries occurred: 11 women were submitted to no medication, and eight of them were attacked with the epidemic fever; of the 15 others treated with sulphate of quinine, one only caught the disease. Lastly, between the 9th of March and the 21st of April, 1846, 36 women were delivered: of the 19 who took no quinine, 11 were attacked: of the 16 submitted to its action, only one was seized with fever.

The following is the manner in which M. Leudet employs the quinine:—As soon as the newly delivered woman has a little recovered the shock of the child-birth—viz., in about four hours after delivery, 15 grains of the medicine are given in the course of the 24 hours, in three portions. The same quantity is prescribed the next day, but on the third day it is diminished to ten grains, and the same dose is persevered in until the usual period of the accession of the fever has passed by, up to about the sixth day. The occurrence of milk fever is not always an indication to stay the quinine, for in very many cases that febrile disturbance is very slight.

The plan of using quinine as a prophylactic has been subsequently adopted in Paris, by M. Cazeaux, who could, from his experience, however, make no report of its efficacy. Nevertheless, any remedy holding out such a promise, in so fearful a
disease, should not be thrown aside until after a careful and repeated trial. On the other hand, hygienic measures must be looked upon as by far the best safeguards, both against the development and the propagation of puerperal fever.

On the utility of Alkalies in the Treatment of Rheumatism. By J. I. Furnivall, M. D., Holloway.—(Ibid.)

Some remarks on the treatment of rheumatism by alkalies have been recently published in The Lancet. I have now for nearly twenty years, been in the habit of treating rheumatism by means of alkalies, (the liquor potassae, the carbonate, bicarbonate of potass or sodae;) and as cases have multiplied in my practice during that long period, I have become more and more satisfied of their efficacy in preventing the supervention of heart disease; while as to their value in curing rheumatism, I beg to refer to reports published about a year ago, by Dr. Wright of Birmingham.

I have seldom used them alone in severe and threatening cases, though Dr. Wright has done so with great success; but considering that the inflammation and pyrexia were the effects or concomitants of the peculiar state of the blood in rheumatic fever, to remove which state alkalies are recommended, I have combined with the alkalies various other remedies—colchicum, to remove pain and lower excitement, mercury sometimes, &c.

The results of my clinical observations have been these,—

First. That no case of supervening heart disease has ever occurred in my practice since I have administered alkalies in rheumatic cases; nor will they, in my opinion, if the concomitant inflammation and fever have at the same time been properly attended to.

Secondly. That many cases of rheumatic fever are on record which have been energetically treated by medical men of eminence, but without the use of alkalies, in which heart disease has ensued, and proved fatal.

Thirdly. That mercury and colchicum, separate or combined, and either or both pushed to their utmost extent, will not secure the patient from heart disease, without the addition of alkalies.

Now, seeing that heart disease is a dreadful affliction, (in the poor man overpoweringly so,) seeing that its supervention is not merely confined to acute cases of rheumatic fever, and that it may arise in all cases of rheumatism, even in those seemingly slight forms of chronic pains; and seeing that alkalies may easily be combined with other remedies in the treatment of rheumatism, I would again press on my medical brethren the necessity of prescribing alkalies in all cases of rheumatism.
Acetate of Lead in Vomiting. Communicated in a letter to Prof. Lawson. By J. G. Chinn, M. D., of Lexington, Mo. (Western Lancet.)

Dear Sir:—Although the treatment of the case I will presently detail, may not be new to most of the readers of your valuable periodical, yet if you think it of sufficient importance, you are at liberty to make it public.

Some time in September last, I was called on to visit a lady of this place, pregnant with her second child, and was informed she had been more or less sick at the stomach, with occasional vomiting for above eight weeks, the supposed time of impregnation being about two weeks previous to sickness. As she had been in a similar situation with her first child, a great many remedies had been tried in vain, which had formerly given relief. Two days previous to my visit the vomiting had been incessant. I resorted to all the usual remedies, such as blood-letting, cupping, sinapisms and blisters to the stomach and inside of the thighs, and after removing the cuticle, applied tinct. opii, morphia, bruised mint, &c.; emetics, the various effervescing, alkaline and absorbent preparations, anodynes in liberal doses, creosote, bitters, irritating injections, &c.; notwithstanding which the vomiting continued for six days and nights, not more than two hours intermission at any time, and generally but thirty minutes—no food or drink was retained, and the patient was supported with nourishing enema. It at length occurred to me that the matter ejected, was a morbid secretion from the stomach, and as the acetate of lead was a valuable remedy in various hemorrhages, &c., it might be of service in this case. I accordingly took 12 grains of the acetate of lead and one grain of morphine, and divided in four portions, with directions to give one every two hours, and had the satisfaction to find my patient effectually relieved, and snatched as it were from the very jaws of death; and although an abortion took place about one month afterwards, yet there was but a slight nausea at any time after the second dose of the medicine.


For nearly a year I have pursued a plan of treatment in catarrh, which, in numerous instances, unfailingy relieved its initial symptoms almost immediately. It is adapted to its earliest stages, when the mucous lining of the nasal cavities is dry, tumid and red, accompanied with a feeling of heat, fulness, and itching of the part.

The remedy consists in the application of a solution of nitrate
of silver to the Schneiderian membrane. It is best applied with a camel's hair pencil. The strength of the solution should not be less than eight grains of the salt to one ounce of the distilled water. I ordinarily apply a solution somewhat stronger—ten grains to the ounce.

The application is not painful, nor even disagreeable. Its immediate effect is to excite a copious serous effusion, which continues for some minutes. After this the nostrils are freed from the previous impediment to the passage of the breath through them, when the sensation of relief becomes at once manifest. With the subsidence of the local swelling, the general heaviness and malaise disappear. For some minutes, the inhalation of cold air communicates to the mucous lining of the nose a feeling of rawness. This, however, is of short duration, after which, unless the inflammation has extended beyond the Schneiderian membrane, the cure is complete.

To accomplish a radical cure, the solution should be applied at the very commencement of the attack. When the inflammation has extended to the pharynx, &c., it is no longer practicable to subject all the parts aff ected to a treatment which is mainly local. I have, however, applied the remedy in many cases where the disease had made several days' progress. Then, although no expectations were entertained of removing any symptoms of bronchial irritation which might have supervened, the relief to the head was always satisfactory, by the liberty it afforded to the passage of air through the nostrils.

M. Deschamps, in the Gazette des Hôpitaux for October 1847, recommends snuffing up the nostrils every two hours a solution of opium in water, as an effectual cure for coryza. This method I have not tried. Before reading an account of it, I had for several months employed the solution of nitrate of silver with such happy results, that I was indisposed to seek for any better plan. The insufflation of ardent spirits will often check an incipient catarrh, but the remedy is unpleasant and painful.

PART III.

Monthly Periscope.

Ergot of Rye a Remedy for Excessive Dilatation of the Pupil from Belladonna.—M. Comperat has announced a plan by which he has succeeded in removing dilatation of the pupil produced by belladonna in a patient of his, in whom the iris was scarcely visible, so complete had been the action of a small dose of belladonna applied externally. For some days the excessive dilatation resisted the employment of
various collyria. He prescribed powdered ergot of rye, taken like snuff. The dilatation disappeared in a few seconds—it soon returned; the same remedy was again employed, and it did not reappear. He thought that ergot might be thus used in cases in which dilated pupil arises from the other causes.—[Lon. Med. Gaz.]

Means of Applying Heat to Cholera Patients.—Dr. William Robertson states that at the Cholera Hospital in Surgeon Square, Edinburgh, he has found the following means more efficacious for restoring warmth to cholera patients than the methods usually adopted for that purpose. "A sheet wrung out of warm water is applied, as hot as the patient can bear it, over his whole body, including and closely enfacing the limbs, and leaving no part of the person but the head uncovered. Over the sheet several blankets are tightly wrapped, or ‘packed,’ after the fashion of the hydropaths, but without the slightest respect for their pathology, or wish to imitate what they can with justice claim as their exclusive practice. Between the folds of the blankets, vessels full of warm water are disposed at intervals. The patient is then placed in a position which enables him to vomit over the side of the bed, and is supplied with toast and water, hot or cold, ad libitum. The remedy is an ancient one, often revived in modern times, and is to be regarded merely as a simple and powerful hot-bath. Whether it acts by restoring the healthy functions of the skin, by preventing evaporation, or by conveying fluids into a system from which they have been previously drained away, may possibly admit of question. It certainly seems to me, when applied in the case of children suffering from the collapse of cholera, to be a most valuable and rapid mode of restoring the natural temperature. I have seen reaction established in a bad case within two hours after the application of the sheet. It is, however, generally necessary to continue the use of the remedy for six or eight hours. This practice seems less applicable to adults; the extreme restlessness, jactitation, efforts to vomit and to procure drink, usually observed in such patients, render it quite impossible to continue the application of the sheet for more than a few minutes at a time, without more constant nursing than the utmost vigilance on the part of the medical attendants can, in an hospital, ensure. Strong patients commonly succeed, ere long, in disengaging their arms, and throwing the bed-clothes off the upper part of the trunk, thereby exposing an extensive moist surface to evaporation, and totally defeating the object which we seek by the use of the sheet to attain."—[Month. Journ.]

Antidote to Strychnia.—Dr. Isaac Pidduck states (Lancet, Nov. 1848) that camphor is an effectual antidote to strychnia. The fourth of a grain of strychnia (instead of the sixteenth, which had been prescribed for neuralgic pains) as taken by a weakly man. His muscles were convulsed with tetanic spasms. Five grains of camphor were dissolved in almond emulsion, and almost immediately after taking this dose the spasms ceased.—[American Journ. Med. Sci.]
Mode of rendering Sulphate of Quinine Tasteless.—Dr. John Hardin, of Greensburg, Ky., informs us that he has been in the habit, for some time, past, of administering sulphate of quinine in an infusion of slippery elm, and finds it the most eligible method he has ever tried. It is easy to invest the powder completely in the thick mucilage, and thus deprive it of taste, which is an important point where the patient is a child.—Western Journal of Med. and Surg.

St. Thomas's Hospital.—Mr. Grainger on Cholera.—The announce-ment that Mr. Grainger would deliver a discourse on cholera, attracted a crowded assembly of medical and non-medical hearers to the great hall of this hospital on Wednesday, Jan. 3d. Mr. Grainger sketched a very animated parallel between fever and cholera, and endeavored to show that both these affections are epidemic, but not contagious, maintaining that if they were communicable from man to man, their progress could not possibly be arrested. He remarked that the poor at Hamburgh suffered five times more in parts surrounded by stagnant ditches than the same classes in healthy localities of the town; that in the same city, hardly one-tenth of the applications for relief, during the reign of the epidemic, came from those parts which had been rebuilt, after the destructive fire, on more improved sanitary principles; that in Coatbridge (Scotland), a place surrounded by filthy ditches, forty cases a day occurred in a population of 10,000; and so much as 140 per diem were reported in Glasgow, where filth and overcrowding are extreme. The disease is essentially an affection of the blood; all the well-known phenomena are only secondary to the original poisoning of the vital fluid, and the discharges are an effort of Nature to get rid of the noxious substance introduced into the system. The secretion of bile is not arrested, the gall-bladder is ever found full; but it seems that something arrests the reflex action which impels the biliary fluid into the ducts. The surest sign of the disease is the suppression of the renal secretion, and the kidney takes the morbid characteristics of Bright’s disease. Mr. Grainger concluded his excellent address by pointing out how lamentably ignorant most classes of society are regarding sanitary questions; the Irish at Glasgow fancy the medical men want to poison and get rid of them; numbers of parochial boards contend that houses can do very well without certain conveniences; and so many as one hundred families live in a limited row of buildings at Glasgow, who, with a very wealthy man as a landlord, have but one water-closet for them all!—[London Lancet.

New mode of Dilating Strictures of the Urethra.—M. Amussat, in a case of stricture which resisted all treatments, and beyond which ordinary instruments could not be passed, finally succeeded in introducing a very fine bougie of half a millimeter, (the millimeter is equal to 1-26 of an inch English,) and, using this as a conductor, on the following days introduced alongside of this successively several others, to the number of six. Between these the urine passed. They were left in for several days, being occasionally withdrawn and re-intro.
duced in a bunch, passing as easily as a single bougie of the same size would. The stricture was now readily dilated with ordinary instruments and the cure rapidly effected. The advantage of this method is, that when once we can introduce an instrument, however small, there is no liability to failure in introducing the bougie a second time if once withdrawn, or in attempting to pass a larger one. Whatever is gained is maintained, and the first introduced serves as a guide to other instruments of the same size. The dilatation can thus be readily accomplished, and the urine passing between the small bougie they can be retained several days without inconvenience.—[Journ. de Méd. et de Chir., from Prov. Med. Journ.

A Remedy for Dyspepsia.—For three years I suffered from dyspepsia in an aggravated form, baffling every kind of medical treatment; it was suggested to me by an intelligent physician, practising homœopathically, to take small doses of tincture of nux vomica. I had not to take it long, before its beneficial effect was apparent; and from that time (three years ago) to the present, I have never suffered from dyspepsia. Having been a sufferer from it, I can sympathize with a fellow sufferer, and feel it a duty to tell him of the remedy that has cured me and many others, to my own knowledge.—[A London Surgeon.

Application of the Subcutaneous section to the treatment of Lipoma. —M. Bonnet treats fatty tumours upon the above plan with success. He first introduces a sharp-pointed tenotomy knife under the tumour, and then with a probe-pointed bistoury divides the tumour upwards towards the skin, so as to reduce it to several lobules; he then squeezes the tumour so as to extravasate the fatty matter, and leaves it to be removed by absorption. This operation is repeated several times, according to the size of the tumour. No injurious effects have followed in the cases which he reports, but the results have been so favorable that he is induced to prefer the operation to the methods in general use.—[Pro. Med. and Surg. Journ., from Bulletin de Thérapeutique.

Reduction of Incarcerated Hernia. By M. Amussat.—The method adopted by M. A., which has often succeeded in causing reduction of incarcerated hernia, when other measures had failed, is the following: A board being first placed under the pelvis, in order to give a solid fulcrum to the efforts of the surgeon, both hands are applied to the tumour, exercising a moderate degree of pressure upon it; this pressure is gradually increased, by the super-position of the hands of the assistants over those of the operator. Thus the efforts can be uninter ruptedly continued for a considerable length of time without fatigue to the surgeon, and often with the most satisfactory results.—London Med. Times from Revue Med.

Calomel as a local application in Chancr. —This is a favorite treatment in the hospital, in all obstinate chancres and buboes which will
not heal after being opened. The powder is sprinkled freely over the surface, which is then dressed with lint wet with dilute solution of chloride of soda. I have repeatedly noted the most striking results from it, where the black, wash had entirely failed.—[Amer. Journal.

On Photuria, or Luminous Urine.—Cases, however rare, have been cited, in which the urine, as it passed from the urethra, had a luminous appearance. The phenomenon has not been explained, therefore the following case, with the observations of M. Fallot, will be read with interest:—

A man, aged sixty, had for many years, at intervals, passed luminous urine; the luminous appearance was most distinct as the fluid dashed on the ground, but a few sparks were seen in the stream as it passed from the urethra. Examination discovered nothing particular in the fluid, which varied in its constituents according to circumstances.

M. Fallot thinks that these cases would be found to be more common if attention were directed to them, but that as the affection is not accompanied by any notable derangement of health, it passes unobserved. In the case referred to, the patient had never alluded to the circumstance until he was questioned concerning it, in consequence of its being accidentally witnessed by M. Fallot.—[Prov. Med. and Surg. Jour., from Rev. Med. Chirurg.

Application of Laudanum in Orchitis.—It is well known that the pain which attends the acute stage of orchitis and blennorrhagic epididymitis is most intense. M. Voillemier employs the following treatment, which relieves those pains when most intense, in a few hours. He envelops the inflamed testicle in a compress dipped in pure laudanum, and covers it with oiled silk. In three or four hours the organ is narcotized; the pains cease and the inflammation always rapidly abates.—[Gaz. des Hopiteaux. American Journ. Med. Sci.

On the Use of Stomachics in Dyspepsia.—Your heavy feeder’s safety lies in his dyspepsia: cure this and you kill your patient. The man who takes five times too much nourishment into his stomach, would die at once, if the digestive system would convert it into five times too much blood. He that habitually overfeeds, suffers from a dyspepsia, which prevents more blood than is necessary being elaborated, and is much more frequently the cause of a deficient supply. A certain quack medicine once obtained an extensive reputation for the cure of gout. The Duke of Portland, whom it had benefitted, bought the recipe for two thousand guineas, and made it public. Hence, it was long known as the Portland powder. All who suffered from gout or dyspepsia, fortified their stomachs for the pleasures of the table with this medicine, and agreed that they never felt better or enjoyed themselves more. Sombody, however, at length discovered that no one lived long, after being cured by the Portland powder. All died in the course of two or three years, of apoplexy, or an attack of acute inflam.
mation. The tonic action of the bitter ingredients of this medicine had enabled the digestive system to elaborate a larger supply of blood than was necessary, and the brittle vessels of the brain were burst by the distension to which they were subjected, whilst a predisposition to acute inflammation arose from a redundancy of organizable material.


Local Anæsthesia.—M. Jules Roux recommends the application of liquid chloroform to the surface of a wound left after an operation, while the patient is still in a state of general anæsthesia, with the view of benumming the cut extremities of the nerves. The local insensibility is maintained, according to M. Roux, for forty-eight hours (?) and the patient is thus exempted from pain, both during and after the operation.

A case of hydrocele is described, in which M. Roux injected four drachms of chloroform into the sac. Two drachms were allowed to remain. The case ran the ordinary course, a cure being obtained in fourteen days.—Gaz. des Hop.

[A few days ago we applied liquid chloroform to an ulcer on the leg of a female, which required cauterization with the nitrate of silver. She appeared to suffer little pain from the chloroform, and certainly very much less than usual from the caustic. She refused to inhale the drug.]—Monthly Retros.

Chloroform in the Treatment of Ophthalmia.—M. Uytterhoeven has employed chloroform successfully in various forms of ophthalmia. In a patient at the Hôpital St. John, Brussels, he soothed by this means neuralgic pains resulting from injury of the eye. He has also found chloroform very useful in photophobia of scrofulous ophthalmia. M. U. prescribes it as a collyrium, in the dose of eight drops in an ounce of distilled water.

MM. Rusch and Cunier have administered it in the dose of 8 to 16 drops in a mucilaginous portion of 60 grammes; to be taken in teaspoonful doses in the 24 hours. The benefit obtained from it in eight cases of chronic scrofulous ophthalmia, and in one of neuralgia of the eye, was very remarkable.—[Journal des Connais. Medico-Chirurg. Amer. Journ. of Med. Sciences.

Minute Injections.—Dr. Hershfield, who has become celebrated in Paris for the perfection of his minute injections, adopts the following method:—The subject being placed first in a bath for some hours, the following mixture is injected:—For the arteries: oil, one litre; vermilion, one and a half lbs. For the veins: linseed oil, two litres; white lead, 1 lb.; indigo, q.s. The addition of two tablespoonfuls of soft Venetian turpentine, renders the mixture as penetrating as possible.—[New-York Journal of Medicine.
MEDICAL INTELLIGENCE.

The State Medical Convention.—After the notice issued by the Faculty of the Medical College of Georgia, and published in our last No., for the Physicians of the State to assemble in Augusta on the 20th of February, to organize a Medical Association, the Georgia Medical Society (of Savannah) made a suggestion for the meeting to be held in Macon on the 20th of March. This was soon followed by an article in one of the newspapers of Savannah, stating the change of place and time of the proposed Convention of the Physicians of the State.

The Faculty, desirous of unanimity on the subject, accordingly issued a circular and addressed it to all the Georgia subscribers of the Journal, stating their cheerful acquiescence in the suggestions of the Medical Society of Savannah. The meeting, therefore, of the Physicians of the State, is called for the 20th of this month, (March,) in the city of Macon.

The Georgia Rail-road, the State Rail-road, and the Macon and Western Rail-road companies, have each reduced the fare one half to all attending the contemplated Convention of Physicians at Macon. From the Central Rail-road Company we have received no reply from the Physicians of Savannah who were requested to make application—but doubt not the same arrangement has been or will be made. It is understood that the signature of the President of the Association will secure a free return passage.

As our name has been associated with the effort to get up this Convention of the profession of the State, and as we shall in all probability be prevented attending the meeting, we throw out the following hasty suggestions to those who may be present on the interesting and important occasion:

The notice is addressed to the Physicians of the State of Georgia. In the organization of the meeting, each county should be called alphabetically and the representatives thus registered. We presume all regular practitioners in good standing, having a diploma or not, are included in the call. But every one, even if he has a diploma, and we care not from what College, who is at present engaged in the practice of any exclusive or special system of medicine, ought to be excluded. Of this, however, the meeting will be fully competent to determine.

There should be a registration of all the regular Physicians of Georgia.

Action should be taken at this meeting on the proceedings of the National Medical Association.

Our indigenous medical Botany ought to be investigated.

The general and rapidly increasing prescriptions by Apothecaries and Druggists ought, if possible, to be checked or prohibited.*

A legislative enactment prohibiting the sale or use of any nostrum, which has not the composition fully and accurately described accompanying it, deserves the consideration of the Physicians of the State.

The subjects of Medical education, the lengthening the course of instruction in our Medical Colleges, the support of a Medical Journal, &c., &c., will of course claim a considerable time of this body of the profession.

The call of the Convention in Macon during the progress of the course of Lectures, will of course prevent the Faculty of our College attending as a body, or all of us, as individuals; still a delegation will be sent to the meeting.

* We were called this very day to a lady poisoned by an over-dose of morphine, prescribed in a cough mixture by a druggist.
Dr. J. A. Eve's Introductory Lecture on Medical Education.—We have refrained, from obvious reasons, from expressing our own opinion respecting this Introductory. We may, however, with every propriety, give place to those of others; especially, that our own physicians, about to meet in Convention, may know what is thought abroad of the actions respecting this all-important subject—Medical Education—taken long ago, and now confirmed by lengthening the present course, in the Medical College of Georgia.

From the Annalist, of New York.

Introductory Lectures, Medical Education, &c.—Since our last issue we have received a very interesting Introductory Lecture on the subject of Medical Education from Prof. Eve of Georgia, and another on "The Importance of Professional Studies," by Prof. Grant of Memphis. The latter is a well-written and sound appeal, to the class before whom it was read, in favor of devoting their whole time and talents, unremittingly to their profession. And the fact, that excellence can only be attained by the most assiduous labor, is set forth and illustrated in a manner that could not fail to inspire a higher ambition, and a nobler purpose in the minds of his hearers. The lecture of Prof. Eve, is devoted to the much discussed and ever interesting topic of Medical Education and Reform. He warmly espouses the cause of improvement, and congratulates his class on their good fortune in enjoying a prolonged lecture term; and in consequence, of greater facilities for the acquisition of medical knowledge. The Trustees and Faculty of the Georgia Medical College have ever been among the foremost advocates of a more elevated standard of medical attainments.—They adopted a six months course at the outset of their career; and for several years strenuously endeavored to induce other schools to adopt the same, but failing in this, they were reluctantly compelled to fall back on the short terms so universally adopted by others. On the subject of the length of lecture terms, however, Prof. E. has the following very just remark: "The five months course is merely an approximation to the proper term. Lectures should be continued through the greater part of the year; at least as long in medical, as in literary colleges. The elementary branches should occupy the first, and the practical branches the latter half of the collegiate course—this would allow the student to attend on hospital practice to some profit." This is taking the right position; and if the professor had added to this continuance of the college term, a further subdivision of labor, by attaching to each school 12 or 14 professors, instead of six or seven; and so arranging their courses that the pupil need take, in any one season, only so many tickets as he was prepared fully to profit by, and the remainder the next season, and so on, he would have come up to what we think a Medical College should be. By such a subdivision of labor in the art of teaching, connected with the proposed extension of term, every part of the extensive field of Medical Science could be fairly and thoroughly presented, in such order that first class students would not be under the necessity of listening to lectures on Surgery before studying Anatomy, or on Theory and Practice before Materia Medica, as is now frequently the case in our best schools. Again, by narrowing the field of each Professor's labor more perfection and exactness would be attained by all, and a far greater amount of professional talent concentrated in each school.

But no such reform can or will take place, so long as the degree of M. D. conferred by the colleges, is universally recognised as a full admission into the profession. And for proof of this, we want no better evidence than is furnished in this same lecture of Professor Eve. Why was it that the Georgia College could not sustain itself with a six months term while all other schools practised but four?

It certainly was not because six months did not furnish greater facilities for the same amount of money, than four months; but it was plainly because students could graduate in a shorter time elsewhere. And the graduation constitutes with very many, at least, the ruling motive. If we should establish two literary colleges, in the same place, possessing equal merits in all respects, except one gave a term of six months for one hundred dollars, and the other only four for the same sum, does any one doubt which would command the
largest class? Certainly not, because the object of the literary student is to obtain knowledge. But abundant experience has demonstrated, that the M. D. so far interferes with this, the only legitimate object of the student in choosing a college, that it often holds a predominating influence; and hence the question, where can I gain the greatest amount of sound medical knowledge, is lost in the more influential query, where can I graduate the most certainly and in the shortest time?

Again we have the authority of this lecture, corroborated by Prof. Yandell, of Louisville, and Prof. Moultrie, of Charleston, stating that a medical college, recently established in Philadelphia, has taken up, and in a few weeks, conferred degrees on students, only just previously rejected by other schools. And we know of a notorious homeopath, who holds and flourishes a diploma, from one of our old established medical colleges, and yet he has never attended one whole course of lectures in any college during his life. Nor is this all; for we have more than once known students apply to certain medical colleges for admission as candidates for graduation, before they had studied the required length of time, or were of the required age, or with a previous understanding that they should have their degree at the end of the term, without reference to the quality of their examination; and on being refused, a very few weeks have shown their names on the matriculating books as candidates for graduation in other schools. Now we repeat what we have before asserted, (and been roundly abused for doing it too,) that a connection which is constantly leading to such corruption and abuse, and which effectually prevents any medical college in the country, from resting its patronage entirely upon its merits as a school of medical learning, is radically wrong in principle, and ought to be abolished. And until human nature is thoroughly regenerated, the union of the teaching and graduating power in the same hands, will constantly retard, if not effectually thwart the wisest measures for improvement that can be devised. But more anon.

From the Western Journal of Medicine and Surgery, of Louisville, Ky.

The lecture of Dr. Eve treats of a variety of subjects, the most prominent of which is Medical education. He reviews, somewhat in detail, the various recommendations of the Medical convention in regard to preliminary education, the extension of the lecture term, &c., and expresses a hearty concurrence in all the suggestions which look to the elevation of the profession. The tone of the lecture is frank, earnest, and manly. Its author does not hesitate to speak of abuses wherever he finds them; but while inveighing against them with a generous indignation, he never loses sight of the charities of the christian, nor of the language that befits the refined physician.

But bad as this is, it is not the worst aspect of the case. A sorcer evil is adverted to by Prof. Eve, in his introductory lecture, as having grown out of the scramble for students. He says—

"In Philadelphia there are five medical colleges, which causes a competition and contention for pupils derogatory to the profession. In vain do other colleges reject unqualified candidates, when they have only to go to Philadelphia, to be certain of a diploma in a few months, however limited their qualifications. These facts are too notorious to require scruple or delicacy in adverting to them.

"While in Philadelphia, we were informed, that a student who had been rejected by the University obtained a diploma, a fortnight after in that city. In no other city does the same corruption, do the same enormous abuses exist. It is certainly more incumbent on the physicians of Philadelphia than all others to be active and energetic in the work of reformation."

A similar statement was made to us, by gentlemen in Baltimore and Philadelphia last spring, and the character of the authors leaves no room to doubt its truth. Here then, at the emporium of medical science in America, in the city of Rush, Wistar, and Physick, is an institution, chartered by the commonwealth, in which the rejected candidates of other medical schools, after a few weeks' study, are invested with all the honors of the doctorate. The fact ought to be proclaimed abroad, that physicians when they send their sons and pupils to Philadelphia may know what cautions to give them. By a letter just received
from a physician of Mississippi who is passing the winter in Philadelphia, we are glad to see that students are fully apprised of the standing of this institution. "They look upon it," he says, "with perfect contempt. Two of the professors left it after delivering their introductory lectures, and the professors on three different branches himself. He cannot get respectable physicians of the city to join him." Dr. Burden, and Dr. Thomas D. Mitchell, resigned their chairs in this school at the close of the last summer session.

From the same gentleman, we learn that the Franklin Medical College has closed doors, and that the building has been sold to the Catholics for a hospital.

Professor Joseph A. Eve states in his Introductory Lecture, that the Medical College of Georgia, at its organization, adopted six months as the length of their lecture term, but that after persevering five years "with little encouragement and patronage," the professors finally came down to the short sessions of other schools. "After the adoption of the four month's term," he remarks, "the classes increased rapidly."

We take great pleasure in quoting this piece of medical history, not only as an act of justice to a highly respectable institution, but as illustrative of that progress in the profession signs of which are visible all around us. A number of schools have adopted a lengthened term, and they experience no diminution in the size of their classes. A few years have wrought a signal change in professional opinion, and the schools are conforming to that enlightened judgment. In all the schools the sessions, in a few years, will be extended; and dissections and clinical instruction will be insisted upon, as pre-requisites to graduation.

It gratifies us to learn that the Medical College of Georgia is prosperous. With a gifted faculty, alive to the true glory of their profession, ready to second every movement tending to its advancement, high-toned and manly, it deserves to prosper.

From the Western Lancer, of Cincinnati, O.

Professor Eve adverters to the present state of the profession, and while he laments the defectiveness of medical education in our country, expressly declares that he has no sympathy with those who deplore the degeneracy of our colleges, and sigh for the palmy days of old. On the contrary, he believes that the profession is far in advance of its former condition, and our colleges far superior to those of an earlier period.

These sentiments fully accord with our own, so oft repeated; and we are gratified to find one so candid and manly as Dr. Eve to stand forth, and maintain a position so just and liberal. The profession of medicine, we admit, needs further improvement, and it is improving quite as rapidly as any of the natural sciences. And no impartial observer can for a moment believe that it has not improved upon its former condition. What, then, do we need? Reform? No! for that implies that we are now radically wrong, and that some other system or teaching is demanded. We need, then perseverance, the correction of some abuses, but no radical changes.

Dr. Eve is a strong advocate for the extension of the lecture term in colleges. We agree with him in that opinion. And we may ask, why is it not universally adopted? Because there is no concert of action; the recommendation of the National Association has been disregarded by some schools, from interested motives; and others, surrounded by such, feel it difficult to act alone. We hope to see the time when this evil may be corrected.

The author also adverters to the evils arising from legislative enactments legalizing empiricism, and multiplying colleges to an injurious extent. And he expresses the opinion that Pennsylvania and New England have especially suffered by the multiplicity of schools. "In Philadelphia," he continues, "there are five medical colleges, which causes a competition and contention for pupils, derogatory to the profession. In vain do other colleges reject unqualified candidates, when they have only to hasten to Philadelphia, certain of a diploma in a few months, however limited their qualifications." And it is further stated, that while in Philadelphia the author, was informed that a student who had been rejected in the University, obtained a diploma in a fortnight after, in that city.
We of Cincinnati have good cause to feel the justness of the above remarks. The legislature of Ohio, has seen proper to charter two empirical or botanical schools, thereby placing them, so far as legal rights are concerned, on an equality with the regular colleges of the country. These schools take good care to thrust themselves forward, and take every aadvantage of popular preju-
dice and ignorance to sustain their deceptive systems. But they are schools of medicine; they confer degrees; they claim even superiority in science, and attempt to break down all distinctions between regular and empirical schools. And the legislature—the guardians of the people (God save the mark!) have done all in their power to elevate and give currency to ignorance and deception, and thereby to impair the usefulness of true science.

The multiplicity of schools, to which Dr. Eve alludes, is felt not only in Penn-
sylvania and New England, but likewise throughout the West. This increase of schools causes, as correctly observed, "a competition and contention for pupils derogatory to the profession." Cheopping with all of its attendant evils, together with credits, personal favors, limited qualifications required, and many additional evils, will as certainly spring from this system as miasm from bogs and marshes.

Finally, Dr. Eve has written a well-timed, sensible and interesting lecture, which is alike creditable to himself and the school to which he is attached.


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<td>Air with flying clouds.</td>
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10 Fair days. Quantity of Rain 90-100 of an inch. Wind East of N. and S. 9 days. West of do, do, 12 days.