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"Je prends le bien où je le trouve."

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

There is perhaps no term so generally misapplied by the unprofessional as Colic, for while it is used to designate all painful affections of the abdominal region, it is not unfrequently invoked to qualify pain in almost every other part of the body. Every practitioner in our country has occasionally heard of colic of the face, tooth, eye, ear, hand, chest, &c. Indeed, I recently attended a good matron, who stated that she had a colic in her blood, which would frequently fly out at the surface and occasion an eruption attended with intolerable itching. It is difficult to account for so great an extension of a word, which, being derived from the Greek, ἔλενα, was evidently designed originally to convey the idea of pain in this particular portion of the large intestines. The word is now, however, generally restricted by the profession to painful affections of the bowels, attended with constipation more or less obstinate, sometimes with vomiting, and existing without fever. Even in this restricted sense, it is yet so ambiguous as to cover a variety of affections essentially different in their nature, and which, therefore, require modes of treatment correspondingly dissimilar. On looking into the works upon the Practice of Medicine, the

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Physician of experience cannot fail to be surprised at the very unsatisfactory manner in which this important subject is treated. Diagnosis is, for the most part, entirely neglected, and the various remedial means are enumerated with a degree of confusion amounting to complete empiricism. It is not strange, therefore, that junior members of the profession should generally regard cases of colic as among the most difficult and troublesome they have to manage. Diseases are annoying to a physician in a direct ratio with the obscurity of their diagnosis: this once clearly understood, a knowledge of general principles makes the indication plain, and whether the case terminate favorably or otherwise, the greatest source of anxiety is removed.

Limiting, then, the application of the term colic to pain in the abdomen, with more or less constipation, nausea and vomiting, let us see what pathological conditions may occasion these phenomena. They may probably be all comprehended under three heads, viz: lesions of innervation, improper digestion, and mechanical obstructions. The lesions of innervation induce cramp colic, neuralgic, rheumatic and gouty colic, colica pictorum, and colic from faecal accumulation. Improper digestion occasions flatulent colic and is frequently the exciting cause of the lesion of innervation, which produces cramp colic. The mechanical obstructions may arise from intussusception, from a knot in the intestines, from hernia, adhesions, stricture, the pressure of a tumor, the accumulation of foreign bodies, as worms, cherry stones, earthy concretions, biliary calculi, &c.

You perceive that colic is not a disease, but merely a symptom, which may be induced by a considerable variety of circumstances—that no given prescription, nor set of prescriptions, can be applicable to all cases—and that a correct diagnosis must be of the utmost importance. To treat so extensive a subject satisfactorily, would require much more time than we can at present devote to it. I will, however, endeavor, as summarily as possible, to call your attention to some of the leading principles by which you should be governed in your diagnosis and treatment, hoping that you will not rest here, but extend your researches whenever opportunity presents itself.

Lesions of Innervation.—The most common form of colic belonging to this class, is Cramp Colic. The patient is usually
taken more or less suddenly, with violent pain in the abdomen, attended with strong contractions of the muscles and flexion of the trunk. He feels as if his abdomen were drawn in forcibly and that he cannot straighten himself. These pains are not continuous, but remit, to return in a few minutes with increased violence. Respiration is short, the surface, especially the extremities, frequently cold, and the pulse in severe cases is very much depressed from intensity of suffering, and, unless relief be speedily obtained, the patient may die from the exhausting influence of pain and impeded respiration. The cramps occur sometimes after taking a large draught of iced or very cold water, when the system is overheated; sometimes, after the ingestion of articles of difficult digestion; often without any appreciable cause.

Now, where is the seat of the spasm or cramp? What muscles are affected? On placing the hand upon the abdomen, you will find that it is hard, knotty, that the abdominal muscles are evidently contracted with great force, and that their contractions increase simultaneously with the recurrence of violent pain. These muscles scarcely move during the respiratory act. The diaphragm is also not unfrequently implicated, and when this is the case, respiration is still more impeded, and nausea will probably exist. The patient will tell you, that the whole of his abdominal contents "are drawn up into a knot, and that he can scarcely get his breath." Thus far, the seat of spasm is evident; but may it not also exist in the muscles of the stomach and intestines? The question is not yet decided, although the probability is in favor of the belief that the muscles of organic life may and do suffer spasmodic contractions.

The symptoms just enumerated are so striking, that diagnosis can present no difficulty, except in very mild cases—and even in these very little. The treatment should, of course, be such as will most readily overcome the cramp; ¼ gr. sulph. morphine, or 30 drops of laudanum with 60 drops tincture of camphor, in a little water—or a tea-spoonful of a mixture of equal parts of tr. opii, tr. camphor, and sulph. ether, by being repeated every 20 or 30 minutes, according to emergency, will usually be all-sufficient. These internal remedies will, however, be materially aided in their effect, by the application of a sinapism
along the dorsal vertebrae, the origin of the splanchnic nerves. You should bear in mind, that the first indication is to relieve the spasm, for it is this that occasions the pain. The remedies just mentioned, must therefore be given freely, but judiciously. I never bleed in such cases, nor do I administer any cathartic until complete relief has been obtained—after this, it is very well to empty the bowels with oil, jalap and cream of tartar, salts and senna, or any other prompt cathartic. The patient feels better after it and is less liable to relapse. If there be any reason to suspect the attack to be occasioned by improper ingesta, and vomiting has not already taken place spontaneously, this should at once be provoked by a prompt emetic. A teaspoonful of table salt and one of pulverized mustard, in a cup of warm water, may generally be easily procured, and answers the purpose remarkably well. The stomach being emptied, the opiates, &c., should be immediately administered.

The Neuralgic, Rheumatic and Gouty pains of the bowels, differ in many respects from Cramp Colic. Their invasion is more gradual; they are much more rare, less violent, attended with neither nausea nor vomiting, more apt to return after having been relieved by narcotics, and are not materially benefitted by cathartics. Pressure upon the abdomen does not increase the pain; percussion does not reveal any undue degree of flatulency; the patient is not usually confined to his bed, but goes about complaining every now and then of sharp pain, which intermits to return again in a short time. The neuralgic form not unfrequently assumes the quotidian type, returning daily at the same hour.

In these forms of disease, pressure upon the spinal column will very often reveal the existence of tenderness over some of the dorsal vertebrae. The spine should therefore be cupped freely and then blistered, at the same time that we administer quinine in combination with morphine, in quantities sufficient to give relief and to prevent a recurrence of pain. The precipitated carbonate of iron may also be advantageously resorted to, if the disease does not yield to these means.

You have seen that I class Colica Pictonum with the lesions of Innervation. I did so, many years ago, and published my views upon the subject in the Southern Medical and Surgical
Dugas, *on Colic.*

Journal,* since when, every case I have seen has but confirmed me in my position. This affection is, as you know, confined to those who work in lead mines, or who handle and breathe the preparations of this metal, in painting, setting type, and other arts. The pains usually commence gradually, and increase until they become intense in the extreme. Indeed, I have seen the patient thrown into violent convulsions, from their severity. Pressure of the abdomen is rather agreeable than otherwise, and percussion shows no accumulation of flatus; yet constipation, owing to the torpor of the intestinal muscles, is obstinate.

The routine practice, almost universally recommended, consists of a succession of the most drastic combination of cathartics. This treatment is founded in the belief, that the lead produces paralysis of a portion of the intestinal muscles, which allows an accumulation of faeces and flatus, distending the canal inordinately, and thus occasioning the pain. I think it an error to attribute the pain to distention, instead of regarding it as entirely nervous, for, although some relief (probably by revulsion) is experienced during the operation of each dose, it ceases with this, and it is only after daily purging for about a week, that the disease finally yields, leaving the patient in a debilitated state, from which he recovers but slowly. If you will, instead of this, apply cups freely over the dorsal vertebrae and immediately cover the same region with a blistering plaster, 3 by 12 inches, you will not only procure speedy relief, but also then be able to empty the bowels with any mild cathartic. A full opiate will usually complete the treatment. The success I have obtained by this method of treatment is such that I now generally expect to give complete relief in one, instead of 7 or 8 days, as required by the usual mode. It is recommended to use the diluted sulphuric acid, as a prophylactic, after the attack. I have often prescribed it, but cannot say much in its favor. The best preventive is a change of occupation, for after having experienced one attack, the patient will be certain to suffer again, if he continue to be exposed to the same cause.

There are cases of colic, occasioned by the mere accumulation of intestinal matters. This state of things may result

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from deficient mucous secretion or torpor of the intestinal muscles, and should then be referred to the lesions of innervation, as any modification of secretion or of muscular action must necessarily be the effect of a corresponding modification of the nervous supply. In these cases, pain is manifested only after constipation, more or less protracted, the abdomen is full, more or less hard, sensitive to pressure, and percussion usually yields a dull sound along the course of the colon, which is impacted, although it may show the accumulation of flatus in the small intestines. The pain is continuous, and the patient feels a strong conviction that he would be relieved if he could only have a good evacuation. An active cathartic, of salts and senna, or of jalap and cream of tartar, will then be clearly indicated—and its effect will be made more certain and expeditious, by applying a sinapism to the dorsal region of the spine. In our remittent fevers, it was formerly customary to purge freely and early after the attack, and yet the torpor of the intestines was often so great as to render this very difficult. In such cases, I resorted to a sinapism to the spine, and rarely had any trouble in purging my patient after this.

We now come to the consideration of colics from improper digestion, and the most common of these is flatulent colic. In this, the pain increases gradually and is never so violent as in cramp colic, nor does it occur in the paroxysmal form, although it is more intense at some moments than at others. The seat of pain sometimes changes as the flatus moves about; the abdomen is sometimes tumid, though not necessarily so,—for the flatus is occasionally limited to a very small portion of the intestines; pressure over the affected region is painful, unless the flatus be thereby dislodged; and percussion reveals the accumulation of gas, by its clear or hollow sound. Eructation, or the discharge of gas per rectum, is attended with relief, and the consciousness of this, leads the patient to frequent efforts to expel it. You perceive that, with these symptoms, the diagnosis cannot be difficult. The case cannot be confounded with either of the forms of colic we have noticed. In the treatment, we have 3 indications to fulfil—we must, if the pain be very great, relieve this as soon as possible, at the same time that we prevent any further formation of gas and cause the expulsion
of that already formed. These three ends may be accomplish-
ed, by the administration of a dose of castor oil with a tea-
spoonful of the tr. of camphor and 40 or 50 drops of laudanum.
The opiate obtunds sensibility, the camphor, by its aromatic
and antiseptic properties, prevents the formation of gas, and
the oil dislodges and carries down the alimentary and gaseous
contents of the intestines.

By the way, the well known efficacy of aromatics, in aiding
the expulsion of flatus from the stomach and bowels, as well as
in preventing its formation, has not, I believe, been satisfactori-
ly accounted for by writers on Materia Medica. A dose of
the essence of peppermint, or of any aromatic, will almost im-
mediately occasion eructation, if there be any gaseous accu-
ulation in the stomach, and it will prevent its reproduction.
I think that these effects result in the first place from the stim-
ulation of the muscular fibres of the stomach to contraction,
(through the nerves, of course,) and, in the second, from the
arrest of the process of fermentative decomposition, in conse-
quence of the antiseptic properties of the aromatics, brought into
admixture with the contents of the stomach. The same ex-
planation will apply to the effect upon the contents of the in-
testines. Aromatics are of very difficult digestion, and will
readily pass from the stomach into the intestines, without much
deterioration.

In the treatment of flatulent colic, we very frequently resort
alone to the tincture of camphor, for, unless the pain be very
great, it possesses narcotic properties enough, without the ad-
dition of opium, and does not so much impede the action of
the cathartic. It may be well to bear in mind, that the effect
of castor oil is less retarded by opiates than that of other ca-
thartics; hence the preference usually given to it in such cases.

You will, not unfrequently, see cases in which the distress
is occasioned, not only by the flatus, but also by the excessive
ingestion of food, whether of an indigestible character or not.
In our cities, the practice of eating late suppers is a fruitful
source of colic and of cholera morbus. Men will, at a late
hour, resort to an oyster house and fill their stomach to excess,
with oysters, lobsters, shrimps, crackers, pickles, cheese, brandy,
&c., and immediately go to bed. They are fortunate when
they pass the night with only a little interruption from nightmare, and have a slight headache the next morning. Sometimes nature relieves itself, by copious vomiting and purging, before morning, and the glutton charges his suffering to the account of cholera morbus. Cases of colic resulting from such imprudence, should be treated at once by an emetic, followed by tr. camphor and lime water, in repeated doses, until relief be complete.

Mechanical Obstructions.—We have stated that colic may be occasioned by mechanical obstructions. It is much easier to determine the existence of such obstruction, than to distinguish its precise character. The symptoms, for example, of intussusception, of an intestinal knot and of internal hernia, so closely resemble each other, that it is impossible to distinguish between them. The same may be said in relation to the phenomena of stricture of the intestines, of pressure of tumors upon them, and of adhesions of this canal to the surrounding tissues by which its caliber is lessened or obliterated. These two classes of obstructions, however, may be generally distinguished from each other, without much difficulty. The former present all the peculiarities of strangulated hernia. If the hernia be external, it can be detected by the eye, and is therefore not included in our enumeration of cases that may be confounded. If it be internal, I repeat, it cannot be positively distinguished from intussusception and an intestinal knot. The attack in these three varieties of accident is more or less sudden, the pain gradually increases in intensity, does not intermit, and is fixed to a certain locality, from which, at first tenderness, and subsequently, great soreness radiates as from a centre to the whole abdomen, as the peritoneal inflammation advances. It is attended with nausea, vomiting, constipation, and a degree of general prostration entirely disproportioned to the amount of suffering and duration of the disease in other forms of colic. The pulse sinks rapidly, the surface becomes cold and clammy, the abdomen tympanitic, and the faciae, assuming the Hippocratic character, reveals but too surely the doom of the patient, who will sink, not unfrequently, in 48 hours from the invasion of the disease. These attacks are not preceded by any unusual constipation, nor attended with any great accumu-
lation of faecal matter. The distress and danger are rather the effects of peritoneal constriction and inflammation, than of a mechanical obstruction to the passage of the intestinal contents. Treatment, save the use of anodynes to relieve distress, avails nothing. Cathartic medicines only add to the sufferings.

The symptoms and progress of the obstructions, by stricture, tumors and adhesions, are very different. These causes increase very gradually, and the patient finds that his bowels are becoming more and more costive, more and more difficult to move by cathartics. The obliteration of the intestine by stricture, may be the work of years; that by tumors, will vary according to the nature of these; and adhesions will proceed more or less rapidly, according to their immediate cause.—

When the crisis is reached, the pain is the immediate consequence of the accumulation of faecal matters and flatus, and, as the obstruction of the intestines has been gradually coming on, the system does not sympathize with them so readily as in sudden strangulation. The pain is one of distention; the portion of the canal below the obstruction may be emptied by enemata, but no relief is afforded; nausea and vomiting are provoked by every mouthful of food or drink taken; the matter ejected from the stomach sometimes becomes stercoraceous; and the sufferer gradually sinks from inanition, after days or weeks of anguish. I have before my mind just now, the case of a female, who lived 20 days after the total obstruction of the colon by a schirrous stricture, which had been progressing about 10 years. I need scarcely say, that paliatives are the only means left us under such trying circumstances. Quiet your patient's suffering with opiates, and sustain him as long as possible with nutritious broths, per rectum, after they cease to be retained by the stomach.

We have been noticing the more formidable classes of mechanical obstruction. There are others which, although not less painful, are yet more manageable. I allude to those resulting from the accumulation of foreign bodies in the intestines, such as cherry stones, (some very remarkable cases of which are upon record), earthy concretions, worms, &c. The symptoms here are those enumerated as belonging to faecal accumulations; and the treatment should be the same, with the addition
of anthelmintics, if worms are suspected. This suspicion should be entertained in cases of children, and spigelia combined with senna, in the form of infusion, given freely every hour until the bowels be thoroughly emptied. A combination of wormseed oil (chenopodium anthelminticum), spts. of turpentine, croton oil and syrup, in doses adapted to the age of the child, is very efficacious in dislodging worms, but should be discreetly used, lest it irritate the bowels too much. The spigelia is a much safer remedy, and, when fresh, a more certain one. Indeed, I regard good spigelia, as much a specific for worms, as quinine is in intermittents.

You probably think that I am about to forget to mention a form of colic, by no means uncommon in our climate, and whose name is peculiarly fashionable, if I may use the expression, with those who regard bile as one of man's greatest enemies. Bilious colic is about as significant a cognomen as bilious fever; it means any thing you wish: biliary derangement, excessive secretion, deficient secretion, vitiated secretion. As no one should presume, however, to treat of fevers without devoting a chapter to their bilious form, so no one should overlook bilious colic, who does not wish to exclude one of the most dreaded of these affections.

Well, what is Bilious Colic? You will look in vain for a description of it in some of the best English works on Practice—the Cyclopedia and the Library of Practical Medicine, for example. There is a detailed account of it, in Eberle's Practice, which, I well remember, when seeking information on the pathology of this affection, did but add to the confusion I found to prevail in relation to it. If all cases of colic in which the patient vomits bile, or passes bile from the intestines, or becomes jaundiced, are entitled to the distinctive appellation of bilious, you will perceive, with but a moment's reflection, that this is not a special, but a protean form of colic,—for a man may vomit bile, when attacked with colic from flatulency, from spasm, from obstruction, or indeed from any other cause, if the case be attended with much nausea and emesis, and especially in warm weather and in autumn, when this secretion is generally most abundant in our climate. We should then have bilious flatulent colic, bilious cramp colic, bilious colic with obstruction, &c.,
&c. I have long since come to the conclusion that, if the term be retained at all, it should be so restricted as always to convey the same and a definite idea. Let the terms we use be intelligible, let them designate some fact or condition that may be diagnosed, and then they will cease to lead us astray in our prescriptions. See the mischief done by calling our remittent fevers bilious, when the presence of bile is but one symptom of the disease. The whole world has waged war upon bile for two thousand years, when, lo! it is now found that bile is not the cause, but the effect of the fever, and that by arresting this, we effectually get rid of the nefarious secretion! So long as you call colics "bilious," you will direct all your energies against bile and neglect to treat the pain.

But there is a form of colic, in which a portion of the hepatic system is really implicated very seriously, and which might therefore, with a semblance of propriety, be called bilious. A biliary calculus, in making its way down, may become lodged in the hepatic, cystic or common duct, and give rise to some of the most excruciating pains than man can endure. The attack is more or less sudden, comes on often without any premonition, the pain is vaguely said by the patient to be in the upper part of the abdomen; but if you ask him to put his finger upon it, he will apply it directly over the region of the gall bladder and biliary ducts, that is to say, a little below and to the right of the xiphoid cartilage or on the right portion of the epigastric region. Before the attack has continued long, he will tell you that he can cover the seat of the pain with a dollar coin; but if the obstruction continue, there will radiate from that point a degree of soreness, which may increase in intensity and finally invade the whole abdomen. This is occasioned by the supravention and extension of peritonitis. If the calculus be lodged in an hepatic duct, or in the cystic duct, bile may continue to flow into the duodenum, and may therefore be ejected from the stomach and intestines; but if it obstruct the common duct (the ductus communis choledochus), it must be obvious, that no bile can pass into the duodenum, that none will be ejected, and that jaundice will be produced. You have now solved the whole mystery of the jargon and discrepancies in relation to the so-called bilious colic. Lose sight of the
baneful effects of bile, look for the organic lesion, and all becomes plain and intelligible to the merest tyro. But let us return to the symptoms.

The patient suffers intensely, as already stated; the pain is persistent, though now and then much aggravated, especially if the obstruction be in the common duct, and provokes violent contractions of the cyst; he rolls about the bed or upon the floor, in agony; great drops of perspiration trickle down his face; nausea and vomiting supervene upon the ingestion of liquids to relieve thirst; the pulse, at first slow and full, becomes more frequent and thready; and, unless relieved, he will succumb more or less rapidly, according to the secondary lesions that may be induced. If the calculus occupy an hepatic duct, and does not escape, it may occasion acute hepatitis, abscess of the liver, and jaundice, which may gradually exhaust the patient. If it be situated in the cystic duct and remain there, it may produce the same state of things, in addition to the inconveniences arising from a continuous flow of bile into the duodenum, before it has gone into its legitimate receptacle. Finally, if it close the common duct, the duodenum is entirely deprived of bile; chylification can no longer be properly effected; the biliary vesicle becomes engorged and enormously distended, so as to form a tumor that may be seen and felt externally; the liver itself is filled with its own secretion, which passes into the general circulation with all the symptoms of deep jaundice; and, if all this disturbance, added to intolerable suffering, have not exhausted life, the gall bladder may be ruptured, pour its contents directly into the peritoneal cavity, and thus speedily close the scene. There are cases, however, in which adhesions are formed between the biliary cyst and the stomach or intestines, so that when the rupture takes place the bile is thrown into the alimentary canal, and recovery may be thus secured. Such cases are exceedingly rare.

In the treatment of these colics resulting from obstruction of the biliary passages, the indications are to relieve the pain, to prevent inflammation, and to facilitate or hasten the descent of the calculus. The pain must be subdued by sulphate of morphia, repeated as often as necessary. I usually give ¼ of a grain every 20 or 30 minutes, until the desired effect be secured, and
then repeat it as the pain returns. If the sufferings were very great, you should make the first dose larger, say $\frac{1}{2}$ gr. In giving morphine, I generally prefer a repetition of medium doses to a very large one, for, as this salt is very soluble, it is immediately imbribed and its full effect is brought to bear upon the nervous system at once. With opium, the case is different; being gradually dissolved by the gastric juice, it is only gradually imbibed and also gradually carried to the nervous system. A large dose of opium can, therefore, be administered with much more impunity than one of morphine. I am induced to make this digression, because I am well satisfied that I once saw a case of colic terminate fatally, from an excessive dose of the sulphate of morphine. Yet, in colics, morphine is preferable to opium, because it is more prompt in its action, and may be administered when the stomach is very irritable, by being simply placed upon the tongue.

The violence of the pain having been subdued by the anodyne, it is proper to endeavor by castor oil, salts and senna, and enemata, to empty the bowels, not with the expectation of relieving the pain, but rather with the view of acting revulsively in favor of the liver and peritoneum, which are threatened with inflammation, if this have not already taken place. The too common practice of administering calomel more or less freely in this form of colic, has always seemed to me altogether irrational. If it be desirable to purge promptly and freely, calomel is assuredly one of the last cathartics we should think of, for its operation is very slow and it rarely produces those copious stools from which we expect the greatest revulsion. Again, if it possess, as eminently as it is thought to do by many, the property of increasing the secretion of the liver, it must aggravate all the evils of an obstruction in the biliary passages. It would be as unwise to administer calomel in such cases as it is to give diuretics to one suffering from retention of urine. Cathartics, especially if active, determine the circulation to the intestines and abstract from the bloodvessels destined to the liver, a portion of their contents, thus lessening the sum of the portal circulation and consequently relieving the liver. There can be no doubt, therefore, that purgation other than mercurial, is one of the most efficient means by which we may lessen the
tendency to inflammation of the hepatic organ. We may add to these a blister over the epigastrium, when the soreness begins to extend. Venesection is frequently resorted to, both for the purpose of producing relaxation and of obviating phlogosis. It should be advised only in persons of plethoric habit, and, even then cautiously. We cannot, at the onset of an attack, foresee how long it may continue, and what a demand may be made upon the patient for all his powers of endurance. The prudent practitioner will therefore not too rashly impair energies that may subsequently be needed to enable the patient to withstand the prostrating effects of a protracted torture.

In order to hasten or to facilitate the descent of the calculus, emetics have been recommended. They may be useful by inducing relaxation; but they are very distressing, and, if the biliary cyst be much distended, might produce rupture instead of forcing on the calculus lodged in its outlet. I have never known them to give relief. Tepid or even warm baths are generally very soothing, and the patient should be allowed to remain in them hours at a time, if he does not become faint. He will often fall asleep in the bath if he be comfortably placed. The bath gives relief, probably, by determining the circulation to the surface, and it may facilitate the passage of the calculus by the unequivocal relaxation it occasions in the whole system. It should therefore never be omitted if possible, but repeated as often as circumstances will permit.

There are other painful affections of the abdominal region that may by the inexperienced, be mistaken for colic. Indeed, I do not know why they might not be included under this general name, as well as biliary obstructions, unless it be that they do not necessarily implicate the alimentary canal. The pains to which I allude are those occasioned by the obstruction of the urinary passages by calculi, and those attending disorders of menstruation.

The formation of calculi in the kidney, and their lodgement in the ureters occasions pains very similar to those of biliary calculi, exceedingly intense, but readily distinguished by their locality. Anodynes and warm baths constitute the best treatment. Dysmenorrheal pains are paroxysmal and seated in the uterus. The palliative treatment here is the same, but the preventive is more complicated and cannot occupy us at present.
I have now, as briefly as the nature of the subject would permit, although not so fully as it deserves, passed in review the principal forms of colic, and called your attention to the treatment I most approve in each. If you have observed that in some particulars my views do not accord with others for which you may entertain respect, allow me at least to indulge the hope that you will impartially reflect upon them, and apply to them the surest test: that of bed-side observation.

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ARTICLE XXXII.

Infantile Paroxysmal Convulsions, and their Treatment with Sulphate of Quinine, with Cases. By Henry F. Campbell, M. D., Demonstrator of Anatomy in the Medical College of Georgia.

"Therapeutics," it is remarked by the elegant and philosophic Dr. Bartlett, "rests wholly upon experience. It is absolutely and exclusively an Empyric Art,"* and this apparently startling assertion, we constantly find corroborated in the results of our daily application of remedial agents. The theorist is compelled to abandon his most ingenious hypothesis, although proved by careful and logical ratiocination, to lay aside his favorite, glowing assumption, and to admit the fallacy of all à priori speculations, when scrutinized in the ordeal of experience, the only criterion in medical science. Thus it is, that we receive daily instruction and humiliation at the hand of nature, and are made to feel, that it is only in the humble position of the observer of her phenomena, that we acquire any useful or abiding indoctrination. But, to many, this rule for study is entirely disregarded; observed facts are discredited, unless they can be distorted into the elucidation of their own theory, and established truths are rejected as monstrous assumptions, if varying in any degree, from the result anticipated by their rational hypothesis.

There is, perhaps, no agent in the Materia Medica, the remedial power of which is so often invoked, and yet the thera-

peutic action so diversely interpreted, as Quinine; to it, are attributed the qualities of the stimulant, the sedative and the narcotic; and while all acknowledge its value and avail themselves of its efficiency, as an anti-periodic, each persists in his own explication of its results. On its introduction, it was prescribed with extreme caution, being deemed applicable only in intermittent fevers where the intermission was entire, a little later, and the more marked remittents were treated with it, and at present, its use has become so general that in nearly every form of fever, even those of a continued character, its application is thought worthy, at least, of consideration. We cannot discuss the applicability of Quinine under any circumstances, but we allude here to the relation in which it stands to the profession as a remedial agent, to show that our own empirical administration of it in the cases hereinafter reported, is not so irrational as might at first sight appear.

From an attentive observation of many cases which our locality so abundantly affords, we are disposed to an opinion, somewhat varying with that inculcated by most reports concerning the time of the occurrence of the infantile convulsions of intermittent fever, viz: that they more frequently than otherwise, if not invariably, occur at the beginning of the paroxysm, or during the chill, and not at the acme of fever; and consequently, they are not the result of a high degree of vascular excitation as has been, I believe, generally supposed. Now, it is common to find them coming on at a time when there seems to be least disturbance in the nervous or vascular system; for instance, a child will be playing or running about apparently well, when suddenly it is attacked with a violent convolution,* often with others succeeding, and after their subsidence, the case will be found to assume all the features of an ordinary intermittent paroxysm, progressing regularly on to intermission, &c. Indeed the convolution seems to take the place of the cold stage and is, so to speak, a chill very much exaggerated, that is the normal innervation which in a subject less favorable, would have

* Even while engaged in transcribing this sentence, I am called to the child of a professional friend, who has had a convolution, taken while in excellent spirits and playing about the room. This evening is the time of its expected paroxysm, it having had one on yesterday afternoon.
produced only a chill, here in the extremely mobile and impres-
sible nervous system of a child, gives rise to phenomena of graver
and more alarming character, and the paroxysm is ushered in
by a convulsion. We would here advert to an example which
may be considered a transition case between the chill and the
convulsion; and develops, to a certain extent, our view regard-
ing the character of the convulsion, and the relation it bears to
the paroxysm. E. P., a young woman of nervous tempera-
ment and general bad health, aged about 22 years, on the ad-
vent of her second paroxysm, was affected with involuntary
contractions in the muscles of the arms and legs. I would not
be misapprehended, these were not the ordinary quaking and
subsultus of an ague, but of such a marked character as to as-
sume decidedly the form of a convulsion; but not to the extent
however of the deprivation of consciousness. She was fully
aware when they were about to commence and would call to
her attendants for assistance in preventing their accession; here
the ordinary ague-shaking was evidently exaggerated into a
true convulsion. On examination by pressure of the spine, we
found the dorsal and lumbar regions extremely sensible—On the
removal of sinapisms from the legs (where they had been
very irrationally applied) to the spine, the convulsions were re-
lieved in a short time, and the administration of Quinine, during
the intermission, prevented the return of the paroxysm. As the
spinal irritation was of long standing, it was deemed expedient
in this case, to apply a blister, a more permanent revulsive.

Thus fully impressed with the analogy between the cold
stage and the convulsion, and having, in a few instances, suc-
cceeded in arresting the progress of a paroxysm, by the admin-
istration of Quinine, even after the commencement of the chill,
and finding also, that even when it did not entirely succeed in
arresting the paroxysm, it generally mitigated its violence, thus
disproving the gratuitous and pernicious dogma, that "where
Quinine does not cure, it makes worse," we have been in-
duced to use this remedy empirically in several obstinate cases
of infantile convulsions of this character. While we report
them, with some degree of confidence, as suggestive experiments,
worthy, perhaps, of further investigation, yet we will not admit
for the practice, any thing like established merit, as the cases

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are too few to deserve more than the credit perchance of exciting
enquiry into the value of the application.

In the relation of the following cases we have not deemed it necessary to recount minutely the history of each, as they are, in most respects, but ordinary cases of intermittent fever and the history of one of them is but the prototype of the others.

Case 1. H. H., a boy, aged 2 years, had had a paroxysm of intermittent fever, previously, while playing about on the floor, was seized with a convulsion, which was quickly succeeded by others, which resisting the ordinary means used for their relief, we resorted to the administration of Quinine, grs. 2½ every hour till grs. 7½ were taken. The convulsions subsided after the second dose. The calomel, previously given, acted upon the bowels and the return of the paroxysm was prevented by Quinine given in anticipation next day.

Case 2. Edward Bleese, aged about six years, had been the subject of tertian intermittent fever for a week. We were called to see him in a convulsion which came on at the beginning of the paroxysm. When seen, he had had many convulsions. The bowels were emptied by oil and enemata—mustard plasters were applied to the spine, abdomen and extremities, without exerting any controlling influence on the convulsions. The convulsive action was almost incessant. Ten grains of Quinine were administered at a single dose; in about an hour after, the convulsions became less frequent and finally entirely subsided. The succeeding paroxysm was met with Quinine, and the patient was afterwards treated for worms with very abundant results.

Case 3. A. McGraef, a boy of very delicate and unhealthy appearance, aged about 12 years, was seized with a convulsion on the accession of his third or fourth paroxysm. He had had no treatment previous to this call. Dr. J. L. Watkins, then our pupil, attended the case, and having applied the usual routine of remedies as sinapisms, enemata, pediluvia, &c., the following dose, was administered—Quinine grs. 10, Calomel grs. 15. The mustard plasters, pediluvia, &c. were continued with the application of cold to the head, and 5 grains of Quinine were given in an hour after the first dose. The convulsions ceased in about half an hour after the administration of the medicine.
The sweating stage quickly succeeded, and on the next day, the boy was apparently as well as ever. Of course more than the ordinary caution was observed to prevent another paroxysm, by Quinine the next day.

We also constantly remark, that these convulsions are found to attend the hebdomadal relapses of the paroxysmal fever, upon which they depend, as the following will show:

Case 4. S., a child, aged 2½ years, of excellent general health and ruddy appearance, was taken at the first paroxysm with a convulsion, while apparently quite well. When we saw this case, the convulsions had continued for more than an hour with but short intermissions. After ascertaining that the child had not lately taken any crude ingesta that required removal, we administered of Hyd. Chlor. Mit. 6 grains, Quinine 8 grains, in one powder. The convulsions ceased in about an hour after this dose, and on the operation of the calomel, the fever subsided and the case regularly proceeded through the phases of an ordinary infantile intermittent, and was subsequently treated accordingly. In about three weeks after, a relapse occurred attended with convulsions. The Quinine was given in a single dose of 5 grains in combination with calomel. The douche to the head and sinapisms to the spine were also applied. The Quinine was here given earlier, and the case was of shorter duration than before.

We could here advert to other cases, one occurring under the observation of our friend Dr. L. D. Ford, of this city, wherein the hebdomadal returns of the paroxysm is invariably attended with a convulsion in its approach, and another similar one, in our own practice, wherein the administration of minute doses of Fowler's solution in the interval prevented the paroxysm and the attending convulsion, but our limits will not admit of their full report.

Above we have given a faithful, though not a minute recoumtal of four cases of convulsions, treated with the sulphate of Quinine during the attack. We are free to admit, with due candor, that they are far from conclusive; their paucity, as well as the mixed treatment to which such cases must necessarily be subjected, detract much from their weight, and render us cautious in our opinion of their results. We are aware that
our opinion, the opinion of medical men generally, respecting
the effect of their remedies, is apt to be influenced by prejudice,
and determined by \textit{a priori} conclusions, and should be treated
by the profession with some degree of distrust, but still, as we
have before remarked, we would fain attach some little impor-
tance to the results of our observations on this mode of practice,
and although we cannot recommend Quinine as an only reme-
dy, to be depended on in the treatment of this class of infantile
convulsions, we cherish the hope that this report, imperfect as it
is, may instigate further investigation on this subject, so impor-
tant to the profession and to the world.

\textbf{ARTICLE XXXIII.}

\textit{Lithotomy in a boy 10 years old—calculus weighs 3xxv. and
measures in the circumferences 7\frac{3}{4} and 6 inches.} By Paul
F. Eve, M. D., Professor of Surgery in the Medical College
of Georgia.

On the 23d of last May, I operated upon a case of stone in the
bladder, near Newnan, Coweta county, Georgia. The patient
was a boy about ten years of age, who had suffered more or less
from infancy, symptoms of calculus. At certain periods he
had been greatly reduced by intense and prolonged irrita-
tion produced by the foreign body in the bladder. The stone
having been readily detected by his physicians, the parents
finally consented to an operation.

Through the kindness of my professional friends, and aided
by them, the usual bilateral operation was performed by me
with the double lithotome, while the patient was under the in-
fluence of chloroform. The calculus was found to be very
large, the cutting instruments were used a second time, the in-
cisions made in the soft parts, were extended, and by continued
and careful traction it was extracted. The stone weighs about
twenty-five drachms or over three ounces. It measures in the
longest circumference seven and three-fourth inches by six in-
ches in the shortest. It is of an oval shape and pretty rough up-
on its surface. Its composition is uric acid.

The patient continued progressively to improve up to the
ninth day after the operation, when he was unfortunately at-
tacked with dysentery, then becoming prevalent in his neighborhoood, and which carried him off in a few days. His attending physician wrote me that the wound had nearly healed, that he had suffered nothing special in the region of the bladder, and that his death was not attributed to the operation. No doubt was entertained of his recovery until the invasion of the bowel affection.

The size of this urinary calculus compared with the age of the patient is certainly worthy of note. It may prove to be as large as any yet recorded. I believe, too, all who witnessed the operation, were convinced that it would have been extremely hazardous, if not impossible to have removed it by the lateral method of lithotomy.

Having had the misfortune to puncture the rectum, so that gaseous and fluid contents escaped through the section made in the perineum, while recently operating in another case of stone, (though this patient was happily dismissed cured on the eleventh day after the accident,) I have been engaged in attempting to simplify and perfect lithotomy. My reflections have resulted in two propositions—one, an addition to the staff or sound, and the other to the double lithotome cachée of Dupuytren.

When the groove staff is introduced into the bladder for the performance of lithotomy, a section is next made in the perineum down upon it. The urethra, it is well known, is a closed canal, and its mucous membrane is accurately applied upon any instrument introduced into it. In opening it, then, in this condition, more or less embarrassment and delay are encountered. It is precisely at this stage of the operation that the rectum is usually implicated. To obviate this, we have a rude instrument in our chirurgicum armamentum, and Prof. N. R. Smith, of Baltimore, chairman of the committee of Surgery for the past year, presented another one for this same purpose, at the late meeting of the National Medical Association in Boston. My suggestion is to have the straight or upper portion of the staff made hollow, through which canula a stilet is made to distend the urethra at the point to be opened in lithotomy.

My second proposition is to add the cutting edges of the bi-
sector (Stevens's or Post's) to the double lithotome. Those who have used the lithotome of Dupuytren know that to introduce it into the bladder upon the grooved staff, some force is required, especially when operating upon children, now constituting a majority of our cases. This is owing to the size of the instrument, although the one I employ is made small. The uretha, instead of being neatly cut, is actually lacerated by the blunt shoulders of this instrument. If force be used, the recto-vesical septum may be injured, by its escape from the groove of the staff. To prevent these accidents, it has occurred to me, that by giving a short cutting edge to the shoulders of the double lithotome, and by a button added to the beak made to fit and slide in the groove of the staff, the bilateral operation of lithotomy would be simplified. A vent or slit at the internal extremity of the staff, would allow the lithotome to escape from it, when this latter instrument has fairly entered the bladder. The cutting edges of the bisector should be made to project by a spring at the handle of the lithotome—this, in order to protect all other soft parts but the urethra, in manipulating with it.

These suggestions are now before Mr. Charrière, the celebrated instrument maker in Paris, and are here presented for what they are worth, (perhaps nothing,) to the profession, and without setting up any claims to invention or originality.

PART II.
Reviews and Extracts.


The object of the following essay, is to draw attention to an application of the art of auscultation hitherto neglected—the auscultation of the sounds produced in the intestinal canal. The cavity of the stomach and intestines, both in health and disease, contains, together with solid and liquid matters, a considerable quantity of aeriform substances. This is shown by examination after death, when air is invariably found in the intestinal canal, and may also be rendered evident, at any time during life, by percussion. These aeriform substances consist of com-
mon air, hydrogen and its different compounds, carbonic acid, and various other gases, in variable quantities and proportions in different subjects and in different conditions of the body.

The peristaltic action, which is constant in health and is commonly continued in disease, necessarily produces motions of the solid, liquid and gaseous contents of the intestines; and from the known laws of acoustics it might be philosophically inferred that these motions would be productive of sound. These sounds are sometimes audible at a distance from the body, and are noticed, under the term borborygmi, as a symptom in various diseases. As the quantity and proportions of the liquid and gaseous contents of the intestines are known to vary, and the peristaltic action to be variously modified, by the changes of disease, it might reasonably be presumed that the sounds produced within the intestines would be subject to corresponding variations; and it is not unphilosophical to suppose that these varieties of sound may afford valuable practical indications.

It is remarkable that a celebrated English philosopher, who was not a medical man, directed attention to this subject, many years before the discovery of the art of auscultation by Laennec. Hook, in his posthumous works, says, "There may be a possibility of discovering the internal motions and actions of bodies by the sound they make. Who knows but that, as in a watch we may hear the beating of the balance and the running of the wheels, and the striking of the hammers, and the grating of the teeth, and multitudes of other noises; who knows, I say, but that it may be possible to discover the motions of internal parts of bodies, whether animal, vegetable or mineral, by the sound they make; that one may discover the works performed in the several offices and shops of a man's body, and thereby discover what engine is out of order, what works are going on at several times, and lie still at others, and the like?" "I have this encouragement"—"from experience, that I have been able to hear very plainly the beating of a man's heart; and it is common to hear the motion of the wind to and fro in the guts and other small vessels; the stopping in the lungs is easily discovered by the wheezing." The prediction of this philosopher, who, as Dr. Elliotson observes, seems almost to have prophesied the stethoscope, has been fully verified in reference to the thoracic viscera and the gravid uterus; but to this time it has been strangely neglected in the investigation of the condition and action of the intestinal canal.

It is now more than twenty years since I have habitually attended to the sounds produced in the abdomen in various diseases; and in the early stage of my investigations I indulged
the hope, that in disorders of the intestinal canal auscultation might gain nearly the same distinctness and precision, that it had already acquired in relation to thoracic diseases. Though I long ago relinquished this sanguine expectation, continued observation has confirmed my opinion of the importance of the subject, and has enabled me to discover practical indications, which I regard as of great value.

When the ear is applied to the abdominal parietes of a healthy subject, there is heard an almost constant succession of sounds produced by the motion of the contents of the intestinal canal. These sounds are varied by many causes, such as the quickness, regularity, and other variations of the peristaltic action, the degree of fulness of the intestines, the proportions of the gaseous and other contents, the fluidity of the liquid contents, &c. The sounds, thus varying with the causes of their production, afford indication of these several causes; and they thus become signs of actions and conditions of the intestines, a knowledge of which is of the utmost importance in investigating the diseases of these viscera. In most diseases of the intestinal canal the sounds do not afford definite diagnostic signs to characterize the different diseases, like the diagnostic signs disclosed by auscultation in thoracic diseases. They are chiefly signs of particular conditions or actions, which may occur in various intestinal diseases, rather than diagnostic signs to distinguish different diseases. In some diseases, however, signs are thus obtained, which perhaps may be considered as truly diagnostic of the diseases in which they occur.

In the Asiatic Cholera, which prevailed in New Haven in 1832, this application of auscultation was attended with interesting results, which were noticed in an account of the cases which came under my observation, published in the Boston Medical and Surgical Journal for July, 1833. Writers generally noticed the loud borborygmi, audible at a distance from the patient, which occurred in that disease; and to the ear applied over the abdomen the sounds were so peculiar—at least so different from what I have observed in other diseases—that they seemed distinctly characteristic of that disease. These sounds manifested a rapid commotion of the whole intestinal canal, and might be compared to those produced by shaking together several flasks of various sizes partly filled with water. Frequently the sounds appeared to indicate that the rapid peristaltic motions were suddenly arrested and reversed by an anti-peristaltic action, which occurrence immediately preceded a paroxysm of vomiting. The large quantity of serum effused into the intestines, causing an extreme fluidity of their contents, with the rapid and irregular peristaltic and
anti-peristaltic motions, would sufficiently account for this un-
usual variety of sounds.*

The effects of various remedies upon the intestinal action, as
indicated by the sounds, were carefully observed. Practition-
ers were generally disappointed, in that disease, to find the fre-
quent vomiting and purging not checked by the administration
of stimulants and astringents; and the sounds manifestly in-
dicated that the common effect of these remedies was decidedly
to increase the intestinal commotion. Such was the manifest
effect of opium, unless given in doses so large as to produce
alarming prostration. On the contrary, frequent small doses of
camphor, with a free administration of ice, appeared to have a
soothing operation in moderating the rapid and irregular in-
testinal action. The comparative effects of large and small
doses of calomel were strikingly interesting. Frequent small
doses did not seem to diminish, but at least temporarily to in-
crease, the disordered peristaltic and anti-peristaltic motions;
while a single drachm dose almost invariably caused a total
suspension of these motions. Calomel, in very large doses, thus
seemed to be the appropriate remedy for the disease. It ap-
ppeared to overpower the diseased intestinal action, arrested the
vomiting and purging, and caused a total suspension of all in-
testinal motion, during which no sound was audible. An
interval of perfect intestinal silence and repose now continued,
ordinarily from eight to twelve hours, after which a natural
peristaltic murmur indicated a gradual return of healthy action,
which was in time succeeded by the grass-green evacuations,
commonly regarded as evidence of a favorable crisis of the dis-
ease. Thus the large doses of calomel, instead of exhausting
the system by an excessive cathartic operation, actually ob-
viated exhaustion by arresting the profuse serous evacuations
attending the disease.

Ordinarily the danger was considered as overcome, when
the disordered intestinal action was suspended, and the stage of
repose produced; and in this town few cases terminated fatal-
ly, when the practice was adopted of effecting this result by
the large doses of calomel, before the system had been ex-
tremely exhausted by evacuations. In one case, however,
that of a little girl, 10 years of age, who, without any premoni-
tory symptoms, was most violently attacked with vomiting,
purging and spasms, this treatment had the ordinary effect of
promptly arresting the intestinal motions; but the system did

*It remains to be shown, whether these sounds are constant diagnostic signs
of this disease, or whether, as I have observed in dysentery and other diseases,
the varying epidemic type, in different seasons, will produce in cholera a
variation of morbid intestinal action, with a corresponding variety of sounds.
not re-act, the pulse failed and became imperceptible within an hour from the attack, the coldness and lividity of the surface increased, and, without any return of peristaltic action, the patient died five hours from the attack.

*Cholera Morbus* is usually attended with intestinal sounds, which indicate a succession of quick and irregular peristaltic and anti-peristaltic motions. In some cases these motions continue until the contractile power of the intestines seems nearly exhausted, when a feeble, but more regular, peristaltic and anti-peristaltic motions. In some cases these motions continue until the contractile power of the intestines seems nearly exhausted, when a feeble, but more regular, peristaltic murmur indicates a gradual return of healthy action. The violent symptoms are not succeeded, as in Asiatic cholera, by a long interval of total inaction of the intestines; and the sounds are very different from those heard in that disease.

There is, however, a great diversity in cases commonly termed cholera morbus. Some cases commence with a violent diarrhoea, on the cessation of which occurs an obstinate vomiting, during which, as in colic, no intestinal sounds are heard, except those produced by anti-peristaltic action. Other cases commence with vomiting, without any downward motions, until at length the action is reversed, and the disease terminates with diarrhoea.

*Colic* is a disease which is variously divided by writers into several species. One of these, termed C. rachialgia, C. pictonum, &c., produced by the poison of lead, has characteristics certainly sufficient to give it a specific distinction; but the other divisions, I think, have reference to various exciting causes, or attendant circumstances, rather than to any proper specific characters. In the various forms of this disease auscultation affords results, which I regard as highly interesting, and of much practical value, and which may throw some light on the pathology of the disease.

*Common Colic* is characterized by "gripping pain in the bowels, chiefly about the navel, with vomiting and costiveness." The exciting causes are various, as irritating indigested food, biliary derangement, habitual costiveness, hardened faeces, flatus, worms, exposure to cold, and—what I consider as much the most common cause—rheumatism affecting the intestines. With these various exciting causes, the general characters of the disease are similar; the severe gripping pain, obstinate constipation and vomiting, constituting the prominent symptoms.

There is, however, an *incipient, forming, or latent stage*, which with strict observation I think may always be noticed,
preceding the pain and other violent symptoms. The symptoms of this stage somewhat resemble those which precede the cold stage of intermittent fever. There is a general languor and lassitude, often a degree of moroseness or peevishness, and commonly a slight chilliness. The sensations in the abdomen are variously described by patients, as a numb, dead, heavy, or cold feeling. Many speak of a sensation, as of a cold weight, felt mostly between the region of the stomach and umbilicus. The physician is rarely consulted during this stage; and the symptoms are so slight, that ordinarily they are not particularly noticed by patients unaccustomed to attacks of the disease; while persons subject to frequent attacks learn to notice these sensations, as the invariable precursors of the more violent symptoms.

In this stage, which continues in different cases from half an hour to several hours, auscultation discovers a perfect stillness within the abdominal cavity. Sometimes there is an occasional rumbling in the course of the large intestines; and, with a desire to relieve the unpleasant sensations, the patient, by a voluntary straining effort, produces an evacuation of faeces with a quantity of flatus. There is, however, no indication of the slightest motion in the small intestines. This forming or latent stage of colic, which is commonly overlooked both by patients and physicians, is deserving of particular attention; because during this stage the peristaltic action is easily restored, and the violent symptoms thus prevented. In many cases this may be effected simply by the application of heat to the surface, especially to the extremities. Friction to the abdomen, with a sort of kneading process, contributes also to this effect. Often a free draught of hot coffee, or of some aromatic infusion, is sufficient; in other cases, a small dose of rhubarb, or other mild cathartic, with some aromatic, is required. Commonly, a few drops of cajeput oil will promptly restore the peristaltic action. My usual remedy for this purpose is camphor, in frequent small doses; and I have instructed many persons to ward off habitual attacks of colic, by carrying constantly in the pocket a small piece of camphor, to be gradually dissolved in the mouth, and swallowed with the saliva, whenever these premonitory symptoms occur. This remedy is often more effectual, in exciting peristaltic action in such cases, than a brisk cathartic.

This forming stage, unless the peristaltic action is soon restored, is succeeded by the violent symptoms of the disease. With occasional short remissions, the pain become severe; the abdominal muscles are rigidly contracted, producing a knotted appearance of the surface, and there is occasional nausea and
vomiting. The patient groans, and throws himself into various positions, with the vain hope of relieving his distress. In this, as well as in the forming stage of colic, the ear applied to the abdomen discovers no evidence of peristaltic action, but on the contrary a perfect stillness within the abdominal cavity.

This _cessation of peristaltic action_, I may confidently assert, is a chief _essential character of colic_; the motion being suspended before the occurrence of the violent symptoms, and not recurring until the disease is about to yield. Sometimes during the violent contortions of the body, a momentary sound is heard, indicating a slight intestinal motion, which seems to be produced by the mechanical pressure of the abdominal parietes, rather than by a peristaltic action. Occasionally, too, there are sounds produced by anti-peristaltic motions, which motions either terminate at the stomach causing simple nausea, or extend into the stomach so as to excite vomiting. By these circumstances, and by the variety of sounds, anti-peristaltic motions can commonly be distinguished from a regular peristaltic action. This distinction is important, for as a cessation of peristaltic action is a main essential character of colic, so a return of this action indicates a favorable crisis of the disease. The sounds produced by anti-peristaltic motions are only occasional and transient, proceeding commonly from a limited portion of the intestinal canal; and they are usually succeeded, as before stated, by nausea or vomiting. Those attending a regular peristaltic action are produced throughout the whole course of the intestines, constituting an almost incessant rumbling, heard distinctly at one moment directly under the ear, then gradually receding until it seems like a distant echo, and again returning in the course of the convolutions of the intestines. There is thus a union of near and distant sounds, indicating a general action throughout the intestinal canal. When this description of sounds is heard in colic, the patient may be considered as safe, even if the pain continues severe; on the contrary, a complete subsidence of the pain and other violent symptoms, unless attended by a return of healthy peristaltic murmur, affords no favorable indication, in any stage of the disease, and in an advanced stage, when the strength is exhausted by protracted suffering, it indicates extreme danger—a loss of the sensibility and excitability of the intestines, and a failing of the powers of life.

Commonly, a return of peristaltic motion is followed, almost immediately, with a relief of pain and other severe symptoms; but in protracted cases, when the bowels have become inflamed, and the soreness such that the least external pressure cannot be tolerated, this return of peristaltic motion causes a decided in-
crease of pain. This circumstance is similar to what is often observed during the resolution of pneumonia, when a return of respiration to a portion of inflamed lung, which has previously been impermeable to air, produces the keenest pain. In such cases auscultation informs us that all is well, when the sensations of the patient would indicate an aggravation of the disease. The signs thus furnished, in colic and other diseases, will often direct the withholding of medication, when it is no longer required, and when its continuance might sometimes be injurious. Frequently they have enabled me to assure patients that the cause of difficulty was removed, and that my services were no longer required, some hours before the general symptoms showed signs of any mitigation.

Some eighteen years ago, I called one morning to see an eminent medical friend, who had been subject to frequent attacks of colic, and who was now thought to be dying, after a night of extreme suffering with this disease. Applying my ear to the abdomen, I immediately assured him that a regular peristaltic action was restored, and that the danger was over. He replied that he experienced no relief of symptoms, saw little reason for encouragement, and felt as though he could survive but a short time. The pain was now severe and increasing; and it was more than two hours from this time before the apprehensions of the patient, and of his friends generally, were at all relieved. In this case, as in many others that I have observed, it was full three hours, after my confident assurance that the disease had made a favorable crisis, before there was any evacuation from the bowels.

In March, 1847, I was called at night to a man affected with colic. After the usual precursory symptoms, he had now, for about two hours, suffered severe pain, which had suddenly increased within the last few minutes, so that he could hardly be confined to the bed. The application of the ear discovered a regular active peristaltic motion. I concluded that this was a case, such as are sometimes observed, of a spontaneous restoration of peristaltic motion, and that this returning motion had caused the present sudden increase of pain. As the pain had not continued long enough to induce any considerable inflammation or soreness of the intestines, I did not hesitate to assure him, that if he would keep warm in bed, the pain would soon subside. I remained with him about thirty minutes, and left him in a quiet sleep—not taking to myself the credit of a cure, as I might have done, had not auscultation informed me that a spontaneous natural action had rendered medication unnecessary.

Pathologists entertain different opinions in reference to the
immediate cause of colic. Some, with Cullen, consider the symptoms as owing to a spasmodic constriction of the intestines; while Abercrombie and others attribute the inaction of the intestines to torpor, or a loss of their muscular power. I am inclined to the latter opinion—to attribute the inaction of the intestines to a suspension of the motor nervous influence, and the supervening pain to a morbid excitement of the sensitive nerves. Such an association of paralysis of motion, with morbid sensibility, is not uncommon in other parts of the body. Paralysis of the limbs is often attended with paroxysms of severe pain: and in a painful sciatica, and in neuralgia of various parts of the system, the motor nervous influence is usually more or less diminished.

It is well known, however, that all the symptoms of colic are produced by any obstruction which mechanically arrests the motion through any portion of the intestines; as in strangulated hernia, involution of the intestines, and in cases of obstruction from impacted faeces, calculi, or any solid substances in the intestinal canal. It is remarkable, moreover, that the same results are caused by sympathy of the intestines with obstruction in other parts; as a foreign substance in the cul-de-sac of the appendix vermiciformis, calculi in the ureters, gall-stones in the biliary ducts, and also in severe cases of dysmenorrhea.

In all these affections, in some stages of the complaints at least, there is the same total suspension of peristaltic motion, which occurs in colic. When the mechanical obstruction is obviated in these complaints, as in the relief of the strangulation in hernia, it is commonly observed that the relief is immediately succeeded by a rumbling sound in the intestines, which is usually followed by alvine evacuations.

It may be difficult to explain how these various mechanical obstructions should cause a suspension of the motor nervous influence in the intestines; but from my observations I may assert that there is commonly (I would not say invariably) the same numb, heavy sensation, preceding the pain and other violent symptoms, that I have described as constituting the forming stage of colic.

Colica Rachialgia (Lead Colic) may be considered as specifically different from common colic. Its cause, its symptoms, and its obstinate character, sufficiently distinguish it. Auscultation, also, in the course of the disease, discovers signs, which are distinctly characteristic. There is not, indeed, any particular sign, which, like the crepitation characteristic of pneumonia, the moment it is heard, decides the character of the disease; but the auscultator has to notice a succession of va-
rious signs, which are severally indefinite and insignificant, from the assemblage of which he will form his diagnosis.

The peristaltic action is wholly or partially suspended for a longer period, and is re-excited with more difficulty, than in common colic. Some cases I have closely watched, for two, three and even six days, without observing the least sound of peristaltic motion. More commonly, however, the stillness of the intestinal canal is occasionally broken, for a few moments, by a dull rumbling sound, indicating a slight and sluggish action in a limited portion of intestine. Often there is a transient blowing or sub-whistling sound, seemingly produced by wind crowded through a contracted portion of intestine. During the whole disease, all the intestinal motions appear weak, slow and sluggish; the sounds not having the suddenness and regular succession of healthy peristaltic action. Indeed, for weeks or months after convalescence, ordinarily the sedative influence of the lead appears to continue; the sounds indicating a torpid intestinal action, and regular evacuations being procured with difficulty.

This disease does not, like common colic, form a crisis by a sudden transition from total inaction to a general peristaltic motion, which terminates the disease. But in lead colic, sometimes for days before there is any decided improvement, an occasional rumbling is heard, indicating a considerable intestinal action. Again—perhaps within an hour, or on the succeeding day—we find all silent; and for several successive days, these intervals of inaction may alternate with efforts of the intestines to re-establish peristaltic motion. From not being aware of this circumstance, in my early observations, I sometimes concluded that a favorable crisis had occurred, long before the disease was subdued.

In this disease, as in common colic, sounds frequently occur, produced by anti-peristaltic motions, which the practitioner should not mistake for regular peristaltic action.

In dysentery there are no characteristic sounds, attending the disordered intestinal action, sufficient to distinguish it from other diseases. The general character of this disease varies much in different seasons; and in particular cases, there are many variations of disordered action, in its different stages. These variations, however, are productive of signs, which, after a little observation of the epidemic tendencies, the auscultator may learn to improve, in watching the changes, of symptoms, and in directing his treatment.

Though no constant rules can be given, for the sounds to be expected in the course of this disease, it is useful to watch by auscultation the changes which occur in different portions of
the intestinal canal. Commonly, though the disease is seated chiefly in the large intestines, the small intestines are more or less affected, their peristaltic action being irregular—sometimes morbidly increased, but more commonly diminished, and sometimes wholly suspended. Attention to the signs furnished by auscultation will often enable a practitioner to avoid being taken by surprise, by the changes which frequently occur in the course of this disease.

The proper management of cathartic medicines is one of the most important, and often one of the most difficult, subjects in medical practice. The indications and contra-indications, for the use of this class of remedies, are often obscure; and in the course of almost every case of fever, and other dangerous disease, the practitioner will frequently on this subject find himself in doubt. It is obvious that a correct knowledge of the condition and action of the intestinal canal must essentially aid to render these indications plain. Hence every available means of acquiring such knowledge is calculated to aid the practitioner's decision in frequent cases of doubt and uncertainty. It is in this point of view, perhaps, more than any other, that the exploration of the intestines by auscultation must become a valuable auxiliary to the healing art. Much information is thus afforded, in regard to the action and the contents of the intestines—circumstances which are obviously important in determining the indications for cathartics.

In many cases the practitioner is importuned by patients, or their attendants, for the employment of cathartics, when the application of the ear would give assurance that spontaneous evacuations will soon occur. So when cathartics have been administered, we have a pretty sure criterion, in the signs furnished by auscultation, of the operation which they are likely to effect. The practitioner is thus guarded against over-dosing with cathartics, and thereby causing exhausting evacuations, which might be very injurious in a debilitated condition of the system.

It would be superfluous to attempt a description of the sounds which afford these indications, as a little observation renders obvious the sounds caused by a rapid peristaltic action briskly agitating the liquid contents of the intestines.

In cases of diarrhoea this method of exploration is valuable in forming an estimate of the severity and obstinacy of the complaint. In many cases moreover, in the progress of fevers, and other diseases, the intestinal sounds will give the practitioner timely warning of the approach of this complaint, long before the occurrence of any evacuations; just as in pneumonia the sign of crepitation reveals the character of the disease,
sometimes long before the appearance of the characteristic bloody sputa. The occurrence of a diarrhoea being thus anticipated, it may often be prevented by timely medication.

In other cases when the occurrence of frequent copious evacuations might otherwise cause serious apprehension, we can by this means obtain immediate assurance that there is no danger. A single case is subjoined, as an instance of the satisfactory information frequently afforded me in such cases.

Some years since, I was called in haste, in the absence of the attending physician, to visit an aged woman, who in the course of a fever had been suddenly attacked with diarrhoea. The evacuations had caused extreme exhaustion, with faintness; and the patient and her friends were much alarmed. Applying the ear over the abdomen, I decided unhesitatingly that the diarrhoea would give no further trouble; but in reply I was told that for two hours the evacuations had been copious and frequent, the last only a few minutes previous; and it was urged that immediate remedies must be applied for arresting the complaint. I persisted in my decision, and did nothing except to quiet the alarm with my assurances that the diarrhoea was suspended. It was now early in the afternoon; and I afterwards learned, from the attending physician, that there was no subsequent evacuation until the next morning.

The method of exploration, recommended in this essay, may be practiced, either by the direct application of the ear, or through the medium of the stethoscope. The stethoscope is advantageously used, when it is desired to discover the sounds originating in any definite region of the intestinal canal; but for most purposes the direct application of the ear is preferable.

It is an advantage of the latter method, that ordinarily, it does not require the bed-clothing of the patient to be removed; as the sounds, which are the objects of investigation, may commonly be heard, with sufficient clearness, through several thicknesses of clothing—the ear being applied, with moderate pressure, over the abdomen, while the patient is lying on the back. In no case, whether the immediate or mediate method is adopted, is it required to entirely uncover the abdomen.

The immediate method has another advantage, that it not only discovers the sounds originating directly under the ear, but at the same time notices those produced in more distant portions of the intestines. It thus takes a general observation of the condition and action of the intestinal canal, more fully than can be done with the stethoscope.

In conclusion, I would remark, that the purpose, of bringing to the notice of the medical profession the subject of intestinal auscultation, has been delayed for many years, with the hope
of being able to give the subject a more satisfactory degree of precision and system. The importance of the subject, it will be understood, is claimed, not so much from its affording signs to characterize and distinguish different diseases, as for its giving indications of particular morbid conditions and actions of the intestines, which may occur in diseases. The difficulty, which has been my chief source of discouragement and delay, has been the impossibility of giving a satisfactory description of the sounds affording these indications. To describe sounds, by language, is ordinarily a difficult matter. We recognize at once the voices of familiar acquaintances; but we should fail in any attempt to give a definite description of the sounds of these various voices. So the auscultator may discover variations of sound, produced within the intestinal canal, which a little observation will enable him to recognize, as signs affording clear and valuable indications; but these signs are to be learned by the practitioner’s own experience, rather than from any description which the experience of others can furnish.

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*Early Pregnancy: and Infantile Menstruation.*—(London Journal of Medicine.)

In the London Medical Gazette, for 3d Nov. 1848, Mr. John Smith publishes a recent case of *Early Pregnancy*. It is interesting, not only from the extreme youth of the mother, but from the fact of her having borne a living and tolerably healthy infant. The following is Mr. Smith’s narrative:

“At the Coventry Assizes, of August, 1848, Julia Amelia Sprayson preferred a charge of rape against her uncle, James Chattaway, who was convicted of the assault, and sentenced to two years’ imprisonment and hard labor in the House of Correction. The girl was far advanced in a state of pregnancy, and as it is of rare occurrence for conception to take place at so early an age as between eleven and twelve years, many surmises were expressed by the gossips as to what would be the probable issue. She continued in good health up to the day of delivery, which took place on the 16th September, 1848. In the early part of the morning she became restless and uneasy; and from the hour of 11, A. M., slight pains occurred at irregular intervals, until about 5, P. M., when it was evident that labor was rapidly advancing. On being sent for soon after, in consequence of the absence from town of Dr. Dewes, who had been engaged to attend her, I proceeded to make an examination, when I found the pelvis of average dimensions, and the os uteri about the size
of a shilling piece; but as the parturient throes were active, and returned every eight or ten minutes, it appeared prudent to remain until the case had terminated. Nothing remarkable supervened during the progress of the labor, except that it was of unusually short duration. From first to last she was not more than ten hours ailing, while the period of actual labor was not extended beyond four hours, and this would have been further shortened but for the smallness of the external outlet. The subsequent symptoms were just as favorable as the labor had been short. The lochia ceased after the lapse of a few days: the mammae became duly developed, and the secretion of milk was so copious as presently to suggest to her mother the idea of seeking for a situation as wet nurse. The infant at birth was long, slender, and emaciated, but rather below the average size, and in many respects may be said to have borne a striking resemblance to the offspring of mothers who had been imperfectly nourished during pregnancy. It did not occur to me at the time, either to place it in the scales, or to take its admeasurement, but at the time of writing this report (23d October, 1848,) it is 8\frac{1}{2} pounds in weight. The present weight of the mother is 104\frac{1}{2} pounds. When she had so far recovered as to take a share in domestic avocations, it seemed advisable to pay her an early visit, to elicit if possible, some farther information than what had transpired in court, with a view of establishing some data as to the period of uterogestation; and although foiled and disappointed with the result of this part of the investigation, some particulars of interest were readily obtained. She was rather of prepossessing appearance, of fair complexion, with brown hair and dark gray eyes; more womanly by far than is usually witnessed at her age, her figure being tolerably plump, well set and proportioned, and her height being rather more than five feet; and notwithstanding her casually childish manner, there was that forwardness of expression which betokened a more than ordinary development of character. On inquiry her mother assured me that she began to menstruate when ten years and six weeks old; and it was distinctly ascertained that there had been a regular return of the catamenial discharge, in some-what profuse quantity, up to the period at which conception took place. The girl had lost her father about two years ago, and that she might not be a burden to her widowed mother, had been in residence with her uncle, who was a weaver at Poleshill. This unhappy man, who proved her seducer, was aged forty-seven, living with his wife, to whom he had been married twenty-five years, and by whom he had had a family of two or three children. The niece was taught to weave at a handloom, which stood in the same apartment in which her
uncle pursued his daily employment; and here it would seem that familiarities arose which issued at length in criminal intercourse. This latter took place for the first time about the middle of November, 1847, and was allowed to be repeated on four occasions at weekly intervals; but as the catamenia had appeared during the last week of that month, and did not recur in the Christmas week, she dated conception from the latter period. No communication was made to her relations of what had transpired until six months had elapsed, when her situation became too prominent to elude further observation, and then it was that arrangements were made for bringing her under the maternal roof; and means were taken for delivering her seducer into the hands of justice. The most rigid inquiry failed in deducing any farther particulars that could be at all relied on as authentic information. . . . . I have been at the pains of consulting the registers both of her birth and baptism. The former bears the date of February 13th, 1836, and the latter March 7th, of the same year.”

*Early Pregnancy.*—In connexion with the above, the following notes of cases of early pregnancy may be interesting to many; the more especially at present, when we may expect to hear of similar, or more remarkable cases, occurring in those continental cities which have lately been the scene of revolutionary license. That the aptitude of the human female for conception at a tender age is greater than is commonly imagined, we may infer from the fact that during national convulsions (in which the bonds of social order and decency have been broken,) cases of early pregnancy have been observed to be of more frequent occurrence. During the revolution in France, at the close of the last century, several instances occurred of females of eleven, and even below that age, being received, in a pregnant state, into the Maternité at Paris.

1. Sir Everard Home says, “I have met with corpora lutea in virgins at fourteen, and know of two instances of girls still earlier, one at thirteen, the other at twelve.”—*Phil. Trans.* 1819, page 61.

2. Dr. W. F. Montgomery says, that “the earliest instance of pregnancy known to him, was that of a young lady who brought forth twins before she had completed her fifteenth year.”—*Signs and Symptoms of Pregnancy,* p. 163.

3. Mr. Robertson, of Manchester, mentions a case which occurred in the practice of Mr. R. Thorpe. It is thus quoted from the Edinburgh Medical and Surgical Journal, vol. xxxviii, p. 231, by Dr. Montgomery:—“She had been employed in a cotton factory, and was represented to have become pregnant...
in her eleventh year. Mr. Thorpe and the late Dr. Hardie were at the trouble of examining the registers of her birth and christening, and fully satisfied themselves that she had really conceived during the eleventh year of her age, and that at the time of her delivery she was only a few months advanced in her twelfth year; her figure was that of a well-grown young woman, with fully developed mammæ, and it was ascertained that she had menstruated before she became pregnant.”—Op. cit., p. 162.

4. Dr. Rowlett, of Waisborough, Kentucky, reports, in the Transylvania Medical Journal, vol. vii., p. 447, the case of Sally Deweese, born 7th April, 1824, in the county of Butler, Kentucky. “She began to menstruate at a year old, and the pelvis and breasts became developed in an extraordinary degree: she continued to menstruate regularly up to 1833, when she became pregnant, and on the 20th April, 1834, she was delivered of a female child, weighing seven pounds and three-quarters. At the time of publishing the case the child weighed eight pounds and three-quarters, and the mother 100 pounds, and was four feet seven inches in height.”—(As quoted by Montgomery, Op. cit., p. 162.)

5. La Motte delivered a girl who had not completed her thirteenth year, and who had never menstruated.—(Traité des Accouchemens, Obs. xxiii., p. 52, as quoted by Montgomery, Op. cit. p. 163.)

6. Dr. Michael Ryan knew of a female pregnant at 12½ years of age.—Medical Jurisprudence, p. 242.

Infantile Menstruation.—The following are a few curious instances, some of which certainly may be considered as puberty at an infantile age:

1. Mr. Embling, in the Lancet for January 29, 1848, gives the following case:—At the date when the account was published, the child was three years old, and had during some preceding months menstruated regularly. The mammæ and nates were as fully developed as in an adult of twenty; the labia, etc. were like those of a mature young woman; the hymen was perfect; the vagina anteriorly was of large size; and on the pubes there was a slight growth of hair. The countenance, appearance and gait were in miniature those of an old woman. At her menstrual periods, she suffered the uterine, lumbar, and other pains common in women capable of uterogestation.

2. Dr. Dieffenbach, of Berlin, in Meckel’s Archiv. für Anatomie, etc., 1827, p. 367, relates a case of early menstruation in a child nineteen months old. It was at birth of the natural size, but after the first month began to grow rapidly. In her
ninth month she was as large as a child a year and a half old; and about this time a discharge of blood from the vagina was observed. At the end of two months a more copious discharge took place, which was accompanied with an increase in the size of the mammae, and the appearance of hairs on the genitals. The same phenomenon recurred at fourteen, and again at eighteen months. At the time of the report the mammae were large, and the genitals were largely developed and covered with hairs. Nothing was remarked in her mental disposition different from other children of the same age, and there was no indication of sexual desire.

3. Dr. Catals, of Adge, attended a little girl of six years old, who was affected with a spasmodic cough, colic, headache, and epistaxis, which recurred every month. With other remedies which this condition indicated, he applied leeches to the calves of the legs. A discharge of blood from the uterus supervened, which was preceded by a febrile state. These phenomena, accompanied with some enlargement of the mammae, pain in the lumbar region, an itching of the genitals, returned regularly every month, and lasted three days.—Journal de Médecine et de Chirurgie, par Covisart, Leroux, et Boyer, t. xi. p. 37, as quoted by De Boismont, in his work, De la Menstruation, p. 33: Paris, 1842.)

4. M. A. Briërre De Boismont, op. cit. p. 35, relates, on the authority of M. Le Beau, the case of Matilda H., who was born at New Orleans in 1827, with the breasts and genitals as perfectly developed as in a girl of 13 or 14 years. The menses appeared regularly each month, from the age of three years. They continued three days; and were as copious as in a perfect woman. At the age of four years, when the report was made, she was well-formed, and of handsome appearance; the mammae were of the size of a large orange; and the pelvis seemed as large as in a child of eight years. Her health was excellent.—(From Annals, d'Hygiène, t. x. p. 484.)

5. Dr. Carus, of Dresden, mentions the case of Christina Theresa, born in the mountains of Saxony, of parents of a weak constitution. She was scarcely a year old when she began to grow rapidly. At the end of the second twelve-month the catamenia appeared, and continued to flow regularly once a month. The mammae were firm, like those of a strong girl of 16; the body was stoutly made; and the genital organs were covered with dark brown hair. Her intellectual functions, tone of voice, and physiognomy, were those of a child three years old.—(Allgemeine Zeitung für Chirurgie, as quoted in Edinburgh Monthly Journal of Medical Science, p. 1050. 1842.)

6. Mr. W. H. Whitmore, of Cheltenham, communicated to
the Northern Journal of Medicine, for July, 1845, an account of the case of a child who menstruated regularly, at intervals of three weeks and two or three days, from a few days after birth, until the age of four years and some months, when she died. The development of the body equalled that of a girl 10 or 11 years of age. The mammae were unusually large: the mons veneris well covered with hair; the labia pudendi more sparingly so. In the absence of her periodical ailments, she would enter into the amusements of children of her own age; but when she was indisposed, she was exceedingly reserved, and would withdraw from all her playful occupations.

7. Dr. Lenz, of Dantzig, relates a case in which menstruation appeared at the eighteenth month, and continued up to the age of two years, when the case was reported. The general health was unaffected in the intervals, provided the discharge took place at the regular periods. The breasts and genital organs presented no remarkable appearance, but experienced an increase in temperature and size at each menstruation.—Casper's Wochenschrift, Oct. 3, 1840.

8. M. Gruere, of Dijon, was acquainted with the case of a child, aged three years, who had menstruated regularly since she was one year old. Her general health was good. There were no premonitory symptoms, except a slight feeling of tension in the hypogastric region. There were no external signs of puberty.—(Journal de Medecine et de Chirurgie Pratique. Mai, 1842. Paris.)

In addition to the above cases, others have been recorded, in which a discharge of blood, often accompanied with some enlargement of the breasts, took place from the genital organs soon after birth. It seems probable, however, that the hemorrhage might have arisen from other causes than the establishment of menstruation; and that the enlargement of the mammae may be due to the sympathy which exists between them and the genital organs, independent of sexual aptitude. Of this kind are, probably, among others, the cases recorded by M. Mallat in the Gazette Médicale for 1832; and by Dr. Camerer in the Medicinisches Correspondenz-Blatt, as quoted in Gazette Médicale, p. 248, 1845.

Summary of Dr. Walshe's Report on Pulmonary Phthisis.
(British and Foreign Medico-Chirurg. Review.)

§ 1. There apparently exists a greater proneness to early marriage among phthisical, than non-phthisical persons; this greater proneness exists in both sexes, and, in the cases analysed, prevailed to the same amount in males and females.
§ 2. Of a given mass of patients entering the hospital in all stages of the disease, and in every variety of general condition—between the actually moribund state and that of but slight constitutional suffering—the number leaving it, on the one hand, improved or unadvanced was more than double that, on the other hand, leaving it in a worse state or dying within its walls (the exact ratio is 67:84 : 32:16). If the cases, in which death was actually imminent at the period of admission, were excluded, the result would be very materially more favourable than this.

§ 3. In 4:26 per cent. of the cases complete restoration to health, not only as regards apparent disturbance of the functions generally, but as regards local evidence of active pulmonary disease was effected.

§ 4. Complete removal of symptoms was more frequently effected in the male than in the female: but, on the other hand, the results were, on the whole, slightly more favourable in the latter than in the former sex.

§ 5. All patients whose condition grew worse, while they were in the hospital, had reached the stage of excavation on admission; and all patients, whose tubercules were yet unsoftened on admission, left the hospital either improved, or having had a statu quo condition kept up.

Improvement is more probable than the reverse, even where excavation exists on admission.

§ 6. In a given mass of cases, the chances of favourable influence from sojourn in the hospital will be greater, in a certain (undetermined) ratio, as the duration of the disease previous to the admission has been greater,—in other terms, natural tendency to a slow course is a more important element of success in the treatment of the disease, then the fact of that treatment having been undertaken at an early period. (Vide p. 229, § 4, 1, 2, 3.)

§ 7. The mean length of stay in the hospital in the most favourable class of cases, nearly doubled that in the least favourable.

§ 8. The chances of benefit are more in favour of those whose trades are pursued out of doors (wholly or partially), than of those who work altogether within doors.

§ 9. The results did not appear to be influenced by the laborious or non-laborious character of the trade individuals might have pursued.

§ 10. The age of the sufferers did not exercise any very material influence on the character of the results.

§ 11. Patients coming from the country have, on an average, a slightly stronger chance of improvement, than the residents of London and the suburbs.
§ 12. Patients admitted during the warmer half of the year, benefit by a sojourn at Brompton, to a slight extent, more than those received during the six colder months.

§ 13. From a comparative analysis of the family histories of 446 persons, 162 of them phthisical, 284 non-phthisical, the final conclusion flows:—that phthisis in the adult hospital-population of this country is, to a slight amount only, a disease demonstrably derived from parents. It is possible (nay, indeed, probable, for, in adults having a parental taint, the outbreak of the disease occurred a mean period of two years and nine months earlier, than in those free from such taint, vid. p. 238, Table,) that, were investigation extended to infancy, childhood, and youth, the ratio, of cases of parental taint among the phthisical, would be proportionally greater than it proves where injury is limited to adults. But, on the other hand, there is no single valid reason for supposing (prior to actual experience) that the increase in that ratio would be of more than trifling amount. Again, whether the law differs in the adult portion of middle and upper classes of society, from that holding in the humbler classes, (those supplying hospitals,) can only be positively determined by an analysis of family histories collected among the former classes; meanwhile, it appears justifiable to doubt the reality of any such difference.

§ 14. If no distinction of sex be made, it appears that the softening point is attained with no very unequal rapidity in the right and the left lung; but such difference as exists signifies that softening is, on an average, more quickly accomplished on the left side than the right.

§ 15. But the law seems very clearly to differ in the two sexes in regard of this point: the disease is more rapidly evolved in the right lung of males, and in the left of females.

§ 16. Age exercises some influence over the course of the disease in the two lungs in the two sexes; in males, the excess of frequency with which the right lung had reached the second and third stages was within 2 per 100, the same before and after the age of 30; whereas in females the excess of frequency with which the left lung was found in those stages was about 45 per 100 greater after, than before, that age.

§ 17. Haemoptysis is a symptom of extreme frequency,—occurring in about 81 per 100 of the cases.

§ 18. It was of very slightly (4 per 100) more frequent occurrence in males than females.

§ 19. Haemoptysis to a medium amount is about four times less common than to very slight or to profuse amounts (both taken together). Very profuse hemorrhage from the lungs is more common in males than females.
§ 20. Medium frequency of recurrence of haemoptysis is materially less common (and this in both sexes) than a single, or than repeated attacks. Further, repetition of haemoptysis is more common in males than in females.

§ 21. It is materially more common for a first hemorrhage to be more profuse than subsequent ones, then for subsequent ones to be more profuse than the first.

§ 22. Haemoptysis is more frequently met with (and this independently of any influence of duration of the disease) in persons who have reached the second and third stages, than in those whose lungs have not yet softened. This proposition is more markedly true of males than of females.

§ 23. There does not appear to be any notably greater tendency to haemoptysis, where the right lung has reached a more advanced stage than the left, nor vice versa, where the left has taken the lead. It seems improbable that either lung is more effective in causing haemoptysis than its fellow.

§ 24. The frequency of haemoptysis increases with advancing years in both sexes. The increase is more abrupt in females than in males, and in the former appears connected with cata- menial function.

§ 25. This greater frequency of haemoptysis in persons of more advanced years, does not depend altogether on greater duration of the disease; for those, who had had haemoptysis, had been phthisical for only a mean period of eight months longer than those who had not spit blood.

§ 26. The most common periods for the occurrence of haemoptysis, were, at the very outset, or after the expiration of the first month; it is very rare for haemoptysis to occur within the first month, unless it has actually appeared as the first, or among the first symptoms. The phrase "first symptom" here, is to be understood with the qualification already explained.

§ 27. In upwards of half the cases of notable hemorrhage (beyond 4 oz.) this occurs, or has occurred, as the "first symptom," corroborating the inference as to the excess of amount of first over subsequent hemorrhages.

§ 28. Hemorrhage of this amount is rare as a coexistence with other first symptoms (in \( \frac{1}{3} \) of these cases) appreciable by the patient.

§ 29. Streaked or tinged sputa are, on the contrary, of very common appearance amongst the earliest symptoms.

§ 30. But streaked or tinged sputa are rarely (or never) the "first symptom" singly and alone.

§ 31. Season does not appear to exercise any marked influence on the occurrence of a first hemorrhagic attack.

§ 32. Haemoptysis never appeared as the bonâ fide first
symptom in these cases, the phrase being understood in its absolute sense without qualification.

§ 33. Pulmonary apoplexy is not the cause of phthisical haemoptysis; the coexistence of pulmonary apoplexy and tubercles in a person who has had haemoptysis, more or less recently before death, is at the least very rare. The common cause of haemoptysis in tuberculous persons, is intense congestion ending in molecular ruptures.

§ 34. Expectoration of blood in persons labouring under chronic bronchitis, with or without emphysema, but without notable disease of the heart, justifies in itself a suspicion of the existence of latent tubercles.

§ 35. A given mass of cases of cancer of the lung will be attended nearly as often with hemoptysis of all amounts, and greatly more often with haemoptysis above an ounce at a time, than an equal mass of cases of phthisis. But cancerous disease of the lung is, comparatively speaking, so rare, that this proposition does not materially affect the diagnostic value of haemoptysis in phthisis. Besides, the distinction of the diseases is, clinically, easy.

§ 36. Not only does chronic empyema not give rise in itself to haemoptysis, but empyema, established in a phthisical person, appears to a certain extent prophylactic against the haemoptysis which is almost an appanage of the latter disease.

§ 37. I have never once seen cardiac disease, of such kind as to cause haemoptysis, coexistent with phthisis, using the term in its practical sense; but in a fair number of instances I have seen advanced cardiac disease in persons whose lungs contained crude tubercles and gray granulations, which had been completely, or almost completely, latent.

§ 38. Contrary to common belief, it may be affirmed, that when the nisus haemorrhagicus in woman menstruating imperfectly, directs itself to the lung, and leads to the evacuation by that organ of a quantity of blood, amounting to or exceeding an ounce, there is motive for suspecting the existence of tubercles.

§ 39. All these propositions tend to exhibit in strong light the diagnostic signification of haemoptysis quoad tubercle; but it is to be remembered that they will only hold completely true, if applied to latent as well as obvious tuberculization.

§ 40. The diagnostic importance of haemoptysis as a symptom of tuberculization of the lungs is, indeed, extreme,—even sputa, simply streaked or tinged with blood, are not without their significance under certain circumstances.

§ 41. Haemoptysis is rare “directly” fatal; more frequently so in males than in females.
§ 42. Frequently-recurring hæmoptysis does not reduce the mean duration of life in any given mass of tuberculous cases.

§ 43. A first hæmoptysis having been severe, it is unlikely that a subsequent one will "directly;" and a first hemorrhage being moderate, subsequent ones are not likely to be severe.

§ 44. The prognosis of hæmoptysis is materially more unfavourable in males than in females.

On Coxalgia. By M. Malgaigne. (Gaz. des Hôpitaux, and Medico-Chirurg. Review.)

By this term M. Malgaigne designates what is usually named hip-joint disease. He objects to some of the received doctrines concerning it. Thus he denies that the disease is indicated at all generally by pain in the knee, the hip-joint comporting itself in this particular like other joints. Moreover, when such coincident pains do occur, he believes them to be very rarely of a nervous or sympathetic character, the affection being usually a polyarticular phlegmasia of a rheumatic character.

Then again, the idea that the limb lengthens at an early period of the disease, and afterwards shortens without dislocation taking place, is quite an erroneous one. In the great majority of cases, if the limb be left to itself, and no force applied, a shortening appears to exist. But in these this appearance is produced by the limb lying in a state of adduction, obliquely, as respects the pelvis; and if by chance the limb were observed while in a state of abduction, an elongation would be thought to be present. It is only by supposing these changes of position to have been overlooked, that we can explain Boyer's strange statement as to the change of length in the limb without dislocation. During the last ten years, M. Malgaigne has made diligent search among a vast number of these cases, but has met with no such example. Larrey was accustomed to say a limb was two inches too long, and ordering his favorite moxas, declared soon afterwards that the normal length was restored; but his eye alone saw the miracle! For the explanation of the supposed change, theories have not been wanting. It has been said that a swollen state of the fatty mass in the articulation, or an effusion into the joint, extends the limb, forgetting that the effect of these must be to thrust the head of the bone outwards, and produce shortening. When the synovial fluid is much increased, the head may become quite dislocated, and some shortening be produced, as it may also when the solid parts of the joints are attacked, and the head of the bone in part eroded. While surgeons have paid so much attention to this imaginary elongation and shortening, they have
paid no heed to the muscular contraction, which, by inducing adduction, produces the apparent shortening.

[While appreciating M. Malgaigne’s ingenious criticisms upon so many of the received doctrines of surgery, which stood in ample need of revision, we can hardly understand how one so familiar with hospital practice can bring in doubt the actual occurrence of sympathetic pain in the knee in hip-joint disease, and this quite independently of any inflammatory condition, rheumatic or otherwise. As to the difference of length observed in the limbs, independently of consecutive dislocation, he has probably indicated the true cause of the deceptive appearance; and he justly observes elsewhere, that even by measurement, as after accident, slight differences of length in the femur are frequently very difficult of verification.]


M. Devergie states that M. Emery has somewhat over-estimated the beneficial effects of cod-liver oil in lupus (p. 279); and he considers it a great mistake to depend upon any one remedy for the cure of diseases, especially of the skin, which may be simple or complicated in their nature, though still bearing the same name. With respect to lupus, there are two genera, the tuberculous, which affects the deeper parts, and the serpiginous or herpetic form, which affects the surface. If it has gone on to ulceration it is termed exedens and vorax when this proceeds rapidly. Of all these it is the serpiginous form, prior to ulceration, that best yields to cod-liver oil, to which remedy lupus of the limbs and trunk is more amenable than is that of the face. In a case under treatment, in which the disease existed both on the body and on the face, the latter alone has not yielded. Many cases of limited tubercular lupus may yield to measures which exert a general modificatory power upon the constitution, and to the use of Canquoin’s caustic, which M. Devergie much employs in these cases. Herpetiform lupus that has ulcerated is very advantageously modified by the application of juniper oil to its edges. M. Devergie is far from underrating the beneficial effects of the cod-liver oil, preferring it, indeed, to any other separate remedy. He does not, however, approve of its exclusive use, believing a combination of means, both external and internal, to be the most judicious procedure. To this end he lays down the following as being the principles of treatment which should guide us. 1. To endeavor to establish the regularity of the menstrual functions by means of the syrup of the iodide of iron. 2. To administer cod-
liver oil internally. 3. To employ sulphureous or iodine baths. 4. To touch the lupus frequently, as every third day, for example, with the oil of juniper. 5. To apply Canquin’s caustic to tubercles which, during the process of cure, become isolated, but which still are dissipated with difficulty, and to ulcers which will not cicatrize. 6. To apply in some cases a slightly resinol ointment, or a rubefacient preparation of iodine, to produce a modification in the more obstinate portions of the disease.—(Bulletin de Thérapeutique, tom. xxxv., p. 466.)

M. Chavannes, a pupil of M. Petrequin, of Lyons, furnishes a statement of the great success that practitioner has met with in treating the ulcerated form of lupus—lupus exedens—by means of the chloride of gold, which is also of great utility in other forms of skin disease when they take on an ulcerated form, as carcinoma of the face, eczema, tuberculous syphilide, &c. The caustic is composed of very pure laminated gold 1 part, hydrochloric acid 3 parts, nitric acid 1 part. It produces a temporarily sharp pain, and coagulation of the albuminous matters on the surface of the ulcer, which changes in colour successively from an orange yellow to a purple, violet, and black. A thick crust is the ultimate result, which, however, is no eschar, for there is no mortification, no loss of substance; but on the contrary, a vigorous reproduction. If after a while the crust be raised, we see under it a delicate, reddish, newly-formed skin, which needs the strengthening attainable by another slight cauterization. The healing takes place without cicatrix, unless the tissues of the part have already been deeply destroyed; and even the cicatrices, produced by other caustics may in some degree be arrested by the application of this one. Next to this caustic the acid nitrate of mercury is perhaps the best; but if applied over too large a surface, it may give rise to poisonous effects, while it produces much more pain and a very inferior degree of cicatrization.—(Revue Médicale, 1848, tom. iii, pp. 45-70.)

Prolapsus Uteri. By Professor Hohl.—(From Ibid.

Professor Hohl believes that some very erroneous notions prevail as to the causes of this occurrence, and that some light may be thrown upon the subject by considering the changes of position which the uterus normally undergoes at different periods of life. In the mature foetus the uterus projects considerably beyond the pelvis; and it is only when it has acquired its completed shape and size at puberty, that it is found entirely within the cavity. At the commencement of the menstrual cycle it retains its position or even rises still higher in the pel-
vis, while at the termination of this it again sinks, with the loss of blood, in stout young women. In women who seldom or never bear children it sinks still deeper, as it does, too, after the menstrual functions have ceased. In pregnancy the organ rises remarkably, and M. Hohl denies the correctness of the statement that it sinks lower in the pelvis after the second month, the apparent sinking being due to the turgescence of the organ, and especially of its cervix. After delivery the uterus remains high up in the abdomen, and only gradually resumes its ordinary position. In old women it is found deep in the pelvis.

The production of prolapsus is not dependent upon the condition of the vagina, and the ligaments of the uterus. The vital power of the organ may be said to maintain it in position. When this is augmented the uterus is raised, while, when it is diminished or lost, it descends. Other organs, and indeed the whole body, in like manner exhibit strength and power proportionate to their turgor vitalis. The increase of the vital activity of the uterus during its development and growth; as also during menstruation and in pregnancy, is attended with elevation of the organ, which sinks again when these conditions prevail no longer. So far from allowing that the prolapse results from defective supporting power of the vagina, we may rather regard the uterus as supporting the vagina, and prolapsus of the latter may occur without any prolapsus uteri.

Thus the author refers the production of prolapsus to a preceding or co-existing condition of health, giving rise to a diminished vitality. This explains why we so seldom meet with the disease in young healthy women; while we know that whatever favors the relaxation of the genital system, and lowers the tone of the fibre, acts predisposingly,—the germ of the evil being found in the puerperal condition, when the uterus, after having been high up in the abdomen, sinks down into the lesser pelvis.

Although prolapsus may be secondarily produced by other affections, as tumours of the belly, prolapsus vaginae, cystocele, &c., &c., yet far more frequently a change in the direction, rather than in the position of the organ then takes place; and even while the portion of the rectum in connexion with its posterior wall may prolapse entirely, the uterus may retain its normal position.

There may be a diseased condition of the economy in general, or of the uterus in particular, upon which depends the extinction or diminution of its vital power; and accordingly as this is or is not curable, will depend whether a cure of a prolapsus is apparent or real; as mere reposition with mechanical support is not a cure. In some diseases which are attended
with an increased activity of the uterus, there is a rising of the organ in the pelvis, as puerperal fever, hydrometra, &c. Disease of the ovaries do not produce any sinking of the organ; nor do tumors or indurations of its substance as long as they are in process of development, nor until they have interrupted its functions, or weighed it down by their great bulk. Polypi also seldom gave rise to prolapsus.

_Treatment._ Common as is the disease, a radical cure is seldom accomplished. The indications are to remedy the defective or disordered condition of the general vital powers or of those of the uterus in particular. The author especially warns us against the continued use of injections, and the too early employment of pessaries. When the vital power of the sexual system or uterus is exhausted in consequence of age, over-stimulus, or incurable disease, mere palliative treatment should be employed.—(_Zeitschrift für Geburtskunde, Band xxxiv, pp. 321-340._)

**Patent and Secret Medicines.** _By Prof. Butterfield—(New Orleans Medical and Surgical Journal._)

It is amusing as well as melancholy, to read in the public newspapers, the advertisements of the unprincipled dealers in secret medicines. Assurance, impudence and falsehood can scarcely go further. One would suppose that the public, seeing so many and such contradictory statements and promises, would have at least as much sense as the negro, when told that Jonah swalled the whale, that they would discredit them all; but no, the more falsehoods that can be crammed into a small space, the more noisy and importunate the quack or the vender, the more oily do their throats become, and, like Oliver, they are constantly “asking for more.”

Take up almost any newspaper, and observe how large a portion of its columns is prostituted to the unholy purposes of deception and humbug. Several lie before us. Let us examine one or two. The first is a leading daily paper of considerable circulation and influence. It contains in all twenty columns, fifteen of which are devoted to advertisements of all descriptions. Of these fifteen columns, about two and a half herald the praises and sound the virtues of quack medicines, and this is rather less than the usual proportion. First, we have “Ten reasons for using Dr. Bragg's (a capital name,) sugar coated pills,”—then “A good medicine,” next “Be wise in time, 'tis folly to defer:”—“Vegetable vs. Mineral,” “Read, mark and partake,” (especially the partake!) and so on.
The next paper is a weekly from one of the principal cities of Massachusetts. Although they brag enough there, in all conscience, we do not know that Doctor! (save the mark!) Bragg has extended his operation so far. Though the whole world, the medical faculty included, are generally convinced of the transcendently miraculous power of numerous nostrums, it is only now and then that one pushes its way beyond a comparative limited circle. The paper referred to has twenty-eight columns, only nine of which contain advertisements, and over four of these are paid for by nostrum mongers. There is old Townsend with his Sarsaparilla, belaboring young Townsend and his Sarsaparilla. There is young Townsend's "Reply to Tricks of Quacks." They each make the other a precious villain, and we believe them both. Then there is "Consumption cured" and "Fits! fits!" in a black ground like a coffin. Ten-thousand persons have been cured by one remedy, and ten-thousand more are wanted to be cured by all the rest. So it goes—a regular trade of humbug and cheater—and otherwise respectable men are found in every community, ready for money to lend themselves to the fraud.

There is one establishment in Columbus for the exclusive sale of patent and family medicines. We like the plan. Isolate the business Respectable druggists should have nothing to do with it. Let it be by itself, that the very multiplicity of its cure-alls and flaming hand-bills become suspicious, as well as ridiculous. We suppose that some honest men engage, thoughtlessly, in this highly dishonest and disreputable traffic;—we suppose that more don't think of or care for, consequences if the money comes,—but for ourselves, there is no honest calling, however humble or degraded, that would not be preferred.

We hope to see the time, and that shortly, when every druggist who deals in secret nostrums will be shunned by our profession, and left to depend upon the patronage he prefers.

Use of Nitrate of Silver for White Swellings, Hydrarthrosis and Venereal Bubo. (Dublin Med. Press.)

M. Decaisne, military surgeon at Anvers, has published in the Archives de Médecine Militaire, some observations on this subject; two remarkable cases are given. One of the patients was a man of 27 years of age, and of a lymphatic temperament, who, on the night of the 5th of February, 1847, felt a severe pain in the right knee; swelling soon followed, and the patient was unable to use the limb. Every means were had recourse to for his relief—antiphlogistics, baths, calomel and opium, blis-
Nitrate of Silver in White Swellings. [October,
ters, iodine, mercurial ointment, compression and douches, without any effect in arresting its progress into regular white swelling. In the month of July, M. Decaisne began the use of an ointment of nitrate of silver, when the knee was double its natural size, was so tender that the patient dreaded its being touched, all motion in the joint impossible, and with three fistulous openings at the inner side of the joint; amputation appeared inevitable; and in this very unfavorable aspect of affairs it was ordered to employ friction twice a day of an ointment composed of one gros (59.1 grains) of the salt of silver to an ounce of lard; about two gros of the ointment were used at each application. Under this treatment the pain sensibly abated in a few days, the swelling gradually diminished, and in about a month the improvement, in every respect, was considerable. During the month of August, the proportion of the nitrate of silver to the lard was increased to a gros and a half or two gros to the ounce of lard, and at length, at the end of the month, the cure was complete, and the young man only experienced a slight stiffness in bending the knee. The second case was that of a young boy, attacked with a white-swelling of the radio-carpal articulation. Previously to the employment of the ointment of the nitrate of silver in this case, a number of more active remedies had been tried in vain; the swelling was considerable, and it was necessary to open a large abscess near the articulation. After using the ointment of the nitrate of silver for two months the amelioration was considerable, or rather the cure was completed.

After giving the above cases, the Journal de Médecine adds the following remarks: Other cases, where the salt of silver in the form of ointment have been recently published in the Archives de la Médecine Belge, by Professor Uyttterhoeven; he used it in a great number of cases, but all those he details were dropsy of joints, not white-swelling; the ointment of nitrate of silver possesses a resolutive action upon those serious swellings of joints. This therapeutic agent should not be employed until the inflammatory stage has passed.

In making the ointment it is necessary to dissolve the nitrate of silver in water before incorporating it with the lard, to prevent the rubefacient or cauterizing effect of the metallic salt on the skin, or the formation of vesicles, which without this precaution would be inevitable. Generally smart pain, but transient, is experienced on the application of this remedy at the place on which it is rubbed.

The power of this ointment to resolve venereal buboes has been experienced in the practice of M. Lutens; he dissolved a drachm of the salt in a sufficient quantity of distilled water, and
then mixed it with an ounce of lard. His mode of using it is this,—about two drachms of the ointment are used at each rub-
ing: after three or four days the skin becomes black and shi-
ing; instead of suspending the treatment until the epidermis desquemates fully, the scales are detached with the nail, or a spatula, and the frictions immediately recommenced. These frictions never occasion pain, but sometimes a slight uneasiness. M. Lutens uses this ointment also in glandular swellings of the neck and groin, and in all stages of bubo.

Arterial Compression as an Antiphlogistic. (American Jour.
Med. Sciences, from Jour. de Médecine.)

Dr. Henroz de Marche has published a work on the value of compressing the brachial artery in cases of whitlow to check the inflammatory process in the finger; this seems but an ex-
aggeration of M. Gerdy's principle of keeping the limb elevated so as to lessen the force of the arterial circulation in the inflamed part. Dr. Henroz was one day in his garden pruning an arbutus, and got a prick of a thorn in his left ring-finger at the inner side of the third phalanx; the thorn was extracted, and for twenty-four hours he felt no uneasiness in the part; the finger at this time began to swell rapidly, and to grow red, and the inflammation extended by degrees to the palm and back of the hand. On the fourth day, the pain was pulsatile and severe; he could not sleep; had great thirst; skin hot, and pulse frequent; the axillary glands were swollen but indolent. Stuping, leeches, poultices, opiates, mercurial frictions, were in their turn tried without advantage. It then occurred to M.
Henroz to try compression of the brachial artery, which he did immediately with his thumb; instantly, the severe pain which he had endured for five days ceased, as if by magic, and he was able, without the slightest uneasiness, to put his hand into any position he pleased, and even the redness disappeared com-
pletely. However, as it was impossible to maintain the pres-
sure in this manner for any length of time, he contrived an in-
strument for the purpose, so simple in its construction as per-
haps to make it a valuable aid in such cases in the country, where more perfect ones could not be readily had. It was ap-
plied on the brachial artery, and the same good effects imme-
diately followed as when compression was made with the thumb; it was left on for three hours, during which the pain in the hand did not recur for an instant; it was pale and cool, and the swelling had diminished. Fearing that a longer in-
terruption to the circulation might produce ill consequences, M. Henroz suspended the compression for three-quarters of an
hour. The pain returned; pressure was again made, but this time it was on the ulnar not the brachial artery, and the symptoms were as suddenly relieved as in the former case. Compression on the artery was thus continued from half-past twelve at noon until five o'clock in the evening, as well as the palm and dorsum of the hand with firm compresses of wadding, at which time the tumefaction of the hand and finger was permanently reduced, as also the tenderness; the symptoms of reaction had ceased, and their were no longer pain or fever. In the evening, pressure was again made and continued all night; the next day the cure was complete.

The same treatment was employed by M. Henroz with the same result on a young girl who had a very severe whitlow; in this case, in which the affection was eight days progressing, the pain left the part the instant the compression was applied, and the cure was complete in thirty six hours.


It is unnecessary to speak of the physical appearance of this substance. So common is the article that it is known to almost every one. It is simply with its medical properties we have to deal. Sulphur has long been known as a medicine, and has a place in our oldest Dispensatories. It can be made to unite with many other substances, changing materially their medical qualities and physical appearance. Pure sulphur possesses various medical qualities. It is a laxative, and has important diaphoretic, diuretic and alterative properties. When given in doses from a scruple to a drachm, it operates as a laxative. Whether its laxative powers depend upon the mechanical effect which it exerts upon the stomach and bowels, or upon its chemical action, I am not to decide; but probably upon both. When taken in the above mentioned doses, it moves the bowels gently and efficiently, without griping. I have found its efficacy very manifest in costive habits, arising from inaction of the bowels, and especially if accompanied with hemorrhoidal difficulties. In such cases, it quickens the intestinal circulation, gives muscular tone to the bowels, and restores peristaltic action. Hence, as a laxative it has no superior, and few equals, in my estimation, in all cases of the above description. Sulphur is more efficacious as a laxative, in some cases, when combined with other medicines. I have found it much more so in rheumatism when combined with gum guaiac. and colchicum. In this
combination not only are its laxative powers more manifest, but its diaphoretic and diuretic qualities greatly increase, and I know of no aperient that equals this combination, in the above disease. I have frequently administered the following in rheumatism, with great success:

B. Sulphur, ... 3ij.
Pulv. G. Guaiac.

" Radex Colchic., aa 9j.

Mix, and divide into eight equal parts; give one every four hours until the bowels are thoroughly moved. After this, one may be used night and morning, or as the case may require. I have sometimes used the above combined in spirits, preferring gin, especially if there was a suppression of urine. When used in the spirituous form, I usually add one ounce of serpentina—using the above quantity to a pint of spirits, and giving it in doses of a table-spoonful three times a day.

I have not only found this useful in all arthritic complaints, but also in neuralgia and some cutaneous diseases. It will answer a better purpose in acute arthritis, if used in the form of powder; but in cachectic habits, and especially where there is a depraved state of the functions of assimilation, as is indicated by bile and other eruptions upon the surface, the alcoholic preparation will succeed best. In all cutaneous affections, where the bowels are required to be kept gently open, sulphur is a valuable medicine. In cutaneous affections where there is want of urinary secretion, as there almost always is, it will be found more efficacious, if combined with cream of tartar.

In dyspepsia, accompanied with a weak, relaxed state of the stomach and intestines, sulphur, combined with small doses of cayenne and ipecac, taken three times a day, before eating, will prove almost a specific. Where there is an inactive state of the liver, accompanied, as it generally is, by an indolent state of the bowels, sulphur, with calc. magnesia and a decoction of dandelion and wild cherry tree bark, will speedily remove the disease. In all cases where the cutaneous function is disorderd, sulphur is a valuable medicine—for, in the quaint language of an old author, "pure sulphur loosens the belly, and promotes insensible perspiration." It passes through the whole habit, and manifestly transpires through the pores of the skin, as appears from the sulphurous smell of persons having taken it, and from silver being stained of a black color in their pockets, which is the known effect of sulphur.

In all mucous membranal diseases, as well as cutaneous, sulphur is a valuable medicine. It is valuable in these cases from the diaphoretic, diuretic and laxative qualities which it possesses. It may possess other qualities that render it useful in these
diseases. Its beneficial influence in these disorders, indicates clearly the analogous structure that exists between the skin and mucous membrane. In mucous membranous disease of the lungs, it will prove more efficacious if combined with antimony, mercury, and opium; and it is singular how it changes and modifies the operation of these medicines. This effect is spoken of in the Edinburgh Dispensatory, and is there attributed to its laxative powers; but I think it is from the chemical change it induces.

In mucous membranous disease of the bowels, sulphur, combined with cream of tartar and other refrigerant salts, is very useful. It seems to exert a wonderful influence over the functions of assimilation, and it is in this way, I imagine, that it proves so serviceable in all disorders of the cutaneous function, when taken internally. It certainly possesses a wonderful influence over diseases of this function, whether they exist locally or from a constitutional cause. I have often been surprised at the beneficial influence, in salt rheum, of a combination of fl. sulphur, tar, and mutton tallow, in the proportion of equal parts, simmered together in the form of an ointment. After having tried various local applications, and constitutional agents, with no benefit whatever, I have succeeded in effecting a perfect cure, in a few days, by the application of this ointment, two or three times a day, and with a few doses of cream tartar and sulphur. And so with other itching and eruptive diseases.

Sulphur was formerly used in coughs to a considerable extent, and with good effect; but it has quite gone into disuse for this purpose, except among farriers, who use it in coughs of horses and other animals, with good success. In the horse I have used it with good success, combined with crude antimony, in the proportion of 1/4 lb of antimony to 1 lb of sulphur—mix, and give a table-spoonful of this mixture, in oats or meal, three times a day.

I have used sulphur in hooping cough with good effect, in combination with sanguinaria. I have found it useful in catarrhal coughs of winter, especially in such children as are troubled with worms.

I have used sulphur in chlorosis with decided advantage. I attribute the beneficial influence which it exerts upon this disease, to the healthy action it establishes in the assimilative functions.

Sulphur, charcoal, and calc. magnesia, equal parts, form a valuable aperient, in this disease.

I have never used sulphur in the form of vapor-bath, to any very great extent. I have no doubt, however, of its utility, from what I have observed of its external operation, especially
in cutaneous affections, rheumatism, scrofula and other kindred diseases. I know a highly intelligent lady who was afflicted with scrofula, to a very great extent. She was subjected to a thorough course of mercury, together with iodine and saline medicines, with no benefit whatever, but was finally fully restored by the use of the above bath.

Sulphur has lately been proclaimed a specific for the cholera. In reference to its powers as a preventive or curative medicine, in this disease, I am unable to speak, never having used it in cholera. I have no doubt that, taken in laxative doses, by clearing the prima viae and exciting the glandular secretions, thereby keeping the digestive organs in a healthy condition, it might prevent cholera; but that, taken occasionally, it would render the system insusceptible to a deleterious atmosphere, is very doubtful.

Sulphur ointment was formerly much used in the treatment of psora. It has been considered a specific in this disease. The disagreeable odour of sulphur, and its former use in the itch, have created a popular prejudice against it, as a medicine, and this is one reason why it has fallen into such general disuse.

BIBLIOGRAPHICAL NOTICES.


We have often had occasion to express our great indebtedness to Messrs. Lea and Blanchard, the most distinguished of American Medical publishers, for the many valuable works which they have so repeatedly and liberally supplied us. On no one occasion do we feel more thankful to them than in receiving Sharpey and Quain's Anatomy. We believe we express the opinion of all who have examined these volumes, that there is no work superior to them on the subject which they so ably describe—the minute structure of the human body. With Morton's and this work, every student ought to know Anatomy. We cannot commend it too highly to the patronage of the profession.

2. Dr. Fenner's Southern Medical Reports.

The undersigned proposes to publish an Annual Volume, on the Meteorology, Medical Topography, and Diseases of the Southern States, to be entitled Southern Medical Reports.
The object of this work, is to collect and present, in a durable form, the observations of Physicians residing in different parts of the Southern States, with the view to the cultivation of Medical Science, and the formation of the medical history of the times.

It will consist of General and Special Reports; the first to contain concise accounts of the Meteorology, Medical Topography and prevailing diseases, throughout the year; the second will be devoted to Extraordinary Cases, Surgical Operations, &c.

These reports are all to be handed to the Editor, by the first day of January, and will appear in a neatly bound volume, as soon thereafter as the work can be done. Each volume will also contain a brief retrospect of the latest discoveries and improvements contained in the Medical Journals of the year.

The Editor wishes to be distinctly understood, that this work is not designed to conflict with the Medical Journals of the South. On the contrary, he hopes his collaborators will contribute all they can to their encouragement and support. If the Editor can command the cooperation of his professional brethren, each volume of this work will contain Reports from prominent points in the following States viz: North and South Carolina, Georgia, Florida, Louisiana, Texas, Alabama, Mississippi, Arkansas, and Tennessee. Also from the Southern stations of the U. S. Army and Navy. Special Reports of interesting cases will be thankfully received from any part of the South. The cost of this work will be in proportion to the extent of patronage. It is contemplated that each volume will contain from five to six hundred pages, and will be furnished to subscribers at $3.50. One copy will be sent gratuitously to all contributors, and three or more copies to the authors of Annual Reports.

All Medical Societies, within the above limits, are respectfully invited to send in condensed reports of their transactions during each year.

Publishers are requested to forward copies of all new Medical Books; in return for which, bibliographical notices will be given.

Medical Colleges, throughout the Union, are requested to forward their annual circulars; from which will be extracted statistics, to show the progress of medical education. In short, the proposed work is designed to make up the medical history of the time, and to promote the cultivation of medical science in the Southern States. The Editor will do all in his power to render the work advantageous, as well to the collaborators, as to the profession at large.

E. D. FENNER, M D.,
New-Orleans, La., June 1st, 1849. No. 5, Carondalet-st.

Due notice will be given when the work is completed, and it will be deposited at the principal commercial points in the Union.
PART III.

Monthly Periscope

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

On the Absence of Vomiting in the Horse.—By M. Flourens. Every one knows that the horse cannot vomit: but as to the cause of this peculiarity, there has been a difference of opinion. From his experiments and dissections, M. Flourens is led to the conclusion, that the obstacle to the reflux of the contents of the stomach,—which is such as to prevent the exit of a single drop of fluid by the cardiac orifice, when the stomach has been distended with water and subjected to violent pressure,—is to be found partly in the very oblique mode of entrance of the oesophagus, and partly in the peculiar arrangement of the muscular fibres. These are so disposed, that various bands, arising from the coats of the stomach, pass round a portion of the tube, and then return into the muscular wall of the viscus; from which it results that, the more the latter is distended, the greater will be the constriction exercised around the cardiac orifice.—[Annales des Sciences Naturelles, and Medico-Chirurg. Review.

On Asthma occurring in a Child.—By Dr. Tott. A child at 1½ years, had been seized daily, at mid-day, for three months, with asthmatic paroxysms of difficulty of breathing, terminating in cough without expectoration. An intermittent fever prevailing in the vicinity, the author supposed that the disease might partake of its nature, and administered quinine with hyoscyamus, &c., as well as external derivatives; but without any avail. The tinct. lobel. inf. (15 drops every three hours) was then given in weak tea, and by the third day the paroxysms had become much diminished in intensity and duration, and in fourteen days no traces of the affection remained, the child continuing quite well when seen a year and a half afterwards.—[Neue Zeitschrift für Geburtskunde, Band, xxv, p. 197, and Ibid.

On the Employment of Iodide of Potassium in Saturnine and Mercurial Affections.—MM. Guillot and Melsens have recently presented a memoir to the Académie des Sciences, detailing an experimental investigation they have undertaken, respecting the powers of iodine in lead and mercurial saturation of the system. The object in view is to render soluble the metallic compounds which have entered the
economy. by associating them with a body of very easy elimination. All the insoluble compounds formed by the salts of mercury with the matters met with in the economy, are soluble in iodide of potassium, which substance is easily and rapidly got rid of by the economy. By analogy we may infer, that the compounds of lead retained in the economy are also very probably dissolved and eliminated in the same manner; and in the memoir, cases of saturnine affections so cured are given. Sulphuric acid, or the sulphates, cannot be regarded as curative agents in the chronic diseases due to the employment of lead, seeing that sulphate of lead is itself a poison, capable of killing animals in a few weeks. If, however, we give to the animal sulphate of zinc and iodide of potassium simultaneously, no injurious effect results. If, nevertheless, we suddenly give a large dose of the iodide to a dog already suffering from disease from lead poisoning, it is speedily killed; while, if we give it in small and gradually increased doses, the animal gets rapidly well.—[Gazette Médicale, and Ibid.

Administration of Rhubarb.—M. Martin-Solon prescribes rhubarb according to an old mode of employing it, which consists in masticating small morsels for half an hour or more, swallowing first the saliva, and then the chewed portion. In this way a small dose acts efficiently in dyspepsia, hypochondriasm, or habitual constipation. It can easily be understood, that a medicine, thus incorporated with and dissolved in the saliva, preserves much more of its power than when given as powder or infusion. Dr. Giacomini states that it is thus administered in Italy with great advantage to delicate and nervous women and to convalescents from fever.—[Rev. Méd.-Chir. and Ibid.

On Inunction with Lard in Scarlatina.—The following plan of treatment in scarlatina is advised by Manthner, an undeniable authority in diseases of children. He observes:—"I owe to M. Schneeman an excellent method of treating scarlatina, and one from which I have derived the best results; this is, the inunction of the entire surface with lard. These inunctions never do harm; they are cheap, and may be employed by all classes. I am confident that they cause desquamation to take place more readily, and that dropical sequelæ are less likely to occur. Moreover, if used as a prophylactic, the disease is less likely to spread in a family. I would, without hesitation, treat my own children in this manner, were they attacked by a disease which I so much dread, but I should fear to employ cold affusions."


Treatment of Neuralgia according to their Seat.—The author, M. Sandras, passes successively in review neuralgia of the fifth pair, of the cervical plexus, ilio-serotal neuralgia, crural and sciatic neuralgia. His treatment is expressed in the following résumé:

Neuralgia of the fifth pair yields more readily than any other to the internal administration of belladonna. He has also derived benefit from a plaster of the black cyanide of potassium. The pomade
of strychnine has only appeared useful when, after the attack has subsided, the skin has retained an exaggerated sensibility.

In temporal neuralgia, with the employment of belladonna internally, he conjoins compression of the temporal artery.

In suborbital neuralgia, the endermic use of morphine, and the cyanide of potassium, succeed better than in temporal or cervical neuralgia.

In submaxillary neuralgia, belladonna is the most useful remedy; compression of the carotid likewise affords relief.

The same treatment is beneficial in cervical and occipital neuralgia, but in this form compression of the artery is of little or no use.

The treatment is likewise the same in intercostal, erural, and sciatic neuralgia, but the author observes that these forms are often accompanied or produced by neuritis, and that it is therefore advisable to premise the treatment by topical abstraction of blood.—Gazette Médicale, and Ibid.

**Morbid Growths and their Extirpation.**—Mr. Hunt, in the Provincial Medical and Surgical Journal, May 2d, sums up an interesting paper on this subject, with the following conclusion:

“*The extirpation of morbid growths may be said to be indicated (their position being convenient for operation,)*—1. Whenever the disease is clearly the result of local or mechanical irritation from some external source. 2. Whenever the tumor is neither painful, tender, nor progressive, the health being good. 3. Whenever it can be fairly demonstrated that the pain or irritation of the tumor, being the primary and sole cause of disturbed health, its removal will be the least of two evils. 4. A tumor in the mamma, originally depending on disordered health, may, *after the health is restored*, become painful from the pressure of the dress, and thus the absorbent glands may be excited and the uterine functions disturbed. Excision may be justifiable in such a case; but the proper time must be chosen, and great attention should be paid to the health subsequently.

“*The extirpation of morbid growths may be said to be contra-indicated.*—1. When failing health precedes or accompanies the appearance of local disease. 2. When the disease is advancing, the tumor sensibly growing, no local or mechanical cause of irritation being apparent. In this case it is right to assume the existence of latent constitutional disease, and to treat the case medically rather than surgically. 3. When there is a plurality of tumors. 4. When the disease reappears, whether soon, or late after an operation for its removal.”

**On the Haemostatic Properties of Cotton,** by M. Bourdin.—M. Bourdin states that he has long availed himself of the haemostatic properties of this substance, and relates some of the cases in which it appears to have been very efficacious—as epistaxis, hemorrhage from varicose veins, opening the temporal artery by caustic, &c. It is of no avail in hemorrhage from arteries of large calibre. The wound must be very carefully sponged, and the cotton exactly applied, by
successive fragments, and moderate pressure maintained over it for several minutes. If the first attempts prove unsuccessful, the cotton should be entirely removed, and a new piece applied. When successful, it adheres to the part with great force, although sometimes a sero-sanguinolent fluid still, for a while, oozes out, on account of which the cotton need not be removed. The cotton becomes as hard, and as difficult to cut, as thick pasteboard, resists the action of water, and can only be removed at the expiration of several days, when loosened by suppuration.—[Brit. and For. Med. Chir Rev., from Review Médicale.

The advantages of Chloride of Gold as a Caustic. By M. Chavannes.—MM. Récamier and Légrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treatment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix, which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: gold leaf one part, hydrochloric acid three parts, nitric acid one part.—[Monthly Retrospect, from Gazette Méd. de Paris.

M. Filhol’s Method of Testing Arsenical Deposits.—M. Filhol has communicated to the Journal de Chimie Médicale, the following simple mode of transforming arsenical stain into arseniate of silver. He takes a porcelain saucer on which arsenical stain has been received, and inverts it over another porcelain saucer, in which is contained a small quantity of hypochloride (chloride) of soda, mixed with about its volume of sulphuric acid, diluted with thirty or forty times its weight of water. In about one or two minutes, the arsenical deposit will have disappeared; then into the saucer which contained it a strong solution of neutral nitrate of silver is to be poured: immediately a brick-red discoloration is obtained. This is a test of extreme delicacy. It is important to remove the upper saucer immediately on the disappearance of the stain, otherwise the red color of the arseniate may be concealed by the chloride of silver which is simultaneously formed.—Journal de Chimie Médicale.

If the arsenical deposit were received in a watch-glass, the time at which the stain disappears would be immediately perceptible.—Lond. Med. Gaz.

On Aconite. By M. Teissier.—M. Teissier has undertaken a prolonged series of researches in order to establish, if possible, the therapeutical value of this substance, and especially anodyne and its antiphlogistic power. The existence of the former is incontestible, but it differs from opium in giving relief, not as that does to all descriptions of pain, but only to certain kinds of it. This specialty of
the action of aconite is one of its characteristics, its anodyne property being only in fact a secondary one. Its principal, and in some measure specific, action is exerted upon the skin, eliminating through its vessels injurious principles and restoring the natural functions when these have been disturbed. Thus aconite is a very appropriate remedy in diseases induced by chills, or when morbid principles are detained in the cutaneous tissues, as in the exanthemata; and M. Teissier, has especially derived benefit from its anodyne properties in diseases of a rheumatic or catarrhal origin. The antiphlogistic power of the substance is quite subordinated to the influence exerted by it upon the skin, and is especially observed in individuals of a nervous or lymphatic temperament, and those predisposed to rheumatic and cutaneous affections; and in such it is beneficial in lumbago, angina and bronchitis, influenza, rheumatism, especially when recent and not very acute, &c. M. Teissier prefers the tincture, to obtain the anodyne effect of which he rapidly increases the dose from 10 or 20 drops to 1 or 2 drachms per diem.—[Revue Médicale, and British and For. Medico-Chirurg. Rev.

Proportion of Nutritive Materials in different articles of Food.—Of all the alimentary substances, bread is one of the most nourishing, as it contains 80 per cent. of nutritive materials; peas and beans, however, contain from 92 to 93 per cent. of them. Butcher’s meat contains on an average 35 per cent.; potatoes, 25 per cent.; carrots, 14 per cent.; greens and turnips, 8. Thus a pound of good bread is equal to 2½ or 3 pounds of the best potatoes; and 75 pounds of bread with 30 pounds of meat, are equal to 300 pounds of potatoes. But a fact worthy of notice is, that one pound of rice or beans is equal to three pounds of potatoes.—[London Lancet.

Calomel in Acute Articular Rheumatism.—Dr. Leclercq has published in L’Union Médicale, several cases of acute articular rheumatism successfully treated by small doses of calomel. Dr. Law, of Dublin, had, so early as 1838, pointed out the advantages of this practice, as Dr. Trousseau, of Paris, has likewise done, in his book on therapeutics; but these physicians used to combine quinine with the calomel, and Dr. Leclercq has obtained very good results by calomel alone. These were the different steps of the treatment:—1. Bleeding, if the subject be plethoric. 2. Calomel in divided doses—viz., one grain of calomel in about a drachm of white sugar, to be divided into twelve papers; one to be taken every hour. 3. An opiate at night. 4. Cooling drinks. 5. Poultices, sprinkled with laudanum, on the painful joints. This method has been found to counteract as well, if not better, cardiac complications. Lemon juice, on the other hand, seems to be a greater favorite in this country, and has yielded excellent results.—[Ibid.

Quackery in the Nineteenth Century. (To the Editor of the Boston Medical and Surgical Journal.) Dear Sir,—I have thought it might
be at least amusing to your subscribers to read the following somewhat curious document. It was given to me by a patient who had been for several years afflicted with epileptic fits, and who applied to a mesmerizer or mesmerizeress, to ascertain the precise cause of the trouble. It is amusing to see in what curiosities our goodly city abounds, and what wonderful talent exists in the assumed medical profession in these days. Here is a class of empirics who profess to look right through all the integuments of the human body, and take a "bird's-eye view" of the state of all the viscera and of every internal organ. They are so "eagle-eyed" that the smallest lesion in the minutest particle of the human organization cannot escape their search, and so pathologically correct is their diagnosis, and so thorough their knowledge of the materia medica and skill in prescribing, that they can direct to the "very medicine which which will prove an all powerful specific, in every case." "O tempora! O mores!" What will come next? Perhaps it may seem like taking too much notice of one of the silliest humbugs that has flown around, and buzzed among us, in these times of progress, and of the astounding credulity of the age in which we live. But, such as it is, Mr. Editor, here you have the genuine "Examination and Prescription," verbatim et literatum, with only this additional remark, which was affirmed by the patient, that the priestess, while declaring the arcana from the oracle (more wise than that of Delphos), fell into two genuine epileptic fits, for the purpose of showing the patient how one appeared in such a state: that is, was really thus affected.

"Examination.—Scrofulous Humour in Blood.
Get a Bottil Babery Snuff take it constantly
Put a blister Across from Ear to Ear
3 mornings before putting on the blister Shower the head With Cold Water

Nervous System has been Renshed By convulsives fits
Convulsion Come on between twelve & one O. C.
Rub the Limbs With flannels vinegar & Water
Get a ounce of Ether own of Camfir ½ oz paragoric take it Clear as soon as the Spasm com on

take ⅛ of Great Spoon ful before they come on
Rub the temples armes & Stomach With vinegar & Water
Spasms Brought on By Straining the nervs & cramping them
Nounce Cramp Convulsion fits
Blood in a Cold State
Get an oz of Picre put in a pint of New Rum take a ½ Glass Tuesday and Friday Morning for Six Weeks
the Blood Gets in Cold State Strikes to the Stomach When She is a Sleep stagnates & Cuses the Spasms
Be verrey cautious not to Goo to Sleep on your Back Lay on your Side turn over often

take ½ pint Blood from Right arm before you Rub, this Will help the pain in the head
Soak the feet on thursday in Salt & Water Rub the Limbes with the Same

take table Spoon full of Oil twice a Week Opposite the Picra."

One more item, and we have done with the astounding medical advancements of the present day in good old Massachusetts. It may serve as a grand climacterial auxiliary to the preceding, or some other equally nonsensical humbug that feeds the gullible appetite of the present age on medical matters. The prefatory remarks are from the Bee of this city.

"The following directions for using a cure for the rheumatism were handed by the doctor who prepares it, to a printer in this city for publication in a hand-bill. We assure our readers, that it is not at all exaggerated; it is set up from the original, verbatim."

"A CURE FOR THE RHEUMATISM.

"A celebrated medercine for this complaint this medercine is Composed of metricals of his one Collection of South Canton mass. N. B. Directions for using; take won teaspoonful in the Morning mixed with a Little of molaces accept those that have a Strong Constition which Can bare a little more, take it for fore Days and you will find your pains Removing and in the Corse of ten or twelve Days you may think your self gitting Red of them. In case that the patient has swelled Joints and Paine ful thare is an Erb that ought to be used at the same time as a poltie, in order to releave the pane in the Corse of one or two Nights, and take down the swelling in a short time. I have other other medercine on hand for many other Compliants Suitable for famerlys use to keep on hand in Case of Suding attacks which we are all liable to meat with and not to be without and keep for ears if tacon of, a Child can use the same in moderate Doses there is not a nother person knone in the States that can prepare these articles, which can be had by some agents in many places or towns &c and may bhad of Mr — No — street, Boston.—Prepared and put up only by Dr —.

"All of you that have eused this medercine and sattisfide Pleso to in form your nabours and frinds whare it may be had."

We shall not expect to hear anything more about progress in medecine, as the acme has now been reached; so we bid farewel to Hippocrates and Galen, and all the moderns will go to mesmerism and S. C.

Yours,

W. M. C.

MEDICAL MISCELLANY.—A lady died at Detroit, Michigan, August 10th, from the effects of inhaling ether, administered by a physician for the purpose of extracting a tooth.—A medical board of examiners, for the appointment of Assistant Surgeons of the U.S. Army, will convene at Philadelphia on the 15th Oct. —Bertholdt, the geologist, educated under Blumembach, died at Alsau, in July, aged 87 years.—Doctors' fees at the mines in California, are $100 per visit. A physician from Westchester, N. Y., has established himself on the banks of the Sacramento, in a log-cabin, one half of which he uses as a store and the other as a hospital; and it is said that he receives as much gold daily as the average of twenty miners.—Cases of yellow fever have been recognized thus early in the season, at New Orleans.—Dr. John C. Pease, of Hartford,
Conn., has been appointed 6th Auditor of the Post Office Department, at Washington.—Dr. Burroughs, of Buffalo, while playing at ten-pins, at Avon Springs, broke his thigh. It was done by the muscular action of throwing the ball.—Lobelia inflata is still extensively employed by quacks, and from the injudicious use of it, a person, who had placed himself under the hands of an herb doctor in the North of England, has lately lost his life. At the inquest, it was proved by two medical witnesses that the deceased had died from the effects of the lobelia inflata, and a verdict of manslaughter was returned against the quack. A mixture of collodion with cantharides has been contrived as a substitute for the ordinary blistering plaster. The cantharides are digested in the ether, and the latter afterwards mixed with the gun-cotton. The part to be blistered is painted over with the collodion by a pencil.—The New York City Inspector’s report sh’ws that during the past week there have been 643 deaths, including 164 by Cholera.—[Boston Med. and Surg. Journ., Sept. 5.

Obituary Notices.—We announce with deep regret, the deaths by Cholera, of Prof. John P. Harrison, of Cincinnati, and Dr. Amirah Brigham, of Utica, New York, both Editors of Medical Journals.


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<th>AUG.</th>
<th>Sun Rise.</th>
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<th>Wind.</th>
<th>Remarks.</th>
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<td>N. E.</td>
<td>Rain—cloudy. {10-100.</td>
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<td>Fair—breeze—splendid day.</td>
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<td>72</td>
<td>84-100</td>
<td>E.</td>
<td>Cloudy afternoon—breeze.</td>
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<td>31</td>
<td>75</td>
<td>78-100</td>
<td>W.</td>
<td>Somewhat cl’dy—rain at 3, A.M.</td>
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11 Fair days. Quantity of Rain 2 inches and 15-100. Wind East of N. and S. 12 days. West of do. do. 13 days.

Erratum.—Page 392, one line from bottom, read normal for “normal.”