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EDITED BY

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"Je prends le bien où je le trouve."

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1849.
Observations on Malarious Influences. By W. L. Jones, M.D., of Athens, Georgia.

The determination of the conditions of existence* of the human race, is the great, ultimate problem presented to the medical Philosopher. The legitimate object of all his investigations, the point to which they all converge, is the knowledge, of that combination of external influences which is most favorable to the perfect development of man, and of the natures and habits of those which are unfavorable to his existence. That peculiar and definite relations do exist, between man and the world external to him, is proved not only from the fact that this is a fundamental idea in our conception of a living being, but also by analogy and the observation of various modifications in the races inhabiting different parts of the world. The labours of Geologists have well established the fact, that organized nature has undergone various and striking changes in correspondence with the mutations of the Earth; so distinctly marked are these, that they naturally divide the geological epoch into four ages—the primary characterized by the predominance of Fishes; the secondary, of Reptiles; the tertiary, of Mammals, and the modern, of Man.—(Vide. Principles of

* This expression is employed to convey a somewhat different and more comprehensive idea than that intended by Cuvier.—(See his An. King., vol 1st, p. 3d. New York. 1831.)
Zoology, by Agassiz and Gould, p. 190. Bost. 1848.) The geographical distribution of existing Plants and Animals, also confirms the idea of definite relations; thus, there are Faunas and Floras peculiar to the Arctic, the Temperate and the Tropical regions, besides an almost innumerable number of those which are less distinctly marked and more local in their nature: of the latter, the Galapagos Islands present a most interesting and remarkable instance. But one indigenous Mammal has been discovered there, and it is peculiar; 25 of 26 land Birds, 3 of 11 water Birds, 6 of 7 Reptiles, all the Sea Fish (15 species), 15 of 16 land Shells, 47 of 60 Sea Shells, 22 of 25 Coleopterous Insects, and more than half of their flowering Plants are found in no other part of the world. New Holland also is scarcely less distinguished for the individuality of its Fauna, than for the peculiar types of its animals. In oceans and seas, where the variations of external circumstances are not as great as upon land, Animals are not so restricted in their habitations; but even here the laws of limitation are still observed. Most of the aquatic tribes live near shores, and are therefore affected more or less by the same influences as the occupants of the land—hence we observe that they are governed to some extent by the same laws. A remarkable confirmation of this truth is found in the fact recently discovered, that the change of a few feet in the depth of water, changes completely the kind of animals inhabiting the bottom of the ocean. In truth we can find no exception to the law, that all animals, from the highest to the lowest, and all forms of vegetable life are governed to a greater or less extent by external circumstances, in their geographical distribution.

Now is it reasonable to suppose that Man, who was fashioned according to the same type as the vertebrated animals and who is connected with all organized beings by so many thousand links—should not be subject to the same modifying influences? Assuredly not—and facts coincide with reason to prove, that his existence is modified by external agents. Although a cosmopolite in one sense, a comparison of races in different parts of the globe, plainly indicates that all situations are not equally favorable to his development. As an example, the Patagonians with their long arms and slender legs, approxi-
mate the Quadramana very considerably, differing widely from
the Mexicans and Peruvians both physically and mentally, and
yet recent investigations shew that they belong to the same
family. "I can aver," says Dr. Morton, "that sixteen years of
almost daily comparisons have only confirmed me in the con-
clusions announced in my Crania Americana, that all the
American nations, excepting the Esquimaux, are of one race, and
that this race is peculiar and distinct from all others."—(Silli-
man's Journ., 2d series, vol. 2d, p. 7th.) Many instances of a
similar nature might be ad luced, but it is unnecessary perhaps,
as every one has remarked the difference in the physical ap-
pearance of the inhabitants of various portions of our country,
and even of our own State. But the influence of external
agents is still more strikingly displayed, in the variety of dis-
eases which prevail in different regions. It is well known that
the prevailing forms of disease in tropical countries, are affec-
tions of the alimentary canal and idiopathic fevers—whilst
pulmonary affections and those of an inflammatory nature
supplant them in colder regions; but careful observations have
shewn that even in temperate climates, the relative abund-
ance of different diseases in different localities is very much
modified by local influences. This is beautifully exhibited by
the researches of the late Samuel Forry, M. D., in his work on
the "Climate of the United States."* Speaking of Catarrhal
diseases, he observes, "on the New England coast, as the
ocean modifies the atmospheric temperature, the annual ratio
treated per 1000 of mean strength, is as low as 233; on the
great lakes, where a similar modifying influence is in operation,

* Having at his command quarterly reports of all cases of sickness and of the
number of deaths in a mean strength of 40,000 men, stationed in various parts of
the land, during twenty years; and collating and comparing these with the
calm and rigid scrutiny of a truly inductive philosopher, he was enabled to
establish some of the most splendid generalizations that have ever graced the
annals of medicine. He appreciated fully the well established truth that in a
science of observation, like medicine, conclusions founded on numbers, can
alone be relied on; hence the laws he deduced are established not upon vague
and indefinite ideas that certain diseases prevailed in certain localities, but upon
an actual comparison of all the cases which had happened among a certain
number of men during a certain period of time; and this is an example which
medical men must follow if they indulge the hope of raising medicine to the
standard of an exact science.
it is 300; whilst the third class, (posts remote from the ocean and inland seas), characterized by the extreme range of the thermometer, has a ratio as high as 552. But let us follow more narrowly the isothermal and isocheimal lines (representing the mean temperature of summer and winter) which describe four curves within the same space, presenting alternately a mild and an excessive climate. As these lines, on the coast of the Atlantic, present comparatively little deviation from the terrestrial parallel, the ratio of catarrhal diseases is low; advancing into the interior, the line of equal summer rises and that of winter sinks, and the ratio increases proportionally; proceeding into the region of the lakes, the lines again converge beneath the controlling power of the waters, and the ratio of Catarrh and Influenza is modified accordingly; again advancing into the interior beyond these ocean-lakes, the average rises in proportion as the isothermal and isocheimal curves tend to opposite directions."—(p. 231.) In regard to Pleuritis and Pneumonia, he establishes the fact that the average number of cases "is much lower in the cold and variable climate of our northern and eastern States, than in the middle and south-western regions of the United States. At the south-western posts the annual ratio is 92, whilst on the coast of New England it is only 41."—(p. 239.) Speaking of the variety of Intermittent fever on the New England coast compared with interior regions on the same parallels, he observes, "The same contrast as regards the prevalence of Intermittent fever, is shown, in the statistics of the British army, to exist between Canada, on the one hand, and Nova-Scotia and New-Brunswick, on the other. Whilst several thousand cases are annually reported in the former command, the disease is so rare in the latter that scarcely one indigenous case has been known to occur."—(p. 278.) Numerous instances of a similar nature might be adduced, but who, after a due consideration of these alone, can doubt that there are definite relations between the human system and the world external to it? or who that appreciates the magic power of the "inductive philosophy" in revealing truth, when applied to a sufficiently extensive collection of carefully observed facts, can hesitate for a moment to believe, that all the laws of these relations may be fully and accurately established.
This problem requires for its solution a perfect knowledge of the human system and of all external agencies, whether organic or inorganic, together with all the modifications which can be observed to result from their action; and to attain to this it is only necessary that medical men should imitate the example of the cultivators of the physical sciences, many of which, though dating their origin at a later period than Medicine, have yet far outstripped her in the race towards perfection.

Let us now apply these general considerations to the subject of malarious influences, which have been universally attributed to external agencies, and the diseases which they produce being therefore the result of some peculiar relation which the human system sustains to one or more of these agents. We have seen that those great and primary physical agents which are ordinarily embraced under the term "climatic influences," are capable of modifying the development and of determining the nature and prevalence of the diseases of the human system; now are they sufficient to account for the existence of malarious diseases? It is not uncommon to find in medical works, the assertion that they are not—because, it is said, Intermittent fevers prevail in a very great variety of climates. This may be true, as far as vague and general impressions concerning climates can determine the question; but is it philosophical to trust these, or even accurate meteorological records, if they be incomplete? Now, until within a few years past, there were no records of atmospheric Electricity;* and is it reasonable to reject entirely this powerful agent from the list of climatic influences and assume the unqualified position above-mentioned? May there not be in the midst of very great apparent variations, some invariable relations or conditions of the primary agents heat, light, moisture and electricity, which might produce these diseases? This can only be determined by very extensive observations and records of meteorological phenomena and the diseases which prevailed cotemporaneously both in miasmatic districts and those which are perfectly healthy, during

* No one can doubt the existence of changes in the electrical equilibrium of the atmosphere, after reading the observations of Crosse—(Noad's Lectures on Electricity)—or the influence of this agent in organic processes, after reading the researches of Matteucii and Ducros.
periods of considerable duration. It is by the collation and comparison of such records only, that the laws of the relations between climates and diseases can be discovered. And this is a point of the first importance in Medical Science, since without this knowledge, we are constantly liable, in the explanation of pathological phenomena, to the error of introducing causes which are entirely superfluous, or of attributing too much or too little efficacy to those which really exist. Even in the present imperfect state of knowledge, however, concerning meteorological influences, there are some considerations founded both on reason and observation, which would lead us to believe, that climate either produced or co-operated largely in the production of malarious diseases. Upon this supposition, their characteristic periodicity might be readily anticipated;—since climatic influences are themselves periodical, it would naturally be expected, therefore, that their effects would appear at intervals. As every one knows, there is a maximum and a minimum of Light and Heat each day—those of the former varying at times, the minimum of heat being about sun-rise and the maximum between 2 and 3 o'clock, P. M. By daily observations for more than ten years at Halle, M. Kaemtz found that the humidity of the atmosphere attained its maximum just before sun-rise and reached its minimum about 3 o'clock, P. M. The universality of this law is confirmed by the observations of Neuber at Apenrade, of Köpfer at Petersburg, and by his own observations at the Sea and on the Alps. (Vide. Kaemtz's Met. by Walker, p. 82. Lond. 1845.) "It has been ascertained by the observations of De Saussure, Schubler, Arago and others, that the positive electricity of the atmosphere is subject to diurnal variations of intensity, there being two maxima and two minima during the 24 hours. The first minimum takes place a little before the rising of the sun; as it rises, the intensity, at first gradually and then rapidly, increases, and arrives at its first maximum a few hours after. This excess diminishes at first rapidly and afterwards slowly, and arrives at its minimum some hours before sun-set; it re-ascends when the sun approaches the horizon, and attains its second maximum a few hours after; then diminishes till sun-rise, and proceeds in the order already indicated."—(Phil. Mag., vol
It will thus be seen that the maxima and minima of these forces coincide in point of time, and their effects ought therefore to be in like manner periodical and observe daily intervals. And it is a curious coincidence, to say the least of it, that the intervals of periodic fevers are either a day or a multiple of a day. Why the interval is sometimes the multiple of a day and not always a day, may be explained on this hypothesis by the interference of disturbing forces; which would increase the length of the interval in direct proportion to their number and power, as is the case in all purely physical phenomena. And here again the analogy is striking, for antiperiodics when insufficient to stop an ague, are often observed to prolong its intervals.

Another consideration which should direct our attention to climatic influences, is, that during autumn, when these diseases abound most, the combined influence of light, heat, moisture and electricity, reaches its greatest intensity, for although the heat and light has then decreased slightly, yet the humidity and free electricity of the atmosphere has increased. “The quantity of vapour attains its maximum in July, the month in which the air is driest. At the approach of winter, when the heat diminishes, the quantity of water precipitated in the form of rain, dew and hoar-frost, greatly exceeds that which passes into the state of vapour. Its quantity, therefore, goes on diminishing, although the humidity is continually increasing.”—(Kaemtž’s Met., p. 92.) “The intensity of the free electricity of the atmosphere has also been found to undergo annual changes, increasing from the month of July to the month of November inclusive, so that the greatest intensity occurs in winter, and the least in summer.”—(Phil. Mag., vol. 15th, p. 220. 1839.) So that although heat and light attain their maxima in summer, and the humidity and electricity of the atmosphere attain their maxima in winter; still during the intermediate periods, of autumn and spring, they will all cooperate to the greatest extent; and these are the seasons in which malarious diseases prevail most. Our knowledge of Meteorology being so limited, as to enable us to trace out these general laws only, the attempt to explain any local phenomena, by this hypothesis, would be premature. It could
only be done with any rational hope of discovering truth, when extensive records of local climates shall have been kept, and this is a point to which the attention of medical men should be especially directed. We should be induced to follow this course of investigation, not only from a priori considerations and from the striking coincidences above-mentioned, but from the unsatisfactory nature of all the theories concerning malaria, which have been proposed. That which refers it to a deleterious gas or gases, has been the most generally received; but independently of the fact that these gases are merely hypothetical existences never having been discovered, there are some considerations which render this theory very improbable. It is opposed, in the first place, to well established laws of gaseous action, that they should be confined to any localities. It has been shewn by the researches of Graham and Dalton, that the spaces occupied by different gases, are as vacua to each other, and that they tend to diffuse mutually through each other with velocities, which vary inversely as the square roots of their densities. So powerful is this tendency, that if equal quantities of Carbonic Acid and Hydrogen are put in a closed vessel, although carbonic acid is more than twenty times heavier than hydrogen, yet in a short time they will be uniformly diffused throughout, so that as much of either gas will be found at the top as the bottom of the vessel. It is on account of this diffusive property in gases, that the proportion of Oxygen and Nitrogen is so uniform; for did gravitation alone operate, the oxygen would sink to the surface of the earth and the nitrogen would rise to the upper regions, their specific gravities being in the ratio of 1.1111 to 0.97. "The importance of this mechanism by which gases rapidly permeate each other's texture and become equally diffused, it is scarcely possible adequately to appreciate. The welfare of the whole organic creation depends upon the due maintainance of the proportions of the several æririform fluids of which the atmosphere consists. The processes of Respiration and Combustion are perpetually tending to destroy the nicely adjusted proportions, by the abstraction of the vital air and the substitution of the carbonic acid, which is a deadly poison to animal life, and yet by the simple means which we are considering, the poisonous air is not al-
lowed to accumulate, but diffuses itself rapidly through space, while the vital gas rushes by a counter-tendency to supply the deficiency which the local consumption has created. Hence the invariable uniformity of this mixture, which is such, that the most accurate analysis of the most eminent chemists, have failed to detect any material difference in the proportion of oxygen in air taken from localities the most opposite to each other, in all the circumstances which might be supposed to affect its purity.”—(Daniell’s Meteorology, 3d ed., vol. 1st, pp. 25 and 26. Lond. 1845.) The Coal consumed in the metropolis, London, during the year 1839, was, according to Brande’s Dict., 2,638,256 tons, and according to McCullock’s Gaz., the amount consumed in 1849, was 2,566,809 tons; taking 2,500,000 tons as the average amount consumed per year, the quantity burnt per day would be 6,849 tons, and per hour 258 tons, equal to 638,400 pounds. Now estimating 70 per cent. of this coal to be pure carbon, it follows that 446,880 pounds of carbon are burnt every hour, and this will generate 1,638,560 pounds of carbonic acid every hour, and 27,309 pounds per minute or 233,981 cubic feet of carbonic acid each minute. The population of the metropolis in 1841, according to McCullock, was 2,560,281. According to Liebig, an adult in moderate exercise consumes daily 13.9 ounces of carbon, and taking 5 ounces as the average for persons of all ages, the population of London will burn up 800,000 pounds of carbon each day, and 555 pounds each minute, and this will generate 2,035 pounds or 17,435 cubic feet of carbonic acid every minute. So that from the combustion of fuel and food, the amount of carbonic acid generated each minute in London, is 29,344 pounds or 251,416 (in round numbers 250,000) cubic feet, and 1,760,640 pounds or 15,000,000 cubic feet each hour, and 42,255,360 pounds or 360,000,000 cubic feet each day. Moreover, for every equivalent of carbon thus consumed, there are two equivalents of oxygen abstracted from the atmosphere, and yet the analysis of the most accurate chemists have detected scarcely any appreciable difference in any of the constituents of the air, whether taken from the densest cities, as London and Paris, or from the summits of lofty mountains. The law of diffusion which thus acts so universally and so powerfully in preventing the unequal distribu-
tion of gaseous bodies is assisted also in this important work by currents of air in the form of winds, and at night by the displacement of air in valleys by the descent of cold air from the sides of hills and mountains. Under the combined influences of these powerful agencies, is it probable that any gas could so accumulate as to affect the occupants of the lower story of a house and not those of the upper, or the inhabitants on one side of a road or wall, and not those on the other?—(Vide. Quart. Journ., vol. 24th, p. 51. 1827; and Ency. Metrop., vol. 5th, pp. 797-8. Lond. 1844.) In the second place, it is not true that malarious influences exist only in places favorable to the decomposition of organic substances. Several instances of their existence in barren, sandy regions are recorded by Dr. Ferguson and others.—(See Philad. Journ. of the Med. and Phys. Sciences, No. 13. 1828.) Speaking of Ague, Darwin says, "This disease is common on the whole coast of Peru, but is unknown in the interior. The attacks of illness which arise from miasma never fail to appear most mysterious. So difficult is it to judge from the aspect of a country, whether or not it is healthy, that if a person had been told to choose within the tropics a situation appearing favorable to health, very probably he would have named this coast. Miasma is not always produced by a luxuriant vegetation with an ardent climate; for many parts of Brazil, even where there are marshes and rank vegetation, are much more healthy than this sterile coast of Peru."—(Voy. of a Nat., vol. 2d, pp. 128 and 130. New York. 1846.) That agues should be produced by sulphuretted hydrogen, as Daniell supposed, appears very improbable, when we reflect that chemists often remain for hours in a room through which this gas is diffused, and yet have no chills or fevers, and that the vicinity of Sulphur Springs, where large quantities of this gas is extricated, is often entirely exempt from these diseases.

The theory that these diseases are produced by animalcula and by fungi has been promulgated at various times, and Prof. Mitchell, of Philadelphia, has recently published a very elaborate monograph on the "Cryptogamous Origin of Malarious and Epidemic Fevers." It is not convenient at this time to review this little volume in full, but I propose to make some general
observations upon the ground on which his theory is based. It is universally admitted that the growth and qualities of fungi are greatly modified by light, heat, moisture, &c., and that it requires peculiar combinations of these for the rapid development of the Cryptogamia. Now why may not these peculiar combinations of physical agencies produce these diseases instead of the fungi? Why should we not go back at once to those great primary agents, which we know to affect both vegetable and animal life, and regard both the development of fungi and of agues as concomitant results merely, of their action? We know that physical agents do affect the human system, and that they exist in their greatest intensity during the autumnal months; we only know on the other hand, that fungi abound at the same time, but have no direct evidence that they do affect the system. The fact mentioned by various writers, that fungi are more abundant than usual during periods of general epidemics and sickly seasons in tropical countries, and that during these same seasons there is a greater tendency to decomposition of all kinds, shows that there are peculiar meteorological influences present, and why should the human system be proof against these? Moreover, the fact that some fungi are poisonous when eaten, is not a confirmation of this theory, as the diseases thus produced do not exhibit any striking analogies with malarious affections, and in some respects are widely different from them, according to Dr. Mitchell's own statements. Even in those instances where they exhibit a tendency to assume the characteristic periodicity of the latter, it may be due to malarious influence, as we know that various diseases assume this peculiarity in miasmatic districts. Again, if the minute species act by being inhaled, they ought to exert their greatest influence during the day, for although produced in greatest abundance during the night, the forces which diffuse them through the atmosphere are most active during the day. That their poisonous qualities are lost during the day, is rather improbable, when those which are poisonous, remain so after being cooked. Moreover, if they are so readily diffused through the air, why should their effects be so markly circumscribed? This objection does not apply to the action of physical agents, as their limitation can often be detected by such imperfect tests.
as our feelings. It was beautifully shewn by the effects of the destructive frosts which occurred from the 16th to the 22d of April of the present year. Vegetation was so much more injured in the neighborhood of streams, that from some elevated station, it was easy to mark out their courses by the appearance of the forests. Another interesting phenomenon then exhibited, was the destruction of the lower leaves of the trees whilst the upper remained untouched. Dr. Mitchell advances the idea, moreover, with considerable confidence, that some diseases both of plants and animals are produced by fungi becoming true parasites upon them. But is it not absolutely impossible to determine whether the fungi are the causes of the diseases, or whether the latter give rise to the development of the fungi by furnishing the conditions favorable to their existence. Does not analogy incline rather to the latter side; are not fungoid plants generally observed to flourish upon dead or dying organism? They do not attack fresh meat or vegetables, and yet if these furnished the requisite conditions for their existence, with their rapid powers of development, they ought often to appear upon them, for after decomposition has commenced a single night is often sufficient to produce a most luxuriant growth. Is it not most reasonable, then, to suppose that they are the accompaniments and not the causes of these diseases, for our limited powers of observation will not warrant us in asserting that no diseased processes pre-existed, even in those ambiguous cases where no unnatural changes had been detected previous to their appearance? Our knowledge in reference to specific poisons is so indefinite and uncertain, that any argument founded upon it, must be alike uncertain and unsatisfactory. We are entirely ignorant of the conditions requisite for the generation of a specific poison.

These are some of the objections to this theory which have arisen in my mind. It is somewhat to be feared that its attractiveness may create so much enthusiasm in its advocates, as to make them lose sight of the legitimate object of all enquiry, which is the discovery of truth. It cannot be denied that the gaseous theory has retarded the progress of knowledge by rendering men exclusive both in observation and thought; and so must every hypothesis which cannot be tested directly by ab-
strict reasoning, experiment or observation. The true philosopher takes a position elevated above all prepossessions—where light may beam upon him from all directions and in its greatest intensity; he examines with care and rigid scrutiny the phenomena presented to him, and seeks for their origin by tracing the operation of causes which experience has shewn to exist. Their influence he determines accurately, and if they be insufficient to explain the phenomena, he subducts their effects, and proceeds with greater ease and certainty in the investigation of the now simplified "residual phenomena." This mode of procedure has effected the solution of very many difficult problems in Physics, and it is that which is best calculated to unravel the mysteries of life.

**ARTICLE XXIV.**

*Statistics of Diseases of Hancock County.* By E. M. Pendleton, M. D., of Sparta, Georgia.—(Continued.)

The next table which I present shows the relative proportion between the several classes of disease in the different seasons of the year. Also, the contrast between the six warm months (beginning with April) and the six cold months (beginning with October), thus:

<table>
<thead>
<tr>
<th>Classes of Disease</th>
<th>Spring</th>
<th>Summer</th>
<th>Autumn</th>
<th>Winter</th>
<th>Six warm months</th>
<th>Per cent.</th>
<th>Six cold months</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digestive,</td>
<td>110</td>
<td>127</td>
<td>138</td>
<td>50</td>
<td>283</td>
<td>17.5</td>
<td>142</td>
<td>8.9</td>
</tr>
<tr>
<td>Respiratory,</td>
<td>53</td>
<td>39</td>
<td>64</td>
<td>70</td>
<td>92</td>
<td>5.7</td>
<td>132</td>
<td>8.2</td>
</tr>
<tr>
<td>Osseous,</td>
<td>25</td>
<td>37</td>
<td>24</td>
<td>20</td>
<td>65</td>
<td>4.0</td>
<td>40</td>
<td>2.5</td>
</tr>
<tr>
<td>Brain and Nerves,</td>
<td>23</td>
<td>26</td>
<td>18</td>
<td>22</td>
<td>46</td>
<td>2.8</td>
<td>43</td>
<td>2.7</td>
</tr>
<tr>
<td>Urinary,</td>
<td>14</td>
<td>11</td>
<td>8</td>
<td>4</td>
<td>24</td>
<td>1.5</td>
<td>13</td>
<td>0.8</td>
</tr>
<tr>
<td>Peculiar to women,</td>
<td>51</td>
<td>77</td>
<td>46</td>
<td>40</td>
<td>117</td>
<td>7.2</td>
<td>87</td>
<td>5.4</td>
</tr>
<tr>
<td>Visual,</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>9</td>
<td>0.5</td>
<td>12</td>
<td>0.7</td>
</tr>
<tr>
<td>Skin,</td>
<td>22</td>
<td>12</td>
<td>19</td>
<td>17</td>
<td>34</td>
<td>2.1</td>
<td>36</td>
<td>2.3</td>
</tr>
<tr>
<td>Periodic fevers,</td>
<td>12</td>
<td>56</td>
<td>107</td>
<td>13</td>
<td>117</td>
<td>7.2</td>
<td>71</td>
<td>4.4</td>
</tr>
<tr>
<td>Continued fevers,</td>
<td>9</td>
<td>6</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>0.8</td>
<td>23</td>
<td>1.4</td>
</tr>
<tr>
<td>Articular,</td>
<td>11</td>
<td>11</td>
<td>6</td>
<td>10</td>
<td>20</td>
<td>1.2</td>
<td>18</td>
<td>1.1</td>
</tr>
<tr>
<td>Abscess,</td>
<td>5</td>
<td>19</td>
<td>8</td>
<td>9</td>
<td>26</td>
<td>1.6</td>
<td>15</td>
<td>0.9</td>
</tr>
<tr>
<td>Injuries,</td>
<td>20</td>
<td>20</td>
<td>18</td>
<td>24</td>
<td>38</td>
<td>2.3</td>
<td>44</td>
<td>2.7</td>
</tr>
<tr>
<td>All others,</td>
<td>14</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>27</td>
<td>1.7</td>
<td>26</td>
<td>1.6</td>
</tr>
</tbody>
</table>

| Total                      | 376    | 447    | 482    | 312    | 912             | 56.0      | 702             | 44.0     |
From the above table it will be perceived that Autumn is the sickliest season, Summer the next, Spring next, and Winter the healthiest. There is not, however, that marked difference between the seasons in this county that many parts of our State would show, owing to its comparative freedom from malarious fevers. This tendency is getting more manifest every year, and I doubt not the time will come in this old county, under the improved system of drainage and agriculture, and the decrease of vegetable putrefaction, that our spring diseases will cope with the autumnal. All new countries (at least it has so proved in the South), are more subject to autumnal fevers than old ones, and it is doubtless owing in part to the immense decay of vegetable matter, presented to the sun in the rotten trees, roots and stumps of the late flourishing forests. This cause being removed in this county, together with the drainage of stagnant and pent-up creeks and rivulets, have completely changed the aspect of our diseases. There are now only one or two marked localities of periodic fevers in this county, and they are evidently becoming weaker in their influence.

The six warm months predominate over the cold as 56.0 to 44.0 in the aggregate. The different classes of disease are represented about as follows:—Of the digestive system, there are two to one in the warm against the cold months; of the urinary, about the same, owing no doubt to the increased tendency of these organs to take on inflammation in the warm seasons. Belonging to this class, also, though in a decreased ratio, are diseases of the teeth, those peculiar to women, abscess and periodic fevers. It is a little singular that tooth-ache prevails more in summer than winter, yet it is true, as the table shows, 65 for the warm against 40 for the cold months. I am sure this is against the commonly received opinion which classes it with those diseases originating in cold and sudden alternations of temperature, which, if it were true, would certainly throw its prevalence in the winter months.

It would seem that all diseases which are inflammatory in their character prevail more in the summer than winter, except those affecting the respiratory organs, which are as 8.2 against 5.7, unless we class continued fevers in this category, which we presume depends upon atmospheric causes. These have 23 for
the cold against 14 for the warm months.—And here I would remark that there seems to be an antagonism between periodic and continued fevers as to the time and perhaps causes of their production. In the winter and spring months proper, there were 25 cases of periodic fever, while in the summer and fall there were 163. On the other hand, the continued fevers stands as 21 to 16. This, though taken from a small table, might throw some light upon the future investigation of the etiology of the different classes of fevers. The eruptive fevers prevail mostly in spring and autumn. In the above table all cutaneous affections are put down in one class, but they mainly belong to the exanthemata. Thus, for spring and autumn we have 41 against 29 for summer and winter. The pure exanthemata would make the contrast still more striking. Why is it that these variable seasons of the year are better calculated to superinduce eruptive diseases than the more equable extremes of winter and summer? It would be an interesting question for the curious etiologist.

The remaining classes of disease seem to be but little affected by changes of temperature. Those affecting the brain, nervous and articular systems, prevailing a little more in the warm months, while diseases of the eye have a greater affinity for the cold months. This latter, I doubt not, is owing to the fact that the bleak winds of winter and spring are very apt to produce ophthalmia among those who are exposed to them. Thus we have in the above seasons 15 against 6 for the summer and autumn.

It would further seem that women are more subject to diseases peculiar to them in the warm months, as 7.2 per cent. against 5.4. This I suppose is to be accounted for in some diseases, because of the relaxing tendency of the season, and in others on account of the inflammatory tendency. Another remarkable feature connected with this table, is the fact that rheumatism prevails more in the warm than in the cold months. This I am sure is contrary to the generally received opinion, as rheumatics are supposed to be affected by cold, damp weather, more than any other kind. But the table indicates but little difference as to season, and that difference in favor of the warm months. Is it not true that articular rheumatism de-
pends more upon the state of the *prima via* and constitution generally than physicians are apt to imagine? The worst case I have ever known was brought on in the hot month of August. One thing is very clear, that there is yet much to be learned about the different phases as well as etiology of this and other diseases, and we hope these statistical tables will help to induce other and abler hands to set about the work of eliciting facts from the great laboratory of nature, which will tend to place our profession more nearly in conjunction with fixed sciences than it may at present claim to be.

**ARTICLE XXV.**


That Schirro-Cancer of the Vagina and Uterus is a very rare disease, in our country, may be inferred from the fact that, the extensive practice of Dr. Dewees had furnished him so few cases of it that he was compelled to borrow from Mr. Clark the description of it contained in his work on the Diseases of Females. I am, therefore, induced to lay the following case before the profession.

I was called, on the 11th April, 1847, to see Fanny, a negro woman about 35 years of age, and pregnant with her eighth child. She quickened, according to her report, sometime in February, and since that time had frequent discharges of blood from the vagina, but not to such an extent as to cause alarm until the day I was called. I found that she had had pretty free hemorrhage; pulse not much affected; complained of pain in back and loins. On examination by touch, I found the whole of the anterior lip of the os tincæ in a state of ulceration, presenting a very uneven and knotty feel, and which bled when touched. There was a free and constant muco-purulent discharge. I prescribed pills of opium and sub-acet. plimbi, to be taken until the hemorrhage ceased, and resumed upon its recurrence.

I stated the nature of her case to her master, and advised a regular course of treatment, which, however, was not attended
to. I saw nothing more of the case until the 10th of May, when I was again called in great haste to see Fanny. For several days she had suffered general uneasiness of the uterus, which now amounted to positive labour pains, frequent, though not strong. Upon examination, I found the os uteri soft, flaccid and not dilated; the ulcer had increased so as to compass nearly the whole of the ostincæ. Venesection and anodynes were administered without controlling the contractions, which continued until delivery. The child died two days after birth, and I was now requested to treat the mother’s case.

The treatment was commenced by an application of the acid nitrate of mercury to the ulcer on the 17th May, and the following lotion directed to be thrown up the vagina four or five times a day: sulph. zinc., 3 j.; tinct. iodine, 5 ij.; water, 2 li. Mix. I continued this plan for months, occasionally with apparent benefit. During the same time I used preparations of arsenic or iron internally, and cauterized the uterus every two weeks with either the acid nitrate of mercury or the nitrate of silver.

In October following, Fanny was placed in charge of two other physicians, who made an attempt to perform an operation on her, probably amputation of the os tincæ. I did not again prescribe for her, but frequently saw her and perceived that she was fast wearing away. She suffered constant and great pain in the right iliac region, for which she took large doses of laudanum. For two months prior to her death the cancerous fetor existed.

On 15th October, 1848, I was requested to make a post-mortem examination of Fanny. The body was very much emaciated, and was less offensive to the smell than when alive. The bladder was found very full of urine, and on the left side of it, without the peritoneum, between the vagina, rectum and bladder, there existed a collection of about a pint of slightly bloody fluid. On the right side, and in firm connection with the superior portion of the vagina as well as with the brim of the pelvis, there was a schirrous tumour about the size of a walnut, which grated under the knife, and in the centre of which was a small ulceration. The tumour, uterus, vagina and bladder were now removed. The vagina was very much thicken-
ed, and studded with ulcers in every part, except a surface about the size of a dime, just behind the urethra. Indeed the vagina appeared to be rather covered by one extensive ulcer than by a number of small ones, the ulcerated surface extending up to the uterus. There was no vestige of the ostincae, and the lowest point of the uterus was ulcerated. The texture of the uterus was not very firm, as the tenaculum frequently tore out. On cutting through the uterus, I found its substance very pale and studded with tubercles, some of which were in a state of ulceration. The mucous membrane was slightly injected, the walls of the uterus were about an inch thick, and the cavity of this organ resembled more a fissure than the normal uterine cavity. That portion of the vagina which corresponded to the schirrous was very thick, and in fact the tumour appeared to be a portion of the vagina itself.

The bladder was about a third of an inch thick throughout its whole extent. Its posterior part was intimately connected with the anterior portion of the vagina and was affected with a similar disease, but not yet in a state of ulceration. An aperture existed in the posterior portion of the bladder; internally, this was about three quarters of an inch long, and externally about the size of a crow quill. This may account for the collection of fluid found in the pelvis, as above stated.

ARTICLE XXVI.

Removal of a large Polypus from the Nose, through the Pharynx.
By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.

While on a recent professional visit to Newnan, Ga., I was requested by my friend, Dr. C., to see a negro woman, aged about 40, who had been for some time laboring under Polypus of the nose. A tumor could be seen projecting behind the uvula in the pharynx, and the finger could trace it still further by pushing up the soft palate. Having heard, while a student in Philadelphia, that Dr. Physick had once removed a polypus, under similar circumstances, by a tape secured to it through the pharynx, by a little manipulation, a noose was
thrown around this one, then wrapping the ends of the ligature around the fore-fingers, by a sudden and forcible thrust down the pharynx, the foreign body was easily extracted—indeed so readily, that I know not whether the patient or surgeon was most surprised and gratified. There was but slight hemorrhage, and the woman had a good recovery.

The polypus had but two slender attachments, like cords, extending up each nostril; and it weighed about one ounce. It makes quite a respectable showing in a common quinine bottle.

PART II.

Reviews and Extracts.

BIBLIOGRAPHICAL NOTICES.


We give the title to a work well and favorably known throughout our wide extended country; the character, worth, and usefulness of which are now fully appreciated by every student of medicine. It certainly needs no commendation of ours. We are indebted to the publishers for these two elegantly bound volumes.


This is another capital work on the Practice of Medicine, and issued, as may be remarked, by the same publishers, whose liberality we again acknowledge for a copy. This too is a new edition of an excellent European book, long and well received by the American medical reader.


That the author may express his object in publishing this work, we
present the reader with the preface; simply observing, that he seems to have executed his task in a satisfactory manner, and the publishers have done well in placing it before our professional brethren.

"Preface.—I began to study Reflex Obstetrics in 1842, and the present work is the result of seven years' close and earnest attention to the subject. I may say truly, that during this time, though much occupied by other matters, it has scarcely ever been absent from my waking thoughts.

"I have no wish to deprecate criticism, but I trust I shall not be considered merely in the light of one who applies facts and principles already known to his own department of practice. I believe every candid person conversant with the current knowledge of the Reflex Function, and of Obstetrics, when I began to write, must admit that I have both added to reflex physiology, and made extensive applications in practice, which had eluded previous observers. Indeed, reflex obstetrics is a new department of the reflex function and its applications. Taking the whole range of reflex physiology, the Cause of Labour is only second in importance to the Cause of Respiration, and no one had perceived that the relation of the ovarian nerves to parturition is the same as the relation of the pneumogastric nerves to respiration; while, in the investigation of the causes of the Genesial Cycles, in the Twelfth Lecture, I have entered upon a new field, altogether distinct from the reflex motor function.

"When I published my first 'Observations,' reflex physiology had not found even a verbal home in any work on obstetrics, but I do not think it will be possible to say the same of future works in this department of medicine."

Case of Hydrophobia—Cure.—(Ohio Med. and Sur. Journal.)

The following is the detailed account of the case of Mrs. Burrows, of Camden, N. J., by Prof. Jackson, of Phila., a short account of which, we published in our Jan. No. We extract it from the last No. of the Transactions of the College of Physicians of Philadelphia.

The third case is that of Mrs. Burrows, which has excited some curiosity and interest from the recovery of the patient. This very uncommon result is well calculated to cast a doubt on the true nature of the disease, and suggest suspicions whether it was a true case of rabies canina. On this account, I shall lay before the College a somewhat minute and detailed statement of all the circumstances of the case, and leave it with them to decide the question.

Mrs. Burrows is about 30 years of age, rather of full embonpoint, a brunette, with black hair and dark eyes. She has a physically nervous temperament, but possesses a determined
character, great resolution, and a flow of spirits that rarely fails. When a girl she was subject to nervous attacks and spasms. The last severe one, her father and herself informed me, occurred ten years since. She has been married seven years, and has had four children; one she lost last summer; the youngest was nine weeks old at the period of her attack.

Since her marriage she has had but one nervous spasm, which took place four years since. It was brought on by the painful attempts to remove a pin she had accidentally swallowed, and which was sticking in the faucæ near the top of the larynx. This was the last nervous spasm she had suffered prior to the invasion of the disease. Doctor Horner saw her at the time, with her brother, Doctor Cooper, at present a surgeon in the U. S. Army.

In the month of July last, then residing in Cooper Street, Camden, she was at the gate door with her child, a little girl aged — years. She saw two dogs running up the street; she stepped into the yard alongside the house, leaving the child at the door. She soon after was alarmed by the cries of the child, and the noise of a dog, and running to the door, found one of the dogs had attacked her child. She flew to its rescue, and in saving it received a bite on the inside of the wrist of the right hand. Two punctured wounds were made by the fangs of the dog, about an inch apart. They were slight, and she did not mention the circumstance to her husband, or pay any attention to them; they healed in a day or two. The dog disappeared, and nothing more has been heard of him.

No inconvenience was experienced from the bites until the commencement of October, when the slight cicatrices made became red, slightly tumesced, and painful. In some days after, one festered, which she opened; it discharged a few drops of greenish matter, healed, and gave no further trouble. The other remained hard and painful, and pains extended from it up the arm, to the shoulder. In a few days the whole arm became painful and swollen, a small tumor formed on the inner side of the arm about two inches below the axilla. It did not gather.

During this period, as she occasionally complained of her arm, her friends would inquire of her what ailed it; to which she frequently replied jokingly, that she had heard of a milk-leg, and she supposed her's must be a milk-arm. This is mentioned to show that her mind was not occupied with the idea of the bites.

On Friday, 27th October, Mrs. Burrows, after coming down stairs in the morning, drank a class of cold water, as is her custom. She was surprised by a sudden shuddering sensation,
but as it passed off, she thought no more of it. In the course of the day she crossed over to the city to visit her parents.—When on the river, particularly on her return, she felt a singular dread and uneasiness at the sight of the water she could not understand. It left her when she landed. In the evening, feeling unwell, she resolved to bathe her feet before going to bed. When the water was brought, she attempted to try with her hand its temperature. She was instantly seized with a violent shuddering, and sense of dread. Her husband, who was present, laughed at her, and asked whether she had not been bitten by a mad dog. She was fearful of giving him uneasiness, and did not mention the bite she had received in July. Soon after, in attempting to take a drink of water, she was seized with violent spasms of the throat, and a sense of suffocation, to an alarming degree. Dr. Fisler, of Camden, who was her physician, was sent for, and remained with her the greater part of the night, as the spasms continued to recur at intervals. She was treated with acetat. morph. gr. $\frac{1}{4}$, every two hours. Dr. Cooper, of Camden, also saw her. I received a message requesting my attendance, and visited her at 2 P. M. While in the parlor down stairs, I heard a peculiar sound that bore some resemblance to a dog’s bark. It was remarked that the patient was then in a spasm, as in them she made that noise. When I reached the chamber, the spasm had ceased. Mrs. B. was in bed, in full possession of her senses, conversed with me, without hesitation or difficulty, in a pleasant manner. She had no fever; pulse 68 to 70; skin cool; she complained of fullness of the head, which she attributed to the pills of acetat. morph. The fauces were slightly injected; she complained of pain in the neck, and in the throat; fauces appeared dry, and voice hoarse. Right arm swollen, and exceedingly sensitive; epigastrium sensitive to pressure, but it did not cause spasms, or disturb her breathing. Fanning, or waving the hand did not produce spasms, or unpleasant effects. Water poured from a vessel, though unseen, and no previous intimation given of the intention, Dr. Fisler informed me, had caused paroxysms in the course of the morning. I requested her to drink some water, with which she complied immediately. She took a mouthful, but in trying to swallow, a frightful spasm was induced, limited, as it appeared to me, to the larynx and fauces; she appeared suffocating. The diaphragm and abdominal muscles did not participate in it, as I kept my hand on the abdomen to ascertain the fact. She appeared to me for a short time to be unconscious, the eyes rolled upwards, but she declared she retained her senses perfectly. It was a violent struggle for breath, but not general convulsion.
or spasms. There was no salivation of mucus collected in the mouth.

At this visit I expressed to my colleagues, Drs. Fisler and Cooper, that although the symptoms were somewhat suspicious, yet, taking everything into consideration, I was disposed to look on the affection as a simple nervous one, and probably hysterical.

The following course was agreed on. Sinapisms to the epigastrium; cups on back of neck; sinapisms down the spine; enemata of assafoetida, 3iij suspended in water, and chloroform, 3ijs in an emulsion, every hour if required.

_Sunday Morning, October 29th._—Patient apparently better, very cheerful, calm, collected in manner, and gay in conversation. Spasms had continued yesterday until evening, when they had ceased, and had not again returned; passed a quiet night, but did not sleep sound. She had drank water freely several times. Some difficulty had been experienced in swallowing it, but no spasms were excited. Head more comfortable since the pills were omitted. Throat feels sore, but less painful than yesterday. Skin, pulse, and tongue natural.—Sensibility entirely lost in the skin of the right arm, below the deltoid muscle; does not feel pinching, or touching. She asked me to stick it with my knife, to ascertain whether she could feel that. There is notwithstanding, deep-seated pain in the course of the nerves. There are also slight spasmodic twitchings of the muscles of the arm. The whole abdomen feels sore and uncomfortable; pressing the epigastrium gave most uncomfortable sensations, and disturbed the respiration, rendering it irregular, but did not cause spasms. In the night ejected some blood by vomiting, which did not coagulate.—Bowels have not been opened.

At this visit my first impressions were rather confirmed than weakened. I was determined to continue the same plan of treatment, and to add the following, with a view of acting on the bowels:—Mass. hydrarg., 9j; syr. rhei, 3j. A teaspoonful every hour. Enema of emulsion of assafoetida, if spasms continue.

The first dose was given at 12 M. The attempt to swallow it brought on violent spasms of larynx and chest, threatening suffocation.

From this time, the spasms occurred, with short intermissions, spontaneously, notwithstanding the assafoetida injections, the sinapisms to abdomen, and other means resorted to by Drs. Fisler and Cooper.

I saw her at 5 P. M. There was an intermission when I entered the room. She expressed herself as suffering great
bodily distress. The right arm was in constant agitation from slight spasms; the right shoulder painful; no sensibility in the forearm. The cicatrix was tumid, red, and sensitive to pressure, though the hand and arm were insensible. She complained of acute pain in both hams. Pressing on the groins, on the calves of the legs, in the armpits, as well as under the knees, excited acute pain. Has sense of distress in throat, chest, heart and abdomen. Notwithstanding this state of suffering, talks cheerfully, even answered in the same spirit to some jocose observations, and expressed her full confidence in her attendant's skill. Without her observing it, I placed my hand near the back of the head, some inches from it, and gently waved it. She was on the instant seized with shuddering, followed by strangling spasms of the larynx, fauces, and of the chest, arresting respiration, followed immediately by spasms of the trunk, in which she was tossed about the bed, gnashing her teeth, and plunging her head into the pillows, and bed clothes, biting and tearing them.

Chloroform was sent for. It was obtained from an apothecary in the neighborhood. When procured, as no sponge was at hand, I soaked a rag with it, and seizing her by the back of the neck, attempted to hold it near her mouth. The inhalation was imperfect, as the spasms kept the patient in constant motion, and as she was making plunging efforts to seize the rag with her teeth, some caution was required to avoid being bitten.

A sponge was then procured, and the inhalation was more effectually performed; as the effect took place, and the spasms were mitigated, the patient assisted herself to hold the sponge to her mouth. In a few minutes the full effect was produced, and she fell perfectly insensible, every muscle in perfect relaxation, and the respiration easy and natural. An enema was now administered, consisting of Pulv. ipecac. composit. ʒi; chloroform ʒi, in starch water.

The medical attendants retired to another room, where the excision of the cicatrix was talked over and determined on.

After returning to the room, while sitting by the bed-side, she suddenly addressed me, saying, "Dr. Jackson, what is my disease?"—"Nervous spasms," I answered—"I know that, but what causes these spasms?"—"Many causes of various natures may give rise to them."—"That is true, but is not that the cause," putting her left forefinger on the cicatrix on the right wrist. "Is it not that?"—"Most probably it is."—"Why not, then, cut it out? why not, if necessary, take off my arm? I can bear it, I have nerve for anything."—"Cutting it out is precisely what we have concluded, just now, to do, but it so
happens, we have no instrument with us."—"Well, take your pocket-knife, I won't flinch." Dr. Cooper, who had stepped out returned with a venerable scalpel that had evidently not been in service for a long time, and a tenaculum. I hooked up the cicatrix, and with some effort succeeded in excising the skin surrounding the cicatrix. This rude surgery was borne well. She then said, "Do you not think it would be better to apply a cautery to the cut?"—"A good suggestion," I replied, and immediately applied caustic liberally over the whole surface. A poultice of pulv. ulm. rubr. was directed to be applied.

The excision of the cicatrix was hardly completed, when a spasm came on. The chloroform was immediately administered with the sponge, its full effects were induced, and she again became insensible. She was some time in this state; as she was recovering from it; she raised herself slowly on her knees, and with her eyes intently gazing, and her arms stretched upwards, she addressed the vision of her lately lost child. When she had entirely recovered, she related the vision she had seen.

It was agreed that the chloroform should be given as soon as a paroxysm was observed coming on, that in the course of the night another enema similar to the last should be administered, if the spasms continued to recur, and calomel, gr. xx should be given, to relieve the bowels.

*Monday, October 30th.*—At my visit this morning found her better, calm, and cheerful; pulse 96; temperature of skin natural. Tongue moist, slightly coated. I was informed that spasms had continued to recur from the time I left her until midnight. Many were exceedingly violent. The chloroform had been timidly administered. As the spasms appeared to yield, the chloroform was withdrawn, from an apprehension of some ill consequences from using it so constantly. The patient, as soon as the spasms would permit her to articulate, would call for more and urge its use. After 12 o'clock, the spasms were subdued so much, that instead of being instantaneous, she had a warning of their approach, when a few inhalations arrested their further development.

Was sick in the night, and vomited more blood, which remained liquid.

Throat feels sore, voice is hoarse; abdomen uncomfortable, and slight pressure distressing; cannot bear the weight of the bed-clothes on it. Pressure on the calves, under the knees, groins, and arms, very painful. Bowels have not been moved. In the confusion from the conflict with the spasms, the calomel directed had not been given. No feeling in the right arm. It is paralyzed, but is often affected with tremulous spasms.
Mrs. B—is naturally nearsighted. Her father assured me she had been so from early youth. She was unable to distinguish the features of a person standing at the foot of the bed. Her sight is now quite acute. The shutters are bowed, and the curtains drawn, as the light is offensive, yet she sees a pin sticking in the paper on the opposite wall of the chamber, distant at least twelve feet.

The hearing is equally acute, though her hearing is rather dull in health. Yesterday, when the medical attendants were in the parlor beneath the chamber, the stairway opening into a small entry communicating with the bed-room she heard the conversation below, and repeated parts of it to those with her at the time.

She remarked to me that her throat felt so uncomfortable and dry, that she wished it could be greased inside with a feather. I suggested to her to take some oil of butter, to which she assented. It was prepared and brought to her in a silver spoon; but as soon as the glitter of the metal caught her eye, she was taken with a strong shuddering, and spasmodic action of the throat and face. The oil was then placed in a small toy-cup; she received it in the mouth without difficulty, but in attempting to swallow it, a spasm came on. I called to her to spit it out; but she made another effort, when most of it was expelled, and a strong spasm was induced. The chloroform on a sponge was brought under her mouth, a few inhalations produced partial insensibility and relaxation, and the paroxysm ceased. Calomel (gr. xvi.) was given. Pills are swallowed without difficulty, crackers can be chewed and swallowed.

6. P M. No complete paroxysm since morning; several times spasms were threatened, but arrested immediately by chloroform inhaled. This afternoon, her father seeing a fly about to light on her face, waved his hand to drive it away. This excited a spasm, checked, however, by chloroform. The looking-glass, and other shining objects in the room, were covered over. The glitter distressed her. The windows were also kept down; she could not bear the air to blow upon her.

I inquired of her what had been and were, her feelings; she said it was difficult to describe them, but they were more like a dread of something, she knew not what, than any other feeling. Her mind is tranquil; she converses cheerfully: being a Catholic, she has observed the religious obligations of her faith, and is fully prepared for any event.

The wound is discharging freely a thin serous fluid. The arm feels, she says, as though sensation was returning in it. Bowels have not been open, or urine passed. Directed a
purgative enema, and after evacuations, pulv. ipecac. comp. 3ss. in injection. Chloroform pro re nata.

Tuesday 31st.—Had passed a comfortable night; bowels and bladder had both been relieved last evening, and again this morning; had taken the Dover's powder injection.—Twice spasms had been excited in the evening; once by a young girl coming into the room, and approaching the bed with a glass of water in her hand; the other, by an attendant, without thinking of it, bringing a basin of water into the room; each time chloroform arrested the spasms.

The wound discharges freely; suppuration has commenced; sensibility has returned to the arm; pressure on the calves, beneath the knees, in the groins, and armpits, much less painful.

She took last evening, some ice-cream, and repeated it this morning; she has taken also, some milk this morning. The uneasiness of the throat greatly abated; epigastrium less sensitive, bears pressure without the same distress. She informed me this morning, that during the violence of the attacks, a feeling appeared to start from the cicatrix, ascend the arm, pass down the chest, and strike into the stomach; but that now the feeling appears reversed, and seems to pass from the stomach into the arm, and descends into the wound.

The chloroform is used whenever there are threats of spasms from uneasy sensations. Repeat the enema of Dover's powder.

I inquired of her whether there was any difference between the attacks she had suffered during the last few days, and those I had understood she was formerly subject to. She said there was; they were wholly dissimilar. I asked in what respect. There is this difference, she remarked: in the former attacks I was generally unconscious; I knew no one about me, what was said, or what was doing. When I came to myself, I did not know that anything had happened to me. In these last, I had my consciousness entire. I knew every one, heard all that was said, and I knew all that was doing. There is also this difference. In my old attacks, bandages were tied tight around my stomach, and pressure made, which always gave me relief in the milder attacks; in those I have lately experienced, I could not bear the slightest pressure on the stomach; the bed-clothes oppressed me.

Nov. 1st.—Was restless in the night. The hand, wound and arm more painful; the edges of the wound pale and unhealthy; discharge thin and sanious. Directed it to be dressed with uingt. resinæ flav. Abdomen and epigastrium are no longer sensitive, or the seat of uncomfortable sensations; bowels relieved. This morning has taken ice-cream and milk. She
Case of Hydrophobia.

[August,

has swallowed three or four raw oysters; complains of thirst, and wishes to make a trial of drinking water. Some was brought to her, and she took a large draught. A slight tremor only was produced, followed by a sense of glow, and suffusion of the face; continue milk, ice-cream, and raw oysters. At night the usual enema of Dover's Powder. Chloroform has been discontinued.

4th.—Has continued free from spasms; arm been painful. To-day was brought in a carriage from Camden, to her father's residence in Market Street above Ninth. Saw her after her arrival. She was in the sitting room down stairs resting herself. At 9 P. M., I was sent for to see her. In carrying her up stairs to her chamber she had fainted. She continued from fifteen to twenty minutes in that state. She revived soon after I entered the room, when, as usual, she commenced with me a cheerful conversation.

She informed me that she had lost her milk during her illness, and will be compelled to get a nurse.

5th.—Had rested well; feels better though feeble; arm less painful.

23rd.—Have not seen Mrs. Burrows until this evening, at 10 P. M., when her brother, Doctor Cooper, of the U. S. Army, urged me to visit her immediately.

Since last report her general health has been good. The arm has remained painful; the pain appears to be confined to the ulnar nerve in the forearm, but the whole shoulder is painful. On the 17th, Doctor Fisler saw her, and as she was that day feeling very uncomfortable, with increased pain of the arm, and the wound was nearly healed, he again applied caustic potash. The slough was thrown off to-day. The pain of the arm had been increasing for the last two days, and finally, this evening, strong spasms of the arm came on, recurring, in paroxysms, every ten or twelve minutes accompanied with sense of numbness. Severe pain existed also in the nape of the neck, extending down the back to the last dorsal vertebra.

I directed a warm poultice with ten grains of powdered opium, to be applied to the wound. A pill containing sulph. morph. gr. ¼, was ordered to be given every two hours, and a dozen dry cups to be applied along the spine on the neck and back. One spot opposite the third dorsal vertebra, was exceedingly sensitive; when a cup was applied to it the right arm was thrown into violent spasms, the forearm was rigidly flexed, and the hand clenched. It continued in this state until the cup was removed.

24th.—The pain and spasms of the arm continued nearly all night. Towards morning became less, and the patient got some sleep.
No spasms of the arm to-day; the course of the nerve is yet tender; a little below the axilla is very sensitive; wound discharging freely; a liniment of extr. of stramonium, aconite, opium, with cerate oil, was directed to be rubbed on the arm, and the pill to be continued, at intervals of from four to six hours.

25th.—Rested well last night; arm less sensitive; wound looks healthy; omit the pills; continue the liniment.

From this period Mrs. Burrows continued to improve in health. Her milk returned. The wound cicatrized in the second week of December, the pain ceased in the forearm, but the shoulder and axilla continued sensitive, and occasionally painful until the commencement of January. To the present time (Feb. 6,) she continues to enjoy the most perfect health.


It is a remarkable circumstance that rachitis seems to be a comparatively modern affection, it having first appeared in England during the 17th century. So complete is the practical portion of Glisson's work on this disease, that M. Trousseau, after bestowing great pains in accumulating and arranging facts respecting it, was surprised at finding nearly every important point anticipated. The affection is never congenital; and although some commencement of the deformity may occur as early as the 3d or 4th month, it does not usually show itself until the 10th or 12th, augmenting most during the second year. It is rare indeed for the disease to commence after the 2d or 3d, and especially the 4th year. Parents seldom perceive the symptoms until they have considerably advanced. The child is then dull and heavy, breathes with difficulty, and suffers pain when taken up; and on examining the chest, the flattening of its sides and the projection of the sternum are obvious. A remarkable excavation exists opposite the 5th, 6th, and 7th ribs. The articulations of the ribs with the projecting sternum give rise to so many projecting points, and the same may be seen at the dorsal articulation. The clavicle is carried strongly forwards, projecting where it joins the sternum. The spine becomes bent upon itself as in old age, but not distorted laterally, and the vertebrae are enlarged as if they had been submitted to compression when soft. The anterior fontanelle remains open for two, three, or four years, though it should be closed by the 14th or 20th month; its texture remaining cartilaginous as late as six years, whereas, at latest, it should be bony by
the second year. In like manner, the sutures continue un-united for a period far too long. The head enlarges in all directions; the forehead resembles that of the hydrocephalic head; the chin is short, and the jaws, especially the lower, are swollen. Almost invariably the teeth are very backward, or if present, they are ill formed, carious, and brittle. In respect to the pelvis, the iliac portion widens out, while the ischiatic narrows, contracting the cavity. The humerus and femur are especially shortened, and this occurs to some extent in all the other bones, the longest ones generally shortening most. The bones of the forearm are curved with the concavity towards the palmar aspect. The humerus is curved inwards, and the bones of the lower extremities forwards and inwards. The heads of the bones are enlarged, and their ligaments relaxed, allowing movements of the hands and feet without the intervention of the forearm or leg.

The first stage of the pathological change is termed by Guerin *ramollissement*—the whole texture of the bone becoming softened, and the intervals of its lamellæ being filled with a substance of the consistence of current jelly, which also fills the medullary canals of the expanded bone. The periosteum swells and becomes incrusted with osseous matter as after a fracture. If these processes go on, an amorphous osseous matter becomes deposited, which gives to the bone a remarkable softness, so as to render it capable of receiving an impression as in œdema, or of being bent by the hands. However, the osseous matter becomes more and more deposited, and after a while hardens the bone and acts curatively. In from four to six years this hardening becomes so great that the term *eburnation* may be then correctly applied, although used by Guerin at an earlier period. Very slight force, however, suffices to fracture such a bone.

Children labouring under rickets suffer much pain, and when the disease is advanced, great agony, on the least movement. The first symptom that strikes the mother is the great debility of the child, perhaps heretofore apparently strong. It suffers much when attempting to stand alone, and bends forward like an old man. If we find a child so suffering, and that it has a large head, fever, and sweats which persist for weeks or months, the disease will surely prove to be rickets. Too often both the mother and physician are induced by the cough and dyspnœa, which in so deformed a chest are present, to mistake the disease for a catarrhal affection. So, too, the large belly produced by the thrusting down of the enlarged liver by the contents of the thorax, leads to the supposition of mesenteric disease. Rickets seem quite incompatible with *tubercle*, as the
two diseases are never found associated, and the same remark applies to scrofula. Almost all the children who die from rickets do so on account of the development of acute or chronic pneumonia. In other cases diarrhœa takes them off; but they never die from affection of the head.

One is struck by the fact that most cases of rickets occur between the 10th and 15th months, which is just the period of dentition; but the supposition that it arises from the febrile action dependent on that process will not bear examination. These children generally have not yet got any teeth. This is also the usual period of weaning, and rickets is of very common occurrence in children who have been prematurely weaned; and M. Guerin's experiments show the great influence exerted by improper diet in its production. In those whose diet is too animalized, it is developed sometimes with wonderful rapidity; and we have to insist on prolonged suckling or the use of milk, whereas practitioners too often order broths, meat &c., on account of the weakness of the child; in all such children, milk is the proper diet for the first three years, the good diet, tonics, &c., given advantageously in scrofula being quite unadapted to this affection. Yet cod-liver oil, so useful in scrofula and numerous chronic diseases of debility, is of marvellous efficacy here; the common shoemaker's oil being, however just as useful as the more expensive preparations. It first produces a cessation of pain, and, if continued, a cure rapidly follows.

Diseased Condition of the Tracheo-bronchial Mucous Membrane of the Artisans of Sheffield, and the Statistics of Mortality among them.—(Amer. Journ. of Med. Sciences.)

Dr. Craigie, in the late edition of his elements of "General and Pathological Anatomy," states: In the town and vicinity of Sheffield, two sorts of grinding of edged tools are practised; one, dry grinding on a dry stone, the other, wet grinding on a stone moistened with water. Many articles, as scissors, razors, and penknives, are ground partly on dry stone and partly on the wet stone. Others, as forks and needles, are ground mostly on a dry stone. Table knives are ground principally on a wet stone. Saws, files, and scythes, are ground entirely on a wet stone. Dry grinding is most injurious, and tends most directly and effectually to induce bronchial and pulmonary disease, and thereby to abridge the duration of life amongst the grinders. The dry grinders, therefore, are most speedily destroyed. The life of the wet grinder is often prolonged to a considerable age.
Of 1,000 scissors-grinders above 20 years of age, only 20 attain the age of between 50 and 55 years; only 10 the age of between 51 and 65; and none live beyond the latter age; while of the inhabitants of Sheffield generally, 224 in 1,000 are found living at 65 and above, and in the midland counties 413 in 1,000. Of artisans in this branch 843 in 1,000 die under 45 years of age.

With the fork-grinders it is worse. Among 1,000 fork-grinders, aged above 20 years, not 1 attains the age of 59; while in Sheffield, among 1,000 persons, 155 are living at 59. Of these 1,000 persons, 472 die between 20 and 29 years, 410 between 30 and 39; and the residual 115 are all gone before the age of 50.

Among 1,000 razor-grinders above 20 years of age, 749 die under 41 years of age, the rest mostly between 41 and 60; between 61 and 65, only 5 are living; and after 65 all are gone.

Of the penknife-grinders, not 1 in 1,000 arrives at the age of 60: 731 die before the 40th year; and the rest are all destroyed before the 60th year.

Saw-grinders, file-grinders, and scythe-grinders, who work on the wet stone, are less liable to bronchial disease, and are longer lived. The numbers pursuing saw-grinding are not great. Yet among 78 persons engaged in it in 1843, 9 were between 60 and 65, and 1 died between 66 and 70, and 1 at 79.

The number of scythe-grinders is also not great. In 1843, there were 30; of these, 8 were between 41 and 60 years of age. Both the saw-grinders and the scythe-grinders are exposed to accidents, sometimes fatal, from the breaking of the stone.

The lesions which produce this great mortality are of a complicated character. The most common lesions are chronic inflammation, with thickening of the bronchial membrane, enlargement or dilation of the bronchial tubes, emphysema, and expansion of the pulmonary tissue.

The bronchial glands are enlarged, or converted into a black, hard, gritty substance, varying in size from half a marble to a large hazelnut. In dividing these glands, the sound emitted is the same as if the scalpel were dividing a soft stone, and the section is black and polished, and grates over the edge of the knife. Such masses are commonly detected in grinders who have belonged to the most destructive branches. Similar soft, sectile, gritty, or stony matter is found in almost every part of the lungs, in portions varying from the size of a currant to that of a bean; adhesions between the pulmonary and costal pleura are also frequent. In some instances the lungs present an appearance as if black currants had been distributed through their
whole substance, and accompanied with similar bodies, larger in size, but hard and gritty like them. These currant-like bodies are also observed on the surface of the lungs. They are supposed to consist of the dilated extremities of veins containing some of the solid constituents of the blood.

Tubercles are also occasionally found, with their consequences, vomicae.

Another state, frequently observed, is engorgement or infiltration of the lungs with a dark colored fluid, which is ascribed to the inhalation of the fine black dust floating in the atmosphere during the operation of glazing.

On the mode of production of these lesions, or the order of their succession, observers are not agreed.

Nux Vomica in Epidemic Dysentery. By W. M. Cornell, M. D., of Boston, Mass.—(Charleston Medical Journal and Review.)

After the failure of most of the usual remedies of the materia medica, in this epidemic, I was led to look around for some other medicine, and in turning over the volumes of my library, I hit upon the following passage in the first volume of Dr. John Armstrong’s Works, of London, page 419: “A friend of mine, Mr. George Vaux, of Ipswich, has tried a remedy for sixteen years, in about two hundred cases; and the result has been so successful, and so remarkably uniform, that I feel it my duty to mention the treatment here. This gentleman gives in dysentery, or inflammation of the mucous membrane about the colon, seven grains of nux vomica thrice, daily. It neither purges nor constipates, but removes the inflammation, and healthy evacuations follow. Mr. Vaux, who resides in London, bears similar testimony to the value of this remedy, and I strongly recommend it to your notice. I shall certainly try it in the next case I meet with. It seems to operate as a sort of specific. It was first mentioned by Hagstrem, and has been very much neglected since his day.”

Upon reading the above, I immediately determined, under the circumstances above stated, to make trial of the nux. I did so. I gave it in the full dose of seven grains, thrice a day, to adults, and from one to three or four grains to children, in proportion to the age. The result was most happy. Not a patient who was treated with this medicine died. It was prescribed in ten cases, within three or four weeks, and all recovered. No cathartic medicine was given, except teaspoonful doses of the bitartrate of potassa in a few cases.

It would be presumption to say that this medicine is a per-
fect specific for dysentery in all cases. Indeed, I am far from having much confidence in specifics generally; but I feel constrained to say, that the above named medicine altogether exceeded my expectations, and I earnestly recommend a trial of it in dysentery.

I tried the strychnine; but on the whole, much preferred the powdered nux to that.

During the prevalence of the epidemic, I, myself, had an attack of the complaint. It was not very severe. I took the same medicine that I prescribed for my patients.

I had one case which was very severe and where I almost despaired of recovery, yet the patient did recover under the use of the nux vomica, and is now in excellent health. The nux was usually continued till it produced its characteristic symptoms, and at this period, and often before, it checked the disease.

If other physicians shall have the same success that I have had with this medicine, it will be more decided proof of its efficacy, and, I hope this communication may not prove entirely useless to the profession.

Influence of the Mother’s Imagination upon the Production of Monstrous Children. By Dr. Burdon. (Month. Retrospect, from Dublin Med. Press.)

It is a fact, that the workings of a strongly excited mind may produce very great changes in the body, either immediate or remote; but it may at the same time be observed, that this power of the mind is circumscribed within a limited circle, even within its own body. It may be felt in the several tissues, glands, and viscera; it may produce sympathetic irritations and nervous movements; but it has no constructive or creative power. Who, by an effort of his mind, could place another hair on his head, or add a cubit to his stature?

In forgetfulness of this and common sense, and only noticing the fact, that the mind of one individual cannot alter the body of another, it is asserted, that the little being within the womb cannot be considered as a foreign body with respect to the mother, but rather (in consideration of its connections) as a part of herself.

Dr. William Hunter examined very patiently the influence of the mother’s imagination upon her still unborn child, and proceeded upon the right plan of investigation. In 2000 cases of labour, immediately on delivery, and before examining the child, he inquired of the woman whether, during her pregnancy, she had a longing for, or had been frightened by, or her thoughts
had dwelt on, anything particular for any length of time? He questioned her also as to her own ideas on the subject, as to whether she expected to find a mark on the child; if so, what kind, and why? All her answers were taken down in writing; and then he examined the child. He declares that though he found many children marked, yet in not one single instance of these two thousand did the answers or expectations of the woman agree with the result. Many expected a mark where there was none; and others had not thought of the subject, and had got through there term unnoted by any incidence when there was. Both the St. Hilaires, father and son, have been very assiduous in collecting the particulars of every recorded abnormal birth; and the latter asserts, as I have mentioned further back, that Dr. Martin's case is the only authentic one in which the woman said before her confinement that her child should be born marked, and her feelings proved to be correct. Thus it is clear how the numbers of instances have been collected to form such a large mass of evidence as proof of the truth of our subject. But when closely examined, the magnitude of this mass fades into insignificance. Remove the ample folds of its gossip drapery, and the giant becomes a dwarf. As I have myself mentioned a number of cases of monstrosities, in which the impression was made on the mind of the mother prior to the birth of the child, do I mean to deny the existence of cause and effect? Certainly not. Let us examine what constitutes the logical term, cause and effect. It is this: A certain act being always, or nearly so, followed by the same consequences. If occasionally the primary being present, the succeeding phenomenon does not appear, we readily admit that in such instances the usual cause is overpowered by some other cause. But be it remembered, that the exceptions must be few in comparison with the rule. Is such the case with the subject before us? No such thing. Every woman, I repeat, during her gestation of nine months, must have had her attention arrested by some object, or must have been struck by some one idea more forcibly or more frequently than by others, and yet, comparatively speaking, there are but very few children born with a blemish. How, then, are these facts to be explained which have occurred? I answer, the agreement between them is merely accidental, and cannot be looked upon as cause and effect. Every person has been struck by meeting with a number of remarkable fortuitous coincidences. If these were collected and set in a note-book, they should far out-number those which take place between mother and child.
The Epidemic Cholera.

The reader will reasonably expect a considerable portion of this No. of the Journal occupied with the all-engrossing subject of the epidemic, now committing its ravages over a wide extent of our goodly land. We at present occupy a position, having Richmond, Va. on the north-east, and Nashville, Tenn. on the north-west, within which points we have no cholera. Augusta still preserves its usual health, though at times there is considerable diarrhoea; a remark, we learn, alike applicable to every place and location from our sea-board to the mountains. In the selections on the subject, the editor has rather had to encounter les embarras des riches (a circumstance unusual in Southern literature) rather than to enter upon researches. He hopes the extracts may be profitable to the reader.—[Edt.

Remarks on Epidemic Cholera. By Fred. B. Page, M. D., of Louisiana.—(Communicated for the Boston Medical and Surgical Journal.)

After all that has been said and written upon Asiatic Cholera, I am persuaded its whole character and management may be comprised within the compass of a nutshell; and I shall now proceed to narrate, as briefly as possible, the whole sum and substance of what may be necessary to the full comprehension of its treatment, confidently assuring the reader, from ample experience, and a close familiarity with the epidemics of 1832-3, and 1849, when my whole time and attention were devoted to it, that this formidable malady loses much of its terror when divested of its empiricism, and is subjected to the test of a simple and rational mode of cure. "Taken in time, it is the most curable of all dangerous diseases. If suffered to run into the stage of collapse, it is the most fatal."

Cholera, when fully formed, either from the duration of the disease, or the force of the symptoms which characterize it, has been well and simply divided into four stages or periods. Dr. Formento, of New Orleans, enumerates the following train of symptoms, as characterizing the several stages, which I transcribe for their simplicity and accuracy, giving, at the same time, under each head respectively, my own mode of treatment, which has proved generally successful, I may say in a multitude of cases, especially the past season, and all that could be expected even under the circumstances, if not all that could be desired.

1st. The period of incubation or excitement. Symptoms—
lassitude; anorexia; nausea; oppression or weight at the pit of the stomach; flatulency; abdominal pains, or termina, especially at night; restlessness; thirst; white tongue; bitter taste in the mouth; colics; burning sensation in the stomach; pyrosis; vomiting; diarrhoea, without tenesmus; headache; vertigo; muscular weakness; twitchings; cramps, and ordinarily a slow pulse. This state may be prolonged from one to two weeks. It requires prompt attention. Taken in time, it furnishes the physician an opportunity of preventing the development of the disease, since nine-tenths of the cholera cases are preceded by some of the above sensations.

"The earliest manifestations of cholera, however, especially on its first invasion, are generally confined to irritation of the stomach and bowels, and in this state it is unquestionable that the mere exhibition of an anodyne, a cordial, or an antispasmodic medicine, is sufficient, in numberless instances, to stop the progress of the disease and effect a cure." Abstinence from solid food, confinement to the house or bed, with a warm alkaline foot-bath, and warm aromatic, opiated, or camphorated drinks, &c., will usually ward off an attack, and restore the patient to health.

The symptoms of the disease often vary, notwithstanding, with the locality of a place, and the medical attendant will often find himself compelled, in the same place, and with the same patient, to adopt an opposite mode of treatment, and be astonished to find recoveries under these apparent contradictions. This is common with most epidemics, as is known to every practitioner. They rarely return under exactly the same form, nor yield to exactly the same remedies, in two successive seasons. "How erroneous, therefore," says Rush, in one of his notes to Sydenham, "must that practice be, which is influenced by the name of the disease. Bleeding, purging, vomiting, and sweating medicines and opiates, all do good or harm, according as they are regulated or not, by its existing character. This should be studied anew by the physician every season."

Epidemic cholera varied its character most strikingly in its former visitations to our cities. In 1832, nearly every patient that was bled was lost. This was the case in the epidemic spotted fever of former seasons. Bleeding in Asiatic cholera had been declared the very sheet anchor of the faculty in some European cities and was relied on greatly in the practice of several physicians upon this Continent, but death was the consequence. Upon the return of the disease in 1833, the lancet was resorted to, under added recommendations from the Southwest, and with signal success. Bleeding is now generally avoided, and with happier results, under a better acquaintance with the disease.
The present epidemic has changed its form frequently, according to locality and other circumstances, and often differs materially from the epidemics of 1832–3, in several important particulars. Generally speaking, it is of a milder type—the discharges are not so copious or profuse—the spasms are less severe and constant, while it has been observed that a much smaller number are restored after entering the stage of collapse, than at the former period.*

"Cholerine, which is the simplest form of the disease, and which appears particularly at the commencement of the epidemics, or in individuals placed under the most favorable circumstances to become affected with it, is characterized by general indisposition, an unusual depression of the moral and physical powers, insomnia, epigastric uneasiness, a sensation of weight, and sometimes of heat at the stomach, feebleness of the pulse, which is small, soft, and more or less slow; nausea, borborygmi, a clammy dryness of the mouth; thickened, scanty, and high-colored urine, and alvine evacuations, often analogous in their nature and frequency to those of cholera, sometimes yellowish or colored with blood, but almost always mixed with white mucosities, accompanied in some cases by vomiting. Though cramps are sometimes observed, they are more frequently wanting, and the livid discoloration of the skin, with the phenomena of asphyxia, are never present."

*Cholera sicca* has been among the common forms of the present epidemic in some localities, and has been very fatal. It is unaccompanied by evacuations, and on several plantations, in the South, has struck down the most healthy and vigorous; the more aged, and children, probably from less exposure to the cholera influence, having entirely escaped. This form of cholera is generally, though not necessarily, fatal.

Cholera spasmodica, or *foudroyant*, has also appeared on many plantations, and in several localities in the South-west. Individuals are suddenly attacked, with or without the prescurory phenomena, with vomiting, diarrhoea, cramps and coldness, and die in one or two hours, even before the appearance of cyanosis. Sometimes death occurs without the evacuations having taken place, solely from the violence of the epigastric distress and cramps. Soldiers, when in full march, are attacked with vertigo and violent cramps, quit the ranks, lay down their arms, and die in two hours.† In 1832, between 90 and 100 negroes fell prostrate by this form of the disease on one plantation in Louisiana, in a single night, and died before morning. The past season several estates lost from 20 to 50 in a few days. Many were afflicted with violent spasms of the stomach and bow-

* New Orleans Medical Journal.
† Tardieu's Lectures.
els, and abdominal muscles, without discharges, similar to what is commonly called cramp colic. In some cases all the voluntary muscles are violently cramped; the spasms recurred at intervals of a few minutes, not unlike tetanus.*

M. Rayer has described, under the term "état cérébral cholérique," a group of peculiar phenomena, very distinct from those of inflammation of the meninges and brain, which supervene upon the cold period. This is a sort of prolongation of that period, with a diminution or cessation of the vomiting, alvine evacuations and cramps, and the development of cerebral symptoms; the skin continues cold or cool, the nose is cold, the tongue is yellowish, and sometimes cold; if there be injection of the eyes, it is only upon their inferior parts; the pulse is feeble, the head heavy, the countenance stupid, and in some cases the tint peculiar to cholera remains.†

In the paralytic form, described by Magendie and others, the chances of recovery are but little greater than in the foudroyant cholera.

In young children the disease often proves fatal under the characteristic symptoms of hydrocephalus, and is usually attended by worms in the first passages.

Let the physician, then, discard the name of cholera in his treatment of the disease, and when called to the bed-side of the patient come untrammeled by any specious reasoning. Let him investigate, as far as may be, the history of his case, and endeavor to detect the cause, and the attendant circumstances of its appearance. Let him be guided by sound common sense, a rare but inestimable quality in the practice of medicine, and use his medical knowledge, and apply the resources at his command, according to the existing necessity, and he may triumph where many fail, and only fail where none may triumph.‡

Asiatic cholera, says an astute observer, is a subtle poison—in invading the organic life, and destroying it, so that decomposition often seems to begin before animal and intellectual life leaves the body. It is shocking to see those, in whom all that constitutes organic life has ceased except breathing, go on conversing in the full possession of their senses.

It depends on the poisonous nature of cholera that treatment is of so little avail. The writer has seen the emesis and catharsis cease, and that, too, where neither had been violent, for full twelve hours before death, and this without great prostration at first, yet the patient would steadily sink until death, without the disease for a moment appearing to be arrested by any of the appliances which could be used, whether external or

* Buchanan. † Tardieu. ‡ Brigham on Cholera.
internal, any more than the like symptoms can be arrested in a case of full poisoning by arsenic. *

2d. Forming period, or period of invasion. A distressing sensation at the pit of the stomach suddenly ensues in the night or towards morning. All the symptoms previously enumerated acquire an extraordinary intensity; there is nausea, and vomiting of rice-watery fluid of a peculiar odor, somewhat resembling the vapor of iodine, in the first place serous or slightly bilious, afterwards of a matter termed choleric by Tardieu, which is liquid, whitish, grumous, or very uniformly troubled, sometimes resembling unclarified whey, sometimes a decoction of rice or oatmeal, sometimes thickened milk nearly clear, emitting an insipid spermatic odor, and sometimes presenting traces of blood or bile, and even worms.

The secretions, especially the urine, are suspended. The body and limbs are cold—first beginning at the nose, feet and hands, and gradually invading the trunk; the features are changed, and soon assume the cholera countenance; pulse rapid, from 120 to 130 in a minute; dyspnoea; great thirst, with a desire for cold drinks. This period may last some hours, or even a whole day.

Treatment.—Confine the patient to bed, order a hot alkaline or mustard foot-bath, and give a tea-spoonful of the following anodyne mixture, in hot camomile or ginger tea, every hour or half hour, till warmth and tranquility are restored. B. Comp. spts. lavand., spts. camphor, aa 5 ss.; Hoffman's anodyne liq., acet. tr. opii, aa 5 ij. M. The above remedy of Dr. Jackson, of Philadelphia, was first suggested to me by his former pupil, my friend Dr. Edward Duffel, Jr., whose name recalls to mind his probity and candor, and his indefatigable zeal to investigate and cure diseases, and his warm personal friendship. We used it constantly in our practice, and with the greatest satisfaction and success. It found its way afterwards into the hands of apothecaries, overseers and others on the plantations, and was among the most popular and useful remedies of the day. Its success in the earlier stages of the disease was quite prompt and gratifying. Dr. Buchanan, of Nashville, Tenn., speaks of the same, or a similar remedy, which he used almost exclusively in the premonitory symptoms, attended by pain and fulness of the stomach and diarrhoea, &c.

If the diarrhoea be urgent, give one of the Persian pills, composed of a grain each of opium, assafetida and black pepper, and repeat every two or three hours or oftener if required. It seldom fails to arrest the disease. Apply a mustard plaster to the pit of the stomach, and use friction of ammoniated limen

* See this Journal for January, 1819.
and camphor, or cayenne pepper, absolute diet, and rice water, toast water, &c., for drink.

Opium in some form or other, according to the uniform experience of the profession, combined either with camphor or acetate of lead, or small doses of calomel, is the sheet anchor in this stage of the disease, to be followed by a little Champaign brandy and water, the latter to be used only on the attack and not freely as a preventive.

The following remedy of Dr. Teilman was used with good success in Russia, and more recently by myself and others, during the present epidemic in Louisiana, and the South-west. I received it from my intelligent and zealous young friend, Dr. A. Sigur, Jr., of Iberville, and have found it in practice very agreeable and very useful:—Take of wine of ipecac. and strong essence of peppermint, each two fluid drachms; Sydenham's laudanum, one fluid drachm; and ethereal tincture of valerian, half an ounce. Mix, and give as follows. From thirty to sixty drops, or a full tea-spoonful, every hour or half hour, in a little brandy and water, according to the age and condition of the patient, or the violence of the disease.

Or, take of pulverized gum guaiacum, cloves and cinnamon, each two drachms; laudanum, two drachms. Infuse in a pint of brandy, and give from one tea to one table spoonful every hour, or half hour even, till the disease is arrested.

Or—B. Spts. camph., comp. tr. valerian, aa 2f.; laudanum, essence peppermint, aa 3 ss. M. Dose, thirty to sixty drops every hour or half hour.

Or—B. Camphor mixture, essence peppermint, aa 3iv.; tr. opii, tr. cinnamon, aa 5f.; syr. ginger, 3 ss. M. A tablespoonful at short intervals, according to the urgency of the symptoms.

Or—Take of tr. rhubarb, laudanum, spts. camphor, essence peppermint, equal parts. Mix. Dose for an adult, twenty to sixty drops, repeated every hour or two till the disease is checked. In some cases of diarrhoea, the dose may be gradually increased, and repeated until the desired effect is produced.

A few drops of spirits of hartshorn in cold water, repeated and followed by spirits of camphor every few minutes, has been found quite useful in controlling the forming stage of the disease.

The following pills, first used by Dr. Holyoke in some forms of diarrhoea and dysentery, some seventy years since, and more recently in cholera by Dr. Graves, of Dublin, are quite effectual in almost all cases, if administered early. B. Plumb. acet., 3f.; opii, gr. ij.; pulv. glycyrrhiz., gr. vj.; muc. acacia, q. s. M. Fiat pil. 12. Give one every half hour till the rice-watery diarrhoea begins to diminish, when the intervals between each pill may be gradually prolonged.
The Epidemic Cholera.

Or—B. Hydrarg. cum. creta, assafetida, aa grs. xv.; camphor, grs. xij.; opii, grs. vj.; oil black pepper, gtt. vj. M. Fiat pil. 12. Give one every two or three hours.

B. Blue mass, pulv. kino, aa grs. ij.; camphor, opii, aa gr. ss. M. Incorporate the opium, kino and camphor, and then add the blue mass with treacle to form a pill. Give one every half hour or hour, till the diarrhœa and cramps cease.

A few hours after the vomiting and purging have ceased, and the warmth of the body is restored, a pill of two or three grains each of calomel, or blue mass, Dover’s powder and quinine, may be given and repeated every three hours, till recovery takes place. Should the above remedies not be sufficient to control the disease, which in a large proportion of cases they will, bleeding in the feet, with calomel, opium and ginger, followed by calcined magnesia, &c., should be resorted to, with the addition of scarifying cups, sinapisms, &c., over the epigastrium, frictions, &c., and iced water given ad libitum to the patient. Iced water allays thirst, nausea and vomiting, and is most grateful to the patient. Warm, dry frictions are also useful, and the steam of alcoholic liquors may be applied to the patient’s body and limbs, beneath the bed-clothes, by means of a tin tube attached to a spirit lamp.

The following cheap and simple substance for a vapor bath, will induce immediate and abundant perspiration. Take a piece of quick lime, about the size of an egg, and wrap round it a wet cloth, sufficiently wrung to prevent water running from it. A dry cloth is to be several times wrapped round this. Place one of these packets on each side of the patient when in bed. An abundant humid heat is soon developed by the combination of the lime with the water, which quickly induces copious transpiration; the effect lasting for two hours, at least. When sweating is fully established, we may withdraw the lime, which is now reduced to a powder, and is easily removed. In this way neither copious drinks, nor loading the bed with covering, is required.

The discharges from the bowels may often be arrested by giving, in connection with the astringent pills, injections of starch water and laudanum, or the compound sulphate injection of sulph. copper, sulph. zinc and alum, twenty grains of each, in four ounces of cold water, as recommended by Dr. Patterson, of Dublin. This may be followed, either in convalescence or in the sinking stage, by tepid enema of high seasoned beef-tea, to which flour, wine and laudanum have been added. Rapid recovery has often followed the above simple means.

If the disease commences like common bilious cholera, give acetate of lead and opium, or chalk mixture, with opium and
aromatic confection; give effervescent draughts with camphor, or calcined magnesia and paregoric, or tar water, to allay vomiting, and keep the patient warm in bed, and the next day give a large emollient injection. But if the more severe and characteristic symptoms come on, or if there is great debility from the first, and cramps and coldness of the skin are observed, bleed largely if the pulse will allow, and give calomel, opium and quinine, as above recommended, in large and oft-repeated doses, till the secretions are changed and re-action has taken place. If there be great prostration and frequent spasms, with oppressed breathing, give a few minims of chloroform on a sponge or handkerchief, and repeat immediately, if necessary, increasing the dose according to circumstances. Give internally, also, six drops of chloroform, with about forty of oil of turpentine in brandy and water. Bleed gently if re-action, after the use of chloroform, is excessive.

Petroleum, it is said, may be advantageously given in this stage of the disease. Petroleum Barbadense—or Texas petroleum—for it is found equally abundant and pure in one of the counties of Eastern Texas—and I have often picked it up in large indurated parcels on the beach near Galveston. This is the chief ingredient in the elixir Woreneje, employed so generally and successfully by the Russian physicians and many surgeons in the East. It is given in diarræa cholera, in the dose of from five to ten drops, in a little brandy, white wine or mint tea, taken cold. A single dose usually suffices to arrest the complaint. The diet should not be too strictly, but carefully, regulated. In completely developed cholera of a deadly nature the cures are not so constant, and from fifteen to twenty drops of the naphtha or petroleum are to be given at a dose. If vomited up, the dose should be repeated. A second is rarely required, if the first is retained. It acts speedily on the skin and kidneys, and removes the cramps. It is a pure hydrocarbon, and a mild though effective stimulant, antispasmodic and antiseptic, supplying the system with its due proportion of carbon for excretion, and preserving the frame from the rapidly fatal effects of this horrible disease, by evolving carbonic acid from the lungs.

If the diarræa be accompanied by pain in the bowels, opium should be conjoined with it. In the cold, blue stage, accompanied by cramps, &c., it has even proved successful—while it relieves almost instantly the tympanic condition of the bowels, so often present in the disease.

The crystalline substance named naphthaleine, which is the purest hydro-carbon, may be given in the form of pills, in one or two grain doses, with opium, aromatic confection, &c. The
petroleum may be given in the following form, as recommended and used by Dr. Tunstall, of Bath, England. Take the yolk of one egg, and amalgamate with it a tea-spoonful of the petroleum, and to it add forty drops of the aromatic spirits of ammonia, filling a wine-glass with equal quantities of brandy and water; and this dose may be repeated according to the emergency of the case. It is quite probable if the physicians of La Baca and San Antonio, in Texas, had been familiar with this remedy, so near at hand, the disease which raged there with such frightful and deadly severity, would have been more within their control, and many valuable lives might have been saved.

I notice this remedy especially here, as it becomes every physician and army surgeon to be familiar with all known and available remedies, and have them at hand, at a moment's call, wheresoever his services may be demanded, either on the march or in the camp; and especially in the far-west, where the scourge is now sweeping multitudes away with the "besom of destruction."

3d. Cold stage, or period of collapse. The algid, or cold stage, rapidly progresses into the cyanose or blue stage, or confirmed collapse. The aspect of the countenance is completely changed; the complexion is of a violet or indigo blue color, the extremities and sometimes the whole body assuming the same appearance. The nails become livid and almost black, the fingers wrinkled, and the genital organs retracted. There is extreme prostration; the pulse is imperceptible, and the motions of the heart abnormal, or have nearly ceased. Respiration is oppressed; voice husky and low—the sepulchral of Broussais, and cholérique of Russia, &c.; the breath cold; tongue blanched, or cottonenuse, and icy; feeble cramps, and cold, clammy sweat; eyes half closed and sunk in their orbits; pupils dilated; limbs stiffened. The patient, in one word, according to the expression of Magendie, cadaverized, and manifesting only slight respiration, with a few suppressed groans—and the intellectual faculties entire. The disease soon becomes aggravated, and death ensues, often without convulsions, and almost unperceived.

In the most deadly form of cholera, says Dr. White, there is a tone of voice, or wail, which, once heard, can never be mistaken; by him upon whose ear it has fallen in the accents of anguish, it can never be forgotten. I have always found it the certain prognostic of death. This period is the most fatal. In this stage of the disease, little effectual can be done but to leave the case to nature. Whatever treatment may be adopted, will avail but little. The patient is already doomed. Life is ex-
hausted, and art is powerless. Nature, assisted by art, however, has sometimes triumphed. Some cases have recovered from the use of ice internally, or ice or cold water simply, externally applied; while others have recovered from the application of the wet blanket wrung out of hot water, and baths of hot pepper and water, &c., after all other means have failed. There is, therefore, hope till the last, and these means may be adopted as a dernier resort.

In order to rouse the patient from this sinking, cold stage of cholera, and produce re-action, great confidence has been placed in the salt emetic, two table-spoonsful dissolved in half a pint of water. It may be rendered more certain and stimulating by the addition of a tea-spoonful of the flour of mustard. This generally produces speedy and forcible vomiting, followed by more or less re-action. A large injection of hot salt water is highly praised by many. Ice and iced water may be allowed the patient ad libitum, in this stage of the disease, while great benefit is often found by rubbing it on the surface.

Whenever we fail in checking the disease at first, we have no resource but to treat urgent symptoms, and they must always be met with decision as they occur. The patient ought never to be left a moment without an attendant who is capable of acting according to circumstances, and who may take advantage of any and every change. The most decidedly favorable symptom in this stage of cholera, is a full and easy secretion of healthy urine. On this symptom we may rely with safety, and without it we can never with confidence offer a favorable prognosis.

4th. Period of re-action, or crisis. The pulse returns to the extremities—the motions of the heart are renewed, and heat returns. The blue, turquoise color disappears from the limbs—the face and eyes are re-animated—the breath is warmed, the respiration becomes regular, and the voice regains its natural tone. The cramps disappear altogether, or occasional twitches only occur. The vomiting ceases, the evacuations become bilious, warm perspiration ensues, and the urine becomes free and is increased. Should the above condition not ensue on convalescence, unfavorable congestions of the stomach and bowels, of the chest and heart, &c., follow, and the disorder then takes on the form of adynamic or typhoid fever. “The treatment in the stage of re-action, or in the true cholera fever, will be regulated by the evidence of inflammation and congestion in the important organs, such as the brain, lungs, liver, and gastro-intestinal surface,” &c.

We may remark, in conclusion, that cholera unaccompanied by evacuations—cholera sicca—is almost always fatal. Here
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chloroform, or very hot water, internally and externally, may be used. Professor Jackson, of Philadelphia, tells me that he saved two cases of this kind in the former epidemic, by the use of hot water, in large and repeated draughts and fomentations, as suggested to him by previous successful practice in gout of the stomach. The strongest testimony in favor of warm water, perhaps, is that given by Dr. Sturm, a surgeon in the Polish army. It consists in nothing else than giving to the patient as much warm, nearly hot, water as he is able to drink, in the quantity of a glass full every fifteen or thirty minutes. By the time he has taken fourteen glasses, the cure is complete, with the exception of a slight diarrhœa, which it is not proper suddenly to suspend. The effects of this plan of treatment are so quick and effectual, that in two hours, and often sooner, the patient is well, particularly when it is commenced with sufficiently early.

During the epidemic influence, all persons who are exposed, should be particularly on their guard. Avoid unwholesome food, and all excess either in eating or drinking. Avoid all undue excitement, both of mind and body, and exposure to damp or night air. Atmospheric changes especially control the disease; therefore full and free ventilation is important. The use of cooling purgatives, such as Epsom and Glauber's salts, and Seidlitz powders, should be guarded against; they become dangerous at this time, in whatever quantity they are taken. Drastic purgatives, of all sorts, such as senna, colocynth and aloes, ought not to be employed, except by special order of the physician. No harsh medicines will do in cholera; all must be of the mildest description—and, above all, they must be such as will be relished and desired by the sick, and such as can be constantly taken for the relief of the urgent, destroying thirst constantly present from the commencement of the disease. The wishes of the patient, moreover, should be strictly attended to. Nature is the best physician. If he wishes for cool air, or cold water, he must have it; if he wishes to be covered up, he must be so. Many perish from being too much covered up at first, when the fresh air would revive them.

A flannel bandage, impregnated with camphor spirits, and worn round the body, as recommended by my father in the treatment of epidemic spotted fever, is of great use. It gives support to the bowels, and patients often find from it the greatest relief.

Throughout the whole period of the disease, and during convalescence, the mildest and most nourishing food only should be allowed—as arrow-root, barley-water, rice-gruel, black tea, toast-water, chicken-water, &c., with cordial drink, brandy and water, port wine negus, wine whey, &c.
Relapses are to be especially guarded against, as they are generally fatal.

Epidemic cholera, in all its forms, runs its course with great rapidity; and if it be considered that almost everywhere more than one half the patients have died, it will be at once evident how few are the chances of recovery from this terrible disease; it is precisely these chances which it remains for us to appreciate.*

There are two points in regard to epidemic cholera, still sub judice, which are quite important and interesting—the former to New England, especially, and the latter to the whole community. I mean its extent or locality, and its nature. It is contended, and with some plausibility of truth, that cholera does not extend into the districts of primary formations, or the granite regions. But in answer to this, several of the French savans, and among others Tardieu, have come to the conclusion that „all that has been written to prove that cholera is more prone to attack those soils which are identical in geological constitution, is in manifest opposition to numerous contradictory facts.” Again, it is said that ozone, a peculiar modification of oxygen gas, is the sole cause of cholera, and that sulphur is the antidote. Ozone, to which Dr. Bird ascribes the cholera, was discovered by Professor Schonbein, the inventor of gun-cotton. It is generated by the passage of electricity through air, and is the cause of the peculiar odor perceived during the working of an electric machine, or after a flash of lightning. The question has been often asked, what is ozone? We answer, in the words of Berzelius, „We have thus arrived at the highly important result that ozone is no peculiar element, nor any combination of known elements, but is oxygen gas peculiarly modified.”

But cholera is independent of all atmospheric changes; and meteorological conditions and vicissitudes seem to have but slight influence on the disease. At St. Petersburgh, the cholera seems to have showed itself comparatively independent of temperature, barometrical changes, and electrical vicissitudes. Re-agents did not in the least indicate the presence of ozone in the atmosphere.†

Now, what, we may ask, becomes of the new theory, and how, in this case, is sulphur to operate in curing cholera? Will it not follow its predecessors, and speedily descend to the tomb of all the capulets?”

I have little faith in any of the thousand and one popular and specific medicines now in use for cholera, and I believe many have fallen victims to their abuse, who would otherwise have

* Tardieu.
† Medico-Chirurgical Review, Jan. 1849.
recovered under proper professional treatment, adapted to the peculiar symptoms of the several forms and stages of the disease. It would be absolute madness, indeed, to trust a confirmed cholera patient to a few drops of camphor spirits, or three grains of sulphur and charcoal.

He who depends
Upon such favors, swims with fins of lead,
And hews down oaks with rushes.

Larger doses of these medicines might be all very well in simple cases, if many of the most simple did not, in fact, turn out to be the most suddenly fatal. Such cholera as we are most familiar with in the South and West is not to be trifled with, nor to be arrested and cured by specific treatment. Camphor, chloroform, naphtha, guano, Worenège, sulphur, and other boasted specifics, display but their pigmy strength when grappling with this fell destroyer. A remedy for malignant cholera is yet to be discovered.

The above general observations on epidemic cholera, by no means wholly original, or novel to the profession, are hastily thrown together, in advance of a more comprehensive treatise upon the subject, for the benefit of the community, again suffering under this wide spread and terrific scourge—with the confident hope that they may be available for much good, and save a multitude of lives. My familiarity with the disease has been long and painful, through three several epidemics, and though my success has been as flattering, perhaps, as most of my companions, none of us, I apprehend, can boast much above that which is written.

Report on Cholera, made by a committee appointed by the Medical Society of Charleston, So. Ca.

Means of preventing or mitigating the epidemic.—All suggestions relating to this head, must be deduced from a consideration of the causes of the disease. Of the nature of these causes, it has been affirmed above that we know nothing. But there are numerous collateral influences which exercise a powerful agency in giving efficiency to them, and which, being known, and many of them within our reach, demands of us a careful consideration. They all pertain to the heads of the public or private Hygiene, or general and special health police, and may be conveniently considered under the following divisions:—1. Accidental vitiations of the Atmosphere. 2. Food and drinks. 3. Clothing. 4. Exercise and bodily occupations and pursuits. 5. The intellectual operations and the passions of the minds. 6. Residence.

a. The sources of Atmospheric vitiation are so numerous,
and at the same time so obvious, that they claim a prominent share of our attention. The streets, lanes and alleys of the city, the docks and wharves, the markets, stores and places of business, the drains and common sewers, uninhabited and low lots, sinks, and pools of stagnant water, private residences, kitchens, the apartments of servants, stables, yards, privies, pump drains, &c., all present so many points for the accumulation of filth, and the consequent generations, under a neglect of cleanliness, of delirious Atmospheric vitiations, that they should claim the serious attention of both the health police and of every private individual. No means of purification, disinfection, and general melioration should be neglected, and in this important work, designed to secure the general safety, all should co-operate with zeal and assiduity. The efforts of the public authorities must, from the nature of circumstances, be confined chiefly to the outside arrangements, and however important they may be, they will avail but little unless seconded by a concurrent attention on the part of the citizens generally to the state of their premises.

The streets, market places, drains, and places of business, where filth is liable to accumulate, should be kept thoroughly clean; low lots, and other places, should be filled up; stagnant water should be drained off; and no putrid vegetable or animal matter, decayed fruit, or filth of any kind, should be allowed to accumulate in the streets or elsewhere. Disinfectants, as quick lime, chloride of lime, chloride of soda, &c., should be liberally applied in the drains, and all other situations where their employment can prove serviceable; and while these points are duly attended to out of doors, a rigid and thorough process of purification and disinfection should be carried out on our premises. Dwellings, kitchens, servants apartments, outbuildings generally, cellars, fences. &c., should claim special attention in the way of scouring, white washing, and thorough ventilation. Proprietors and heads of families cannot be too scrupulous in giving their personal attention to these points, especially so far as servant's apartment's are concerned. The habits of many of our domestics are so lamentably deficient in the principles of cleanliness, that nothing short of a rigid and unremitting surveillance over them can prevent an accumulation of filth about their apartments, both noisome and dangerous to health. A liberal supply of quick lime should be thrown into all sinks, privies and drains, and strewed about the premises generally. Rooms should be sprinkled, from time to time, with chloride of lime or chloride of soda, or fumigated, by pouring occasionally a small quantity of oil of vitrol upon common salt, distributed in plates about the apartments.
Chloride of lime, chloride of soda, or sulphate of iron in solution, should be thrown, with a liberal hand, into privies, sinks and private drains, so as to thoroughly disinfect their noisome exhalations. * * * * * * *

b. There is, perhaps, no epidemic, during the prevalence of which, a due attention to diet, and habits of living, is more important to be observed, than in cholera. At such times, the entire population seems to be more or less predisposed to the disease, and the slightest imprudence in diet, either as regards quantity or quality, is often sufficient to bring on a fatal attack. Temperance, sobriety, and regularity in all things, may, therefore, be justly regarded as the most effectual means of prevention. While persons who are, at all times, temperate in eating and drinking, should be careful to make no important change in their mode of living, especially in the way of reduction, they, as well as others, should avoid certain articles of food, and other disturbing causes. The prohibition should extend to all fruits and vegetables—to pork, fish, crabs, shrimps, lobsters, and oysters, and as far as drinks are concerned, to avoid acid and aceseent beverages, as beer, cider, lemonade, &c. The diet should consist mainly of animal food, such as beef, mutton, poultry and game, with rice, or sound, wholesome, well beaked bread. Highly seasoned dishes of every kind should be carefully avoided, and the viands to be consumed, should be plainly cooked, in general either roasted, broiled, or boiled. Pure water is of course the most wholesome of all drinks, but those who have been in the habit of taking wine, or spirits, temperately, with their meals, should make no change in this respect. The same remark will apply to tea and coffee; but habits of temperance, irregularities, and excesses of every kind, should be carefully shunned. They derange the healthful functions of the body, enfeeble the vital powers, and by impairing their ability to resist the influence of disturbing causes, become a fruitful source of disease.

c. The subject of clothing does not demand any extended remarks. It should be carefully adapted to the varying conditions of the atmosphere, in point of temperature, moisture, &c., so as to effectually guard against any sudden disturbance of the healthful action of the skin, which always exercises great influence in developing disease. In this view, it might be well, especially for those of delicate frame, to wear flannel next the skin. Too much caution cannot be observed in avoiding wet clothes and damp feet.

d. In the regulation of exercise, and the bodily occupations generally, fatigue and exhaustion should be carefully avoided. Unnecessary exposure to the hot sun, to wet and damp
weather, and the night air, should be sedulously guarded against, as should also long walks, fatigueing excursions, and crowded assemblies. But as moderate exercises, rational amusements, and a due amount of sleep, cheer the mind and invigorate the body, individuals should avail themselves of these salutary influences.

e. No truth is better established, than the influence of the depressing passions in the development and extension of epidemic diseases, and no duty can be more important, on the occasion of such calamitous visitations, than the cultivation of a perfect security of mind, and an abiding confidence in the wisdom and benificence of an overruling Providence, which cherishes while it chastises, which presides over, and protects, and ordains all things for the best. It has been truly remarked, that panic destroys more victims than cholera, and the result of general experience is, that while calmness and tranquility of mind contribute greatly to avert the ravages of pestilence, the depressing passions—fear, grief, anxiety, &c., promote its extension. Another dangerous error is, an overweening confidence in the efficacy of the numerous nostrums, puffed and lauded by quacks and unprincipled persons, as preventives of Cholera. Such individuals, in thus pandering to human credulity, minister to their own base cupidty.

It should ever be borne in mind, that the most certain means of prevention are, a strict observance of the precepts of Hygiene, and a careful avoidance of the excitant causes of the disease.

f. Residence, considered in relation to cholera, is a subject of great importance. It has been observed already, that the disease seldom prevails in a sparse or isolated population. This fact suggests an important precept in regard to the negro population on our rice and cotton plantations. As soon as the disease appears in such a situation, isolation should be immediately resorted to, and while every attention is devoted to comfort, cleanliness, diet, &c., if no better arrangement can be made, the people should be at once encamped upon some high, healthy, and dry pine land situation. This procedure cannot be too strongly recommended. Within the knowledge of the writer of this report, it has been tried on previous occasions, and found eminently successful.

4. General directions for the treatment of cholera.—While it would be absurd to attempt to prescribe any special rules for the treatment of cholera, and dangerous for the community to rely implicitly, upon any such directions, in the management of a disease of such fatal tendency, it is nevertheless important, when the loss of even a short space of time may
be followed by such serious consequences, to suggest some general rules, which may be advantageously acted upon, in case of a sudden attack, until medical aid can be obtained. In every case, however, a Physician should be immediately sent for, on the first intimation of the invasion of the disease.

a. Treatment of Cholerine.—Previous experience has fully shewn, that during the prevalence of a cholera epidemic, a large proportion of the population is affected with more or less derangement of the digestive organs—usually in form of oppression, or sickness at the stomach, deranged appetite, diarrhoea, with griping pains, and general abdominal uneasiness. To this assemblage of symptoms, the term cholerine has been applied—a condition which should never be neglected, as when it once takes place, it is liable at any moment, to be converted into an open attack of cholera, with all its direful consequences. In all such cases, the diarrhoea should be arrested as soon as possible. To effect this end, the individual may take at once, fifteen or twenty drops of Laudanum, combined with some stimulating aromatic tincture—as for example, a teaspoonful of camphorated spirits, the same quantity of tincture of ginger or cayenne pepper, comp. spirits of lavendar, comp. tincture of cardamon, or a weak infusion of cayenne pepper—to be repeated, if necessary, in half an hour, or an hour, and continued until relief is obtained. The following pills have been much used under the same circumstances, and it is affirmed with great benefit: take of sugar of lead twenty grains, opium two grains, mix and divide into twelve pills—one of these may be given, at first, every half hour—then at longer intervals, until the diarrhoea is checked. But while these means will generally relieve the immediate difficulty, there will be a constant tendency to recurrence, unless measures be resorted to, to restore the suspended secretions of the liver. With this view, a pill composed of three grains of blue mass, half a grain of opium, and half a grain of camphor, may be advantageously administered every two or three hours.

The patient should remain at home, in a state of repose; apply mustard or pepper plasters to the abdomen, and confine himself to a diet of arrow root, sago, or tapioca—carefully avoiding all solid and indigestible food.

During the prevalence of cholera, the ordinary purgative medicines should be scrupulously avoided, except under the direction of a physician; and this should be especially the case with the neutral salts, magnesia, castor oil, and the more drastic articles generally. It has often happened, that the operation of even a mild purgative, has excited an attack of cholera in an individual, who had previously manifested no symptom of the disease.
6. The treatment of cholera proper.—The invasion of cholera is exceedingly variable in different cases. Most frequently preceded by diarrhoea for several hours—sometimes for several days; it nevertheless occasionally invades at once, without any previous warning, with all its characteristic symptoms. These are, usually, violent vomiting and purging—the fluid ejected resembling water in which rice has been boiled, and contains numerous small white flakes, or particles; twisting and gripping pains of the abdomen; cramps of the stomach; spasms and cramps of the muscles of the abdomen and limbs; a general coldness of the whole surface of the body, especially of the extremities; intense thirst; shrivelling of the skin, which is covered with cold, clammy sweats; sinking of the eyes and cheeks, which become hollow and ghastly; and a feeble, fluttering pulse. As the stage of collapse approaches, an icy, coldness diffuses itself over the surface; the tongue and breath become cool; the skin assumes a lurid, livid aspect, and the individual falls rapidly into a profound state of listlessness and indifference, his frame being, from time to time, agitated by frightful spasms and contortions. To prevent and control this direful train of consequences, the following rules should be observed:

1. To arrest the discharges as promptly as possible.—This may be accomplished by various means, and the safety of the patient depends upon its being done early. When the attack takes place upon a full stomach, and spontaneous vomiting does not ensue, it will be advisable to evacuate the organ at once, by means of a salt and mustard emetic. A tablespoonful of common salt and teaspoonful of mustard, dissolved in a half pint of warm water and swallowed at once, will usually produce the desired effect, without prostrating the patient.

Various means may be employed to arrest the discharges. Those recommended above for the treatment of cholerine, repeated every half hour, as long as necessary, will very generally succeed. But it has been found better, in most cases, after administering one or two doses of laudanum, with the additions advised above, to resort at once to the use of the following pills, or something equivalent. Take forty grains of calomel, twenty of cayenne pepper, twenty of comphor, and two grains of opium, and after duly mixing them, divide the whole into twenty-four pills. One of these may be given at first every half hour—then every hour or every two hours, until the vomiting and purging are arrested. This combination not only tends to suspend the discharges, but also to allay the pains and spasms, overcome congestion, and restore the secretions of the liver.
When the discharges by the bowels are profuse and repeated in quick succession, a strong astringent injection should be immediately resorted to. An ounce of oak galls, or the same quantity of oak bark, should be boiled in a pint of water, and a gill of this, with thirty drops of laudanum, should be immediately thrown into the rectum, and there retained, when the instrument is withdrawn, by means of a compress held firmly against the part, for ten or fifteen minutes. This may be repeated, if necessary. While these means are being resorted to, the patient should be confined to bed. Large mustard, or pepper plasters should be applied to the abdomen and extremities, while stimulating frictions are made to the whole surface of the body.

2. To overcome Congestion and promote reaction.—Cholera is always associated with congestion of the internal organs, which, if not speedily removed, will keep up the discharges, and hurry the patient into a state of collapse. The pills recommended above, will contribute materially to overcome this congestion. They should, therefore, be continued, even after the vomiting and purging have ceased, but need not be repeated oftener than once an hour, or once in two hours. At this juncture, it may be useful, in some cases, to increase the calomel in each dose, to five grains, the other ingredients remaining the same. The effects of the opium, however, should be carefully watched, and as soon as any evidence of its stupifying influence is perceived, it should be immediately withdrawn. Collapse is often brought on by over doses of anodynes, and persons should be cautious not to use opium, in any of its forms, to such an extent as to incur this risk.

The next most important means of fulfilling this indication is, external stimulation. This can be most effectually secured by mustard and pepper plasters, already referred to; stimulating frictions; and the application of dry heat. Spirits of turpentine, tincture of cayenne pepper, powdered cayenne pepper, incorporated with mercurial ointment, will be very useful for this purpose. The writer of the Report can confidently recommend the following liniment, as a very useful means of external stimulation. Take of strong cayenne pepper, three ounces; strong powdered mustard, one ounce and a half; gum camphor, half an ounce; powdered cantharides, three drachms; and alcohol, a pint. Digest for several days—then strain, and add of spirits of turpentine, six ounces. This may be rubbed over the whole surface of the body and limbs, and the frictions should be frequently repeated, as long as the skin remains cold.

Dry heat may be conveniently applied about the patient, by means of bags filled with heated salt, sand, or corn flour, but far
more efficiently, by tin vessels filled with hot water, so fashion-
ed as to fit accurately the surface of the body and limbs. Three
of these will be useful, viz: a broad one for the abdomen, and
two long ones—one for each of the lower limbs. They should
be convex on one side, and concave on the other, as to fit accu-
rately to the part.

When, notwithstanding these means, collapse, or sinking,
takes place, or where the disease seizes, from the first, with such
violence, as to run rapidly into this condition, the state of the
patient is deplorable, yet not hopeless. He should not be aban-
donated, even under these unfavorable circumstances, but all
proper means for his restoration should be continued persever-
ingly, and unremittingly. The body being now cold, the wrist
pulseless, the skin blue and shrivelled, the tongue and breath
cold, the intellect listless and indifferent to all surrounding ob-
jects, and the whole frame agitated with frightful cramps and
spasms—every thing seems to indicate that life has reached its
lowest ebb, and that active stimulation alone can maintain its
existence. In regard to the propriety of internal stimulation
under such circumstances, there is a difference of opinion
amongst the profession. The writer of this Report has gener-
ally found it either useless or injurious. He has seen more
cases of collapse recover under the use of external stimulants,
quietude, and ice frictions over the whole surface, than under
any other treatment. No one but a Physician, however, can be
competent to act in such a case, and every thing must be left to
his judgment and discrimination.

3. To restore secretion and remove the effects of dis-
ease.—But little need be said under this head. It will always
be found, that even after the disease has been arrested, the secre-
tions of the liver, and of the digestive organs generally, will
remain more or less suspended or perverted, until these de-
rangements are corrected. The patient will not convalesce
readily. Indeed, it will frequently happen, after reaction has
taken place, that fever of several days continuance will super-
vene, presenting all the characters of common Typhoid fever,
and requiring the same treatment.

To restore healthy secretion, it will be necessary to adminis-
ter, three or four times a day, five grains of blue pill, or two or
three grains of calomel, either alone, or combined with the same
quantity of rhubarb, aloes, or compound extract of colocynth,
until the operations assume a bilious character.

During the early stages of the disease, nothing in the way of
drinks or nourishment, should be taken into the stomach; but
to allay the raging thirst, small pieces of ice should be held in
the mouth. As soon as the first stage has passed, the discharges having been arrested, and the stomach rendered retentive, the patient may be allowed arrow root, tapioca, sago, &c., in small quantities.

In closing this Report, it is felt to be a subject of grateful felicitiation, that, however, while many sections of the Union, under the afflicting dispensations of Providence, are suffering all the calamities of a fatal epidemic, our own State and city have thus far been spared; and while we sympathise with our afflicted fellow-men elsewhere, we should devoutly pray Almighty God, in His mercy, to continue to us the high degree of health which we at present enjoy, and avert the pestilence from our shores; but, if in His infinite wisdom, it should be deemed fit that we should participate in the ills which have already sown sorrow and desolation amongst our neighbors—then let us be prepared to meet the emergency with calmness and resignation—putting our trust in the Supreme Ruler of the universe, and using, with becoming diligence, all the means He has given us of cheering, aiding, and comforting each other under our afflictions.

E. Geddings, M. D.
Thos. Y. Simons, M. D.
Elias Horlbeck, M. D.
John Bellinger, M. D.
P. C. Gaillard, M. D.

Committee.

Letter from the distinguished Dr. Cartwright, formerly of Natchez, now of New Orleans, detailing his theory and treatment of Cholera—his recent experience in New Orleans—the results of Post-mortem Examinations, etc.

Natchez, May 28, 1849.

Dr. Johnson—Dear Sir: On a flying visit from New Orleans to this place, your favor of the 21st directed to me here, reached me, and I hasten to send an answer, as I return to New Orleans to-day. I have removed to that city—I went there soon after the cholera made its appearance. I served an apprenticeship in the Hospital before I commenced, and attended numerous post-mortem examinations of those who had died of cholera. The gall bladder was invariably distended with black bile, the liver congested, and the great veins leading to it. The pulmonary arteries were very much distended with a black thick blood, and the right side of the heart and vena cava as full as they possibly could hold with the same black, thick fluid. The pulmonary veins had no florid blood in them. The heart contained oyster-looking substances showing that the blood had undergone a chemical decomposition. The thoracic duct was
empty, and every cavity contained a rice-water looking fluid. The contents of the alimentary canal might well be denominated white blood, as they agree with blood in all their chemical properties. This was owing to their being composed in a great manner of the contents of the thoracic duct. The urinary bladder, the uterus, and even the fallopian tubes, contained rice-water, owing, no doubt to the watery portions of the arterial blood having percolated from the exhalent capillary arteries instead of going into the veins. I then commenced practice. I have been practising medicine in New Orleans upwards of seven months. I have had cholera cases every day, and some days a good many cases. I have only lost four cases in all, none of whom had any pulse when I first saw them. I have cured every one to whom I have been called before the pulse failed. I now proceed to answer the question you put to me: "What is the best prescription or course of practice in a case of cholera?" Give the patient instantly 20 grs. Hydrargum cum creta, 20 grs. best cayenne pepper, 10 grs. gum camphor, 15 grs. calcined charcoal, 15 grs. gum Arabic, mixed together in two table-spoonsfuls of cold water, and cram a wet towel in the mouth to take away the burning taste and prevent vomiting. The patient should swallow the above dose quickly, and the whole of it without stopping to taste it. He should lie down and cover up and keep down. The doors and windows should be opened to give fresh air to fan and feed the combustion in the lungs which burns slowly in cholera, i.e.: the change from black to red blood does not go on as in health, and the temperature falls. A jacket or a flannel shirt wrung out of scalding water and rolled into a ball as large as a child's head until it will not drip should be wrapped in a dry cloth and applied over the stomach and bowels, as hot as it can be borne. Bottles filled with hot water should be applied to the extremities. Five minutes having elapsed from the taking of the powder, a spoonful of hot sage, balm, mint or chamomile tea, to be given to the patient from time to time, with a table-spoonful of cold water or a tea-spoonful of pounded ice alternated with the hot tea. Now look out for perspiration. From 10 to 15 minutes after the powder is taken perspiration is generally established. If in 10 the patient is safe. Nothing more is needed but to give warm teas, or any warm fluid the patient likes best, in sufficient quantities to allay the thirst, and support the sweat. The sweat should be kept up six or eight hours—then gruel to assist the Hydrargum cum creta to empty the gall bladder. Then the circulation will go on through the liver. The vena potarum will be released from its plethora, and the serous part of the arterial blood will no longer be poured from the exhalent arte-
ries, but find its way into the portal veins. The revulsion to the surface will cause the absorbents to suck up the fluids taken into the stomach, and the pouring back action will be arrested. This sucking up action caused by the sweat will restore the natural fluidity of the blood. When the sweat is established stimulants are unnecessary, or hurtful, as they may stop it. To put back the lost water in the blood is the best mode of stimulating. I have thus described a case cured by one dose of medicine—a part of that dose might have been sufficient, you may suppose. A small dose might have fallen in with the disease and operated on the bowels. A large dose is a non-purgative because it is sudorific, revulses to the surface, starts a centripetal action of the fluids and averts the centrifugal action of the disease. But if one dose does not sweat, give another, or half a dose; if that does not do, bleed from the arm or cup freely over the epigastrium, and give warm stimulating drinks to force a sweat, and apply hot applications externally. Suppose the skin gets too hot under this high stimulation outside and inside, wash the patient all over with cold water to bring the system down to the sweating point if the pulse will not bear bleeding. Suppose the extremities are too cold to be compatible with healthy perspiration, warm them by hot applications and friction. Suppose the patient vomits the medicine, give a cup of chamomile tea, let him vomit that, and then repeat the medicine. Suppose he still vomits, then give one grain sulphate of morphia in a desert spoonful of camphor water, or half a grain if the cure is not urgent, and repeat after each stool or vomiting spell. As soon as the stomach is settled throw in 20 grains Hydarg. cum creta, or 20 calomel. Give coffee if the morphia be used. You may think the dose large, but if opiates be used at all in cholera the doses should be four fold. Small doses do more harm than good. I give nothing to work the medicine off before the next day or the day after. A purgative before the aqueous parts of blood are restored is a dangerous thing. The medicine generally works itself off. Under this plan no secondary fever follows. But if stimulants be used after the patient begins to sweat, secondary pain is sure to occur. Stimulants until the sweat begins are all important—none are too strong. Fire itself is scarcely too strong. But when a sweat is established, all stimulants internally and externally should be suspended. Then diluent drinks to thin the blood are the best of stimulants. I often give mineral water, soda water, and even lemonade, for that purpose—any diluent or watery fluid that agrees best with the stomach. The patient cannot purge and sweat at the same time. The rice water in the bowels may run out after the perspiration is established, but more cannot
be poured into the bowels while the perspiration goes on, indeed the perspiration generally causes the rice water in the bowels to be absorbed. Very respectfully, yours, &c.

Sam'l A. Cartwright.

PART III.

Monthly Periscope

Sickness in Baltimore Alms-House.—June 16, 1849. (To the Editors of the Baltimore Patriot.) Various and contradictory statements having been made through the daily press of our city, relating to a fever which has lately been introduced into the medical wards at the Baltimore Alms-House, we deem it our duty to say, that this fever is a highly malignant typhus, modified by climate, infectious in its character, but accompanied, in a large majority of cases, by intense jaundice, in this respect resembling typhus icterodes of systematic writers.

It has come to us only in the past three weeks, during which time forty-six cases have been admitted, and of these the very large proportion of twenty have proved fatal. The remainder are still under treatment.

It has been brought alike from every section of the city, and as yet has only occurred among the free blacks.

Thus far it has been much more grave among males than females, owing probably to differences of habits and occupation.

A large majority of cases have been fatal between the third and seventh day, and in some instances they have died a few minutes after admission, and three days from the date of seizure.

This disease is by no means confined to the worthless and abandoned, but has, on the contrary, frequently happened in individuals of temperate and industrious habits, whose means were adequate to provide them with wholesome food and sufficient clothing.

The point of importance, at present, is its infectious character. Two strong and healthy women, residents of the house, and employed as nurses, have taken the disease and died.

Thos. H. Buckler, M. D.
H. Willis Baxley, M. D.

New method of reducing Dislocations at the Elbow backward.—M. Maisonneuve, of Paris, placed the extending band directly upon the projecting elecranon of the ulna, then crossed it upon the anterior surface of the fore-arm, and again upon its posterior surface, to the end of which the force of extension was now applied. The reduction was readily affected.

Treatment of Cholera by Ipecacuanha and Calomel. (Gazette Médi- cale de Paris.)—Prof. Spring, of the University of Liège, Belgium,
insists upon the use of Ipecac. in powder, 15 to 20 grs. doses every quarter of an hour until bile is vomited. If this is provoked (the vomiting of bile) 4 out of every 5 patients will be saved. Should cerebral congestion be produced by the vomittings, he bleeds cautiously. He next gives calomel in large doses, about 40 to 70 grs. every half hour, until green stools are obtained. Should the spasms be considerable, he combines camphor with the calomel in the proportion of 1 gr. camphor to 3 or 5 of calomel. During this internal administration of agents, the usual means of producing reaction on the surface must not be neglected.

Anti-choleric mixture of Stragonof.—We find the following combination in the June No. of the Journ. des Connaissances Medico-Chir. It is said to have been used at the St. Louis Hospital of Paris, with some success. It is employed in the last stage of cholera, when even the pulse is extinct. The dose is 15 to 40 drops in a wine-glass of some generous wine, and may be repeated two or three times, half an hour apart. Take, Etherial Tincture of Valerian, 4 5.

- Tincture of Nux Vomica, 2 5.
- Hoffman's Liquor, 4 5.
- Tincture of Arnica, 2 5.
- Essence of Mint, 1 5.
- Tincture of Opium, 3 5. Mix.

Injection of Water into the Bladder in Cholera. (Gazette Médicale de Paris.)—Prof. Piorry (4th June) mentioned to the Academy of Sciences, that a student had injected two pints of water into the bladder of a patient laboring under cholera. He says the effects were that the veins became full, the pulse was developed, the heart and liver were augmented in volume, and the condition of the patient was infinitely better.

Valerianate of Zinc in Chorea.—About the middle of April I was called to see Anne P——, nine years old, a delicate child, afflicted most dreadfully with chorea; she could not talk, walk, nor even stand alone. I gave her a smart purgative, and after the bowels had been well cleared, ordered her a grain of valerianate of zinc three times a day; this was continued for a fortnight, when the dose was increased to a grain and a half. In a few days the remedy produced nausea, and it was reduced to the original dose; this was steadily continued until the middle of June, when it was given twice a day for a short time, and then discontinued. The child is now quite well.

Quackery in Medicine.—Dr. Bell's notice of Cholera in Louisville, Kentucky.

Whenever a terrific and sweeping pestilence commences its ravages, it is surprising to see what flocks of cormorants wing their way to the scene of devastation, to prey upon the credulity, the fears, and
the follies of the public. With the most imperturbable mendacity, the coolest impudence imaginable, and the most utter indifference to all consequences, they announce that they have an unfailling remedy for the disease; that it is suitable for every age, condition and sex, and for any stage of the distemper, and that its miraculous powers have been hidden from all the human race, but the particular individual who manufactures it. They announce that it succeeds where physicians fail, and that nothing but the purest philanthropy induces them to keep it secret, and to offer it for sale to a suffering world. These things are an utter abomination, and demand the interposition of law, not to protect medical men, but the public, from these designing sharpers. They do infinite harm, and can do no kind of good.

In the midst of a great conflagration, or near the scene of a wreck, we see philanthropists of the same stripe we have described as hovering over the ravages of a destroying pestilence. These characters are busily engaged in saving all they can lay hold of from the devouring elements, and are filled with an amazing love for the human race, whose entire boundaries are contained in——self.—[Western Journ. of Med. and Surgery.

Galvanism in Paralysis of the Bladder.—The manner of applying this remedy, adopted by M. Michon, of La Pitié Hospital, is very simple, and is as follows: Two silver catheters or sounds are introduced, the one into the bladder, the other (the female) into the rectum, and being connected with the two poles of a simple electro-magnetic machine, the current is established and continued for a few minutes, when the sounds are withdrawn. M. Michon, in two cases which he lately treated with success, used the remedy but once in the twenty-four hours.

[Ib., from Gaz. des Hop.

Aphtha. By J. Yale Ware, Mass.—The following simple prescription has proved a specific in my hands in many hundred cases of aphtha. I learnt it of Dr. Eli Ives, New Haven. R. Ipecac. gr. vi.; tinct. opii; ess. pep., aa gtt. iv.; boiling water, xxiv. tea-spoonsful. Sweeten with loaf sugar. Dose, a tea-spoonful every two hours. At the same time apply to the tongue equal parts of a powder of borax and loaf sugar, which the child will carry over the mouth. I have never known the above to fail in any case of infants’ sore mouth. It generally cures in two days. Occasionally, in delicate subjects, the disease returns again, when the remedy needs repeating.—[American Journal of Med. Sciences.

Prolapsus Ani and Hemorrhoids.—Dr. J. Batchelder, an aged and eminent physician of this city, informs us that during the last fifteen or twenty years, he has completely cured or greatly relieved a very large number of cases of prolapsus ani and hemorrhoids, by simply causing the patient to evacuate the bowels habitually in the standing posture or as nearly so as possible. In this position the sphineter is so far aided by the surrounding muscles as to retain the relaxed mu-
cous membrane or the hemorrhoidal tumours above it, while the usual squatting position directly favors their protrusion. This is an important suggestion, and the practice recommended is certainly well worth trying.—[Annalist.

Salt, a prophylactic to Worms.—It is said that persons who take little or no salt with their food are very subject to intestinal worms. Lord Somerville, in his address to the Board of Agriculture, states that the ancient laws of Holland "ordained men to be kept on bread alone unmixed with salt, as the severest punishment that could be inflicted upon them in their moist climate; the effect was horrible: these wretched criminals are said to have been devoured by worms engendered in their own stomachs." Mr. Marshall tells us of a lady who had a natural aversion to salt: she was most dreadfully affected with worms during the whole of her life.—[Pereira, vol. 1, p. 463.

Quack Bills.—One City coming to its senses.—We find in the New Orleans Med. and Surg. Journal, the following resolutions, passed by the city authorities. They deserve much credit for even doing their duty in these degenerate days.—[Ohio Med. and Surg. Journ.

COUNCIL MUNICIPALITY, NO. ONE.

Extract of the Sitting of Monday, 24th June, 1846.}

Be it further Resolved, That the fact of announcing publicly, by posting hand-bills in public places, the sale of medicines for the cure of diseases, shall constitute a police misdemeanor.

Be it further Resolved, That a fine of twenty-five dollars shall be imposed on every bill-sticker convicted of having posted up in one or several places, one or several hand-bills, offering for sale medicines for the cure of diseases.

[Signed.]  PAUL BURTUS, President.

A true copy :

A. D. CROSSMAN, Mayor.

Cholera in New Orleans.—We are compelled to refer again, under this head, to the progress of cholera in our city. Since the middle of December last, it has dwelt among, and dealt unkindly with us.—Neither the course nor force of the winds, the rise and fall of the thermometer, and barometer—nor deluging rains or cloudless skies nor any or all the vicissitudes for which our climate is remarkable, have had much effect in modifying either the symptoms, or checking the progress of the direful scourge. In 1832, the cholera, after raging in this place for five or six weeks, disappeared in 24 hours, after a heavy gale from the north. Not so, however, in 1848–9. For nearly seven months, it has been carrying on the work of death, and during all this period, about one half of the deaths which have taken place in this city, from actual disease, have been produced by this epidemic. This fact is at once startling, and well calculated to lead us to investigate the cause of its protracted stay in our city. Is it about to take up its permanent abode among us, and become a co-worker of death with yellow fever? Heaven forbid! Time, however, will decide this
question; at present we have neither the wish nor ability to engage in the investigation of a subject fraught with such melancholy reflections.—[N. O. Med. Jour.

Cosmetics.—A solution of Bichloride of Mercury in Bitter Almond Emulsion (about gr. j. ad f ½.) has long been a favorite face wash: it constitutes Gowland's lotion. Bichloride of Mercury, it is well known, unites with albumen, and hardens animal tissues. Bitter Almonds are mentioned by Celsus, as remedies for ephelides (freckles). Withering recommends, as one of the safest and best cosmetics, an infusion of Horse-radish in cold milk.—[Pereira, vol. 1, p. 218.

An officer of the U. S. A., Gen. T., recommends the following, which will also dye the hair, as well as relieve furfuraceous eruptions of the skin: R. Milk of sulphur, 5 li.; Sugar of Lead, 31.; Rose Water, 3 viii. Mix. It relieves dandruff.

To produce Artificial Cold.—R. Hydrochlorate of Ammonia and Nitrate of Potash, each 5%, to a pint of water.

MEDICAL MISCELLANY.

Modification of Dessault's long Splint.—Dr. A. Hays, in the Medical Examiner of July, says, that in 1812, when employed as Hospital Surgeon on the Northern frontier, he cut out a portion of Dr. Physick's improved splint (Dessault) so as to have free access to the wound in cases of compound Fractures—the two pieces of the splint being firmly secured or re-united by a curved strip of iron so as still to maintain extension and counter-extension.

Professor of Theory and Practice in the School at Richmond, Virginia.—Dr. David H. Tucker, of Philadelphia, one of the Editors of the Medical Examiner, has received this appointment.

Destruction of the Press of the St. Louis Medical and Surgical Journal by the great fire in that city.—One of the Editors of this Journal, Dr. McPheeters, requests the above fact to be made known to the subscribers of that Medical Periodical.

Death of an Editor and Professor at St. Louis.—We have just announced the death of Dr. Barbour, of St. Louis, of Cholera.

Sub-nitrate of Bismuth in large doses for Cholera.—M. Monneret, of the Hospital of Bon-Secours, recommends this preparation in large doses for the relief of cholerae and thus the prevention of cholera. In 91 cases, two only had cholera. He gives the sub-nitrate in 10 to 40 grammes (3i. to 3iss., immense doses,) per diem.

Death of Dr. Bougery, of Paris.—The Medical Gazette of Paris, of June 16, announces the death of M. Bougery, author of the great work on the Anatomy of Man. He died of Cholera.

Munificent gift to the poor of Paris.—Baron Rothschild has put at the disposition of the Prefect of the Seine 10,000 francs, for the relief of families suffering from cholera in the city of Paris.

Extent of the Cholera in France.—Up to 9th June, the cholera prevails or has prevailed in 33 departments and 360 communes of France. There had occurred about 22,000 cases, and 14,000 deaths.

One grain Doses of Calomel in Cholera.—Dr. Ayre, of Hull, England, contends in the Lancet that 1 grain doses of calomel with 1 drop of laudanum, every five or ten minutes, according to the intensity of the collapse, is capable of restoring the patient to health without the aid of any auxiliary means.
Medical Miscellany.—Meteorology.

Anti-hemorrhagic property of Matico.—An ounce of the leaves of matico to a pint of boiling water—Dose, a wine-glass full every quarter of an hour with 25 drops of turpentine for first hour, then the same dose every two hours, omitting the turpentine occasionally, however. The hemorrhage from the lungs was arrested in 16 hours.

Sterility in London.—Dr. Webster stated before the Westminster Medical Society, that he knew among his friends 140 couples who had no children.

Charm against Cholera.—In a shop in the Rue Vivienne, Paris, are sold little copper medals, fastened to a silk ribbon, and said to be endowed with the power of preserving the wearer from cholera. This is the 19th century of the Christian era. Where are the galvanic rings?

Early Menstruation and Pregnancy.—Dr. J. Smith reports, in the London Medical Gazette, the case of a girl who menstruated at 10½ years old, conceived at 11 years and 10 months, and gave birth nine months thereafter, to a living healthy child.


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1 Fair day. Quantity of Rain 4 inches and 80-100. Wind East of N. and S. 18 days. West of do. do. 10 days.

ERRATA.—In the May No. of the Journal, the following errors escaped our notice, in the Article of Professor Le Conte, on “The Philosophy of Medicine.”

On page 259, 13th line from the top, read arrangement for “derangement”
" 265, 13th " the bottom, read bearing for “learning”
" 267, 4th " the top, read astronomy for “anatomy”
" 268, 18th " the top, read impotent for “important”
" 268, 7th " the bottom, read judicious for “injudicious”.

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