SOUTHERN
MEDICAL AND SURGICAL JOURNAL.

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"Je prends le bien où je le trouve."

VOL. V.—1849.—NEW SERIES.

Augusta, Ga.
JAMES McCAFFERTY,
PRINTER AND PUBLISHER.

1849.
Observations on the Pathology and Treatment of the Cholera, as witnessed in the Hospitals of Paris during the recent Epidemic. By Juriah Harriss, M. D., of Georgia.

Since the invasion of Paris by the epidemic of Cholera, I have been anxiously hoping that the discovery of some new lesion might indicate a more successful treatment than has heretofore been adopted, or that a successful treatment might be accidentally found among the various plans which would be tried. I have waited in vain. The physicians of the hospitals have been engaged day after day in making post-mortem examinations to find out a lesion which would explain satisfactorily the course and action of this mysterious and scourging malady, and lead to rational means of cure. Their attempts have been unsuccessful. Treatment after treatment has been adopted, until nearly every agent of the materia medica has been tried. Success has attended none of them, at least to the extent that it was desired and hoped.

I shall not give a description of the symptoms and phenomena of this disease, but will confine myself to its pathology and treatment as witnessed in the hospitals. I will say but a few words upon the causes. It does seem strange to hear physicians even complaining and lamenting that the profession does not know more of the causes of this disease. I really think that we know as much of the cause of Cholera as we do of
any other disease. I believe that a specific poison operates upon the economy and produces Cholera, just as another specific poison will produce intermittent fever. Do we know any thing more about the causes of variola and scarlatina? I think not. We only know that a certain specific cause will produce variola, and another scarlatina; but why they produce these diseases alone, and not another, we know no more than a Natural Philosopher does what gravity is or why it produces certain and invariable effects. As he recognizes gravity by its phenomena, so we recognize Cholera by its phenomena. This is all that we know of any disease.

Before entering into the pathology of Cholera, it will probably prove interesting to give a statistic of the number of cases and deaths in the hospitals. The first case which occurred in the hospitals was upon the 27th of January. A few cases continued to occur from this time to the 18th of March, only eighteen having made their appearance during this interval. From this date it increased, and continued to do so until the 19th of April: since then it has been decreasing.

I extract the following table from the "Union Medical," which gives the number of cases and deaths in most of the hospitals to the present time.

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<tr>
<th>Hospital</th>
<th>No. Cases</th>
<th>Deaths</th>
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<tr>
<td>Hôtel Dieu</td>
<td>366</td>
<td>193</td>
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<tr>
<td>La Charité</td>
<td>263</td>
<td>152</td>
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<tr>
<td>La Pitié</td>
<td>252</td>
<td>128</td>
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<td>La Salpérière</td>
<td>835</td>
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<td>Hopital St. Louis</td>
<td>202</td>
<td>107</td>
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<td>—— Baujon</td>
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<td>—— Ste. Marguerite</td>
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<td>—— St. Antoine</td>
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<td>—— des Cliniques</td>
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<td>—— Bon Secours</td>
<td>47</td>
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<td>—— du Val-de-Grâce</td>
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<td>53</td>
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<tr>
<td>—— du gros-caillou</td>
<td>253</td>
<td>90</td>
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</table>

It will be seen from this table that the Salpétrière has been most dreadfully scourged by the epidemic. This hospital is situated upon the outskirts of the city upon one of the Boulevards; it is a hospital for women whose constitutions are bro-
ken down by disease or age. The epidemic did not confine itself to the infirm women, but attacked many of the nurses and "internes" of the hospital, a portion of whom have succumbed. The Cholera has been so violent there that the hospital has been partially evacuated. Since this the number of cases has much diminished, doubtless because there were a less number exposed to the disease. A thing a little strange, is that the hospital for the infirm men, though situated in a very densely populated portion of the city, has been exempted from the malady. Patients have been daily brought from its immediate vicinity into other hospitals, and its inmates have been allowed to walk into the city during the day.

It is needless to say that the lesions attending Cholera are varying and inconstant: it is hence very difficult to account for the rapid and distinctive course of the malady. In uncomplicated cases, the brain and spinal cord preserve their natural colour and consistence; but nearly all the other organs, such as the lungs, liver, spleen and kidneys, are found frequently congested or ecchymosed. The lungs are more frequently congested than the other organs. This is the only abnormal condition of these organs that I have seen, and it was by no means constant. The most evident traces which this disease leaves upon the dead body are to be found in the alimentary canal. The stomach and intestines are found to contain more or less of the rice-water fluid, similar to that passed by vomiting and stools; they are sometimes so distended by it that, when punctured, a jet is thrown out by the elasticity of their coats. The color of the mucous coat of the intestinal canal is variable; I have seen it the whole length of the canal very pale—at other times, and more generally, it was more or less injected with blood. Generally this coat of the intestines is pale until you reach the ileum, when it becomes colored from a rose to a deep dark red. The glands of Peyer are frequently hypertrophied, sometimes pale and at others more or less red. Bruner's glands are more rarely enlarged: in the ileum (rarely above it) are frequently found small granulations: they are more frequent and numerous near and upon the ileo-caecal valve; they but rarely extend into the cæcum. These granulations are small, semi-transparent, contain a whitish fluid, and
are frequently, though not always umbilicated; they disappear when pricked with a pin—some have stated that they were constant, but they certainly are not, for I have seen many cases in which they were absent. The large intestines are generally more or less injected: these lesions are not constant, nor do they occur in any regular order. The intestines may be pale or congested, with or without hypertrophy of Peyer's glands, and with or without the granulations. I have seen two cases in which there was hypertrophy with ulceration of Peyer's glands; but the ulcerations I accounted for by the complication of typhoid fever: one had typhoid fever in the hospital before the attack of the Cholera; the other was brought into the hospital with the Cholera, so that it is impossible to say positively whether or not the patient was affected with typhoid previously. This, however, is probable.

The most interesting portion of the pathology is to be found in the fluids of the body, the recent analysis of which has demonstrated some very curious alterations. There seems to be some difference of opinion as to the composition of the fluid evacuated by stools and vomiting; this fluid gives an alkaline reaction, and contains the epithelium of the mucous membrane of the intestinal canal with a few pus globules; these matters are deposited at the bottom of a vessel when left quiet for a short time. The point of dispute is, whether there is or not albumen contained in these evacuations. There is high authority upon both sides of the question. M. Andral (and his opinion is affirmed by M. Mialhe) states that it contains no albumen whatever; they say it contains "albuminose," or the final production of albuminous food by digestion. M. Andral asserts that it contains no portion of the components of the blood, but is simply a sudden and abundant secretion of mucus which is altered in its character. The distinctive character between albumen and "albuminose," is that the former is coagulated by heat or nitric acid, and the latter is not. They could obtain no precipitate by either of these agents. MM. Lévy and Masselet affirm on the contrary, that it may or may not contain albumen,—they assert that they have frequently obtained a precipitate and coagulation by nitric acid and heat, though sometimes none could be obtained. M. Mialhe says that the albuminose
is produced from the albumen and fibrin of the blood and living tissues. These two substances of the blood undergo a transformation analogous to that which results from the digestion of these matters in the stomach by the pepsine of the gastric juice, and the muscles undergo the same metamorphosis by a kind of interstitial absorption. This matter, instead of nourishing the patient, is thrown off from the economy: it is first formed from the blood, and secondly from the muscles. He thus accounts for the rapid emaciation of the patient. This drain upon the blood, for the albumen, fibrin, serum, &c., renders it so thick and viscid that it stagnates in the capillaries, and hence the cyanosis and coldness of the limbs. M. Masselot stated that the albumen at the commencement of an attack is wanting or but little, and augments as the disease advances. In cases where there existed but little or no albumen in the evacuations before death, there is frequently a good deal found in the fluid contained in the intestines after death. This latter fact seems a little extraordinary. This fluid contains a considerable quantity of urea. As the secretion of urine is stopped, the intestines take on the function of the kidneys to illuminate the urea from the economy.

The bladder is generally found to be congested, contracted, and contains but little urine. The urine has a specific gravity of 1.014, contains but little urea, and gives an acid reaction. This fluid also deposits albumen by nitric acid or heat. This fact was discovered and reported to the Académie de Medicine by M. Lévy of the Val-de-grace. M. Rostan had also proved its existence. I have seen the latter test its presence frequently since. So abundant is the albumen that one might easily imagine the patient to have Bright's disease. M. Rostan states that its quantity in the urine is in a direct ratio to the intensity of the disease—that it diminishes or increases in proportion as the disease diminishes or increases. He also says that it is so constant, that were he doubtful about the existence of Cholera in any case, and there was albumen in the urine, he would pronounce it unhesitatingly to be Cholera. If this be strictly true, it will be a valuable diagnostic and prognostic sign.

No new alteration has been found either in the bile or blood: the latter is deprived of its albumen, fibrin, serum and most of
its salts; owing to this drain it becomes thick, viscid, black, and loses its affinity for oxygen.

Every variety of treatment has been tried, and all have been attended with the same unsuccess—no one, has appeared much superior to the others, nor has obtained any very satisfactory results. I will mention some of the treatments which have been adopted during the epidemic. The Stachys Anatolica was among the first which was tried—it was given in infusion, as a drink; at the hospital of St. Louis it was administered to several patients with success. M. Cruveilhier, of La Charité, and M. Barth, of La Salpétrière administered it, but no beneficial effects were produced, and all to whom it was given died. This medication was therefore soon rejected as being unpleasant to take and ineffectual.

Chloride of Sodium has been administered with some success by M. Oulmont, an interne at La Charité: he gave it in large doses by the mouth and by the rectum. This was repeated at St. Louis with success. M. Oulmont did not follow entirely the plan recommended by Stephens, from whom he doubtless got the idea. Stephens gave this salt in combination with the Bi-carbonate of Soda and Chlorate of Potash. M. Oulmont gave the Chloride of Sodium uncombined. The success with which he first met gave grounds to hope that it would prove a valuable agent; but results from a longer trial proved that it could not be surely relied upon. In some cases it certainly acted favorably—it soon stopped the vomiting and diarrhoea, animated the heart's action and promoted the secretion of urine. He still has great confidence in this agent. It certainly seems more rational to me to administer all the salts which Stephens recommends. The only reason for adopting this treatment, as I conceive, is to supply the blood with the salts which have been drained from it through the intestinal canal. If this is so, why administer one and not the other?

The Nitrate of Silver has also been administered. M. Barth gave it in injection and succeeded in stopping the diarrhoea; the cessation was, however, but temporary; the flux soon returned with its former abundance. He has ceased its use. This agent has been more extensively given by the mouth. MM. Girouard and Greslon reported five or six cases of suc-
cess. Dose, 4 grs. to 4 or 5 ounces of water; a table-spoonful every hour. The reaction produced by this agent is not violent, and therefore not attended with much danger. The facts are not sufficiently multiplied to allow us to draw a conclusion either favorable or otherwise, of this treatment. This agent has been a long time since recommended in epidemic dysenteries, but has never obtained a great reputation for its efficacy. M. Trousseau recommends it in some dysenteries of children. Chloroform has been administered internally with some degree of success; M. Vernois reported ten cases, nearly all of whom recovered. Many others have been reported since—given in doses of 10 or 20 drops with 10 or 12 drops of Laudanum, in some convenient drink,—it is said to calm, without any doubt, the cramps and stop the vomiting. It has also been tried by inhalation—its effects were favorable, but temporary; the disease soon returned with its former violence and destroyed the life of the patients. Purgatives, emetics, and emeto-cathartics have all been recommended and tried in their turn. Galvanism has also been tried, though not to a great extent. Homœopathy has had a much fairer trial: six or eight patients were treated by this plan at the hospital of St. Louis, but one of whom recovered. M. Guillot gave six patients from his ward at Salpêtrière to a homœopathist to treat, but unfortunately for the doctrine of Hannemann, as well as for the patients, all sunk under the disease without even a temporary relief from the all-powerful medication.

Dry air-baths and the internal administration of stimulants has proven to be the best of all known treatments. This has been adopted at Val-de-grâce and Hôtel Dieu, where it will be seen from the table that the best success has been obtained. It is true, that the patients of the Val-de-grâce are soldiers, and consequently men better fed and clothed than those brought into the civil hospitals. It is doubtless owing to this circumstance that the number of cures are greater there than at the Hôtel Dieu, where the treatment has been identical. But this alone will not account for the greater success at Hôtel Dieu than at the other civil hospitals, for it is as badly situated as any hospital in Paris. I have observed a circumstance which was also observed in the last epidemic of Cholera, viz., the ap-
pearance of a great number of odd diseases. There were a
great number of neuralgias and rheumatisms, particularly of
the muscles, accompanied with eruptions upon the skin unlike
any of the ordinary diseases of this surface—some resembled
rubeola and scarlatina, but did not take frankly the ordinary
characters of these diseases; they would sometimes appear
upon patients who had never had Cholera, at other times they
would appear upon those convalescent from this disease. In
patients affected with bronchitis, pneumonia or typhoid fever,
who were attacked with Cholera, the first would disappear until
the latter was cured, and then reappear and run its ordinary
course. The most important complication that I have seen
with the Cholera was of cerebro-spinal meningitis; this disease
is generally consecutive of the Cholera, for it occurred in most
cases whilst the patients were in a state of convalescence. I
have seen but three cases of this kind though many have oc-
curred; these manifested all the symptoms of meningitis, and
died in a state of coma. The brain, as revealed by autopsy,
was congested—its whole substance infiltrated with serous fluid.
This was also found in considerable quantity between its con-
volutions and in the ventricles, particularly the lateral:

The circumstance that the Venereal hospital here has been
entirely exempt from the Cholera, and that some affirm that
they have not seen a single syphilitic patient attacked with the
epidemic, has led to the suggestion that probably syphilis is a
specific against it. If there is any truth in this, the question
would arise whether the specific against the Cholera was
syphilis or mercury, which is administered in greater or less
quantity in such cases?

Now that the epidemic is declining, nearly every variety of
treatment seems to succeed to some extent. Though the
treatments are exactly the same now as at the commence-
ment of the Cholera, the success of each seems much greater;
this I think is not owing to the efficacy of the plans adopted,
but to the mild character which the epidemic has taken in its
decline.

Paris, 1st May, 1849.
For the past several years I have kept a book of all the cases occurring in my practice, from which I have condensed several statistical tables, which I propose to present to the readers of the Southern Medical and Southern Journal in consecutive numbers, with such remarks and inferences as may present themselves to my mind. It is now an established principle, I believe, that statistical information is more valuable than almost any other in determining the great principles of Medicine, whether those principles relate to the etiology of disease or the therapeutical effects of remedies. Hence it has almost become to be an adage that one fact is worth a thousand theories.

I am particularly influenced to bring forward these tables, by the fact, that no such effort has ever been made, in my knowledge, by any private practitioner, and that the country, especially, has never been represented even by Sexton's Reports, much less by any definite tables indicating the character and mortality of diseases. I have only to regret that the smallness of my tables will not in all instances indicate the exact ratio of disease, but I hope at some future day to present a mass of information on this subject, that will at once edify and move to the production of similar results, some of my medical brethren who perhaps have better opportunities for eliciting facts of this character.

I have made such classifications of disease as appeared to my mind to be the most natural, without any reference to the nosological distinctions of authors. In the main, however, my tables correspond with the generally received opinions—where they differ essentially I will endeavor to explain so as to relieve the subject from all ambiguity.

My first table embraces 1613 cases, and is intended to indicate the susceptibilities of different organs and functions to disease at different periods of the year. The table, however, will speak for itself.
All the diseases of the osseous system in the above table belong to caries of the teeth, with the exception of two cases of necrosis of the tibia. Those marked cutaneous, embrace eruptive fevers, which should have found a distinct class; but within the few past years, neither scarlatina or rubeola have occurred epidemically in this section until the present spring, which is not embraced in these tables. I therefore concluded to embrace all cutaneous affections under one general designation. Under the term Abscess, I embrace furunculus, ulcers, and abscess proper. Parturition is classed with diseases peculiar to women. Periodic fevers include the remittent, intermittent and congestive; continued fevers, the simple inflammatory, common continued and typhoid.

The following facts are inferable from the above table:—That January is the healthiest month in the year, and November the next; that September and October are the sickliest. That there are three climaxes of disease during the year—the greatest in September, the next in April, and the least in December. Thus, from June to September there is a rapid increase of disease, and from September to November a rapid declension. From January to April there is a gradual increase, and from April to June a gradual decrease. And so there is an increase in December over November, and a decrease in January again, forming the smaller climax in December. The increase of disease in the autumnal months is accounted for on
the principle of malaria, formed from heat, moisture and vegetable putrefaction. Why April should be so much ahead of February and March is not so clear. By reference to the table, however, we find that the increase depends mainly on diseases of the digestive system; hence, we infer that April is a sicklier month than the others on account of the introduction of unripe fruits and early vegetables, which have a relaxing effect upon the digestive organs, and produce cholera morbus and gastric fevers, especially among children. And we suppose that December, being the first month of winter, is productive of more diseases of the respiratory system (as the table indicates) on the principle of alternation of temperature, from the mild bracing weather of November to the cold chilling winds of winter.

We further learn from the above table, that about one-fourth of all our diseases effect the digestive organs, one-eighth the respiratory, and nearly another eighth are peculiar to women. Periodic fevers come in next, constituting about one-ninth. These four classes, embracing considerably more than one-half of all the diseases in our table. It is proper to remark, in reference to diseases of the teeth, that we cannot form a fair estimate of their relative proportion with the other classes owing to the fact that we have had a good portion of the time embraced, a resident dentist in our village, who has appropriated a considerable portion of this practice.

With regard to the effect of season on the particular classes of disease, it would seem that September presents the maximum of digestive cases, and December the minimum. October the maximum of the respiratory, and June the minimum. Of periodic fevers, September is in the ascendant, and February and March the lowest. Of diseases peculiar to women, August stands the highest against February, and November the lowest. The remainder of the classes do not present such marked differences, but the modifications of season will appear more manifest in my next table, which will present the cold and warm months in aggregation and opposition to each other.
Case of Extensive Gun-shot Wound—Recovery. By George F. Cooper, M. D., of Perry, Houston County, Geo.

Nancy, a servant woman, aged 40 years, received on the 30th of January of the present year a wound, by the accidental discharge of a shot-gun, charged with the largest size shot. She was sitting within twelve feet of the young man who had the gun, (a son of the owner of the slave,) and must have received the principal part of the load—her face must have been turned obliquely to the left of the young man, as the shot entered about the middle line of the face and passing out just anterior to the ear. The wound extended vertically from the internal canthus of the right eye, down through the upper lip; the soft parts included between a line drawn from immediately below the internal canthus to the tragus, and another drawn from the right angle of the mouth back to the angle of the inferior maxilla, were entirely destroyed, with the exception of the duct of steno, which was entire, lying loosely down upon the inferior jaw, totally divested of all its attachments, back as far as the extent of the wound. It could be easily raised to its normal position and was found to be of proper length; it of course came away with the detachment of other sloughs, and the saliva escapes now at an orifice within the oval cavity. The right naris was entirely destroyed back into the pharynx, the left opened half of its course anteriorly; the right half of the hard palate was also destroyed; the whole of the masseter muscle carried away, and the end of the temporal was cleanly detached from its point of insertion into the cornoid process. The whole body of the sup. maxilla was mutilated and the quarter portion driven away, separated from its fellow along the palatine process, including the right palate bone which was also separated from its opposing fellow, and rested upon the tongue, to the great annoyance of the patient. The orbitar plate of the sup. maxilla was fractured into several pieces, causing the eye to fall much below its proper level. The injury in this region extended back to the bottom of the orbit. The alveolar processes of the left sup. maxilla, including that of the
incisors, were also fractured. The malar bone was distinct from all its angles—held in place, however, by the skin which partly covered it. The inferior maxilla was fractured just anterior to its angle. The point of the coronoid process was shot away—the body of this bone contiguous to its angle was denuded of its soft parts.

With this array of facts, one could readily imagine what remains to be said of the constitutional condition of our patient; especially when we consider the importance and vascularity of the parts involved, and its contiguity to the brain.

The second degree of concussion was present for some hours, but consciousness slowly returned; the nervous and vascular systems still remaining in an extreme lethargic condition; pulse eight hours after the reception of the injury were about 45 beats per minute and very feeble; the extremities were cool, &c. The amount of immediate hemorrhage will explain in part her prostration—it being probably more than is usually consequent upon wounds of this character. It was however of short duration, which circumstance, perhaps, was fortunate for her. On the morning of the 31st, her improvement was scarcely perceptible; the temperature of her body was rather more equable than the evening before. She now complains of considerable headache. I removed all the spiculae of bone; cold water dressing was applied, and ordered to be kept up; a simple roller over the vertex and under the jaws, to support the inferior maxilla, and a compress over the seat of fracture, constituted the treatment. Apprehending if irritation should be at all violent, a recurrence of hemorrhage and almost inevitable inflammation of the brain from contiguity, (for be it remembered the wound extended to the bottom of the orbit almost in contact with the base of the brain,) I at no time ordered the administration of any stimuli to accelerate reaction.

Feb. 1st. But little improvement, vital phenomena scarcely more active than the day before, which I regarded as decidedly favorable, for reasons stated above. I now entertained some fears of secondary hemorrhage upon the detatchment of sloughs: treatment continued.

Feb. 2d. Reaction exceedingly tardy; no further unfavorable indications; same treatment continued.
Feb. 3d. Sloughs beginning to separate; suppuration in its incipiency; no recurrence of hemorrhage. Ordered, warm water dressing, and as a topical application, a dilution of Labarraque's Solution, for the correction of the factor and its slightly stimulating effect; meal-gruel, chicken-water and wine whey, allowed for nourishment; an enema ordered in the afternoon.

Feb. 4th. Wound now granulating finely; every indication of terminating happily: treatment, same.

I did not, after this, in consequence of the distance, see her regularly; but obtained intelligence from her as often as was necessary. She gradually convalesced, and had entirely recovered when I last saw her, March, 19th,—she was still emaciated, yet enabled to walk about the house—the right eye, as before stated, which had fallen below its level, had been elevated to its proper height—vision, however, was very imperfect and the pupil preternaturally dilated.

The wound, in cicatrizing, had drawn the face somewhat to the right, and the great destruction of the soft parts was repaired to a considerable extent, leaving, however, a large opening in the cheek, which permits a protrusion of the tongue at every effort to speak, rendering articulation exceedingly indistinct. The lower jaw had united, to my surprise.

I am induced to make this report, from the extent of the wound, the importance of the parts involved in it, and the power of the vis medicatrix naturae in bringing about a recovery.

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**ARTICLE XXI.**

*Death from a Drop of Laudanum.* By. H. V. Wooten, M. D., of Lowndesboro', Alabama.

A fine, healthy, female child, in the 5th day of its age, suffered from "gripping," as its mother supposed, for which she administered to it one drop of laudanum. Thirty minutes afterwards, its breathing becoming slow and stertorous, I was sent for; but being absent, another physician saw it, who found it
impossible to get the child to swallow any thing. External ex-
citants, &c., were resorted to, and three hours after the lauda-
um was taken I saw it. Its pupils were dilated and insensible
to light, breathing very laborious, each inspiration giving a
loud struggling sound, great lividity of complexion, &c. It
would draw four inspirations, at the rate of sixteen per minute,
and then cease to inhale about thirty seconds, when the four
inspirations would again be drawn. On the fourth inspiration,
a general spasm of the extremities would seize it. Its pulse
during the last two inspirations were about fifty to the minute,
during the spasm and suspension of breathing it would run up
to about 100, become very weak, and finally cease at the wrists
about six seconds before the breathing was resumed.

This condition continued without material variation until
the sixth hour, when on bathing it in hot water and brandy,
followed by the application of plasters of cayenne to the feet
and hands, it breathed, continuously, but with great difficulty,
at the rate of 30 inspirations to the minute, for 20 minutes,
and its pulse during all this time ranged from 90 to 100. Its
pupils contracted a little, and the lividity of complexion disap-
ppeared to a considerable extent. Hopes were now entertained
that it had passed the crisis, and would recover; but spasms
again seized it, from which it fell into a collapse, from which
nothing that we could do would raise it. After this it would
draw only three inspirations at the rate of twelve to the min-
ute, when spasms would occur, and the suspensions of breath-
ing become longer. At the 10th hour, it drew but two inspira-
tions together about twelve seconds apart, and then suspend
for nearly a minute. For three hours, I thought during every
suspension of breathing, that it was dead, as its pulse would
cease at the wrists before breathing was resumed; but it con-
tinued to labor for breath in this way until the end of the 11th
hour, when it died.

The laudanum was dropped from an ounce vial, in which
there was but about ten drops. It had been stopped with a
piece of twisted paper, and hanging up about a year; all the
inner surface of the lower part of the vial was encrusted with
opium, and the remaining laudanum was heavily charged
with this deposit resulting from evaporation. Every means
of keeping the child alive which our ingenuity could suggest, were diligently applied, and with apparent effect, but not success.

This case is one which rarely occurs, and I report it mainly on that account; yet it is not otherwise destitute of interest. The stomach pump was not used, because I had no tube of suitable size, and besides, I was satisfied that it was too late to resort to measures of that kind when I saw it.

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*Singular Case of Hysteria.* By George D. Cullender, M.D., of Pelham, Tennessee.

Mrs. H——, aged 22 years, received some injury of the knee-joint; the pain was most excruciating for several hours; when it ceased, she immediately began to laugh and cry alternately. At this time I saw her, and considered it a well marked case of Hysteria. I administered an antispasmodic. As there was no pain in the joint, I ordered the limb to be kept quiet. In about twelve hours afterwards I was again sent for in haste. When I arrived I found her convulsed. I learned that the pain in the joint and the hysterical symptoms alternated; so long as the joint was painful she was free from convulsions. They now increased to a fearful degree. Opium was given without benefit. It now occurred to me, that if I could keep up the pain in the joint the convulsion might cease. I immediately applied equal quantities of spts. ammonia and spts. turpentine to the joint, with smart friction; this produced some pain, and moderated the convulsions. I then applied a blister to the joint—the convulsions ceased entirely. The blistered surface was dressed with stimulating ointment, and a mild cathartic exhibited, followed by a dose of morphia. Next day she appeared almost well; the irritation was, however, kept up for several days, when all pain ceased in the joint, &c., and she was as well as usual.
PART II.

Reviews and Extracts.

BIBLIOGRAPHICAL NOTICES.

1. Practical Pharmacy: the arrangements, apparatus, and manipulations of the Pharmaceutical Shop and Laboratory. By Francis Mohr, Ph. D., Assessor Pharmacie of the Royal Prussian College of Medicine, Coblenz; and Theophilus Redwood, Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain. Edited, with extensive additions, by Wm. Proctor, Jr., Prof. of Pharm. in the Philadelphia College of Pharmacy. Illustrated by 500 engravings on wood. 8vo. Pages 576. Philadelphia: Lea & Blanchard. 1849.

It seems to us this work is calculated to do much good. It has long been a desideratum to our practitioners of medicine, especially those of them removed from the facilities of pharmaceutical manipulations of large cities, to have some work of reference in preparing their therapeutic agents. Combining, as this one does, the mode of administering the materia medica of Germany, Great Britain and our own country, it must certainly contain very superior results. The illustrations, &c., are executed in the usual excellent style of the well known publishers, to whom we are indebted for a copy.


We have in this volume the history of the most important and useful discovery of the present age. All wishing to be fully acquainted with the subject of which it treats, would do well to possess this book.


We have here, in a permanent form, the lectures of one of the most celebrated accoucheurs of Great Britain, on a most interesting and deeply important department of Medicine. Their value may be estimated by the fact that this is the fourth American edition.

We find this to be an excellent manual for mothers; written, as the author states, at the request of a missionary, it will do great good in the nursery in the absence of a physician.


Works on Chemistry surely abound of late. This little one only aspires to teach the very elements of this delightful science. From a cursory examination of it, this seems to be well done.


These lectures, some of which we had the pleasure to listen to when delivered in the garden of the great Venereal Hospital in Paris, were originally published in the London Lancet. We have had frequent occasion already to enrich our pages by abstracting from this source. The name of the author is now forever identified with the subject which he has so graphically described, and to the treatment of which he is devoting his life. Born in America—a citizen of France since an adult, Ricord is not unfrequently consulted in Great Britain to determine doubtful cases of sexual diseases. No man has a more worldwide reputation for venereal affections.


This is one of the best of the many works published on the subjects of Auscultation and Percussion. It is a second edition of what we have previously recommended to the favorable notice of our readers.
Autoplasty applied to the treatment of Vesico-Vaginal fistulae.

By M. Jobert, (De Lamballe,) Surgeon to the St. Louis Hospital. (Translated for this Journal, by Henry Rossignol, M. D., of Augusta, Ga.)

Vesico-vaginal fistulae were, for many ages, considered as entirely beyond the reach of surgery, and so firmly was this believed, that even within the past few years some of the most celebrated surgeons denied the curability of them, without even giving themselves the trouble of examining the living proofs to the contrary which were placed before them. This scepticism was unjust and badly founded. Since cures have been so often effected by M. Jobert, a doubt can no longer be entertained upon the subject. Already have the readers of this Journal had presented to them several cases which occurred in the Hospital St. Louis. My intention is not to add new facts, I wish only to call attention to certain peculiarities in the mode of operating. But first, let us glance at the ancient and modern authors.

J. L. Petit is the first who occupied himself with Vesico-vaginal fistula, and interesting as his reports are in several respects, all are silent on the subject of cure; one only contains any thing worthy of notice. This was the case of a woman, who, affected with a vesico-vaginal fistula, consulted several practitioners, among whom was the illustrious surgeon. After a minute examination, one of them proposed the suture as a curative means. J. L. Petit objected to it, on account of the difficulty of putting it in practice. His opinion prevailed, and the patient was advised to use, as a palliative means, a peculiar instrument, a kind of urinal, which J. L. Petit called hell's hole.

Desault did more than J. L. Petit—he pointed out a curative means—his method, the simplest of all, without being the most rational, consisted in fulfilling two principal indications; 1st, in bringing the two lips of the fistula together; 2d, in preventing the urine from passing through the abnormal opening. The first indication was fulfilled by introducing a tampon into the vagina, and the second by fixing a catheter in the bladder. Notwithstanding the respect which we have for the word of Desault, and notwithstanding the reports in the Treatise on diseases of the urinary passages by Chopart, we doubt whether a vesico-vaginal fistula was ever radically cured by this means. At least, the numerous cases which we have collected for several years, will scarcely permit us to admit it. The surgeons who came after Desault do not adopt his method; they employ cauterization either with nitrate of silver, caustic potass, or the actual cautery. The cauterization was most frequently appli-
ed to the lips of the fistula. M. Leroy d'Etioles, wishing to change the form of the fistula and to draw the edges together, proposed to apply the caustic on the outside of the fistula, and gave to this method the name of \textit{radial cauterization}. All these methods are insufficient in the majority of cases, for the reason that all vesico-vaginal fistulae are accompanied by a loss of substance more or less great. They do, nevertheless, afford some amelioration, but unfortunately, it is but for a very short while, and the cause is easily explained. The caustic causes a local inflammation of the edges of the fistula or a tumefaction which may place the lips in contact; but very soon the eschar falls off, the tumefaction subsides, and the urine recommences to pass through the vagina more freely, because the falling off of the eschar has only augmented the fistulous opening. This difficulty was perfectly understood by M. Lallemand, who, after having cauterized the edges of the lips of the fistula, imagined that he could keep them in contact by means of a pair of hook-forceps. This is a complicated instrument, difficult of management, by the aid of which the posterior lip is seized with a pair of hooks and drawn in front, whilst the anterior lip is pushed backward by means of a plate placed in front of the pubis. There is besides, fastened to this instrument, a tube which remains fixed in the bladder and gives issue to the urine. M. Lallemand's method was, undoubtedly, an improvement, and in 1825, he published, in the Archives of Medicine, a memoir in which the radical cure of a lady is mentioned, by means of the hook-forceps. However, the instrument of the professor of Montpellier could not be born without pain and could only be applied to transverse fistulae.

M. Laugier modified it so that it could be applied to all fistulae.

Notwithstanding the success of M. Lallemand, cauterization was partially abandoned and replaced by the simple suture. M. Roux advised the twisted suture. The majority of surgeons use the interrupted suture. However, whatever kind of suture is employed, it is first necessary to trim the edges of the fistula, and though this might be done by means of caustic, practitioners generally prefer the knife.

The trimming of the edges presents great difficulties, depending upon the depth at which the parts are situated. In order to avoid this inconvenience, Sanson detached the neck of the bladder on two sides; this done, he introduced a finger into the bladder; the borders of the fistula were then easily brought to the vulva and the suture easily effected. We think this exposes the patient to an incontinence of urine. Sanson's operation was unsuccessful, and M. Vidal (of Cassis) despaired of ever
succeeding by a direct mode and suggested the indirect method or that of infibulation. Before discussing this new method, we will wait until a well authenticated case has established its use. We will only remark, that, since time immemorial, the operation of infibulation has been practised among several nations of the East, to secure the chastity of the females.

The operation of Professor Sanson was, without doubt, well performed; but an important point had escaped him—it was not only necessary to put the lips of the fistula in contact, but it was also necessary to repair the loss of substance. It was this autoplastic principle, this therapeutic indication, which has been lately perceived by several modern surgeons, and so admirably fulfilled by M. Jobert.

The method of M. Gerdy, which consisted in dissecting away the mucous membrane on each side of the fistula and in maintaining the two lips thus formed, in contact by means of the twisted suture, only succeeded partially. M. Velpeau's was not as successful. It consisted in forming a flap on the posterior part of the vagina, sufficient for the obliteration of the fistula. This is not the case with the operation of M. Jobert, since by this method fifteen or twenty patients have already been radically cured. It is this method which we will describe in detail: we will first say a few words of an autoplastic operation, to which the surgeon to the St. Louis Hospital gave the name of elyroplasty.

This operation, difficult in its performance, and little certain in its result, consists in taking a flap from one of the buttocks or greater labia and placing it in the fistulous opening, the edges being previously trimmed. M. Jobert was successful in several instances by this method, but it must be confessed he failed much oftener. With this he was not satisfied, but continued his researches until he discovered the autoplastic operation which we are about to describe. Though minute in its details, it is important to know them all and to omit none. Several instruments are required, which we will describe.

1st. A univalve speculum lever, which serves to depress the posterior portion of the vagina.

2d. A lever with an elbow bend, used for elevating the urethra and anterior part of the vagina.

3d. Two levers for separating the sides of the vagina. This instrument can be replaced by the fingers of the assistants.

4th. One or more of Museux's forceps, with which to seize the neck of the uterus, as we will see hereafter. M. Jobert has lately invented a pair of forceps which grasps the neck of the uterus at the insertion of the vagina. These forceps do not tear the tissue, like those of Museux. They are so ar-
ranged as to remain fixed upon the neck of the uterus when it is taken.

5th. A pair of curved forceps, with which one of the lips of the fistula is seized and brought forward, so that the edge can be more easily trimmed.

6th. Forceps with very fine teeth, or with teeth which fit in between each other, similar to those used by M. Jobert in the operation for strabismus.

7th. A common needle-holder of M. Roux, used for holding the curved needles.

8th. A straight needle fixed in a solid handle. M. Jobert has abandoned this instrument.

9th. It is sometimes difficult to introduce the needles through the vagina. In these cases, M. Jobert uses a canula which contains a moveable needle; with this the thread is carried up to the urethra; the thread is then passed from the bladder to the vagina.

10th. Besides these instruments, it is necessary to have scissors, bistouries, female catheters, ordinary forceps, curved needles with flat thread and fixed to the needle-holder, a tampon of agaric, a gum-elastic catheter.

The operation is performed as follows:

1st. The patient is placed upon her back, the buttocks near the edge of the bed, the legs flexed upon the thighs and these upon the abdomen. The patient is held by several assistants. The univalve speculum is then introduced and the posterior part of the vagina depressed, whilst the greater and lesser lips are separated by the fingers of several assistants. The neck of the uterus is seized with a pair of forceps and brought to the vulva, and maintained there during the operation. This displacement of the neck of the uterus draws downwards and forwards the anterior part of the vagina where the fistula is situated, thus rendering it more accessible to the knife.

2d. By means of a half circular incision, the anterior portion of the vagina is detached from its connection with the neck of the uterus; the two edges of this wound separate immediately and leave a bleeding surface of about an inch in extent. The vagina slips forward spontaneously, and the lips of the fistula come in contact. The loss of substance is, by this simple incision, entirely replaced.

3d. The edges of the fistula are trimmed off by means of the forceps and scissors, or bistoury. The edges should be trimmed with great caution and in a circular direction of about a centimetre in extent. The mucous membrane alone should be removed. These two precautions are indispensable: the first, to place two bleeding surfaces in contact; the second, to avoid increasing the loss of substance.
4th. The sutures are now applied, varying in number according to the size of the fistula. M. Jobert prefers the interrupted suture. Sometimes the needle pierces both lips of the fistula at the same time, and at others, on the contrary, each lip is pierced separately. The thread should always be flat, and composed of three strings and well waxed. The sutures should not be more than a centimetre apart.

5th. The threads are drawn tolerably tight, and one end left long enough to be seized, when it becomes necessary to remove them.

6th. Sometimes, after the sutures are applied, and notwithstanding the separation of the vagina from its insertion, there still exists some degree of drawing about the fistula; this is remedied by a few superficial incisions in front or on the sides of the fistula.

7th. In order to avoid the dripping of blood, a tampon of agaric is introduced into the vagina; this is removed some days after, sometimes on the next day.

8th. A gum-elastic catheter is fixed in the bladder and the patient put to bed, lying upon her back, and the legs and thighs elevated by means of cushions. The catheter is fastened to a bandage which passes around the body. It should be watched and kept open so as to allow the urine to pass.

This important operation, devised by M. Jobert, in 1845, has already, in his hands, furnished a great number of cures.

A. Rozé, M. D.

[From Bul. Gen. de Thérapeutique.]

Domestic Medicines. By J. F. Skinner, M. D., of Brownington, Vt.—(Boston Medical & Surgical Journal.)

The careful consideration of the public is requested to the following exposition of facts, in connection with the sale of medicine as the business is now carried on throughout the country. That gross and injurious fraud and deception are constantly practised upon the community by the various nostrum venders of the day, is plainly visible on the face of their own publications, which are thrown, broad cast, into every family, containing the most inconsistent and extravagant statements and recommendations that the ingenuity of man can possibly devise. Each one claims the discovery of some new and wonder-working composition, derived from the vegetable kingdom; possessing the strange property of curing all and every kind of disease, of whatever organ, or from whatever cause excited. For illustration, by one class we
are told that all diseases arise from impurity of the blood, and that their pills are the only article in the world possessing the power of purifying that vital fluid; of course they are the only safe remedy for all possible kinds and forms of disease. A moment's reflection will satisfy any attentive mind, that the doctrine here advanced is utterly false. Instead of impurity of the blood being the cause of all diseases, it can never be the cause, but is always the consequence of disease, either functional or organic, affecting some one or more of the various organs concerned in secreting or circulating that important fluid; for while all such organs maintain perfectly healthy action, the blood can no more become impure, than a good perfect distillery, operating on the proper material, could fail to produce a good article of any of the various oils procured by distillation. The doctrine, then, which is here taught, and which forms the basis on which such pills are palmed off upon the public, is utterly and entirely false. The community are taught to believe an error in principle, which leads to error and consequently injury in practice.

By another class we are told that their plasters are rare compounds, possessing the singular property of acting as a stimulating and strengthening plaster when wanted for that purpose, and still strangely mild, soothing and all-healing, when applied to the raw and tender surface of a large burn or scald, or to the surface of the most irritable ulcer; of course they are called all-healing, and directed to be used in all possible cases. What person of common sense and observation can believe this? Does not the simple fact that they are sufficiently active and stimulating to render them of any value for the purpose of a stimulating and strengthening plaster, afford conclusive proof that they cannot be used with impunity in burns, scalds, wounds and irritable sores, which positively require the most mild, soothing and healing applications.

Another class tell us that all diseases arise from suppressed perspiration, and that there all-healing ointments, when applied to the surface of the body, will open the pores and thus eradicate all kinds of disease. Who can believe that a small box of almost inert ointment, applied to the surface of the body, will at once be a sovereign remedy for inflammations of the brain, lungs, bowels, and all the various forms of disease produced by all the various causes which operate on the human system?

So wide, varied and extensive is the range of quackery, that in considering its follies and impositions, one hardly knows where to begin or where to end. A few only of the multitude can be here even hinted at. Homœopathic, hydropathic, electro-magnetic, botanic, mesmeric and Indian, all come in for
a share, each claiming infallibility, and discarding every principle of philosophy and chemistry known by scientific men to have been for ages well established and incontrovertible. Look at the doctrine laid down by the founders of homoeopathy. The danger to the community from this form of quackery is rather negative, than positive—the neglect to do what may be needed, rather than doing a positive injury, as any medicine administered in infinitesimal doses can neither do good nor hurt. What sane man can possible make himself believe that the smaller the dose of any given medicine, the more powerful will be the effect—the more it is diluted, the stronger it becomes? On this principle, should a lady mix a teaspoonful of saleratus with a whole barrel of flour, instead of a small mass for a batch of biscuit, the whole would become at once a strong and concentrated alkali. Who does not know that if he takes thirty drops of laudanum, he will feel the effects of the opium? but who would expect to feel as much from taking only one drop? And still more strange would it be that any effect could be felt from one millionth part of a drop. Such is homoeopathy, as far as the proportion and administration of medicine is concerned. Believe it who can?

Hydropathy is of a still more recent date? or rather the revival of an old and long since exploded system, and will probably never extensively affect the community, as the expense of attending a hydropathic infirmary is too great to be met by persons in ordinary circumstances; most persons, likewise, who are sick enough to need medicine, are too sick to go to a distance, and there are but few who relish the packing in sheets dipt in cold water, well enough to follow it long.

Since scientific physicians have discovered that there are certain cases of loss of nervous power, causing palsy, which may be essentially improved by the application of electromagnetism, there has sprung up a new race of doctors, calling themselves electro-magnetic. We now find their signs out, and their flaming handbills posted up in almost every village, and medicine neatly bottled up, claiming to be highly charged with galvanism; so that the sick, by swallowing lightning by the spoonful, can find at once a safe and speedy cure for all their ills. The idea of administering galvanism by magnetizing medicines and sending them about the country, is so grossly absurd, that I should not have deemed it necessary even to allude to this order of quacks, had I not recently seen upon signs in several of our cities, in flaming letters of gold, "Electro-magnetic Doctor." On inquiry, I learnt that they, too, had found their dupes.

The botanic class is by far the most extensive, and em-
braces almost the entire range of nostrum vendors. All these do what they can to impress the public mind with the belief that all medicines are unsafe unless derived from the vegetable kingdom, and that what they please to call apothecary medicines should never be used. Now who does not know that the most powerful and suddenly fatal of all poisons are vegetable in their origin. Many more deaths occur yearly from poisoning with vegetable, than with mineral poisons. It is also well known that a large part of all the medicines used by the regular physicians is vegetable. The only hope of this class of quacks, is from keeping the fears of the credulous constantly excited in regard to apothecary medicines. Thus you will find every pill box, and every phial, carefully marked purely vegetable—as much as to say, all is safe. For my part I can see but little difference between being poisoned with arsenic, and strychnine—the former a mineral, the latter a vegetable product. The truth is, that good, safe, and valuable medicines, are derived from the mineral, vegetable and animal kingdoms. But all medicines, from whatever source derived, should be used only in such cases and for such diseases as they are found to be well adapted to cure.

Mesmerism has had its brief day of glory, and departed. It burst upon the world, like a flaming meteor, in the cities and in the country; hosts of lecturers were seen, with their high-sounding pretensions; the sick in multitudes attended; the clairvoyant was sent to explore the inner organs of the invalid, and reveal the remedy. But in a few brief years, the glowing light of mesmerism has passed away, and left its advocates and those it had deceived in utter darkness and dismay.

But the most strange of all is the unaccountable charm which the name of Indian possesses over the minds of many, even in a civilized and christian community. Does the civilized world go to the rude, uncultivated and ignorant savage to learn the arts, the sciences of law, or divinity? Would you go there to procure a man to manage your farm, your mechanic's shop, your factory, to build your rail roads, or to teach you philosophy, astronomy, anatomy, physiology or chemistry? If not, why go there for help and advice when the human system, that most delicate and complicated of machinery, is out of order? Can it be possible that a race of beings so grossly ignorant as to be excluded from participation in every other kind of business amongst civilized men, should be wise in the healing art! The fact is well known that the Indians know but little in regard to the powers or virtues of even the most simple vegetables, and but little if anything of the nature and cause of disease. Their medicine-men, as they are called,
use but little medicine of any kind. Their only resort is to charms, spells and incantations, amulets, and consecrated medicine bags. Such superstitions are their chief reliance. Yet men in our own civilized country will gravely tell us that they have been for months or years amongst the Indians, and have there learned medical science. How many kinds of Indian vegetable pills have been thrown out before the public, with flaming show bills, rendered attractive by pictures of the rude man of the forest, in Indian costume, with the recently-gathered herbs in his hand. Such pills claim to be pure Indian medicine, such as the red man of the forest uses, and most of them claim to be a safe and infallible cure for all the ills that flesh is heir to. Most surely if Indian doctors and Indian medicine venders know anything of the business they are in, they owe it to their association with civilized society, and not to the Indian race.

The foregoing are some of the facts which are plainly visible on the face of the medicine traffic, as it now stands before the public. What can be more evident, than that the man who recommends a given medicine for the cure of diseases, directly opposite in their nature and causes, is either grossly ignorant of the properties of medicines and of their effect on the human system, or else that he designs to deceive. One or the other must of necessity be true. That many of the medicines before the public are prepared by men wholly unacquainted with medical science, is abundantly evident, from the fact that many of them are persons claiming the venerable title of Rev., many are persons who palm themselves off upon the public under the assumed title of Dr., when it is well known that they have never devoted a single moment to the study of medicine in any of its numerous branches. To suppose that such persons are qualified to prepare and prescribe medicine judiciously, is to suppose that any other men in the community, of similar occupation and education, can do the same. For the past twenty-six years my time and energy have been almost exclusively devoted to the study and practice of medicine in all its various departments. For years past I have witnessed, with feelings of regret, the evils thrown upon society by the injudicious and often unnecessary use of patent medicines; the sick man often taking an article in no way adapted to his necessities, and the well one often taking it to keep himself so.

The question may be here raised, to whom does all this wrong become chargeable? The first and foremost in the wrong in this case are certainly the men who deceive by false doctrine, or by pretensions above what simple facts will warrant. The deceived, when no influence is used to prevent
them from being deceived, by presenting the truth to the mind, are certainly not to be blamed. I would here ask, has the medical profession done its duty to the public in this matter? When error and fraud have been posted up in every village in the land, and physicians have witnessed their withering influence in the many cases which have fallen under their observation, what effort have they made to correct public sentiment, and to spread out light and truth before the mind? It is true that here and there a worthy member of the profession has ably addressed his brethren, and forcibly exposed the wrong and evils of quackery, through the medical journals; and the theme of quackery has formed the thread of discourse in many of the introductory lectures delivered in our medical schools. But what effect can all this have on the mass of public mind who never attend medical lectures or read medical journals? My belief is, that truth is powerful and will prevail. Let the truth in regard to medical science be faithfully and perseveringly spread out before the public, and thrown into every family, to go side by side with the vaunting and truthless publications of those who are evidently ignorant or intend to deceive, and I am willing to risk the decision of the question to the judgment of an enlightened and virtuous community.

It ever has been the case that the public will have some form or other of domestic medicines, to which they can resort, without in every case calling a physician. Now unless physicians themselves prepare such medicines, in a good and convenient form for administration, accompanied with suitable directions, we cannot think it strange that the multitude should seize upon such as are offered, especially as they are recommended and urged upon them by almost every merchant with whom they deal. The facts are, that the influence of the press, and the influence and interest of the men of trade, are all enlisted in favor of quackery. Now the question is, shall the physicians of the country stand silently by, and see the game of deception played off, and quietly surrender the whole field to the occupancy of quackery; or shall they themselves engage in that most difficult and laborious part of professional labor, and prepare and furnish to the public good and efficient medicines, honestly and faithfully recommended, with plain directions for their proper use? This course suggests itself to my mind as the only one which at the present time can be successfully adopted to combat medical error and delusion. I hope yet to see the time when the various boasted nostrums which now crowd the shelves of all our apothecaries and stores, will give place to medicines prepared by men of science and medical experience, and directed to be used each in its
Gun-shot Wound of the Chest.

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proper place and order. When this shall be done, then shall I believe that physicians have faithfully and honorably discharged to the public the high and responsible duties of their station as conservators of the public health.

EXTRAORDINARY GUN-SHOT WOUNDS.

[Our friend, Dr. Cooper, has furnished for the original department of this No. one interesting case on this subject; we add three others, calculated to claim the attention of the reader.]

Case of Gun-shot Wound of the Chest: By A. M. Blanton, M. D., of Frankfort, Kentucky.—(American Journ. of the Medical Sciences.)

Ed. Cahill, æt. about 40, a large muscular man of 180 pounds weight, private in Capt. Turpin's Company, 2d Regt. Kentucky Infantry, was wounded on the 23d February, 1847, at the battle of Buena Vista, in the left breast, under the middle point of the clavicle, by a large shot—his companions say grape-shot, as they were too far distant for musketry to take effect, and as they noticed the discharge of a Mexican cannon simultaneously with his falling.

The ball entered between the second and third ribs, cutting the inferior edge of the former and the superior of the latter, passed through the lungs, again through the ribs, ranging horizontally, and lodged, as there is every reason to believe, under the scapula.

He was borne off the field in a collapsed condition, blood and air rushing copiously from the dreadful wound, and was placed against a wall in an upright position, it being discovered that he was threatened with suffocation when his body was at all inclined horizontally.

He was carried to Saltillo the same night, and placed in the cathedral, used as a temporary hospital, where I found him on the 26th in the position above named; breathing short and difficult; unable to pronounce three words without pausing; having a constant troublesome cough with bloody expectoration; not much pain about the wound, which discharges in twenty-four hours from a pint to a quart of blood and bloody serum; air also was rushing through the orifice at each act of respiration. His skin was cool and moist; pulse 100 and weak; countenance blanched and anxious. When he was struck his left arm was elevated so that the relative position of the great pectoral muscle with the hole between the ribs was
altered when the arm was permitted to fall, and the opening into the chest was valvular. By raising the arm to a level with the clavicle, the wounds in the muscle and between the ribs were made to correspond, and presented an opening into the chest one inch in diameter. I attempted to probe the wound, but every time the instrument was inserted he would faint and compel me to desist; pieces of torn lung were forced through the opening by the efforts of coughing and by the discharges of blood.

He had been kept as quiet as possible since the injury was received, had eaten scarcely any thing, and taken no medicine save a laxative and opiate.

A large piece of lint was kept over the wound, and below were placed large cloths to receive the discharges. He was put on a mattrass, one half of which was placed upright against a wall; a half cup of tea and a small piece of stale bread were allowed three times a day, and he was kept nauseated six hours in twenty-four by powders of ipecac. and calomel; and each night took \( \frac{1}{3} \) gr. of morphia to enable him to sleep.

March 1st. Has been doing very well; inclination to fever has been checked by extreme abstinence and nauseants. But little pure blood expectorated or thrown out of the wound, which is almost free of its slough, and disposed to suppurate.

4th. Can hear the air escaping through the wound at ten paces, when he coughs; discharge is sero-purulent and of offensive odour, amounting to at least a pint in twenty-four hours. Has pleurisy, which is disappearing under the use of almost complete starvation, nauseants, mercury and opiates; the last named always necessary to procure sleep. He also takes every other day a dose of castor oil. Pulse is 100 and weak; surface pale and cool. The wound externally is clean; attempted to examine it with a probe, but he fainted as before, not from pain, but from a peculiar tickling sensation, as he expressed it.

I had the arm elevated, and picked away several speculae of bone from the ribs, and then exposing the chest to a very strong light, saw entirely through the cavity a rib posteriorly white and denuded. He complains of a dull, heavy and constant pain under the scapula and about the shoulder.

25th. Nothing of much interest has occurred; has had pleuritis several times, which was relieved directly by the before-mentioned remedies, and as many times after a little exertion has coughed up several mouthfuls of blood. The wound has contracted to the size of a dime; discharges about \( \frac{3}{ij} \) daily and permits the escape of air, with a whistling sound. He can sleep with his body depressed to an angle of thirty degrees.

April 10th. Discharge nearly ceased; wound round and a
quarter of an inch in diameter; air escapes when he coughs; still restricted to a very spare diet; for two weeks has taken no medicine, except several laxatives and opiates; walks several hundred yards during the day.

May 1st. Has been allowed for ten days, a liberal diet; wound closed; a very little air escaped several days since. Still complained of pain in the shoulder and weakness of the corresponding arm; has fattened; can lie down; appetite and digestion good; goes through the city, walking several miles a day; when he takes severe exercise, has some difficulty of breathing. Discharged from the hospital.

In June, Cahill came to the United States, a hearty, robust looking man, of one hundred and eighty pounds weight, and I had not heard any particulars about him since, until in July, when I was told he had died, and that an examination had been made on his body. Feeling a great interest in his case, a friend was requested to furnish me a description of the appearances his body presented, and in a few days sent the following letter:

"Winchester, Ky., Aug. 16th, 1848.

"Dear Sir—I am sorry that I am not able to give you a more minute history of Cahill’s case.

"I saw him only once during his last illness, and only a few times since his return from Mexico.

"When he first came home he was as healthy and robust a looking man as I ever saw; he weighed at that time (June, 1847), I have no doubt, two hundred pounds; but Dr. Duncan, his physician told me that he had frequent attacks of hæmoptysis; and that he started frequently out of his sleep, saying that he felt as if he was suffocating.

"He was taken sick about three weeks before his death, with every symptom of inflammation of the stomach. . . . he had a feeling of weakness, as he expressed it, in his breast.

"He has been living since his return at a tavern in the capacity of a bar-keeper, and I have been told that he was quite intemperate.

"On opening the chest it was discovered that the left lung was completely atrophied, not being larger than your hand, and of a dark livid color, and there were dense organized bands crossing the cavity in various directions, which had to be cut before the ball could be found.

"When discovered it was between the spinal column and end of the fifth rib, which was detached from the back-bone and fractured an inch from its extremity; the fractured portion was forced out of its place so as to form a resting place between the adjoining ribs and spine for the ball. The ball
was made of a metal resembling the metal of which bells are made, and weighed four ounces and five grs.; there was with the ball a brass button, weighing nearly two drachms, both of which were almost covered with a thick membrane, and also within the same sac there was a considerable quantity of exfoliated bone; those portions of the back-bone and ribs which were near the ball were entirely denuded.

"The pericardium was entirely agglutinated to the heart, the right side of which was somewhat atrophied. The right lung had morbid attachments between the pleura pulmonalis and costalis, and also to the diaphragm; it was of a lighter color and softer than natural.

"A. M. Blanton, M. D. Very respectfully,

Frankfort, Ky. A. S. Allen, M. D.

Remarkable Case of Recovery from a Gun-Shot Wound of the Head. By David Rice, M. D.—(Boston Medical and Surgical Journal.)

Henry W. Richardson, aged 14, son of Francis Richardson, of Leverett, on the 28th of Sept. last, received a severe gun-shot wound in his head. A considerable portion of the substance of the brain was traversed by the ball, but the boy has now quite recovered. I deem the case of sufficient importance to be reported, being in my opinion a rare and interesting one. The circumstances connected with, and leading to, the accident, are as follows:—

George, an elder brother, was in the house loading a rifle, preparatory to firing at a target, at some distance through an open window. Henry was at the barn unloading a cart, and not being aware of danger, ran to the house, in a foot-path leading directly by the window from which George was about to fire his rifle. He passed by it just as the piece was discharged, the ball entering his head when within two feet of the muzzle. He fell lifeless, and was supposed to be quite dead for nearly an hour. He was carried into the house and laid upon a bed. I saw him for the first time in the evening, about four hours after the accident. I found him comatose, extremely pallid, the whole surface of his body and extremities cold and clammy, pulse hardly perceptible, and the breathing discernible only by close observation. I found that the ball had passed directly through his head, as considerable portions of brain were hanging both at the entrance and exit of the shot. I proceeded to shave the hair from around the external wounds, and to apply a temporary dressing, supposing that the
lad would probably die before morning; but on visiting him again at sunrise, I found, much to my surprise, that he was still alive, and that the powers of life had considerably rallied. I removed the dressings, examined the wounds more accurately and removed several comminuted fragments of bone, with shreds of membrane and brain, that hung from the injured parts in view.

He remained entirely unconscious for six days after the injury. The left side of the body was completely paralyzed up to this time. On the seventh day, the swelling of the scalp having subsided, I ascertained, on examination, that the skull was considerably fractured and broken up, at the place of exit of the ball. I made a crucial incision through the scalp at this place, dissected up the corners, and removed, with an instrument, several pieces of bone that had been partially broken off from the skull by the force of the shot, and were making some pressure upon the brain.

From this time the boy evidently began to amend. His bowels were easily moved by cathartics; whereas before, there had been but little action, and it was with difficulty that a stool could be procured. His pulse and breathing assumed a more favorable aspect, and gradually became natural. He had an evident relish for food, and began to talk. The paralyzed portion of his body, from this time, rapidly regained its normal action. In four weeks from the accident the wounds had completely healed, and the boy could walk about the house, and converse with his friends, although there was as yet but little strength in the left side of his body.

The only dressing applied, through the whole course of treatment was simple strips of linen, secured over the wound with adhesive plaster. These were changed as often as they became loosened. The head was wet freely with brandy and water, and a solution of sugar of lead. The bowels were kept open with castor oil and a decoction of senna. The diet consisted entirely of fluids for the first fortnight; after that, he was allowed more nutritious food.

The anatomical facts as to the boundaries of the injury are as follows. The ball (sixty-seven weighing one pound) entered the head in the right temple, about one inch above in front of the ear, passing through the lower part of the frontal suture, a little above its junction with the sphenoid bone, and passed out at the back part of the head, through the lambdoidal suture of the same side, a few lines below its apex. The distance from one wound to the other was about five inches and five eights. These measurements show that the ball must have traversed nearly or quite five inches of the substance of the brain. The
Gun-shot Wound—narrow escape. [July.

boy is at the present time quite well, although he has some peculiarities that he did not have before the injury. He has a slight stoop in his shoulders, goes with his head down, and is more inclined to mirthfulness.

Leverett, Mass., May 1st, 1849.


Dr. William Lindsay, of Donnelsville, has sent us an account of a case of gun-shot wound that occurred in his practice some years since. On the 27th of Nov., 1844, he was called to see the young man who was the subject of the accident, a son of Mr. Jacob Snider. While blowing into a rifle which he firmly believed was not loaded, he had the temerity to place his foot or great toe upon the hammer of the lock, and springing it, the piece exploded. He immediately fell, as though dead, but soon recovered the use of his faculties and limbs. On examination, it was found that the two front incisors of the upper jaw were gone, and that the ball entering there, had passed upwards, almost exactly in the median line, that is to say, the ball entered the socket of the right incisor, with a slight inclination to the left, perforated the septum and, entering the frontal sinus, made its appearance under the skin and periosteum, about three-fourths of an inch above the superciliary ridge, and a few lines on the left of the median line. The skull was fractured by the outward passage of the ball, but the brain did not seem to be at all affected. There was some hemorrhage from the mouth and nose, and an oozing of blood from the inner canthus of the left eye. One tooth was discovered and removed from the wound some days after the accident, the other was not found. Small spicule of bone came from the wound at intervals, and some six weeks after the accident, Dr. Lindsay removed a portion of dead bone from high up in the left nostril. The ball was, of course, removed, and with it the "patch," and the wound properly dressed. No untoward symptoms occurred, and the young man speedily recovered.

The only remarkable circumstance about this case is, the very fortunate direction and lodgment of the ball. Had the young man's head been in almost any other possible position, he must have been instantly killed. As it was, the ball kept so near the median line as to avoid all important vessels, nerves and organs. It probably did not enter the cavity of the brain at all, else there would have been more disturbance of the cerebral functions. The young man had a most fortunate escape.
Remedies for Cholera. By W. T. Gairdner.—(Monthly Journal Medical Sciences.)

The first and most controverted of cholera remedies to which we shall allude, is *venesection*. In reference to this, the evidence is of the most varied character. It has been employed with alleged benefit in all stages of the disease, and not less in this country than in India. The most satisfactory accounts are of its use in the early stage, before the collapse has occurred; and here it seems to be often most effectual in relieving the feeling of tightness and oppression about the stomach and region of the diaphragm, which are frequently most distressing to the patient. As to the effect on the mortality, it is difficult to form an opinion. It is usually only in the early stage that blood can be procured in quantity, and this is precisely the stage not only when mistakes of diagnosis are most apt to occur, but in which the disease is most manageable under any form of treatment. Notwithstanding this circumstance, the mortality where blood-letting formed a considerable part of the treatment, is rarely much less in any of Mr. Ross's tables than 50 per cent, and sometimes more; few of these results, however, relate to blood-letting alone. Dr. Robertson, whose observations on this subject in our present number are well worthy of attention, thinks that he has in several instances prevented the collapse by this measure; and the favorable result of his cases presents the greatest encouragement to the practice. He employs it, however, only in the early stage.

*Stimulants*, especially alcoholic liquors, have been landed in cholera, no less than blood-letting; but there appear to be now grave reasons for doubting their efficacy, and even, we think, of rejecting them in a great measure in the treatment of this disease. Not only are they in many cases most disagreeable to the patient, whose perpetual thirst they do nothing to relieve; but it seems to be most probable that they are not absorbed, and that their action is therefore purely local. It is important also to observe, that the evidence against them in Mr. Ross's tables is most unequivocal, and that, both alone and in combination with other kinds of practice, they seem invariably to have deteriorated the results wherever they were used. There is not an instance in these tables of a mortality under 50 per cent. where stimulants have formed part of the treatment. That by stimulants alone, gives in the aggregate 58.8 per cent.

*Opium* has a very large amount of individual testimony in its favor, and is indeed apparently so directly indicated by the diarrhea, that we cannot wonder at its having been extensively used. In conjunction with acetate of lead, it forms the cele-
brated pill of Dr. Graves, which has had a most extensive reputation in the cholera both of this country and India. There seems no reason to doubt, that, in the premonitory diarrhoea, this remedy has the power, ascribed to it; but, in the confirmed disease, Mr. Ross's tables show that it has not diminished the aggregate mortality below 50 per cent. Those who continue to employ it should certainly do so in the fluid form, in order not to oppose any unnecessary obstacle to its absorption. In the stage of reaction, or where there is a tendency to coma, as is often the case in this country, there is every reason to reject opium as probably injurious.

Mercury, in the form of calomel, and usually in combination with opium, has been widely recommended in India. In this country it has been used to a large extent, but without remarkable success, according to the returns, excepting in the hands of Dr. Ayre of Leeds, and Dr. Peacock, in whose cases the mortality was as low as 31 per cent., and who both used it without stimulants. Whether this success is due to the calomel, or to the simplicity of the treatment in other respects, is, we think, very doubtful, considering the negative results of mercury in other hands, and combined with other modes of treatment. If, however, mercury be employed, we think that the method recommended in our Medical News, by Dr. Fleming, deserves attention; that of administering it in the fluid form of corrosive sublimate. Absorption is known to take place with great difficulty in cholera; and it is difficult therefore, to conceive a worse form for conveying mercury into the system than that of calomel.

Tartar Emetic is strongly recommended by Dr. Billing,* on the ground that cholera is a fever, and must be treated by sedatives and fever medicines. He considers the collapse of cholera to be similar to the cold stage of ague, and strongly reprobates stimulants in every form. He allows cold water to be liberally given, and even pushes his theory of the disease, so far as to administer quinine from the beginning. The tartar emetic is given in small doses. Dry friction is the only external application. In Droitwich Lunatic Asylum, where tartar emetic was the staple of the treatment, there were only four deaths in twenty one cases; but this number is too small to afford anything more than a presumption in favor of the remedy. We attach, however, more importance to Dr. Billing's testimony than to his theory, and consider this method as worthy of further trial.

Injection of the veins was first introduced by Dr. McIntosh,

of Edinburgh; it has been so frequently tried in cholera, and so frequently found wanting, that notwithstanding its extraordinary effects in the first instance, we should hesitate to recommend it in any case which presented a hope of recovery under any other treatment. Nevertheless, the high mortality ascribed to it in Mr. Ross’s tables (85.7 per cent.) is evidently to be ascribed to the trials of it having mostly been made upon moribund cases, in which alone it is by many practitioners thought justifiable. We refer our readers to Dr. Robertson’s remarks on this subject, in our December Number, as well as in the present one. Nevertheless, we think that, if this treatment is to have any chance of success, it must be by being tried earlier in the disease, and repeated as often as the collapse recurs.

**Emetics** and strong **Purgatives** (such as croton oil) have each had their supporters; neither from theory nor experience can we gather much satisfactory testimony in their favor.

**Chloroform Inhalation** has been used in thirty-seven cases in Peckham-house Asylum, all of which presented characteristic symptoms. (See Med. Gazette, Nov. 24, 1848, p. 903.) The number of cases is too small to enable us to form a decided opinion upon the practice, more especially as the details of symptoms and treatment are not given. In the mean time, the results are superior to most of the methods in Mr. Ross’s tables, but inferior to the tartar emetic practice in Droitwich Asylum, before referred to, and very decidedly inferior to the results of upwards of 700 cases treated by cold water and saline medicines internally. In the Edinburgh Hospital, chloroform was found to relieve the cramps while the patient was under its action; but with respect to the restoration of temperature, and amendment of the symptoms of collapse, it was believed to exert a negative, if indeed not an unfavorable influence.

With regard to several other remedies which have been faithfully tried in Edinburgh, we must again refer to Dr. Robertson’s paper.

On the whole, we think it is clear enough that the specific for cholera remains yet to be discovered; and that none of the more vaunted cholera remedies present evidence in their favor so strong as to command an exclusive attention. On the other hand, it is much to be feared that the **routine heroic** practice of many practitioners, both in this country and in India, has aggravated to no small extent the mortality of this tremendous disease. This is especially the case, as we have already pointed out, with regard to stimulants.

On reviewing the evidence deduced from large numbers, we
find that there are two modes of treatment which present so
marked an advantage in respect of mortality, as to arrest our
attention very forcibly. The treatment by common salt, with
cold water given in abundance internally, produced in 607
cases (in various hands) a mortality of 20 per cent; and in
Greville Street Hospital, 107 cases treated by a saline mixture
with copious draughts of cold water, gave a mortality of only
14 per cent; the lowest which has yet been recorded from a
similar number of unselected cases. Nearest to these stands
the treatment by ice, alone, given by the mouth; a continental
practice, of which the results are 30 per cent. mortality. It is
a remarkable fact, as pointed out by Mr. Ross, that in all these
the administration of cold water by the mouth plays a promi-
nent part; and when we consider the success which this remedy
alone appears to have had in the hands of many practitioners
(especially Dr. Shute of Gloucester,) it is impossible not to
think favorably of it in cholera. Dr. Shute states, "that under
this system the state of collapse is prolonged to two, three or
five days; and others have remarked, that, during the reaction,
a paroxysm of raging delirium is apt to take place. It is not,
therefore, an inoperative remedy." Add to this, that it is most
grateful to the patient, whose burning thirst seems always to
point to this as the most appropriate resource for his relief. If
it be the case also, as seems every way probable, that the water
so administered is either absorbed into the blood to replace the
fluid lost, or tends to prevent the loss of fluid from the blood by
the intestines, we can have no difficulty in understanding its
beneficial effects.

We are most firmly persuaded, that cholera, like all other
diseases dependent on a specific poison, has a spontaneous
tendency to cure after the virus has exhausted itself; and that
the treatment will be most securely and successfully accom-
plished by discarding, in the majority of cases, heroic reme-
dies; by following out the indications afforded by the feelings
and desires of the patient; and, as Cullen said of fever, by
attending to those conditions and means calculated to "obviate
the tendency to death." Now, all that we yet know of the
pathology of this disease tends to ascribe the fatal result in
the collapse to a slow asphyxia, induced by the imperfect
fluidity of the blood. In proof of this assertion, we would
refer to pathological facts (see our review on this subject in
February, 1848,) as well as to the wonderful, though too
transitory, effect of the injection into the veins. We would
therefore endeavor by every means to supply fluid to the blood
through the intestines, the skin, the lungs, or at least to prevent,
in as far as possible, the fluids of the body from being thrown
off by these channels.
This might be accomplished—1st, by supplying cold water in abundance by the mouth, as already mentioned, and as dictated by the thirst of the patient; 2d, by the use of baths of regulated temperature, at least at the beginning of the treatment; 3d, by maintaining the body of the patient throughout the treatment in contact with fluid media, or at least with fluid vapor, by means of soaked cloths placed around him, and covered by a sufficiency of blankets; 4th, by surcharging the air of the apartment with vapor, particularly when the external air is dry and frosty.*

The third of these indications was put in force by Dr. Robertson, by means of the hot wet sheets, surrounded by several dry blankets, very soon after the commencement of treatment in the cholera Hospital; and the advantages of it over the use of heated air, as in the first cases in the Infirmary, was soon apparent. The mortality under the latter practice, indeed, was so considerable as to cause it at once to be renounced in the Cholera Hospital. It was found, however, to have some disadvantages in the case of adults, from the disagreeable sensations sometimes caused by it, which gave rise to restlessness and struggling, and consequent exposure to the air. We are disposed to ascribe these effects in part to its having been used very warm, and exclusively with the view of producing reaction by artificial heat, and think that many of these inconveniences would vanish if the temperature were studiously regulated by the feelings of the patient.

The regulation of temperature, is a most important means in the treatment of cholera. The extremes both of heat and cold appear to be ill borne. The momentary shock of the cold affusion (followed by warm wrappings) has indeed been useful in rousing patients from deep collapse; but nothing has shown its continued application to be beneficial. On the other hand, the exhausting influence of excessive heat, externally applied; has been noticed by many writers. The supervision of reaction appears to us to depend much more upon the reception of fluid into the blood than upon the application of external heat; and we have seen it take place, and follow its usual course, where no external heat has been applied. Should the relation of the reaction to the fluidity of the blood be established, it will appear still further how paramount is the indica-

* We are happy to find a corroboration of these views, as to the importance of fluids in the treatment of cholera in an able pamphlet by Dr. Buchanan, of Glasgow, which deserves especial notice as one of the few recent contributions to the pathology and general history of the disease, bearing the traces of independent thought and observation, without being the mere exposition of a hypothesis.—See Observations on Malignant Cholera, &c. By Andrew Buchanan, M. D. Professor of the Institutes of Medicine in the University of Glasgow.
tion of treatment by fluids, to which we have alluded. Mean-
time a moderate amount of heat, such as is agreeable to the
patient, appears to us to have most evidence in its favor in the
treatment of the collapse.

The relief of the spasms is the next important indication of
treatment during the collapse. In relation to this symptom,
further trials of chloroform appear to be requisite, unless it shall
be found to affect unfavorably the progress of the case. The
use of frictions to the affected parts, and of stimulation of the
skin by liniments, or by mustard cataplasms, is universally ad-
mitted to be useful.

Finally, in the management of the reaction the most impor-
tant indication appears to be the restoration of the urine, and
of its normal constituents, especially the urea and uric acid,
which are often deficient, and appear by their deficiency to
lead to coma. An excellent suggestion of Dr. Robertson's in
these cases is the administration of colchicum; and we believe,
this has been carried out by him in a few instances with good
effect; though, of course, nothing can be yet said decidedly on
this remedy.

Prevention of Cholera.—(Lancet.)

Poor Law Commissioners.—The following are the sugges-
tions made by the gentlemen appointed by the Poor Law
Commissioners to inquire into the condition of the metropolitan
poor-houses, with respect to cholera.

1. We would urge the necessity in all cases of cholera, of
an instant recourse to medical aid, and also under every form
and variety of indisposition; for during the prevalence of this
epidemic, all disorders are found to merge in the dominant dis-
 ease.

2. Let immediate relief be sought under disorder of the bow-
els especially, however slight. The invasion of cholera may
thus be readily and at once prevented.

3. Let every impurity, animal and vegetable, be quickly
removed to a distance from the habitations; such as slaughter-
houses, pig-sties, cess-pools, necessaries, and all other domestic
nuisances.

4. Let all uncovered drains be carefully and frequently
cleansed.

5. Let the grounds in and around the habitations be drained,
so as effectually to carry off moisture of every kind.

6. Let all the partitions be removed from within and with-
out habitations, which unnecessarily impede ventilation.
7. Let every room be daily thrown open for the admission of fresh air; and this should be done about noon, when the atmosphere is most likely to be dry.

8. Let dry scrubbing be used in domestic cleansing, in place of water-cleansing.

9. Let excessive fatigue and exposure to damp and cold, especially during the night, be avoided.

10. Let the use of cold drinks and acid liquors, especially under fatigue, be avoided, or when the body is heated.

11. Let the use of cold acid fruits and vegetables be avoided.

12. Let excess in the use of ardent and fermented liquors, and tobacco, be avoided.

13. Let a poor diet, or the use of impure water in cooking or for drink, be avoided.

14. Let the wearing of wet and insufficient clothing be avoided.

15. Let a flannel or woollen belt be worn around the belly.

N. B.—This has been found serviceable in checking the tendency to bowel complaint, so common during the prevalence of cholera. The disease has, in this country, been always found to commence with a looseness in the bowels, and in this stage, is very tractable. It should, however, be noticed that the looseness is frequently unattended by pain or uneasiness, and fatal delay has often occurred from the notion that cholera must be attended with cramps. In the earlier stage here referred to, there is often no griping or cramp, and it is at this period that the disease can be most easily arrested.

16. Let personal cleanliness be carefully observed.

17. Let every cause tending to depress the moral and physical energies be carefully avoided; let exposure to heat and cold be avoided.

18. Let crowding of persons within houses and apartments be avoided.

19. Let sleeping in low or damp rooms be avoided.

20. Let fires be kept up during the night in sleeping or adjoining apartments, the night being the period of most danger from attack, especially under exposure to cold or damp.

21. Let all bedding and clothing be daily exposed during winter and spring to the fire, and in summer to the heat of the sun.

22. Let the dead be buried in places remote from the habitation of the living.

By the timely adoption of simple means such as these, cholera or any other epidemic will be made to lose its venom; so true is it that "internal sanitary arrangements, and not quarantine and sanitary lines, are the safe-guards of nations."
Calomel in the Treatment of Cholera. By John Allan, Esq.,

Having witnessed, with extreme pain, the ill success attending the treatment of this fell disease on its visit to England in 1832, I have been most anxious, since its threatened return, to gain practical information relating to it, from such of my professional friends as had enjoyed extensive opportunities of observing and treating it. Among these, Mr. Robert Stedman, of Greatbookham, Surrey, has kindly furnished a narrative of his experience, which is most interesting; since the treatment which he adopted, first in his own person, and afterwards in a large number of cases, was attended with unfailing, and, inasmuch as he did not lose a single patient, I may say, unequalled success. With Mr. Stedman’s permission, I submit to the profession the substance of his narrative.

Mr. Stedman arrived off Calcutta in the early part of October, 1817, a few weeks after the cholera first broke out at Jessore. The ship, on board of which he was the appointed surgeon, was eleven days kedging up the Hoogly river, and as each day’s progress lessened the distance to the capital, so it increased the horrors of the spectacle presented by the numerous dead bodies floating, up and down, with the flux and reflux of the tides. Mr. Stedman was the first person in the ship who was attacked by the cholera, probably, as was strongly impressed on his mind at the time, because, as a professional man, he took more interest, than any other individual on board, in noticing the numbers, forms, colors, &c., of the dead bodies, and, particularly looking on, when any native was performing his duty, as police, in moving such of them as happened to get entangled, when the ship was at anchor, at the bows, by the cable, or otherwise. The Bengal papers of that period stated, that between two and three thousand dead were cast into the river in a week. Hence Mr. Stedman’s exposure to a sufficient force of putrefying animal effluvia to account for his being the first individual in the ship seized by the disease.

His plan of treatment was simple and bold, but most unequivocally successful, since he lost not one of the crew, amounting to forty-eight, all of whom, with only one single exception, had the disease, whilst other ships in the river lost many of their men. A Bristol ship, moored about two cable lengths higher up the stream, lost thirteen of her crew the first fortnight after her arrival.

Mr. Stedman’s sheet anchor and sole reliance was calomel. Having commenced dosing himself, and having repeated it to a successful issue, he followed the same plan in all the other
cases as they occurred. He was, as it were, knocked down by the first seizure, and instantly rendered unable to go to the medicine chest. He requested the chief officer to go and weigh twenty grains of calomel for him. He replied that he would bring the calomel and the scales, but that he was not going to give such a dose as that. By the time he returned into the cabin, Mr. Stedman had incessant vomiting, but no power. He begged the officer to weigh twenty grains, and then to slip it off the scale upon his tongue. This done, the vomiting ceased for a short time, but not the cramps in the abdomen or limbs. On the recurrence of the retching, Mr. Stedman again, in less than ten minutes, requested to have twenty grains more. This checked all further vomiting, and, in one hour afterwards, still having spasmodic pains and drawings of the abdominal muscles, with heavings to vomit, he asked for twenty grains more. This, the first officer refused to have any thing to do with, but the second officer and others standing around over-ruled the objection, and a third dose of twenty grains was given. Shortly after this, Mr. Stedman was so far relieved as to be able to sit upright in the chair, and then they made him sip brandy and water. This warmed his stomach, and brought on re-action of the heart, and, although very fee-ble, with frequent cold sweats for several days, he might be said to have been well next day, as he was able to walk about, and attend to his duty.

The second case occurred on the third day after Mr. Stedman's attack; and very rapidly all on board, with the single exception already mentioned, of the chief officer, (who entirely escaped,) were seized. The captain, who had gone ashore, and remained there the whole time, also escaped.

To some of the men Mr. Stedman found it necessary to give to the extent of five doses, and, to one individual, six doses, of twenty grains each. In two instances he began with half-drachm doses. In all the cases this simple plan proved success-
ful. The only adjuncts were brandy and water, and as soon as the appetite could take it, solid food well spiced. What seems still more remarkable, when one considers the habits and mode of living of the natives, is, that the same treatment proved equally successful with them. The native boat called "The Dingy," employed to convey messages, persons, &c., to and from the shore to the ship, frequently brought along-side, friends or relations of the boatmen, for the doctor's advice and medi-
cines. To these Mr. Stedman gave his never-failing powders. Some of them he saw no more of, nor could he ascertain that any one of them died. On the contrary, the boatmen con-

united to bring more patients, or begged for powders for those
who were too ill to be brought to the ship. To show his thankfulness and gratitude for the benefits conferred on his friends, the boat-master brought to Mr. Stedman, as a present, a string of beads, such as he said, were worn only by Brahmins of high caste.

Dr. Schmalze, of Dresden, on the Diagnosis of Diseases of the Ear. (Medico-Chirurg. Review.)

Let us now pass to the consideration of an instrument, which our author proposes to employ as a diagnostic means in certain diseases of the ear. We allude to the tuning-fork. Dr. Ernst Heinrich Weber had recorded the following experiment. He stopped up one ear with his little finger, and brought into contact with the hard portion of the head of the same side the handle of a tuning-fork, which had previously been set in vibration; he then brought the tuning-fork into contact with the head on the opposite side—on the side where the ear remained free. He observed that he heard much more distinctly on the side of the stopped-up ear, than on that of the ear which remained free. Reflecting upon this experiment, Dr. Schmalze was led to adopt the following propositions, which he afterward confirmed by repeated experiment.

"When both ears are healthy and open, the vibrating tuning-fork is heard equally well on both sides. But when the meatus of one side is stopped up by the little finger or other object, the tuning-fork is always heard much more distinctly by the stopped-up ear, so that it appears to many persons that they hear only with that ear. When the meatus of one ear is morbidly closed, as by accumulated membranes and inspissated wax, the tuning-fork is heard by this ear, provided the integrity of the auditory nerve be uninjured, more distinctly than by the other. If the other ear be stopped up also, then the tuning-fork is heard equally on both sides. The same relation also obtains, when in a healthy condition of the nerve the eustachian tube or the tympanum of one ear is closed, as by effused blood depositions of catarrhal or rheumatic matter, whether the meatus be closed or not. Certain cases that have come before me, in which, notwithstanding that the meatus, the eustachian tube, and the tympanum were free from obstruction, the tuning-fork was heard more strongly upon the diseased side, and in which I obtained a complete cure by the use of resolvent remedies, render it, in my opinion, not improbable that even single portions of the labyrinth, as for example, the vestibule, may become occluded by collections of lymph, by effused
blood, &c., the nerve (at the commencement) not participating in the disease. On the other hand, when the auditory nerve of one ear is affected, the vibrating tuning-fork is always heard less distinctly by the diseased ear than by the sound ear; and the occlusion of the sound or unsound ear makes, in this respect, not the slightest difference. These observations I have endeavored to utilise for practical purposes in the following manner: the tuning-fork appears to me to be particularly appropriate to the examination of the hearing, when only one ear suffers, or at least the one more than the other. Thus, when the patient hears the vibration of the tuning-fork through the diseased or more diseased ear much more strongly than through the sound or less diseased ear, we may conclude that obstruction of the meatus, tympanum, or labyrinth, or of several of these parts at once, is the cause of the disease. Although mere obstruction of the meatus may, as a rule, be easily confirmed by investigation with the speculum, yet this is not always possible, and in such cases the tuning-fork becomes a convenient auxiliary. But if in the cases specified we find the meatus free from obstruction, or the patient after the removal of the obstruction hear little or no better; and the results obtained by the tuning-fork remain unchanged, then we may conclude that the obstruction is seated beyond the membrana tympani, in the tympanum or labyrinth. Finally, if the patient hears the vibration of the tuning-fork less distinctly on the diseased or more diseased ear than on the other, be this latter obstructed or not, we may, with tolerable security predicate disease of the auditory nerve itself.

On Operating early for Hare-lip.—(Ibid.)

Dr. J. Mason Warren has recently published a paper confirmatory of a recommendation he had formerly given, that infants should undergo this operation at as early an age as possible, he having frequently resorted to it 24 hours after birth, and with better success than in older children. This arises from the less resistance offered by the child, and the great rapidity of the healing process at that age, enabling it to suckle almost as soon as if nothing abnormal had been present.

In double hare-lip, complicated with fissure of the bones and a projecting tubercle, he operates on one side first, and allows that to heal; for if both sides be operated on at once, the tissues are too much stretched, and suppuration occurs. If one side has united, and a month be allowed to elapse before the second operation, the protuberant intermaxillary bone will be found to
have become more or less drawn into its place. Sutures are very preferable to needles, however wide the separation may be; for they can be more easily introduced, cause less irritation, and can be removed in from 48 to 72 hours without disturbing the tender adhesions. They allow the part to be inspected and any excess of inflammation to be kept down by wet compresses; so that after their removal, the line of adhesion is often free from redness, and after a short time is hardly perceptible. The suture-needles are most conveniently passed when straight, and sometimes by seizing them firmly with a forceps.—*American Journ. Med. Sciences*, No. xxx, pp. 337–8.

Dr. Anselon states that a long experience has convinced him that the practice of immediate operation, put into force by M. Bonfils of Nancy, is the best; the child then sleeping much, wanting little nourishment, possessing only an imperfect sensibility, and offering less resistance. The longer the operation is delayed, the less perfect is the adaptation obtainable, for the two segments are never developed exactly alike. The imperfect sensibility of the child is so far from favoring, as stated, the occurrence of convulsions, that these are of far more frequent occurrence in older children. The child may easily be nourished for the first three or four days with a tea-spoon, and after then it will suck with ease and safety. Much disappointment in this operation results from neglecting to divide the adhesions of the lip to the gum, without which exact coaptation cannot take place. After the operation, constant surveillance of the child by two attendants during 72 hours, is requisite. Each of these, in turn, constantly maintains the parts in exact apposition, by gentle pressure of finger and thumb, for in this way alone can the consequences of the movements of the face be guarded against.—*L'Union Médicale*, No. 76.

M. Guersant observes that there are three periods at which this operation may be performed with different chances of success. The best chance is offered when it is performed within the first fifteen days. Later, we succeed less often, owing to the indocility of the child; its crying, eating, &c., preventing also accurate union. Later still, when the child has reached from 10 to 15 years, we may reason with him, and again operate with more success.—*Gazette des Hôpitaux*, No. 75.

In addition to the above, we may observe that M. Paul Dubois likewise, some time since expressed a strong opinion in the Académie in favor of operating, in simple cases, upon very young infants. He uses very fine insect pins, and as those usually found in the shops are too long, and bend before the tissues, thus increasing the pain and duration of the operation, they should be shortened before passing. After 24 hours, the
first threads are to be replaced by others less tightly drawn, such change being repeated daily, and much diminishing the inconvenience produced by the pins. The upper pin may be removed after the 72d hour, and the lower one from the 80th to the 96th, according to the solidity of the union, which should then be found complete. The children are suckled as usual after the operation, which M. Dubois regards as important for their welfare, and preventive of cries and struggles. He has never met with hemorrhage after the operation, and he believes the best security against this, is the bringing the pared surfaces into accurate contact, and the avoiding making incisions into any other part than the lip itself. The detaching from the gum the portion of the lip which is nearest to the upper angle of the wound, for the purpose of rendering approximation easier, is in his opinion unnecessary, as the naturally yielding character of the part allows of this being effected.


We make the following extract from a communication forwarded to us by Dr. Simpson, in reference to his ingenious invention of the Obstetric Air-tractor:

If we could fix upon the _exposed_ portion of the _fœtal_ scalp, the suctorial disc of a limpet or cuttle-fish with the usual force with which they adhere to the sea rocks, to which they are attached, we should have in many cases a power sufficient to enable us to apply by them the necessary amount of extractive force. The discs of the limpet and of the cuttle-fish attach themselves firmly to the surfaces to which they adhere, by being formed so as to act upon the principle of the common sucker used by the schoolboy to lift stones, &c.—viz., by removing or rarefying as far as possible, the air placed between the attaching and attached body, and thus taking advantage of the great power exercised by pressure of the atmosphere upon the surface of solids. This pressure is, as is well known to all, equal to nearly fifteen pounds upon the square inch when the subjacent vacuum is perfect; or, in other words, it would require a force equal to fifteen pounds of every square inch attached, to effect the separation of surfaces thus united. The limpet and cuttle fish have the surface of the acetabula or discs with which they fix themselves so strongly upon the rocks, be-dewed with a thick mucous secretion; after placing the surface of the disc upon the part to which they are to attach themselves, they, by a muscular movement, raise the centre of the
disc so as to produce a more or less perfect vacuum; and the cuttle-fish has a central body in the middle of each disc, which it draws up and uses for this purpose, exactly on the principle of the piston of a syringe.

Such an arrangement and apparatus may be imitated by art; and, when rendered more perfect and complete, may perhaps give us a simpler, and safer obstetric power for some cases than even the forceps. In one protracted case which Dr. Simpson described, he had lately made use of this power to extract the child. When applied, the head was still high up in the pelvic cavity, and the instrument easily afforded such a hold of the head as to allow it to be slowly dragged forwards and extracted. During this extraction, the instrument required to be reapplied once or twice. Dr. Duncan and Mr. Dickson were present at the delivery.

The instrument used in this case was very rude and imperfect. It consisted of a common metallic vaginal speculum, fitted with a piston, and with the edge of the trumpet shaped concave disc at its outer or broader end covered with leather. This broader and leathered end was coated with lard, and applied to the head of the child; and then an exhausting effect was produced by moving the piston forwards. The apparatus would admit of much improvement and simplification, as by the mouth of it being made expansible, and capable of altering in shape, instead of metallic and fixed; by the inner edge of it being coated, as in atmospheric railways, by a thin layer or cushion of air enclosed in caoutchouc; by the exhausting apparatus being valved and more perfect, &c. &c.* But if the Air-tractor could not be made both simple and satisfactory in its application, it would not replace the forceps, and more experience would be required to decide whether it had any title to do so.

If the instrument, when properly constructed, should be found to succeed, it would be still more advantageous in replacing the long, than in replacing the short forceps. In the case in which it was used, the head was of the height in which long forceps are usually required. If a suctorial tractor should answer in some long forceps cases, and enable us to drag with sufficient force upon the exposed portion of the scalp, it would

* Since the preceding abstract was drawn up, I have made a great variety of experiments, with the view of ascertaining the best form of disc or mouth-piece and exhauster. I find that a syringe and piston, valved like the common breast-pump, so as to make a perfect vacuum, and having a disc attached to it formed of a double cup, the outer cup of caoutchouc, and overlapping considerably the edges of an inner and smaller cup of metal or gutta-percha, makes an Air-tractor possessed apparently of the necessary applicability, and requisite adhesive and extractive power.—J. Y. S.
save the danger dreaded by many, of wounding the uterus by introducing and working the blades of so long an instrument as the long forceps high up in the neck and cavity of the uterus itself.

Presentations of the breech sometimes require instrumental assistance. The hook passed over the flexure of the thigh is dangerous, and very apt to injure. The forceps, as recommended in these presentations by some authorities, are often inapplicable and inefficient. Perhaps the Air-tractor may afford us a new and sufficient instrumental force for the management of some of these cases. Its use would be simpler and safer than any of the other methods proposed.

Dr. Simpson further observed, that he was not aware that any one had applied practically this obsteric means, before it was employed in the case detailed to the Society. But the idea of using such a power had been long ago proposed by a gentlemen, for whose works and talents they all entertained the utmost respect—Dr. Arnott, of London. In his admirable work on Physics, (p. 636) Dr. Arnott alludes to the subject in the following words: "The forceps (says he) to be well and safely used, requires address, which even the naturally dexterous man cannot possess without a degree of continued practical familiarity with it; and, except in large towns, a man must be unfortunate in his practice who often requires it; hence the really small number of persons who use it well. A tractor of three inches in diameter would act upon any body, to lift or draw it, with a force of about a hundred pounds—much more, therefore, than is ever required or allowable in obsteric practice. In lifting a stone, the tractor does not act as if it were glued or nailed to the stone, but merely bears or takes off the atmospheric pressure from one part, and allows the pressure on the opposite side, not then counterbalanced, to push the stone in the direction of the tractor; so when placed upon the child's head, it would not pull by the skin, in the manner of a very strong adhesive plaster applied there, as uninformed persons would be apt to suppose; but by taking off a certain atmospheric pressure on the other side or behind to urge the head forward on its way. Of course the pressure in such a case would not operate on the head directly, but through the intervening parietes and contents of the abdomen. It would be preferable to have a gentle and diffused action of the tractor over a large space, rather than an intense action on a small space; and, therefore, a tractor for the purpose now contemplated should not be very small, and should have a little air underneath it in a slight depression or cavity at its centre. The forceps must be more effective than the tractor for recti-
flying malposition of the head, and diminishing its transverse diameter; but the tractor will answer both these purposes in a greater degree than might at first be expected."

In conclusion, Dr. Simpson stated that he had now used the Air-tractor which he had constructed in several cases of labour, and with results answering his best expectations. But it doubtlessly admitted of much further improvement in construction, in mode of application, in working and other details.


Dr. Pickford states, that from the great importance which now attaches to the treatment of cholera, he feels it to be incumbent upon him to impart to others the experience which recent opportunities have afforded him of the effects of *coffee* in the cholera of infants.

In the case of an infant at the breast, to which he was called late, to whom the usual remedies had been administered unavailingly for four days, the exhibition of coffee was attended with complete success. The incessant vomiting and purging had produced extreme emaciation; the abdomen was distended; the pulse was frequent and small; there was great restlessness, and sleeping with the eyes half opened; convulsive motions of the eyes when awake. Carbonate of ammonia, with nourishing diet, and external stimulants, having been fruitlessly exhibited, Dr. Pickford determined to have recourse to coffee, which he knew to have been recommended as a stimulating tonic, by Dr. Dewees. He began with a small dose, a scruple, infused in two ounces of water, with one ounce of syrup, giving a large spoonful every hour. The effect was surprising; the vomiting was arrested; the evacuations became more consistent, improved in colour, and less frequent. The amendment progressed so rapidly, that by the tenth day the child was discharged as cured.

The effects were equally good in a little girl, fourteen weeks old, in whom the vomiting was not so severe, but the diarrhœa was quite as copious. In this case, also, the coffee was given, after other means had been tried, and the patient greatly reduced.

Dr. Pickford has since used this remedy in nine children of different ages, from four weeks to two years and a half. The doses have varied from half a scruple to two scruples daily. He has, also, administered it to children labouring under premonitory symptoms, especially where the evacuations have been very light-coloured. In some cases a single dose of calomel has
preceded its employment. The effect was always favorable, except in one case to which he was called too late, when the child was already sinking.

He has not had any occasion to try the value of coffee in the diarrhoea of adults, having found calomel and opium of sufficient efficacy.

The benefit of coffee, especially in bilious diarrhoea, has been extolled by Lauzow and Chultze (Richter's Arzneimittelrehe, vol. I.) West, in 1813, found a combination of coffee and opium very useful in the epidemic of that year. Coffee has long been employed by the common people as a remedy (in Germany, we suppose,) after excessive indulgence in spirit drinking. It is known to have the property of promoting digestion, and the action of the bowels.

The purgative action of burnt coffee, is attributed by Dr. Pickford to its tonic exciting properties. Like some other substances, in small doses it is capable of restraining diarrhoea, while in large doses it acts as a cathartic. The physiological explanation of this opposite effect of the same remedy is probably to be found in the condition of the motor nerves, which, being weakened, are by its moderate stimulus restored to their normal state of excitement, and thereby diarrhoea depending on their paralysis is cured. In this way, also, is explained its aperient action in larger doses on adults, by its over-stimulating these nerves, and so promoting increased movement of the intestines.

A Successful Mode of Treating Fevers.—(Boston Medical and Surgical Journal.)

Notwithstanding the great improvement in the practice of medicine, from the days of Hippocrates to the present time, above forty years experience has convinced me that but few physicians have employed the best or most proper method of treatment in epidemic and contagious diseases; particularly fevers, termed remittent, continued, inflammatory, typhus, scarlet, and such like—all of which I believe stand in the same association, and are the effect of actual poison, which being present in the system often bids defiance to the lancet, emetics, cathartics, or sudorifics, and the unhappy patient frequently falls a victim to its deadly grasp. But the best means that I have found, for rescuing the patient from the impending danger, is to disarm the enemy of his deadly weapon. For this purpose, for nearly twenty years, I have employed the oil of olives and alkali; these being the greatest antidote with which I am acquainted. The following is my usual manner of treating such disorders.
I sometimes, though but seldom, bleed, but generally cleanse the stomach by the use of few grains of ipecac., or some other mild emetic. I then direct the patient to be rubbed all over with the oil daily during the fever, using about two ounces at each time. I also direct the patient to take a tablespoonful of a week solution of alkali, mixed with a little saltpetre, once every two, three or four hours, quieting the system by employing a few grains of Dover's powder occasionally, and drink freely a decoction of Virginia snake root and valerian, and as much cold water as the patient wants. For regulating the bowels, I generally employ the olive oil, castar oil or rhubarb, but mostly of the former, a tablespoonful of which may be taken every day at the commencement of the external application. If the bowels are much filled with morbid matter, I sometimes add a few grains of calomel to the rhei, avoiding drastic purges, as they not only irritate the system, but are often succeeded by diarrhoea, which is sometimes difficult to restrain. I regard quietness, both of body and mind, of the utmost importance.

An Old Practitioner.

[The writer of the above has given his name to the Editor, and is, as he professes to be, an old practitioner. As such, he is entitled, to record the results of his practice. We think there is reason to believe, however, that the successful results in his cases were more owing to the mere harmless of his treatment, than to any remedial efficacy exerted by it.]

PART III.

Monthly Periscope

A New Physiological Fact. (Revue Medico-Chirurg. de Paris.)—M. Magendie announced to the Academy of Sciences on the 2d April, that M. Bernard had detected that if a pointed instrument was made to prick the fourth ventricle, a little above the origin of the eighth pair of nerves, the urine of the animal wounded, which was before troubled, alcaline and deprived of saccharine matter, became abundant, clear, acid and holding in solution a great quantity of sugar like that of the diabetic. An hour and a half to two hours would be sufficient to produce these changes. The blood also contains much saccharine matter.

The experiment was repeated upon 16 rabbits, and exhibits a singular influence of the nervous system upon nutrition.

Removing a piece of Pipe-stem from the Bladder.—We see in the Bulletin Général de Thérapeutique, the case of a man who in a drunken frolic attempted to sound himself with the stem of a common
pipe. This broke off, and a piece more than two inches in length passed into the bladder. He came to La Charité Hospital, where that skillful surgeon, Velpeau, removed it by an instrument like Civiale's Lithotritor with three blades.

New mode of curing Stricture of the Urethra.—Dr. Brainard, Prof. of Surgery in the Rush Medical College, relates a case in the North Western Journal of Medicine, in which he performed a novel operation for stricture of the Urethra. The retention of urine was almost complete, and finding it impossible to pass a catheter, &c., the bladder was punctured above the pubis. A canula was here retained for two months, when the thought occurred to the surgeon to pass a catheter through this supra-pubic opening in the bladder and hence forwards through the neck of this organ into the urethra, where it was seized, drawn forward and placed in situ as ordinary. At the end of three or four days, this instrument was removed, and a fresh one passed per urethram into the bladder.

The novelty is passing the catheter from behind forwards, which mode, could it be adapted to cases in general, would be of immense importance to surgeon and patient.

Collodion in Chilblains.—In chilblains I have used it with the most decided success. In one case the patient had her feet for some time exposed to severe cold, which produced an erythematous inflammation of several of the small toes. They were swollen, red, tender, and itching. I completely enveloped them in a thick coating of collodion, and the contraction which took place on its drying produced so much compression of the vessels, that the toes were as pallid as frozen ones. The pain and itching were immediately relieved, and in twenty-four hours these members were nearly well. I have cured pernio of the heel, also, with this article, but I do not believe it a panacea for all cases of chilblain, even in its erythematous stage.—[Dr. C. Green, in Buffalo Medical Journal.

Belladonna in the Nocturnal Incontinence of Urine in Children.—M. Trousseau narrates the case of a girl, five years old, who, since her third year had been the victim of this obstinate complaint. No effort was neglected on the part of the parents to remove the habit; but all the means adopted—some of them sufficiently severe—were without effect. A pill, containing one centigramme of the powdered root and half a centigramme of the extract of belladonna, was ordered to be taken every night at bed-time. During the first week two nights were passed without accidents; and from that time, with two or three exceptions, the complaint entirely disappeared. The treatment was resumed from time to time for nearly a year. This is only one of several cases occurring, as well in his own practice as in that of M. Bretonneau, in which Prof. Trousseau has observed marked benefit from the use of this drug.—[L'Union Med., Oct. 14, 1848.

In a more recent number, Oct. 21, of the same Journal, Dr. Bache,
Physician to the Hospital des Enfants, records two very obstinate cases of nocturnal incontinence of urine, occurring in individuals, one fifteen and the other eighteen years of age, where mercurial and sulphureous baths, refrigerant and astringent applications, tonic and ferruginous medicines, tannin, ergot of rye, nux vomica, and all other means had failed. Ultimately belladonna was exhibited with complete success. [Monthly Retrospect, Dec. 1848.]

Phlebotomy in Ancient Times.—In the early ages some of the Abbeys had a bleeding house called Phlebotomaria, in which they had four general quarterly bleedings; and in the order of St Victor, the brethren had five bleedings per annum. Half a century ago, bleeding was generally in fashion spring and fall; and surgeons were then never seen without a box of lancets and a red fillet. A fashionable phlebotomizing surgeon has been known to receive above a thousand guineas a year for this operation alone.—[Med. News,]

New Method of Treating Urethral Pains following Gonorrhœa.—M. Vidal (de Cassis) having frequently remarked that these pains were relieved by pressing the penis with the fingers, has been led to try compression for their treatment, and has found it useful, affording a perfect cure in many cases, and a marked alleviation in others. The operative procedure, says M. Vidal, is so simple that it is scarcely necessary to mention it. "The surgeon takes a long strip of diachylon plaster, one centimetre (two-fifths of an inch) in breadth, and rolls it around the penis in the same manner as a common bandage, beginning at the glans; or, still better, he may apply it more accurately by using a number of small strips of plaster, each of which shall only be sufficient to encircle the organ once, and the two extremities of each strip should be made to cross upon the urethra, for the purpose of insuring the firmness of the dressing. The principal point to be attended to is the degree of compression, which ought to be as firm as possible, without interfering with micturition, which would of course, necessitate the removal of the dressings. The compression should be continued for a considerable period after the cessation of the pains, to prevent their return." M. Vidal cites two cases, from amongst great numbers which he has treated, in favor of this mode of practice.—[Month. Retrospect, from L'Union Médicale.

Therapeutic effect of Oleum Jecoris Aselli and Prunus Virginiana, Phthisis Treated—Recovery.—In Sept. 1848, Mr. F. F. of B—— called on me for medical advice. He was twenty-two years of age—had been afflicted with a severe cough for three months—had laryngitis and every diagnostic symptom of phthisis in the right lung. I prescribed for him Ol. Jecoris Aselli, three table spoonfuls a day, and comp. tinct. opii 3 ii., with a strong decoction of Prunus Virginiana. Being fond of the oil, he took the full amount, and, the latter part of the time, six ounces of it a day. He rode on horseback every day. The larynx was touched daily for two weeks with a solution of nit.
arg. 40 grains to the ounce of aqua distillata. In six weeks he had gained twelve pounds of flesh, and was free from all his phthisical symptoms. He has had no return of them since. Whether this was one of those cases which would have come under the denomination of Laennec's Spontaneous Cures, or like the late Dr. Parish's case in Philadelphia, where puckerings or fistulous cavities will be found in the lung upon post mortem dissection, I will not determine. That it was a case of Phthisis, I have not the least doubt. I would merely suggest, that a combination of these two agents, the cod fish liver oil and the wild cherry bark, may be more efficient than we have heretofore supposed, and may be worthy of a trial in all cases.—[Charles-
ton Medical Journal and Review.

Fissures of the Nipples.—M. Jose Leon advises all pregnant women who have reason to fear chapped nipples, to use during the month preceding delivery, once a day, the following liniment, the breasts being previously washed with tepid water:—R. Tannate of lead, grammes iv.; Simple cerate, grammes xxx.; Oil of roses, drops ij. The bosom should be immediately covered with a compress of soft linen.—[American Journal, from Gaz. des Hop.

Prolapsus of the Umbilical Cord. By Dr. Rigby.—Is either pro-
duced by two great distention of the uterus from liquor amnii, or from the lower portions of the uterus not contracting sufficiently about the child.

Preserve the membranes unruptured as long as possible; so long as this is the case the cord is in little danger.

If the passages be well dilated, and the pains active, you may venture to deliver with the forceps; if not, you must turn the child. Some have succeeded in carrying up the cord upon their hand, and hanging it upon some part of the child, and then allowing the head to descend.

Where the cord is without pulsation and flaccid, there will be no need of interfering.—[New York Journ. of Med.

Treatment of Cholera by Calomel. By Dr. Ayre, of Hull, Eng-
land.—Calomel, therefore, in the minute dose of one or two grains, with a drop or two of laudanum to assist the stomach to retain it, and given every five or ten minutes, was my sole remedy in the stage of collapse, and in the cases which I now subjoin, will be found the proofs of its efficacy.

In the hospital there was one of my patients, to whom it was found, from a very exact account that was kept, that no less than 580 grains were given; and one of my correspondents informed me that he had exhibited to one of his patients a larger quantity than this by 220 grains, and in both with the happy result of restoring early to health, and without the least appearance of ptyalism. But though neither ptyalism nor any other inconvenience is produced by calomel, when exhibited in the stage of collapse, yet if continued after this stage is wholly removed, its action on the system will be the same as it is in
other diseases, and two or three grains will do then what as many hundreds could not do before. And in the cases presently to be given, it will be seen, not only with what freedom I gave that medicine, but also with what care I watched its exhibition, and attended to the lessening or suspension of it, as the collapse progressively subsided. By giving the remedy boldly, and yet cautiously, I was able to subdue the collapse, and by subduing the collapse to prevent the consecutive fever, and thus limit the duration of the disease to two or three days.—Ohio Medical and Surgical Journal.

On Vinum Sem. Colchici Opiae in Gonorrhcea. By Dr. FROINUS.—Dr. Eisenmann, in a communication to the 'Wochenschrift,' in 1847, demonstrated the great utility of the Vin. sem. colch. (V. s. c. 5iij.; Tr. opii, 3/4), in doses of from 25 to 30 drops three or four times a day, in the treatment of both male and female gonorrhoea. Without denying that it may be sometimes desirable to precede its use by purgatives or oleaginous fluids, he had himself found it applicable in all stages of the disease, effecting a cure, upon an average, in about seven days. In the present paper, 10 additional cases are related of its successful employment in various stages of the affection; and reference made to some 50 others, in which it proved as satisfactory in the results. It is not only useful in infectious gonorrhoea, but in discharges from the mucus membranes from other causes.—[Ibid., from Casper's Wochenschrift.

A Topical Application for Bruises. By M. De MONTEZE.—Powdered senna, powdered verbena, and powdered white pepper, mixed in equal proportions with white of egg. The application of this mixture has been found effectually to promote the absorption of blood effused in bruises, and also to allay the attendant pain.—[Western Lancet, from Journ. de Chemie Medicale.

A Hindoo Remedy for Conjunctivitis.—Take a flat, rusty piece of iron, and a lump of alum about the size of a nutmeg. The alum is to be melted on the iron over a lamp, then add the juice of half a small lemon, or a little juice, rub together and apply to the lids while warm, morning and evening, for three or four days. This composition is apparently the citrate of iron and alumina.—[Boston M. and S. Journ.

On the external use of Iodine in Croup.—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of Iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three
cases in which, by this means, he succeeded in averting impending death.—[London Medical Gazette.

Paronychia.—In the Bulletin de l'Academie de Médecine de Belgique, 1848, there is a suggestion of Dr. Henroz, concerning the means of diminishing the distressing, throbbing pain of this affliction. He has succeeded, by trials upon himself, in annulling the pain of a whitlow, by skilfully compressing the brachial artery between two little splints. The author adds, that moderate pressure of the radial artery near the wrist will suffice, when the inflammation has attacked either the thumb, index or middle finger; whilst compression of the ulnar will allay the pain in the ring and little fingers.—[London Lancet.

To make a prompt Issue.—Prof. Parker, of New York city, recommends strong Nitric Acid, (the acid of the shops will not do,) dropped on paper filling the hole made in adhesive plaster applied on the surface to be cauterized. This acts in a few minutes, gives but little pain, and a slough will be thrown off—an issue may then be kept up with peas, or a ball of wax.

Prescription of Dr. A. H. Buchanan, of Nashville, Tenn., for Premonitory Symptoms of Cholera.
R. Alcohol, 1 pint.
Gum Camphor, 3iii.—dissolve, and add
Laudanum, 3ii.
Comp. Spts. Lavender, 3ii. Dose, 30 to 60 drops, on a lump of sugar, after each evacuation.

Prescription for Typhoid Fever.
R. Spts. Turpentine,
Balsam Copaiva, aa 3ii.
Solution Gum Arabic 3ii. M.
Dose, a tea-spoonful every 4 to 6 hours, for one, two or three days, till the secretions show a change.

Prescription for Cholera Infantum.
R. Rheubarb Root, (burnt),
Loaf Sugar, aa 3ii,
Water, 5vii. Boil and strain, and to each ounce add 5 grs. Bi-carbonate of Soda. Dose, a tea-spoonful given three or four times daily.

To make Mercurial Ointment.—Rub the mercury with spermacetti (instead of lard) a few minutes, add a few drops of sweet oil, stir a minute, and the work is done.

Camphor Mixture.—Chloroform, 3i.
Camphor Solid, 3iii.
Yellow of Eggs and
Water heat up, 3iv. Mix.
Dose—a tea-spoonful, equal to grs. 5.
MEDICAL INTELLIGENCE.

Notice of the Mineral Springs in the State of Georgia.—We have had it in contemplation to prepare some account of the Mineral Springs of this State. In connection with the subject, we had proposed a visit to each one, and through the kindness of the chief Engineer of the State Rail Road, we made with him last fall an examination of Gordon's and Murray's Springs; having previously been at one or two others, and obtained the waters from most of them. Believing that some notice, however brief and imperfect, would do good at this period of excitement regarding the public health, we submit the few facts in our possession, with the regret that the information is not more minute and accurate in reference to the analysis of the mineral waters of Georgia.

Probably no State in the Union possesses greater mineral wealth than this. Her resources in this respect, yet unexplored, and very superficially examined, prove them to be very various and apparently inexhaustible. In Georgia are found gold, some of the precious stones, mines of coal, lime and iron; also sulphur, marble, granite, &c., &c. As a consequence to this geological formation, we have ferruginous, sulphureous, carbonic acid and saline waters. Chalybeate and sulphur springs are not uncommon in different sections of the State, and for years a few of them have become watering places, and favourite summer retreats for a portion of our citizens.

Mineral waters are those which contain so much foreign matter as to render them unfit for culinary purposes. For this reason many are used for their supposed medicinal virtues. The properties of mineral waters have been classed into four divisions—viz., chalybeate, ferruginous or iron; acidulous or acid waters; sulphureous; and lastly, saline, or water holding in solution some of the various salts. The same spring may contain more than one, or may even possess all these foreign matters. According to this definition and classification, all the known varieties of mineral waters are to be found in Georgia.

No analysis of the mineral springs of the State has ever been made; indeed, this could only be accurately done at their source, for with whatever care the water may be bottled, some of their gaseous contents will escape. All that is now proposed, is simply an enumeration of those now known to exist, with an approximative estimate of their qualitative and not their quantitative properties.

1. One of the oldest mineral springs of Georgia, is the Madison, situated in the county of the same name, being 24 miles from Athens, the seat of the University of Georgia. The water of this spring is Chalybeate, its temperature is 62° of Farenheit, its supply good; the climate is delightful, the accommodations are excellent, and the place accessible by Rail Road as far as Athens.

2. Near Gainesville, in Hall Co., 30 miles from the Madison springs, is a Sulphur spring, but of limited supply—still nearer the town is a splendid Limestone spring.

3. The Indian springs (Sulphur) are in middle Georgia, not far from Macon. The supply of the water is here sufficient for drinking, but not for bathing purposes. The accommodations are very good; the place can be reached within a few miles by Rail Road. This has long been one of the most fashionable resorts of our State.

4. At the Stone mountain in DeKalb Co., directly on the Georgia Rail Road, is a Chalybeate spring, as yet however attracting little notice; which indeed may be said of several other ferruginous springs in other parts of the State.
5. The Merriwether springs (Thermal) are near the Pine mountain, in a county bearing the same name, and are, we believe, the only natural warm waters in Georgia; the temperature is about 90°. The accommodations for bathing are good. There are several other springs along this range of mountains, such as the Thunder spring in Upson Co., (so called from the copious discharge of Carbonic acid gas,) Chalybeate, Sulphur, &c.

In North-western Georgia, known as the Cherokee country, a section whose geological structure is exceedingly interesting, exists the greatest mineral productions of the State. Here are the coal mines, lime kilns, marble quarries, iron, sulphur ore, &c., &c.

6. The Powder springs, so named from their Sulphuretted-hydrogen gas, are in Cobb Co., not far from Marietta, through which passes the State Rail Road. They have yet attracted little notice.

7. Rowland springs are in Cass Co., 6 miles from the Rail Road, and was the most popular resort the past summer. They are near the iron-ore most extensively worked in the State. The water is Chalybeate, and the accommodations equal to those of the Madison and Indian, their rivals.

8. The Cohutta springs are in Murray Co., high up in the mountains, near the Tennessee line. These waters are strongly Chalybeate, are very cold, very abundant, and are situated in a most delightful climate. It is a place formerly frequented by the Indians in the summer. The contemplated Hiwassee or East Tennessee and Georgia Rail Road will pass near the Cohutta springs, which, with good accommodations and the natural advantages of the location, cannot fail to make them a pleasant retreat.

9. Murray's springs are within a few miles of the Tunnel of the State Rail Road, 12 miles from Dalton, and are like the Cohutta in the mountains. They are very numerous; break out in the bottom of a small stream; and contain Lime, Sulphur, and Iron. The temperature of these waters in the middle of the day (clear) was 6: 9°.

10. The Gordon's springs are also near the Tunnel and Dalton. Prof. Means says of these, "I have examined a good many of the mineral springs of Georgia, and tested their waters, but have not seen any that I think furnishes as good a variety of medicinal properties, within the same geographical limits. Several fine cold Chalybeate springs of different degrees of strength, together with one or two Saline springs, largely impregnated with Magnesia, combined with Sulphuric and Carbonic acids, (Soda and Lime being also included,) are found within the space of forty yards; while at the distance of a half mile, a pleasant cold spring, charged with Sulphuretted Hydrogen, breaks out within 30 feet of another very cold and large ferruginous spring."

We have thus, Acidulous, Chalybeate, Sulphuraceous, and Saline waters at this one location. They are at the foot of Taylor's ridge of mountain. All these waters are very abundant; their temperature 59°. The accommodations are rapidly improving, and under proper arrangement, this watering place is destined to become one of the most fashionable in the South.

11. The last waters we notice are those on Lookout mountain, where at a glance six States of the Union may be seen. This is the line of Georgia and Tennessee, with Alabama hard by—here is the terminus of one State Rail Road and the commencement of the other—here is the Tennessee river navigable for hundreds of miles, and here was Ross' landing, now known as the location of the flourishing town called Chattanooga.
We are indebted to our friend, Dr. Frazier, of the town just mentioned, for the following information respecting this interesting section of our country:

"The mountain ranges nearly North and South. It commences on the south bank of the Tennessee river, about three or four miles from the State line; rises abruptly from the bank of the river in the distance of a mile to the height of 2000 feet, its greatest altitude, runs through the north-west corner of Georgia and into Alabama, where it breaks off into irregular spurs and ridges. The unbroken and highest part is in Tennessee and Georgia, and is some 40 or 50 miles long. The northern point is the highest part of the mountain, and is narrowed on top to a few hundred yards, which is nearly level and quite productive. There are several farms now opening about this plain. On this part of the mountain are the springs, from which the waters were taken that you have analyzed. The soil is sandy, and the rocks are entirely mountain sand stone. The spring No. 3 is in Georgia, and breaks out within about 100 feet of the highest point; it is a bold and constant stream. No. 2 is in Tennessee, just on this side of the line; it is also a good stream. Temperature 58°. No. 1 (the pure water) is on the side of the mountain, runs out of a perpendicular bluff some 250 or 300 feet high; its temperature is 56°. * * * * * There is perhaps not to be found in the world a more romantic spot than the point of Lookout mountain. You can stand upon this broad flat rock, 2000 feet above the surrounding country, and survey at a glance, six States of the Union—Kentucky, Virginia, North-Carolina, Georgia, Alabama and Tennessee. You look down upon mountains and hills, green forests and cultivated fields, flourishing villages and towns. The Tennessee river is seen too in all its beauty and grandeur, for miles and miles in the dim distance. You see it as it rolls just below you; then as it dashes onwards to the North, making almost a complete circuit to enter the cliffs in the Cumberland mountain, called the Suck."

The Doctor also states in this letter the fact that from a register kept in 1842 or '43, it was ascertained that the difference in the mean temperature between the valley of the river and the summit of the mountain was 61° lower on Lookout than in Chattanooga. The waters sent us were Sulphureous and Chalybeate, the strongest we have ever tested.

The common temperature of the water (pump and spring) in and about Augusta is 65°. At the U. S. Arsenal, on our Sand-hills, 200 or more feet above us, is a well 160 feet deep—its water is 60°. There are two pumps in Augusta of 63°, and a spring lately opened in one of our Factories is even a fraction below this; the water is pure mountain—probably derived from the canal. The temperature of our up-country water is 62°, while in the mountains it is as low as 58° and 56°. The common temperature of the Saratoga mineral waters is 50°, one of the springs is as low as 48°.

We commend our various mineral springs to the notice of our profession; it may be, like our indigenous botany, they are undeservedly too much neglected, only visited as fashionable resorts, and not for medicinal purposes. An accurate analysis of them, or well observed cases treated at their sources, would no doubt enhance very greatly their value. We cannot close, however, without directing the attention of the proprietors of these various medicinal waters, as we conceive them to be, to the importance of connecting extensive bathing establishments with them. At Saratoga nearly every spring has its bath-house. If good internally, these waters must prove so when externally applied.

Proposed amendments of the Constitution of the National Medical Association.—In view of the fact that under the existing state of things the Reports of the Standing Committees must necessarily, in several instances, be in a great de-
GREE repetitions of each other, and that their great length precludes the possibility of hearing them read in extenso, Dr. Dugas laid upon the table, for action at the next meeting of the Association, a proposition so to amend the Constitution as to assign to each Standing Committee a separate and distinct department of Medical knowledge. The number of the Committees will, it is true, be much increased, but the Reports will be correspondingly shortened and to the point, so that each may be heard without the risk of wearying the Convention. The vote to refer to the Committee on Publication several of the Reports presented to the last meeting of the Association, without having them read, cannot be viewed as otherwise than discourteous, and would indicate the necessity of a change. The Standing Committees proposed by Dr. Dugas's amendment are as follows:

One on Anatomy, human, comparative and Microscopic.
- " Physiology, human and comparative.
- " Materia Medica et Alimentaria.
- " Chemistry, Medical and Organic.
- " Pathological Anatomy.
- " Principles and Practice of Medicine.
- " do. do. " Obstetrics.
- " Hygiene and Sanitary regulations.
- " Forensic Medicine.
- " Medical Education.
- " American Medical Biography.
- " Medical and Vital Statistics.
- " Publication.
- " Arrangements.

To the Editor of the Southern Med. and Surg. Journal:

Dear Sir—You will oblige me by publishing the following facts, which confirm certain positions assumed in my Lecture on Syphilis, contained in your last number.

Yours truly,

L. A. DUGAS.

On the Absorption of Virus. By M. Renault.—M. Renault has recently communicated to the Academy of Sciences the results of certain experiments made at the Veterinary School at Alfort, the object of which was the determination of the period at which the action of Virus ceases to be local, and becomes general.

This was endeavored to be determined by ascertaining how soon a parcel of Virus placed under the epidermis becomes absorbed; or, in other words, how long is the period after inoculation in which we may destroy or remove the portion of skin under which such deposition has been made, without modifying the absorption of the virus, so as to prevent or sensibly modify the general effects. In thirteen experiments, the animals were inoculated with the matter of acute Glanders, and the actual cautery applied, after previous excision of the congested parts, at periods after the inoculation varying in the different animals from 96 hours to 1 hour. In all the animals became diseased. In another series of experiments in which the virus of the rot of sheep was employed, it resulted that the virus was absorbed in five minutes.—[Gazette Médicale, 1848, No. 51. British and Foreign Medico-Chirurgical Review, April 1849. P. 531.

Proposed specific for Cholera—Sulphur.—Under the impression that Epidemic Cholera depends upon ozone, (a change in the atmosphere produced by electricity acting upon its watery vapour,) Dr. Bird, of Chicago, has recently proposed
Sulphur in 4 to 5 grs. doses with a little charcoal, as a specific. The suggestion is announced to the public under the auspices of an editor of the North Western Journal of Medicine, and some of the Professors of the Rush Medical College at Chicago.

There is no specific for any disease; and, moreover, no disease is cured except by nature. All that medicine can do is to prevent or modify impressions upon the system—the cure, we repeat, is after all the work of nature. That Cholera does not prevail at Sulphur Springs, or among those who handle sulphur, is no more true of it than of other epidemics. We sincerely hope Dr. Bird and his friends may be right, but we confess that we would prefer to use the preparations spoken of in larger doses, as well as to have other agents hard by when attacked with Cholera.

Dr. Bird deserves the thanks of his profession and of his country, for the noble manner in which he has made his proposition known to the world. It was not only spread on the wings of the wind, but went by telegraph to New York and New Orleans—from which places favorable reports (of course limited) were received in reference to its use. Should his suggestion prove to be true, viz., that Sulphur will prevent Cholera, his name will be associated with that of Prof. Simpson of Edinburgh, and the immortal Jenner.

Professional Changes in the Medical Colleges of the United States.—We notice in the Journals several changes in our Medical Institutions—some caused by death, others by resignations. Dr. Thomas Hunt fills the chair vacated by the death of Dr. Harrison, in the University of Louisiana; and Dr. Nott, brother to Josiah C., of Mobile, has been elected to the professorship of Dr. Carpenter, in the same College. Dr. Mitchell has resigned his chair in the Transylvania University to accept one in the Philadelphia College of Medicine—his late place is filled by Dr. Bullett, of Louisville. Drs. Donne and Miller have resigned in the Memphis Medical College. Dr. Drake has left the Louisville Medical School and gone to Cincinnati, destined perhaps to be the next President of the National Medical Association. The venerable Dr. Caldwell has also resigned his professorship in Louisville—Prof. Yandell succeeds him, and Prof. Benj. Silliman, Jun., is the successor to the chair of Chemistry. Dr. Pitch has resigned the post of Theory and Practice in the Rush Medical College, Chicago. Prof. Bartlett has resigned his chair in the Transylvania University and accepted one in the Louisville University. Prof. Hayward has resigned the chair of Surgery in the Massachusetts Medical College, and his place is filled by the election of Dr. H. J Bigelow.

MEDICAL MISCELLANY.

The origin of Moles (Germen Falson). Dr. Thomas Lipscomb, of Shelbyville, Tenn., advocates the opinion, in the Western Journal of Medicine and Surgery, that prolonged lactation is the most frequent source of false conception.

To ascertain if a child is born dead or not. Dr. Van Hengel, of Holland, has addressed a note to the Academy of Medicine of Paris, relative to the discovery of a certain sign by which it can be ascertained if infants are born dead or not. The means consist in injecting into the rectum a mixture of brandy and cold water.
Sir Benjamin Brodie's Liniment for Knee. Sulphuric Acid and Olive Oil, in the proportion of one to three.

New Ostelectrical Forceps. Prof. White, in the Buffalo Medical College, has invented a new Forceps, which is pronounced by competent judges to be superior to any other in use. The Tiemans of New York have them for sale.

McMunn's Elixir of Opium—its composition. A Dr. Ritchie, of Chicago, in a letter to the editors of the Western Lancet, believes that this preparation is composed of Laudanum with elaterium. He judges from its effects upon himself.

Emigration and Sickness. Of 3079 sick emigrants, chiefly Irish, thrown upon the city of New York in one month 1002 died.

Quarantine and Cholera. An Aberdeen paper says, that while the prayer book and clothes of a diseased cholera patient were most carefully burnt, six £1 notes found in his pockets, were religiously preserved—they of course not being contagious. Alas, poor human nature! to what inconsistencies art thou driven.

Coating for Pills. Collodion is now used with much advantage in coating bitter or disagreeable pills. Stuck on a needle, two coats will be sufficient for each pill.

Diseased Eyes from Decayed Teeth. Dr. Isaac Hays, than whom no one is better authority for diseases of the eyes, reports several cases in the Transactions of the College of Physicians of Philadelphia, wherein photophobia was extreme, relieved by extraction of decayed teeth—irritation of the dental branch of the fifth pair of nerves, being the source, and abscesses at the root of the teeth verifying the diagnosis.

To expel Foreign Bodies from the Larynx. Dr. Hansford, of Illinois, says he has expelled watermelon seeds, a grain of corn, a glass bead, and a pin from the larynx, by directing the patient to lie upon a bench, face downwards with head projecting over the edge, and to take a deep inspiration. He then, while the lungs are filled with air, gives a smart blow between the shoulders with a pillow made hard by compression.

Depopulation of parts of Europe. In the kingdom of Netherlands the population of 1848 was 3,050,840 souls. In 1847, there were 91,070 births—deaths during the same period 99,457—decrease for one year 7,787.

Tincture of Belladonna in Cholera. Dr. Debrevne proposes in the Journal des Connaissances Medico-Chirurg. the Tinct. of Belladonna with Laudanum in the treatment of Cholera. He says Belladonna has been with me, for many years, the anti-convulsive and anti-tetanic par excellence.

New Suture for the Trachea. Dr. Sylva, in the same Journal (above), applied two silver needles paralleled to the wounded trachea, and then secured by a thread their extremities.

Quick Lime to produce heat in Cholera patients. Dr. Poiseuille, of France, has suggested that quick lime enveloped in a wetted linen, then in another cloth, placed near the patient in bed, will rapidly develope heat in the algid stage of cholera.

Chloroform in Midwifery. Prof. Simpson has used chloroform in 150 women in child-birth. Nothing unpleasant has occurred in them, either primary or secondary, and but two children of those delivered have died—one was putrefied, the other asphyxied.

Night Visits—when are they made? By a decision recently had before a tribunal at Hall, all visits made between 9 in the evening and 6 in the morning, are considered as made at night.

A new mode of Tampon in the Nose. A soft wire doubled upon itself passed through the nostril, the nose is then filled with cotton or charpie, as it projects alongside of the uvea, the wire is drawn tight and the two ends at the anterior naris secures a second plケット.
OBITUARY NOTICES.


M. SERRES, Professor of Surgical Clinic in the Montpellier School of Medicine, France, died suddenly at the age of 48, the 21st of March.

Prof. BLANDIN, in the School of Medicine in Paris, has just died from Cholera, aged 50.

Dr. TOWNSEND, translator of Velpeau's Surgery, died in New York, March, 1849, aged 53 years.

Dr. PRICHARD, the celebrated author on Insanity, &c., died in London.

Dr. TOWNES, Professor of Chemistry in University College, London, died January 31st, 1849.

Dr. WRDEMAN, of Charleston, a most excellent physician and of amiable character, formerly Demonstrator of Anatomy in the school of his native city, &c., died of consumption, on a vessel near Savannah, while returning home from Florida to his friends.

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

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5 Fair days. Quantity of Rain 6 inches and 45-100. Wind East of N. and S. 7 days. West of do. do. 17 days.