
For nearly three years, the various medical journals have contained numerous articles on the employment of Sulphuric Ether by Inhalation, for the purpose of rendering patients insensible to pain during surgical operations.

The first notice I saw of the use of ether, or rather of Dr. Morton's "Letheon," as an anaesthetic, was in the editorial of the Medical Examiner for December, 1846, in which the editor gives the following extract from a paper by Dr. H. J. Bigelow, contained in the Boston Journal:—"The preparation (letheon) is inhaled from a small two-necked glass globe, and smells of ether, and is, we have little doubt, an ethereal solution of some narcotic substance."

Having on several occasions used ether, since March, 1842, to prevent pain in surgical operations, immediately after reading this notice of "letheon," I commenced a communication to the editor of the Medical Examiner, for publication in that Journal, to notify the medical profession that sulphuric ether, when inhaled, would of itself render surgical operations painless, and that it had then been used by me for that purpose for more than four years. I was interrupted when I had written but a few lines, and was prevented, by a very laborious country
practice, from resuming my communication, until the Medical Examiner for January, 1847, was received, which reached me in a few days after reading the December number. It contained several articles, giving accounts of different experiments in etherization, in which surgical operations were performed without pain. On reading these articles, I determined to wait a few months, before publishing an account of my discovery, and see whether any surgeon would present a claim to having used ether by inhalation in surgical operations prior to the time it was used by me.

A controversy soon ensued between Messrs. Jackson, Morton and Wells, in regard to who was entitled to the honor of being the discoverer of the anaesthetic powers of ether, and a considerable time elapsed before I was able to ascertain the exact period when their first operations were performed. Ascertaining this fact, through negligence I have now permitted a much longer time to elapse than I designed, or than my professional friends with whom I consulted advised; but as no account has been published, (so far as I have been able to ascertain,) of the inhalation of ether being used to prevent pain in surgical operations as early as March, 1842, my friends think I would be doing myself injustice, not to notify my brethren of the medical profession of my priority of the use of ether by inhalation in surgical practice.

I know that my interests have suffered from not making an earlier publication, and I would not be persuaded at this late stage of the ether controversy to present my claim to being the first to use ether as an anaesthetic in surgical operations, if I were not fully satisfied of my ability to establish its justness.

In the month of December, 1841, or January, 1842, the subject of the inhalation of nitrous oxide gas was introduced in a company of young men assembled at night in this village, (Jefferson,) and several persons present desired me to prepare some for their use. I informed them that I had no apparatus for preparing or preserving the gas, but that I had a medicine (sulphuric ether) which would produce equally exhilarating effects; that I had inhaled it myself, and considered it as safe as the nitrous oxide gas. One of the company stated, that he had inhaled ether while at school, and was then willing to inhale
The company were all anxious to witness its effects. The ether was introduced: I gave it first to the gentleman who had previously inhaled it, then inhaled it myself, and afterwards gave it to all persons present. They were so much pleased with the exhilarating effects of ether, that they afterwards inhaled it frequently, and induced others to do so, and its inhalation soon became quite fashionable in this county, and in fact extended from this place through several counties in this part of Georgia.

On numerous occasions I have inhaled ether for its exhilarating properties, and would frequently, at some short time subsequent to its inhalation, discover bruised or painful spots on my person, which I had no recollection of causing, and which I felt satisfied were received while under the influence of ether. I noticed, my friends, while etherized, received falls and blows, which I believed were sufficient to produce pain on a person not in a state of anaesthesia, and on questioning them, they uniformly assured me that they did not feel the least pain from these accidents. These facts are mentioned, that the reasons may be apparent why I was induced to make an experiment in etherization.

The first patient to whom I administered ether in a surgical operation, was Mr. James M. Venable, who then resided within two miles of Jefferson, and at present lives in Cobb county, Ga. Mr. Venable consulted me on several occasions in regard to the propriety of removing two small tumours situated on the back part of his neck, but would postpone from time to time having the operations performed, from dread of pain. At length I mentioned to him the fact of my receiving bruises while under the influence of the vapour of ether, without suffering, and as I knew him to be fond of, and accustomed to inhale ether, I suggested to him the probability that the operations might be performed without pain, and proposed operating on him while under its influence. He consented to have one tumour removed, and the operation was performed the same evening. The ether was given to Mr. Venable on a towel; and when fully under its influence I extirpated the tumour. It was encysted, and about half an inch in diameter. The patient continued to inhale ether during the time of the operation; and
when informed it was over, seemed incredulous, until the tumour was shown him. He gave no evidence of suffering during the operation, and assured me, after it was over, that he did not experience the slightest degree of pain from its performance. *This operation was performed on the 30th March, 1842.*

The second operation I performed upon a patient etherized was on the 6th June, 1842, and was on the same person, for the removal of another small tumour. This operation required more time than the first, from the cyst of the tumour having formed adhesions to the surrounding parts. The patient was insensible to pain during the operation, until the last attachment of the cyst was separated, when he exhibited signs of slight suffering, but asserted, after the operation was over, that the sensation of pain was so slight as scarcely to be perceived. In this operation, the inhalation of ether ceased before the first incision was made: since that time I have invariably desired patients, when practicable, to continue its inhalation during the time of the operation.

Having so long neglected presenting my claim to the discovery of the anaesthetic powers of ether; for the purpose of satisfying the minds of all, of its justness, I have procured, I conceive, a sufficient number of certificates to establish the claim indisputably. I present, first, the certificate of James M. Venable, the patient on whom the first experiments in etherization were made, and no comments on it, I conceive, are necessary.

**Note.**—A few months ago, Dr. Long informed us of his early attempts at etherization, in Surgery. He was then informed that any claim set up at this late day to priority of discovery, would be severely criticised, if not violently resisted; and that he had best, therefore, do all he could to fortify his position. He has accordingly sent us a number of certificates, properly attested; but as it is unusual for medical journals to admit these, and as besides, in our profession, the word of a gentlemen is sufficient on all points of controversy, these are of course omitted here. We state, however, they may be seen by any one curious in the matter, and their character may be judged of by the two following, bearing most pointedly on the subject under discussion.

We have only to add, that the writer of this communication is a highly worthy member of the medical profession, exceedingly modest in his pretensions and entitled to full credit for all he advances. —Edr.
(CERTIFICATES.)

I, James M. Venable, of the county of Cobb, and State of Georgia, on oath, depose and say, that in the year 1842, I resided at my mother's, in Jackson county, about two miles from the village of Jefferson, and attended the village academy that year. In the early part of the year the young men of Jefferson, and the country adjoining, were in the habit of inhaling ether, for its exhilarating powers, and I inhaled it myself frequently for that purpose, and was very fond of its use.

While attending the academy, I was frequently in the office of Dr. C. W. Long, and having two tumours on the side and rather back of my neck, I several times spoke to him about the propriety of cutting them out, but postponed the operation from time to time. On one occasion, we had some conversation about the probability that the tumours might be cut out while I was under the influence of S. ether, without my experiencing pain, and he proposed operating on me while under its influence. I agreed to have one tumour cut out, and had the operation performed that evening after school was dismissed. This was in the early part of the spring of 1842.

I commenced inhaling the ether before the operation was commenced, and continued it until the operation was over. I did not feel the slightest pain from the operation, and could not believe the tumour was removed until it was shown to me.

A month or two after this time, Dr. C. W. Long cut out the other tumour, situated on the same side of my neck. In this operation I did not feel the least pain until the last cut was made, when I felt a little pain. In this operation, I stopped inhaling the ether before the operation was finished.

I inhaled the ether, in both cases, from a towel, which was the common method of taking it.

James M. Venable.

GEORGIA, Cobb county, July 23d, 1849. Sworn to before me.

Alfred Manes, J. P.

I certify that I was a pupil in the Academy in Jefferson, Jackson county, Ga., in the year 1842. Some time during the spring of that year I was present, and witnessed Dr. C. W. Long cut out a small tumour from the neck of James M. Venable. I am well acquainted with the smell of sulphuric ether, and know that Mr. Venable inhaled it, before and during the time of the operation. He made no sign of suffering pain during the operation; and after the tumour was cut out, he asserted that he did not feel any pain from the cutting out of the tumour.
A few months after this operation, Mr. Venable informed me that Dr. Long had cut out another tumour from his neck, while he was under the effects of ether, and that he did not feel any pain from the operation. Mr. Venable was a pupil in the Academy during the year 1842, and I was intimate with and heard him speak of the operations frequently, and he always asserted they were performed without pain. I know the operations were performed in the year 1842: my brother, Wm. H. Thurmond, had charge of the academy that year, and it was the only time I was a pupil in the academy.


In addition to Mr. Venable's, I present the certificates of E. S. Rawls and Wm. H. Thurmond, who were present, and witnessed one or both operations.

My third experiment in etherization was made on the 3rd July, 1842, and was on a negro boy, the property of Mrs. S. Hemphill, who resides nine miles from Jefferson. The boy had a disease of a toe, which rendered its amputation necessary, and the operation was performed without the boy evincing the least sign of pain.

I present Mrs. Hemphill's statement of the report the boy gave her of the operation on his return home, which I conceive is sufficient on this point.

These were all the surgical operations performed by me during the year 1842, upon patients etherized; no other case occurring in which I believed the inhalation of ether applicable. Since '42, I have performed one or more surgical operations annually, on patients in a state of etherization.

The question will no doubt occur, why did I not publish the results of my experiments in etherization soon after they were made? I was anxious, before making my publication, to try etherization in a sufficient number of cases to fully satisfy my mind that anaesthesia was produced by the ether, and was not the effect of the imagination, or owing to any peculiar insusceptibility to pain in the persons experimented on.

At the time I was experimenting with ether, there were physicians "high in authority," and of justly distinguished character, who were the advocates of mesmerism, and recommended
the induction of the *mesmeric state* as adequate to prevent pain in surgical operations. Notwithstanding thus sanctioned, I was an unbeliever in the science, and of the opinion, that if the mesmeric state could be produced at all, it was only on "those of strong imagination and weak minds," and was to be ascribed solely to the workings of the patient's imaginations. Entertaining this opinion, I was the more particular in my experiments in etherization.

Surgical operations are not of frequent occurrence in a country practice, and especially in the practice of a young physician; yet I was fortunate enough to meet with two cases in which I could satisfactorily test the anaesthetic power of ether. From one of these patients I removed three tumours the same day: the inhalation of ether was used only in the second operation, and was effectual in preventing pain, while the patient suffered severely from the extirpation of the other tumours. In the other case, I amputated two fingers of a negro boy: the boy was etherized during one amputation, and not during the other; he suffered from one operation, and was insensible during the other.

I have procured the certificates of the lady from whom the tumours were removed and of her husband, who was present and witnessed the operations; and also that of the owner of the boy, establishing the fact of the insensitivity of the patients to pain during these operations. These certificates were procured in preference to those establishing other operations, because they not only show that the experiments were continued from year to year, but also show that they were conducted so as to test the power of etherization.

After fully satisfying myself of the power of ether to produce anaesthesia, I was desirous of administering it in a severer surgical operation than any I had performed. In my practice, prior to the published account of the use of ether as an anaesthetic, I had no opportunity of experimenting with it in a capital operation, my cases being confined, with one exception, to the extirpation of small tumours, and the amputation of fingers and toes.

I have stated that ether was frequently inhaled in this and
some of the adjoining counties, for its exhilarating effects; and although I am conscious that I do not deserve any credit for introducing its use for that purpose, yet as others, through their friends, have claimed to be the first to shew its safety, most of the certificates I have obtained establish the fact of its frequent inhalation for its exhilarating effects. I met with R. H. Goodman, who was present the night ether was first inhaled in Jefferson, and who removed to Athens, and introduced its inhalation in that place, and present his certificate. All the young gentlemen who were present the night I first administered ether, with one exception, are living, and their certificates can be procured, if necessary.*

I have now, in a very concise manner, presented a "plain, unvarnished" account of some of my experiments in etherization, and have said nothing of the comparative merits of ether, and the other anaesthetics, because that was foreign to my present subject. Had I been engaged in the practice of my profession in a city, where surgical operations are performed daily, the discovery would, no doubt, have been confided to others, who would have assisted in the experiments; but occupying a different position, I acted differently, whether justifiable or not. The result of my second experiment in etherization, was such as led me to believe that the anaesthetic state was of such short duration that ether would only be applicable in cases in which its effects could be kept up, by constant inhalation, during the time of the performance of the operations. Under this impression, up to January, 1847, I had not used ether, in but one case, in extracting teeth, and thus deprived myself of experimenting in the only class of cases which are of frequent occurrence in a country practice.

While cautiously experimenting with ether, as cases occurred, with the view of fully testing its anaesthetic powers, and its applicability to severe, as well as minor, surgical operations, others, more favorably situated, engaged in similar experiments; and consequently the publication of etherization did not "bide my time." This being the case, I leave it with an enlightened

* Our friend, Dr. Long, can lay no claim to the introduction of sulphuric ether as an exhilarating agent when its vapour is inhaled.—Edr.
medical profession, to say, whether or not my claim to the discovery of etherization is forfeited, by not being presented earlier, and with the decision which may be made, I shall be content.

ARTICLE XXXIX.

Three Cases of the successful administration of Chloroform, occurring in the practice of Drs. Erskine & Sheffey, of Huntsville, Alabama.

Case 1st. A little daughter of Mr. M——, aged about 4 years, some months previous to the operation, had a needle thrust into her breast, over the sternum, the point breaking off in the bone. Caries ensued around the point of the needle, producing a great deal of pain, and great suffering when touched. Chloroform was administered; a crucial incision, two inches long, was made through the centre of the inflamed point. No sensibility was manifested during the dissection of the flaps, and removal of the decayed bone. She was kept profoundly under its influence from 30 to 40 minutes, no unpleasant symptoms following. This operation, without the anaesthetic agent, must have proved excruciatingly painful.

Case 2nd. A negro boy, belonging to Capt. M——, aged about 14 or 15, had his frontal bone fractured above the orbital arch, a portion of bone driven into the brain through the dura mater, &c., and forcing out a portion of its substance. When seen, he was sensible, and resisted all efforts to examine the wound, to elevate or remove the bone. Chloroform was administered; profound sleep came on; the operation performed; several spiculae were removed; sutures applied to the flaps, and the wound was dressed, while the boy remained perfectly quiet. He was kept under the influence of chloroform nearly an hour: no unfavorable symptoms supervened. The patient recovered without an unpleasant occurrence.

Case 3rd. A negro girl, aged about 13 years, belonging to Mr. R——. She had extensive necrosis of the os femoris, and was much emaciated from long suffering. Chloroform was ad-
ARTICLE XL.

A Case of Rupture of the Quadriceps Femoris Muscle, which came under the notice of C. H. Mastin, M. D., of Mobile, Alabama.

In September, I was called to see an old man, aged 60 years, who, in attempting to replace the bed of a wagon upon its wheels, had his foot to slip, and his left leg, in a state of semi-flexion, caught between the falling body and the ground. Upon examination, I found the quadriceps femoris, about an inch and three-quarters above the patella, ruptured; the patella driven down, even out of its natural position, and its ligament “loosed” outward. Having satisfied myself of the correctness of my diagnosis, the next question was, as to the mode of treatment; how the ruptured ends should be co-aptated and so retained. I extended the leg upon the thigh, and flexed the thigh upon the body; a uniting compress was placed upon the thigh in the direction of the fibres of the muscle, the patella restored to its position, and a roller passed from the toes to the groin; a splint extending from the tuberosity of the ischium to the os calcis, and the roller reversed and passed over the splint, down to the
foot. The leg was now placed upon a simple inclined plane, which, by flexing the thigh upon the body, would keep the ruptured muscle in a relaxed condition, and thus more effectually approximate the ends. The patient was now left to rest. No bad symptoms occurring, at the end of thirty days, the dressings were removed, and the double inclined plane of Amesbury substituted, which, by gradual flexion and extension, ankylosis was prevented, and in the time of forty-five days, from the accident, the patient was perfectly cured.

This proves to be an interesting case, from the advanced age of the individual, from the fact, that the violence of the blow—sufficient to rupture so great a mass of muscle—did not abrade the skin, and the speedy recovery, even without a bad symptom.

That the accident cannot be regarded as trivial, we have but to notice, that out of fourteen cases mentioned by Demarquay as having occurred at the Hôtel Dieu, only five may be considered as having had a favorable result. M. Velpeau mentions two cases of rupture of the tendon of this muscle, which came into La Charité in 1838, and remarks, that although it was impossible to effect union by immediate contact, still the cure was completed without the functions of the leg in either case being perceptibly disturbed.

The fact of the new substance, which unites the two ends, being ultimately transformed into a tissue resembling the original, may be the reason why, ruptures of the extensor tendons and muscles, do not cause lameness more frequently; the muscle being only lengthened to a small extent, its retractions eventually overcome this elongation, and in a short time the movements of the leg show but a slight derangement.

ARTICLE XLI.

Cases occurring in the Practice of P. W. Harper, M. D., of the Shoals of Ogeechee, Georgia.

Case 1. I was called to visit a healthy negro woman, belonging to Mrs. Y——, 19 years old, who had borne a child at full term, about eighteen months previously, without any difficulty to herself or child: I found her, in the present instance,
with preternatural presentation of the left hand and arm. From
the history of her case, I was informed she had had, for many
hours, the most severe and bearing-down pains, although, at
the time I first saw her, she was free from pain, but complained
of great prostration of strength, as was evident from her pulse.
In the usual way of proceeding, I found no difficulty at all in
returning the projecting arm and hand; but, to my great sur-
prise and mortification, I was unable to ascertain the position
of the feet and legs: I could only insinuate my hand between
the dorsum of the child and the left lateral portion of the uterus,
to its fundus. The abdomen of the child was in such coaptation
with the right lateral portion of the uterus as to prevent all efforts
to make, in that direction, an examination. By giving an ano-
dyne, I had prepared her for this examination, and as I had
hoped, for a safe delivery. During the whole of the examina-
tion, she complained of no pain, only observing, at times, that
she was very weak and felt fainty. Failing in the first attempt
to get the feet, I desisted for a while, and then made the second
effort; but she sank and died under the operation, without a
sigh or a groan. By the kind permission of her mistress, I made
a post mortem examination. I found the right side of the uterus,
from near its fundus, extending longitudinally, lacerated about
six inches, and the feet and legs thrown out of the uterus into
the cavity of the abdomen of the mother, and contrary to ex-
pectation, but little hemorrhage supervened.

This case presents many features for consideration to the
speculative theorist. How was this fissure made, and that too,
so large as to admit the free passage of the child's feet and
legs?—Why was there so little hemorrhage?—What caused
such great prostration of strength in such a young and healthy
constitution?—Why should the rupture of the uterus be longi-
tudinal instead of transversed? The anatomical structure
would seem to favor the latter. With the ingenious theorist I
will leave the case.

Case 2. My friend, Dr. H. Allen, called me in consultation,
in 1835, to the lady of the Rev. R. B. F——, about 36 years of
age, of good constitution, and mother of several healthy chil-
dren, her labours having been all fortunate. On my arrival, I
found the case a footling presentation: all of the child was
delivered, with the exception of the head. Dr. Allen informed me that the child had been dead more than twelve hours, and that he had made several efforts to deliver her. After making a thorough examination, I proceeded manually to operate, but did not succeed in effecting delivery. We then concluded, that the head was so impacted, that delivery could not be accomplished without the use of the perforator. After a short interval of consultation, it was decided, that I should make another trial, before resorting to instruments. I did so; and on the second examination, I found the position of the head had been changed, and that it had gradually descended into the superior aperture of the pelvis. At this particular stage of the case, I could distinctly feel the mouth of the child, and with my right index finger, I opened the mouth, and used that finger as a blunt hook in the roof of the mouth, when I soon discovered the head descending into the cavity of the pelvis: in a few moments the lady was safely delivered.

The secret and difficulty of the case remain now to be mentioned. The head was hydrocephalus; the sutures, bones, and integuments, were so elastic as to admit of the necessary elongation of the head to pass through the diameter of the pelvis: the return of the head to its diseased size was so great, immediately on its expulsion, as to cause a gurgling noise quite audible in the adjoining room. After the infant was shrouded, the head measured thirteen inches from the chin to the vertex; and eleven and a half inches in circumference. The whole head assumed the appearance of a pulpy mass.

This lady never after was mother of another child, yet she continued to enjoy, generally, good health, and was alive when I left Virginia, in January, 1847.

Here is another case for speculative theory. With all of our persuasion, Dr. Allen and myself could not prevail on the parents to grant us the permission to puncture the head, to ascertain the quantity of water, and to make such other examinations as might be necessary. We supposed there must have been three pints of water, if no more. In every other particular, the child was well formed, and of common size.
A Case of natural Anæsthesia. By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.

So universal has been the application of the Divine curse to man, that, to suffer and to live are not only inseparable, but may be considered as synonymous terms. In the observation of more than twenty-three years, I have met with but a single exception to this apparently absolute law of our existence. It has occurred to me, that in these days of artificial anaesthesia, a brief narration of this case might not be devoid of interest to the profession; especially as this condition of the system was actually so complete and profound as to have cost the life of the patient.

I had known Mr. A. for several years, and am the intimate friend of his family physicians, the last of whom is one of my earliest and most promising pupils. From them I had occasionally heard that this gentleman had a natural insensibility to pain, previously to his becoming my patient. In 1845, I was first consulted by Mr. A., in reference to the development of cataracts in his eyes. In November, 1846, he had one eye operated upon in a neighboring city, and for a time he could see pretty well. The sight not proving, however, satisfactory, the patient desired the cataract removed from the other eye; and this was accordingly done by couching, on the 6th of March, 1847. Believing there was a disposition in the case to cerebral congestion, which might produce amaurosis, or even apoplexy, the family physician was advised to keep up some active derivation from the head.

After this second operation upon the eyes, the patient had a rapid recovery, and was soon able to ride over his plantation on horseback. In one of these excursions, he was unfortunately exposed to a severe rain, and apprehending his eyes might suffer, he ordered his servant to rub the nape of the neck with tartar emetic ointment. Desiring this application to be repeated, he was told that the part was already inflamed, but, as he says he did not feel it, and of course could not see the part affected, his command was repeated and then obeyed. Erysipelas now occurred, and I saw the patient on the 11th of
April, being about a month after the last cataract was destroyed. Free incisions were made through the skin of the inflamed neck, and other local and constitutional means employed. The disease, however, continued to increase in spite of most active treatment, coma supervened, and he died during the night of the 14th.

Mr. A. was about 56 years old at the time of his death. He was of sanguino-leuco-phlegmatic temperament; was a corpulent man, weighing about 250 pounds, and had been a free liver. He was a lawyer by profession, of good intellect, being a man of strong mind and body, and had acquired considerable reputation as an advocate and politician.

And now in relation to his possessing a natural state of anaesthesia, the following facts are submitted:

During a political campaign, not liking the appearance of a finger injured in a renounter, he bit it off himself and spat it upon the ground.

He had at one time an ulcer on a toe, extending finally to the foot, which resisted treatment for nearly three years. Mr. A. told his physician at the time, and has since repeated the same statement, that from first to last, it never gave him the slightest pain.

An abscess also formed in his hand, involving in its progress the whole fore-arm and arm, which became enormously swollen up to the body, and threatened his life. The lancet had repeatedly and freely to be used, and was followed by a copious discharge of pus for several weeks. During the whole treatment, he says he experienced no pain.

He says he felt no pain when his eyes were operated upon for cataract. Neither did either inflame. I can vouch for his statue-like immovability during the second operation.

When his neck was pustulated by tartar emetic ointment, he did not feel it, but ordered the application to be repeated.

I made three incisions with a bistoury in his neck to relieve erysipelasatous inflammation. He was so unconscious of the operation, that after it was performed he asked me to do it, that he might turn over on his back in the bed.

He told his attending physician that he never suffered pain from any cause whatever, until his last illness. For two days
after its development he complained of the erysipelas, and then passed into his usual insensible condition, some time before the state of coma supervened.

It is proper to say that Mr. A. was a man of great probity, and never boasted of being insensible to pain.

The only cause suggested for this truly singular and peculiar condition of the system of this patient, is the free use of alcoholic potations to which he was at one time much addicted. But others have drank more than ever he did, without producing the same result. We think the case of sufficient interest to deserve a passing notice.

PART II.

Reviews and Extracts.

A Detail of certain Experiments, performed by Magendie and Bernard in the College of France. By William H. Anderson, M. D., of Mobile, Alabama.—(Amer. Journal.)

In the winter of 1848, the writer of this article witnessed a large number of experiments, vivisections, &c., made by Magendie and Bernard, for the purpose of elucidating some of the more mysterious functions of the digestive, nervous, circulatory, and respiratory apparatus. Among others, a series of experiments was instituted, to ascertain the action of various poisons, the therapeutical effects of which have been sought after of late years. We proceed to detail the facts relative to several of these medicaments.

Strychnia.—Of all the extracts, the alcoholic is undoubtedly the best, but even this is uncertain, and should be administered with caution. The great difficulty seems to be in arriving at a proper strength; for two preparations made precisely in the same manner, are frequently found to possess different degrees of activity. Trousseau was the first to remark this, in the case of a patient under his care at hospital Neckar. To obviate the difficulty, the alkaloid should always be given in substance, and the same rule holds good with regard to all the powerful alkaloids.

Strychnine is a very active substance, and when given in poisonous doses, either to man or the lower animals, it produces death by convulsions. Hence, it bears especially upon the nervous system. It has no action on the brain, and produces
its effects equally as well when this organ has been extirpated. To prove this, Magendie removed the brain of several animals, and the administration of the poison was followed by the same effects. A careful analysis of the experiments of Bernard and Magendie leads to the belief that strychnine has a reflex action; that it acts on the periphery, not on the nervous centres. An exaggeration of the reflex action, therefore, is its true modus operandi. Its peculiar action seems to be on the nerves of motion, yet to act on them requires the integrity of the posterior roots. Bernard exposed the anterior roots of the nerves going to a limb: he then cut the posterior roots, and applied the alkaloid to the anterior; no convulsion ensued; but by applying it to the posterior roots in a state of integrity, convulsions in the limb soon followed. The nerves of motion therefore became affected through the medium of the nerves of sensation.

However applied, strychnine cannot act before absorption takes place. When introduced into the veins, the effects are immediately seen. When it was placed in the cellular tissue of the foot, and the vessels between it and the heart tied, no action ensued. Some of the German therapeutists thought that when strychnine produced death, it did so by asphyxia, but this theory is disproved by the fact, that it kills animals that have no lungs. The true method of its action in poisonous doses is an exhaustion (épuisement) of the nervous system.

Nicotine.—The Virginia and the Cuba tobaccos are very rich in this principle, though both are inferior to that which grows in the south of France. There are various agents for the extraction of nicotine from the nicotiana tabacum, but ammonia is perhaps the best. When obtained in its pure state, nicotine is a liquid, slightly yellowish, and without odour. The works on materia medica generally attribute to it the odour of tobacco, but this is owing to a faulty manner of preparing it. When entirely deprived of the potash, which is in intimate association with it, it is quite free from odour; but, on the addition of the smallest portion of potash, the pungent odour of tobacco is immediately evolved. Nicotine is very volatile, very easily absorbed, and exceedingly energetic in its effects on the system. While its power bears principally upon the brain and spinal cord, it is at the same time an active purgative and diuretic. Almost all of the new comers in tobacco factories are lightly purged for several days, and even children, nursed by mothers who have lately become operatives, suffer from diarrhœa.

One drop of pure nicotine, given to a medium-sized dog, is followed by convulsions in all the limbs,—the forelegs suffering
much more, however, than the hinder ones,—the respiration is very much quickened, and the heart's action accelerated. The eyes sink, and the animal becomes temporarily blind, owing to the third eyelid spreading itself over the eye. The blindness is not owing to any lesion of the optic nerve, as has been supposed. In addition to these effects, there are profuse salivation, an exaggerated secretion of urine, and active purging. In the course of an hour the violence of the effects passes off, and the animal calms—the posterior limbs yield their convulsions some time before the anterior. The next day, the dog entirely recovers. The post-mortem examination of animals killed by the introduction of nicotine into a wound, reveals nothing that will account for the symptoms. Bernard cut the pneumogastrics of a dog that had taken a poisonous dose, and the usual phenomena produced by it on the lungs and heart did not evince themselves. Death, however, occurred as quickly as if the nerves had not been cut.

**Prussic Acid.**—The action of this poison is rapid and energetic, absorption taking place the instant that it is applied to a proper surface. One drop of the anhydrous acid is sufficient to kill a middle-sized dog. As soon as the poison is absorbed, a slight tremulous motion takes place throughout the system; this soon increases to actual convulsion, which becomes more and more intense, until death closes the scene. While Bernard was preparing some of the anhydrous acid for experiment, he inhaled some of the fumes, and was immediately rendered senseless, with extreme difficulty of breathing. Several hours elapsed before he entirely recovered. A series of experiments was undertaken on a number of animals, in order to find out a counterpoison for such a destructive agent, and they resulted in the discovery that ether (sulphuric) was the best antidote, if immediately inhaled. In the course of the experiments, it was hoped that ether, largely taken, would prove to be an effectual antidote to a very large quantity of the anhydrous acid, for it was found that several animals revived, which had been previously etherized, although several drops of the poison had been administered. Subsequent experiments, however, proved that the dose must be within certain limits.

Prussic acid acts on the system of sensibility as well as that of movement, and its effects commencing in the cerebro-spinal axis are diffused throughout the body by means of the nerves. If the nerves going to a limb are cut, that member will not evince the phenomena shown by the others,—there will be no tremor or convulsions in it.

In addition to its powerful effects on the nervous system, Prussic acid has a peculiar action on the blood, so modifying
that fluid as to render it incapable of oxidation. The bright red colour of arterial blood is owing to the absorption of oxygen. In man, this absorption takes place in the lungs, but in some of the lower animals, it is performed by means of the skin, and it may easily be seen going on, if the mesentery of a cat or a rabbit be exposed. The iron of the globules is the constituent that becomes oxidized, and Prussic acid has the power of preventing it from appropriating oxygen. A very feeble dose will, in a measure, put a stop to the process. This phenomenon presents itself out of the body, in the same manner that it does in the current of the circulation. Bernard took two tubes, into each of which he put a quantity of blood. Oxidation immediately commenced, but on the addition of a few drops of Prussic acid into one of the tubes, the process of oxidation was immediately arrested. What influence this property has in producing death is a subject well worthy of consideration. That the functional integrity of the cerebro-spinal axis depends upon a proper supply of arterial blood, there is no question. Either too much or too little oxygen in the blood impairs the action of this system; and it is the opinion of the author, deduced from witnessing many experiments with Prussic acid, that the beneficial effect of medicinal doses is often owing to its property of checking undue oxidation of the blood. In various diseases, accompanied with accelerated respiration and exalted arterial action, there is reason for believing that the blood is overloaded with oxygen; and it is a fact worthy of notice that, in these very diseases, medicinal doses of Prussic acid exert a very salutary effect. As it is intended, however, merely to detail the experiments, and the well-ascertained facts that flowed from them, we will not speculate farther on this subject.

Among the preparations of cyanogen, the cyanuret, of mercury is, perhaps, the most dangerous. If there be the smallest quantity of gastric juice in the stomach, death immediately ensues its administration. The gastric juice decomposes the compound, and liberates the Prussic acid in its purest form. Bernard introduced into the stomach of a dog, during digestion, a small portion of the cyanuret, and the animal died, in a few minutes, with all the symptoms of death by a poisonous dose of Prussic acid. On an immediate post-mortem examination, both the stomach and the brain emitted the characteristic odour of the acid.

If, from any cause, sulphuric ether cannot be obtained for inhalation, when a person has been poisoned with Prussic acid, the next best antidote is a solution of carbonate of potash, followed by a solution of the sulphate of the protoxide and the
peroxide of iron. The chemical interchange of elements is very rapid, and results in the formation of the ferrocyanuret of iron.

Opium.—The experiments performed by Magendie and Bernard on opium, lead to the belief that it acts primitively on the muscular system, and that its energy as a poison, in any given case, depends on the degree of muscular paralysis it has produced. Its therapeutic effects, in small doses, are very variable, and depend upon age, idiosyncrasy, habit, and particular conditions of the body. Long-continued usage of the drug may so inure the system to its influence, that very large doses may be taken with impunity, so far as regards their immediate effect. The poison, however, is slowly doing its mischief, and sooner or later the tone of the muscular fibre becomes impaired, and the heart, losing its wonted vigour, is unable to drive the blood with sufficient force to reach the capillary tubes. Hence, congestion of the brain and a general stasis of the blood, are the constant effects of a poisonous dose of the medicine. If the heart did not partake of the languor of the muscular system, opium would perhaps not be so great a poison; but this organ, like the rest of the muscles, loses its contractility, and labours in vain to perform its functions.

Opium is one of those substances that act through the vascular system. It may be applied in a very concentrated form to a wound in a limb, and yet, if the vascular communication between the limb and trunk be cut off, no effect is produced. This has been proved by repeated experiment.

Want of vigour in the action of the heart, being the great danger in poisoning by opium, it would be natural to suppose that any substance having power to restore that vigour, would be a good antidote to a poisonous dose. And this is precisely what turns out to be the case with regard to coffee. Of all known substances, coffee has the most influence in giving power to the heart's action; and it is in this way, establishing, as it were, the impeded circulation, that coffee is the best and most certain antidote to opium.

Digitalis.—There are several medicines which seem to have double action on the system, that is, which have two distinct and separate actions, the one not being the consequence of the other, although it may follow it. Digitalis belongs to this class, since it contains two distinct principle—a sedative, and a diuretic. Its diuretic property is independent of the heart's action, for it may be combined with medicines which annul its sedative effects, and still the kidneys will manifestly be under its influence. Chemistry has not as yet succeeded in isolating these principles from each other.

Digitalis is a sedative, because it weakens the muscular
system of organic life. If the abdominal cavity of an animal be opened, and the intestines exposed, after a sufficient quantity of digitalis has been administered, the heart's action will grow weaker and weaker, and the intestinal motion will gradually lessen until both will cease. This arrest of intestinal motion is not owing to debilitated circulation, because, while under the depressing influence of the digitalis, the heart's action may be easily strengthened by the administration of coffee, but the muscular coat of the intestines will remain unaffected, and continue to become enfeebled till it stops altogether. An experiment, verifying the above, may be easily performed on a dog of medium size, by dissolving in the serum of the blood one grain of digitalin, and injecting it into a vein. Digitalis acts through the vascular system, not the nervous. Bernard cut the pneumogastrics of a dog, and still it had its usual effects on the heart. The narcotic action of the drug, and the coma and convulsions that precede death, when it has accumulated in the system, are owing to deranged circulation in the brain.

Quinine.—The administration of this substance, in very large doses, is followed by coma, convulsions, dilatation of the pupil, and other symptoms denoting derangement of the brain. When death is produced, the autopsy reveals a good deal of irritation of the mucus membrane of the stomach. The blood is black, and not coagulable;—extravasation is found in various parts of the body; the brain is invariably congested, and the lungs much carnified.

Forty grains, given to a large dog, produce very serious effects, but do not in general kill the animal. At the end of two or three days, during which period he suffers much with coma, tremors, and convulsions, he recovers, but almost always there is paralysis in some part of the body, either in the hind-foot, the foreleg, or some part of the face.

In medicinal doses, quinine has a decided action on the heart; that is, if the subject be in a state of health. Ten grains, dissolved in acidulated water, and injected into the crural vein of a dog, produced an increase of the heart's action, both in force and frequency, and was followed by intense fever for several hours. The spleen being exposed to view, was closely observed, but there was no reduction in its size. In this particular, quinine differs from strychnine, the latter producing a marked decrease in the size of the spleen. An enlarged and unhealthy spleen, however, seems readily to come under the influence of proper doses of quinine. This is proved by experiments on the lower animals, as well as by those performed on man. The surgeons of the French army in Africa report that,
in the malarious districts of that country, it is by no means uncommon for dogs to have their spleens much enlarged, and that they are easily reduced by the administration of medicinal doses of quinine.

Quinine is administered by the stomach, by enema, by the endermic method (either on a denuded surface, or by the general bath,) and by injection into a vein. Of these various modes, that by injection into a vein is the most efficacious. Ten grains, put into a vein, will have the effect of a much larger dose put into the stomach. When given by the stomach, it should always be administered in the state of fasting, the state of digestion greatly lessening its energy. It has been mentioned that quinine, in small doses, has a decided action on the heart, increasing its force and frequency and producing general fever. This is the case when it is administered in a state of health, and when so taken, the fever lasts as long as the medicine is in the current of the circulation. This is from three to five hours, at the end of which period it is eliminated by the urine, and the fever subsides. That depression of the vital power which immediately precedes and accompanies ague, will rarely take place, when there is a sufficient quantity of quinine in the current of the circulation at the moment of its invasion; and it is for this reason that the remedy, when administered as an antiperiodic, is much more efficacious, and much more certain in its effect, if the quantity be taken three or four hours before the expected chill, than if the same quantity be taken in smaller doses during a period of eight or nine hours before, because, if there is any secretion of urine going on, a large portion will in this latter case have been eliminated from the system.

[A knowledge of the above fact, will have some practical bearing on the diseases of southern latitudes, since it happens that the important effects of quinine (at times vitally important) are lost to the patient because the medicine is not in his system at the proper moment. We take advantage of this opportunity to make a few remarks with regard to the injection of quinine into the veins. We have frequently seen cases of congestive and bilious remittent fever, where we had every reason to believe that quinine was strongly indicated; but where, for substantial reasons, it could either be not given at all, or, if given, would have been devoid of effect. Among such cases are those where the medicine is ejected, in consequence of an irritable stomach, and also those where the patient apparently, though not really moribund, can no longer swallow. In these cases, it is usual to administer the medicine
either by the rectum or by the endemic method; but when
the depression of the system is very great, and the vital action
almost extinct, the *absorbent* power is in a great measure lost,
and the good effects of the remedy are not experienced, be-
cause it lies like an inert mass in the system. At this period,
the circulation of the blood still goes on, and, though partaking
of the general impairment of the system, it is feeble and
languid; yet still it reaches the nervous centres, and can con-
vey to them materials capable of restoring and renewing their
vigour. How often does it happen that, in the low stage we
have described, the return of a slight chill will cause a con-
gestion of the brain and lungs, and inevitably carry the patient
to his grave; and with what anxiety do we look forward to
the period of this return, hoping that it may be escaped or
kept off by the intervention of art. If quinine, therefore, be an
efficacious remedy; if it have the power of bracing up the ner-
vous system, and preventing another agitation, and the fatal
stasis consequent upon it, it is all important that it should, at
such times, be put in the current of the circulation. In this
country, the administration of quinine by transfusion has been
little, if at all, used; but in Belgium and Holland, we have
known it employed with the happiest effect; and since the
process is easily and perfectly innocuous, we think it well
worthy an extended trial. There are liquids which cannot
with safety be injected into the veins, because the globules of
such liquids are too large to pass the minute capillaries of the
lungs. The due oxygenation of the blood is thus interfered
with, and death is the consequence. But water does not belong
to this class. At the temperature of the blood, it passes freely
from the arterial to the venous capillaries, and is perfectly safe as
the vehicle of medicines which are to be used by transfusion.

The injection of certain medicines into the veins was used
in England and Germany some years ago; but it fell into dis-
use, because a German physiologist of distinction, making use
of oil as the solvent of some remedy he wished to employ, in-
variably caused the death of his patient. The experiment
(using oil as the solvent) was extensively tried on animals, and
always with the same consequences. The true cause of death
was sought for in vain, and it was reserved for the untiring
industry of Magendie to discover it. The experiment that
ascertained and proved this, was repeated in the presence of
the writer, and it was found that the cause of death was a
mechanical obstruction of the capillaries of the lungs. The
globules of the oil being too large to pass, completely plugged
up the finer tubes, and prevented the access of air to the blood.
Th is fact being known, the method by transfusion will doubt-
less be again brought into use.]
Note.—During our absence from the United States, an interesting paper on the effects of quinine, in poisonous doses, was published in the American Journal of the Medical Sciences, April, 1847, by Dr. Baldwin, of Montgomery, Alabama. We have received this article, and from our experience relative to the various susceptibility of different individuals to quinine (both of the human species, and the lower animals), we must refer to it. We are pleased to say that the experiments of the French physiologists generally confirm those of Dr. Baldwin, at least so far as the symptoms and lesions are concerned which poisonous doses produce on dogs. These various effects having been given to the profession, in the paper of Dr. B., it is unnecessary for us to repeat them in this article. With regard to the relative susceptibility of the system to the influence of quinine when injected into a vein, and when given by the stomach, the French authorities differ from Dr. Baldwin; but it is highly probable that the latter did not perform a very large number of experiments to ascertain this fact particularly. In connection with the paper of Dr. Baldwin, we would state that the best antidote to the state of quininism, is an active and efficient diuretic. Under the action of the acetate of potash, combined with a very small portion of Prussic acid, we have seen patients rapidly recover from the poisonous effects of quinine.

Arsenic.—With regard to this substance, we have very little to say. Experiment proves that, however introduced into the system, whether by the stomach, through a wound, by inhalation, or in a state of gas, it always causes inflammation of the stomach, accompanied by some nervous and cerebral agitation. There are two peculiarities about arsenic, worthy of notice. The first is, the extreme slowness and great difficulty with which it is eliminated from the system. It rests along time in the economy, and may occasionally be found in the blood after all symptoms of poisoning are gone. Its action on the blood is to render it black, to diminish its plasticity, and to make it very fluid. The consequence of all this is an infiltration of the tissues, and slight effusions of blood, particularly in the lungs; the latter are always found when animals have been poisoned by arsenic. Another striking peculiarity of arsenic is, its manifest affinity for the tissue of the liver. No matter how introduced, or how feeble the dose, if death ensues, arsenic may always be found in the liver. Even when time, or the intervention of art, has caused it to be eliminated from all other parts of the system, the liver will still be found to contain a sufficient quantity for the appropriate test to act upon.
So true is this, that when a person is poisoned, in the provinces of France, they send only the liver to Paris for examination.

When arsenic is eliminated from the system, it goes off by the urine; and the iodide of potash is, perhaps the best substance to expel it through that channel.

**Ether.**—The wonderful effects of ether upon the human economy, and the new era which its introduction caused in operative surgery, were sufficient inducements to submit it to the test of very varied, and often repeated experiments. Not only did Magendie and Bernard undertake a rigid analysis of its effects on animal life, but Flourens, Longet, Beau, and a host of other distinguished physiologists, turned their attention to the subject, and illustrated, as far as possible, its mysterious agency in the production of anaesthesia. While these celebrated experimenters, were observing the effects of ether on the lower animals, an equal number of the most enlightened practical surgeons were closely watching its action on the human system, and so fashionable had its employment at one time become in France, that even an abscess was scarcely ever opened by surgical intervention, unless the sensation of the patient had previously been lulled by the inhalation of the anaesthetic agent.

For the production of anaesthesia, the chlorohydric and acetic ethers are equally as efficacious as the sulphuric; but the latter, being in more general use, was chosen as the most proper variety for experiment. Sulphuric ether, applied locally, acts as an irritant and refrigerant, and to some of the animal tissues it acts as a solvent. When applied to the trunk of a nerve, it destroys the sensibility of that nerve. This it does by its refrigerant effect, ice possessing the property of doing the same thing; but ether goes further than ice; it dissolves the fatty matter of that part of the nerve, and paralysis follows as a consequence. When ether is applied to a muscle, it produces a kind of spasmodic separation (écartement) of its fibres, which is, perhaps, owing to its refrigerant effect on the nervous fibrils supplying the muscles.

When inhaled, ether is absorbed by the blood with astonishing rapidity, and when absorbed in sufficient quantity, produces a loss of sensibility, both general and special, a temporary change in the blood, and a general relaxation of the muscles of animal life. There are several degrees of etherization. In the first, the periphery alone of the nervous system loses its sensation; in the second, the nervous centres are taken; in the third, death is produced. The loss of sensation always retires from the periphery to the centre. Bernard exposed a part of the spinal column of an animal, so that he could freely get ac-
cess to the anterior and the posterior roots of the nerves. Ether was then administered, and when the periphery was completely devoid of sensation, both the anterior and the posterior roots were still quite sensible; by continuing the administration of the ether, however, the roots lost their sensation, and the brain and spine came under its influence. The anterior roots first became insensible, thus beautifully corroborating the doctrine of recurrent sensibility. Beau performed the same experiments, and was induced to believe that there was in the skin a sensation of touch, and another of pain. This doctrine, too, seems to gain plausibility from a fact which we have often witnessed, viz., that a patient may be undergoing an amputation, and may feel distinctly that something is being done to the member, and yet not suffer the slightest pain from the strokes of the knife. His intellect, in the mean time, though somewhat clouded, retains integrity enough to recollect and appreciate remarks made by the surgeon and the bystanders.

Ether to a certain extent, changes the colour of the blood. At first, little or no difference in colour is perceived; but by degrees, when the excitation goes off, the patient becomes pale, and the blood assumes a dark-reddish hue; both veins and arteries contain blood of the same colour. When etherization is pushed to extreme, blood passes freely into the chyliferous ducts, and the lymph and chyle are found to be of the same colour as the blood. At this period the lungs become congested, and death soon supervenes. It is an error here to say, that the patient dies by asphyxia, because the blood does not become black, nor does it lose its property of coagulation; indeed, after death by etherization, the blood coagulates very rapidly.

The anaesthetic agents, may be used with impunity, to mitigate the pains of childbirth; and, if employed with judgment, no ill effects need be apprehended for either mother or child. We have often seen women in labour submitted to their influence, and while they produced annihilation of the sensation of pain, and sometimes occasioned profound sleep, the muscles of the interior retained their accustomed energy, and both heart and uterus contracted well. It will be seen that the effects of ether, in these instances, are just the reverse of those of digitalis.

In closing this article upon ether (and most of the arguments will apply equally well to chloroform), we may take occasion to state, that we have seen it often administered to the lower animals, and to the human subject certainly not less than several thousand times. We have seen every age, sex, and condition under its influence—from the octogenarian, at the
Salpêtrière, to the infant suckling at the foundling hospital. During the late revolutions in France and Germany, we saw it used on the wounded, under every variety of temperament and constitution—the athletic grenadier, in the full glow of health, subjected to its influence for the mere extraction of a splinter, and the broken-down pauper submitted to its agency, when life was almost extinct from the prostrating shock of a severe gunshot wound. With such experience, we can truly say that the cases in which it did harm, were too few to be taken into serious consideration. That death, in one or two instances, did follow, we cannot deny; but certain it is, we have never seen death occasioned by ether or chloroform, when they were administered with a due proportion of atmospheric air. It is not to be wondered at, that a patient should occasionally succumb to their influence, when they are suddenly thrown into the lungs, without any admixture of atmospheric air; but such fatal cases are no more argument against their employment, than are those rare cases against ablution, in which the patient, suddenly plunged into a very cold bath, never recovered from the shock.

Theaapeutic Action of Aconitum Napellus.—(London Journal of Medicine.)

The following is an abridgment of papers, by M. TESSIER, on this subject, in the Gazette Médicale de Lyon, for 15th and 31st January, 1849:

Aconite has three modes of action, viz.: a narcotic, an antiphlogistic, and a special action on the skin.

1. Narcotic Action.—Some deny that aconite acts in this way; but, nevertheless, the fact is incontestable. It is sufficient to place some drops of the tincture on the tongue, to be satisfied of the narcotic action on the nervous system; for it excites a very decided feeling of numbness in that organ. Besides, when a full dose is administered, it is no uncommon thing to observe delusions, vertigo, collapse, and delirium—in fact, such effects are known to follow opium and poisons from the family solanææ. In painful diseases, too, it often gives a wonderful immunity from pain. I have administered Aconite in a great number of painful diseases—in dull pains in the bones, in facial neuralgia, in toothache, sciatica, cancer, &c.; and have observed effects which, from their diversity, well merit attention. While morphia, with a few very rare exceptions, calms every species of pain, aconite only relieves a certain special class. Thus I have never been able, by means of it, to assuage the pain of exostosis, cancer, myelitis, nephritis, gastralgia, or
whitlow; but, on the other hand I have obtained the best results from its use in such painful affections as have a catarrhal or rheumatismal cause, along with disordered function of the skin, such as rheumatism, angina, toothach, &c. Aconite is, then, in a certain class of cases, a narcotic agent (agent stupéfiant), but this action is subordinate to another, afterwards to be spoken of.

Antiphlogistic Action.—The reality of this mode of operation is believed in by Dr. Fleming; by Dr Giacomini, who places aconite among the hyposthenic arterial remedies; and by the homœopaths, who affirm that this medicine may be used as a substitute for bleeding in the most urgent cases. To solve the question, as to the existence of antiphlogistic properties, it will not do (like Dr. Fleming), to choose cases of rheumatism, bronchitis, pneumonia, erysipelas, or neuralgia, all of which can usually be cured without the abstraction of blood: but we must take diseases in which bleedings are regarded as indispensable, as inflammation of the brain, apoplexy, peritonitis, hypertrophy of the heart, inflammatory fever, and ophthalmia from the introduction of a foreign body into the eye. In my experiments with aconite on the latter class of cases, I have not met with a single instance in which the aconite could usefully be preferred to bleeding. I have also given it in active hemorrhages, in hemoptysis, and in menorrhagia—and without any advantage. From my observations, aconite does not appear to be more suitable to the plethoric: and upon the whole, I am inclined to think that it answers best with persons of a nervous or lymphatic temperament, and especially with those predisposed to rheumatismal and catarrhal affections. I do not, however, maintain that aconite never acts as an antiphlogistic: for by and by I am going to mention cases in which it has sensibly reduced the pulse; but then I will show, at the same time, that the action on the circulation was indirect, and that it is by regulating another function that aconite diminishes fever.

3. Action on the Skin.—If the principal therapeutic action of aconite be neither narcotic and calmative, nor antiphlogistic, what is it? My reply is, that the special action of aconite is on the skin. It possesses the property of eliminating from the vessels of the skin the hurtful matter, and of re-establishing the cutaneous functions when deranged by checked transpiration, or by some virus. I think that it has the special power of controlling diseases arising from cold, and others in which a morbid principle is retained in the cutaneous tissues, as occurs in the exanthematicous fevers. It is a suitable medicine in all those diseases in which the function of the skin is disordered,
as in articular and muscular rheumatism, as well as in rheumatism of the nerves, including sciatica and odontalgia; also in affections of the mucus membranes, such as bronchitis, etc; likewise in the exanthemata.

Diseases in which Aconite is used.—Courbature.—A bruised feeling in the limbs, creeping sensations on the surface, lassitude, headache, and general discomfort, constitute the group of symptoms called by this name; and they are also symptoms which specially indicate the use of aconite. The desired relief will generally follow, by taking daily from five to ten drops of alcoholic tincture, in a little water, or bland vegetable infusion.

Catarrhal Fever, as Hufeland showed, is caused by the suspension of the active functions of the skin. Its physical characters are: alterations of heat and cold, dragging pains in the limbs, increased frequency in the desire to make water, a tendency to sweat, general fever complicated with a local affection, which is generally coryza, angina, or bronchitis. The therapeutic indications are: 1st, To re-establish the functions of the skin; 2d, To subdue the irritation of the nose, throat, and bronchial tubes. Aconite fulfils all these intentions. In catarrhal fever, as in courbature, it causes the pain in the limbs, the shiverings, and the heats to subside, and, at the same time, greatly simplifies the progress of the affection of the mucus membrane. But aconite does not, unaided, fulfil the second intention, which requires the assistance of opiates, blisters, or such other means as may be suitable.

Angina and Acute Bronchitis.—Like MM. Tessier, of Paris, and Gabalda, the author has seen aconite of much service in these affections, by diminishing in the former, the pains of deglutition, and in the latter, rendering the fits of coughing much less distressing.

Rheumatism.—To have a correct appreciation of the action of aconite in rheumatism, it is necessary to discriminate between the different forms of rheumatism, for it is very far from possessing the same influence over all of them. The cases in which it succeeds best are—recent rheumatic pains, unaccompanied by swelling and fever, or in which these symptoms are slight. In them, it possesses very great efficacy, and is preferable to bleeding; also to inoculation with morphia, or the use of belladonna—which drugs are mere palliatives of pain. In acute articular rheumatism, accompanied by decided swelling of the joints and ardent fever, aconite is of less value. At the onset, however, of such attacks, it may be administered with advantage, for the purpose of diminishing the afflux of blood [la fluxion] to the joints; but when the synovial membrane and the fibrous and ligamentous structures of the
joints become inflamed, aconite is useless, and, in my opinion, the best treatment is by large doses of nitrate of potash. In chronic apyrexial rheumatism, the results are good, though not so striking as in recent attacks. By preserving in the use of aconite for six weeks or two months, obstinate rheumatic pains, which have existed for years, may be subdued. Aconite, besides being remedial, possesses preventive properties, by its decided influence over the rheumatic diathesis. When given with this view, it must be continued for months. In all rheumatic affections, but especially those which are chronic, the doses must be much larger than those which are suitable in the diseases formerly spoken of. It is necessary to begin with ten or twenty drops of the alcoholic tincture, and to increase the quantity up to four, six, or eight grammes.*

Eruptive Fevers.—In these affections, as in catarrhal fever, the pulse is brought down; the eruption is also made to come out better. The beneficial influence of aconite on the progress of the exanthemata has already been mentioned, in a work published at Lyons—La Pharmacopée de Vitet. It does not appear whether the discovery of this property of the medicine belongs to Vitet, or whether it was stated by him at second hand.

Erysipelas.—M. Teissier agrees with Drs. Fleming and Gabalda in believing that aconite diminishes the duration and the danger of this disease. I would wish to call the attention of surgeons to its value in erysipelas attacking wounds; so that my observations may be verified. I have several times seen a prompt and remarkable amendment follow the daily use of from ten to twenty drops of the tincture, in cases of erysipelas spreading around wounds and ulcers, and accompanied by severe constitutional symptoms.

Pneumonia.—M. Teissier agrees with Dr. Fleming that the aconite, when administered at the commencement, tends to restore the suppressed transpiration from the skin, and may thus give a milder character to the disease: but if inflammation have actively set in—if auscultation reveal engorgement and condensation—we must not anticipate resolution from the exhibition of aconite.

*Let us caution our readers not to use the tinctures in common use in this country in such doses. No physician ought to prescribe aconite, without minutely specifying the preparation he intends to be used. That which we prefer is Dr. Fleming’s Tincture of the root, which is transparent, in colour like sherry wine, and of a slightly bitter taste. The following is the formula: “Take of root of A. Napellus, carefully dried and finely powdered, sixteen ounces troy; rectified spirit, sixteen fluid ounces; macerate for four days; then pack into a percolator; add rectified spirit until twenty ounces of tincture are obtained.” Dose, from three to five minims in repeated doses.
Mode of Administration.—I am truly astonished at Dr. Fleming recommending the largest doses to be used when an antiphlogistic, rather than an anodyne or narcotic, effect is desired. However much I respect so distinguished an authority, I must state that my practice is entirely different. In a case of rheumatism, neuralgia, or any other affection in which I wish the calmative properties of the medicine, I give from ten to twenty drops of the tincture, and gradually augment the dose to three, four, five, or even to eight grammes in the day; but, on the contrary, when I give it in the courbature or catarrhal fever, I order only from five to ten drops in the twenty-four hours, and by such doses I bring down the pulse, and diminish all the other febrile symptoms, without inducing any symptoms of poisoning. I prefer the tincture, as more certain than the extract. The tincture, diluted with one or two parts of water, may be applied topically in neuralgia; but used in this way, aconite is an uncertain remedy.

Toothache. By Dr. J. D. White, Dentist.—(Dental News Letter.)

Toothache may be divided into, and treated under three heads, viz: True, False, and Sympathetic, but may also be considered as only different stages of the same disease; because it is evident, that however remote or obscure the pain and pathological change may be, if excited by a tooth, it is none the less toothache in some of its forms or stages.

1st. True Toothache is acute inflammation of the dental pulp or nerve of the tooth only, and subject to the same changes as any other vascular tissue of the body, while running through the different stages of inflammatory action, and the intensity and character of the pain depending somewhat upon, and marking the different pathological changes the pulp is undergoing at the time. Its causes,—may be constitutional, remote, approximate or local. Constitutional, such as high sensibility and irritability of the nervous and vascular system. Remote, when other diseases are operating upon the system; such as tuberculous diseases of the nervous system, genital organs, attacks of cold, &c.; in short, any disease which operates to promote irritability and a morbid condition of the system, will favor an attack of toothache of any kind. Approximate and local: such as one diseased tooth operating upon another, by metastasis, sympathy or close proximity; decay of the dentine sufficiently to expose the pulp to air, and the irritating acids of the mouth, sudden and extreme changes of temperature, erosion, &c; dead
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dentine, without much softening, acting as a foreign substance, as in cases of blackness of the tooth, substance commonly called black decay; on the contact of any foreign substance or plugging material, while introducing a plug; accumulation of serum, blood or pus, beneath a metallic plug, or the decay of the tooth itself; when inflammation attacks the pulp before the decay is removed sufficiently to allow of the escape of the accumulating fluids.

2nd. False Toothache is an inflammation of the alveolar dental membrane and gums, and is commonly communicated from within the tooth to without, by continued inflammation and ulceration of the pulp through the foramen, at the end of the root; hence it almost invariably commences at the apex of the fang. This membrane never continues acutely inflamed for any length of time, without destroying the vitality of the pulp, because the swelling of the coats of the blood vessels around the foramen, at the end of the root, cuts off a supply of blood to it, and the high grade of inflammation which exists in the pulp before it extends to any height externally, will cause it to slough. This is the point at which true alveolar abscess commences, and is never established without a loss of the dental pulp. It causes salivary calculi, (but, as observed above, generally disease of the pulp,) which will often excite extensive inflammation of the gum and periostieal membranes, and sometimes to such an extent as to even inflame the pulp and cause it to slough; a blow with any hard substance will often produce the same effect. Calomel is also a common cause of periostieal inflammation, especially when pushed to ptyalism, and acids of various kinds, administered during illness, and the mouth not washed carefully. But the most marked cases of the kind, and the most painful, but without the extreme spongyness which exists in severe ptyalism, that we have ever seen, has been during the development and eruption of the wisdom teeth, in patients of extreme irritability of the nervous and vascular system. And what is most curious, however large, and however sensitive the teeth may become in ptyalism or teething, as soon as the irritating cause is removed the teeth return again to their natural and healthy condition, as a general rule, without a loss of the pulp.

3rd. Sympathetic Toothache.—This character of toothache may be regarded as only existing in sound teeth, or in teeth in which pain is experienced, but are not themselves the exciting cause of the pain, but excited by some irritating cause along the course of the nerves of the same side of the face; not, as is supposed by some, caused by a diseased tooth of the same class on the opposite side. Opposite jaws may be painful from the
same cause, but not opposite sides of the face, except it be from disease of the roots, or both of the nerves of the fifth pair—such as in rheumatism or irritability of the nerves of the head and face generally.

Its causes.—Diseased neighboring teeth; diseases of any character involving the fifth pair of nerves; general irritation of the gums from salivary calculi; partially necrosed roots: uterine pregnancy; development and eruption of the teeth; exostosis of the roots and alveolar processes; ossification of pulp, &c., &c.

Diagnosis of the true toothache.—Actual contact with your instrument, after removing the decay of the tooth, and ocular demonstration, is almost the only positive signs of toothache; still the following symptoms may sometimes lead to correct conclusions, viz; pain upon taking substances into the mouth above or below the common temperature of the blood. Yet high sensibility of the tooth, when only slightly decayed, or where they are wholly sound, may give rise to great pain upon taking cold or sweet substances into the mouth, and sometimes cold is the only temporary remedy for inflamed pulp; therefore, a toothache which is relieved by cold water, may be relied upon as arising from inflammation of an exposed pulp; on the contrary, warm, when it produces any impression at all, it is to increase the pain, and that is frequently the first sign we have of the inflamed pulp, after a tooth has been plugged with slight exposure of the nerve. Tenderness to the tooth inside of the cavity of decay, and more or less prolonged pain after the instrument is removed; while pain excited by sensibility of the bone, only lasts while the instrument is in actual contact with it. Again, a little experience will render the operator capable of judging whether the pain, excited by the contact of his instrument, is really from an exposed pulp or sensitive bone, by the peculiar thrill which it gives the patient.

These symptoms all become much exalted when acute inflammation attacks the pulp, together with intense pain accompanying. Intermittent pain is also a marked sign of true toothache, especially in the after part of the day, and forepart of the night,—the febrile exacerbation—the determination of blood to the head and face, which gives the flushed cheek more or less to all in the evening, accounts for more pain being experienced at this time than any other in the twenty-four hours. Few have toothache in the morning: hence, the promises which are made in the night, that the tooth shall be extracted in the morning, are, on account of the absence of pain at that time, so frequently broken by the sufferer. When these symptoms are present, and there is no seeming elongation of the tooth from
the socket, and no undue sensation by sharply striking against
the cutting edge or grinding surface of the tooth, with a hard
instrument, it may be generally relied on as diagnostic of true
toothache.

A few Remarks on the Treatment of Nasal Catarrh. By
John R. Pretty, M.R.C.S.E., L.S.A.—(London Medical
Gazette.)

The fluid and dry diet has each its advocates for the cure of
coryza. The advantages of warm drinks and good nursing,
are—the restoration of checked perspiration—the removal of
the intropulsive effects of cold—the diminution of fever, of the
acrimony of the discharge, and of the tendency the inflamma-
tion exhibits to descend to the trachea, bronchi, &c.

The disadvantages are—the confinement required, and the
debility and relaxation produced, rendering the patient, who
was previously in a probably enervated state, still more so,
and when cured is in a condition most favorable for a return of
the disease.

The dry diet imposing almost "total abstinence from liquids,"
as recommended by Dr. C. J. B. Williams, has the advantages
of curing the patient within "48 hours;" requires little or no
alteration in the kind of food taken—scarcely any nursing—
cannot relax the patient or leave him more liable to a return of
the complaint.

The disadvantages are—the self-denial required; the un-
diminished (I think increased) acrimony of the discharge, ac-
companied, according to my little experience, with a greater
tendency for the inflammation to descend to the chest.

A third plan of treatment has been advocated in the Medical
Gazette, June 1st, by Dr. Lockwood, U. S.—the painting with
a camel-hair pencil the Schneiderian membrane with a solution
of nitrate of silver, Dr. L. states, that he has adopted this
practice for nearly a year with immediate success when applied
at the commencement of the attack.

I have for a period of two years adopted a plan of treatment
more easy, and with much success, and which I imagine
would be less objected to by patients, viz., the injecting the
nostrils with a solution of sulphate of zinc (about gr. iij. to ½ i.
of water). I order the patient to fill a 1 oz. pewter syringe,
and inject each nostril once or twice, and whilst doing so to
stoop over a basin. When the injection has been used at the
commencement of titillation in the nostrils, I have found it cut
short the attack. If the complaint have proceeded farther, I
have found it better to wait for the vessel's commencing dis-

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gorgement by the discharge, for if not, the injection causes for a few seconds aching about the frontal sinuses, and does not prevent the discharge occurring. Usually injecting the nostrils once is sufficient; the discharge may, however, return, when the injection will be again required. Sometimes the nostrils in severe cases have to be injected three or four times.

When a patient complains of coryza, and is unable to get rid of it, I have found the injection stop a discharge, which has existed for several days, in ten minutes. In such cases, with a relaxed state of the Schneiderian membrane, the utility of the injection will be most marked: and it is exactly in these cases that the fluid plan of treatment will be found injurious.

Great susceptibility to coryza may arise from an atomic state of the vessels of the pituitary membrane, besides a relaxed state of system and increased perspiration. If under these circumstances the injection be used, this liability to nasal catarrh will be greatly removed.

The usual prophylactic treatment can at the same time be most advantageously employed, viz., curtailing the amount of fluid, not allowing any to be drunk hot; using the flesh-brush and tepid or cold bathing where admissible.

When a tendency to phthisis exists, it is most important to guard against cold, for with coryza the lungs may suffer from inflammation descending from the Schneiderian membrane, or from respiration being confined to the mouth.

The nose is nature's "respirator," and when its lining membrane is too swollen to allow of breathing through it, the air passing unwarmed to the larynx, proves an additional excitant to disease. Frequently persons with severe coryza, after having been confined to a warm room during the day, retire to a cold bed-room for the night; they cannot as usual breath through their nostrils, and if something be not kept over the mouth, they often awake with a sore throat and cough. At such a time, a respirator worn at night is most useful in preventing these.

When an instrument of this kind is required, I would recommend to the notice of the profession, Mr. Rooff's Inspirator, for the easy respiration it permits, producing a warm, moist atmosphere, without becoming clogged by moisture. Another advantage in its construction, is the use of very fine tubes instead of wire gauze, and a valve for preventing the expired and inspired air commingling; and thus a supply of pure air is insured.

I am surprised that coryza has not been usually treated locally as well as generally. However, as sulphate of zinc and nitrate of silver are found useful in inflamed conjunctivae, this
may be an inducement to try them when the Schneiderian membrane is similarly attacked.

**Corons, Bunions, and Curved Nails.** By Chas. Merrifeld.—

(Boston Medical and Surgical Journal.)

**First, Their Cause.**—The shoe manufacturer is not altogether to blame for these complaints, as sometimes the stocking produces them, and retains them upon the feet for years after. Boots or shoes are generally the primary cause, and India-rubber over shoes more than all others. They heat the feet more. The direct cause is heat and friction, combined with gentle pressure, which we always experience with a new, or misfitting boot or shoe. Stockings which have large seams in them, which press or imbed themselves into the large joints of the foot, are a fruitful source of corons, bunions, and enlarged joints. The lining of the boot is so situated as sometimes to raise a crop the first day it is worn. It may therefore be concluded that a proper shape, and a nice fit, are necessary to remove the cause, and to insure a permanent relief. A very tight, good fitting shoe or boot, will prove less productive of evil than a large misfitting one. In a word, one can wear a boot or shoe, as tight as they can a glove on the hand, or as the skin is on the foot, if they can find one to fit as well.

The rubber shoe I have attacked, and therefore it is but fair that I give some reasons for so doing. First, to suit the eye it must set close to the boot or shoe, over which it is worn, and it is put on warm, or when flexible; but when it becomes cold, is smaller than it was before, and consequently the foot is brought into a smaller compass, the shoe compressed, which before was comparatively easy, so that uneasiness and actual pain ensue. Every point on the foot suffers—and especially those having corons or callosities. These imbed themselves still deeper into the flesh, till the agony is sometimes almost beyond endurance. This is experienced when riding, walking, sitting in church, or by the fire-side. Relief only comes when the rubber is taken off. Next, an unhealthy condition of the feet follows. Who would have their extremities covered with cataplasms from morning till late in the evening? No well person would consent to it; yet rubbers are worse, for they retain the heat and exhalations, and create vesicles or blisters, without exerting any healthful influence. Sufferings thus produced ultimately impair the general health. Upon some they excite the perspiration to such a degree, that the feet are constantly wet; more so certainly than they would be under ordinary circum-
stances, even were they not protected at all against external dampness. Now who will say that this continual drain upon the system will not affect the health, producing, as it naturally must, (in passing through the sudden changes of heat and cold connected with every-day life), colds, coughs and consumption.

The same causes that irritate old corns, will produce new ones; and if continued, increase the magnitude of the old ones by forming sacs at the bottom, which are often found, when corns are extracted, resembling the pulpy nerve of a diseased tooth—a sac filled with fluid. Boots or shoes too short, too narrow or two thin through the toes, will produce all the trouble that is discoverable with nails that grow into the flesh, become clubbed, thick or bloodshot. Yet these sometimes come by accident.

With respect, however, to rubber shoes, it is not their use, but their abuse which should be discountenanced. They are useful when put on cold, and worn in the wet and cold; but should not be kept on while sitting in a warm apartment. Some persons wear them in warm shops to work in, because they are soft and easy to the feet; but such people ascertain, sooner or later, that their feet are tender, sore and painful; and they are more susceptible to colds.

I may differ from some of the profession in my definition of corns; but what I pretend to know about them, did not come from books, but from actual experience, from handling and dissecting them every day for years. The public has been misled by London Jews and German quacks, and many other itinerant pretenders, who have visited our more populous towns, being well supplied with points of bristles, and the like, which they have shown, and pretended to take from the foot, rendering their operation more satisfactory at the time, and causing the patient to part with his money more readily. So far as my observation extends, there is not one corn in one hundred that will compare with their showing. Corns vary in their shape and size, as much as the pebbles upon the sea-shore; neither are they composed of the same material in all cases. First we find one composed of serum, next pure blood, then matter coagulated, and lastly lymph. All corns are enclosed in a sac, or bag, which proves them to have been, at some period, blisters just under the cuticle, filled with serum; or perhaps they were blood-blisters made in the skin, or they commenced as deep ulcers. The matter, not discharged in the latter case in healing, becomes coagulated by the heat of the foot. Most of these kinds of accumulations become a very hard substance, and usually take a conical form. This depends much, however, on surrounding circumstances, and the degree of pressure,
which combine to irritate and inflame the part. A small sac at the bottom of the old corn, which, in its turn, coagulates, and adds to the former difficulty, constitutes a striking variety. Common callosities, existing, as they are sometimes permitted to, on the joint, are very liable to cause all the evils before mentioned, and, in addition, the large joints, and instep to inflame, and displace the small bones. Some corns are so sharp-pointed, that from constant pressure they are driven deeply into the cap of the joints, and the writer often finds those that have completely severed some of the minor blood-vessels. In either of the three last locations, they prove sorry accompaniments. They are more difficult to operate upon, and need a longer course of treatment, but may be cured without pain or the appearance of blood.

Bunions are a multiplied and complicated mass of the same materials, often embracing all the varieties in a single lump; they may be removed by the same treatment resorted to in the others, and now familiarly known, as the operation has become a distinct branch of business in the hands of chiropodists.

The old and vulgar idea that corns grow from the bone, to the surface, still has its advocates. As they grow from the surface into the foot, I find no difficulty in removing them entirely from their irritating position.

Now if there are any unbelievers among physicians, in respect to the modern improved method of extracting corns, I respectfully invite them to witness my process. It is useless to attempt a description of the operation, as it must be seen to be understood.


Cholera—its Course and Ravages.—(Cincinnati Gazette.)

The cholera has now swept over the entire extent of the Mississippi Valley, as an epidemic, and spent its force at nearly all importants points. Its deadliest ravages have been at New Orleans, St. Louis, Quincy, Nashville, Lexington, Cincinnati, Sandusky city, Lafayette and Buffalo. Of towns and cities of considerable size that have been visited by it, it has fallen most lightly on Mobile, Natchez, Vicksburg, Louisville, Wheeling, Detroit, Cleveland, Columbus, and Pittsburgh. The small towns in which it has raged worst, are Bellville in Illinois, Lebanon in Tennessee, Paris and Richmond in Kentucky, Aurora, Boston and Napoleon in Indiana, and Eatonton, Vandalia and Minster in Ohio. Places that have suffered a good deal, and yet cannot be classed among the worst, are Chicago,
Alton and Peoria in Illinois, Memphis and Clarksville in Tennessee, Maysville in Kentucky, Richmond in Indiana, Xenia, Dayton, Springfield and Batavia in Ohio. "The Coast" at Louisiana has also suffered a great deal from first to last, 10 to 25 per cent. of the slaves being carried off by the disease on the principal plantations. Places of considerable size which have either nearly or altogether escaped the visitation of the pestilence, are Jackson in Mississippi, Little Rock in Arkansas, Huntsville, Tuscaloosa and Florence in Alabama, Knoxville in Tennessee, Glasgow, Shelbyville, Frankfort and Georgetown in Kentucky, Cairo and Springfield in Illinois, New Albany, Madison and Indianapolis in Indiana, and Zanesville, Steubenville, Marietta, Chillicothe, Hamilton and Rossville in Ohio.

Here, now, are singular facts, plainly showing the mysterious and capricious character of this dreadful disease. It appears here, there, elsewhere, suddenly, and often giving no warning, without reference to lines of travel, regardless of natural water courses, wholly independent of the direction of prevailing winds, and uncontrolled by the topographical character or geological formation of the district within its general course. Spending itself where it lights first, either gently or ferociously, it disappears, and while neighboring points are standing in awe of its proximity, and daily expecting its desolating presence, it suddenly appears in altogether another region, a hundred or two miles away. And again, two or three weeks, or two or three months afterwards, while those who seemed to have escaped are still warm in the congratulations of each other, and are beginning to talk and write about the superior healthfulness of their towns, the destroyer retraces its steps, strikes at their best and their worst, their strong and their feeble, alike, and carries mourning to every household.

This is the manner in which the cholera has appeared and disappeared in the course of its march over the Mississippi Valley. For weeks it is at New Orleans, and does not appear at Natchez, or Vicksburg, or Memphis, although the intercommunication is incessant; for even months it is in that city, and does not appear in Mobile at all, except in the instances of three or four persons who came home with the disease developing in their systems, and die of it. It appears at St. Louis, and scourges that city as no other American city has been scourged; and yet for the space of five months the city of Alton, a few hours' travel above, on the same river, and in daily, we may say, hourly communication, does not feel its presence in a single case.

Then Alton is stricken, and in a fortnight many of her best citizens are borne to the grave, while the vile look on and
escape. It leaps to Cincinnati, moving over hundreds of miles of populated country in a direct line, and passing by many towns and cities on the water line of travel, and for two months subjects us to its terrible ravages, carrying off thousands of our people. Yet while this is going on, a populous city but little more than a hundred miles from us, nearly altogether escapes its presence, and many smaller towns, at half that distance, remain wholly exempt from its visitation. Then it leaps sixty miles north to Dayton, a city of 12,000 to 14,000 inhabitants, and eighty miles south to Lexington, a city of 7000 to 8000, and fills their cemeteries with new-made graves, while the intermediate towns, with their populations of 1000 to 5000 each, experience entire immunity. In the rural districts, too, the same capriciousness is shown. In some counties almost every town of from 100 to 300 inhabitants has witnessed the presence and the ravages of the disease, while in adjoining counties even its breath has not been felt.

And now, having moved thus capriciously from one extreme to the other of this great valley, it threatens to return upon its track, and wrap in darkness and desolation the places that till now it has spared. This, indeed, is what it has already to some extent done, in so recently striking Lebanon in Tennes-see, and Harrodsburg in Kentucky, and Springfield in Ohio, and Birmingham near Pittsburg, and some other places near which it showed itself a month or two ago, and from whose vicinity it had almost entirely disappeared for weeks.

Stricture of the Æsophagus.—(Boston Med. and Sur. Journal.)

One of the most extraordinary cases of stricture of the Æsophagus, known to us, now exists in a shoe-maker, of Boston, who actually, keeps himself alive by the habitual practice of an operation that no surgeon in New England would dare perform in the rough manner pursued by this unfortunate sufferer. He is a small man, rising of 70 years of age. For many years he had extreme difficulty in swallowing food. Deglutition finally became so painful, that he took advice at the Mass. Gen. Hospital, and, according to his own representation, an instrument was introduced down his throat. The relief was not entirely satisfactory: but discovering that the principle was right, since there was evidently a narrowing in the canal, the idea was conceived of practising upon himself. At the extremity of a rattan, perhaps a yard in length, and a quarter of an inch in diameter, he wound on a mass of hemp, which was confined by twine. A rough mass, six inches long on the
stick, and an inch thick at the lower extremity, was thus made. Having oiled it, the old man fearlessly forces it down through the esophagus, fairly into the stomach. This he is obliged to do frequently, otherwise the strictures—for there are two, one just at the top of the sternum, and the other a little above the cardiac orifice—become so closed, that fluids cannot pass at all. Sometimes, after swallowing a draught of water, it is stopped at the lower constriction. To relieve himself, under such a dilemma, he thrusts down a long feather, which produces nausea, and by the sympathy of the gastric apparatus vomition is induced, and the confined fluid, according to his account, forced back. Sometimes food is checked in its descent, at the same point, and ejected by mechanical assistance.

On Tuesday, of last week, after giving us a minute history of his condition, the narrator oiled the monstrous probang, forced it down into the stomach, and brought it back dripping with gastric juice. Not long since, the lower stricture utterly refused to allow the great swab to pass. Recollecting that tobacco was a relaxer, while the rattan was protruding above his teeth he calmly lighted a pipe, and by taking only a few whiffs had the satisfaction of relaxing the muscular grip, and down the mass went, passing the rebellious point into the great membraneous receptacle below. On one occasion, the probang was coated over with ground mustard, and thrust through the strictures, on the supposition that they required stimulating!

A more singular case, one more truly formidable in character, and managed in the rude, fearless manner here described, cannot be found, it is believed, in the annals of surgery. Under any plan of treatment but his own, this man of ten millions would have been dead, years ago, a victim to an incurable malady. With the course he is habitually pursuing, life may be protracted till he is unable to repeat the operation, and then he may die of starvation.


Miss J., ætat. 18, had for eighteen months previous to date, (June 29th, 1846,) slight symptoms of chorea, which gradually increased until March, 1846: she was then placed under the professional care of Dr. J. W. of this place. Treatment.—Bleeding, blisters to spine, mercurial course, &c., steadily persevered in, until the above date, June 29th, at which time the
case was abandoned by the above gentleman as hopeless, and her death declared certain.

June 29th. Visited Miss J. for the first time. Symptoms.—Countenance pale, anxious, sunken; breathing with considerable difficulty; spasms violent and constant, extending over the whole body, so that two persons had to be constantly employed to keep her on the bed; muscles of throat and tongue rigid, so much so, that speech and deglutition were both in a great measure suspended; bowels irregular; tongue slightly furred; pulse small and irregular, varying from 130 to 150; has not menstruated for twelve months; spinal column slightly tender and a little curved, probably by the constant spasms; usual period of catamenia 8th to 12th of the month.

℞. Ammon. cupri, gr. ss.

Applicetur.—Emplast. hydarg. ant tart. ad spina.℞. Aloes; sapo Castil. aa. M. f. divid. in pil. grs. iv. singul. quatuor pro re nata, nocte sumenda.

June 30th. Less rigidity in the muscles of throat and tongue; has swallowed with more facility; can articulate indistinctly; bowels acted twice; skin moist. Slept some last night; spasms still continuous, but is more cheerful; prescription continued.

July 4th. Improving steadily; can swallow, and speak more plainly; complains of emplast.℞. Ammon. cupri, gr. ⅔; ex. gent. grs. 5; ter die.


July 9th. As yesterday.

July 10th. Slight menstrual discharge and very offensive; has produced a good effect on the mind. Rep. ext. belladonna, ut here.

July 11th. Improving rapidly; the spasms, which have been constantly becoming milder, are now scarcely perceptible; can walk with a steady gait and has tried to knit. Catamenia present.

℞. Ammon. cupri, gr. i.
Ex. Gentianæ, grs. iiij.; ter die.

July 12th to 15th. Catamenia still flows moderately and has assumed a healthy character.

July 20th. Attendance discontinued; the pills of ammon. cupri to be continued for three weeks more, and the belladonna taken on the 8th, 9th and 10th of next month.

At the time of penning this paper, Miss J. yet unmarried, is and has been ever since July 20th and 24th, in fine health.

I have allowed this length of time to elapse, nearly three years, in order to be fully assured that the cure was complete;
this is the third case I have treated successfully with cupri ammon. and belladonna, after all other modes had failed. One at Southampton in England, in 1832; when under the instruction of W. S. Oak, M. D., of the Royal College of Physicians; one in Tuscaloosa, Ala., and the one sent you. I make no comments.

My rule for the seventeen years of my professional life, has been to follow that course which experience teaches me is most successful. I have frequently given belladonna in suppressed catamenia after other remedies had proved abortive, and with pleasing success.

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Case of Fracture and Depression of a large portion of the Parietal Bone of a Child, relieved by the use of Cups. By W. L. Moultrie, M. D., of St. John's, Berkley, S. C.—(Charleston Medical Journal and Review.)

Messrs. Editors:—The following case having been related to an esteemed medical friend, it was deemed of sufficient interest to be worthy of a place in your Journal, and I have accordingly prepared the following brief monograph of it, which is herewith transmitted to you, to be disposed of in any way that your own views of the matter may suggest.

A negro child, 5 months old, the property of the Hon. T. Bennett, of Mepshew plantation, was brought into my office on the morning of the 2d of May, 1849, having incurred a fracture and indentation of a large portion of the right parietal bone, the depression being sufficient to contain with ease the bowl of a large table-spoon. The great disfiguration of the natural spherical shape of the head caused by the injury, unaccompanied as it was, when I saw it, by any manifest disturbance of the functions of the brain, presented altogether an unusually disproportionate relation between the extent of injury and the usual accompanying morbid signs in such cases. The child had, however, as represented, by both mother and nurse, who brought him to me, been in a state of insensibility from the time they first discovered the accident, (the time and manner of the occurrence of which they could give no information,) until he arrived at my office—a period of time, judging from the distance travelled, on foot, and the time otherwise occupied in receiving instructions relative to it from the owner, must have taken up at least half an hour. By this time, however, the brain had recovered its functions, and the only and immediate object remaining for my attention and duty was to relieve the depressed condition of the bone. And here will be found the
chief interest which has induced me to invite your attention to
the case.

The application of the cupping instruments two or three
times, until they could be brought to work effectively, together
with the addition of traction upon the cup when it had taken
firm hold, completely and easily effected entire restitution
of the bone to its natural position. It is now upwards of two
months since the accident, and the child is without the occur-
rence of any evil result from the injury. Simple as this case
is, it is not without its teaching. The ease with which, in this
instance, the object was attained affords abundant reason to
believe that in similar cases of older subjects, where the bones
of the head have attained even greater development and firm-
ness, the cups would yet be adequate to accomplish the eleva-
tion of bone fractured and depressed by violence, and in this
way probably supersede for the time the necessity of operating
by incisions and the use of the trephine and elevator, at all
times requiring great surgical skill and mechanical dexterity.
The time that would be occupied in making trial of the cups
as a preliminary measure, particularly upon the craniums of
young subjects, could scarcely add any thing to the danger of
their condition, and if found adequate to accomplish all that is
desired, short of the last resort to the more complicated and
graver mode of surgery, as did occur in the above case, would
be so much saved to the perils of the subject, as well as so much
spared to the feelings of the surgeon himself, who, however con-
fident in knowledge and skillful in practice, must entertain an
abiding anxiety and doubt as to the result of his operation until
time shall have revealed to him its success.

Some facts relative to the Spheroidal state of Bodies—Trial by
Fire—Man Incombustible. By P. N. Boutigny. Reported
to Academie de Sciences.—(Southern Literary Messenger.)

"Upon my return home," says M. Boutigny, "I did not fail
to inquire of the workmen what would happen if the finger
were immersed in the incandescent mass of melted iron? Most
of them laughed in my face. But that did not discourage
me. After a while, being at the forge of Magny, near Lure, I
repeated my question to a workman, who replied that "nothing
was more simple;" and to prove it, he instantly passed his
fingers into the incandescent column of ore which was just
then issuing from a Wilkinson. Another workman, who stood
by, performed the same experiment with equal impunity.
Emboldened by what I saw, I did the same."

The fact in question was no longer doubtful, but M. Boutigny
hesitated to communicate it to the Academy until he should be prepared to support it by the adduction of various other experiments. These experiments he thus describes: "I cut or divided with one hand a spout of melted ore five or six centimetres (about 2 inches) in diameter, as it issued from the furnace; and plunged the other into a vessel filled with the incandescent liquid, which it was really frightful to behold. I shuddered involuntarily. But both hands issued victorious from the trial; and now, if anything appears surprising to me, it is that similar experiments are not of every day occurrence. Certainly it will be asked what precaution should be taken to guaranty the hand from the action of the burning fluid? I answer none! Fear not. Perform the experiment with confidence. Pass the hand rapidly, yet not too rapidly, into the molten mass. If the experiment is made timidly and with too great rapidity, you may overcome the repulsive force which exists in incandescent bodies, and thus establish contact with the skin. In that case the skin would indubitably remain there and in a condition not difficult to conceive. The experiment succeeds particularly well when the skin is moist. The involuntary terror which one experiences in presence of these masses of fire almost always puts the whole body in that condition of moisture essential to success. The following I have found to be the best preparation for the experiment. I rub my hands with soap, so as to give them a polished surface. Then at the moment of making the experiment I plunge the hand into a cold solution of sal ammoniac saturated with sulphurous acid, or simply into water containing sal ammoniac, or if you have not the latter substance convenient dip the hand merely in cold water."

M. Boutigny then gives the following philosophic explanation of this phenomenon:

"It is to my mind a positively established fact that the hand and metal do not come in contact with each other. If there be no contact, heating can only take place by means of radiation. This is enormous it must be admitted; but in our experiment no account need be taken of radiation, for in fact it is nullified by reflection. I think that I have long since proved that water in the spheroidal state possesses the remarkable property of reflecting the calorific rays, and that its temperature never reaches that of its boiling point: whence it follows that the finger or the hand, being moist, cannot attain the temperature of 100°, the experiment not being of sufficiently long duration to permit the complete evaporation of its moisture to be effected. Persons familiar with the experiment of immersing in water a body of incandescent silver or platina, will readily un-
derstand the mechanism of this. In the first case it is the water retiring from the metal which then seems to be enclosed within a crystal envelope; in the second case it is the liquid metal which retires from the moist hand. In the first place the metal is active and the water passive; in the second, the moistened hand is active and the fused metal is passive. It is the same experiment reversed; and the two form but one. In one word, the hand, inserted in metal in a state of fusion, isolates itself. The humidity which covers it passing to the spheroidal state, reflects the radiant caloric and is not heated sufficiently to boil. It is true, therefore, as I said in the beginning, that this experiment, apparently so dangerous, is in fact almost absolutely without danger. I have often repeated it with lead, bronze, &c., and invariably with the same success. Thus in the course of ten years I have made ice in a furnace heated to whiteness, and have bathed with impunity in a mass of incandescent metal; and that by virtue of the laws which govern matter in the spheroidal state. It results also from these notes that a considerable number of facts reported in history and generally deemed fabulous, may well be true. Ancient philosophers probably knew much that we are now ignorant of. A little more respect for them and a little less admiration for ourselves would do us no harm."

The pretended miracle by which one of the Eastern Magi, disciples of Zoroaster, is narrated to have gained thousands of converts, is now of easy solution. He proposed that twenty pounds of molten brass should be poured hot from the furnace upon his naked body, upon condition that if he underwent the trial uninjured, unbelievers, constrained by the prodigy, would profess conversion to the faith. It was done, and the scientific impostor witnessed the rapid acceptance of his creed.

[We shall be satisfied to leave these experiments to others.]—Edt.


Pathological anatomy has supplied the principle which leads to a rational practice in this disease. It has demonstrated the existence of a congested state of the vessels at the origin of the pneumogastric and other respiratory nerves, and a more copious effusion of serum around the medulla oblongata than in death from other causes, except those involving diseases of the lungs and heart.

It was the discovery of this state of the vessels at the origin
of these nerves, by the late Dr. Sanders, of Edinburgh, which led him to a rational and successful practice in hooping-cough. It consists in applying leeches directly over the junction of the occiput and the atlas vertebra, for the purpose of relieving the congested state of those vessels, followed by a blister between the shoulders, to promote their contraction. The rubefacient effect of the blister is sufficient to answer this indication, and therefore, in delicate children, the mustard-poultice is preferable to a blister. The rule to be observed is, to apply one leech for each year of the child's age, from one to six; and immediately after the leeches, the small blister or sinapism; and to repeat the leeches and rubefacient on the third or fourth day, if necessary.

The first application usually succeeds in arresting the violent paroxysms of the cough; sometimes a second, but very rarely a third application is required to put an end to the paroxysms.

During the period of nearly thirty years that I have pursued this rational practice, I cannot recollect a single instance of failure in uncomplicated cases of hooping-cough.

This mode of treatment applies strictly to the uncomplicated cases of hooping-cough. The several complications require their separate and appropriate modes of treatment. Leeching the upper part of the spine, and blistering between the shoulders, by arresting the violence of the cough, speedily remove the congested and inflammatory states of brain which the hooping cough frequently occasions. The catarrhal complication requires the exhibition of the wine of colchicum, combined with an alkali, after clearing the alimentary canal. The bronchitic and pneumatic complications require the administration of the potassic tartrate of antimony with nitrate of potass; and the biliary complication of mercury and rhubarb, with saline aperients.


For the last twelve years, opium, in four and five grain doses, has been my main remedy, in all forms of typhoid fever. In fact, when I use it at all in fever, it is in four or five grain doses. I claim to have demonstrated, beyond all reasonable doubt, by a long and careful observation and experience, that while the maximum doses of the schools are of doubtful utility, and often prove injurious in fever, by increasing the dryness of skin, aggravating the pain in the head, &c.—a five grain dose will, nineteen times in twenty, produce free perspiration, and
relieve every unpleasant symptom. The notion that so generally prevails among the profession, that opium cannot be used to advantage in fever while there is determination to the brain, is certainly erroneous, if it is given in the doses which I recommend, unless there is actual inflammation of the membranes—and cases of this kind are extremely rare, in my opinion, Dr. Clutterbuck to the contrary notwithstanding.

There is, I believe, a high degree of irritation in the brain, in our bilious remittents, as a very general thing; and this irritation may ultimately terminate in actual lesion; but until this takes place, opium, in sedative doses, is, in my opinion, the appropriate remedy. I would not, however, theorize upon the subject. The practice which I advocate has been based upon facts, and I leave it to abler heads than mine to frame a philosophical theory to suit them. All I ask of my medical brethren is, to so far lay aside their preconceived opinions as to give the dose which I recommend a fair trial, when they resort to opium in fever as a remedy; and, my word for it, they will find the remedy, in four grains, not only safe, but far more beneficial than when given in one or two grain doses, at one or two hours intervals.

For example—I am called to a case of remittent fever in the morning. I find my patient with hot, dry skin, violent pain in the head and back, &c. If of a full plethoric habit, I would bleed, (but I very rarely resort to the lancet latterly); evacuate the stomach and bowels freely; and at bed-time, I would give him five grains of opium, with ten or twelve of calomel, and direct him to drink hot tea for an hour or two. I should visit him in the morning with the confident expectation of hearing that he had rested well during the night, perspiring freely, and the pain in the head and back entirely relieved. I would then direct a purgative of salts and senna, or salts and cream of tartar, to be taken during the day. At night, I would give the calomel and opium again, and in the morning I should expect to find symptoms of slight ptyalism, with a full intermission, when three five-grain doses of quinine, with laxatives, would end the treatment.

The great power of opium as a remedial agent, when given in full sedative doses, is most striking and manifest in dysenteric fever, which so often prevails epidemically in your section of the Union. Nine times in ten, a single five-grain dose, combined with ten or fifteen of calomel, after blood-letting, will cure the disease, if resorted to within twenty-four or thirty-six hours of the attack.
Treatment of Orchitis. By Bransby Cooper, Esq., F.R.S., &c.

(Medical Gazette, from Braithwaite's Retrospect.)

[After stating that in persons of a full plethoric habit, blood should be taken from the arm, and that in other cases leeching should be employed, Mr. Cooper says:]

In my own practice I always recommend cupping on the loins in addition to the leeches, taking 3 viij. of blood; and I have found, by experience, that the pain is relieved with much more certainty by this plan than when leeches alone are employed; I also generally employ the following as internal remedies.

B. Hydrarg. chloridi, gr. iss.; pulv. antim. potassio-tartratis, gr. 1/2; pulv. opii. gr. 1/2. M. Ft. pilul. statim sumenda.

B. Magnes. sulph. 3 iij.; liq. ammon. acet. 3 j.; liq. antim. potassio-tartrat. 3 iss.; træ. hyoscy. 3 iss.; aq. menth. virid. 3 vij. M. capt. cochl. larga. ij. quaque tertia hora donec alvs bene respondebit.

As a local application, I have also found the following lotion beneficial:—

B. Ammon. hydrochlor. 3 iss.; sp. vini. rect., liq. amm. acet. aa. 3 iij; aquæ destil. 3 iv. M. Ft. lotio sepe applicand.

If the inflammation be not subdued by these means, and the vessels of the scrotum appear to be congested, they must be opened with a lancet, and copious bleeding promoted by warm fomentations; the patient should be kept in a recumbent position, and made to abstain entirely from animal food.

[If the affection of the testis arises from metastasis from the urethra in gonorrheal inflammation, we must apply warm fomentations to the scrotum, perineum, and penis, in order to re-establish the discharge, and when this is done, calomel and opium given every night is stated by Mr. Cooper to be the best means of preventing a return of the disease. As to rheumatic orchitis, Mr. Cooper observes:]

Persons who are subject to rheumatism appear to be especially predisposed to a peculiar description of orchitis which seems to attack the tunica albuginea: this form of the disease may be diagnosed, by its commencing without any apparent exciting cause, if we except the rheumatic tendency of the patient; the disease generally yields without difficulty to the administrations of alkalies and a small dose of colchicum at bed time. Individuals of gouty diathesis are also liable to a somewhat similar affection. I had a gentleman, a martyr to gout, for many years under my care, in whose case the attacks were frequently preceded by discharge from the urethra and swelling of the testicle, without his having subjected himself to the possibility of venereal infection.
It sometimes happens that after acute orchitis (whatever its origin may be) has been subdued, enlargement and hardening of the testicle still remains, unattended, however, by pain or uneasiness: the swelling is best reduced by the application of the following ointment:

\[ \text{R. Ung hydrarg.; cerat. saponis, aa. 3ij.; camphoræ, gr. v. M. ft. unguentum.} \]

The ointment should be spread upon lint, strips of which should be laid smoothly over the swelling, and these confined by adhesive plaster applied so as to maintain considerable pressure upon the parts. Some practitioners have recommended pressure as the most effectual means of subduing the swelling from acute inflammation in its early stages, but I do not much advocate such practice, excepting as a secondary mode of treatment.

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On Senile Enlargement of the Prostate.—(Medical Gazette.)

The enlargement seems to be true hypertrophy, as it is rarely attended by any alteration of texture, although I have in some few cases found the gland softer, and in others harder, than natural. The symptoms in enlargement of the prostate gland depend with respect to their urgency upon the size it has acquired; they are, sense of weight in the perineum, intolerance of pressure from the hardness of a seat; difficulty in passing the urine, and also in voiding the feces which will be found flattened by the encroachment of the hypertrophied gland on the rectum.

At this stage of the complaint, the retention of urine occasionally supervenes, rendering the introduction of a catheter necessary. This operation should be performed with the utmost gentleness, as the slightest flow of blood would cause decomposition of the urine, and consequent the aggravation of all the symptoms. An elastic gum catheter should always be used for drawing off the water, and, if possible, it should be introduced without a stilette; leeches should be applied to the perineum; the rectum emptied by means of enemata; and suppositories, recumbent position, and soothing remedies employed. I have also found colchicum of great use in such cases, and I believe that its beneficial influence arises from the circumstance that this disease frequently attacks subjects of a gouty diathesis. I usually prescribe the colchicum in the following form.

\[ \text{R. Ext. colchici acet. gr. j.; pil. hydrarg. gr. j.; pulv. Doveri gr. v.; ext. colocynth. co. gr. iiij. M. ft. pil. bis quotidiem sumenda.} \]
As the complaint takes its origin from a particular epoch of life, nothing more than relief of the symptoms can be expected; but nevertheless, by a judicious system of diet, by keeping the patient from excess of bodily exertion, and from vicissitudes of temperature, his life, which was scarcely supportable under the violent symptoms of the disease, is rendered comparatively free from pain and inconvenience.

It does not always happen that the whole of the prostate gland becomes hypertrophied in old age; but very frequently the third lobe only is affected, or perhaps it may more properly be said that a new development arises; for in a state of health, at the adult period, the third lobe is scarcely perceptible. When this third lobe enlarges, it presses the inferior region of the bladder or "trigone" upwards above the commencement of the urethra in the bladder, preventing the evacuation of the urine, and consequently producing retention. Nor is this the only inconvenience; for by the raising of the bladder immediately behind the prostate, a kind of reservoir is established below the entrance to the urethra; and, in the effort to empty the bladder, a portion of its contents is always left; this becomes specifically heavier than the newly secreted urine, which does not intermix with it: and, after a time, the retained urine undergoes decomposition, which gives rise to very urgent symptoms—such as frequent desire to make water, tenesmus, deep-seated pain in the perineum, and liability to positive retention. It is quite clear that these symptoms cannot be removed while the exciting cause remains; the fetid urine must therefore be immediately drawn off by means of the catheter. In such cases there is, however, a difficulty in passing the instrument, as the enlarged lobe offers some degree of obstruction to its passage, and this is only to be overcome by employing a longer and larger catheter than that usually made use of; this instrument is generally termed the prostatic catheter. The mode of introducing the catheter in such cases is similar to that in ordinary practice, until it arrives at the point of obstruction, when the penis and instrument are both to be drawn forwards for the purpose of straightening the urethra; the handle of the catheter is then to be considerably depressed, so as to tilt up the point, and it is then pressed onwards into the bladder. But, having effected this, the urine would only be drawn off to the level of the urethra, and the heavier fluid would still remain, unless further means were employed for its removal. The cleansing of the bladder may be effected by injecting it with tepid water by means of a syringe; and an improved instrument has been invented for this purpose, by which a continuous current is kept, the same stroke of the piston removing one quan-
tity, and supplying a fresh one. Constitutional remedies must not be neglected; and when an alkaline state of the urine exists, medicines of an acid character are generally indicated. Among the most efficacious of these will be found the following:

**B. Nitro-hydrochlor. acid, gtt. iii. ; syr. papav. 3iij.; inf. colomb. 3iss.** M. Ft. haustus ter quotidie sumendus.

In addition to this an opiate suppository at bed-time will often be found of great advantage; but if an acid condition of the urine be not thus restored, liq. potassæ will frequently be found capable of re-establishing the normal acid state: this anomaly has been accounted for by Dr. G. O. Rees, on the supposition that the alkali renders the secreted urine less irritating to the mucous membrane of the bladder, and preventing the secretion of alkaline mucus, for which the urine had acquired its abundant preponderance of alkali.

I must again direct your attention to the propriety of employing the prostatic catheter in cases of enlarged prostate; for I have frequently known great mischief arise from a perseverance in the attempt to relieve a patient by the ordinary instrument.

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On the Treatment of Stricture. **By Samuel Solly Esq. F.R. S., Senior Assistant-Surgeon at St. Thomas's Hospital, &c.** (Ibid.)

[Relating a case as an illustration of the mode of treatment, Mr. Solly says:]

I took a moderate-sized sound, and passing it gently down the urethra, found that there was some spasm, but not a great deal. Waiting a little, I moved it onward again, till I found it absolutely stopped. After removing it, I took a small catgut bougie, and, passing, it gently down, soon found it quitting the natural channel and entering a false passage. Having now ascertained the direction in which this passage ran, I then withdrew the bougie, gave the point a slight bend, and passing it in again, feeling round the urethra for the pervious spot, but avoiding the false passage, I managed to hit it off; so that the instrument slipped into the bladder without using the least pressure of force.

This is the great secret in the use of the thread-sized catgut bougie: it must be handled most delicately, turned in the urethra, something like a cork, screw, till the hole through which the urine escapes from the bladder is pitched upon, and this is immediately felt by the instrument passing forwards without any sensation of obstruction. The catgut bougie must never be
used with the idea of breaking down a stricture or pushing through it, but, if I may so express it, coaxing it into the bladder. Whenever you find the bougie spring back, you must stop and give it a little twirl between your fore finger and thumb; you may often have to work for half an hour or more in this way, without being able to hit off the opening; but patience and delicate handling will do a great deal. I assure you it is worth taking some trouble to relieve a fellow-creature effectually of such a serious malady without the use of the knife. Having passed the stricture, and entered the bladder, I desired that the bougie should be retained there for an hour. I attached great importance to the retention of the bougie; and with the catgut bougie there is this additional advantage, that the bougie swells to twice its original size.

On the use of Etherial Solution of Gun Cotton in the cure of Erectile Tumors without Operation. By Daniel Brainard, M. D., Professor of Surgery in Rush Medical College, Chicago.—(Ohio Med. and Surgical Journal.)

This adhesive liquid which was ushered into the profession with great recommendations as a substitute for needles in cases of hare lip, and for adhesive plaster in wounds, seems to have failed in fulfilling the expectations which were excited of its usefulness, and to have become rather an article of the toilette, and a substitute for court plaster, than a useful addition to our surgical armory. Struck, however, in the experiments with it, with the contractile power it possesses, I determined to test its application to the surface of any erectile tumor which might present itself for treatment.

During the last winter a case of naevus of the size of a very large strawberry, situated on the anterior fontanelle of a young infant, was presented for operation. I immediately covered it with a solution of gun cotton, and although it was much elevated above the surface, had the satisfaction of seeing it brought by the contractile power of the liquid in drying to a level with the sound skin. It was allowed to remain for several weeks, and then a fresh application made; and at the present time scarcely any trace of the naevus remains, although but two applications have been made.

The next case was that of a young child, with a naevus \( \frac{3}{4} \) of an inch in length, and \( \frac{1}{2} \) an inch in breadth, situated beneath the right eye. This at birth was scarcely perceptible; but in six months had acquired the size mentioned, and was rapidly increasing. In order to avoid the irritation resulting from its proximity to the eye, the application was made during the sleep
On the Treatment of Asphyxia Neonatorum. By J. O. Fletcher, Esq., Manchester.—(Medical Times.)

[Referring to the plan of treating still-born children by the use of warm and cold water alternately, Mr. Fletcher, says:]

I have been in the habit for some years of treating all such cases in a very similar way, and with great success. I first immerse the child in warm water, and, upon withdrawing it, cover the chest with a cloth or sponge well soaked with cold water (the colder the better:) again immerse it in warm water, and again apply the cold water, so on alternately using the hot and cold water, until there is evidence of respiratory movements. The first application of cold will generally produce a slight sob, and repeated applications will establish respiration. I conceive the good arises from the sudden impression caused by the cold on the cutaneous nerves, (which are the principal) "excitor nerves" in the reflex action of respiration. This is followed by response along the "motor nerves" of this function as the phrenic, intercostal, &c.; hence the sob on the first application, and the establishing of respiration by being repeated. I have for an equally long period, been in the habit of ligating the cord before the complete birth of the child, in breech and feet presentations, sometimes even before the pulsations were obliterated, believing as I do, that the child in these cases dies from hemorrhage into the placenta, arising from the umbilical vein being much exposed to pressure, by virtue of its superficial and unprotected position in the cord, which, together with the tenuity of its tunics render it very liable to have its current obliterated, whereas the tunics of the umbilical arteries are firmer, and they themselves not much exposed; thus they are in a measure protected from the consequences of slight pressure. Therefore, the flow of arterial blood through the vein may become obliterated, whilst the venous blood continues to flow along the arteries, from the child into the placenta, without there being any counterbalancing stream; hence the great mortality in these cases by the usual treatment, and hence the utility of ligating the cord early, thereby removing one fatal consequence; and, as it is well known that a child can breathe
in the vagina, its chances of life are not to say the least diminished, but, I think, much increased; for out of thirty-seven cases that I have treated in this way, two children only have died, which is saying very much more than I can say for the usual treatment. In this class of cases especially, I think the good effects of alternate application of cold and warm water will be seen, if tried.

_Honor to whom Honor is Due._—(Ohio Med. and Surg. Journal.)

An account of a case of tracheotomy performed by M. Ricord, at the Hopital du Midi, where the operator finding that the machinery of life had ceased to act during the operation, applied his mouth to the aperture in the patient’s throat, rendered very repulsive by the recent application of a blister, sucked out the pus and blood which were obstructing the trachea, and by artificial respiration restored the man to life, and finally to health, has been transferred from the columns of Medical Journals to those of the public papers, accompanied by sundry well earned compliments to the truly distinguished and philanthropic Surgeon, who, laboring under choleric symptoms at the time, allowed no thought of self to interfere with the performance of his duties to humanity.

The action of Ricord was a noble one; worthy of himself, his fame, his character and his calling; and we are well pleased that a corner of the curtain which hides us from the public gaze, should now and then be lifted up to let the world see what manner of men we “Old Hunkers” are. For what does the world hear of the host of as good men and true as Ricord, who toil on through a painful life of self-sacrifice at the shrine of humanity, until they sink into the quiet grave, not “unwept,” albeit “unhonored and unsung.” The noble act of Ricord is rivalled—nay, outdone—every day of the week, by thousands upon thousands of “country practitioners,” in this great West, to whom such doings are habitual, but who would blush to see them in print. Who among them but rises promptly from their warm beds, at the summons of the sick, to ride perchance ten miles in the dead of the night—dark and stormy—limbs benumbed—teeth chattering—to the log hut where some poor woman travaileth in the pangs and perils of child-birth, there to pass hour after hour at the bed-side of the sufferer, in that cheerless, miserable cabin, and then their duties performed, return home to seek rest, warmth and food, and find it? no, to start off to some other sufferer, again to buffet the driving sleet, to ford the swollen creek, or cross the dangerous swamp, and for what reward? Well! they get well paid for their trouble,
sneeringly says the worldly wise and worldly minded man. What do you call well paid, good sir? For what sum would you consent to be called up unexpectedly now and then, often just as you have closed your eyes in sleep, after a hard day's work? Would you think five dollars a rich reward? Of a surety, highly as you value the glittering ore, nothing like this would you look upon as "ample remuneration." Why the average pay which a country physician receives, taking one night case with another, would in any other trade or profession be thought ridiculously disproportioned to the mere work and labor done and performed; and yet how frequently does he receive nothing and less than nothing—not even thanks—but in return for all his most successful and unselfish exertions, is repaid with the grossest ingratitude. He does not complain of this, he does not court the martyr's crown, he abhors cant, and could never condescend to ask for sympathy and commiseration; he has the approval of his conscience, and hopes for the approval of his Maker, has enjoyed the pleasure of doing good, and has the proud satisfaction of feeling that he has been useful in his generation, and is content to plod on, loved and looked up to by those capable of appreciating the good sense that dwells in his head, or the kind feelings that warm his heart. Such are "country practitioners;" be their motto "excelsior."

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**PART III.**

**Monthly Periscope.**

*Experimental Physiology—intelligence without the Brain.* By B. Dowler, M. D., of New Orleans. — The phrenologist, as well as the biologist, pursues this route, namely, comparative anatomy, throughout the entire realm of the animal kingdom, from the lowest type to the highest, in order to prove that the brain is the exclusive organ of the mind—a theory, which some of the following experiments oppose; for the headless trunk of an alligator, deprived of the supposed organ of combativeness, displays a good will to fight, using both its limbs, directing all its available means intelligently, and, upon finding, after a fair trial, that these fail, it retreats laterally, by rolling over from its enemy, never towards him, as if guided by sight—all of which the sequel will prove. —[New Orleans Med. and Sur. Journal.

Carbonate of Soda an antidote to Cholera.—(Medical Examiner.)

**Hydra-bad, Deckan,** August 25th, 1849.

**Sir,**—I do myself the honor to communicate to you for the information of the President of the United States, and the benefit of the people, the important fact which I have just ascertained in the treatment of cholera, viz: that the carbonate of soda is a speedy and effectual antidote to the poison of that disease.
I give it immediately a case of cholera is brought, in doses of a tea-
spoonful dissolved in gruel or water, and drank as hot as the patient
can drink it.

It allays the pain and burning of stomach, produces sleep, and re-
stores the heat of skin and pulse in a very short time.

If it should be vomited, I immediately repeat it with a little lauda-
dum, and a full dose of oil, so as to cause the antidote to pass down as
speedily as possible to the poison in the small intestines.

When any portion of the oil and antidote is passed in the evacua-
tions, convalescence will be found to have already commenced, the
patient will presently pass urine, and then be out of all danger.

I continue the antidote morning and evening, (if necessary,) and
reducing the dose.

I will not trouble you with details, which will appear hereafter.

By thus addressing the head of such an extensive empire, I make
sure that the knowledge of this antidote will be speedily transported
through its vast extent, instead of being left to chance to work its way
up against the stream.

Besides I am only performing what I consider a duty, at a time
when the epidemic appears to be on the increase.

And, with the greatest respect, I remain your most obedient and
obliged servant,

N. E. MAXWELL, M. D.
Surgeon, 3d Light Cavalry.

To the Secretary of State, United States, America.

Intermittent Fever. By Dr. N. WARD, Burlington, Vermont.—
While in Ceylon, I treated many cases of fever and ague most satisfac-
torially, with a mixture of oil of turpentine and castor oil, in the pro-
portion of one to two drachms of the former to one ounce of the latter,
and administered in a mildly cathartic dose at the beginning of every
cold stage. Where relief was not promptly obtained, there were gen-
erally present signs of biliary derangement, indicating the moderate
use of calomel or calomel and ipecac., after which a dose or two of the
mixture usually completed the cure. This was used in cases of long
standing, as well as in recent ones; and in one case of enlarged
spleen with good effect.—[American Journal.

Nitrate of Silver in Jaundice and Chronic Gastritis.—Dr. Peebles,
of Petersburg, Va., recommends in cases of Jaundice the internal
use of nitrate of silver, in doses of $\frac{3}{4}$ of a grain twice a day, on an
empty stomach. Improvement is often observed on the second day,
and ten days is the longest time required to remove the disease.
The modus operandi is probably by correcting a state of irritation of
the duodenum, on which the disease often depends.

In the same Journal, Dr. Hartshorn reports cases of positive ad-
vantage being derived in patients afflicted with indigestion, accompa-
nied by epigastric tenderness, from the use of nit. argent. in doses of
$\frac{3}{4}$ increased to $\frac{1}{2}$ a grain, twice a day, with half the quantity of
opium.—[Amer. Jour. of Med. Sciences, from Char. Med. Jour. and
Review.
**Dry Cupping in Hiccup.**—Mr. Hunter states that he has found this lately a successful means of checking hiccup. A soldier was attacked with vomiting and purging. After the symptoms had subsided, he was teased with the most distressing hiccup, which he said kept him awake half the previous night. There was slight epigastric uneasiness on pressure. Dry cupping over the region of the epigastrium, leaving the glass on half an hour, stopped it almost instantly. It recurred again after taking some beef-tea, but was readily checked by a re-applications of the glass. It also relieved the epigastric uneasiness.—[Prov. Med. and Sur. Journal.]

**Creosote in the Treatment of Diarrhoea.**—Dr. Spinks gives, in the London Medical Gazette, the following statements respecting his use of creosote in diarrhoea and cholera:

"From the 1st of July to the 1st of August, I have had 224 cases of simple diarrhoea, 12 cases of rice water purging, and 18 cases of cholera. The first 93 cases of diarrhoea were treated with the usual chalk mixture and opium, the remainder with creosote; in those treated with the former the diarrhoea continued for some days, and, when checked, was invariably followed by a disagreeable rumbling and flatus in the bowels. In the 131 cases treated with creosote, the diarrhoea immediately ceased, and was followed by none of the above symptoms. In the 12 cases of rice-water purging, the effect was instantaneous, the first dose generally putting a stop to the discharge. In the 18 cases of cholera, all of whom had vomiting, rice-water purging, cramps and blue skin, creosote had the same decided effect, at once checking the purging and vomiting, the cramps very soon afterwards subsiding, the pulse becoming full and soft, a free perspiration breaking out over the body and extremities.

Of the 18 cases of cholera treated with creosote, I have only lost two, these being far gone in collapse when I was called to them. The formula in which I use the creosote, is—R. Creosote, m xxiv.; mist. acacia, 3 ss.; sp. ammon., c. camphora, aa 3 ij.; ether. chlorici, 3 ij.; aquæ, 3 viss. M. Ft. misturae. Capiat. cochl. ij. mag. omni hora.

In simple diarrhoea I only give two drops every two hours, with the above stimulants, and no astringent whatever.—[Boston Medical and Surgical Journal.]

**Nasal Hemorrhage.** By Samuel R. Smith, of Tompkinsville, Staten Island, N. Y.—There are few physicians who have not occasionally been annoyed by the difficulty with which nasal hemorrhage is arrested. An old shipmaster communicated to me a method, which shows that the artery furnishing the supply of blood can be perfectly compressed at the root of the upper incisor teeth. His process was to roll up a piece of paper and place it under the upper lip. The first opportunity I had of trying it, was a case of profuse hemorrhage from a fall, which had persisted four days, notwithstanding repeated plugging of the nostrils, and the patient had become almost
exsanguine. In this case the front teeth of the patient were wanting, and I applied the pressure by tying a knot in a bandage, which I placed on the upper lip so as to make pressure immediately at the root of the septum narium, and tied the bandage around the head above the ears. The hemorrhage was immediate and permanently arrested. On mentioning the subject to several of my medical friends, I found the practice was new to them all, and I therefore communicate it for the benefit of the profession.—[Boston Medical and Surgical Journal.]

Detection of Chloroform in the Blood.—This is effected by the conversion of chloroform, at a red heat, into chlorine and hydrochloric acid. Place the blood in a sandbath, pass the resulting vapor through a tube heated in the centre to a red heat, and lined at its extremity with a paste of iodide of potassium and starch, its open end also being covered with paper moistened with the same mixture. If chloroform be present the paper will be tinged blue. By this means one part in ten thousand may be detected.—[Jl. de Chimie Médicale, from Ibid.

Sulphate of Phyllerine.—M. Jachelli, of Ferrara, has lately added this alkaloid to the list of febrifuges; it is obtained from the well known evergreen shrub, Phyllerea Latifolia. It was known before the researches of Dr. Jachelli, as a cooling astringent, but it is now found to possess the same active anti-periodic properties as others of its class, the ash, the olive, etc.

An extensive series of experiments have been made since the year 1825, on the action of this alkaloid in agues, by Dr. Jachelli. He has compared its operation with that of—1st, a powder of the young leaves and twigs, in doses of thirty grains during the intermission; 2d, a simple decoction of the plant to 60 of water, down to one-third, and given in large doses also during the intervals; 3d, with a compound decoction formed by adding 30 minims of dilute sulphuric acid to the preceding. The sulphate, in doses of from 12 to 15 grains during the apyrexia, has evinced its superior activity over other preparations of the phyllerea; thus of 20 patients treated with the sulphate, 20 were cured; of 13 to whom the powder was administered, 11 were cured; of 18 to whom the compound decoction was given, 14 were cured; of 16 who took the simple decoction, 7 were cured.—[Bulletin General de Therapeutic, from Western Journ. Med. and Surg.

Prolonged Inanition.—Dr. Samuel H. London, of West Point, Tennesse, communicates to us the following case of prolonged inanition, in a hog, which, although not quite so remarkable as the instance often quoted of the pig buried under the chalk cliff in England, is extraordinary enough to entitle it to a place among the rare cases in physiology. Dr. L. says:

"A hog weighing about 190 pounds, the property of Mr. James Kelly of this neighborhood, by accident got wedged in between two logs, and in that situation remained confined, without food or drink,
for ninety-six days. When released, the weight of the animal was reduced to thirty pounds, or more than five sixths. The accident occurred during the past winter. At this time (June 10th) the hog is alive and as thrifty as any on the farm.—[Western Journal of Medicine and Surgery.

Chloroform externally applied.—The following examples of the successful application of chloroform over the seat of pain, which have lately come under our observation, appear to us worthy of record.

Mrs. ——, a respectable lady, had contracted ulcers from her child, to whom the disease had been communicated by a black nurse. Her physician for a long time mistook the character of the complaint both in her child and herself; but when its true nature was revealed he soon succeeded in curing the latter, as well as the nurse. We saw the lady a year after she had been under medical treatment, and at that time she had ulcers on the scalp, and was suffering from most acute neuralgic pain of the side of her head, which grew worse as the day declined and rendered her nights sleepless and wretched. We advised the local application of chloroform. Thirty drops were placed on a cloth which was kept in close contact with the head, and this was renewed from time to time until anaesthesia was induced. The effect was prompt and most satisfactory. The night following the first application of the remedy was one of comfort, and the appearance of the patient, next morning, proved that she had enjoyed refreshing sleep. The use of the remedy was continued for a few nights; but before an ounce of chloroform had been consumed she was free from the pain, which, in three months, has not returned.

The character of the next case was entirely different, though the result was quite as satisfactory. A colored woman had a tooth extracted in September. The operation was followed by inflammation of the lower jaw, which extended to the tonsils, and made deglutition impracticable. She was bled, and afterwards a poultice, on which half a drachm of chloroform had been dropped, was applied to her throat. In half an hour, after the removal once or twice of the anaesthetic, she became easy, fell asleep, and when she awoke, a few hours afterwards, found that she could swallow. Remedies were then administered, and the patient has recovered. No doubt the bleeding contributed to the removal of the cause which obstructed deglutition; but we have as little doubt that chloroform also had a large share in the result.—[Ibid.

Fracture of Neck of Femur and Autopsy. Reported to Dr. Hamilton, by Darwin Colvin, M. D.—T. B. S., aged 38 years, of intemperate habits, much emaciated, and having for the last year or two suffered from hepatic disturbance to such a degree as that his skin has been constantly of a deep yellow color; received an injury, Aug. 21, 1849, while in a state of intoxication. No one was present at the time of the accident, and it is not ascertained how it occurred. I saw him several hours afterwards. The toes were turned out, and
the leg shortened one inch and a half. The thigh was enormously swollen, and the whole pelvic region ecchymosed, with evidences of contusion, especially over the great trochanter. The trochanter could not be felt. Having made extension and rotation, with the assistance of my father, and crepitus being manifest, we determined that it was a fracture of the neck of the femur.

The limb was placed in a comfortable situation, with a view to the reduction of the inflammation.

On the 23d delirium tremens supervened, and on the 2d inst. he died, twelve days after the occurrence of the fracture.

Autopsy, eight hours after death:—

The neck of the femur was broken half an inch from the root of the trochanter major: the upper end of the lower fragment was comminuted, and the trochanter itself was completely separated and drawn up under the gluteus maximus. The head of the femur was partially removed from the acetabulum. The spongy structure of the bones was yellow, and nearly of the same color as the skin.—[Buffalo Medical Journal.

Dislocation of the Humerus, with Fracture.—Mr. SYME has lately met with a case of dislocation of the head of the humerus into the axilla, complicated with fracture about the middle of the humerus. This double accident is exceedingly rare. The patient had fallen through a trap door into a cellar, and his arm had become entangled among the spokes of a ladder during the fall. It was determined that the dislocation should be reduced, before an attempt was made to set the fractured bones. For this purpose, the forearm was bent upon the humerus, and a bandage was then rolled round the whole arm as high as the shoulder. Over this, a couple of Gooch's splints were placed; the lac was then attached above the seat of fracture, and secured by another bandage. Extension was made in the direction of the long axis of the trunk, a large pad being first stuffed into the axilla. Reduction was readily effected, and the subsequent progress of the case had been satisfactory.—[Proceedings of Edinburgh Med. Chirurg. Society, in Monthly Journal.

On Sulphuric Ether, in a Hygienic and Therapeutic point of view.—M. Baudeloeque addressed a note to the Academy of Sciences, May 21st, in which he says that sulphuric ether has the property of instantly destroying sulphuretted hydrogen. If a few drops of the ether are poured, beforehand, into the chamber vessel, the odor of the fecal matters will be destroyed. If a chamber has been infected with any such odor, a few drops of the ether sprinkled about the room instantly destroys it.

In medicine, sulphuric ether has been proposed in different diseases; among others, to strangulated hernia, applied locally to the tumor, to produce rapid refrigeration. Would it not be better, asks Mr. B., to give a dose of ether by the mouth, and in injection, to destroy the sulphuretted hydrogen, which distends the hernial tumor; the reduction may thus be instantly effected.—[Comptes Rendus, from Charleston Med. Journ. and Review.
Removal of Stains of Nitrate Silver.—Accident first led M. Martinenq to the observation, which he has since repeatedly confirmed, that the stains produced by nitrate of silver on linen, &c., may be readily removed by wetting the linen in a solution of bichloride of mercury, (1 part to 31), rubbing it well, and then washing it in cold water.—[L'Union Medicale, from Buffalo Medical Journal.

Bacon a Quack.—Ancient method of maintaining Health.—That very learned and universally celebrated philosopher, Lord Bacon, "had extraordinary notions respecting the virtue of nitre, and conceived it to be of inestimable value in the preservation of health. So great was his faith, that he swallowed three grains of that drug, either alone or with saffron, in warm broth, every morning for thirty years! He seems to have been fond of quacking himself; once a week he took a dose of the 'water of Mithridate,' diluted with strawberry water. Once a month, at least, he made a point of swallowing a grain and a half of 'castor' in his broth at breakfast for two successive days. And every sixth or seventh day he drank an infusion of rhubarb in white wine and beer immediately before dinner. He made it a point to take air in some high and open place every morning, the third hour after sunrise; and, if possible, he selected a spot where he could enjoy the perfume of musk, roses and sweet violets. Besides thus breathing the pure air of nature, he was fumigated with the smoke of lign-aloes, with dried bays and rosemary, adding once a week a little tobacco. On leaving his bed he was anointed all over with the oil of almonds, mingled with salt and saffron, and this was followed by gentle friction. He was rather a hearty feeder, and when young, preferred game and poultry, but in after life gave the choice to butcher's meat, which had been well beaten before roasted. At every meal his table was strewed with flowers and sweet herbs. Half an hour before supper he took a cup of wine or ale, hot and spiced, and once during supper wine in which gold had been quenched. The first draught which he drank at dinner or supper was always hot, and on retiring to bed he ate a bit of bread steeped in a mixture of wine, syrup of roses and amber, and washed it down with a cup of ale to compose his spirits and send him to sleep."—[Boston M. and S. Jour.

Transactions of the American Medical Association.—The second volume of the Transactions was put to press immediately after the adjournment of the Association, and every effort has been made by the committee of publication for its early appearance. The default of authors, however, in not furnishing their reports, and the delay caused by the transmission of proofs to a distance, have baffled all the efforts of the committee. The reports have at last all been received, and the printing will be proceeded with as rapidly as possible. It is believed that the volume will exceed eight hundred pages, of which about five hundred and fifty have been printed.—[Philadelphia Med. News.
MEDICAL INTELLIGENCE.

FAREWELL OF THE PRESENT EDITOR.

The fifth volume of the Southern Medical and Surgical Journal is completed with this number; as has been determined upon, the present editor retires, and another one assumes the management of conducting this periodical. To this conclusion we have been forced by severe domestic affliction, which has now continued unabated for nearly four years. Within this period, besides the terrible disease alluded to in former numbers of the Journal, and for the relief of which, advice has been sought for still in vain, both in this country and Europe, the grave has been opened no less than three times to receive "flesh of our flesh and bone of our bone."

"They, they alone whose hearts like mine have bled,
Know how the living sorrow for the dead."

We improve this opportunity to solicit indulgence for the many imperfections of our work. We have endeavored, under trials known to but few, to discharge our whole duty faithfully to the patrons of the Journal. In the failure, we still have the consciousness of having tried to act honestly to all. To those whom we may have at any time and in any manner offended, we humbly ask their forgiveness. We believe we love the brotherhood, and entertain no unpleasant feeling to a single member of the profession. There is not one connected with it whose prosperity we do not heartily desire.

We take leave, with regret, of our editorial brethren; our thanks are due them for their valuable exchanges, and their generous notices of our feeble labors; our best wishes attend them in their arduous duties. With the kindliest feelings to all who have aided us during the past five years, and with the sincere hope of a brighter career, greater success and usefulness to the Southern Medical and Surgical Journal, now that it passes into better hands, we take our leave of it and its patrons.

We are specially grateful to our Printer; for through his industry and punctuality every number of the Journal (amounting now to sixty) has been issued in time.

We make known to our friends, the determination to confine our professional duties to Surgery.

MEDICAL MISCELLANY.

Colloction to prevent Pitting in Small-pox.—Mr. Rankin makes this suggestion of Collodion to the face to prevent the pitting in this loathsome affection—a good idea.

Gargles.—Sir James Murray says, the best way to use gargles is to draw them through one or both nostrils. This must be very unpleasant.

Colica Pictorum.—In chronic cases give Iodide of Potassium.

Dropy.—Give the fresh juice of the root of common Elder, as a drastic purgative.

Sciatica.—Try an eschar made on outer part of dorsum of foot by red-hot iron, patient being under chloroform.

Pyrosis.—A new salt of Bisulphate of Iron and Alumina in 5 to 10 grs. doses, dissolved in any aromatic water.

Colloction.—Is now applied to Acne, Burns, Bed-sores, Chillblains, Chapped Nipples.

Professors Williams and Walsh of London.—Prof. Williams, C. J. B., well known by his works on Medicine, has resigned the chair of the Principles and
Practice of Medicine in the London University, and Dr. Walshe has succeeded him—a good appointment, to our own personal knowledge.

**Doctors.**—The number in New York, good, bad, and indifferent, is 641. In Cincinnati 179.

*A new mode of composing Children.*—Dr. Castle, dentist, of New York, says, the Irish nurses are in the habit of swinging infants, head downwards, by the feet, to put them to *sleep*.

*An aged Nurse.*—The Boston Medical and Surgical Journal states that a grandmother, 61 years of age, at Indianapolis, nursed her grand-child and raised it; the mother having died when it was four months old.

*A Medical Professor elected to Congress.*—Dr. Fitch, late Professor in Rush Medical College, has been elected to Congress from Indiana.

*Acetate of Lead in powder for granular Ophthalmia.*—Dr. Cunin, of Belgium, has used this preparation reduced to a fine powder, and applied to the palpebral conjunctiva.

**Obituary.**—Professor John Butterfield, editor of the Ohio Medical and Surgical Journal, at Columbus, making the death of no less than four editors of medical journals in the United States within three months. Dr. B. was a man of most decided talent, and well qualified for an editor.

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