A Clinical Lecture upon Syphilis, delivered at the Augusta Hospital. By L. A. Dugas, M. D., Professor in the Medical College of Georgia, and one of the attending Physicians to said Hospital. *

The term Syphilis is variously applied in Continental Europe and in the United States; for whilst in the former countries it includes Gonorrhœa, this is with us generally regarded as a distinct affection. Yet Europeans have of late endeavored to distinguish between simple urethritis and those cases in which this disease is complicated with internal chancre, insisting that whereas the simple form is not followed by constitutional symptoms, these may be manifested if a chancre have existed within the urethra. But how are we to ascertain the existence or non-existence of the ulcer if it occur beyond the visible surface? Are we to resort, as has been suggested, to inoculation in every case presented to us, before we can be able to prescribe judiciously? We presume that few practitioners and still fewer patients in our country would feel disposed to adopt the test. American physicians have therefore wisely come to the conclusion to regard all cases of Gonorrhœa as purely local, and to treat them accordingly; leaving all subsequent manifestations to be treated upon their

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* This Lecture was delivered in December last, extemporaneously, and without the expectation of being called upon to reduce it to writing. Having been requested to do so by some of the class, its substance is now furnished as nearly as the circumstances would permit. A similar request was made in relation to one or two other clinical lectures which may hereafter appear in this Journal.
own merits. And will it be said that our procedure is more often followed by constitutional symptoms than that pursued beyond the Atlantic? Such is not the fact, for we are told that their occurrence in Europe is not uncommon; yet they are certainly of extremely rare occurrence in our country under such circumstances. There must therefore be either a difference in the disease in Europe and in the United States, or the sequelæ must be occasioned by the treatment instituted. Perhaps what we have to say upon chancres may throw some light upon this question.

The very great importance attached to the existence of chancres naturally suggests the query: what is a chancre? Is it something easily detected or recognized? Is it a form of disease presenting such definite characters that it can always be distinguished from others? In short are there any pathognomonic signs by which a specific chancre can be distinguished from a simple ulcer? You will look to your books in vain for any guide to certain diagnosis and your experience will confirm the difficulty. It is true that Hunter and others refer to elevated and indurated edges as characteristic of the specific or syphilitic chancre; but every practitioner of experience knows the fallacy of such views. We are told by some that its obstinacy or resistance to ordinary means will reveal its specific nature; but are we to wait for this to make up our diagnosis and our treatment? And why should an obstinate ulcer upon the penis indicate a specific inoculation any more than an obstinate ulcer any where else? If any of these peculiarities be worth anything we ought never to find constitutional syphilis occurring after the existence of ulcers of the penis which did not present them. Yet such is not the fact, as will be abundantly testified by practitioners of experience. We certainly meet with as many cases of secondary or constitutional syphilis after the occurrence of chancres or ulcers which readily yielded to treatment and which presented neither elevated nor indurated edges, as we do after the manifestation of these peculiarities.

I insist therefore that we cannot distinguish a specific from a simple chancre by ocular inspection. Shall we decide the question by referring to the history of the case furnished by the
patient—by ascertaining whether or not he has been exposed to inoculation, and whether or not the female herself had chancre? The difficulty of getting at the truth here is as great as it is in reference to the value of the physical signs. Some patients feel a reluctance to acknowledge the illicit intercourse and may mislead you. The great majority will be unable to testify with any certainty to the condition of the female. We are still upon terra incognita; and yet we are called upon to prescribe. Let us drop the term chancre since it means something that cannot be defined, or, in other words, nothing. Let us retain that of ulcer, and our procedure will be simplified. Inasmuch as we know that the ulcer may or may not have resulted from the inoculation of a morbid principle, and that if this principle have been thus introduced it may be attended with constitutional symptoms, and, moreover, that we have no means by which we can determine the true cause of the ulcer, prudence dictates that we prescribe such a course of treatment as will not only heal the ulcer but also most effectually avert the constitutional developments consequent upon inoculation. We must proceed as though we had the certainty that the patient had been inoculated with the syphilitic virus.

What then is the best treatment to secure this end? or do we know of any upon which we may rely with certainty, or even, I might add, with probability of success? We meet here with difficulties no less than those we have encountered in relation to diagnosis. There are three methods in general use for securing the patient against constitutional symptoms. These are the specific or mercurial, the abortive or cauterizing, and the rational or antiphlogistic. Let us consider briefly the merits of these methods.

The specific, antidotal, or mercurial treatment of syphilis, has been so long and so generally adopted as the most efficacious by the profession, that any attempt on my part to discredit it might well be regarded as presumptuous, had this not already been done by abler pathologists as well as by those better situated for making observations upon a large scale and for bringing to the support of their deductions the valuable aid of statistics. It is to Desruelles we owe the first serious and, in my opinion, successful effort to show that mercury is not enti-
tled to the supremacy it had so long enjoyed. His position, as military surgeon, enabled him not only to treat a very large number of cases, but also to observe the effects of his treatment for years in succession, and to keep correct statistics. The result of his extensive researches prove conclusively in the first place, that the primary symptoms of syphilis may be as effectually, if not more so, treated by ordinary antiphlogistics as by mercurials; and in the second place, that the secondary or constitutional symptoms occur as seldom, if not more so, after the former than the latter treatment. Nor have these conclusions been confined to Desruelles; they have been confirmed repeatedly since the publication of his work, by others both in public and private practice, and to these I unhesitatingly add the humble weight of my own testimony. The most strenuous advocates of the mercurial treatment will not presume to assert that this may be regarded as always successful in the prevention of secondary symptoms. Ask any practitioner of experience if he will insure a patient affected with chancre against constitutional symptoms after the mercurial treatment, however well administered, and he will tell you—No! certainly not! His predilections may lead him to regard it as the surest guaranty; but his experience will never allow him to view it as a certain one. Such is the partiality in our country to the use of Mercury in almost every disease, that I may safely affirm that we scarcely ever meet a case of secondary syphilis in which this agent had not been more or less freely used during the existence of the primary symptoms. Indeed we continually see such a state of things in individuals who have gone through the most thorough and repeated mercurialization. One of the very few cases of secondary syphilis I have had to follow my treatment of the primary symptoms, was one in which I yielded to the importunities of my patient, and mercurialized him to ptyalism three times, and followed this by the free use of the tea and syrup of Sarsaparilla for six weeks. He had only one small chancre, which was cured up in a few days. His apprehensions were such, however, that he insisted upon the thorough "preservative" treatment just stated. In about four months after this, he was covered with syphilitic blotches and sore throat, which proved more obstinate than any similar case I ever treated.
I know that it will be urged that inasmuch as secondary symptoms are (in this latitude at least) rare in comparison with the great number of cases of primary syphilis, this result should be attributed to the mercurial treatment so generally instituted. This argument would undoubtedly possess great force were it not equally certain that the secondary symptoms will occur quite as rarely (I think more so) after any other treatment. The demonstration of the fact that secondary syphilis rarely follows the treatment of chancres by mercury is not conclusive evidence of the value of the mercurial medication. It must be also demonstrated that secondary syphilis occurs more rarely after the use of this agent than without it. This I believe cannot be done. It certainly does not accord with the experience of Desruelles nor with that of many others, myself included.

The examination of the value of the specific method of treatment having led me to estimate also that of the antiphlogistic, it is unnecessary to say anything more in relation to this at present. Let us therefore pass to the consideration of the abortive or cauterizing method.

It is alleged by many that if a chancre be well cauterized with Nitrate of Silver, or any other agent of the kind, very soon after its occurrence, say on the first, second, or even third day, that the virus will be destroyed and that the system will consequently escape infection—and the liability to secondary syphilis. I will not deny the fact that the secondary symptoms will be rarely manifested after such treatment. Such we have acknowledged to be the result of the other methods. But I cannot give my assent to the inference that this should be attributed to the destruction of the virus. This would unquestionably be at variance with all we know in relation to the laws of absorption or imbibition, as well as with the analogy offered by the inoculation of any other morbific or pernicious substance.

The syphilitic virus having been applied to the delicate surface of the glans penis, or of the prepuce, is absorbed, or, to use a more intelligible term now adopted by physiologists, is imbibed more or less promptly. It is not supposed that it could remain upon such a surface for any length of time without penetrating it, as it would any other porous substance—paper
for instance. The cuticle, which in other parts of the surface of the body offers some resistance to imbibition, can exercise but little here. The fact that the vesicle and subsequent chancre will occur only a number of days after the application of the virus, is no evidence that this was not very soon imbibed, for we know that even after inserting the vaccine or the smallpox virus beneath the cuticle and into the thickness of the skin, the vesicle or pustule will show itself only after the lapse of several days. Does the virus then remain in the locality in which it has been imbibed until the formation of the ulcer? We have no reason to believe this, but on the contrary many to disprove it. Such an occurrence would be in direct opposition to physiology as well as to pathology. The very same laws of imbibition by which the virus would be carried through the surface would carry it still further and into the circulation. The tissues beneath are as porous as those at the surface, and are moreover bathed in the natural fluids which would dilute the virus and at the same time take it along with them into the circulating vessels, particularly the veins. The very dilution just noticed may account for the fact that the virus at first produces a visible lesion only at the point of its application. It is out of the question to suppose that any liquid can be thus retained within a given locality of the soft tissues for any length of time. It will always be imbibed and carried into the circulation. You may satisfy yourselves upon this point by inserting into the tissues any liquid substance whose effects are promptly recognized—morphia, strychnia, arsenic, corrosive sublimate, for example. Will it be said that in these instances the manifestation is prompt because the absorption has been so; and that it is tardy in syphilis, vaccine, small-pox, &c., because of a corresponding tardiness of absorption? There are agents which do not induce any manifestation of their absorption or presence in the system until the lapse of a number of days or even weeks, and the time which thus intervenes between the admission of the morbidic principle into the system and the manifestation of disease, constitutes what has been termed the period of incubation. This varies exceedingly, and probably in accordance with the predispositions of the patient to disease. As a general rule, the period of incubation after
inoculation of the vaccine or of the small-pox virus is about three days. Yet it is not uncommon to find it extended to a week or two after exposure to the contagion of variola without inoculation. I have known a case of small-pox in which there was every reason to believe that the patient had not been exposed to its contagion for three weeks previous to its occurrence. The virus must have been then absorbed by the respiratory organs and remained dormant or "in incubation" for this long period. It is generally believed that the hydrophobic virus remains thus latent for forty days, and even longer, yet no one would imagine that it had remained thus long in the locality in which it had been inserted.

Perhaps the strongest argument, however, may be found in the experiments upon the influence of cauterization on the constitutional effects of the inoculation of the variolous virus. Would any one expect to arrest these by cauterizing the pustule after it had been developed? Assuredly not. The cauterization at this stage would not even modify the disease. If analogy be worth any thing here, we should not expect to arrest nor even to modify the constitutional manifestations of syphilis by the application of caustic to the inoculated region after the formation of the vesicle or ulcer;—and the caustic could not be used before their formation because they furnish us the first evidence we can have of the inoculation.

Whilst the cauterizing plan is not a more certain preventive of secondary symptoms than either the mercurial or the antiphlogistic, it is liable to an objection that does not attach to the mercurial and still less to the antiphlogistic: it provokes the formation of Buboes. A bubo is an inflammatory enlargement of one or more of the inguinal glands, and may be induced by a simple as well as by a specific ulcer upon the penis—and we have no means by which we may distinguish a bubo produced by the former from one produced by the latter cause. Everyone knows that buboes not unfrequently follow injuries or ulcers about the toes, feet or legs. In like manner do we find similar enlargements of the axillary glands in affections, whether accidental or otherwise, of the upper extremities and mamma. Now it cannot be supposed that in all these cases the inflammation of the gland is occasioned by a morbific agent carried
to it by the lymphatics. Buboes are sometimes occasioned by wearing tight boots when the toes are affected with corns, although there may be no ulceration whatever. The fact that they may follow accidental injuries, simple ulcers, or mere abrasions of the penis, would rather lead us to regard them as a mere extension, by continuity of tissue, of the inflammation along the lymphatic and up to the gland it penetrates. Be this as it may, it is quite certain that, in general, the danger of the formation of the bubo will be in a direct ratio with the intensity and persistence of the affection of the penis. We therefore find that the surest method to prevent buboes is that which will most readily subdue the inflammatory action of the ulcer, and heal it. It cannot be denied that the Nitrate of Silver will often accomplish these ends remarkably well; but I think it by no means so uniformly successful as the antiphlogistic treatment properly so called. In many instances the caustic will aggravate instead of allaying the inflammation, and thus occasion a bubo, which would not have occurred under another treatment. It is much to be regretted that so few practitioners take the trouble to keep statistics, for these would often reveal the fallacy of our estimate of remedial measures. In relation to the treatment of chancres, I feel assured that a much larger proportion of buboes will be found to follow the use of caustic, calomel, styptic washes, and other irritating applications, than that of the simple antiphlogistics. In my practice, I never expect buboes if they do not already exist when the case is presented to me—and, when they do already exist, I can almost invariably ascertain that irritating applications have been made, or that the chancres were aggravated by gross neglect of cleanlines and of the rational means of relief.

Having thus far endeavored to show you that the rational or antiphlogistic treatment of ulcers of the penis, or chancres, is to be preferred to either of the other methods, as more prompt and less apt to be followed by buboes and constitutional or secondary symptoms; I have likewise affirmed, however, that we know of no method which, having been diligently resorted to, offers a certain guaranty against the supervision of secondary syphilis. Methinks I hear the query: "does our art then avail nothing?" I repeat; it may accomplish much, but
it is not infallible. Whence then the delusion of those who consider mercury a specific in syphilis? I think you will find its origin in the assumption that most chancres result from syphilitic inoculation, and that this inoculation will necessarily be followed by constitutional syphilis unless an antidotal treatment be instituted. Now the fact is that the majority of chancres are not produced by syphilitic inoculation. They are frequently occasioned by uncleanness, the sub-preputial secretions becoming rancid and corrosive, by irritation and even laceration during the act of coition, by the friction of coarse clothing, &c. Sometimes they occur spontaneously, or without appreciable cause. Some of the most obstinate chancres I have ever seen originated in this way. I recollect at present a case in which one half of the glans-penis sloughed away, despite every effort to save it—and yet the patient had not cohabited for four months previous to the invasion of the chancre. The assertion of the patient may be doubted by some; but I am fully satisfied of his entire veracity, and know that he would not have deceived me. He certainly had no interest in doing so.

The assumption that syphilitic inoculation will necessarily be followed by constitutional symptoms, if not properly treated, reminds me of an anecdote I have heard or seen somewhere in relation to the influence of certain nostrums in preventing the bad effects of bites from venomous reptiles. It is related that an individual alleging to have discovered an infallible antidote to the bite of the viper, applied to the Parisian Royal Academy of Medicine to have his remedy tested, whereupon a committee was appointed, at the head of which was Majendie. The efficacy of the antidote was to be determined by causing a number of dogs to be bitten by a viper, and immediately applying the lotion to the wound thus inflicted—the inventor declaring in advance that they would escape uninjured. All arrangements being made, the dogs were bitten and the lotion was about to be applied, when the wily physiologist insisted upon seeing first what effects would ensue without the lotion. The dogs suffered but little, and not one died! The experiments were of course carried no further. Perhaps the memory of each of you will recall instances in which the bites of ven-
omous serpents have not been fatal. It is indeed rarely so unless the virus be deposited in a vein, so that it may reach the heart and nervous centres suddenly, or more rapidly than it can be eliminated by the emunctories, and its effects be overcome by the energies of the system.

That the human economy, in common with that of all organized beings, possesses an inherent power of self-preservation, is too evident to require any argument to establish the fact at present. The plant, as well as animal, will by its own powers heal the wound inflicted upon it, and eliminate noxious substances introduced into the system. Give a man Arsenic, Iodine, or any deleterious substance that may be readily detected in the urine or other secretions, and if the quantity be administered gradually so as not to be fatal, you will find it rapidly thrown off by the emunctories. So it is with all morbific agents, to a greater or less degree. Let ten individuals be exposed to the contagion of small-pox—they will all inhale the same infected atmosphere—yet some will take the disease and others escape it. Inoculate a given number of children with the vaccine virus, and some will not take it, although the operation be repeated. The history of all epidemics shows that, although all equally breathe the cause of disease, many do so with impunity. In these cases the morbific agent is eliminated and its effects neutralized by the energies of the system. Those whose conservative or protective energies are least developed, will suffer most. In other words, the readiness with which the system thus protects itself against the inroads of disease, is in a direct ratio with the stamina of the individual. Certain causes of disease are more potent than others, and therefore less often effectually resisted. It is more rare to escape the contagion of variola than that of rubeola. But the same cause is also more effectually resisted by some than by other individuals,—and even by the same individual, more at one time than at another. This conservative power has been called the vis medicatrix naturae, and has, as such, been alternately extolled and villified. The power does exist, and it is of great importance that it be properly estimated—neither blindly trusting to it, nor rashly thrusting it aside or overlooking it.
In order philosophically to test the value or efficacy of any given treatment for the prevention of secondary syphilis the first step should be to ascertain in how many cases the secondary symptoms would follow the primary, if these were allowed to run their own course or be treated as merely local affections. These observations, carefully made, would furnish us the only correct data upon which to establish a comparison. I am not aware that any extensive series of observations have been made in which no treatment was instituted; but I have already stated that they have been made on a very large scale in reference to the value of the local treatment alone, and that the result was decidedly favorable to this method. Desruelles found that the secondary symptoms were decidedly more frequent after the mercurial than after the local treatment. And these experiments were made in a latitude in which the secondary symptoms occur more frequently and with much greater violence than they do in our Southern country. Having closely attended the Hospitals of our Northern cities for two and those of Paris for three years, I may safely aver that during a practice of nearly twenty years in Georgia I have never seen a case of constitutional syphilis to be compared in virulency and obstinacy with a large number of those almost continually to be found in those hospitals.

That warm are less favorable than cold climates to the development of constitutional syphilis has been long since observed; but whether this circumstance should be attributed to temperature rather than to some peculiarity in the constitution of the inhabitants of the South, may well be questioned. In our Northern cities as well as in London and Paris, the prevalence of the scrofulous or strumous habit is infinitely greater than it is in Georgia and the neighboring States. Whilst Phthisis Pulmonalis, one of the worst manifestations of this diathesis, is exceedingly common in those latitudes, it is of comparatively rare occurrence in our favored region, especially among natives of the South. Now the scrofulous diathesis is most strikingly characterized by a radical deficiency of the conservative power or vis medicatrix naturæ, so that its subjects are peculiarly prone to diseases of almost every kind, and, when attacked, recover with great difficulty. This habit I hold
to be, of all others, that in which syphilis is most apt to prove inveterate. Who has not observed the difficulty with which even simple gonorrhea is removed in such constitutions? Nay, it not unfrequently baffles all our remedial efforts, and has finally to be left to "wear itself out." And if a scrofulous individual be inoculated with the syphilitic virus, not only will the chan- cers and buboes be difficult to cure, but the patient will, in all probability, be subsequently affected with secondary and tern- tiary symptoms. The conservative powers of the system will not be able to throw off the morbific agent before it have con- taminated every tissue; and this deteriorating influence being added to the inherent defect of the constitution, will sometimes favor the development more or less simultaneously of both scrofula and syphilis. The two diseases become mixed up to- gether, if I may be allowed the expression, so that it is often difficult to determine which of the two we should treat. In looking at the plates of works illustrating syphilis and scrofula as distinct diseases, we are at once forcibly struck with the very great similarity of the cutaneous affections and ulcerative destructions represented in both. In Northern hospitals the difficulty of correct diagnosis is frequently encountered, and the physician is obliged to resort to the history of the case in order to determine whether it should be called scrofula or syphilis.

I believe that I have now pointed out why it is that all who are inoculated do not have constitutional symptoms, and also why it is that these occur more frequently in Northern than in Southern latitudes. Let us now endeavor to see why it is that the development of constitutional symptoms is not prevented, but rather favored by the use of mercurials. If it be true that the non-occurrence of the secondary symptoms depends upon the ability of the system to resist the deteriorating influence of the poison and to throw it off, and that this ability is especially impotent in persons of a scrofulous habit, it follows as a logical deduction that we should do nothing that may impair the ener- gies of the system, and especially nothing that would aggravate the scrofulous diathesis. Does not mercurialization impair the energies of the system? Look at those who work mercurial mines or who are exposed to the influence of mercurial emana-
tions in the prosecution of certain pursuits; look at those who are continually resorting to them for every slight indisposition; look at the protracted convalescence of those who have been saturated with it in the treatment of acute or chronic diseases, and see the barometrical sensitiveness of their tissues. Every thing indicates in these individuals rather an impairment than an invigoration of the energies of the system. Again: does not mercurialization aggravate the scrofulous diathesis? The affirmative is generally admitted. No one would think of mercurializing a patient threatened with Phthisis Pulmonalis or any other form of scrofula. Our inference would therefore be adverse to the use of mercury as a preventive of constitutional syphilis, even though we were fortified in our position by experience.

Having given you my reasons for the course I pursue in the management of syphilis, I will now proceed to the details of treatment as briefly as possible. The primitive symptoms, being local, are treated as such. To chancres I apply a lotion consisting of a drachm of French chloride of soda and 8 oz. of water. I say French chloride, because that prepared in our country is usually very inferior, either from the careless manner in which it is put up, or from some original defect in its preparation. In order to preserve it good, both air and light should be excluded. The very weak mixture I use is usually strong enough; if stronger it will occasion smarting and prove highly irritating. It should however be made as strong as it can be applied without producing any sense of smarting. The ulcer having been gently washed by pouring the mixture upon it, (not by friction,) a bit of patent lint or of soft old linen should be saturated with it and kept applied by being interposed between the prepuce and glans penis. This little precaution is very important, for if the surfaces of the prepuce and glans be not thus separated, the ulcer will heal with great difficulty. The prepuce will of course be drawn over the glans so as to retain the lint. The lint should be wetted three or four times a day, without removing it, and renewed night and morning. If this plan be adopted early, most chancres will be healed in a few days. In cases of Phymosis, however, as the lint cannot be thus interposed, we have to resort to a small syringe for the
purpose of throwing up the lotion three or four times a day. A cold flaxseed or slippery elm poultice may then be applied to the penis three times a day with much advantage. If Paraphymosis exist, the prepuce ought to be drawn down as early as possible, and this may always be done by compressing the glans between the end of the thumb and fingers of one hand at the same time that with those of the other hand we draw down the prepuce. Some time and patience may be required, but with perseverance you can always succeed without resorting to the knife. I have never been obliged to make an incision in such cases. The patient should remain as quiet as possible, and take a dose of salts, and avoid stimulating food and beverages.

If the chancres have assumed an indolent character, it may become necessary to use a styptic or astringent lotion. 20 grs. of sulphate of copper in 8 oz. water will often act remarkably well; so will a decoction of red oak bark or of blackberry roots, if not made too strong. Calomel applied to the ulcer at this stage is also very good, but more apt to induce buboes than either of the other remedies mentioned. I therefore very rarely use it.

When the ulcers evince a disposition to slough the styptics or astringents may be made a little stronger, but care must be had not to increase the inflammation if the sloughing be occasioned by it rather than by a bad constitution. In these cases it will generally be found advantageous to invigorate the general health by the use of Porter or Beer, the Iodides, Sarsaparilla, and a generous diet.

The treatment of Buboes is very simple. It should be such as would be naturally suggested without the influence of pre-conceived theories. Regarding them as a mere extension of inflammation from the ulcer along the lymphatics, we may expect generally to see them subside with the improvement of the chancre. When such a result may be anticipated, I simply apply to them a plaster made with three parts of white diachylon and one of adhesive plaster melted together and spread upon sheep skin. To rub them with mercurial or any other ointment can only add to their inflammation and therefore promote suppuration. Whether the plaster has any intrinsic merit, is questionable. It certainly has that of preventing the
use of worse means. Cases are sometimes, however, presented to us where suppuration seems imminent. We should then resort to leeches and cold poultices or saturnine lotions, and strictly enjoin upon the patient to remain in bed. If suppuration does supervene, treat it as you would any other abscess—open it and apply mild poultices.

We now come to the treatment of the secondary symptoms. These are most frequently cutaneous blotches about the forehead or over other portions of the surface, excrescences about the anus and vulva, warts upon the scrotum, sore-throat, with or without ulceration, &c. The constitution is evidently affected and there is an inflammatory diathesis which reveals itself as just stated. The antiphlogistic treatment is clearly indicated;—but in what shall this consist? There can be no doubt that if the patient will confine himself to the bed, be moderately depleted, and eat as little as possible, he will in many instances be ultimately relieved. Unfortunately, however, this plan of treatment can very rarely be resorted to elsewhere than in hospitals. In private practice our patients expect to be treated whilst attending to their usual avocations and in such a manner as to escape suspicion on the part of their friends. Under such circumstances I know of no better remedy than mercury, administered either in the form of proto-iodide, of blue pill, or of a solution of corrosive sublimate, until the gums be slightly touched two or three times. The patient should in the mean time avoid animal food and live as abstemiously as the nature of his pursuits will permit.

You may be surprised that I now recommend mercurials, after having said so much against their efficacy in the preventive treatment. You might with equal propriety find it strange that we do not bleed to prevent Pneumonia when it is prevalent because we use the lancet after its development. Although depletion is useful in pneumonia when once formed, it strongly predisposes to it before that. The convalescent and those enfeebled by any cause are certainly those most liable to suffer during a prevalence of the atmospheric causes of pneumonia or of any other inflammatory disease—because the powers of resistance in the system are then lessened. That mercury administered so as to affect the whole system is an antiphlogistic of
considerable power is abundantly established by its use in the treatment of almost every variety of phlegmasia, whether acute or chronic. It is also thought by many to exert an influence 
sui generis, or in other words to set up an action of its own by which that of the disease is combatted. This is, however, not so easily understood nor so certain as its depressing or anti-
phlogistic effect. In general I prefer the proto-iodide of mer-
cury to either of its other combinations, because we have here the antiphlogistic and the anti-scarfulous remedies happily blended. Half a grain given morning and night in pill will be found in the great majority of cases to act remarkably well, and is not so apt as mercury alone to aggravate the strumous dispo-
sition which so often obtains in secondary syphilis.

The appellation of tertiary syphilis has been by Ricord given to those forms of the disease in which the osseous and cartila-
ginous structures are principally affected, because these are usually the sequelæ of the primary or local, and of the secondary or cutaneous and mucus symptoms. They evince a stronger scarfulous taint than the secondary symptoms, and we accord-
ingly find that they require remedies more directly corrective of this. The Profession is now almost unanimously opposed to the use of mercurials and in favor of that of the Iodide of Po-
tassium in tertiary syphilis. This remedy in conjunction with or followed by sarsaparilla, arsenic, nitric acid, and other perma-
nent tonics, will generally be found to control the disease at this stage, especially if persevered in sufficiently long.

**ARTICLE XVII.**

*Autopsical Observations—Scirrhous Degeneration of the Pan-
creas with Rupture of the Stomach.* By Henry F. Campbell, M. D., Demonstrator of Anatomy in the Medical College of Georgia.

When we consider the great importance of post-mortem ex-
aminations to the forming of correct conclusions with regard to the phenomena of disease, and the facility with which they are made, we are forcibly struck with the comparative infrequency of these investigations. Although well impressed with the ad-
vantages of autopsical observations, admitting their value, and
urging with seeming ardour, their utility and practicability, still it is a melancholy fact that this only correct mode of studying the physical changes wrought by disease is most deplorably neglected by physicians in many sections of our country, and from the most inert negligence, lesions escape observation and record, which would assist in the elucidation of many of the mysterious phases of disease.

The Profession long ago fully awake to the importance of these investigations, has by prudent and judicious management, succeeded in bringing the popular mind to a proper tolerance, and now examinations are assented to with readiness, that once were made only with the greatest difficulty, from the abhorrent prejudices of the patient's friends.

In the dissecting room also we have frequent opportunities of observing many rare and interesting lesions in the subjects destined for dissection, and though from their varied character, and in many cases, want of history, their value is much impaired and classification rendered impracticable, still, as notes of record, we are induced to report them, hoping that their accuracy, at least, may give them that importance with which our unpretending interpretation fails to invest them.

There is perhaps no place where a better opportunity is afforded for pathological study than the dissecting room, and though at first recent students may fail to detect the pathological changes on account of their inexperience in healthy tissues, still from the abundant facilities for comparison here extended, one will soon acquire, with a little attention, sufficient skill to appreciate at least the more ordinary variations from the normal Histology.

Case I. Scirrhus of the Pancreas, &c.—The subject of the following autopsy was a negro woman, aged about 72 years. On external examination the body is found extremely emaciated. A tumor is apparent in the abdomen, extending from the inner portion of the right hypochondriac, across the epigastric and somewhat into the left hypochondriac region, and projecting anteriorly so as to resemble in size and shape the head of a small fetus.

The abdomen being opened by a crucial incision in the epi-
gastric region, the viscera are found in the following condition:
Stomach very much contracted, measuring from cardiac to
pyloric orifice but about 6 inches, and transversely but 2\(\frac{1}{2}\) to 3\(\frac{1}{2}\)
inches. At its cardiac orifice the coats appear of nearly nor-
mal integrity, though even here the mucous membrane is much
congested. At the greater extremity, or cul de sac, there is
much thickening in the coats of this organ, especially the fibrous,
the cells of which appear to be filled with indurated coagulable
lymph, and towards the pyloric end, its tissue is much softened,
tearing under traction with the fingers. On the posterior wall,

near the pylorus is observed a rupture communicating with a
cavity in the rear of the stomach, and surrounded by the rag-
ged and disorganized coats of this viscus. In the cavity of the

stomach is found about a gill of dirty looking grumous pus, which
is its only contents.

The duodenum is very much indurated and thickened, ex-
cept where it encircled the head of the pancreas, in which
place the induration had given place to softening as in the ad-

djacent portion of the stomach; by the tumefaction, the opening
of the ductus communis choledochus is permanently closed.
This viscus, together with the rest of the small intestine and
also the large intestine, is much contracted and attenuated.

The Pancreas.—On the removal of the stomach the pancreas
is found enlarged to many times its normal dimensions. The
structure throughout its whole extent is much altered except
at its left extremity, and even here there seems to be an inor-
dinate development of the normal glandular granules, which
are much darker than natural. Approaching the right ex-
tremity, there is found much purulent infiltration, with a total
metamorphosis of its tissue, this extremity constituting the
large tumor above referred to. On the anterior surface of this
tumor is found the ruptured entrance to a cavity containing a
quantity of unhealthy purulent fluid with many shreds of nor-
mal tissue and communicating anteriorly with the rupture in
the stomach above described. The matter here is not contained
in a sac as in ordinary abscess, but the containing cavity seems
to be the result of a solution of the glandular tissue, in this
situation, rather than by the regular formation of pus, there
being many imperfectly dissolved particles floating in the fluid.
The Wursungian duct is seen only in the left extremity, and here its structure is much altered, its coats thickened and calibre obliterated.

The lymphatic and mesenteric glands are much enlarged, some of the latter attaining the size of a nutmeg; indeed the whole lymphatic system in this region is much involved in the disease.

The Liver—somewhat below the natural size, of darker hue than normal, and in structure so dense that it was with much difficulty that the finger could be made to enter it.

The Gall Bladder—very much distended, containing about five ounces of bile, very dark and thick, which had distended the cystic duct, and the ductus communis choledochus as far as its entrance into the duodenum, which, as before mentioned, is entirely occluded by the tumefaction and induration of this intestine.

Spleen normal in color and structure, though somewhat diminutive.

The Kidneys and pelvic viscera unexplored.

History. Through the kindness of Prof. Joseph A. Eve, we are fortunately enabled to supply a few historical notes in the above somewhat rare, and interesting case.

For about two months previous to her death the patient had complained of pain in the epigastrium, with occasional nausea and loss of appetite: she was very much emaciated and the pulse feeble. The tumor was not observed till two weeks subsequently, at which time it resembled in size and shape a large orange. As it continued to increase the pain and nausea became more distressing, and vomiting quite frequent, till finally she was unable to retain even the blandest ingesta. Emaciation increased to actual marasmus; the pulse, before feeble, became extinct, and her completely exhausted condition told plainly that the finale was near at hand. On the night of her death, her attendants assert that while assisting her in changing her position, they distinctly heard "a noise resembling the bursting of something inside," and on replacing her in bed she immediately expired.
Remarks. In the consideration of the foregoing case there is much of interest, both to the pathologist and practitioner. The little liability of the pancreas to disease, of any kind, had for a long time led pathologists to the opinion that it was scarcely ever affected, insomuch that M. Andral, in his Treatise, devotes but a few lines to this organ, and is content with observing "that it is exceedingly rare to find it altered * * * * that it is sometimes compressed by scirrhous or tuberculous masses formed around or within it; but in general we may assert, that the pancreas is one of those organs in which alteration of structure is least common, and that it is only by hypothesis that it has been made to play an important part in certain gastric affections." And Dr. Marshall Hall expresses the same opinion, when he asserts, that to this day, the diseases of the pancreas are of as little moment in a therapeutical point of view, as they are rare in their occurrence. M. Cruveilhier, in his extensive collection, reports but a single case of scirrhous pancreas, but refers to one other reported by another author. Prof. Gross also adverts to the great infrequency of pancreatic disorders, but admits their occasional occurrence in the form of simple inflammation, which sometimes causes induration, which may degenerate into scirrhous. In M. Velpeau's celebrated case, the scirrhous deposit in the pancreas was only the result of a carcinomatous cachexia, wherein all the tissues of the organism were similarly affected:—Here "the common cellular membrane, the muscles, bones, the lungs and heart, the tissue between the costal pleura and ribs, the stomach, duodenum and small intestines, the pancreas, kidneys, liver, vena cava, and coats of the gall bladder, the peritoneum, dura mater and the thyroid gland were all, in various degrees, affected with the disease," which consequently was not idiopathic in the pancreas.

Dr. Bigsby is quoted in the Library of Practical Medicine (3d vol., pp. 194-5,) to have enumerated twenty-eight cases of carcinoma of the pancreas recorded by different authors, which he conceives to have been idiopathic, and in eight of these, which were of long standing, carcinomatous disease did not extend beyond the pancreas. In one instance death took place from sudden hemorrhage, and a large, deep ulcerated cav-
ity was found in the cephalomatous head of the pancreas communicating by a wide opening with the duodenum.* In two cases, no vestige of any form of scirrhus remained, the gland being altogether in a state of cancerous ulceration.

But above all, in illustration of the infrequency of carcinomatous disease of the pancreas, we would refer to the only correct and reliable data upon which to base an assertion, in regard to any point, in the history of this truly mysterious disease, viz., the statistical reports of those whose opportunities and assiduous researches have entitled them to our confidence and respect. In the Philadelphia Medical Examiner, is a memoir on the relative frequency of cancer, presented by Dr. Tanou to the French Academy of Sciences: "The frequency of diseases, says Dr. T., is in direct ratio to the susceptibility of the organs affected by them. When this does not occur, it is to be attributed to some accidental circumstance. Cancer does not escape this general law. But what has not yet been investigated, are the order and nature of the causes of this disease. Imagining that the effects of civilization might play no small part in the production of this affection, Dr. T. consulted with the assistance of the Prefect of the Seine, Count Rambertau, the Civil Register of that department." His statistics are deduced from the examination of these registers during the period of eleven years, from 1830 to 1840 inclusive, and it appears that in this lapse of time, there died in Paris and in the districts of Sceaux and St. Dennis, 9118 persons of cancerous affections occurring in all the various organs of the body. But two cases, out of this immense number, are noted as carcinoma of the pancreas.†

In concluding our remarks on this subject, we would suggest that diseases of the pancreas are perhaps more common than is generally believed, and that the paucity of reported cases

* The close analogy between this case (the account of which we had not seen till after our report was completed) and the foregoing is very remarkable, they differ only in two points, both important—viz., the variety of carcinoma, and the point at which the rupture occurs, the one being encephaloid, while we are induced to consider ours Scirrhus—the one opening into the duodenum, the other into the stomach.
† We would here call attention to the excellent paper of Dr. Le Conte, on the Statistics of Cancer, published in the 2nd volume of this Journal.
may arise from the fact that this organ is often overlooked in post-mortem examinations, on account of its obscure position, together with its usual immunity from disease, and that it may thus be often in a pathological condition and yet escape observation.

ARTICLE XVIII.

Deaths from Inhalation of Sulphuric Ether. By Paul F. Eve, M. D., Prof. of Surgery in the Med. College of Georgia.

Case I. Mr. J., a member of the class in our College the past winter, and a candidate for the degree in medicine, inhaled sulphuric ether during the evening of the 3d of last March. The article was obtained from a Druggist of good reputation, in quantity 2 ounces, and the motive for using it, was its exhilarating effects, which he had experienced before. It was inhaled from a pocket-handkerchief, renewing or applying it three times, and about one ounce was supposed to have been consumed. The time of inhaling it was reported to be considerable, and a companion of Mr. J. removed the handkerchief suddenly while he was still breathing it. He became then furiously excited, and it required several persons to control him. He was forced upon a bed, where he soon fell asleep. A few moments afterwards, another student of medicine, not liking his breathing, which he reported to be sonorous, awakened him, when he again became much excited; indeed, so much so, that cold water was dashed over him. He now retired to bed, and nothing special was noticed until the next morning. He awoke perfectly rational, but complained of great pain in the forehead. This continuing unabated, I was sent for to see him at 2, P. M., on the 4th. Magnesia and salts in purgative doses, cold applications to the head, mustard-plaster to the neck and warm pedeluvia were prescribed; with the expression of the hope that these means would give entire relief. I was again sent for at 8, P. M., and also at 8, A. M., of the 5th, (the next day,) but did not see the patient until 11 o'clock, three hours after; he had been visited, and prescribed for in the meantime by Drs. Carter and Dugas—Dr. Ford was subsequently added to the consultation. Symptoms of meningitis,
&c., persisted in spite of all treatment pursued, and our patient died on the morning of the 7th.

Case II. For this I am indebted to a friend:—During a recent visit to Huntsville, Alabama, among the several excellent professional brethren I met with there, was Dr. John Y. Bassett, who, among other advantages, had visited Europe. At my request, he kindly furnished the particulars of a case of tetanus to which he was called on the 15th of August, 1847. In the progress of it, Dr. Fearn, whose reputation is well known throughout our country, and who has twice been elected to a professorship in our Medical Colleges, was called into consultation. He proposed the actual cauterity and the inhalation of sulphuric ether. Dr. B. says, at this time the patient's "pulse was good and there were no signs of immediate extinction of life. I heated my cauterity, and sent for a Dentist who was in the habit of administering the ether. I gave a watch to the owner of the negro affected with lock-jaw, and requested him to speak at every quarter of a minute. In one minute, the patient was under its influence; in a quarter more he was dead—beyond all my efforts to produce artificial respiration or restore life." All present thought he died from inhaling the ether.

Of course these cases should by no means be used as objections to the judicious employment of etherization. They are only adduced as proofs to the position, that ether as well as chloroform may produce death.

PART II.

Reviews and Extracts.

On some of the Causes of Sterility Remediable by Mechanical Treatment. By G. T. Gream, Esq., Surgeon-Accoucheur to the Queen Charlotte's Lying-In Hospital, etc., etc.—(London Lancet.)

Sterility in the married female is found to depend upon constitutional as well as upon local causes; but the states of the general system occurring after marriage, which may give rise to it, are those of plethora, and the contrary state of anaemia. The treatment proper for the one and the other of these con-
ditions, by restoring the health, will generally, at the same time, render the uterine system fit for conception.

But it is the management of the local and mechanical impediments to conception to which I desire more particularly to call attention; those which are to be found at the orifice of the vagina, and that which exists at the mouth of the uterus.

It not unfrequently happens that virginity is prolonged after marriage, owing to over-excitement in the husband in consequence of his age, or other circumstances. By advice judiciously given, the former difficulty is always very readily overcome; but where there is incomplete physical power in the husband, it often becomes necessary to adopt a plan of treatment towards the wife.

I was called to see a lady, whom I found lying insensible on a sofa. I was told that she had frequently fainted, and that she was usually very hysterical; but that her friends had become alarmed in this instance by her prolonged insensibility. I took means to restore her, and when I called to see her on the following day, I learned that she had been married four months; that the first menstrual period after her marriage had been passed over without the appearance of discharge; that she had been more or less nauseated upon taking food; that she had become thin, and that she was thought by herself and her friends to be pregnant; and it was supposed that this was confirmed by the appearance of several slight and sudden discharges, of blood from the uterus, which were attributed to threatened abortion; by the enlargement of her abdomen, (evidently from flatulence,) and a sense of fulness within the pelvis, and of tenderness in the groins and in the mammae.

The history of the case caused me at once to make further inquiries of the husband, and he fairly told me, that although he was led into the belief that his wife might be pregnant, owing to the assertions of her friends, yet that now, after I had expressed a doubt about the matter, he felt sure that he had not been possessed of physical power enough at the time of connexion, to complete sexual intercourse. Upon examination of the wife, I found an unbroken hymen, but there was no great rigidity of the vaginal orifice, and it was evident that her health was impaired owing to the frequent attempts at, and the non-completion of connexion.

And this is not at all a singular state of things. I have known every symptom of pregnancy to supervene upon marriage, even to the suppression of the menstrual discharge, and the presence of moisture in the breasts; and in some such cases I have found an unbroken hymen, and the absence of conception.
On the day following the examination of this patient, I introduced into the vagina a large-sized metallic rectum bougie, causing a good deal of pain, and some loss of blood, and on the two following days a still larger one. A few days afterwards the husband called upon me, and said that the treatment had been quite successful. I did not see this patient again until some weeks had elapsed. I then found her stout and healthy, and having all the genuine symptoms of pregnancy. A little more than forty weeks from the period of the introduction of the bougies, she gave birth to a child. I learnt afterwards that the impediment to complete intercourse having been removed, no more want of power had been felt by the husband, which was owing, no doubt, to the warmth and lubrication of the vagina.

When the husband is advanced in years, and is newly married to a young wife, pregnancy may be deferred, owing to the absence of the physical prowess in him necessary for penetration. We have evidence that neither is the hymen, when present, a proof of non-impregnation, nor that physical power in the man is absolutely necessary, in order that pregnancy may ensue, in the fact that the hymen has not unfrequently been found entire at the time of labour; and in two instances which I could record, this membrane was perfect up to the period of delivery, in the wives of persons very much older than themselves, and who, from feebleness, were unable to use the force necessary for penetration, although they possessed the power of impregnation.

The presence of the hymen, under these circumstances, considered in a medico-legal point of view, would be strong evidence in favour of legitimacy, if the parentage of the child was doubted—that child having been the offspring of the young wife of an aged husband.

I was consulted by the mother of a young lady who had married a husband very much her senior; on account of some suspicions which she entertained, that the impaired health of her daughter was owing to imperfect sexual connexion. I desired her to make some necessary inquiries, and it became manifest that the physical powers of the husband had been too feeble to allow of his having effected intercourse with his wife. I suggested that the wife should sit over the steam of hot water, that she should apply an unctuous application externally to herself, and that her mother should explain to her that the contrary to resistance should be offered to connexion. Immediately after these recommendations had been carried into effect, signs of pregnancy manifested themselves, which have been confirmed by subsequent events. The patient's health is
restored, and as she is progressing most favourably in her pregnancy, there is but little doubt of her giving birth hereafter to a strong and healthy child.

I have selected this case for publication, in order to show how simple are the steps necessary very often, in such cases, for the relief of bodily suffering and mental anxiety; and yet, without advice, these precautions would probably never have been taken. I had proposed to dilate the vagina of this patient had not the means I recommended been found to succeed.

It will sometimes happen, that owing to excessive rigidity at the orifice of the vagina, there is an impediment to impregnation, although in the man there is no unhealthy condition. I have known virginity to exist after marriage, for periods varying from weeks to months, and even years; and I have been consulted by men who have honestly told me that they have frequently had connexion with women, before marriage, and had found no impediment to its perfect completion, but that, although they had been married a long time, they felt certain that something was wrong, but they could not say what it was. In such cases I have found in the wife an unbroken hymen, or so complete a state of contraction and rigidity of the vagina, as to prevent the possibility of its dilatation by the ordinary and natural means.

In the not uncommon cases of unbroken hymen, without any great rigidity, the simple introduction of moderate-sized bougies will in almost all cases be followed by conception.

The following case is interesting as affording an example of a very prolonged virginity after marriage, and of the great benefit that may result in such cases, both morally and bodily, from medical treatment.

A gentlemen called upon me to tell me of what, he said, was a most extraordinary case, and to consult me with regard to it. He said that he had been married for more than ten years, but that he had never yet had proper intercourse with his wife, although there was no want of power, either physical or as regarded secretion. He stated, that at first his wife's resistance, through fear, and the excessive pain she appeared to suffer if a near approach was made to her, had deterred him from using force to any extent; that his emissions had always occurred externally; and that from having become habituated to this mode, and his wife being perfectly apathetic concerning it, as well as having no strong feeling of attachment for her, he had felt no wish to take steps to remedy the local evil that existed; but that she had become desirous of bearing a child, and that on her account, and not his own, he had been induced to consult me.

I appointed to see the wife, and from her I obtained a con-
firmation of her husband's history. She told me she had married very young; that she had not been made aware previously of what she was to undergo; that she resisted through fear, and that until within the last year she had never experienced the slightest sexual feeling, but that now she felt differently; that she was anxious to become a mother; but her great desire was to do away with the estrangement that she believed the existing state of circumstances caused between herself and her husband. Upon examination, I found the orifice of the vagina so rigid, that it required very firm pressure to introduce my finger, and its introduction seemed to cause excessive suffering. It thus became evident that no natural means could have caused penetration.

On the following day I introduced an elastic bougie a little larger than my finger, and for four days afterwards I introduced bougies of gradually increased size, the last that was employed being two inches in diameter. Their introduction caused extreme suffering, and some quantity of blood was lost. I then desired that for some nights a large sponge tent should be introduced, and kept within the vagina, and removed in the morning, and five days afterwards I was able to introduce the largest metallic bougie with comparative ease, and with no pain whatever. I now for the first time learned that the husband was obliged to be absent from home, and as the patient herself was going into the country, I recommended the continuance of the use of the sponge tent during each night until the husband's return.

I have since received a letter from this gentleman, informing me that there is no longer any difficulty; that in all particulars a great improvement has been made, and I have but little doubt I shall ultimately learn that pregnancy has supervened upon this altered condition; and I am led to think this because the state of the uterus was particularly healthy, and seemed perfectly fitted for conception. Here, then, is an instance in which domestic peace has been re-established, and supposed physical incapacity effectually and altogether removed.

I have selected these cases from my note-book, as being indicative of the effect of treatment to a marked degree. There are others whose general character is the same, but occurring under varied circumstances, and I have known a few instances in which actual incapacity on the man's part had rendered treatment of no avail; but these are only rare cases, and I am led to believe that there are but very few, whether the incapacity depends upon the woman, or whether upon the man, which may not, by proper treatment, be eventually cured.

It is now my desire to notice the causes of sterility arising
from an impediment at the uterine orifice. This impediment will depend upon unnatural constriction of the cervix, which is found in such cases to have no depression in its centre; its surface is smooth throughout, and upon viewing it through the speculum, the only indication of the position of the os uteri will be a vascular state of that part of the cervix immediately surrounding it. This condition may be met with in the individual of full habit, as well as in the anemic, languid woman, whose person is but little developed, but in either case there will usually be much suffering from dysmenorrhœa.

There is also a state giving rise both to sterility and dysmenorrhœa, not discoverable by ordinary examination; it depends upon a constriction of the internal extremity of the cervix uteri, while the external opening remains freely dilated. This may be detected by the introduction of a small bougie, or of any instrument of that form, and it is not necessary to have recourse to inventions and probes for the uterus, of uterine sounds, or other such things, which after their construction, are usually found to be of less use than instruments not made for the purpose.

The free dilatation of the os uteri is in such cases the object to be gained, and perhaps no treatment is attended with greater success, for in the majority of instances it is followed by impregnation.

Should there be tenderness either in the uterus or its neighbouring parts, it should be relieved previously to the attempt at dilatation; and sometimes even the abstraction of blood from the loins is necessary, or from the cervix uteri, by leeches, in order to relieve the inflammation consequent upon repeated excitement and irritation not followed by pregnancy. These symptoms are seldom present in any but woman of full habit, and may generally be removed by the use of warm hip-baths, of laxatives, and a separate bed: but usually, in these cases, there is not that loss of general health that supervenes upon the non-consummation of marriage, as before described.

At first it is difficult to introduce a bougie of even a small size into the os uteri, under these circumstances, but after it has once been introduced, it can readily be followed by one somewhat larger, and perhaps a third, of still greater size. On the following day, or in some cases after a longer interval, a considerably larger bougie may be passed, and then a dilator may be introduced. I have employed for many years an instrument made upon the same principle as the female urethral dilator, with two blades, but without the wooden appendages that are attached to that instrument, so that when the blades are closed a simple round steel staff is formed. The point of
this is inserted into the os uteri, and the dilatation effected by
turning the handle until considerable resistance is offered to the
further separation of the blades, or until the patient complains
of sickness, I repeat this daily, unless much pain follows the
process, and until the os uteri remains open, and is about the
size of a goose-quill.

In order to facilitate the introduction of the dilator, the
patient should lie on her left side, as in labour. I have in some
instances succeeded more readily in dilating the os uteri
by applying the dilator through the speculum, and I think there
are sometimes advantages in using this instrument.

The following cases are illustrative of the immediate benefits
derived from the dilatation of the os uteri:

A lady, twenty-five years of age, who had been married two
years, of delicate appearance, but making no complaint, except
of the pain she suffered at the periods of her menstrual dis-
charge, applied to me in consequence of the absence of
pregnancy. It was of much importance that she should have
children, in reference to property to which they would succeed.

I prescribed some tonic remedies; and as, from circum-
stances, she would be separated from her husband for three or
four weeks, she went to Brighton during this time. Upon her
return there was a marked improvement in her appearance,
but she still suffered from dysmenorrhea, which she had
never ceased to do at each monthly period. About six months
after this she again consulted me, as I had requested her to do
if pregnancy did not supervene; and upon examination of the
cervix uteri, I found it small, and without any perceptible
opening. I dilated it gradually until it had attained a fair size,
and I especially remarked that there was a distinct increase of
bulk in the uterus between the time of the first introduction of
the bougie and the full dilatation of the orifice. It became
developed, but not inflamed; for no tenderness whatever
succeeded any of the introductions of the dilator, which was
used for six successive days, during which time the patient
lived separately from her husband.

I have generally begun to dilate the os uteri about a day or
two after the cessation of a menstrual period; but in this in-
stance circumstances prevented my doing so, and it was not
until the middle of the third week from the last period that I
commenced the treatment, which was succeeded by painless
menstruation. This was immediately followed by pregnancy.
Abortion, however, unfortunately occurred at the fourth month;
but this patient subsequently gave birth to a child at the full
period of gestation.

I was consulted by a patient who was anxious to bear
children. She was thirty-two years of age, robust and healthy, with the exception of constant pain in the back after taking exercise, and of the regular occurrence of painful menstruation. There was considerable tenderness when pressure was made upon the cervix uteri, which did not yield to the less active remedies; she therefore lost about ten ounces of blood by cupping, and, after the symptoms were relieved, I dilated the os uteri, being obliged to wait once for two days, in order that some supervening pain, accompanied by sickness, might subside. This patient had for a long time afterwards no recurrence of dyshamorrhæa, but pregnancy did not follow the dilatation, and after a little less than twelve months had passed, I again saw her on account of some threatening of pain at the two last menstrual periods. Finding the os uteri closed nearly as before, I at once proceeded to dilate it. This patient suddenly gave birth to a child within a year from the adoption of the treatment.

The following case proves that other advantages are derived from dilatation of the os uteri:—

A patient came to consult me, accompanied by her mother, from whom I learned that she was much distressed at not bearing children, which she attributed to her impaired health. She was twenty-nine years of age, had been married eight years, and although she was a fully-developed woman, she was not anaemic. Her pulse was small and weak, and her extremities usually cold; she was generally out of health. She had not menstruated for nearly two years and a half, and when she had done so, great pain always accompanied it. I prescribed steel and other remedies with great advantage as regarded the general system, but with none as far as menstruation was concerned, nor was there the slightest indication of its approach. I therefore examined the uterus, and found it small in size; the cervix gave but little indication to the finger of the position of the os uteri. I introduced a small bougie, and subsequently followed the same course, in order to dilate the os uteri, that I have described in the other cases. There was some bleeding at the time of the last dilatation, and there was sickness on the following day, but the uterine secretion returned from this time, at first irregularly, but eventually at intervals of three weeks, small in quantity, but without pain. I learned from the husband of this patient that connexion had previously always been attended by excessive pain high up in the vagina; this had entirely ceased, and as the health had improved, there is every reason to anticipate a successful result in this case as regards pregnancy.

I have other cases on record in which freedom from
dysmenorrhœa was obtained by a dilatation of the os uteri, although pregnancy did not always supervene; but I am in no way intending to recommend the adoption of the treatment, simply to relieve this complaint. I should shrink from suggesting the propriety (under any circumstances, except those of most rare occurrence) of destroying the hymen of unmarried women, by the introduction of an instrument into the vagina—a custom I fear two much adopted just now by a few practitioners, with the view of treating ulcers in the cervix uteri. An ulcer may be readily formed by caustic, but caustic will not remove that which does not exist.

I examined with the speculum (being induced to do so by the special circumstances of the case) the uterus of a patient who suffered extremely from dysmenorrhœa. The os uteri was small, but not quite closed, and the part of the cervix surrounding it was vascular. I thought it better to use the dilator, which I did twice; and within a week the vascularity had disappeared, and pregnancy subsequently ensued. This patient had been married three years, but had never been pregnant; she had been under treatment, however, for weeks, if not months, up to the time of my seeing her for supposed ulceration of the cervix uteri.

The practice of dilating the os uteri in cases of sterility, has been adopted for many years—it is practised by all whose attention is particularly directed to such circumstances. Some few authors have written upon the subject, but owing to the absence of publication concerning it, the practice had been thought to be exclusively confined to one or two individuals.

I am aware that a system has been adopted—not, however, in London, except in a few experimental cases, of incising the cervix uteri; but as I have become cognisant of the formation of cicatrices after such treatment, and of permanent alteration in the shape of the uterus, causing, in my judgment, an impediment to conception for ever afterwards; and as I have also heard of the occurrence of alarming haemorrhage at the time of making the incisions requiring plugs to be introduced into the vagina, I have not been induced to notice this practice farther than to observe that it has been proposed and even hazarded—but that it has not been adopted by those best able to judge of its safety and efficacy.

Sponge tents have also been introduced into the cervix uteri for the purpose of dilatation, and in some instances they might succeed; but the use of the dilator appears to me to be both safe and more certain. I have therefore preferred it to any other mode.

The supposed cases of ante-flexion, and retro-flexion, &c.,
as causes of sterility, hardly require notice, so rarely do they, if ever, occur; nor would the practice of introducing instruments into the uterus, and causing them to be retained there, call for any comment, if it were not right to warn those who may be inclined to try experiments, against the harm that may arise from such introduction. The cases are not uncommon in which much mischief has been done by these instruments; and those who have been able to retain them during a twelve hours' journey to the metropolis have been, in most instances, too glad to have them removed immediately upon their arrival; and fortunate if they have not been obliged, as has occurred, to undergo treatment in order to remedy the ill-consequences produced.

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Cauterization as a Remedy for Accidents resulting from Surgical Operations. By M. Bonnet, of Lyons. (Condensed from the Bulletin Général de Thérapeutique, Feb. 1848)—Ranking's Abstract.

Among the "accidents" or consequences of surgical operations, as amputations or the ablation of tumours, which render extensive incisions of the skin necessary,—erysipelas proceeding from the edges of the solution of continuity, step by step, over a large portion of the cutis, phlebitis and purulent absorption, abscesses in the viscera, humid gangrene and the putrefactive fermentation of substances contained in cavities imprudently opened—are not infrequently observed. Nothing in practical surgery is of deeper interest, or more imperiously demands a new investigation, since it may be stated with confidence that art is deficient in resources to counteract the greater part of these complications. Numerous facts have demonstrated to me the powers of cauterization. Practised either with nitrate of silver, potassa, chloride of zinc, or even the hot iron, according to circumstances, it arrests the progress of erysipelas, phlebitis, and humid gangrene, especially when it is applied with energy, and at the period when these lesions are still accessible to its direct action.

Struck with the results, and comparing its harmlessness with the lesions, so frequently mortal, from incision, ligature, or excision of varices, I considered that cauterization should be substituted as much as possible for all the operations which relate to varices. I developed this general principle in a memoir published in 1843, and I considered cauterization especially as a method prophylactic and curative of phlebitis and purulent absorption. The cauterization of hemorrhoids complicated with prolapse of the rectum, in the form of a ring
projecting externally, was also considered in this memoir. To these results I could add new facts of another order, as the treatment of four cases of varicocele, in which the destruction of the veins by caustic resulted in complete cure without any risk; but I merely mention them as indicating the generality of the law, and I pass on to the special object of this memoir, that is to say, the study of cauterization as a means of countering the accidents above mentioned.

1. Phlebitis. For the purpose of demonstrating the utility of cauterization in inflammation of the veins, I cited, in my memoir of 1843, two orders of facts—the one relative to phlebitis the consequence of anatomical punctures; the other, to phlebitis the consequence of bleeding. Of phlebitis from anatomical punctures, which I had then treated with the hot iron, the cases were four in number. They were all complicated with inflammation of the superficial absorbent vessels. There was enormous swelling of the forearm and arm in three cases, and of the leg and thigh in the fourth. I have only once since this period had occasion to apply the actual cautery to an anatomical puncture, acting as the point of departure of similar lesions. In this, deep cauterization of the wound carried along the course of the diseased vessels was followed by the same result as in the former cases. In the memoirs of 1843, there was but one case of phlebitis, the consequence of bleeding, treated by the actual cautery. The cellular tissue of the whole arm was in this case the seat of suppuration and gangrene. This tissue was cauterized deeply into the seat of the superficial veins. 'Le Bulletin de Thérapeutique' contains an analogous case, in which the actual cautery arrested a violent phlebitis, the consequence of bleeding in the arm.

When the inflammation is confined to a few centimetres round the punctured vein, and not attended with any sign threatening gangrene, we may content ourselves with less powerful caustics, and such as are more easily applied. We may use Vienna caustic, or caustic potassa. In a case of very painful inflammation of the foot, developed from a puncture of a vein in the foot, in bleeding, six days previously, the chloride-of-zinc paste introduced into the large opening occasioned by the bleeding, and allowed to remain for eight hours, produced an eschar fifteen millimetres in diameter, and completely limited the progress of the inflammation.

Purulent resorption. It would be the triumph of therapeutics to cure this disease, so constantly mortal, and so frequently the result of the larger operations. Aware of the power of the actual cautery to check phlebitis I naturally tried it in cases of purulent absorption. The results were not very favourable;
and it is easy to understand that its efficacy must be limited, especially when the absorption follows amputation. In fact, phlebitis, which precedes and generally involves as a consequence purulent resorption, occupies the veins which accompany the arteries, or those which make an integral part of the medullary tissue of the bone. We can only reach the large extremities at the surface of the wound, and it is impossible to cauterize them in their course. When unquestionable symptoms of purulent resorption manifest themselves, pus has already formed in the interior of the viscera, as the liver and lungs, and death is an inevitable consequence.

In spite of these unfavorably conditions, deep cauterization of the wound is the only means which offers any chance of success. In five patients, whose cases are given in the memoir of 1843, three died as quickly as if the cautery had not been applied; a fourth lived three months, the wound resulting from an amputation having been deeply cauterized with chloride-of-zinc paste. He escaped the results of that dreadful disease, from which he would have perished in less than a week. The fifth case, which was cured, resulted from the ablation of a tumour from the side of the tendo Achillis.

M. Cauvière, of Mareilles, has employed the actual cautery in three cases of purulent resorption; in one of which it was completely successful. Since cauterization is the only method which has produced any satisfactory result, I advise its employment, especially at the commencement of the affection, at the period when the swelling and pain in the neighbourhood of the wound indicate that resorption is imminent. It may be done with the actual cautery, or with the chloride-of-zinc paste, which should be left in the wound from twelve to twenty hours.

In a communication to the Academy of Sciences, the 13th of September, 1847, M. Gouyon advised dressing with a solution of three grammes of nitrate of silver in thirty grammes of water. He does not give cases in support of his practice; but the very superficial cauterization thus obtained is probably not so useful as the deep cauterizations which I employ, even these being frequently insufficient to localize the disease.

Traumatic erysipelas. This kind of erysipelas must not be confounded with erysipelas from an external cause independent of an injury, from which it differs in its nature, symptoms, course, gravity and treatment. No relation can be established between simple erysipelas and inflammation of the lymphatic vessels; but frequently, from the commencement of traumatic erysipelas the skin is observed to be streaked with red lines following the direction of the lymphatics, and which subse-
quenty unifying, give birth to well-marked erysipelas. In spontaneous erysipelas, the diseased part is insensibly blended with the healthy part, and it generally stops where it was originally developed; in traumatic erysipelas, on the contrary, a red elevation, a line of demarcation, separates the erysipelatus from the sound skin, and the evil, at first confined to the site of the wound, encroaches gradually, and frequently to a great extent, upon the healthy part. While spontaneous erysipelas is frequently accompanied with only simple ëëëëëë, of the cellular tissue, mortification of this tissue is as frequent a consequence of traumatic erysipelas; and this is inevitable when traumatic erysipelas attacks the skin of the penis or scrotum. Simple erysipelas is frequently unattended with any danger: the prognosis in traumatic erysipelas is, on the contrary, always unfavorable. Its appearance when the wound is deep, leads us to apprehend the development of purulent absorption; it is attended with delirium when it occurs on the hairy scalp; and frequently, without either of these complications, it proves fatal.

The treatment of traumatic erysipelas, compared with that which is proper for the simple variety, is not less different. While emetics and divers local applications, as vinegar and water, mercurial ointment, &c., appear to produce the most marked results in the latter, which gets well in a few days under the influence of such treatment, or simply by the expectant plan, the former pursues its course in spite of internal remedies or the local applications usually resorted to. A special mode of treatment can alone arrest its progress. The object of such treatment must be to destroy as much as possible the putrid principles which may be absorbed from the surface of the wound, and to limit the erysipelas to the part which it has already invaded.

Cauterization is the only means by which we can obtain this double result, at the same time that it is the only remedy possessed of any efficacy against phlebitis and purulent absorption; it is the only useful remedy in traumatic erysipelas, which has so close a relation to those affections in its courses and intensity. It may be done with concentrated solution of nitrate of silver, or caustic potassa, applied to the surface of the wound and the affected skin, as employed by Mr. Higginbottom, and subsequently by M. Fanchou. We may use an ointment of nitrate of silver, as recommended by M. Jobert containing four, eight, or twelve grammes of the nitrate to thirty-two of water, according to the intensity of the disease. These means will suffice in slight cases; but there is a better chance of succeeding by cauterizing the wound deeply, which is the point of
departure of the erysipelas. When difficulties present themselves from the extent and depth of the wound, and the surface occupied by the erysipelas, the deep cauterization may be advantageously combined with superficial cauterization of the skin. In the cases in which the traumatic erysipelas makes rapid progress, and neither the nitrate-of-silver solution nor deep cauterization of the wound puts a stop to it, the actual cautery should be resorted to. Larrey recites two very remarkable cases of success obtained by the cautery applied in numerous spots over the erysipelatous surface, and insists on the advantages of this treatment. I have had to regret not having adopted this bold practice under many analogous circumstances.

[The principles advocated in this paper are illustrated by the following cases:]

1. Laceration of the skin of the fore-arm; traumatic erysipelas; cauterization with nitrate of silver; rapid cure.

2. Traumatic erysipelas of the hairy scalp, succeeding to the opening of an abscess; cauterization of the whole internal surface of the abscess; almost immediate cure of the erysipelas.

3. Extirpation of a scirrhous tumour of the breast, and of numerous glands in the axilla; traumatic erysipelas; cauterization of the bottom of the wound, and employment of nitrate of silver ointment; cure.

4. Section of the sphincter in a fissure of the anus; traumatic erysipelas; useless cauterization of the wound with chloride of zinc, and of the erysipelas with nitrate of silver; actual cautery; gangrene of the scrotum; cauterization of this part with chloride of zinc; alarming complications; cure.

Synopsis of the Methods of Treating Asiatic Cholera, recommended by recent Writers.—(Ibid.)

1. Dr. Graves: No faith in mercury. A scruple of acetate of lead with one grain of opium, divided into twelve pills; one to be given every half hour till the discharges diminish.—Clinical Lectures, 2d Ed. vol. i, p. 419.

2. Dr. Wood, Philadelphia; Calomel and opium, in small, repeated doses; acetate of lead, kino; cold water to drink; external warmth; diffusible stimulants.—Treatise on the Practice of Medicine, vol. i.

3. Dr. Parkes: First stage, blood-letting sometimes; acetate of lead, two to three grains, with a quarter of a grain of opium, every half hour for two or three hours; external warmth useless; large doses of calomel injurious; mustard poultices to
epigastrium; cold drinks; diffusible stimuli. In collapse, blood-
letting sometimes relieves. No treatment to be relied upon.—
Researches on Asiatic Cholera.

4. Dr. Milroy: External warmth; saline emetics, as salt, one table-spoonful in a tumbler of water; turpentine stupe; salt or turpentine enemata; calomel when the vomiting has abated.—Pamphlet on Quarantine, 1847.

5. Mr. Bell: Bloodletting, if seen in three or four hours from invasion; quinæ disulph. grs. xij; færi sulphat. grs. ix; aquæ Oiss. Dose not stated.—Medical Gazette, Jan. 1848.


7. Dr. King: Cold water ad libitum; large doses of calomel.

8. Dr. Turnbull: Capsicum embrocations.—Lancet, Jan. 29, 1848.

9. Dr. Arthur Wilson: Warm mustard emetic; venesection where possible; neutral non-aperient alkaline salts; inhalation of oxygen.—Lancet, Nov. 4, 1848.

10. Dr. Ayres: Two grains of calomel and two drops of laudanum every ten minutes, as long as collapse lasts.—Lancet, Oct. 7, 1848.

11. Dr. Henriques: Quinine in large doses, in all stages; stimulant embrocations; injections of decoction of bark.

12. Mr. Allen: Large doses of calomel at the commencement; bleeding occasionally; mustard poultices to the spine and abdomen; enemata of hot salt and water.—Lancet, Oct. 21, 1848.


15. Mr. Jenkins: Strychnia, gr. j.; conservative of roses sufficient to form eighteen pills; one every quarter of an hour.

16. Mr. Beaman: Salt emetics; external warmth; then carbonate of soda in effervescence with lemon juice; external warmth.—Lancet, Sept. 2.

17. Mr. Hancorn: Emetics; diffusible stimulants, as ammonia, capsicum; hyd. c. creta; tinct, færi sesquichloridi in concentrated form after every motion; sulphuric acid embrocations; hot-air bath.—Lancet, Sept. 9, 1848.

18. Dr. Radcliffe Hall: Five grains of tartar emetic in half a pint of camphor mixture; an ounce every two hours, till tolerance is effected.
19. Mr. Brady: In premonitory stage, ol. ricin. 5 iij. chloroform, gt. vj. tinct. opii, gt. xx.; aquæ menthæ, 5 iss.; f. haust. If reaction ensues, external warmth, sinapisms, and following draught and pill, repeated according to circumstances.


21. Dr. Patterson: Rathkeale; Five grains of calomel, with thirty drops of laudanum, every four hours; then an enema, consisting of sulphate of copper, sulphate of zinc, and alum, a scruple of each in two ounces of water; a wine-glassful thrown up every few minutes till retained; after retention for half an hour, a large warm water injection.—Dublin Medical Press, Sept. 20.


23. Sir James Murray: A wineglassful of his fluid of camphor every ten minutes, with a few drops of laudanum, inflating the lungs with electrified air; galvanic discharges through the respiratory and spinal nerves.—Lancet, Nov. 4, 1848.

24. Mr. Marsden: Calomel and ginger: with powders of common salt, 5 iij, carbonate of soda, 9 j, oxymuriate of potassa, gr. vij, every quarter of an hour till reaction ensues; hot salt baths; warm saline emetics.—Lancet, Nov. 4, 1848.

25. Dr. Willemin and M. Moreau: Cannabine, the active principle of Indian hemp. The preparation a tincture of the strength of one grain to ten drops of alcohol; dose, ten to fifteen drops.—Lancet, Nov. 4, 1848.

26. Dr. Hill: Place the patient in a warm bed; give internal stimulants; friction with warm flannels; external heat; chloroform inhalations repeated at intervals.—Lancet, Nov. 4, 1848.

Treatment of the Diarrhoea of Infancy. By Dr. West.

(Medical Gazette.)

In his treatment of the intestinal affections of infancy, Dr. West shows great powers of discrimination and therapeutical
application. In the simple form he relies greatly on a well-regulated diet; but if the evacuations are abundant, but facial and unattended with tenesmus, he gives to a child a year old a mixture containing

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\begin{align*}
& \text{R Magnes. sulphatis, 5 j;} \\
& \text{Tinct. rhae, 3 j;} \\
& \text{Aquae carui, 3 vij;}
\end{align*}
\]

Dose—a teaspoonful every six hours.

In the diarrhoea of teething, he lances the gums where gingival tumefaction is very decided, but otherwise thinks the operation a needless infliction. In this form, instead of the saline mixture, he employs small doses of ipecacuanha combined with an alkali, from which he has derived great benefit. Three or four drops of liq. potassae, and the same of vin. ipecac., are given in a little mucilage every four hours; and at the same time a powder of one grain of Dover's powder and one of hyd. c. creta is given at night. The warm bath is also an useful adjuvant.

Where astringents are required, he gives the preference to extract of logwood in combination with tincture of catechu, which is a valuable tonic as well as astringent. If the motions are slimy, he continues the night powder. If there is much acidity, a little soda is added to the astringent mixture.

In inflammatory diarrhoea Dr. West seldom considers depleto-ry measures to be called for, but if leeches are used, he advises great caution to prevent unnecessary loss of blood. In these cases, if there is no great irritability of stomach, he thinks highly of small doses of castor-oil and laudanum, as below.

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\begin{align*}
& \text{R Ol. ricini, 3 j;} \\
& \text{Pulv. acac., 3 j;} \\
& \text{Syrup. simp., 3 j;} \\
& \text{Tinct. opii, gt. iv;} \\
& \text{Aquæ aurant. flor., 3 vij.}
\end{align*}
\]

A teaspoonful every four hours.

Tenesmus is treated by laudanum and mucilage enema, Speaking of the still more severe forms of diarrhoea, the author's remarks are as follows.

"There are some cases in which, after the disease has passed its acute stage, it still retains much of its dysenteric character; the bowels not merely acting with undue frequency, but the evacuations containing mucus, pus, or blood, and their expulsion being attended with very considerable tenesmus. The strength in such chronic cases is very greatly reduced, and emaciation goes on to a greater degree than in almost any other affection, with the exception of phthisis and mesenteric disease; while the bowels are excited to almost immediate
action by even the simplest food. The treatment of these cases is attended with considerable difficulty; recovery, when it does take place (and it is consolatory to know that it often does, even from a condition apparently desperate,) is brought about very slowly, and each remedy employed seems speedily to become ineffectual. Throughout their course two objects are to be borne in mind; one being to check the diarrhoea; the other to support the child's strength during the time required for nature to effect the cicatrization of the ulcerated mucous membrane, and to restore it to a state of health. The utility of mercurial preparations has appeared to me to be almost exclusively confined to the early stage of dysentery, and to cease when the disease has passed into the chronic form. On the other hand, astringents may now be employed with the most marked benefit, and, when one fails another may be substituted for it. In cases where the stomach has been very irritable, so that almost everything taken has been speedily rejected, I have sometimes employed the gallic acid in combination with laudanum, and have seen much benefit follow from its use. At other times I have given the acetate of lead likewise with opium—a combination which, notwithstanding that decomposition takes place, yet retains its efficacy when given in the form of mixture. The sulphate of iron combined with opium is another highly useful remedy in these cases, and appears to have this advantage over the sulphate of zinc, which has likewise been used in similar cases,—that it does not excite the same irritability of the stomach.

Our remedies are not to be confined to those administered by the mouth; for much may be done towards relieving the symptoms and curing the disease by suitable enemata. In some cases of unmanageable diarrhoea, M. Trousseau employs an enema of nitrate of silver in the proportion of a grain to an ounce of distilled water, with very good effect. I have never employed it, but have sometimes used the gallic acid as an enema, though not sufficiently often to be assured of its efficacy."

[The author concludes with directions as to diet, in which he advises weak animal broths in preference to farinaceous articles.]

Gastrotomy in Cases of Obstructed Æsophagus. By Professor Sedillot. (Condensed in various European and American Journals, from the Gazette Méd. de Paris, Jan. 1847.)—Ranking's Abstract.

The operation here proposed consists in incising the abdominal parietes opposite the anterior wall of the stomach, making an
opening into the latter, and connecting the edges of this opening with the external wound, so as to form an artificial fistula, by which sustenance may be administered in cases where irremediable obstruction of the natural passage exists. Such cases, if left alone, are quite desperate, their only possible termination being death by famine; and Sédillot, therefore holds that it is justifiable to interfere by any means which offer a chance of safety. That the operation which he proposes is not impracticable is proved by various cases (such as that of the celebrated Alexis St. Martin) in which a stomachal fistula occurred, as a consequence of accidental wounds: and also by the experiments of Blondlot on animals, in one of which he kept a dog in health two years, nourishing him by means of an artificial fistula of the kind described. Experiments of this description have also been performed by Sédillot himself with a successful result. With these facts before him, he argues that, although gastrotomy ought not to be proposed where there is a probability of life being continued for some time without interference, yet in those in which death is evidently imminent, and where there is no other resource, the surgeon ought not to hesitate about giving his patient the chance of a prolonged existence, and freedom from suffering.

If this be admitted, it is evidently of great importance to keep in view those circumstances under which obstruction of the oesophagus might render such an operation necessary. The author, therefore, enters into an elaborate review of all those lesions of the oesophagus which lead to permanent constriction of the natural passage. He gathers from pathological writers a great variety of cases, which he arranges under fifteen heads, viz:

1. Congenital absence of part of the oesophagus.
2. Stricture in consequence of tumours in the neighbourhood of the oesophagus.
3. Tumours formed between the tunics.
5. Polypi.
6. Stricture by atrophy of the tube, without appreciable lesion of its walls.
7. Atresia, from cicatrices, with loss of substance.
8. Fibrous stricture.
9. Fibrous degeneration of the muscular coat.
11. Osseous transformation.
12. Complete obliteration.
15. Fatal oesophageal stricture without known cause.

The cases to which the operation is applicable, as above enumerated, appear to be referable to two divisions; the first being those cases in which the operation is performed without hope of modifying thereby the original diseased condition, and merely to prevent death by hunger; second, comprising cases in which the original condition is susceptible of modification, and where the establishment of a new passage to the stomach either assists the cure, or prevents the further progress of the disease. In this respect the proposed operation has a close analogy in its mode of application to the more familiar one of tracheotomy.

The principal cases to which gastrotomy is applicable, according to Sédillot, with the double purpose above mentioned, are those comprised in the fourth, seventh, and thirteenth sections of his arrangement. In the fourth series, in which the mucous membrane is thrust through the other tunic, so as to form diverticula, he holds that the constant passage of the food distending these abnormal pouches is certain to keep up the morbid lesion, and, even by dilating the pouches still further to hasten the ultimate obliteration of the normal passage; whereas, if the operation of gastrotomy be performed, there is a probability that the pouch may, in time, contract and obliterate itself. In the seventh series, comprising all the wounds and inflammatory lesions of the oesophagus, in which there is hope that the judicious employment of catheterism might ultimately restore the tube to its function, Sédillot holds that gastrotomy will often permit us to continue this treatment when otherwise the death of the patient, by inanition, would have frustrated our efforts; and he believes that, in such cases, the chances of cure will often be greatly increased by the complete rest which is obtained in the intervals of treatment for the diseased portion. Finally, in the truly cancerous lesions, where the diagnosis can be ascertained with any degree of certainty, he conceives repose of the part to be of the first consequence, as both catheterism and the passage of food through the cancerous part tend very much to the rapid progress and fatal issue of the disease; and he thinks, therefore, that gastrotomy may possibly be found to be applicable to cancerous cases at an earlier period than that at which death by inanition is imminent.

It is necessary to state that the operation has never yet been performed by Sédillot, although he so strongly advocates its performance.
On the Necessity of Excision in Cancer of the Lip. By Charles Fluder, Esq. (Condensed from a letter in the Medical Gazette, May 26, 1848.)—Ibid.

The object is to direct attention to a most important fact, already perhaps known to many, but not duly acted on—the certain fatality of cancer of the lip, if left to its own course, or if treated in any other way than by excision; and the necessity of, and more especially the almost certain cure consequent on, that measure.

In the course of rather more than twenty years of practice, it has been my lot to observe very many of these cases; on the one hand proving what I fear cannot be said of scirrhus at other parts of the body, the real utility of excision; and, on the other hand, as clearly demonstrating the certain melancholy fatality consequent on reposing on other treatment, to the exclusion of the only real remedy, the knife.

The disease begins with some little wart or fissure, or abrasion, and it most commonly occurs on the lower lip. Before very long ulceration is perceivable, and induration, and the progress is much like scirrhus at other parts. One or two cases will be sufficient in illustration.

A few years ago a medical practitioner was on a visit to a gentleman in this country, on whose lip he one day accidentally observed a very small appearance of the sort above mentioned. He was told it had been there many weeks, and had not changed much in appearance, either for better or worse, notwithstanding various applications had been used. He advised excision, but others recommended the trial of various escharotics for several months; and beyond this, I believe even still more delay occurred. At last, after an interval I imagine of nearly a year from the time that excision was first advised, the disorder becoming more formidable, it was decided in consultation that the time for an operation had passed, and the poor gentleman died a lingering and miserable death.

About seven or eight years ago a labouring man, resident in this neighbourhood, showed me a small ulcer in his lip, which he attributed to the adhesion of a tobacco pipe, while smoking. The ulcer had been there two or three months, and there was some hardness around it. He had applied leaves and ointment to it, without benefit, and lunar caustic had been used. I advised him to let me cut it out, but he declined. I met this man some six or seven months afterwards, when he again showed me his lip. The disease had increased, having become a hard tumour, about the size of a nutmeg, with an ulcerated surface.
On this occasion I urged very strenuously the necessity of excision. He was unable to muster sufficient courage, and I again lost sight of him for several months. He then came a third time. I examined the poor man again; but the disease had extended too deeply. The submaxillary and sublingual glands were contaminated; the tongue itself was assuming a morbid appearance, and it was decided, by others as well as by myself, that an operation could be of no avail. This poor creature perished in the most horrible manner; not, however, until the deadly parasite had gnawed its way through the mouth to the pharynx and oesophagus.

On the other hand, I have around me many cases (and I know of many more) in which the operation has been performed ten, fifteen, and eighteen years ago; and though in all of these the operation was only had recourse to when there was no mistake as to the malignity of the disease, in none has it returned.

Whether the disease in question be or be not true scirrhus, is not a point for me to determine. One thing to me is certain, that there is a disease of common occurrence in the lip, watery or ulcerative, with induration, trifling at first in its appearance, insidious in its progress, but fearful fatal in its result; which, if treated by excision, rarely, perhaps never, returns—if otherwise, leads invariably to a painful death.

The operation is sufficiently simple. A triangle of lip must be taken out, the base of which triangle is formed by the surface of the lip, with the tumour or ulcer on it. The incisions are best made with a bistoury, extending beyond the induration on each side of it, so that the apex of the triangle may be thoroughly clear of induration. A semicircular incision has been recommended around the induration, but this is not so good as the triangular operation. The wound is much longer, healing by granulation, and leaves a worse lip; indeed, it is astonishing how very little deformity or inconvenience arises after the triangular operation, two or three small sutures, strapping, and a light bandage being all that is required in the way of dressing.

An ulcer or wart, or tumour of the lip, of suspicious, appearance, may be treated by caustic or escharotics for a short time; but if the disease gives evidence of increase instead of diminution, it is unjustifiable to delay excision until the adjacent textures are implicated, because of this exceedingly important fact—that what is malignant here, unlike malignant disease of other parts of the body, is at an early period entirely under the control of the knife. In short, that scirrhus at this part is capable not of extirpation only, but of extermination.
Remarks on Lupulin as an Anaphrodisiac. By Wm. Byrd Page, M. D., Consulting Surgeon to the Philadelphia Hospital, Blockley.—(Medical Examiner.)

In offering to the medical profession the application of a means of relief for any affection, the practitioner does nothing more than a self-imposed duty requires.

Actuated only by such a motive, I propose the administration of Lupulin as an anaphrodisiac, a use to which, I believe, the article has never before been applied as a therapeutic agent.

The hop has long held a prominent position in the materia medica as a tonic, and as a narcotic and calmant, in many disordered conditions of the nervous system. Its different preparations have been administered internally, and applied externally, in affections calling for the exhibition of medicines for the production of sleep, the relief of pain, and for quieting unusual nervous excitements, when the more powerful and usually more certain medicines of the same class, have been deemed inadvisable from some peculiar circumstances.

The principle virtues of the hop are believed to reside in Lupulin, which is described as occurring as a secretion in the form of granules, on the under surface of the scales or strobiles of the Humulus lupulus.

Lupulin was first described, and its properties made known, by Dr. A. W. Ives, of New York, though some notice had been previously taken of it. According to the U. S. Dispensatory, "it is obtained, separate, by rubbing or threshing and sifting the strobiles, of which it constitutes from one-tenth to one-sixth by weight. It is in the state of a yellowish powder, mixed with minute particules of the scales, from which it cannot be entirely freed when procured by a mechanical process. It has the peculiar flavour of hops, and appeared to MM. Lebaillif, and Raspail, when examined by the microscope, to consist of globules filled with a yellow matter, resembling in this respect the pollen of vegetables. It is inflammable; and when moderately heated becomes somewhat adhesive."

It is kept by most apothecaries, and can be procured in a few moments by the above simple process.

More than two years since I introduced Lupulin to a limited extent into the Philadelphia Hospital, (Blockley,) as a remedy to prevent nocturnal erections in different forms of acute venereal disease, and have subsequently used it sufficiently often in my practice, to justify its presentation to the medical profession as a very good article for the purpose, one of great efficacy, and entirely free from many of the objections to the preparations of camphor, opium, dulcamara, stramonium, &c., which have hitherto been principally relied on.
Remarks on Lupulin as an Anaphrodisiac. [June,

One of the most painful and troublesome attendants upon gonorrhœa, is chordée, brought on by nocturnal erections, the occurrence of which has been completely prevented by the administration of Lupulin at bed time.

In acute gonorrhœa, it not only prevents erections and consequently chordée at night, but it also seems to exercise a very soothing effect on the inflamed urethra, and to facilitate the operation of medicines for the cure of the disease.

Relief from the troublesome pain in the perineum in chronic gonorrhœa, and during the treatment of stricture with the bougie, has been obtained by the administration of Lupulin alone.

In the treatment of chancres on the penis, the process of healing is often interfered with, and the efforts of nature and the surgeon placed somewhat at defiance by the occurrence of erections, when the patient is warm in bed, which distend the parts and lacerate the edges of a weak or imperfectly formed cicatrix. In this disease the Lupulin has been used with the desired effect.

I have also used it after the operation for phymosis, with the effect of preventing the occurrence of erections during the process of the cicatrization of the incision. Its use may doubtless be adopted with the same intention after any other operation on the penis.

The Lupulin has been administered for nocturnal seminal emissions, and although it does not claim a curative power in this distressing affection, it will prevent their occurrence so long as the patient is freely under its influence, and will give the practitioner an opportunity to prosecute any treatment which he may adopt, with an increased prospect of success, from the interruption to the habit of the disease, and from the prevention of erections when topical applications are made to the urethra. I cauterized the prostatic and membranous portions of the urethra, with Lallemand's instrument, for a gentleman labouring under this disease, and gave Lupulin to prevent erections, which often harass the patient after this simple operation, with complete success.

My own experience in the use of the remedy has been corroborated by that of other practitioners, who have given it at my suggestion. Dr. F. G. Smith administered it to a patient suffering from pernatorrhœa, and prevented the recurrence of the emissions so long as the effect of the remedy was kept up. He has also given it to a gentleman under his care with chancræ. Dr. Edward Hartshorne reports to me a case which establishes its efficacy beyond a doubt, in suppressing the venereal appetite. A healthy negro man confined in the Eastern Penitentiary,
practised onanism to such an extent, as to bring on an attack of insanity. The mania was relieved by active treatment, and the usual means were applied for the suppression of what seemed his ruling passion, without effect. He became conscious of his unfortunate condition, and of its cause, and confessed that he passed his time when not watched, in this self-debasing, and health-destroying amusement. He entreated the Dr. to give him something "to take his courage down." Lupulin was administered to him in two grain doses, several times in the twenty-four hours, and he now states that "it is all gone," and that he is no longer troubled with his hitherto unconquerable desire.

The dose of Lupulin is from 5 to 10 grains, to be repeated as occasion requires. The latter dose rarely requires a repetition during the night. It may be given in powder or in pill. It produces no headache, does not constipate, or give rise to nervousness or any other unpleasant consequence.

An improved Method of operating for Congenital Phymosis.

By W. Collers, F. R. C. S., Surgeon to Steven's Hospital.
(Dublin Journal.)

On examination, in cases of congenital phymosis, we in general find the prepuce, especially in persons after the age of puberty, very much elongated, much more than sufficient to cover the glans penis; the skin forming the outer fold of the prepuce seems loose and natural until within about a quarter of an inch from its termination, where it is reflected back to cover the glans. Here there is a contraction, sometimes to such an extent as to present an orifice scarcely larger than that of the urethra itself.

The operations proposed to remedy this defect, and allow the exposure of the glans penis, may be divided into two kinds:—1st, the entire removal of the double fold of skin or prepuce, i.e., circumcision; or 2nd, the simple incision of the prepuce in the line of the penis, over the surface of the glans.

The objections to the circumcision are:

That the surgeon, anxious to remove sufficient integument at one incision, draws forward the skin as much as possible, hoping thus to include the folds of the prepuce within his fingers, not considering that a considerable portion of the inner fold must remain covering the glans; and then, when he amputates this portion of the integument, the outer skin recedes, sometimes half way up the penis, and a considerable portion of the inner fold remains still covering the glans. He has gen-
erally removed too much of the outer, and too little of the inner fold. Thus to complete the operation will be a tedious and painful process, but to circumcise the prepuce by any other method will be much more tedious and painful.

Another objection to complete circumcision is (as I have seen), that the wound, on healing contracts so considerably as to cause great pain in any subsequent erection; besides this, the patient is annoyed by the constant appearance of a drop of clear, ropy mucus at the orifice of the urethra, caused by the irritation of the exposed glans, extending to the urethra, and causing this increased secretion from it; and this symptom will continue long after all other inconveniences have disappeared. If we circumcise merely this narrow band of the fold of the prepuce, it in healing will contract so as to leave the patient as bad, if not in a worse condition than before the operation.

The second plan of operation is by making an incision perpendicular to the orifice, introducing a bistoury beneath and slitting up the prepuce, on some one surface of the glans, either above or below. This will leave one or two very inconvenient flaps of skin on one or both sides of the glans, and may cause curvature of the penis, in erection, from a hardened cicatrix.

The only proposal combining the advantages of the two operations, is, as far as I can recollect, the plan of M. Ricord; but this is a tedious and painful operation, and I believe, seldom performed.

I have been in the habit, for some time, of removing the deformity by a simple and very effectual operation. I seize the edge of the prepuce, at its fold forming this narrow band, in the left hand, and holding the scalpel in the right, and at right angles with the penis, I remove a circular portion of skin, about a quarter of an inch wide. The outer fold of skin, being loose, is then drawn back on the penis, leaving the glans covered by the inner and tighter fold. I then divide this layer about half way back, more or less, slitting it up exactly in the centre, by passing a sharp-pointed bistoury under it. We have now the outer fold of skin loose, with a large circular orifice; the inner, or more contracted portion, presenting also an orifice, but larger by double the perpendicular incision, which forms two angular flaps.

I then turn these flaps outwards, and by a suture attach each angle to the edge of the external skin, at about a quarter of its circumference from the frænum; a slight suture at the frænum completes the operation. I then draw all forward so as to cover the glans.

In two or three days I remove the sutures, and generally
find the wound healed, leaving a covering for the glans, differing in no respect from the natural and perfect prepuce; and in some cases it would be difficult to know that any operation had been performed, or that any had been required, on this part.

Camphorated Chloroform Liniment.—(New Jersey Medical Reporter and Transactions.)

A communication from the London Lancet, published in the Eclectic department of our last number, gives a formula for preparing a mixture of Chloroform and Camphor, held in solution by the yolk of an egg; thus procuring a very elegant preparation by which a larger dose of camphor can be administered, than by any other known method. We have tried this remedy in several instances, and have found it to afford relief in an obstinate case of flatulent colic, and in several cases of Dysmenorrhoea. In the latter complaint we believe it to be a valuable remedial agent: and we refer to the fact of the powerful solvent properties of chloroform, to introduce to the notice of our readers, a liniment that has been prepared by Wm. B. Price, an enterprising druggist of this city, where olive oil is used as the vehicle of the compound of camphor and chloroform, instead of the egg, as mentioned in the communication referred to. The officinal Linimentum Camphoræ of the U. S. Dispensatory contains half an ounce of camphor to two fluid ounces of olive oil, but it has been ascertained by the gentleman referred to, that by the aid of chloroform a much larger quantity of camphor may be held in solution, thus increasing greatly the strength of the compound. As three drachms of camphor are perfectly soluble in one fluid drachm of chloroform it is clear that the strength of the officinal liniment may be greatly increased by the use of the latter solvent. The present formula gives us half an ounce of camphor to two fluid ounces of oil; by dissolving the camphor in chloroform, it may be increased in weight to one ounce and a half, and will be held in solution by the same quantity of oil, with the addition of two fluid drachms of chloroform, to give an anesthetic property to the liniment. We have used this liniment in a few cases of local pain from neuralgia and rheumatism with good effect. Our patients speak of it as a soothing and pleasant remedy;—it is worth a trial.
PART III.

Monthly Periscope

Comparative advantages of Lithotomy and Lithotrity.—M. Guersant, in one of his late clinical Lectures, on the surgical diseases of children, gives the following very interesting table of the comparative advantages and disadvantages of the operation of lithotomy and lithotrity:—

<table>
<thead>
<tr>
<th>ADVANTAGES.</th>
<th>Lithotomy.</th>
<th>Lithotrity.</th>
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<tbody>
<tr>
<td>1. Promptness of operation.</td>
<td>1. No wound.</td>
<td></td>
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<tr>
<td>2. Always accomplished at one sitting.</td>
<td>2. No hemorrhage.</td>
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<tr>
<td>3. Complete extraction of the calculi.</td>
<td>3. Not necessary to confine the patient to bed.</td>
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<tr>
<td>4. No fear of allowing any to remain.</td>
<td>4. No fear of consecutive inflammation.</td>
<td></td>
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<tr>
<td>5. Applicability of the operation to all ages and to all calculi.</td>
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According to this table we find the advantages about equal; it is not the same, however, as to the inconveniences.

INCONVENIENCES.

| 1. Pain. | 1. Many sittings and longer than in cutting. |
| 2. Danger of hemorrhage. | 2. Pain as in cutting. |
| 3. Wounding the rectum. | 3. Fruitless sittings which does not occur in cutting. |
| 4. Also of the ejaculatory canals. | 4. Pinching of the bladder. |
| 5. Fear of consecutive inflammation. | 5. Consecutive inflammation. |
| 6. Difficulty of extraction in certain cases. | 6. Engaging of small calculi in the membranous portion of the urethra. |
| 7. Visico-perineal fistulae. | 7. Sometimes a consecutive operation. |
| | 8. Fear of leaving fragments in the sacs that may exist in the bladder. |
| | 10. Unfavourable conditions in which patients are left after the operation, and that at some future time it becomes necessary to cut. |
| | 11. The employ of lithotrity, impossible when the calculus is of great size or encysted. |
After comparing these circumstances, we deduce the following conclusions which tally in every respect with our experience:—
1st. Cutting should be the method generally adopted in children. 2d. Lithotrity should be employed only in cases where the calculus can be crushed in a single sitting.

In support of these two propositions, the following figures are cited:
Of 42 individuals cut, 34 recovered, 8 died; 4 from the operation, and 4 from intercurrent diseases. Of 21 individuals in whom lithotrity had been employed, 18 boys and 3 girls, 12 recovered and 6 died; 2 from the operation, 4 from intercurrent diseases;—3 were afterwards cut.

Thus of the 42 subjects cut for stone, 4 died from the operation; and of the 21 operated on by lithotrity, 2 died from the operation.

[Western Journ. of Med. and Surg.]

Gastrodynia.—If arising from acidity, of course antacids must be given, carbonate of potash first; and, this failing, carbonate of magnesia. If the symptoms indicate a sub-inflammatory congestion of the gastric mucous membrane, give neutral salts with the infusion of senna, if the patient is young and plethoric; if, however, he is past the middle age, and of gouty or rheumatic diathesis, do not give neutral salts, but give extract of rhubarb and blue pill, with or without extract of colchicum, followed by an infusion of senna and rhubarb, with tincture of cardamons. If the disorder arises from ingurgitation of bile, begin with an emetic, and then give taraxacum, to which sulphate of magnesia may be added, if the stools are pale and inefficient. If the cause is flatulence, give a mixture containing four or six drachms of sp. ammon. co. and tinct. asafoet. with six or eight ounces of inf. senna co. If interruption of the menses or suppressed hemorrhoids lead to the gastric pain, leeches to the anus or groins, hot pediluvia, and moderate purging, are the proper remedies. And if the gastrodynia appears to be simply neuralgic, without appreciable cause, some of the various sedatives, narcotics and tonics, mineral and vegetable, must be used, according to the temperament, age and sex of the patient. (Dr. R. Dick, p. 114.)—Braithwaite’s Retrospect.

Creosote a Remedy for Facial Neuralgia.—In the Dublin Medical Press, Surgeon Kelly reports a violent case of facial neuralgia, cured by the following formula: R—Creosoti, gtt. iij; Mace panis, q. s. ut. fit. pil. iij; dose one pill every three hours. In six hours after the pills were taken, the paroxysms ceased, which was very violent before the pills were given. A purgative draught was afterwards administered, and the patient had no return of the neuralgia.—[New Orleans Medical Jour.

Diarrhea.—The presence or absence of bile in the stools, determines a very important point in the treatment. If the evacuations are bilious, opium is not only borne, but needed: if there is a deficiency of bile, opium will be injurious.
Chronic.—In chronic diarrhoea with whitish stools and general relaxation of the system, strychnine is an admirable remedy, rendering the stools consistent, fœculent, and bilious. (Dr. J. F. Duncan, p. 117.) Give one-twelfth of a grain of muriate of barytes, and one-fourth of a grain of muriate of morphia, made into a pill, thrice a day. (Dr. A. Walsh, p. 119.) Almost all cases of chronic diarrhoea, except the diarrhoea of phthisis or that caused by ulceration, may be cured by persesquinitrate of iron. The ordinary dose is from fifteen to thirty drops of a solution prepared according to the formula at p. 121 of this volume, thrice a day; but in some cases, we may begin with five drops, and gradually increase the quantity. (Dr. Graves, Dr. Neligan, Mr. W. Kerr, p. 119.)—[Ibid.]

Dysentery.—Injections containing two grains of nitrate of silver in an ounce and a half of thin mucilage, and a few drops of laudanum, are very valuable, conjoined with other treatment, in the early stages of the dysentery, before ulceration has taken place. (Mr. W. Gar- like, p. 123.)

Chronic.—Decoction of logwood with laudanum, is the best astrin- gent that can be given. Where there are profuse discharges without pain, enemata of sulphate of alum with laudanum, produce a very good effect. (Dr. D. Donovan, p. 124.)—[Ibid.]

Aphtha.—After every time of feeding, take care to remove from the mouth all remains of the food, by wiping it carefully with a piece of soft rag dipped in warm water. In very mild cases this will be sufficient to effect a cure, especially if a solution of borax 3i. or 3ss. in 3i. of water, is applied after every time the mouth is thus cleansed. If this is not sufficient, let a solution of nitrate of silver, five grains to the ounce, be applied twice a day, in addition to the use of the borax. (Dr. C. West, p. 111.)—[Ibid.]

Fissure of Anus.—Depends on spasms of the sphincter, and is to be treated by introducing one finger after another into the rectum, until the whole hand is introduced, and drawing the closed fist back through the anus. (M. Maisonneuve, p. 195.)—[Ibid.]

Keep the mouth clean.—The editor of the Dental Recorder says that "when the mouth is in a healthy condition, the best specifics for preserving it so are the "scrubbing brush and soap and sand." The scrubber should be a well made French tooth brush, with bristles of a medium degree of coarseness, set in a firm, compact manner, and having all the corners of the ivory carefully rounded, so that the membrane of the mouth may not be wounded by a slip while using. The soap should be of the best quality of Castile, and well seasoned, and it should be combined with sand of different kinds, according to the condition of the teeth. If the enamel be rough on its surface, requiring polishing, finely pulverized pumice should be used, mixed with orris,
or any pleasant vegetable powder which will serve to dilute it and prevent it from cutting the enamel too much; while if the surface of the teeth has that beautiful natural polish which is often seen, or if it has acquired an artificial one, the mildest kind of polishing powder will be all that is required, such as chalk, and, with many persons, the brush and water, thoroughly used, will be all that is necessary to preserve the teeth from the slightest stain.

If all would thoroughly cleanse their mouths in this way, at least once in twenty-four hours, there would be but little use for tooth washes, and perfect cleanliness would be found to impart a more delightful freshness to the breath than all the perfumes of the East."


Fat Children.—In Wayne Co., Indiana, are a couple of children who are quite a curiosity from their size. They both belong to the same family. The elder, a boy, weighed 120 pounds at 4 years, 9 months, and the younger, a girl, 56 pounds, at one year. The West is a great country.—[Ibid.

Triumph of Vital Statistics.—Mr. Finlaison calculated from the events of preceding years, what ought to be the number of deaths which the Registrar General would be called on to record in the first year of his operations. The result was 355,968. The observed fact was 355,956—error 12.—[London Athenæum.

Preservation of Sweet Spirits of Nitre. By Klok. —When Spiritus Ætheris Nitrosi has become acid it is generally rectified from calcined magnesia; but this does not prevent its again becoming acid in a few weeks. Klour states that if neutral tartrate of potash be substituted for magnesia the spirits does not again acquire acidity. According to his experience Spiritus Ætheris Nitrosi rectified in this way can be preserved for months without giving a trace of acidity.

[Buckner’s Repertorium.

A New Method of Writing upon Glass.—M. Simonin, of Nancy, has suggested an easy method of engraving divisions, letters and unalterable characters upon glass, for the use of chemists and apothecaries. It is as follows:—Spread with a soft brush a coating of engraver’s varnish upon the bottles or tubes you would use; when dry, trace your letters with a pointed instrument, so as to remove the varnish; over these places spread a moderate thick coat of soft paste, made extramorously with powdered fluorspar and strong sulphuric acid. After several hours of contact, wash it, and the glass will be sufficiently corroded. For the formation of indelible marks for labeling purposes, the action may be rendered more energetic by covering the paste over with a piece of lead.

I have tried the above given method with the most satisfactory result. I would recommend, however, a coating of wax instead of varnish, as tending better to preserve the glass from being acted upon, except in the parts exposed.
The action of the paste during the space of eight hours, produced well defined lines, as strongly marked as though done with a file; five minutes time gave a very perceptible impression.—[Amer. Journal of Pharmacy.

The Intention of Hiccup.—In the convulsive movement of hiccup, the diaphragm is depressed; the larynx is raised; and the glottis is closed. What would be the effects of these conditions? The depression of the diaphragm would tend to expand the cavity of the chest; but the glottis being closed, no air can enter the lungs. The two ends of the oesophagus are, however, still open, and if the hiccup be strong enough, air will enter the oesophagus at both ends. If a person will make a prolonged voluntary effort of the conditions which occur in hiccup, he will find a portion of air sucked, as it were, into the oesophagus, from the pharynx. Now, spasmodic hiccup is a reflex movement, excited, in general, by gaseous irritation of the stomach; under these conditions the hiccup will suck the air of the stomach into the lower extremity of the oesophagus. This, then, is the intention of hiccup—to pump off the air of the stomach. The movement of the hiccup sucks the gaseous contents of the stomach into the lower extremity of the oesophagus, and an inverted action of the oesophagus, propels them upwards and discharges them at the pharynx.—[Prov. Med. and Surg. Journ.

Tolerance of Opium.—Mr. Godfrey, (of Bristol.) narrated two cases at present under his care, illustrative of the large doses of opium that can be borne without narcotism. In one, the lady swallowed frequently forty grains of opium within the day; in the other, the patient, who for years had been subject to violent neurotic attacks, often took within the day sixty grains of the acetate of morphia.

Mr. Norman, some years ago, had a gentlemen who suffered from senile gangrene, from which he recovered; he then took opium, and subsequently took a wineglassful of laudanum regularly twice a day. He obtained from Apothecaries Hall twenty drachms of opium, which, after cutting up, he macerated for above a month in a quart of brandy; of this tincture he took two glasses a day, without any further sensible effect than to exhilarate his spirits. While taking this, on two occasions constipation came on, with imminent risk to his life. After the second attack, he at once left off all his opium, and lived four or five years afterwards, dying eventually of disease of the brain.

Dr. Blackmore had known four hundred grains taken in one day, without narcotism being produced.—[Ibid.

Vegetable Remedies.—Remarks of Mr. Sanborn, in the N. H. Legislature, upon the Bill incorporating the New Hampshire Medical and Botanic Society.—(Boston Med. & Surg. Jour.

At the present day there is a great fondness for vegetable medicines. Any thing having the prefix of vegetable to it, goes down with the multitudes. Notwithstanding every body 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 lay 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.

Remuneration of Medical Men in England, for attendance on the poor.—The following is a summary of orders, visits, and medicines supplied to patients in the Halifax district of 990 acres, with a population of 19,881. Visits 541, mixtures dispensed 1029, pills 3157, powders 663, lotions 36, liniments 45, boxes of ointment 36, plasters 79; remuneration for this duty and supplying the above, two shillings per case, or £20!—[Lancet.

Another Death from Chloroform.—The Glasgow Herald states that recently a young gentleman returned from Australia to visit his relatives in the neighborhood of Govan, but before leaving the colony he met with a slight accident in the foot, which being, perhaps, neglected during the passage home, caused the great toe-nail to grow into the flesh. To remove the pain and inconvenience, the gentleman resolved to submit to an operation, which a respectable surgeon in Govan was employed to perform on Tuesday last. Preparatory to doing so, the surgeon resolved to make use of chloroform; but the patient, after inhaling the gas, almost instantly expired. An investigation of the affair is in progress.—Lond. Med. Gaz.

Test for Chloroform.—In order to test the purity of chloroform, Dr. Letheby recommends that it should be washed with three or four times its bulk of water, the water being carefully decanted after each operation; four or five times its bulk of quicklime are then introduced into a retort, and carefully distilled in a water or steam-bath. The chloroform thus obtained will be fine, and should exhibit the following properties: 1st, it should be perfectly free from opacity; 2d, its specific gravity should be near 1.496; 3d, it should neither redden nor bleach litmus paper; 4th, it should not become opaque when dropped
into water; 5th, it should not be whitened with solution of nitrate of silver; 6th, it should not coagulate white of egg. The last two are regarded as important and easy tests.—[London Lancet.]

Test of the purity of Cod-Liver Oil.—Mr. Hockin mixes, on a porcelain slab, four parts of cod-liver oil and one of strong sulphuric acid; when, if it be genuine, a rich violet hue is produced, which in a few moments passes gradually into a dirty-brown color. This remarkable characteristic, he observes, is not possessed by any other oil, either animal or vegetable.

We have already alluded to the effects of this remedy in lupus. (See p. 77.) We may state that we have continued to exhibit it in phthisis, with results quite unattainable with any other medicine.—[Ib.

A case in which a glass Pessary broke within the body.—On enquiry, I found that the pessary had broken, that while standing at the window, doing nothing; she heard a noise, and that any effort since had caused pain. On examination I found it broken indeed, into a great number of pieces; parts of the periphery were in situ, and all the parts were at the upper part of the vagina. I found I had an unenviable task before me—the extraction of these sharp angular and pointed pieces of glass from the vagina. I had some doubt as to the feasibility of the operation, and some apprehension for the result. After two hours and a half of most diligent and most careful manipulations, I succeeded in extracting every vestige of the glass. The number of pieces extracted were fifty, of all shapes and angles,—Boston Med. & Surg. Journal.

MEDICAL INTELLIGENCE.

An Indigenous Deobstruent and Alternative Compound.

[We give place, with much pleasure, to the following letter—remarking that our opposition to the introduction of new remedies, as stated, had reference to remedies of doubtful character. The agents of this new compound are certainly not of this class.

We also state that our friend Dr. Mayes, says, a practitioner of his neighborhood has used this medicine in a case of cachexia Africana. The morbid appetite for dirt-eating soon disappeared, and the patient enjoyed a state of health, which he had never before experienced.]

Bradleysville, Sumter Dist., So. Ca.

April 28th, 1849.

Dr. Paul F. Eve:

Dear Sir,—Although in the December No. of the Journal, for 1847, you distinctly announced your opposition to the introduction of new articles into the materia medica, being more desirous, as you say, to
investigate more fully the properties of those now admitted and acknowledged; yet, it is hoped, that this opposition does not reach so far as to prevent your giving a trial to those new articles, which may be brought to your notice by your friends.

I am one of those who feel a deep interest in the investigation of our Indigenous Medical Botany; not only to determine the number and names of our medical plants, but to ascertain the best modes of preparation for medical purposes; by which their properties may be secured most fully, and the practitioner, consequently, not liable either to underrate or overvalue them as remedial agents. To this latter point, my attention has been strongly directed for some time, and I may occasionally bring to your notice the results of my observations.

My present purpose is to bring to the notice of the Profession a compound which I believe to possess deobstruent and alterative properties in a high degree. It has succeeded so well in my hands, and also in the hands of a neighboring practitioner, as a valuable adjuvant to Quinine, Iodine, Mercury, or the alkalies, in the treatment of chronic diseases, that I am induced to believe it much superior to Sarsaparilla; and, as it is composed of the roots of indigenous plants, it certainly possesses some claim to a trial.

The roots used in its preparation are those of the Stylingia Sylvatica (Queen’s Delight), the Pterocanlon Pycnostachyum (Black Root), and the bark of the root of the Laurus Sassafras.

As the Black Root is not recognized by any of the works on the materia medica as a medical plant, it will be necessary to give it a separate notice. In Elliott’s Sketch of the Botany of South Carolina and Georgia, page 324, vol. 2, the plant is very fully and accurately described under the name above given, with references to Michaux, Pursh and Nuttall under the name Conyz. Pycnostachya, and to Walter as the Guaphalium Undulatum. In a medical note, he observes: “The root under the popular denomination of Black Root, is much used in some parts of the country as an alterative and as a cleanser of old ulcers.” Upon inquiry among the midwives and other old women skilled in herbs and roots, I ascertained that the plant in question was very highly esteemed as a remedy in menstrual irregularities and other diseases brought on by exposure to the influence of cold. Their mode of using it is to pour boiling water upon the bruised roots, and cover the vessel closely until cool enough for use. The dose is about two fluid ounces every two or three hours in recent cases, until it acts upon the bowels or skin; then not so often. Their intention was always to produce free sweating, it being seldom given as a cathartic. In chronic cases, a tea-cupful of the infusion was taken two or three times a day. My own experience with the root confirmed, to some extent, their opinion of its efficacy as an alterative, and as the root was abundant, it very soon superceded Sarsaparilla altogether as an adjuvant to the more powerful minerals in the treatment of most diseases of long standing.

Its combination with Stylingia and Sassafras was the next mode of administration, and the only preparation of it which I now prescribe;
the effect of the combination being such as to leave me but little to desire.

As you might probably induce one of your intelligent apothecaries to prepare a small quantity for experiment, I will give you my mode of preparation.

Fresh roots of Stylingia Sylvatica, 6 pounds.
“ “ Pterocaulon Pycnostachyum, 6 pounds.
“ Bark of Root of Laurus Sassafras, 1 pound.

N. B.—If dried roots are used, one half the above weights.

The roots are to be cut fine, and put into a distilling apparatus, and water, sufficient to cover them, poured on. The distillation is then commenced, and so long as the water comes over, very milky, it is to be preserved. When it comes over clear, or nearly so, it must be rejected until half the remaining quantity has been displaced; the other half to remain in the still. (The quantity of water first poured on to be noted, and the quantity rejected to be noted also.)

Pure alcohol is then to be poured on (the quantity noted) until the roots are again covered. The displacement of the alcohol is suffered to go on until there remains in the still only sufficient to replace the water which had been rejected. The process is now stopped, and the alcohol which has been displaced will be sufficiently pure for most purposes.

When cool, strain through a cloth, and to this product add the oily fluid first obtained. When well mixed, bottle and keep well corked. The quantity of extract obtained is usually 6 or 7 pints.

For administration, I prepare it as follows:—Of the extract, one ounce; syrup, three ounces. Dose, a tea-spoonful three or four times a day. The proportions of the extract and syrup, are, however, often varied to suit particular cases. It does most good when slight nausea, for a few minutes, follows its exhibition.

To this syrup, may be added Iodide of Potassium, Corrosive Sublimate, Quinine, or the alkalies to suit cases.

I will only particularize one application of it, which can hardly fail to excite attention. It has, in my hands, in combination with Quinine, proven to be the only preventative of the relapses of malarial fevers, which I have yet used; and its effects in permanently curing the disease have been so very striking that I regard it as the long sought desideratum.

To four ounces of the syrup prepared as above, add forty grains or a drachm of Sulphate of Quinine. Of this, a tea-spoonful three times a day for a fortnight. In old cases, I usually direct 5 grs. Blue Mass every third night; but in recent cases, this addition is not often necessary.

As a test, I have tried the quinine without the syrup, but the results were always unsatisfactory. Its usual effect, when given after an attack of malarial fever, is to produce bilious evacuations from the bowels, restrains the usual morbid appetite, and clears the skin of the jaundiced hue.

Yours, with the greatest respect,

J. A. Maves, M. D.
Right of Physicians to charge as Witnesses in Courts.

Editors of the Medical Examiner:

Will you spare me a corner in your valuable Journal, to make known the final settlement, recently, of a case involving the legal rights of physicians to charge for professional services rendered the Commonwealth as witnesses in criminal cases? The establishment of this claim is a matter of interest and importance to the profession. About nine years since, Dr. J. M. Wallace and myself examined, at the instance of the Coroner, the body of a child who had died, as was alleged, from the effects of poison administered by a servant in the family. The chemical analysis of the contents of the primae vias was conducted at the expense of much time, labour, and material, by Dr. R. E. Rogers, then living in Philadelphia, and upon the trial we were all examined as medical witnesses, to prove the existence of the poison. Proper bills for the service, exclusive of ordinary witness-money, were rendered at the time to the prosecuting officer of the Court, and by him endorsed to the County Commissioners for settlement. Payment, however, was refused, not from any indisposition, it was said, to compensate us for the services, but simply from a supposed want of proper legal authority to do so. The claim, consequently, was pushed no further until a late decision of the Supreme Court, in a similar case, had settled the point, that professional service rendered at the instance of a proper legal officer, was entitled to special compensation by the County. In conformity with this decision, an appropriation was lately made for the settlement of our bills.

Hitherto, medical men have been subjected to much labour and vexation in medico-legal cases, without receiving any pecuniary compensation, the legal tribunals, like the public generally, expecting that physicians would of course always be willing in such cases to render their professional services gratuitously. For the future, however, it should be understood that the law must pay when it needs a medical opinion in order to promote the ends of justice, and every one will see at once the indispensable necessity of such testimony in trials for murder charged to have been committed by means of poison. It is high time, we conceive, that the profession had taken a firm stand in defence of its just claims to remuneration, not only by courts of justice, but in other quarters also, where its charities are so liberally appealed to, more especially, too, as its members are liable to be mulcted in heavy damages upon charges of neglect merely; and we trust, therefore, that a reform in this, as well as in other matters, will not be definitely postponed.

Yours, &c.,

Francis West.

Philadelphia, April 6, 1849.

We endorse the above with all our hearts, more especially as we too have been sufferers in circumstances nearly similar. It is indeed high time that the medical profession were looking after their own interests in these matters; and in every instance where professional opinions and valuable time are demanded for the purpose of justice, that they should insist upon proper remuneration for their services. Medical witnesses are not only called upon to render time and learning to further the ends of justice, but are obliged often to submit to the impertinent badgering and cross-examinations of counsel, very frequently more for their own amusement and the display of their little smattering of medical knowledge, than for any positive advantage that may accrue to the case under trial. We hope, therefore, now that the precedent is established, that no medical witness will fail to claim and sue for proper remuneration for services rendered. —Eds.]
THE AMERICAN MEDICAL ASSOCIATION.

Boston, Tuesday, May 1, 1849.

The American Medical Association met this morning at the Lowell Institute, at 11 o'clock.

Dr. Warren, in behalf of the Massachusetts Medical Society, briefly addressed the delegates.

Dr. A. H. Stephens, of New York, President of the Association, then delivered an address to the members.

A list of delegates present, was then read by the Secretary. They numbered about 250.

A committee was then appointed, consisting of one member from each State, to nominate officers for the ensuing year.

AFTERNOON SESSION.

The Association met at 3½ o'clock.

The Nominating Committee appointed in the morning, reported the names of the following gentlemen as officers of the Association for the ensuing year:

For President—Dr. John C. Warren, of Massachusetts.

For Vice- Presidents—Dr. J. P. Harrison, of Ohio; Dr. H. H. Maguire, of Va.; Dr. A. Flint, of N. Y.; Dr. R. S. Stewart, of Md.

For Secretaries—Dr. A. Stille, of Pa.; Dr. H. I. Bowditch, of Mass.

For Treasurer—Dr. Isaac Hays, of Pa.

These gentlemen were then unanimously elected to the respective offices above named.

A Committee was appointed to wait on the President elect and inform him of his election.

They soon after returned accompanied by Dr. Warren, who took the chair, after returning thanks for the honor conferred upon him, and addressing a few sensible and pertinent remarks to the delegates.

The reading of the reports of the Standing Committees was then commenced.

The first report read was from the Committee on Practical Medicine, of which Dr. Condie, of Pa., is Chairman. The reading of this report occupied all the afternoon, and was not finished when the hour for adjournment arrived. It was then voted to suspend the further reading of the report, and refer it to the Committee on Publication.

WEDNESDAY, May 2d.

MORNING SESSION.

The Association met at 10, A. M., pursuant to adjournment—Dr. John C. Warren, of Boston, in the chair. The first business of the session was the reading of the minutes of the Association.

Dr. Bowditch, Chairman of the Committee, reported a list of delegates to the Association, from which it appeared that upwards of four hundred members are now present in the city, representing twenty-two States.

On motion, Dr. J. P. Jewett, of Lowell, was elected a permanent member of the Association by a unanimous vote. This motion involved a brief discussion as to the true interpretation of the article in the constitution which refers to permanent membership.

Reports from Standing Committees were called for. A motion was made that the reading of reports, in full, be dispensed with, and that the Chairman of a Committee be permitted to read such portions as he deemed to be more immediately interesting to the Convention. Upon this motion considerable discussion arose. It was contended on the one hand that it was disrespectful to a committee, who had carefully elaborated papers in behalf of the Convention, not to hear them; also, that, referring reports to the Committee on Publication, the Convention gave their sanction to documents, doctrines, and principles which they might not be willing, on revising their opinion, to approbate. On the other hand, it was contended that the objects for which the Convention assembled, would be entirely lost, by reading in full, every report that the committees had prepared; that even one or two lengthy reports would consume all the time of
the sessions; that it was not necessarily disrespectful to a committee to dispense with the reading of a report, because, such a course is in accordance with the practice of parliamentary bodies; that the association did not necessarily become responsible for the doctrines of a report, but that, though they appeared in the volumes of the transactions of the society, yet they stood there as reports only, and the committees alone were responsible for them. The motion was finally withdrawn, when,

Dr. Nathan R. Smith, of Maryland, Chairman of the Committee on Surgery, read a lengthy and elaborate report on that subject. A large portion of the report was devoted to a consideration of the great improvements in Surgery which the discovery and introduction of anaesthetic agents had enabled them to adopt. In reference to chloroform, the report says it is the most powerful agent of the kind known, and that care should be taken in administering it to the patient. It has been administered to millions of subjects, and we have but fifteen cases of authenticated deaths supervening from its use. Alarm, therefore, on the subject is needless. Much more cause is there for alarm, much more reason to apprehend a fatal termination in taking an ordinary rail-road journey, than in inhaling chloroform, at the hands of a judicious and careful practitioner.

It is inadmissible, the report says, to proceed with a surgical operation in dangerous cases, without the use of chloroform, because safety and immunity from pain are secured. It should not be used where there is a disease of the heart; and in inhalation care should be taken that atmospheric air be mixed with the chloroform. Inhalation should stop the moment that insensibility is attained. Prof. Simpson has published his opinion that one hundred lives have been preserved by the use of chloroform where one has been lost by it. He further says, that the mortality where chloroform is used, is much less than in similar cases where it is dispensed with.

In careful hands chloroform is an invaluable agent. The author of the report has administered it thirty-four times to one patient, a young woman, to the extent of complete insensibility, without any unpleasant results. Prof. Mott, of New York, has performed operations which he would not have attempted without the aid of chloroform. Other important matters were introduced, which we forbear alluding to. The reading occupied one hour, and was received with the most lively tokens of approbation. It was referred to the Committee on Publication.

Dr. Chandler R. Gilman, of the College of Physicians and Surgeons of New York, read a report from the Committee on Obstetrics. This report, like that on Surgery, is largely filled with remarks on the wonderful advantages which Obstetric practice has gained through the introduction of anaesthetic agents, and it is very cordial in its notice of Dr. Channing, who, the report says—"has made a most invaluable contribution to the literature of Obstetrics in the publication of his work, "Etherization in Child Birth." Etherization has now been used in thousands of cases, and in no one instance has the slightest injury resulted to the mother. These results may well be considered wonderful, but particularly so in cases of instrumental labor.

In order to present the question of anaesthesia in child-birth before the Association in entire fairness, the Committee have incorporated into their report the principal objections which those who oppose the use of such agents have urged against them. They, however, give it as their deliberate opinion that the chances of a patient’s recovery is greatly increased by etherization, and they say that anaesthetics may not only be given in all cases of labor, but, they say, they may not rightfully be withheld. The report was accepted and referred to the Committee on Publications.

At half past 1 o’clock, the Association adjourned, to meet at 3 ½, P. M.

AFTERNOON SESSION.

Meeting called to order by the President, Dr. John C. Warren. The first business in order was the report of the Committee on Medical Literature, which was read by Dr. John P. Harrison, of the Medico-Chirurgical Society of Cincinnati. The gentleman remarked, in the outset, that he should probably claim the attention of the Association one hour. The field allotted to the committee, he remarked, was "wide and fertile, but they had endeavored to explore the field
with the care and patience which its importance demands." In considering the subject, the Committee had regarded the division which the Association had marked out for them, to wit:

First.—The general character of medical periodical literature in the United States.

Second.—A consideration of the most important and prominent articles that are thus brought to our notice.

Third.—Original or native American medical publications.

Fourth.—Medical compilations and compends of American writers.

Fifth.—American reprints of Foreign periodical medical works.

Sixth.—All such measures as may be deemed advisable for encouraging and maintaining a medical literature of our own.

The report stated that there are twenty original or native medical publications, and four foreign periodicals. Of these, five are quarterlies; six are published bi-monthly, six monthly, one three times a year—the transactions of the Philadelphia Society; and one weekly, the Boston Medical and Surgical Journal.

The report was very ably drawn up, and presented in a clear and impartial manner, the present condition of medical literature in the United States. It appears that many important contributions had been made to this department of medicine, and that the most eminent practitioners in the country have exercised their talents in enriching the pages of medical periodicals. And woman, too, has contributed the riches of her mind and cultivation to enlarging the boundaries of medical knowledge.—"ELIZABETH BLACKWELL, M. D., a graduate of Geneva College, Ohio, does high credit to her alma mater in her inaugural thesis on Ship Fever."

The report very feelingly alluded to the medical biography of the past year. The biographies of D. O. Partridge and Dr. Enoch Hale are briefly, but beautifully sketched in the pages of the Boston Medical and Surgical Journal. Other eminent physicians who have died within the last year were appropriately mentioned.

On the subject of Empiricism, the report was very strong and determined. It was regarded as a giant evil, and called upon the eminent in the profession to come forward boldly to the work of ridding the public from the deplorable woes arising from their use. "We are told, that truth is great and must prevail, but truth should not be deserted by her friends, and they ought not to look on calmly, and see her trodden under foot by her enemies."

The largest medical library in the country is that of the Philadelphia hospital. It was commenced in 1762, by the donation of a book from a Mr. Fothergill, of London, who shortly afterwards made another donation of books, six cases of anatomical specimens, and a skeleton and fœtus. The library now contains upwards of ten thousand volumes. There are other libraries in Universities and Colleges, containing, some, seven thousand, three thousand, and two thousand volumes. The catalogue of medical works in the library of Harvard College numbers one thousand seven hundred and sixty-nine volumes; that of the medical department of Harvard University, in Boston, twelve hundred volumes. The libraries of some of the most eminent Boston physicians contain upwards of five thousand volumes. The report was very lengthy, occupying in its reading one hour and forty-five minutes. It was accepted and referred to the Committee of Publication.

On motion of the Chairman of the Committee, it was Resolved, That a Committee of three be appointed by the President of the Association to report upon the recommendations contained in the document just read. The following gentlemen were appointed on this committee: Dr. Harrison, of Ohio; Prof. Horner, of Philadelphia, and Dr. Hays, of Philadelphia.

On motion of Dr. Wood, it was

Resolved, That the subject of an international copy-right law be referred to the Committee just raised, with instructions to report to the Association.

Dr. Wood, in urging his motion, remarked that it was essential to the medical literature of the country, that an international copy-right law be established. He claimed it for our writers, who now receive no encouragement. They must produce a better book, a great deal better book than the English writer can produce, or they cannot find a bookseller who will pay them for their work. He
claimed it too on the ground of justice to English writers, who were despoiled of the labor of their heads and hands by the cupiditas of our booksellers.

Dr. F. Campbell Stewart, of New York, chairman of the committee on medical education, being absent the report was read by Dr. M. L. Taft, of the New York Academy of Medicine. This report, like others that proceeded it, was very lengthy; and, though the reader omitted large portions of it, he occupied upwards of one hour. Like the others, too, it was elaborately drawn up and indicated much learning and labor on the part of its author. The report concluded with a long series of resolutions, and recommended a committee of seven to take the matters contemplated in the resolutions under consideration.

Dr. John Ware, from the Medical department of Harvard College, presented a paper, as part of the report of the Committee on Education, from a Committee of the Faculty who were appointed to take into consideration some of the recommendations of the Medical Association with regard to Medical lectures, particularly in reference to extending courses of lecturers beyond the established period of four months. The purport of the paper was that the Faculty were constrained to differ from the views of the Association with regard to the prime importance of lectures, and also that in their view no profitable object could be gained by extending the term of lectures beyond a period of four months. Lectures are a subordinate and subsidiary part of a medical education. The great object in view from them is to learn the student how to study for himself. The paper did not undervalue the importance of medical lectures—far from it. Information was communicated through these sources which would not be acquired in any other way, but it was desirable that they should take their proper place in the education of students. It regarded the establishment of private Medical Schools in our cities as of very great importance.

The report was accepted and its further consideration made the order of the day for half-past three o'clock, P. M.

The nominating committee made further reports as follows. For committee on Forensic Medicine, Dr. Stephens, of N. Y., chairman Drs. Bell, Earle, Rockwell, Robert Watts, Bond and Knight. On Indigenous Botany and Materia Medica, Dr. Ives of Ct., chairman, and Drs. Corbin, Frost, Davis, Lenoir, Cochran and Hanson. Committee on Hygiene, Dr. Smith, of N. Y., chairman, Drs. Gardner, Jarvis, Cook of Va., Holnes, Emerson, Symonds and Ives.

The Nominating Committee, reported that Cincinnati be the appointed City for the next annual meeting of the Association.

This report was unanimously adopted, and the following named gentlemen were constituted a Committee of Arrangements: Drs. Drake, Dodge, Judkins, Wood, Riley, Lawson, Richards and Strader, of Cincinnati.

The following committees have been appointed, who are to report on the various subjects submitted to them at the next Annual Convocation:

On Medical Science—Drs. John Ware, Chairman; Jacob Bigelow, and J. B. S. Jackson, of Boston; A. B. Malcolm, Iowa; James Moultrie, S. C.; G. Emerson, Penn.; David King, R. I.

On Practical Medicine—Drs. J. K. Mitchell, Chairman; La Roche, and F. West, of Penn.; Jones, Lout.; R. D. Arnold, Geo.; Smith, Indiana.


On Obstetrics—Dr. T. G. Prioletau, Chairman, S. C.; L. D. Ford, Geo.; R. Lebbey, S. C.; Barlett, N. Y.; Aiken, Del.; Evans, Ill; Isaac Lincoln, Me.


On Publication—Drs. Isaac Hays, Chairman; and A. Stille, of Penn; H. J. Bowditch, Boston; D. F. Condie, Penn.; B. F. Barker, Ct.; Isaac Wood, N. Y.; Pittman, N. C.

On Forensic Medicine—Drs A. H. Stevens, New-York, Chairman; L. V. Bell, Mass.; W. H. Rockwell, Vermont; Robert Watts, New-York; R. S. Steuart, Maryland; J. Knight, Conn.; Phyn Earle, New York.
### Meteorology.—Errata.


### METEOROLOGICAL OBSERVATIONS, for April, 1849, at Augusta, Ga. Latitude 33°27' north—Longitude 4°32' west Wash. Altitude above tide, 152 feet.

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**Errata:**

As the absence of the author of our first article prevented its revision by him, the reader is requested to correct the following:

- Page 321, 4th line of 1st paragraph, period instead of comma after "affection."
- "324, 2d line from the bottom, read "and had sore throat."
- "325, 12th " " " read inference, instead of "inferences."
- "327, 16th " " " read the, instead of "their."
- "327, 18th " " " read formation, instead of "promotion."
- "328, 9th " " " read I have, instead of "Having."
- "330, 1st line from the top, read have, instead of "has."
- "330, 6th line from the bottom, read more so at, instead of "more at."
- "335, 11th " " " read their efficacy, instead of "its efficacy."