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EDITED BY

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"Je prends le bien où je le trouve."

VOL. V.—1849.—NEW SERIES.

Augusta, Ga.
JAMES McCAFFERTY,
PRINTER AND PUBLISHER.
1849.
ARTICLE XXXIV.

Therapeutic Effects of Tobacco, applied externally, for the Expulsion of Worms. By John D. Twiggs, M. D., of Edgefield District, South Carolina.

Three series of experiments have been made, in order to test the vermifuge properties of tobacco placed over the abdomen. They have not proved so satisfactory as could have been desired.

On perusing an Essay read before the Medical Society of Augusta, in 1839, I find this conclusion, viz: There are no pathognomonic signs that will determine the existence of worms in the alimentary canal. If this be the case, as the frequent administration of anthelmintics to children, where worms do not exist, and even where they do their continued use, would in all probability prove pernicious to the child: it would certainly be a great desideratum to practitioner and patient if some substance could be applied externally which would effect the expulsion of these noxious parasites: both would be benefitted by its use; for the first could avoid giving a medicine the ill effects of which might make a lasting impression on the system of his patient; and the latter would escape swallowing oft-repeated doses of most nauseating drugs. If the external application of tobacco be a substitute, the effects being equal, the remedy would at least be more agreeable.

I have made the following experiments:
First Series.—Five negro children, from 5 to 8 years old.

Case 1st. Strong pressed bar tobacco, steeped in water and applied to the abdomen in the form of a poultice. General health of the child good, pulse 80. Applied the tobacco at 9:30 o'clock (by means of a cloth about 12 inches broad) over the abdominal region: 10:30 o'clock, the pulse is 100; the eyes are a little watery: 11 o'clock, pulse 106: 12 o'clock, pulse 108; eyes still suffused with tears. 1 o'clock, p.m., pulse has increased to 112 beats: 2 o'clock, p. m., found patient asleep, pulse still 112: 3 o'clock, pulse still the same: 4 o'clock, removed the tobacco. It has been 6½ hours since it was applied, during which time I have noticed a slight change in the eyes which became lachrymal. An inclination to sleep was observed and also a great acceleration in the pulse, which is now 116, an increase of 2 beats within the last hour. At 8 o'clock, p. m., gave 5 grs. of calomel; it operated and worms were expelled dead at 9, a.m.

Case 2nd. Applied the tobacco at 9:30 o'clock; pulse 85. General health of this child good; has passed worms recently, after the administration of (Similax China) China root. At 10 past 10 o'clock, a. m., pulse of child 88; says he feels well. 11 o'clock, pulse of patient has increased from 88 to 100; eyes injected: 12 o'clock, pulse 100; patient seems very cheerful. At 1 o'clock, pulse is 104 beats, being an increase of 4 strokes within the hour: 2 o'clock, p. m., patient asleep, pulse 108 beats: 3 o'clock, patient seems well; pulse still on the increase, 110: 4 o'clock, removed the tobacco; patient's pulse 112: noticed the same change as in the preceding case, viz., eyes watery, an acceleration of the pulse and a disposition to sleep. At 8 o'clock, p. m., gave patient 5 grs. of calomel. At 7, a.m., passed several worms dead.

Case 3rd. A child about 6 years old, whose health has been usually good, and has passed worms within a few days. At 9 past 9 o'clock, a. m., placed the tobacco thoroughly wetted over the abdomen: pulse 85. At 10:30 o'clock, patient's pulse 90; says the bandage feels very comfortable: 11 o'clock, pulse 96, an increase of 6 strokes within the hour: 12 o'clock, examined patient, found a decrease of 4 beats, pulse now only 92. 1 o'clock, p.m., pulse of child 100, again on the increase.
At 2 o'clock, I found my patient's pulse had increased 8 beats during the last hour, being now 108, full and regular: 3 o'clock, my patient just roused from sleep, pulse 108. At 4 o'clock, p.m., I took off the tobacco; patient says he is well. In this case I have not observed that change in the eyes, as in the two preceding cases, but there seems to be here also an inclination to sleep. At 8 o'clock, p.m., gave a dose of castor oil to patient, it operated well and 3 or 4 worms were evacuated dead.

Case 4th. A child about 7 years old, general health good, has passed worms, but not recently. At 9½ o'clock, a.m., applied the tobacco, steeped in water, over the abdomen; pulse of patient 85. At ¼ past 10 o'clock, the pulse is only 80, a decrease of 5 strokes. At 11 o'clock, pulse of patient 94, and feeble. At 12 o'clock, pulse 91, child seems well and cheerful: 1 o'clock, p.m., patient's pulse 94, a gain of 3 beats. At 2 o'clock, p.m., examined patient, whose pulse remains the same, 94, full and regular; inclines to sleep: 3 o'clock, pulse 98; patient's eyes rather injected. At 4 o'clock, p.m., I removed the tobacco; pulse numbers 106 strokes. There has not been that rapid increase in the pulse of this child as was manifested in the others—it has been fluctuating throughout, sometimes rising, then again falling. At 8 o'clock, p.m., administered a dose of castor oil to patient, who passed several worms, some dead, others alive.

Case 5th. A child aged 8 years, who, when an infant, was unhealthy, but appears well now, has passed worms, though not recently. At ½ past 9 o'clock, a.m., placed the tobacco over the abdomen; pulse 100. At ½ past 10 o'clock, pulse 112, eyes watery, countenance dull, has little to say: 11 o'clock, patient's pulse 120; appears dull, says he does not feel well; eyes injected, pupils dilated: 12 o'clock, pulse 116, eyes much injected: 1 o'clock, pulse 118; seems very sleepy; has been out and had a motion from the bowels—passed no worms—had the tobacco remoistened: 2 o'clock, my patient has been asleep; pulse 118, feeble; he complains of no uneasiness about the abdomen; desires to eat: 3 o'clock, p.m., pulse of patient has increased 10 beats within the last hour, it now numbers 128 strokes: 4 o'clock, p.m., removed the tobacco from child. I have remarked greater changes in this case than with any of the others—eyes very red and watery, skin hot and dry, a disposition to
sleep, and a great increase of pulse, which has now 132 beats to the minute. At 8 o'clock, p.m., gave patient a dose of castor oil which operated freely; several worms were passed, at first dead, at the last operation they were alive.

The increase in the pulses of the 5 cases, from 9½ o'clock, a.m., to 4 o'clock, p.m., is as follows:—At 9½ a.m., 85, 85, 90, 100, 100. At 4, p.m., 106, 108, 112, 116, 132.

Second Series.

Case 1st. Richard, a lively boy, of 5 years, never has been sick in his life, parents both healthy; has passed no worms this year, though he has taken China root frequently. At 9 o'clock, a.m., applied the tobacco, steeped in warm water, over the abdomen; pulse 80 strokes per minute: 10 o'clock, a.m., saw patient; pulse 90, full and strong: 11 o'clock, pulse of child 98, an increase of 8 beats: 12 o'clock, examined patient; pulse 110, skin warm and moist, eyes watery: 1 o'clock, p.m., patient's pulse 120, quick and feeble; skin warm and moist: 2 o'clock, p.m., visited patient; pulse 112, a decrease of 8 beats within the hour; skin very dry: At 3½ o'clock, p.m., pulse of patient 114; says he feels well; skin dry, eyes watery: 4½ o'clock, examined patient: pulse 116, a gain of 2 beats; skin hot and dry, eyes much injected: 6, p.m., visited patient; pulse 130; removed the tobacco, which has been on 9 hours, during which time he has not had an operation. On the following day, at 9 o'clock, a.m., patient took a dose of castor oil, passed no worms—the tobacco has not had the desired effect.

Case 2nd. Isum, a boy aged 5 years, general health good, has passed worms, though not recently. At 5 minutes after 9 o'clock, a.m., applied strong pressed bar tobacco over the abdomen; pulse 80: 10 o'clock, a.m., child's pulse 96; sitting before the fire, says he is well: 11 o'clock, saw my patient whose pulse numbered 101, an acceleration of 5 strokes: 12 o'clock, found patient's pulse 104, a slight increase; skin moist; the tobacco again saturated: 1 o'clock, patient sitting very quiet; says he feels very well, but has a dull countenance, eyes watery, pulse 106: 2 o'clock, pulse of patient 114, an acceleration of 8 beats since last examined. At ⅓ past 3 o'clock, p.m., child's pulse 120, a gain of 6 strokes in one hour and a half. At 4
and $4\frac{1}{2}$ o’clock, found my patient’s pulse 110, a decrease of 10 beats; skin hot and dry, countenance dull: 6 o’clock, p.m., examined patient, whose pulse numbered 114 beats; skin hot and dry; has had two operations, passed no worms; removed the tobacco. Between 9 and 10 o’clock, a.m., gave patient a dose of oil; he passed one worm.

Case 3rd. Mary Ann, a girl 6 years old, whose general health has been good; worms have been expelled, though not lately. At 9 o’clock, a.m., placed the tobacco, well soaked with water, over the abdomen; pulse 85; child very much frightened: 10 o’clock, a.m., visited patient; pulse 100, quite an increase within the hour: 11 o’clock, patient’s pulse 102, on the increase: 12 o’clock, examined patient; pulse 102, skin warm and moist; saturated the tobacco again: 1 o’clock, p.m., pulse of patient 108, skin warm, perspires at times. At 2 o’clock, p.m., found patient’s pulse 120, feeble and full at intervals; skin moist. At $\frac{3}{4}$ past 4 o’clock, examined girl; pulse 116, a decrease of 4 beats; skin now dry, eyes red and injected: 6 o’clock, visited patient; pulse 120; skin hot and dry; eyes suffused with tears: removed the tobacco. At 9$\frac{1}{2}$ o’clock, a.m., administered a dose of oil to patient—no worms were expelled.

Case 4th. Robert, a mulatto, aged 2$\frac{1}{2}$ years, general health good, passed several worms a week or two since, having taken pink-root. At 15 minutes after 9 o’clock, a.m., applied the tobacco on patient, who was very much alarmed and struggled violently—I could not examine his pulse: 10 o’clock, a.m., saw my unruly patient, pulse 100, doing well. At 11 o’clock, the pulse of this child (whom it is impossible to keep quiet) is 106: 12 o’clock, patient’s pulse 112, skin cool; still very playful; moistened the tobacco the last hour: 1 o’clock, p.m., examined the patient; pulse 120, an increase of 8 beats since last seen. At 2 o’clock, p.m., the pulse of patient the same as last hour, 120. At $\frac{1}{2}$ past 3 o’clock, I found an increase in the pulse of this patient of 10 beats; it now ranges to 130, skin hot and moist. At 4 and $\frac{1}{2}$ past, again examined patient; pulse 124, there being a falling off by 6 strokes since last examined. At 6 o’clock, p.m., saw my patient and took off the tobacco, much to his satisfaction; pulse 120, skin dry. Next day, at 9, a.m., patient took a dose of oil, operated, but passed no worms.
THIRD SERIES.

Commenced this morning at 9 1/4 o'clock, and applied the tobacco to seven children—2 boys and 5 girls—nearly all younger than the five preceding cases. I keep them out of the sun, in any position they desire: sitting they prefer, and I find them generally in this position. At 10 1/2 o'clock, found an increase in the pulses of some, as also a diminution in that of others. At 11 o'clock, an increase in all, probably owing to their just having taken food. At 1/4 to 12 o'clock, a.m., I found my patients doing well—a decided acceleration in the pulses of all, which now range from 98 to 120; the eyes of two were filled with tears: 12 o'clock and a 1/4 after, examined four of the children: the pulses of three had a slight increase, those of the others remained the same as half an hour previous. At 1 o'clock, saw three of my patients: a very slight increase of the pulse of each since last examination, which was at 1/4 before 12: 2 o'clock, discovered two of the children asleep and the others nearly so: there has been an increase and also a great decrease in their pulses during the last hour, the range is from 110 to 130 strokes per minute. At 3/4 past 3 o'clock, examined the children again, found an increase in their pulses, they range from 114 to 136—I left them taking their dinners—I should mention that one had an evacuation since 2 o'clock, put passed no worms. At 4 to 5, p.m., visited my patients; I found them doing well; four others had a passage since 3 o'clock, expelled no worms; some of their pulses have increased and others diminished since the last examination, the lowest number of beats being 108, the highest 132: 20 minutes after 7 o'clock, removed the tobacco from the children; found several asleep, the pulses of all had decreased, except two, one of which had a great increase—this one was asleep when I first saw her, and the increase of pulse may be owing to her being wakened suddenly—one of the patients, whilst the tobacco was being removed, had a sudden and copious evacuation and had passed a worm alive a few minutes previous—none in the last passage. All seemed well when I left them. At half-past 6 o'clock, a.m., visited my patients, and discovered that the tobacco had had a strong cathartic effect on all—some going out as often as two or three times—it still continued this morning when I saw them: it seems that the
With regard to the susceptibility of the Caucasian and African races to the different classes of disease, it is difficult to form
and to the fact that the services of physicians are required oftener for the former than the latter. On large plantations masters and overseers become, from necessity, pretty good routinists in mild cases of fevers; and it is only in bad cases that physicians are called in. The consequence is, in a population where the blacks largely predominate, (6,407 to 3,642 in the county,) we have but 564 cases of blacks to 1061 of whites. We believe, however, that there are more cases and a greater diversity of disease among the whites than the blacks.

The ratio of deaths, according to the number of cases for each class, is 2.57 for the whites against 3.54 for the blacks. I think some allowance must be made from the fact, that cases among blacks are more frequently delayed until it is too late to effect much: but, at the same time, most medical men of close observation will admit, that the Caucasian seems to yield more readily to remedies (ceterus paribus) than the African. It is much more difficult to form a just diagnosis or prognosis with the latter than the former, consequently the treatment is often more dubious. While then, as our tables indicate, there is less actual disease among blacks than whites, it is of a more unmanageable character and the mortality is greater.

The following table will indicate the susceptibility of the different races, ages and sexes, to different forms of disease:

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<td>White</td>
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<td>Digestive,</td>
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<td>Brain &amp; Nerv.,</td>
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<td>Rheumatism,</td>
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<td>Exanthemata,</td>
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<td>Pec.to women,</td>
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<td>Total</td>
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It will be perceived from this table that the whites are more subject to diseases of the *primeae vie* than the blacks: a fact easily accounted for from their different modes of living, both as to exercise and diet. But upon what etiological principles are the latter race so much more subjected to pulmonary affections? Will their greater exposure, winter and summer, account for so great a disparity, or is there not with them so great an affinity for the torrid zone, that their constitutions are not fitted for the cold even of our temperate climate? As to diseases of the brain and nervous system, we can more readily account for the greater susceptibility of our race, in the fact that they are brought into much greater activity from intellectual pursuits, and have doubtless, by nature, a more delicate nervous fibre.

But here another interesting question rises in reference to the disparity between the two races in diseases peculiar to women. Reasoning *a priori*, one would have supposed that the delicate white female would have had a much oftener demand for the physician than the coarse muscular negress. But such is not the fact. The table stands 15.2 per cent. for blacks, to 10.5 for whites. This disparity will be made much more manifest if we abstract the cases of parturition, which is nothing but fair, as physicians are seldom called to attend slaves except in preternatural labor. Thus, out of 56 cases, we have 38 whites to 18 blacks, reducing the per cent. to 6.9 and 12.4.

In philosophising upon this immense difference, we are led to the conclusion, from facts within our knowledge, that it originates in an unnatural tendency in the African female to destroy her offspring. All country practitioners are aware of the frequent complaints of planters upon this subject. Whole families of women fail to have any children, and in many instances these barren females become subject to chronic uterine affections. Out of 31 cases of abortion and miscarriage, in our table, we have only 9 for 1051 whites, and 22 for 554 blacks, being 0.8 for whites, and 3.9 for blacks—more than four to one. This table either teaches that slave labor is inimical to the pro-creation of the species from exposure, violent exercise, &c., or, as the planters believe, the blacks are possessed of a secret by which they destroy the fetus at an early stage of gestation.
That there are several domestic remedies calculated to produce this effect is evident, but whether they are acquainted with them is a question, and whether the natural instinct of the mother to love and protect her offspring should be overruled so frequently by the moral obtundity of this class of people, is another question for the philosopher and the philanthropist. Certain it is, that the statistics of this country show a marked increase of the white over the black, (about as 25 to 20 per ct.,) which has been heretofore accounted for mainly from the influx of foreigners; but our table indicates a cause worth investigating further, involving, as it does at once, the interests of the planter and the well-being of the African race.

We further find, from the above table, that the blacks are more subject to rheumatism, urinary affections, and diseases of the teeth. I suppose that their greater exposure, both in their daily avocations and their dwellings, may account for their over tendency to rheumatism. While the very causes which have been supposed to produce among them a greater amount of diseases of the genital functions, would sympathetically act upon the urinary organs and produce more diseases of this class. But how may we account for their being more subject to diseases of the teeth. I have always believed this to be the fact, for you will find but few negroes who are not subject to tooth-ache. I suppose it must be owing to their sharing with the whites in some of the evils of civilization, such as hot bread, acids, medicines, &c., without possessing equal advantages with the latter in the benefits which dental surgery now offers in the cure and prevention of diseased teeth.

But here we have an interesting class, viz., idiopathic fevers, in which the whites largely predominate, as 14.5 to 10.4. That the African is less susceptible to malarious influences than the white I have believed from general observation heretofore. Although more exposed to the cold dews and hot sun of autumn, as well as having more filth about their habitations, they seem to be less liable to periodic fevers, and more readily recover than the white. Is this not owing to the fact, that as heat is an acknowledged principle in the formation of marsh miasm, (or that hypothetical agency, whatever it is, that induces autumnal fevers,) the anglo-saxon race inhabiting this country,
being from a colder region, is less able to stand diseases from a southern clime than Africans from the torrid zone? We know, as in Charleston and New Orleans, natives are exempt from endemics, where one night's sleep of a stranger will often superinduce a fatal form of fever. This I have frequently observed myself in the former city, while under the tutelage of my esteemed and honored preceptor, Professor Dickson. Are not the constitutional tendencies and susceptibilities of a race, which are impressed upon them by climate, so permanently fixed as to remain for centuries after the influences of another climate have been brought to bear upon them? This is a fact, I think, clearly established. Hence, the fresh imported African can sustain the deathly climate of our rice fields far better than the white, and (but in a decreasing ratio) with less mortality than the native negro from the up-country.

The whites are more subject to diseases of the eye and exanthematous affections, by a small per cent. The number of cases being few, however, and the differences not well marked, it will be necessary to make further investigations, before any definite facts are reached.

With regard to the sexes, we find that the males are more subject to diseases of the digestive, respiratory, urinary and visual organs, as also the brain and nervous system—while the female, apart from diseases peculiar to them, are more liable to the exanthemata, rheumatism, and diseases of the teeth. The females predominate over the male by a considerable per cent. in the general liability to disease. Thus, out of 1549 cases, we have 924 females, against 625 males. Abstract from these 204 for diseases peculiar to women, and they still have a considerable ascendency. But the diseases of females are less fatal in their character than those of males. Thus, out of the 924, we have 26 deaths, or 2.8 per cent. of females—while out of the 625, there are 20 deaths, or 3.2 per cent. of males. I believe that registers of births show that there are more females than males born into the world; if so, their over mortality may be accounted for on another principle than a greater longevity, though I am somewhat inclined to think that females will not average such length of life as males in this land of freedom and peace. I should like further statistical information on this subject. [Error.—More males are born.]—Edr.
Perhaps the most remarkable fact connected with this table, as relates to the sexes, is the great preponderance of the males in idiopathic fevers. This being as 20.6 per cent. against 9.6; more than two to one. Can it be that the out-door employment of the male gives him a greater tendency to these affections—or is there something with which nature has provided woman, to ward off the poison of certain diseases to compensate in part for the deaths through which she has to pass in affections peculiar to herself. I have noticed that enciente women are rarely subject to fevers of any kind. Perhaps the general phlogistic state of the system, at such times, may protect them from the inception of poison to a certain extent, and thus tend to establish the fact contained in the table.

A few deductions in relation to the particular ages at which certain diseases seem most prevalent, will close this number. Out of 1079 cases classified, 188 were under 5 years of age; 282 between 5 and 20, and 654 over 20. I have taken the per cent. of these cases according to the number of each class, which shows that children under 5 years of age are more subject to the diseases of the digestive organs, and that adults are less so than those under 20, by a considerable per cent. I think then it may be safely announced as a principle in medicine, that the proneness to injuries of the digestive functions becomes weaker and weaker as we advance in age. The respiratory functions are most subject to disease under 5 years than over 20, and lastly between 5 and 20. The very young are subject to croup, hooping-cough, catarrhal fevers—the old to pneumonia and bronchitis; while the other class are comparatively exempt from all these affections.

In diseases of the brain and nervous system, adults predominate, and next children under 5 years of age; but few between 5 and 20 ever suffer with these affections. The table further indicates rheumatism to be a disease of mature years, as none have it under 5, and more after 20 than previous to that time. In idiopathic fevers youth seems to suffer most, next the adult, and children under 5 are nearly exempt. This is doubtless owing to the critical stage of teething through which they have to pass which prevents them from being subject to malarious influences to a considerable extent. But why the adult should be less liable
than young persons is not so easily determined, unless young people in miasmatic districts have to undergo a kind of acclimiation, as foreigners, and afterwards become less subject. I have observed, that parents seldom have fever where they have lived a long time in unhealthy sections, while their children are frequently every one prostrated at once. Enquire of them, however, and you will find in former years they were equally as subject to it as their children seem to be in later days.

In urinary affections the old largely predominate, and next the very young, while those between 5 and 20 are nearly exempt. The visual organs seems to suffer more as we get older, thus: under 5, 1.0 per cent.; between 5 and 20, 1.7; over 20, 2.1. This is in accordance with nature and philosophy. The young, between 5 and 20, suffer most from the teeth. This is hardly to have been expected, particularly as the surgeon is rarely called to operate for the first set of teeth. I think one reason for this is, that the rising generation have decidedly more causes operating to injure their teeth than the one which is now passing away. Lastly, in the exanthemata it seems the older we grow the less subject we become to this class of diseases: thus 4.7, 6.7, 8.3 per cent. This also accords with nature and philosophy—as scarlatina, rubeola and varicella, are rarely taken but once, and in most instances under 5 or 20 years of age.

One remark, and I have done. No age in human life is exempt from disease. While the very young are free from almost every other class, the vital functions of respiration and digestion suffer to such an extent as to produce more mortality than at any other period of human existence. The youth in the growing stage of life seems to be subject to no special constitutional tendency to any one form of disease, like the very young and old; his functions are all in active, vigorous play. But at this very age the constitution is more liable to all those contagious and infectious diseases which, in the beautiful language of scripture, "walk in darkness and waste at noon-day." As we grow older, many of the functions, as the digestive, become stronger and stronger, and better able to resist disease; but then others are more vulnerable: the wasting consumption, the deadly cancer, or the terrible cardiac asthma, steals upon us, and we feel, in the language of the poet,
"That our hearts,
Like muffled drums, are beating
Funeral marches to the grave."

The lesson it teaches us of our mortality, is too obvious for the wise not to heed its healthful instructions and solemn warnings, and the good physician should always carry about him a medicine "to minister to the mind diseased." It is not found in our apothecaries shops, nor is it indigenous to this clime, but still it may be obtained "without money and without price." It is the Elixir of Immortality.

ARTICLE XXXVI.

A Case of Strangulated Intestine from adhesion of the Appendix Vermiformis to the peritoneal covering of the Fundus Uteri. By L. B. Sheffey, M. D., of Huntsville, Ala.

This was a case of a negro woman of this place, to whom Dr. Erskine and myself were called on the 3d of August. We found her laboring under symptoms of colic, with which she had been attacked the day previous; we failed, by the use of anodynes, the most active cathartics and stimulating injections, in giving her any relief from pain, or in producing an action upon her bowels. The pain was confined to the umbilical region. In the progress of the attack there was considerable tympanitic distensions, inverted peristaltic action, stercoraceous vomiting towards the termination. The persisting constipation, twisting pain in the abdomen, tympanitic swelling and stercoraceous vomiting, caused us to pronounce it a case either of intussusceptio, or twisting of the intestine. She died on the evening of the 5th.

Upon opening the abdomen, we found that an adhesion had, at some time previous to the attack, been formed between the floating extremity of the appendix vermiformis and the fundus of the womb, thus making a loop, through which a portion, about a yard in length, of the small intestine had found its way, and become incarcerated. The presumption is, that this adhesion was of considerable standing, as the womb was found much thickened and of cartilaginous hardness, indicating chronic dis-
ease of some standing, though no period could be referred to by her owners when she had had an attack sufficient to bring about this state of things.

PART II.

Reviews and Extracts.

ARTICLE XXXVII.

Parturition, and the Principles and Practice of Obstetrics.

By W. Tyler Smith, London.

The republication of this work by Messrs. Lea & Blanchard, Philadelphia, was stated in a former number of this Journal, but having given it a careful and attentive perusal since then, we think its claims to merit, as well as its defects, demand a more particular notice.

We are happy to find this is not another system of obstetrics, but a philosophical and scientific treatise. The author has labored most earnestly and arduously, to advance the science of obstetrics and elevate this department of medicine. Had he not succeeded, he would still have deserved well of the profession, for his indefatigable industry and well-directed efforts to serve the cause of science and humanity. But his labor has not been lost. By the application of Marshall Hall's grand discoveries in the nervous system, especially his doctrine of the reflex function of the nerves to the physiology of the uterus, he has thrown much light, not only on the functions of this important system of organs, but on their pathology and the therapeutics of obstetric practice.

By applying the principle of reflex action, he has explained and illustrated the processes of menstruation, conception, gestation, and parturition, much more satisfactorily than any one hitherto had done.

It is not our design to make a regular analysis of this work, or a close examination of all the opinions and doctrines advanced or maintained by the learned author. The following extracts will develop his leading views and afford a good idea of the doctrines taught:
"Uterine motor action, and the action of the accessory muscles concerned in parturition, with the knowledge of the nature and laws of the forces upon which these actions depend, are the Dynamics of parturition. The phenomena of labour, and the great majority of the accidents and complications of childbirth and the puerperal period, are essentially nervi-motor; hence a definite knowledge of motor action in general, and particularly of the uterus and its associated organs, are of the first importance to the scientific accoucheur." (p. 46.)

"The forms of motor action which it will be necessary for us to consider are—the Voluntary, the Emotional, the Excito-motor or Reflex, and lastly, the Peristaltic or Immediate." (p. 47.)

"The Reflex actions of the uterus are very numerous, and it is upon these, and the numerous extra-uterine reflex actions excited during the process, that the natural performance of parturition essentially depends. Contraction of the uterus, from irritation of the mammae, as in the act of suckling the child; contraction of this organ from the cold water douche, applied to the vulva or the abdominal surface; contraction excited by irritating the rectum, as by stimulating enemata; or of the stomach, by drinking a gulp of cold water; of the ovaria, by the presence of the menstrual nisus; of the vagina, by manual irritation, as in 'taking a pain;' of the os uteri by irritation, as in the introduction of the hand into the uterus—are all to be considered as so many instances of reflex spinal action. Thus, in parturition, the uterus may be excited, in a reflex form, by irritation of the mammary incident excitor nerves; the pubic and abdominal branches of the intercostals; the rectal; the gastric division of the pneumogastric; the ovarian nerves; and also by the nerves of the vagina, and the os and cervix uteri.

"Many of the different forms of abortion—particularly when the causes are extra-uterine—strikingly illustrate the reflex action of the uterus. A series of cases of abortion would be one of the best expositions of reflex uterine action. Abortion may be caused by irritation of the mammae, from the sucking of an infant, after milk has ceased to be secreted, as in cases in which the mother becomes pregnant during lactation; abortion may be excited, as a morbid reflex act, from irritation of the bladder, by a calculus; by irritation of the trifacial nerve, as in cutting the dens sapientiae; by the mechanical irritation of coitus; by plugging the vagina; by disease of the os and cervix uteri—malignant or simple induration, inflammation and ulceration; by the irritation of the placenta attached within the uterine mouth; by ovarian irritation in ovarian disease; by irritation of the rectum, as from ascarides, and the use of irri-
tating purgatives or enemata; by puncturing the membranes, and evacuating the liquor amnii, so as to bring the head of the foetus to act as an excitant to the os uteri; by irritation of the inner surface of the uterus itself, in cases of blighted foetus, where the ovum acts as a foreign body; by riding on horseback, or any other violent exercise calculated, by succession, to bring the head of the foetus into violent contact with the os uteri; and by other sources of irritation to incident spinal nerves which might be enumerated. All these are so many instances of uterine reflex action, the distant parts of the economy being brought into connection with the uterus through the medium of the spinal marrow, and its special incident exciton and reflex motor nerves. These facts are of most extensive practical application in devising means for the prevention of abortion.

“In cases of abortion in which the irritation is applied to the os or cervix uteri, or the internal surface of the organ, the immediate action depending on the irritability of the uterus itself is called forth, in connection with true reflex action; but in the instances in which a distal organ is irritated, there can be no doubt whatever of the purely reflex nature of the uterine action which ensues.” (pp. 49, 50.)

“In natural labour, after the process has fairly commenced, it is the ovum which furnishes the chief stimulus to the incident exciton nerves, in its transit through the different portions of the parturient canal. Besides the mere enumeration of the various spinal excitors, by the irritation of which the uterus may be affected physiologically or pathologically, we shall have to study the order and succession of the normal reflex actions, uterine and extra-uterine, occurring in labour. Parturition is not one reflex act, but a function, the combined result of many such actions, aided by other powers; and we must study the preliminary phenomena, the different stages of the process, and the final accomplishment of the function; when we shall find that Nature has at her disposal a wonderful succession of stimulus and action, exactly adapted to the dilatation of the os uteri and the vagina; the propulsion and expulsion of the foetus; and providing, also, for the safe contraction of the uterus, and its return to the unimpregnated state.

“The uterus, as a motor organ, stands alone in many respects, unlike the rectum and bladder, it is not directly influenced by volition; and unlike the heart, it is extremely prone to reflex action; it more nearly resembles the œsophagus, which is uninfluenced by the will, but is endowed with reflex motor and peristaltic action. It, however, differs from the œsophagus in the great number of excitor surfaces with which the spinal
system places it in relation; neither is there any other organ—not even the stomach—which acts as a spinal excitor to so great a number of organs as the uterus and its excitor nerves, whether we consider it in the impregnated or the unimpregnated states. Hence the physiological necessity for the abundance of nerves recently discovered.

"Besides the reflex action of the spinal marrow and its system of excitor and motor nerves, there is the Direct action of the spinal marrow,—though this does not play the important part assigned to it by M. Serres, Brachat, and Segalas,—in which the central organ and its motor nerves, to the exclusion of the excitors, are involved. The state of the circulation affects all the motor organs under the control of the spinal marrow; and they act with increased energy when the circulation is either plethoric or anaemic, though in the latter, exhaustion of the nervous energy quickly ensues. Thus, there is one puerperal convulsion of hemorrhage, when the heart and blood-vessels have been drained of blood, and another, of fullness of the circulation. Want and excess of blood, or materies morbi in the circulation, act as direct stimuli to the spinal centre, and thus the state of the circulation materially affects the uterus during labour. There are also certain agents of the materia medica, which, taken into the circulation, affect the spinal marrow. Thus, the ergot of rye, passing into the blood, affects the uterus by a direct spinal action; so does strychnia, so does the inhalation of carbonic acid, and so, I believe, does ipecacuan—the influence of which in producing uterine contraction is very remarkable. Savine, aloes, alcohol, and the biborate of soda, may probably be added to the same list." (pp. 51, 52, 53.)

"I believe, further, that at the time of parturition in mamma-lia, the uterus and the uterine nervous system are excited by the ovaria; that it is ovarian excitement which induces both the permanent contraction of the uterus immediately before the coming on of labour, and the tendency to those reflex, emotional, and peristaltic actions, by which parturition is completed. In menstruation, a small syneric and reflex arc is described between the ovaria and the Fallopian tubes; in parturition a larger arc is in operation, extending from the ovaria to the uterus. According to my researches, the excitability of the uterine nervous system at parturition, upon the presence of which the due performance of this function depends, is caused by ovarian excitement. At the time of ordinary menstruation, the ovarian irritation which excites the contraction and rigidity of the Fallopian tubes is manifest. Throughout utero-gestation the ovarian excitement returns in a slight degree at each periodic date; but at the eleventh period after conception (reckon-
The last catamenial period inclusively, the ovarian excitement returns in full force, and, as a consequence, the uterine excitability, and the uterine actions of labour begin" (p. 122.)

"Some of the above facts are pathological, others are physiological; as single facts, they have, many of them, often been considered, but they have never yet been put together by the aid of a constructive idea. I think I shall be able to show you most clearly, that the mere arrangement of them in their proper order gives us at once a beautiful Theory of the Cause and Circuit of the sexual Periodicities.

The different organs of the reproductive system affect each other in a special and peculiar manner in the causation of their periodic phenomena. The ovaria are the organs in which, during the continuance of the catamenia, the periodicities are most distinctly manifested, though these organs doubtless derive their periodic energies through the medium of the nervous system. We also know that the ovarian periodicity is specially modified by the condition of the breasts and the uterus. There is a remarkable synergetic balance preserved between the three great organs of the sexual system—namely, the Uterus, Mammae, and Ovaria. In the virgin state, the condition of the ovaria at each ovarian periodic excitement excites the uterus to secrete the catamenial flow. When impregnation has occurred, the changes set up in the uterus during the development of this organ and its contents, re-act on the ovaria, and interfere with the ovarian periodicities, so that they become masked during the whole term of pregnancy. At the time of parturition, the ovaria and uterus are the seat of a special excitement, and it is this excitement of the uterus and ovaria which excites the mammae to the secretion of milk for the supply of the newborn infant. After delivery, the uterus soon returns to a state of comparative repose, but during lactation, the actions going on in the mammae, like those of the pregnant uterus in ordinary cases, prevent the full development of the ovarian periods. As soon, however, as lactation and the mammary development have ceased, the uterus, breasts, and ovaria, all resume their ordinary periodicity, and ovulation and the catamenial flow proceed regularly until a fresh impregnation occurs. Thus the catamenial cycle of twenty-eight days is departed from at conception for another cycle—namely, that of gestation, which consists of 280 days, or ten lesser cycles. After the completion of gestation, a new cycle is commenced—that of lactation—and upon the completion of which the system returns to the simple catamenial cycle. These cyclical and epicyclical periods are themselves all included in another great period of development, extending from puberty to the decline of the catamenia." (pp. 187, 188.)
It must be admitted, that there is a good deal of speculation in the opinions expressed in the foregoing extracts, and that all the conclusions arrived at are not the results of rigid induction. But even if mere theories, they are nevertheless ingenious and plausible and to a considerable extent founded in nature and truth. The author evinces great powers of observation and superior talent for bringing together and combining isolated facts, so as to construct rational and consistent theories. If not an originator, he is entitled to rank among the improvers of science.

But whilst we can not commend too highly some parts of Dr. Smith's work, other portions can not be too severely censured. It is truly astonishing that the same individual can at one time write with the finest sense and strongest judgment and soon after give vent to absurd and ridiculous nonsense. It is passing strange that critics, so capable of discerning good from evil in composition, and separating the chaff from the wheat, should have so kindly passed over some portions of this work. It certainly must require the thickest veil charity can weave to hide such faults, or the largest amount of good nature to overlook them.

We would deal fairly with the author and the reader; therefore, as we made him speak for himself when we wished to shew how well he could write, now when it becomes our painful duty to expose his defects, we will adopt the same course. If the reader can agree with Dr. Smith in the opinions expressed in the following extract, we must acknowledge his observations, experience, opinions and ratiocinations, must be entirely different from our own.

"I have insisted, in a former lecture, that there is an actual increase of the sexual emotion during, or immediately after the catamenial periods. There are also distinct traces of sexual excitement in some cases of parturition. That they are not always present does not tell against my argument, because the reasons why they are not so present are, as we shall presently see, very evident. My own observation convinces me of the truth of the position, and I have obtained from some of the most distinguished obstetricians of the present day the admission, that sexual excitement is sometimes apparent during or after labour in a very high degree; indeed, cases of this kind may
pass into erotomania after parturition; and cases of puerperal mania sometimes present this form of excitement as the most remarkable concomitant of the disease. We should be bound to speak the truth in any case; but it would be most offensive to all the best feelings of our nature to suppose sexual excitement present during ordinary cases of labour, and it would certainly interfere very much with the confidence now placed in the obstetric practitioner. But no such suspicion need be entertained. Happily, human emotions are very much under moral control, and in women, almost universally, the utmost retiredness is preserved in everything which relates to childbearing and the puerperal state. Provident Nature has, moreover, specially exempted women from the dominion of all passions save that of maternity at the time of childbirth. I believe this exemption and moral superiority arises, in a very great degree, from the physical suffering of parturition. The natural throes deliver woman-kind from those emotions natural to the inferior animals. Here it is that we see more clearly than under any other circumstances, the morality of pain, and I cannot but consider women would dearly purchase relief from the bitter pangs of travail at the expense of descending to the condition of the brutes of the field. The pains of natural labour are hard to bear, though of late they have been most cruelly exaggerated by interested parties, but they ennoble the sufferer morally, and after the trial has passed, there comes the cry of her infant as the happy crown to the maternal martyrdom. I believe it to be right, and conducive to the safety both of the mother and her child, that women should, with all the alleviations we can offer, short of interfering with a physiological process and dethroning reason, endure the sorrow and the joy of travail. With our present knowledge, they can, as I sincerely believe, only escape the suffering at the risk of greater evils. On a former occasion I pointed out, that in women to whom ether-vapour had been administered during parturition, the sexual orgasm had been substituted for their natural pains—an exchange which women of modesty would far more shrink from, than the liveliest agony. Under chloroform, too, I have been informed of instances in which the lying-in room has been defiled by the most painful and obscene conversation. There appears, therefore, apart from considerations of safety, to be a moral objection to the use of anaesthetic agents in natural labour—an objection which should unite against them all men who desire to uphold the respectability of the obstetric department; for, most assuredly, the present kind of attendance could not continue if the facts were understood by parents and husbands, or by women themselves. The meta-
morphosis of the rites of Lucina into the orgies of Venus would be no real boon to woman, and it would probably degrade obstetricity into mere midwife practice.” (pp. 128, 129.)

We cannot believe, with the author, that there is an increase of sexual emotion during or immediately after the catamenial periods; we will not, however, controvert this position—we know this opinion is held by some; but never before did we hear, read, or dream of sexual excitement during parturition. This is certainly an original idea, and if, in no other particular, the author can claim originality, in this he has the most unquestionable title to it. Our own observation, and that of all with whom we have ever conversed on the subject, is directly the reverse of Dr. Smith’s. We have never observed such excitement even in cases of puerperal mania; but if present then, it would be a pathological development, a morbid phenomenon, having no bearing on normal parturition. He admits that it is not present in ordinary cases of labour, and that it would be offensive to the best feelings of our nature to suppose it; and we would add, repugnant to nature and revolting to common sense. Such cases must be extraordinary indeed, inasmuch as in more than twenty years’ practice and reading not one has ever been seen or heard of.

It appears to us the most preposterous and absurd notion the mind of man ever conceived. The parturient female is not susceptible of, nor capable of exciting, any such emotion. Dr. Smith himself admits that “Provident Nature has, moreover, specially exempted women from the dominion of all passion, save that of maternity, at the time of childbirth;” but he thinks “her moral superiority depends, in a very great degree, on physical suffering.” He contends for “the morality of pain.” This is indisputably an original thought, but a most humiliating and degrading idea of woman. We have ever been wont to regard her moral superiority as resting on a higher and nobler basis. According to Dr. Smith “it is pain that prevents woman from descending to the condition of the brutes of the field.” Has Dr. Smith never seen cases of painless labour, independent of anaesthetic agents—cases in which the patients have suffered much less than generally when chloroform is employed? Has he not attended some ladies who are almost entirely
exempted from pain during parturition? Has he found such
ladies inferior in morality or reduced to "the condition of the
brutes of the field?" If so, his observation does not correspond
with our own. Does Dr. S. believe the Egyptian women were
superior in morality to the Hebrew women who had such easy
and rapid births, that the midwives would not reach them be-
fore they were delivered?

We are surprised in such a work to find such a violent tirade
against chloroform, a philippic "full of sound and fury signifying
nothing."

Like all others who oppose the use of chloroform in obstetric
practice, Dr. S. condemns it without a trial. It has been often
remarked, and with truth, that the advocates are those who
have and the opponents those who have never employed it.
Dr. S. does not mention having ever tried it, which is very
evident from the total ignorance he manifests with respect to its
effects. What can be more unscientific, unphilosophical, and
unfair, than thus to condemn an article which he has not sub-
jected to the test of the most careful and patient experiment.

Had he employed chloroform himself, he would never have
spoken of "sexual orgasm being substituted for natural pains,"
or have made the truly ridiculous remarks that follow that ex-
pression.

We are in the habit of employing chloroform frequently in
obstetric practice, but have never observed the slightest indica-
tion of any thing like sexual excitement, nor have we ever
heard an immodest or indecent word uttered by a patient un-
der its influence, although they have often been rendered very
loquacious; it is surprising that Dr. S. should have credited,
much less repeated, such disgusting and improbable stories.

We cannot account for Dr. S.'s opposition to chloroform,
upon any other principle than the well-known aversion elderly
gentlemen have to admit the value of any new discovery that
has not originated with themselves, however ambitious they
may be of the fame of invention.

Very few, if any, obstetricians contemplate the entire aboli-
tion of pain by anaesthetic agents. It is by very few, if any,
proposed to employ them in all cases: many are so compara-
tively easy, and of such short duration, that to say the least
their employment is unnecessary and not desired by the patients. It is only in the more violent cases, in those in which pain is excessive and transcends what might be styled the physiological point, in which there is a decided departure from eutocia or in which some assistance, manual or instrumental, may be required; in all such their utility is indescribably great—then discovery to be considered one of the greatest blessings ever conferred on the human family, and should cause every human and feeling heart to expand with gratitude to Him from whom cometh every good and perfect gift.

Although Dr. S. has such an admiration of pain, and regards it so essential to the morality and elevation of the sex, he might, by the cautious and limited use of chloroform, spare his patients a vast amount of suffering and, still, allow them to endure pain enough for all imaginable purposes, moral or physical.

The utility, safety and propriety of employing chloroform in obstetric practice, are so well established and so generally admitted by the profession, that we are surprised to find such furious opposition to it from Dr. Smith, and not less astonished that reviewers should pass it without rebuke.

When we contemplate the extensive applicability of chloroform in obstetric practice, and the great amount of good to be accomplished by it, we cannot regard its proscription by any work on the subject, otherwise than as a cardinal and radical defect.

Our limits will only allow reference to a few more of Dr. Smith's opinions, to which we cannot assent. The following extracts will shew the views he entertains with respect to the modes generally adopted for supporting the perineum during parturition.

"Now I confess I do not know a more absurd situation than that of an accoucheur, doomed to squeeze the sphincter ani for hours together. Not that I would for one moment ridicule any practice which could be useful, for utility is before and above all in the practice of our art; but I believe this plan to be well nigh as useless as it is absurd—in fact, it seems a true reliquum of the midwife, and it would be no small boon to obstetrics to relieve it from such barbarism altogether.

Even if there were no such principle as reflex motor action, and no danger whatever of exciting inflammation, it may be
Parturition,

fairly questioned whether the long-continued pressure of the hand acting in a merely mechanical manner, is so adequate to support the perinaeum as is generally supposed. Pressure on the mouth of a distensible tube through which a large solid body is passing, can have little effect in preventing laceration, unless it does this by preventing the advance of the distending body. It is not a little singular, that pressure exerted on the os uteri by the head of the child within, and the rim of the pelvis without, should be considered a common cause of rupture of the uterus, while the pressure of the perinaeum between the hand of the attendant and the head of the child, should be deemed a means of preserving this part from laceration! There is no such great difference between the structure of the two parts, and the circumstances in which they are placed, as to warrant the opposite conclusions so generally arrived at." (pp. 245, 246.)

"Still there is one way in which I believe the support of the perineum by the hand may be of service, and which indicates distinctly the proper mode of managing cases in which the danger of laceration exists. This is by mechanically retarding the advance of the head. If by exerting pressure we excite uterine action, and at the same time prevent its effects by retarding the head, we do wrong and right at the same time, and the right may more than counterbalance the wrong; but if we practise the right alone, the gain will be far greater. This we may do simply by moderate pressure on the head of the child. I apply this pressure by the tips of the fingers and the thumb of the right hand, arranged so as to press in an annular form upon the presenting part. By acting thus we do no injury to the child; we retard the advance, but we excite no unnecessary and unnatural motor action. The only circumstances in which I would recommend perinaeal pressure are in those cases in which the perinaeum is largely developed in its posterior portion, and where the head of the child, instead of advancing under the pubic arch, is urged very forcibly against the posterior portion of the perinaeum, the anterior being little dilated. In some cases of this kind, support is advisable, the motor action excited being of less consequence than the retardation of the head, which is advancing in an improper direction." (p. 246.)

Burlesque is no argument, and it is often much more easy to ridicule than to confute—to criticise than to improve modes of practice. Such attempts at wit, to say the least, are incompatible with the dignity of science.

There is no doubt but that many authors attach an undue importance to supporting the perineum, in ordinary cases of
labour: and it is, farther, equally probable that wrongly directed endeavors to prevent, have sometimes caused, lacerations of that part. We have been long surprised at the following expression of the late Prof. Hamilton: "In this part of the kingdom, the perineum requires to be supported in such cases, (primiparæ,) from two to five hours and upwards." He says, farther, "that he has often had to make counter-pressure on the perineum for from five to nine hours." We are compelled to believe either that parturition must be attended with much greater facility in our country, or that Prof. H. was accustomed to support the perineum, long before there was any necessity for it.

In a large majority of cases, it is probable no laceration would occur, if no support were afforded; but in some it is certainly indispensable to safety, and it is proper that due caution should be observed in all, although in general the application of the hand is not necessary until the perineum is considerably distended, frequently only during the last one or two pains.

Dr. S. compares the support given to the perineum to "pressure on the mouth of a distensible tube while a hard body is passing." This certainly is not stating the case fairly; there is no analogy—the pressure is not made on the mouth of the tube, but while the hard body is bearing hard on one side of the tube and threatening to force its way through it, that side is supported and the body pressed in the direction of the mouth which is left free for its exit.

Dr. S. attempts another comparison which is as inapplicable as the former, the pressure of the os uteri between the head and the brim of the pelvis, and the pressure of the perineum between the head of the child and the hand of the accoucheur—the brim is a hard and sharp edge, the hand is broad and soft; the pressure in the former case is often constant, whereas the other is always intermittent: besides, Dr. S. elsewhere contends that when the mouth is separated from the body it is torn off by the violent contractions of the uterus and not cut off by the pelvic brim.

Dr. S. advises, when the head is advancing too rapidly, so as to endanger the perineum, to retard its progress by pressing against the head with the thumb and fingers, leaving the perineum untouched: this plan is not original with Dr. S., it was
recommended long ago by Dr. David D. Davis, in his massy work entitled, "Obstetric Medicine," and we have known it practised with the result of a considerable laceration. It may be necessary sometimes to resist the too rapid advance of the head; but it is far better to endeavor to diminish the resistance of the perineum, by placing the patient in the most favorable position, her thighs gently flexed on the pelvis and moderately separated, by bloodletting, tartar emetic and opium, and warm fomentations to the part, by directing the patient to cry out during the pains, and to refrain as much as possible from bearing down: the danger of laceration, when imminently threatened, may perhaps be most effectually prevented by putting the patient decidedly under the influence of chloroform. In our attempts to support the perineum, our object is not to make direct pressure against it, but to press it slightly forward, lengthening out by the hand the curve of the sacrum and coccyx, causing the head to turn from the axis of the brim into that of the outlet, promoting thereby that period in the mechanism of labour termed extension.

We would not deny altogether the reflex motor-action of the uterus, excited by pressure on the perineum, but we believe it is very much exaggerated by Dr. Smith: this, however, may be regarded a venial fault, it is so common for those who have favorite hobbies to ride them too hard.

Dr. Smith admits there are cases in which perineal pressure is necessary, "in which the perineum is largely developed in its posterior portion, and where the head of the child, instead of advancing under the pubic arch, is urged very forcibly against the posterior portion of the perineum, the anterior being little dilated." This condition will be found very frequently to obtain, especially in all cases in which the occiput presents posteriorly at the superior strait, which are far more numerous than generally supposed, because in these cases the occiput, after greatly distending the perineum, almost invariably rotates forward and emerges under the pubic arch, an occipito-posterior being thus converted into an occipito-anterior position. It must be in these cases that the child's head is sometimes driven through the middle of the perineum, leaving the anterior and posterior margins uninjured.
Dr. S. attempts to deduce an argument against the necessity for supporting the perineum, from the fact that rupture does not generally occur, when patients are delivered alone; that it does not happen oftener is readily accounted for, when we reflect that in those cases which are so rapid that assistance cannot be obtained in time, there is such perfect relaxation and preparation of all the soft structures involved in parturition, that little or no resistance is afforded; they almost appear, as he seems to suppose, to dilate of their own accord and allow the little stranger a free and unrestrained escape from prison. The rapidity of the delivery is, perhaps, in every such case, owing more to the want of resistance than to greater violence of the expulsive powers.

Dr. S.'s arguments would not be likely to weigh much with accoucheurs who are fortified by experience, but they are calculated to mislead those who have no experimental knowledge: at least we have had such abundant reason to be satisfied with the method we have practiced for more than twenty years that we could not be easily induced to change it, such an accident never having occurred but once, and this was very slight, and promptly and perfectly recovered from, having been caused by the patient moving suddenly and violently during an instrumental delivery.

Dr. Smith contends that opium, instead of diminishing increases uterine action.

"I believe opium generally, by its purely physical and direct effects, increases rather than diminishes uterine action, and that this is the secret of its utility in uterine hemorrhage. Looking to its physical action alone, it is absurd that we should give opium before turning, to allay uterine contraction (a constant practice), and that it should also be given in hemorrhage to produce contraction (a practice upon which many obstetricians rely). Some explanation was necessary to reconcile these apparent contradictions in obstetric therapeutics." (p. 233.)

We are aware that Dr. S. has some authority in support of this opinion, and we are ready to admit that sometimes when administered during labour, it appears in moderate doses to exercise little if any influence, at others it seems to lessen the perception of pain, while the uterine contractions continue as strong and
efficient as before, even more so in some instances from the patients' becoming more quiet, and refraining from unnecessary exertions and exclamations. But how often in obstetric practice, do we observe the most decided and happy effects of opium in subduing uterine action? In tedious labours, where patients' strength and spirits are exhausted by ineffectual pains, how often do we observe them entirely suspended, and sleep induced, by a large dose of opium, to their great relief and subsequent benefit? We will say nothing of false pains, as their seat is doubtless often not in the uterus. Is it not strange that accoucheurs, from time immemorial, with very few exceptions, have been accustomed to give large doses of opium to quiet uterine action, before proceeding to turn or perform any other important operation, without discovering that it produced the very opposite effect? We verily believe, had Dr. Smith exhibited opium in sufficiently large doses, he could not have failed to observe a temporary suspension or abatement of uterine action. In the treatment of after-pains the most prompt and decided relief is obtained by opium administered by the mouth, or in the form of enema.

But it is in the prophylaxis and prevention of abortion that opium is most frequently and beneficially employed—we believe it is generally regarded by the profession as indispensable, there being no substitute for it. If there be any certainty in medicine, if we have positive knowledge of the effect of any article of the materia medica, it is the power of opium in quieting uterine action, when prematurely excited. How often do we witness the most signal benefit, the happiest results, from large doses of opium in arresting abortion, when most imminently threatened? How often do we observe strong uterine contractions attended with violent pains promptly stopped, by a full dose of opium or morphine? What physician could be induced to dispense with opium in such cases? How often do we see ladies, who were subject to habitual abortions, conducted safely through gestation by the long continued and frequently repeated administration of opium? We could detail case after case in point; but we will only refer the reader to one, related by Dr. Levert, of Mobile, in the first volume of the second series of this Journal, in which his patient took nine
grains of morphine two or three times daily for some months, and by this course gave birth to a healthy child at full term, although she had always previously miscarried. The same treatment was adopted in a subsequent pregnancy with the same happy effect. We have never employed it to the same extent, but we have given two or three grains daily with the most satisfactory results. The only employment Dr. S. recommends of this medicine is an opium and belladonna plaster to the back.

Dr. S. says nothing of sinapisms or blisters to the sacrum in the prevention of abortion, which we consider a very important omission, as we have been wont to regard the former especially as very valuable means; still, notwithstanding the exclusion of opium and revellents from the treatment of abortion, which we cannot but consider a great defect, his remarks are in general excellent.

Dr. Smith’s lectures on puerperal convulsions constitute one of the best treatises we have ever seen on the subject, yet we think he might to advantage have said more about the means of prevention, when premonitory symptoms are present, which is in the highest degree important, as they can be so much more easily and certainly prevented than cured; but perhaps he could not, compatibly with the opinions of the effects of opium and chloroform, which, next to bloodletting, are certainly the most powerful means we possess to allay turbulent excitement during parturition, tranquilize the nervous system, and prevent convulsions.

In commenting on a case, Dr. S. condemns the application of a blister to the spine, on the principle that stimulating the surface over the spine excites reflex motor action;—we agree with him decidedly that in that instance, the opiate enema arrested the convulsions, before the blister had time to act; but we are compelled, from our experience, to regard revellents over the spine, especially sinapisms, most valuable resources, in arresting both puerperal and infantile convulsions; but applied to the extremities as well as the spine, they are still more efficient in removing the coma that frequently results.

Discussion on theoretical subjects has been purposely avoided, and we only proposed to consider a few points in practice in
which we cannot agree with the author; there are still some others, but our limits will not allow us to proceed farther. We are not fond of fault-finding, nor will we say

" Beauties and faults so thick lie scatter'd here, 
These I could read, if those were not so near."

We thankfully receive this work as a valuable contribution to our science; and although we do not think it altogether a suitable book to place in the hands of inexperienced pupils, we heartily recommend it to practitioners, trusting they will derive as much pleasure, if not profit, as we have, from its perusal.

J. A. E.

On the actions of Medicines on the Secreting and Excreting Organs. By Dr. A. B. Garrod.—(London Lancet.)

The function of the excreting organs is to remove from the system matters produced during the metamorphoses of the tissues and food, and which are no longer of any service in the animal economy. Now we know that during life changes of an oxidizing character are constantly taking place, the ultimate effects of which are much the same as if the tissues had undergone ordinary combustion, which, however, is not of a perfect character, for the carbon and hydrogen are not entirely converted into carbonic acid and water; these elements partly assuming the form of less oxidized compounds; and again, the nitrogen, although it is mostly thrown out as urea (hydrated carbonate of ammonia), yet it is also eliminated as uric and hippuric acids, kreatine and kreatinine, &c. These various products of decomposition are removed from the system by different channels, some of the excreting organs separating chiefly the nitrogenized, others the carbonaceous compounds, &c. In health there are removed,—

By the lungs.  
{ Carbonic acid. 
{ Water. 
{ Water. 

By the skin.  
{ Carbonic acid (a little). 
{ Nitrogenized matters containing urea. 
{ Water. 
{ Urea. 
{ Uric acid. 

By the kidneys.  
{ Hippuric acid. 
{ Kreatine and Kreatanine. 
{ Colouring matters, &c. 
{ Fixed salts.
We have already seen that the perfect performance of the functions of these various excreting organs is of the greatest importance, and that many diseased states of the system may arise from their defective action; thus, if the kidneys become injured, and urea, &c., accumulate in the blood, then dropsical effusions, affection of the brain, &c., may arise.

Again, if the action of the liver is stopped, the bile pigment not being thrown out accumulates, and seeks other means for its discharge, giving rise to the yellow skin, dark-coloured urine, &c., symptoms known by the term jaundice. If the lungs are unable, from any cause, to perform their function, apnoea takes place, from the inability to obtain oxygen, but partly, also, from the retention of carbonic acid in the blood, and so on with the other excretions. Many remedies which we are in the habit of administering are found in these various excretions, having first been absorbed from the stomach into the blood; in some instances, these agents pass out in the state they were administered; in other cases, they become altered by the action of the blood, and are eliminated in a modified form. Many of the substances which have been found in the urine, &c., have escaped detection in the blood; no doubt this has arisen partly on account of the difficulty in detecting substances in this fluid, and partly, also, from the extreme facility with which they are removed by the excreting organs. Certain bodies, however, have been discovered in this fluid, amongst which I may mention, iodine, mercury, baryta, cyanide and sulphocyanide of potassium, hydrochlorates of ammonia, indigo, rhubarb, musk, camphor, &c.; several substances have also been found deposited in the solids as mercury and madder in the bones, silver in the skin, copper in the liver, lead in the brain, spinal cord, and muscles. The kidneys appear very active in removing from the blood matters which are abnormal to its constitution, and the substances which, after their administration, have been detected in the urine, are very numerous, as they have been more sought for in this fluid than in any other excretion.

Some substances are found in the urine in an altered state, and the nature of the changes which they undergo is exceedingly interesting. For example the salts of the vegetable acids, as the alkaline tartrates, lactates, acetates, malates, &c., are decomposed in the system, and eliminated as carbonates of
the bases; this change is effected by the oxidizing action of the system, and during their metamorphoses they probably produce some change in the respiratory process; hence, also, the influence which even acid fruits, as oranges, lemons, &c., possess in causing an alkaline condition of the urine, the acids being decomposed into carbonic acid and water, and the carbonates only escaping through the kidneys. Certain other acids undergo a different kind of metamorphoses—for example, benzoic and cinnamic acids; these are not broken up into carbonic acid and water, but, by uniting with other matters found in the blood, are capable of forming an acid which is a normal constituent of the urinary excretion. When benzoic acid is taken into the stomach, and the urine passed during the next five or six hours collected, it is found to contain, not benzoic acid, but in its place hippuric acid. The amount of hippuric acid exceeds that of the benzoic acid administered. Mr. Ure, who first observed this change in the human subject, thought that the benzoic acid in its passage destroyed the uric acid, and by assuming its elements, became converted into hippuric acid; but when repeating the experiment, found this to be an error, for the amount of the uric acid in the urine remained the same before and after its administration.

By the use of these bodies as remedies we produce a very acid condition of urine, enabling this fluid to hold in solution a large amount of phosphatic salts; and hence, in some cases where these are deposited, it proves a useful therapeutic agent. A case illustrating this occurred recently under my care in University College Hospital. A woman suffering from slight paraplegia was voiding urine, alkaline in reaction, and which deposited so large an amount of phosphates, as frequently to occupy half the height of the fluid in the glass. The administration of the usual remedies, as nitric acid, Pareira brava, &c., did not produce any effect on this condition of the urine; but when benzoic acid was given in large doses, (two scruples four times a day,) the phosphatic deposits soon became lessened, and in a few days entirely ceased; the urine also at the same time became acid when voided, and did not very readily undergo decomposition. When the remedy was discontinued the abnormal condition of the urine did not return. In such cases it is probable that the benzoic acid not only imparts to the urine the power of holding the phosphates in solution, but acts also by stimulating the mucous membrane of the urinary passages, and correcting the secretion of an abnormal mucus, which often serves as a ferment, and causes the decomposition of the urea into carbonate of ammonia.
Novel Effects of Potassium—Foreign Bodies in the Urethra—
Catalepsy. By A. B. Shipman, of Syracuse, N. Y.—(Boston
Medical and Surgical Journal.)

A few months ago I was called in great haste to a young
gentleman who was in a most ludicrous yet painful condition.
I found, on examination, a bottle, holding about a pint, with a
short neck and small mouth, firmly attached to his body by
the penis, which was drawn through the neck and projected
into the bottle, being swollen and purple. The bottle, which
was a white one, with a ground-glass stopper and perfectly
transparent, had an opening of three fourths of an inch in
diameter only; and the penis being much swollen rendered its
extraction utterly impossible. The patient was greatly fright-
ened, and so urgent for its removal that he would give me no
account of its getting into its present novel situation, but im-
plied me to liberate it instantly, as the pain was intense and
the mental anguish and fright intolerable. Seeing no hopes of
getting an explanation in his present predicament, and after
endeavoring to pull the penis out with my fingers, without
success, I seized a large knife lying on the table, and with the
back of it I struck a blow on the neck of the bottle, shivering
it to atoms and liberating the penis in an instant, much to the
delight of the terrified youth. The glans penis was enormous-
ly swollen and black, as was the prepuce; both were vesicated,
as though scalding water or fire had been applied to them.
He complained of smarting and pain in the penis, after the
bottle was removed; and inflammation, swelling and dis-
coloration continued for a number of days; but by scarification
and cold applications, subsided; yet not without great appre-
hensions on the part of the patient, and a good degree of real
pain in the penis.

The reader is probably anxious to know, by this time, how a
penis, belonging to a live man, found its way into so unusual a
place as the mouth of a bottle. I was extremely curious
myself; but the fright and perturbation of the patient's mind,
and his apprehensions of losing his penis entirely, either by the
burn, swelling, inflammation, or by my cutting it off to get it out
of the bottle, all came upon him at once, and overwhelmed him
with fear. Now for the explanation. A bottle in which some
potassium had been kept in naphtha, and which had been used
up in experiments, was standing in his room; and wishing to
urinate without leaving his room, he pulled out the glass stop-
per and applied his penis to its mouth. The first jet of urine
was followed by an explosive sound and flash of fire, and quick
as thought the penis was drawn into the bottle with a force and
tenacity which held it as firmly as if in a vice. The burning of the potassium created a vacuum instantaneously, and the soft yielding tissue of the penis effectually excluding the air, the bottle acted like a huge cupping glass to this novel portion of the system. The small size of the mouth of the bottle compressed the veins, while the arteries continued to pour their blood into the glans, prepuce, &c. From this cause, and the rarefied air in the bottle, the parts swelled and puffed up to an enormous size.

How much potassium was in the bottle at the time is not known, but it is probable that but a few grains were left, and those broken off from some of the larger globules, and so small as to have escaped the man’s observation. I was anxious to test the matter (though not with the same instruments which the patient had done), and for that purpose took a few small particles of potassium, mixed with about a tea-spoonful of naphtha, and placed them in a pint bottle. Then I introduced some urine with a dash, while the end of one of my fingers was inserted into the mouth of the bottle, but not so tightly as to completely close it, and the result was a loud explosion like a percussion cap, and the finger was drawn forcibly into the bottle and held their strongly—thus verifying, in some degree, this highly interesting philosophical experiment which so frightened my friend and patient.

The novelty of this accident is my apology for spending so many words in reporting it, while its ludicrous character will, perhaps, excite a smile; but it was anything but a joke at the time to the poor sufferer, who imagined in his fright that if his penis was not already ruined, breaking the bottle to liberate it would endanger its integrity by the broken spiculae cutting or lacerating the parts.

Accidents frequently occur to young men, who, to gratify a morbid propensity, introduce substances into the urethra, which sometimes slip beyond their reach, find their way into the bladder, and prove fatal.

The following incident is somewhat interesting, as it illustrates one of these cases. On dissecting a subject a few years ago, in the Indiana Medical College, a calculus was found, one and a fourth inch in length and three fourths of an inch in diameter—rough on its outside, but in shape resembling an egg. No satisfactory history of his case was obtained at the time. In performing the operation of lithotomy before the class, on the dead subject, this calculus was employed In one instance, on removing it with the forceps, I accidentally crushed it, and found the end of a lead pencil sticking out at one extremity. It was a little, over an inch in length, and made
of red cedar, which on cutting still exhaled the peculiar odor of that wood. A small lead was in the centre, and one end of the wood was sharpened, the other cut off square. A few days after this, a young medical student brought me the annexed history. Three years and six months previous to the death of a young man, 20 years of age, he being in company with a lad of his own age in the woods, introduced this pencil point first into the orifice of the urethra, to gratify a morbid appetite, and it slipped away from his fingers beyond his reach. Being much terrified, he kept working at it, but the outward end being squarely cut off, would not come out, but worked backwards into the bladder, when it ceased to trouble him. Twelve months afterwards he began to experience difficulty in urinating; but called on no physician until the lapse of eight months. This physician discovered stone in the bladder, and advised him to have lithotomy performed. But about this time a Uroscopian was consulted, who, after wisely peeping into a vial of his urine, made the discovery of simple liver diseases, and under his treatment he died—it being from three to three and a half years from the introduction of the pencil. He never from first to last, disclosed the accident to his physicians; but the young man who was with him at the time of the occurrence gave the history, as he was a confidant of the patient.

Foreign bodies will sometimes get into the urethra and bladder in a strange and unaccountable manner, especially into the female urethra. A student of medicine, or rather a man who had practised medicine in the West a number of years, brought me a stone the size and shape of a pigeon's egg, which he declared he had extracted from the urethra of a female. It had lodged in the urethra an inch from the external orifice, obstructing the urine and causing great distress. He had not the least doubt of its being a calculus, formed in the bladder originally. As soon as I saw it I was convinced that it was formed in some lime-stone quarry originally, and found its way into the urethra from without—the why and the when best known to the patient. On expressing my opinion to the owner of the pebble, he was disposed to be crabbed, and was for a hot dispute; when, to convince him, I had him view the stone through a microscope, and lo! it was plainly seen to be composed of minute fossil shells—evidence conclusive that it was never formed in the bladder. On a more minute and particular examination, the fact was elicited that the female alluded to was one of those strange, hysterical beings, whose minds are of a perverted cast, and who are always having anomalous and out-of-the-way disorders.

An illustration of the value of the microscope as a diagnostic
means, was had in the case of a female who was subject to catalepsy, somnambulism, hysteria, mesmerism, and a long catalogue of strange and anomalous affections. One of the most tangible of her intangible difficulties was the passage of large quantities of gravel, sand and pebbles from the urethra. It was said that quarts of these had passsed her from time to time; and that no mistake in this matter might arise, the catheter would detect them while in the urethra and bladder. I procured half a gill of these gravel stones, and their physical qualities were precisely like clean water-worn stones, selected from a gravel bank or the brook. Examination of them chemically, showed them to consist of heterogeneous substances—lime, silicious, and fossiliferous kinds. And the microscope plainly exhibited some of them to contain minute shells and coralline formations. After this, the intelligent reader may guess, at least, how the substances got into the bladder. Her physician, who is a gentleman of skill and intelligence, believed them to have been formed in the bladder or kidneys. They were at times detected in her stools; but as she strained much, and sat over a vessel, her attendants were not certain but these came also from the urethra. The history of this female would furnish a tissue of as strange and extraordinary circumstances as that of Jane Rider, Rachel Baker, or any other of the like stamp, which are on record; and as I have copious notes, I may some day furnish them entire for publication. These cases are better understood at this day than formerly; yet there are instances where these persons not only deceive others but themselves likewise—a species of moral insanity, which prompts them to do things totally inconsistent with reason and their own principles. If this female introduces these foreign bodies into her urethra, and at times swallows some of them, it is done in a paroxysm of intellectual or moral perversion, unknown to her in her more lucid intervals.

A few years ago it was my fortune, or rather misfortune, to have under my care a female patient who labored under this perversion of mind, and she had the most strange and contradictory kind of diseases, mostly affecting the genito-urinary organs. One day it would be an inability of retaining her urine; the next, perhaps, retention, requiring the catheter. One month, menorrhagia; the next, passing over the time, or scanty in quantity. There would be weeks that nothing would pass the bowels, the most drastic purgatives proving harmless, and apparently digesting like the blandest aliment, when a dose of opium would act promptly as a purgative. Then a diarrhœa for days together, that opium and its preparations would increase, but a dose of castor oil would put a stop to at once. She
would vomit for hours, and the blandest food would be reject-
ed; but perhaps cold raw cabbage and vinegar, or pickled
beets, would be retained, and digest most perfectly. But she
was always showing me some curious substance which came
from the bowels, or bladder, or vagina, and quite a pretty col-
lection of unique curiosities might have been gathered from
her, had some one, who had a taste for such matters, taken
pains to preserve them. A ball of hair was voided from the
bowels; also a substance like amber, some curious seeds which
no one could name, pieces of flesh, a tube like the intestine, a
liquid possessing the sensible qualities of urine, milk, blood,
inky liquids, globules of quicksilver, sand, pieces of brick, &c.
All these substances were at some period of her case voided
per anum. A catalogue not less numerous or dissimilar came
from the bladder. From the skin there came shining scales,
which looked to me like bits of mica, and which she saved and
exhibited as some unknown metal that she professed to believe
had been given her years ago. I had never seen a case like
this before—and as she was a very pious, exemplary girl, I took
it for granted that she told me the truth.

Along with the other marvels of her case, black urine was
often shown me, and she would go more than a week at a time
without once voiding a drop, or there being any secreted. This
staggered my belief, I must confess, a good deal; but as I knew
of no motive for deceiving me, I reluctantly believed it. The
skin would exhibit curiously-colored spots occasionally, some-
times colored off very fancifully. Then a blister, as if a hot
substance had been applied, or a strong corrosive material.
At length the climax of the case arrived. I was called in great
haste to see her, and found the urethra obstructed with a hard
substance, which sounded, when the catheter was applied to
it, like a calculus. She stated that it had been in the bladder
a long time, she was confident. But as it happened, I had
been obliged to use the cathether, from time to time, previous-
ly, and had even used a male silver instrument for the purpose
of exploring the bladder but a short time before, and no stone
could be detected. Besides this, the stone was a large rough
one, and appeared as if it had entered the urethra from its
external orifice, instead of from the bladder. As it was only
about three fourths of an inch from the meatus, it was readily
extracted with a pair of common forceps, when its true nature
was perfectly apparent. It was a piece of common slate
stone, and its kindred fellow was the hearth stone of her own
room! Light broke on me at once. I taxed her with imposing
upon me, and her only reply was a violent fit of hysterical grief
and anger. It is unnecessary, I presume, to inform the reader
that most of her strange and unaccountable symptoms vanished from this time, her health improved, and whatever diseases came upon her after this, were such as could be classified.

I have no doubt that most of the extraordinary phenomena in this case had their solution in some of the ordinary laws of nature. Black urine could easily be shown, as well as bloody. Milk, or ink, or blood, could be mixed with it, and the absence of the urine could be readily feigned. Seeds of plants, also pieces of flesh, gravel, sand and brick-dust, with coal, plaster, &c., could be readily put into the urine and faeces. Quicksilver or its amalgams might have composed the scales of mica, &c., which were found on the skin; and hot water, hot irons and other burning substances, might have been used in effecting the appearances of the skin. The object of all this deception was probably to excite pity and compassion, or perhaps to become an object of wonder and notority. A morbid pruriency may have also entered into some of her calculations, as manipulations about the genito-urinary apparatus seemed to be specially her object.

It is this class of patients that are so susceptible to the influence of animal magnetism. In truth, I believe mesmerism is only one phase of the complaint, and can be artificially induced in these subjects very easily. I presume catalepsy is another form of it, occurring naturally, for I have known a person who was subject to fits of catalepsy, that could only be roused at pleasure by mesmeric passes, and could be also thrown artificially into the cataleptic state, by mesmeric manipulations, precisely like the natural fit of that disease. A case happened a few years ago that was of this character.

A colored girl, about 20 years of age, fell into a cataleptic state, which greatly alarmed the family in which she lived. She appeared stiff, rigid, and insensible as a piece of statuary. A young gentleman, who was sitting up in the room with her during the night, commenced making frictions on the legs and arms, and while rubbing the arms, from below upwards, he observed that they gradually relaxed, as did the legs also, when she immediately arose, yet with her eyes perfectly closed. In the greatest consternation he left the room, and rushed down stairs, followed by this ebony Venus, who pursued him through doors and passages, with eyes still closed, avoiding all intervening obstacles, as though she saw them perfectly, and it was with the greatest difficulty she could be got back into her room, and not until the young man himself returned, when she followed him readily. She continued to fall into the cataleptic state spontaneously, on my mesmeric passes, and was brought out by reverse passes, until the case began to excite too much
notoriety for the comfort and convenience of the family, who had her carried home, and the subsequent history I never knew.

Hysteria, catalepsy, mesmerism, somnambulism, and a number of the hysterical affections, are so nearly allied to each other, that they most probably have something of a kindred origin. The disposition which such persons manifest to deceive themselves and others, is a striking trait in their character. While we should be constantly on our guard against imposition, we should, notwithstanding, treat them kindly, and look on them in the light of diseased beings, physically and morally.

On the Pathology of Convulsions in Children.—(British and Foreign Medico-Chirurgical Review.)

[A writer in the British and Foreign Medico-Chirurgical Review, lays down the following proposition respecting the convulsions of children. He says:]

1. The first proposition we may lay down is that of Flourens, Magendie, and Hall, that no disease of the mere cerebrum, or disorder limited in its effects to that organ, or to the purely cerebral nerves, can induce convulsion; for no irritation confined to these parts can bring about muscular contraction. If disease or disorder, or so called irritation, commence in these parts, it must afterwards be propagated to, or its results there must affect the membranes, or the incident or motor nerves, or the medulla oblongata, before convulsions can arise.

2. Convulsions, either partial or general, may occur, and during the fit the child may die; yet after death no visible alterations, or organic lesions, or anatomical changes, can be discovered in the nervous centres, with which such convulsions can be rightly and satisfactorily associated as an effect; nor has the child been known to have labored under any affection of other systems or organs, by which the centres may have been more immediately on secondarily affected, or with which they may have sympathised; nor have the incident or excitor nerves been known to have been exposed to such irritation, as might have produced the convulsions in the way of reflex actions. It is here then supposed that certain alterations, of a dynamic character, in the nervous matters of the centres, primarily arising there, are the cause of such convulsions, which are therefore of centric origin, a cause which is certainly not anatomically definable, but only assumable in its existence.
3. Convulsions, either general or partial, may occur, and the child may die in the fit; but after death, no morbid lesional changes are found to exist in the nervous centres, to which we can ascribe the disorder as an effect. We refuse to acknowledge that the cause of the convulsions had its origin in the nervous matter of the centres, or primatively affected it, because we know the child to have been exposed to irritants of the incident or excitor nerves; and we believe that these convulsions were caused by reflex spinal actions, and that the latter were the result of the irritation so produced. We believe, moreover, that the child laboured under no affection of any organ which could alter the proper relations of the vascular system of the brain with the nervous matter, or at least produce such an alteration which proves itself by an abiding and evident change to be witnessed after death. These convulsions are of eccentric origin; and the only cause of them, down to which we can generalize, is the peculiar irritation to which we believe certain incident or excitor nerves have been subjected.

4. A child dies after having been convulsed. After death, more or less evident and important lesional changes and anatomical alterations are found in or about the nervous centres. These we believe sufficient to account for such convulsions, and we trace them to such morbid changes, &c., as their effect. We also affirm them to be caused by disease of the centres, because before their appearance their existed a greater or less amount of so-called "cerebral symptoms." We believe these cerebral symptoms, and consequently the disease of the centres, to have been of a primary character, that is to say, to have had their commencement either in the nervous or vascular apparatus contained in the cranium or spinal canal, and not to have followed as a secondary disorder upon a more or less acute affection of any other or more distant organ. These convulsions are of centric origin.

5. A child dies in convulsions. After death we may, or we may not, perceive such material changes in the centres as we may affirm to have been their immediate cause. If they exist, so far it is satisfactory; if not, we yet believe that temporary alterations were produced, either in the relations of the vascular system of the brain, &c., to its nervous matter, or else in the sympathetic relationships between the centres and other symptoms, organs, or structures of the body, by the previous existence of important disease in organs, &c., other than these centres. This we believe, because we know the child to have exhibited, for a greater or shorter space of time, other than "cerebral symptoms," to have distinctly betrayed the existence of more or less acute disorder of distant parts. We therefore
believe that such convulsions, or the disorder in the centres were not of primary character, not the result of disease having its primal origin in the centres themselves; but that they were of secondary character, a well marked and evident disorder of a distant part having at length drawn the brain—not at first disposed in itself to enter—into the general whirlpool of mischief. Such convulsions are yet of centric origin.

We believe that the above arrangement can be made to include all forms of convulsions spoken of by writers as occurring in children. But we must admit that it is very doubtful how far we may be permitted, as knowledge advances, to preserve all its various divisions. For example, it may be asked if we are now justified in making such a class of convulsive actions as we should include in the characters of proposition 2,—a class having only assumable endowments. Are we warranted in believing that, in infants and young children, such purely and essentially neurose disorder can arise, or that the nervous matter of the centres can assume in itself any such diseased condition?—a condition independent of alteration or changes in its vascular system. It has been affirmed by some later continental writers that before the period of the first denition, essential convulsions, such primitive neurose disorder as we have admitted, are things next to an impossibility; and Mauthner asserts that, even later in life it forms the exception to a great rule, when we are called upon to believe in their existence. According to Version, "before an organ or system—causes of disease being present—can exhibit the development of a pure and special form of malady, proper to and proceeding from itself, it must be endowed with all those qualities which make it capable of the conflict; it must possess a completely developed organization, and through the latter be in a condition to react against those influences which are affecting it; do we find this to be the case with the sensitive sphere of life in the infant? By no means. In it predominates the vegetative, and that portion of the nervous system alone which is necessary for the carrying on of its functions. The ganglionic system is, therefore, developed relatively to such necessities.

The comparatively more perfect development of the spinal cord in children, with which the ganglionic system is in such intimate connexion, in relation to that of the brain, is one of the main reasons advanced by some later writers to account partly at least for the very great frequency of convolution during infantile life. Dr. West remarks:

"The grand reason for their frequency is no doubt to be found in the predominance of the spinal over the cerebral system in early life. In the adult, the controlling power of the brain
checks the display of those reflex movements, which become at once evident if disease heighten the excitability of the spinal cord or cut off the influence of the brain from the paralysed limb, or if even sleep suspend that influence for a season."

On the Action of Medicines which Influence the Nervous System. By Dr. A. B. Garrod.—(London Lancet.)

We have seen that the composition of the nervous tissues differs remarkably from that of other textures, in containing a large amount of phosphorized fatty matters, which have been named cerebrin phosphorized oil; that is, fats having phosphorous, in an unoxidized condition, entering into their constitution, in the same manner that iron forms an essential element of haematosine, or the blood pigment. We have found also, that, according to Dr. Bence Jones, the elimination of the phosphates is increased in acute inflammation of the brain, the excess in these cases doubtless arising from the increased waste of the phosphorized fats; and the conversion of the phosphorous into phosphoric acid. These facts certainly indicate that phosphorous forms an important element of the nervous system. On reviewing the remedies which appears to have a direct influence on different portions of the nervous centres, we find that the most prominent among them are certain principles derived from the vegetable kingdom—viz., the vegetable alkaloids—bodies, all of which contain nitrogen in their composition, with the exception, perhaps, of picrotoxia; but even this requires confirmation. The parts of the nervous system upon which the action of these principles is directed differ considerably—some, as morphia, and codeia, acting on the brain; others, as strychnia, brucia, &c., on the spinal cord; others, again, as digitalia, nicotina, on the heart, through their influence probably on the ganglionic nerves. It was formerly supposed that the essential oil of bitter almonds was poisonous, from its influence on the nerves; if such were the fact, it would prove a very striking exception to the rule which we have found to hold good in so many cases; Wöhler and Frerichs, have shown, that when entirely freed from prussic acid its effects are perfectly harmless.

We also find that there are bodies in the mineral kingdom which produce similar effects, among which the most striking examples are seen in the metals arsenic and antimony; and in others, in a more or less degree. The same also may be said of phosphorus itself, when given in an unoxidized form; and perhaps, also, of ammonia.
When considering the nature of the elementary substances in our introductory lectures, you will remember that we arranged them in certain groups, and stated, at the time that the elements in each group, however unlike in physical conditions, yet possessed properties which, in a chemical point of view, brought them in very close relation to each other. One of these classes consisted of arsenic, antimony, phosphorus, and nitrogen—elements very nearly allied to, and frequently having the power of replacing one another in compounds. Hence, then, we find that the substances which have the power of acting most powerfully on the nervous system are those which contain in their composition arsenic, antimony, nitrogen, and also phosphorus. The first two elements appear to operate when administered in any state of combination, provided they are absorbed into the blood; the two latter require to be in certain peculiar states, as they are themselves normal constituents of the animal body; and with regard to nitrogen, different amounts of this element and the different states in which it exists, appear to endow it with different properties. That different methods of combination of the elements influence greatly the effects of a substance on the economy is beautifully exemplified in the action of the different cyanides; ferrocyanide of potassium (the common prussiate) being harmless, whereas when heated to redness in a closed vessel, it is converted into a most deadly poison, from the change of the ferrocyanide into the simple cyanide of potassium. Again, we can trace still further analogies between these different cerebro-spinants; thus, quinia, containing nitrogen, has its properties nearly approached by arsenic; and antimony, in its power of subduing vascular action, appears not very unlike the active principle of digitalis. Of course we only wish these remarks to be considered as purely hypothetical; but still it is interesting to notice any circumstances which seem to throw the slightest glimpse of light on the action of any therapeutic agents.

On Foreign Bodies in the Mucous Canals. By J. F. Vincent, Esq.—(Edinburgh Medical and Surgical Journal.)

A portion of an ear of barley slips into the nostrils, with the stalk end foremost. The least touch of a body so formed, in such a situation, thrusts it further inward. For one or two days it produces considerable irritation, which, however, at length subsides; and the foreign body, coated with thick mucus, is ejected without effort. A small piece of leaf of a vegetable gets into the ventricle of the glottis; and causes
great irritation and coughing for some hours. It is soon enveloped in mucus, and comes quietly away next day.

These facts show what the surgeon should do under similar circumstances. He should not with his forceps irritate still more parts already too much irritated. He is not to allow even any effort of sneezing, in the one case, or unnecessary hawking in the other. He is to require the patient to be kept quiet, that the body may continue in one situation, so as to acquire as soon as possible the coating which facilitates its ejection.

It has never happened to Mr. Vincent to have a case of foreign body in the trachea. But should such a case come under his management, he states that he should not think of making an opening into the trachea, providing the body moved freely up and down within the tube. He would even reverse the present practice both in this and similar cases. He would keep the patient as quiet as possible in bed or on a sofa; advising him to avoid all effort to expectorate; and he doubts not that very soon the foreign body would be ejected.

The rule seems to be on the whole not liable to objection, if the condition specified—the mobility of the body within the trachea—be kept in mind. When the body is fixed or detained in any way, it causes inflammation and ulceration of the air tubes; and sometimes the results are fatal. Yet, even when it has caused ulceration for some time, it has happened that such a body has been at length ejected, sometimes with recovery of the patient, sometimes causing death from the injury done to the bronchi and lungs.

The practice of surgery presents to us the resources of nature of ridding parts of the presence of extraneous bodies by the means of the stimulus of relief. In cases of hemorrhage the surgeon plugs the nostrils. The efficacy of the operation depends upon the lint he uses being tightly pressed into the posterior nostrils. So it remains for a few days, and then if the surgeon withdraws it, he finds it free from all stricture; indeed, so loose, that it will perhaps discharge itself into the pharynx. The bulk of the wadding is the same as when tightly introduced; and so far from having lost any of its parts, it has acquired an addition in the thick mucus with which it is saturated. The fact is, that under the influence of the stimulus of relief, the internal nares have been quietly enlarged. A child was brought to St. Bartholomew's Hospital with a pebble in the meatus of the ear. I found it of an oblong form, and firmly wedged in. I could get the blades of a small pair of forceps to grasp it when passed over the short diameter, but I could not make it stir. Having the fear before me of doing mischief by using force, I directed the mother to bring the
child in a fortnight. She did so, and I found the pebble quite loose, so that it might be removed by only a shake of the head. The body was coated with cerumen, and of course interstitial absorption had been going on under the influence of the power of relief setting it free.


I forward to the Lancet subjoined reports of a few cases I have selected, strongly illustrative of the great efficacy of arsenic in inveterate skin diseases; I hope they may interest some of your numerous readers; and I would earnestly recommend to such as may be attracted by the great importance of the subject, but have not yet had opportunity of testing, by personal experience, in their own practice, the value of the remedy, the perusal of Mr. Hunt's excellent work. The number of sufferers in society from these loathsome, intractable, and often torturing complaints, is far greater than might at a cursory view be imagined. Much unhappiness has its source in such a cause; and I conceive it to be the duty of any practitioner who has been so fortunate as to rescue one victim, whose case it was deemed hopeless, to bring such case in some way before the notice of his professional brethren.

Prurigo.

Case 5.—Mr. C——, aged forty-six, of a highly nervous and irritable temperament, consulted me for a most distressing pruritus around the verge of the anus, extending also along the perineum to the base of the scrotum, but chiefly affecting the former locality. Had tried many remedies in vain, and was now quite desponding, and worn out by the unceasing irritation. The only application from which he had ever derived the least benefit (and that but temporary) was a lotion of hydrocyanic acid. Had been latterly obliged to take opiates at night, the torment being much aggravated in the nocturnal season. The integument of the affected part was inflamed, tender, and covered with minute papulae. There was also considerable excoriation, from manual interference, resorted to in the vain hope of allaying the insupportable irritation. There was no disorder connected with the alimentary canal. He was treated with the arsenic, in the usual dose, which proved rapidly efficacious; and in seven weeks was entirely rid of his plague.

This case is strongly demonstrative of the power of arsenic
over this horrid form of papular eruption, which often proves intractable by any other known remedy. Although, perhaps, the most interesting, this is by no means the only case of a parallel nature and intensity I have satisfactorily treated with arsenic.

**Sycosis.**

Case 6.—G. W.—, a gentleman, thirty-four years of age, consulted me some months since, having suffered severely from this distressing complaint for a period of five years. Had tried an immense number of ointments and soaps without permanent benefit. Thought he derived temporary advantage from the application of a leech under the chin occasionally. He presented a most disagreeable, not to say disgusting appearance: the chin being scabbed over. Finding his general health excellent, I prescribed him the solution of arsenite of potass, four minims to be taken in porter three times a day. One month sufficed for his cure, since which there has been no re-appearance of the pustules.

The eyes were but very slightly affected.

**Acne Rosacea.**

Case 7.—Emma B——, aged twenty, waitress, came to me presenting a well-marked case of the above disease, from which she had suffered for two years and a half. The pustules were small, so as almost to induce a suspicion of a syphilitic origin, clustered, very accumulated, and having a rosy inflamed base, occupying the apex of the nose, together with the whole of the left ala, and a greater part of the right. There was also a large patch on the left cheek, but none in any other situation. She said they had been at first very irritating, but latterly had ceased to cause much annoyance. She was, however, extremely anxious to get rid of such a disfiguring "humour," as she termed it. I found, on inquiry, that she had not menstruated regularly for some years, the catamenia being sometimes excessive and attended with dysmenorrhœa, but generally scanty, and with slight fluor albus. The system at large, however, did not appear to be deranged thereby, and the natural functions were well performed. But conceiving that the local inflammatory action might depend upon the uterine or ovarian derangement, I endeavored to restore the suspended function, and in course of time succeeded so far. She now menstruated regularly and normally. Still the acne was as bad as ever. I now gave her the arsenical solution in full doses, but was quickly obliged to reduce the quantity, her system proving unusually susceptible to the influence of the drug. She persisted in its use about nine weeks, and was perfectly cured.

I have transcribed the above case, chiefly from its being cor-
roborative of Mr. Hunt's opinion, (expressed in his work,) that the supposition that acne of this kind, in young females, is commonly dependent on disordered menstruation, is erroneous. That the abnormal condition of the periodic function had no influence over the cutaneous disease, in this instance, at all events, may, I think, safely be inferred, from the fact of the persistence of the latter, when the former had been restored to a healthy state.

RUPIA.

Case 8.—Emma B——, aged 11 years, was brought to me with well-marked rupia, covering both legs, the anterior aspect of both thighs, fore-arms, and wrists. The trunk was free. This poor child had suffered from the disease ever since she was two years old, (supervening on scarlatina,) and it had proved intractable in the hands of numerous surgeons. The irritation about the tubercles, which were very large in their earlier stage, was great, and as often as the scabs disappeared they were constantly succeeded by fresh eruptions. She had a universally faded, unhealthy look, and cachectic appearance, and I had strong suspicions of syphilitic taint being the foundation of her malady. I gathered, however, from her parents' account, that mercurial alteratives had been tried, again and again, to no purpose. I gave her at first, iodine with sarsaparilla, and afterwards sesqui-oxide of iron, and the mineral acids. Finding, after several months' trial, that I could not, by the aid of these tonics, make any impression on the complaint, or cause any apparent change in the local diseased action, I exhibited the solution of the arsenite of potass, which began to show its effect in three or four weeks. Continuing its use for five months, with the occasional use of a mild aperient, the case resulted in a complete cure. When I saw her last, there was only a slight redness over the thighs and legs.

The conjunctivae were early and somewhat severely affected. I deem the above case one of the most satisfactory and interesting I have as yet met with.

Extraordinary Madness.—(Ibid.)

Physiological pathologists have of late been as much on the alert, in France, concerning the case of a sergeant of the line, as they have been, in this country, concerning Miss Nottidge. The two cases bear, however, no analogy to each other. Religious monomania is not rare; but the derangement of mind, leading to the frightful and disgusting acts of Sergeant Bertrand, is, as far as we can remember, perfectly unique in the annals of mental alienation. His mania consisted in exhuming
the dead, and taking pleasure in mutilating the corpses; but, shocking to relate, there was an erotic tendency mixed up with these horrible deeds, and he took especial delight in raising the corpses of females, and satisfying his unnatural appetites upon their putrefying remains.

From the trial which lately took place in Paris, before a court martial, and from the confession written by himself, we learn that this unfortunate individual is twenty-five years of age. He first studied for the church, but suddenly enlisted, and, by his good conduct, obtained the rank of sergeant. When young, he was rather of a sullen and melancholy disposition, but nothing positively pointing to derangement was then observed. His hideous propensities appeared only in February, 1847, when they were excited by the sight of a grave left unfilled after interment, the diggers having been compelled to desist by a heavy shower of rain. He then struck the corpse, which he had exhumed with the tools left by the grave, with the utmost fury; and being interrupted, fled to a neighboring wood, where, according to him, he remained for three hours in a state of perfect insensitivity, after having been most violently excited.

From this time to the 15th of March, 1849, this wretched man desecrated burying-places eight or ten times, both by day and night, regardless of the severity of the weather, the dangers he was encountering on the part of the keepers, and the difficulties he had to surmount. By the aid of his small sword, he used to raise eight or ten corpses in a single night; and he adds that he opened many graves, and refilled them again, with no assistance but his hands. He had not the courage of telling the whole truth in his written declaration; but he confessed to his medical attendant, M. Marchal, (de Calvi,) the most repulsive part of this awful tale—viz., his preference for the remains of females, and his hideous propensity of satisfying sexual desires upon them. He was wounded when getting over the wall of the cemetery of Monte Parnasse, in Paris, brought to the hospital, and thus was unveiled this unheard-of train of disgusting acts.

The court-martial have not taken that view of the case which at first sight would have looked the most rational; and waiving altogether the possibility of monomania having impelled the man to these hideous deeds, they looked upon the offence as a misdemeanor, and condemned him to one year's imprisonment.

Different opinions have been given in the medical journals as to which of the two kinds of mania exhibited was the first in existence—viz., the destructive, or the erotic. M. Marchal, the sergeant's medical attendant, thinks the destructive prevailed: but M. Michea, a well-known mental pathologist, maintains that the second was, on the contrary, the strongest and only
mania. The various circumstances mentioned by each of these gentlemen, to strengthen their respective positions, merely rest on the prisoner's own declaration; so that it would appear that no very strong case can be made on either side. Indeed, the whole series of these shocking occurrences might well be called in question, as it seems that no direct and conclusive evidence has been brought forward besides the man's own account. But assuming the latter as true, the existence of monomania can hardly be doubted, when we consider that a natural instinct was entirely set aside, that there was not the slightest prospect of gain, that the wish of visiting churchyards returned almost periodically, that the dangers incurred were entirely disregarded, that none of the vices which generally accompany depravity were present, &c. There was, besides, a melancholy disposition, a total insensibility to the agency of physical agents, (such as cold, rain, &c.,) during the paroxysm, and an extraordinary amount of muscular and nervous energy in the accomplishment of the acts, &c. All these considerations would tend to prove that this man was irresistibly impelled to such unheard-of abominations.

This disgusting case recalls at once that form of mental aberration which reigned so extensively, about a century and a half ago, in the north of Europe, and known under the name of vampirism. It will be recollected that vampires were suffering under a sort of nocturnal delirium, which was often extended to the waking hours, during which they believed that certain dead persons were rising from their graves to come and draw their blood; hence arose a desire for revenge, and burial-places were disgracefully desecrated. Bertrand's case seems the very reverse of this; for we here see, not the dead rising to torment the living, but a man disturbing the peace of cemeteries in the most horrible manner imaginable.


As eczema is a constitutional and a local affection, it is obvious that the treatment should be principally directed through the system generally to the seat of the disease. In the chronic form of the eruption this is especially the case; and here the first indication, after the usual measures of cleanliness have been adopted, is to restore the tone of the system by means of a course of mild tonics and alteratives. When circumstances are favorable, and the proper time arrives for arresting the discharge, it should be effected in as gentle a manner as possi-
ble, so as not to derange the internal organs; and for this purpose I prefer mild alkaline lotions of the carbonate or bicarbonate of potass, and the frequent use of the simple or emollient bath, in which the patient, unless very feeble, should remain at least one hour; the usual method of keeping the patient in twenty minutes or half an hour, being useless.

If there is abundant serous exudation, and much smarting in the parts, half a drachm of sulphuric acid in a pint of barley-water will be found very useful. The patient should commence with small doses, and take a little cold water after each dose, until the stomach becomes accustomed to the acidulated drink. If the discharge continues undiminished, and the eruption does not appear to be affected by those remedies, we must have recourse to alteratives, as sarsaparilla and hydriodate of potash, to active purgatives, if the patient is strong, added to lotions of the nitrate of silver, or of the bichloride of mercury. If there is any inflammatory tendency in the parts, the application of a few leeches behind the ears will be necessary.

**Chronic eczema of the legs,** in adults and especially when the patients are of a debilitated or broken down constitution, are generally very difficult and unsatisfactory cases to deal with. The practitioner seldom sees the case until the disease is so fully established, and, as it were, engrafted on the limb, that the habitual condition of the parts seems to be that of subacute erysipelas, with puffiness of the ankles, and a swollen if not varicose state of the veins; all denoting a sluggish or impeded circulation in the extremity. This state of things not infrequently terminates in that form of indolent ulcer of the legs so familiar to practitioners, and so difficult of cure.

For cases of this description I have found the application of the vapors of sulphur and iodine, in combination, the most certain and effectual remedy, when assisted, during the interim of the applications, by bandaging the limb from the foot upwards.

My attention was directed several years ago, by Mr. Alfred Walker, to a preparation of sulphur and iodine, the vapor of which is an admirable local application in several cutaneous diseases. At that period I witnessed its marked benefit in many cases of chronic ulcer, under Mr. Walker's care. These remedies combined seem to possess healing properties which are not manifested when they are used separately. When employed judiciously, and in appropriate cases, they appear to alter the vitality of the morbid parts, and to induce a state of healthier action. If the eruption is indolent they gently stimulate the diseased surface into greater activity; and by regulating the strength of the remedy, according to the nature of the case, and the object in view, the most salutary effects may often be de-
rived from its use. I have seen cases of lepra of several years' standing, which had resisted every other treatment, cured in a very few months by the application of the vapor of sulphur and iodine. It is particularly applicable to squamous and tubercular diseases of the extremity, to chronic eczema, and ill-conditioned ulcers of long standing. It may be administered in this form—B. Sulphuris, 5 iiij.; hyd. sulph. rubri. 3 ij.; iodinii, gr. x. M. fiat pulv. sex.

One of the powders to be used in the following manner three times a day. If the disease be seated on the limbs, a tin case or even a common jar, which will answer as well, provided it be large enough to hold the limb, should be procured; a heated iron is to be placed at the bottom of the apparatus, with a grating above it to protect the foot or hand. One of the powders being placed on this heated iron, the limb is to be instantly put into the bath, the mouth of which should be covered over to prevent the vapor from escaping. The limb may be continued in the bath for from fifteen to twenty minutes, according to circumstances. In the course of a day or two the proportion of iodine may be increased; for example, thirty grains of iodine, and at a later period double the quantity, may be incorporated with an ounce and a half of the flowers of sulphur, to be divided into twelve powders, and used in the same manner as the former. I do not mean to extol this agent as a specific for the cutaneous eruptions indicated above; nevertheless, from what I observed both in Mr. Walker's practice, with reference to ulcers, and in my own with regard to skin diseases, I think it is worthy the attention of practitioners, and that it will be found a very efficacious remedy.

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Needle found in the Heart after Death. Reported by John Neill, M. D., Demonstrator of Anatomy, in the University of Pennsylvania.—(Medical Examiner.)

Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed by a student to a foreign body in the heart. At first, I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium, during the process of stitching after injection; but upon more careful examination of the surface of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the contiguous viscera could not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact,
that an antiseptic injection (chlor. of zinc) had been used, which destroys colour, and coagulates albumen; there were, however, marks of chronic disease evident, in adhesions of the pleura and serous pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle, a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position, until the cyst containing it was split up. The broken end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ caræ; the needle was two inches in length, and a line in thickness, belonging to a variety called worsted needles.

In the Medical Examiner for May, 1843, Dr. Leaming reports the case of a seamstress, who had accidentally driven a needle, which was sticking in her dress, forcibly into her breast, by striking a table. In a month she had pleurisy, and subsequently pericarditis and pneumonia, and at the end of nine months she died. The post-mortem examination revealed lesions, corresponding with the symptoms; the body of the needle was found imbedded partly in the wall of the right ventricle, and partly in the ventricular septum, whilst the point projected for a quarter of an inch into the cavity of the left ventricle.

In the summary of the American Medical Journal, a case is copied from the Archives Générales, 1842, in which a soldier introduced two needles into his heart, and was brought screaming into the hospital at St. Petersburg; he had a hard, quick pulse; anxious countenance; copious perspiration; distressing cough, and tumultuous action of the heart; in nineteen days he died; and upon examination after death, it was discovered that the needles had passed through the heart, and lodged in the lower part of the left lung, where they were found in an abscess. The whole track was easily recognized by the marks of inflammation.

In the Annalist for November, 1847, Dr. Graves records a case of attempted suicide. A man pushed a needle into his heart, expecting instant death, as in the instance of Admiral Villeneuve, after the battle of Trafalgar; but being disappointed in the immediate effect, he undertook to cut his throat, which also failed; the vessels having been secured, and the wound dressed by his medical attendant: After reaction had taken place, he had great suffering, every breath being attended with a scream; the physician discovered the puncture made in the skin by the needle, and dissected through the intervening structures, until he "could distinctly see the heart pulsating with the needle in it." "With the aid of a pair of forceps, I
extracted the needle, and it was followed with a forcible stream of blood.” “He continued to improve up to the sixth day, when he was attacked with pleuritic pains, and inability to swallow: and died on the eighth day after the needle was taken from the heart. Post-mortem.—“On opening into the left ventricle, where the needle entered the cavity, there was a small membranous sac, about the size of a pea, formed in the left ventricle, which contained pus.”

Note.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary, he had severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and had never manifested any suicidal tendency.

PART III.

Monthly Periscope.

On the Operation of Phymosis. By W. Colles, Esq., Surgeon to Stevens’ Hospital, Dublin, &c.—[After alluding to the various operations for phymosis, all of which are in his opinion more or less objectionable, Mr. Colles says:]

I have been in the habit, for some time, of removing the deformity by a simple and very effectual operation. I seize the edge of the prepuce, at its fold forming the narrow band, in the left hand, and holding the scalpel in the right, and at right angles with the penis, I remove a circular portion of skin, about a quarter of an inch wide. The outer fold of skin, being loose, is then drawn back on the penis, leaving the glans covered by the inner and tighter fold. I then divide this layer about half way back, more or less, slitting it up exactly in the centre, by passing a sharp-pointed bistoury under it. We have now the outer fold of skin loose, with a large circular orifice; the inner, or more contracted portion, presenting also an orifice, but larger by double the perpendicular incision, which forms two angular flaps. I then turn these flaps outwards, and by a suture attach each angle to the edge of the external skin, at about a quarter of its circumference from the frenum; a slight suture at the frenum completes the operation. I then draw all forward so as to cover the glans. In two or three days I remove the sutures, and generally find the wound healed, leaving a
covering for the glans, differing in no respect from the natural and perfect prepuce; and in some cases it would be difficult to know that any operation had been performed, or that any had been required, on this part.—[Dublin Quarterly Journal.

**Use of Chloroform in Tooth-ache.**—Mr. Tomees, in his Lectures on Dental Physiology and Surgery, recommends chloroform to be applied on a little cotton wool to the tooth in order to remove the pain. The best form for application is made by dissolving a little gum mastic in the chloroform, whereby the fluid is thickened; and, when put into the tooth with cotton wool, will remain there a long time, and keep up its sedative influence: whereas, if the chloroform be used alone, it will be soon washed away by the saliva, and its effect lost.

[Medical Times.

**Use of Chloroform in Hiccups.**—In the case of a gentleman, forty-six years of age, of weak constitution, and highly nervous temperament, M. Latour employed chloroform during a very severe attack, which had lasted three hours, the convulsions of the diaphragm occurring at intervals of six or eight seconds. A bottle containing chloroform was applied to the nostrils, and removed after a few inspirations. At the first removal, a temporary cessation was produced, and three applications of the chloroform bottle entirely put a stop to the paroxysm.


**Hint on Sounding.** By Samuel Solly, Esq., F. R. S., &c.—When you sound for stone, use rather a short and straight instrument at first. Introduce it very slowly and cautiously, so that the point of the instrument sinks into the post-prostatic fossa, in which the stone is generally situated. If you do so, you will generally strike the stone at once; but if you sweep a sound, with a good full curve, into the bladder rapidly, you carry your instrument over the stone, and you may turn the point of it all round the bladder in vain.—[Med. Gazette.

**Hint on the Diet after Lithotomy.** By Bransby Cooper, Esq., F. R. S., &c.—Patients should not be kept on spare diet after the operation of lithotomy, nor, indeed, after any severe ordeal of the kind. It should always be remembered that you cannot diminish constitutional power without increasing irritability; and that, consequently, support is generally requisite, and should be early prescribed.

I am sure that one of the greatest modern improvements in the treatment of patients who have undergone surgical operations is with respect to the better diet that is early advised: and hence, I believe, arises the greater comparative success of operations in this than in any other country.—[Ibid.

**Incontinence of Urine after Lithotomy.** By Samuel Solly, Esq., F. R. S., &c.—[In a clinical lecture upon urinary diseases, Mr. Solly, speaking of incontinence of urine after lithotomy, observed:]

For this symptom which is not a common consequence of lithotomy in the male, I have prescribed the extractum nucis vomicae, having found it very useful in cases of incontinence from other causes. Many of you will, I think, remember a case that I had in Lazarus Ward, about six months ago, where the patient, about twenty years of age, wetted his bed every night. This man got perfectly well under this medicine. I had a similar case in private practice just about the same time equally successful. I give very small doses at first, gradually increasing them. Kain took the 8th of a grain three times a day; he is now taking a grain, and he is improving, though slowly. He can retain his water much better than he could a week ago.—[Ibid.

Chloroform in Operations.—The use of chloroform in operations is not contra-indicated by any state of the patient as to age or constitution, nor by any disease which does not itself forbid the operation. In administering chloroform, always use an inhaler, and watch carefully the effects produced: and do not seek to produce insensibility in less time than two or three minutes. When the margin of the eyelid can be touched without causing contraction of the orbicularis muscle, or even when it causes but slight contraction, any operation can be performed without pain. At this time, as the effects of chloroform continue to increase for a few seconds after the inhalation is discontinued, it is advisable to intermit the vapour for a few inspirations, or to dilute it with more air, so as not to carry the insensibility too far. When the operation is over, do not disturb the patient prematurely, but await the complete return of consciousness. (Dr. J. Snow, p. 338.)

[Braithwaite's Retrospect.

[We object to all inhalers in using chloroform. Mr. Snow, however, employs an immense balloon containing a measured quantity of the article largely diluted with atmospheric air.]—End.

Prevention of Contagion.—To preserve the hands or any part of them from the contact of contagious matter in dissection, post-mortem examinations, or midwifery practice, apply collodion. (Mr. E. Wilson, p. 318, Mr. J. Startin, p. 320.)

A better application than collodion is, the compound solution of caoutchouc and gutta percha; made by adding a drachm of gutta percha to an ounce of benzole, and also ten grains of India-rubber to an ounce of the same fluid, dissolving by a gentle heat, and then mixing the solutions. (Mr. W. Action, p. 208.)—[Ibid.

Orchitis, acute.—Use active antiphlogistic treatment. Thus, in persons of plethoric habit, bleed from the arm; in others, in addition to the application of leeches to the affected organs, cup from the loins to about eight ounces. Give also a pill containing a grain and a half of calomel, one-third of a grain of tartarized antimony; and half a grain of opium; and the following mixture: B. Magn. sulph. ʒlij.; liq. ammon. acet. ʒi.; liq. antim: tart. ʒiss.; tinct. hyoscy. ʒiss.; aq. menth. ʒvij. M. Capt. ʒi. 3tis horis donec alvus bene responderit.
Keep the patient on low diet, and in the recumbent position. And as a local application use a lotion containing a drachm and a half of mutriate of ammonia, two ounces each of rectified spirit and liq. ammon. acet., and four ounces of water. If the inflammation does not abate, open the congested vessels of the scrotum, and promote bleeding from them by warm fomentations. If enlargement and harshness of the testicle remain after the subsidence of the inflammatory symptoms, apply strips of lint spread with the following ointment: R. Ung. hydrarg.; cerat. saponis, aa. 5ij.; camphor, gr. v. M.; and over this, apply adhesive plaster, so as to make considerable pressure. Do not, however, use pressure in the early and acute stage.—[Ibid.]

**Leeching in Dysmenorrhœa.**—Prof. Annan concludes a very sensible article on Dysmenorrhœa, with the following reflections:

"Leeching of the os and cervix uteri then, I regard as the sine qua non, the indispensable remedy, in all inveterate cases of dysmenorrhœa. I believe it is required in the delicate, feeble, and nervous, along with the tonic plan of general treatment, quite as much as in those of the opposite state of the system. Indeed without local depletion from the affected organ, I do not think the worst cases admit of cure. Scarification has been substituted where leeches cannot be procured. Seven or eight superficial, crucial incisions, may be made with a thumb lancet fastened to a slender stick, around the os uteri. It is a poor substitute.

"Total abstinence from sexual intercourse, amongst the married, is absolutely necessary in the worst varieties of this disease. Moderation should be enjoined in all cases. I have known it follow marriage, and resist all treatment (leeching was not tried) until the death of the husband, when the lady was immediately restored to health without treatment."—[Transylvænia Med. Jour., from Western Lancet.

**Praiseworthy among Physicians.**—Intelligence having been received that cholera was raging with frightful mortality in Sandusky city, and that the inhabitants were without medical aid, the resident physicians having fled in terror, Drs. Strader, Foote, Stevens, Banks, Johnson, Caroland, and Hughes, Quinn and Cheltree—physicians' students—of this city, immediately repaired to that place for the purpose of rendering all the assistance in their power. Such disinterested benevolence deserves the highest commendation; and we are proud of a profession that will thus risk health and life in the discharge of a vicarious duty, prompted by the cries of a strange community for medical aid.

We trust it may prove untrue that the resident physicians fled; but if true, a just condemnation awaits them.—[Western Lancet.

**Effects of Quinine.** By E. D. Fenner, M. D., of New Orleans.—This interesting case is worthy of special attention. It displays in a striking manner the wonderful powers of quinine; but candor compels me to say, it shows also that I did not avail myself and my patient of
the full extent of these powers. One dose of 30 grains, given on the first day, almost extinguished the fever. Very probably another such a dose on the following morning would have done the work completely; but, as the most of inexperienced persons would have supposed, from the appearance of the patient, I thought it could be dispensed with. The consequence was, that the fever was gradually rekindled, and on the 6th day had become so high, that I had to resort to another bold dose, combined with opium, to arrest it. This did master it, but left the patient in a singular nervous condition. As strange as it may appear to those who never witnessed it, I am convinced that 30 grs. of the sulph. quinine, with 30 drops tr. opii., or two grs. of opium, given during the exacerbation, will, in perhaps nine cases of ten, put down a fever like pouring water upon fire. But this is not always all that is to be done. A good dose of calomel (15 to 20 grs.), may now be required to emulsage the liver freely, and to act upon the other secreting organs; and then one or two liberal doses more of quinine, to prevent the recurrence of fever.—[New Orleans Med. and Surg. Jour.

A Case of Hydrocephalus, with Hypertrophy of the walls of the Cranium. By T. W. Mason, M. D., of Wetumpka, Ala.—Black Male, æt. 12 years; Autopsy ten hours after death. The following table shows the thickness of the bones that were divided in the examination:

Frontal, . . . 1\(\frac{1}{3}\) inches.
Occipital, . . . 1\(\frac{1}{6}\) “
Parietal, . . . 1 “
Temporal, . . . 1\(\frac{1}{2} “

The cellular structure forming the middle table of the cranial wall seemed to be filled with coagulated blood; the internal table was entirely destroyed in some places; the impressions made by the blood-vessels were much larger than usual.

Meninges of the brain were so closely adhered, that they could not be separated. Cerebrum of natural consistence, preternaturally white; indeed, it was entirely exsanguineous. The amount of effused serum was not as great as we expected to find, although it was considerable. The ventricles were much enlarged by the effusion. Cerebellum was found preternaturally soft, and also of a much lighter color than usual.

Remarks.—We have been unable to obtain any thing like a satisfactory history of the case; we can therefore only furnish the following imperfect items: The boy's head commenced enlarging, when he was four years old; he then was attacked with, what his mother termed, "fainty fits," and his mind was seriously affected. He, however, gradually recovered his lost faculties, and retained them till his death.

When we saw the case, which was a few weeks before death, it presented the following symptoms: eyes much projected and pupils dilated; diarrhœa and occasional vomiting; he complained almost constantly of a dull aching about the head, but no acute pain; face, hands, and feet would frequently swell toward evening and go down by morning; pulse usually about 120, weak and wiry; skin warm
and dry; the "fainty fits" continued to increase, in frequency and severity, as the fatal issue approached.—[Ibid.

**Treatment of Gout and Rheumatism by Anodynes.**—To the Editor of the London Lancet: Sir,—For some years past I have conceived both gout and rheumatism to be altogether neuralgic affections; and under this impression I have for a considerable time treated all cases of this kind that have come under my care chiefly by anodynes, topically applied; and the results of this practice have in no degree disappointed my expectations.

In rheumatic fever—which, I think, may be fairly considered as sympathetic of many co-existing local irritations—I content myself—and generally my patients too—with clearing out the *prima facie*, and applying lint, dipped in strong solution of opium, or of belladonna, to the seats of pain, covering the wetted lint with oiled silk, that the soothing effects of warmth and moisture may at the same time be attained. And I have found the febrile state, the local irritations being subdued, easily controlled by the acetate liquor of ammonia, combined with tincture of hyoscyamus and nitrate of potash.

In gout, unquestionably, the constitutional state must be more particularly attended to especially as far as regards the prophylaxis; and in young and robust people, where rheumatism occasionally attacks the heart, I yet think it sometimes necessary to bleed from the arm. That, however, in these cases, we might not often, if not always, trust to narcotics, I am by no means well assured.

I am, sir, yours respectfully,

JOHN COOPER, F. R. C. S. E., &c.

**On the employment of Collodion in Ophthalmic Affections.** By M. HAIRION.—To be enabled to protect the inflamed cornea from the contact with the air, prevent the movement of the eyelids over its surface, and retain topical applications long in contact with it, are objects which, if realized, would much diminish the severity of keratitis and conjunctivitis. Attempts at accomplishing these ends by the use of court plaster and the like had failed in the author's hands, when collodion offered itself to his notice. He usually applies it to the eyelids of one eye, and afterwards, if both eyes are diseased, to the other; but circumstances may render its simultaneous use necessary. The adhesion never lasts longer than forty-eight hours; frequently not so long, and has to be reaccomplished. The discharges from the eye usually work out a small passage, or a little space may be left at the angle of the eye, without interfering with immovable. This often forms an admirable means either of securing rest and darkness for the inflamed conjunctiva or cornea, or of enabling us to make effectual application of various ointments to the ocular surface. Then again, in the various perverted conditions of the eyelids, as in trichiasis, distichiasis, entropion, ectropion, &c., the case with which, by collodion, the desired rectification can be secured, renders it a most valuable palliative and even curative agent.—[L'Union Médicale, from British and Foreign Medico-Chirurg. Rev.
The Mechanical Leech of MM. Alexander & Co., of Paris.—This apparatus consists essentially of two parts—an instrument for puncturing the skin, and another for promoting the flow of blood by removing atmospheric pressure from the punctured part. The puncture is effected by a lancet, the blade of which has the form of the cutting apparatus of the leech. This lancet is fixed in the mouth of a tube, and projects about the eighth of an inch beyond the edge of the tube, in which position it is secured by a catch. Attached to the opposite end of the tube, by a piece of vulcanized india-rubber, which acts as a spring, is a piston, which is pressed down by a rod, and, on removing the pressure, is drawn back by the India-rubber spring. The piston being pressed down, the open end of the tube in which the lancet is fixed, is placed over the part to be punctured: the pressure is now removed when the piston is drawn back by the spring, and exhausting the air within the tube, the skin is forced up into the mouth of the tube. On loosening the lever, by which the lancet has been elevated, the latter is drawn down by a spring, also of vulcanized India-rubber, so as to effect the puncture. The cutting instrument is now removed, and a glass tube with a piston, similar to that already described, is placed over the puncture, the air within being exhausted so that the tube adheres to the part, and the blood flows freely into it. Half a dozen or a dozen tubes, each of which would draw as much blood as a large leech, might be thus attached in two or three minutes. The apparatus, consisting of a cutting instrument and six or twelve suction tubes, together with sundry implements for cleaning the lancet and tubes after use, are contained in a small case. It is very neatly got up, and we understand from those who have used it, is very efficient. The idea, however, is not new: so long ago as the year 1813, the silver medal was awarded at the Society of Arts to Mr. J. Whitford, of St. Bartholomew’s Hospital, for the invention of a somewhat similar apparatus for the same purpose. In Mr. Whitford’s apparatus the exhaustion was effected by a syringe, which was found to be inconvenient. The use of vulcanized India-rubber springs, attached to the pistons, by which efficient suction tubes are economically formed, is a great improvement in MM. Alexander’s apparatus.—[Lond. Med. Journal, from Pharm. Journal.

Cincinnati Homeopathy, under Allopathic Treatment.—The following candid and fearless expose of Homeopathic knavery, as practised by the apostles of that system in Cincinnati, is taken from the columns of the “Methodist Expositor,” of that city. It is from the pen of its talented Editor, Dr. Latta, who has in this communication done essential service to the cause of humanity, and for the bold stand he has taken against that species of quackery, deserves the thanks of the entire profession. It will be read with the deepest interest.

“Similia Similibus curantur;” that which will produce the disease will cure it, is the great fundamental principle upon which the system is founded. Had they acted in harmony with this pretension, they would have given to their cholera patients something which would
have produced purging and vomiting, such as ipac, tartar emetic, etc. But alas, instead of this we find them employing camphor, and that too in larger doses than it is administered by most of their allopathic neighbors. But who, we ask, ever heard that camphor was emetic and cathartic.

The infinitesimal doses, as well as the fundamental principle, according to the showing of Drs. Pulte and Ehrmann, have been abandoned, and yet they ascribe their cures to homoeopathy. We doubt whether they will succeed in gulling the intelligent in the community much longer by a system of quackery so palpably absurd—so grossly immoral. We have no doubt that camphor, administered in ten or twenty grain doses, would secure a reasonable share of success, whether employed by homoeopathic or allopathic practitioners. It is known to the community, that regular physicians have always relied upon the use of camphor in this disease to a great extent, in much smaller doses than those prescribed by the Homoeopathists, and hence if the latter have been successful, it is obviously, (if their own statements can be relied upon) by the use of allopathic remedies, and not by infinitesimal doses of medicines, as they would have it understood. These gentlemen seem to have abandoned Hahnemann’s theory, “that the hair of the dog would cure the bite.”

It is grossly immoral, we think, to practice such a deception upon the community. We have long believed that homoeopathic doctors were practicing allopathy in disguise—employing the “sampsns” of the system, such as calomel, corrosive sublimate, arsenic, camphor, belladona, pulsatilla, and many other powerful articles, in full doses—but now we have proof which sets the question forever at rest.

**Sub-carbonate of Iron and Sulphur in Fever and Ague.** By **Major R. Lachlan, of Montreal.**—Although not a professional man, I am encouraged to crave a small space in the liberal columns of your valuable journal, to put to the test the pretensions of a medicine, stated to be an infallible cure for fever and ague, which has been in my possession upwards of twelve years, but has only lately been analyzed for me by our scientific friend, Mr. Hunt, chemist to the geological survey.

To account for my having as yet been unable to vouch for the effects of the medicine alluded to, I may observe that, having only three doses or powders in my possession, and that number being deemed necessary to produce a cure, I was unwilling to make use of them before being analysed, and that in the mean time they had been mislaid, until my arrival in Montreal.

It may be proper to add that the powders were given to me by a highly respectable and intelligent, as well as educated, friend in Devonshire, (now no more;) accompanied by a memorandum of instructions, &c., of which the following are the particulars:

“One of the powders to be taken an hour before the ague fit comes on, in a glass of mountain or other generous white wine. If white wine cannot be had, try sugar and water, but do not use red wine.
Three powders are a certain cure; and I understand it is also a preventive. Besides a lady and gentleman of my acquaintance who were benefitted by it, more than two hundred men were cured in the French Prison, (at Dartmore,) one with four doses, who had had the ague four years; and I myself cured a private soldier and an officer."

It is only necessary to add, that according to the memorandum of the analysis of the powder furnished by Mr. Hunt, "the fever and ague medicine is an intimate mixture of sulphur and peroxide of iron, (the carbonate of iron of the druggists,) and consists of nine parts of the former and one of the latter," and that Mr. H. inadvertently omitted to ascertain the weight of the powder before analysis, but judged it to be from half a scruple to forty grains, and that on my weighing the only remaining powder in my possession I found it to be between 44 and 45 grains.

How far this very simple compound possesses the powerful virtues attributed to it, rests with the medical profession to decide, and more particularly with those members who reside in parts of Upper Canada where the distressing and debilitating disease in question is most prevalent, and where such a medicine would prove invaluable.

I might perhaps have been permitted to make this communication over an anonymous signature, but I prefer attaching my real name to it, as the best evidence of the credit I am disposed to attach to the statements in favor of the power of the medicine.—[British American Journ. of Med. and Phys. Science.

Homœopathic Victim.—The Countess of Blessington, whose misfortunes drove her from Great Britain, died very lately in Paris of apoplexy. The unfortunate lady was chiefly under the guidance of the homœopathic quacks, and Mr. Simon, a homœopathic doctor, was summoned to her assistance (?) in her fatal illness. The quack stood by her bedside, and pronounced her disease to be apoplexy! For this malady, of course, homœopathy had no remedy, no treatment.

Such events bring this absurd form of quackery to the true and severe test. All must see the perfect impotency of an infinitesimal within the cerebrum! What can a globule do with a lot of blood among the fibres of the brain? Occurrences of this kind ought to prove a lesson and a warning to our nobility. Such cases as those of Sir Francis Burdett; Lady Denbigh, who died of uterine hemorrhage, homœopathically; and the present case of Lady Blessington, speak louder against the fashionable quackeries than any homily of orthodox medicine.—[Lancet.

Iodine Injections for Fistula.—M. Ameuille lately mentioned, at a meeting of the Société Medico-Pratique of Paris, that he had succeeded in completely curing very refractory fistulae of the groin and axilla, by injecting into them, for a few days, a mixture of ten parts of tincture of iodine to fifty of distilled water. The mixture should neither be decanted nor filtered, but well stirred before use. The pain resulting from the injection may be mitigated by a poultice, and the
patient be allowed to rest for a while. In some cases slight compres-
sion must be used besides the injection.—[London Lancet."

**Compression of the Carotids in Hemorrhage after Tonsillotomy.** By
M. Gensoul.—In a case in which death was imminent, M. G. made
pressure on both carotids, and particularly on the side whence the
blood chiefly issued. The flow ceased. The compression being kept
up for half an hour, the bleeding did not recur. Since then, he has
always successfully adopted this plan, whenever the hemorrhage
seemed too free, after removing the tonsils. It is applicable to all
troublesome hemorrhages about the face and mouth, epistaxis, and
neuralgia of the face.—[Rev. Med. Chir., from Wood’s Retrospect.

**Remedy for Baldness.** By Dr. Neligan.—As a remedy for bald-
ness which follows herpes or pityriasis, Dr. Neligan recommends
the following pomade, from which he has found great benefit. Prepared
lard, two ounces; white wax, two drachms; melt together, remove
from the fire, and when the mixture is beginning to thicken, add, with
constant stirring, balsam of tolu, two fluid drachms, and oil of rosea-
ry, twenty minims. In very chronic cases, or where the baldness has
long existed, a drachm of tincture of cantharides may be added.

【Medical Gazette.】

**MEDICAL INTELLIGENCE.**

*The future Editor of the Southern Medical and Surgical Journal.—* We are
gratified to state that Dr. I. P. Garvin has consented to take charge of this
Journal after the present volume shall have been completed. One No, after
this one, and the new Editor will enter upon his duties. We congratulate our
readers in being able to secure so competent a gentleman to conduct the work.
It will be recollected that Dr. G. was associated as co-editor, a year or two ago;
and the friends of southern medical literature will, we hope, take new courage
to sustain him in his labor for them.

*The Health of our City—Prospects of our College.—* We believe Augusta is the
only city in our country, where a Medical College exists, not visited by an
epidemic during the past six months.

The duties of our Medical College will commence on Monday, the 5th of
November, at 12 M., by the delivery of a public Introductory, and the regular
exercises resumed the next morning at 9 A.M. The indications are favorable
for a good class the coming session.

*The Committee on the Adulteration and Sophistication of Drugs, &c.—* The fol-
lowing letter was received in the early part of this month, (October,) and we
addressed Dr. Tufts, of Savannah, on the subject, but have received no reply
from him. We shall be greatly obliged for suggestions, facts, &c., from gen-
tlemen of the profession within the State, bearing upon the subject of this
communication.
To Paul F. Eve, M. D.

Dear Sir,—At the last annual meeting of the American Medical Association, a resolution was adopted ordering that a Committee of two persons from each State and Territory should be appointed, "whose duty it shall be to note all facts that come to their knowledge, with regard to the Adulteration and Sophistication of Drugs, Medicines, Chemicals, &c., and to report them through the Chairman at the next Annual Meeting." In a communication which I have had the honor to receive from the President of the Association, I am requested to inform you and Dr. J. B. Tufis, of Savannah, that you have been appointed the delegates from the State of Georgia.

The subjects confided to the Committee, as I am informed by the President, were deemed of great importance to the Association, and it was evidently the wish of its members, that the most extensive inquiries should be made, in every section of the country: I have to ask, therefore, on behalf of the Association, that you will take an active part in these investigations, especially so far as your State may be concerned, and that, at your earliest convenience, you will be so good as to communicate to me, whatever facts you may possess, with such suggestions as you may think proper to make.

I have the honor to be, &c.

R. M. Huston, Chairman.


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<td>N. E.</td>
<td>Cloudy—blow all night.</td>
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<td>N. E.</td>
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<td>N. U.</td>
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<td>N.</td>
<td>Somewhat cloudy—dry gale.</td>
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18 Fair days. Quantity of Rain 35-100. *Wind East of N. and S. 17 days. West of do. do. 9 days.