ARTICLE XXIX.

Veratrum Viride. Cases, by E. L'Roy Antony, M. D., of Burke county, Geo.

The novel articles from the pen of Dr. W. C. Norwood, of Cokesbury, So. Ca., upon the therapeutic virtues of this article, early and promptly arrested our attention. More recent ones, published with "cases" from every section of the country, attest the professional ardour in the pursuit for the discovery of an agent whose remedial action upon the living organism will produce effects corresponding to those triumphantly ascribed to the Tincture of the Root of the American Hellebore.

We believe its virtues may be mainly attributed to the veratrine contained in the tincture, which we are at this time administering as suitable cases are presented, the results whereof we will, after careful observation, give to the profession. Regularly digested articles have already furnished the profession with Botanical descriptions of the plant, and theories ad libitum, of its mode or modes of operation.

Individual professional experience is the property of our profession: upon this basis, we propose to record a few cases, illustrative of its administration, prophylactic and curative powers. If the results exhibit apparently paradoxical properties, we are in no wise responsible, but remain confident that
its heroic attributes will early win for Norwood historic immortality, and for itself a partition of empire with the lancet in the domain of Practical Medicine.

Case I. Pneumonia, (typhoid type.)—Mr. A. W., aged 30, strumous habit, had been attacked on the 14th April, 1852, with an indistinct chill, followed by remitting form of a low grade of reaction, which lasted until the 18th. Between 10 and 11 o'clock, on the night of the 19th, taken with rigors, upon which developed a similar grade of reaction, as in the first attack, accompanied with mucous cough, and free, glairy, uncoloured expectoration of exceedingly tenaceous mucus, with large globules of air intimately mixed. These pneumatic indications, with corded frontal headache—dry, hot, harsh-feeling skin, (calor mordax); great thirst, and sense of weakness; dry tongue, brown in the centre; pulse 70, very small, quick and corded; restlessness, anxiety, and some apprehension as to the favorable termination of his case.

Under my usual (and somewhat peculiar) treatment, with no material alleviation, and the supervention of brick-dust colored sputa, he continued the same until the 27th, 9 o'clock, A. M., at which time I found the same small, quick, corded pulse, beating 100 per minute.

This being the first case of Pneumonia occurring in my practice, after the reception of the tr. veratrum viride from the hands of Dr. Norwood, I was sufficiently anxious to try it, but the pulse being heretofore only 70 and 80, I hesitated, and would not try the lancet, as it had failed to do good in his recent attack of fever; but this morning, the 28th, beginning to equivocate, myself, as to the termination of his case, the 100 pulse being tense and corded, though small, I determined upon its administration, and accordingly prepared—

B. Tr. Verat. Virid. . . . 96 gtt.
Aq. Com. . . . 12 coch. mag.
Sacch. Alb. . . . q. s. ft. M.

Ordered one-twelfth of the mixture every three hours, until vomiting or purging supervened; in either event, tr. opii. 25 gtt., to be repeated in one and a half hours, and continue the v. v. in half the quantity first ordered.
April 29th, 11, A. M. Had vomited and purged, thrice each, between fourth and sixth portions; skin soft and cool, almost cold; tongue moist, with light mucous coat; pulse regular, decidedly fuller, soft and pleasant to the touch; coughed very seldom during the night; great improvement in the expectoration—says, "if I had taken that medicine at first I would have been well;" and, from the magical alteration in every feature of his case so speedily presented before me, I readily believed him. Ordered, half table-spoonful (4 gtt. tr. v. v.) of the mixture every five hours—to double the dose if the pulse exceeded 70.

30th. Passed the night finely; pulse 65, no cough, perfectly comfortable. Ordered 4 gtt. doses tr. v. v. every six hours, for three doses; then eight hours for three doses, unless he gets worse.

31st. Pulse 70, soft and pleasant; says he is doing sufficiently well. Ordered 4 gtt. doses, every ten or twelve hours, for three days. Discharged.

Case II. Acute Pleuro-Pneumony.—April 28, 1852. W. G.'s negro woman, Hannah, aged 30; well made, finely developed thorax; saw her at 1 o'clock, P. M. Symptoms: severe frontal cephalalgia extending over the vertex; conjunctivae injected; face tumid; breathing 36, incomplete and cautious, attended with audible expirations; pulse 130, full and bounding; bathed in profuse general sweat—in fine, general reaction of high synochal grade; sore pain occupying whole dorsal thorax; decubitus, supine; râle crepitant; harsh but moist cough, accompanied with slight pleuritic pain in dorsal pleura; expectoration tenaceous, viscid, yet tolerably frank and partially striated with arterial blood, but occasionally completely ensanguined; had been bled ½ xx., and bowels thoroughly evacuated—ill two and a half days. At this time, a large blister, recently applied, was removed from dorsal spine to give the tr. v. v. a fair field. Ordered: B. Tr. Verat. Vir. . . 96 gtt.

Aqu. Com. . . . 12 coch. mag.
Sacch. Alb. . . . q. s. ft. M.

Dose, 1 coch. mag. tri-hourly until nausea, vomiting or purging supervened.
29th. Vastly better in every respect; pulse 60.
30th. Got up, saying she was as well as ever. Discharged.
May 1st, still well.

Case III. Puerperal Convulsions before Labour.—April 29th, 1852. Mrs. A. J. L., age 18: short, and full habit; leuco-phlegmatic temperament; first pregnancy advanced thirty-five weeks; severe cephalalgia for last six or seven days. This morning, at 6 o'clock, had two convulsions. At 10 or 11 o'clock, some one bled her—I dont know how much. By 4 o'clock, P. M., at which time I saw her, she had had ten or twelve violent convulsions: decubitus, flexed on left side; pulse 144, full and hard; profound coma; pupils dilated, but susceptible; pallor; globe of eyes very prominent; whole face and neck swollen; fingers and toes cool; body and head hot. At 4½ o'clock, ordered sinapisms to spine, cold to head, and enemata. Struggling against the indication for the lancet, I attended the administration of 8 gtt. doses of tr. v. v. every three hours. At 7 o'clock, pulse 120; at 10, pulse 104, spoke incoherently; at 12, (pulse 98,) answering correctly in monosyllables; at 3 o'clock, pulse 75, perfectly conscious; at 5 o'clock, pulse 60, calm, collected, conscious and comfortable, except "I feel sore all over." At 6 o'clock, I left her for home—at 7 was re-called—arrived at 8; pulse 57; had vomited thrice and purged twice; universal surface cool and pleasant; regularly recurring "bearing down" labour pains—touch exhibited second position, crown of Baudeloque entering superior strait—the pains recurring with perfect regularity. Expulsion occurred at 10½, A. M.; fœtus still-born. During uterine contraction, pulse 60—during intermission, 57, fœtus contracting finely and firmly. At 11½, removed placenta from vagina. Ordered ½ iss. ol. ricini, and pulse to be kept at 60, for, I now believed that the number might be stated, and the pulse put down to it, and maintained there.

30th. General but not severe soreness; surface cool; intellect clear; no after pains; no abdominal tenderness whatever; lochia about right; pulse 65. Ordered 2 gtt. doses tr. v. v., every four or five hours, to be guarded by laudanum, as usual.

May 1st. Perfectly comfortable, except a sore tongue. Milk formed without general reaction. Discharged.
The subsidence of the pulse, the contemporaneous clearing up of the intellect and return of sensation, the accession of labour with the pulse at 57, its happy termination, the formation of milk with her habit, without general reaction—all, with the pulse far below its natural standard, present a relationship of cause and effect as striking as beautiful.

Case IV. Pneumonia, (typhoid type.)—April 28th, 1852. B. C.'s female slave, Eliza, age 20, has been ill four days at 12 M. to-day. At this time, suffering with headache; breathing 36, incomplete and hurried; pulse 124, size of a knitting needle, somewhat tense and quick; skin hot and dry; decubitus mostly on the back and right side, but great restlessness; conjunctivæ icterode; tongue dry, dark and raspish; sordes on teeth; short, jerking cough; expectoration viscid, tenacious plum-juice mucus, frank with occasional sputal ejections of dark-colored nuclei enveloped in healthy-looking mucus; a profound "sore pain" persistent in the right middle lateral thoracic region, increased by pressure on abdomen, but slightly by pressure over the affected spot; crepitous rhonchus: dull sound on percussion over sore spot—had been freely purged on the first day with a black dose. Yesterday, 27th, took 5i. calomel, followed by four copious dark-colored dejecta. At this, my first visit, ordered—

B. Tr. Verat. Virid. . . . 96 gtt.
Aq. Com. . . . . 23 coch. min.
Sacch. Alb. . . . q. s.

Dose, 2 spoonfuls (each containing 4 gtt.) every three hours, until nausea, vomiting, or purging is produced, then 1 spoonful every three hours: if vomiting be obstinate, or more than two alvine dejections in any given three hours, and they be watery, 20 gtt. laudanum, and repeat pro re nata.

29th, 12 M. Vomited and purged, three or four times each, last night: is taking 1 spoonful, 4 gtt., tri-hourly; skin cool and soft, rather oily than moist; expression of countenance good; tongue soft, moist and natural; pulse 76, crow-quill, soft, uniform and compressible, no quickness; no sordes; breathing 20, complete and deliberate; no headache; no soreness at the seat of inflammation, except on abdominal pressure, and then but
slight; sputa collected on sand in a tin pan, so that a fair inspection is impracticable. Ordered, above continued in 4 gtt. doses.

30th. Apparently well in every respect, except the pulse at 56. Discharged the patient, ordering 4 gtt. doses or 1 teaspoonful of the solution of the tincture every six, eight and twelve hours, for three or four days.

Case V. Pneumonia, complicated with Eutocia, Flatulent Colic and Puerperal Peritonitis.—May 2d, 1852. B. C.'s slave, Susan, age 20, full habit—had been safely delivered this morning, at 5 o'clock, of a still-born of 30 weeks: obstinate constipation of six days; intense keen pains darting through transverse and descending colon; sense of fulness in epigastrium and left hypochondrium; uterus mounted high in umbilical region, and somewhat tender on pressure; lochia in abundance, breasts sufficiently tumid, but not tender; sore, diffused pain in the left lung; sensation of great weight under the sternum; short cough, producing great pain in the belly and left side; expectoration invariably swallowed, and could not be induced to throw it out; pulse 136, moderately full and quick.

I saw her at 2 o'clock, and learned that these symptoms had preceded and ushered in labour. Had been bled; quantity unknown. Ordered, warm fomentations to abdomen; ½ gr. sul. morphia and 5 i. tr. foetida; also, 3 ij. ol. ricini to be repeated; warm water enemata, and mustard to entire spine.

May 3d, 5 o'clock, A.M. Abdomen enormously distended and exquisitely tender; uterus very tender to external and internal touch; lochia completely suspended, breasts collapsed; rigors, headache, no alvine evacuation, discharging large quantities of straw-colored urine; decubitus supine; legs flexed on thighs and knees widely separated; arms extended, right and left, at right angles with the body; original pain in the colon still recognized by her as being present with greater sense of fulness; countenance anxious; moist, soft and jerking cough; sore pain in the thorax persistent; pulse 144, very quick, and not so full as yesterday. V. S. ⅓xl., repeated in one and a half hours, ⅜xx. (At this hour, learned she had eaten large quantities of red clay as a substitute for chalk or magnesia.) Intro-
duced 30 inch O'Beirne tube to the colon—met no obstruction, no escape of gas; then threw an enema of warm water and 1 coch. mag. spts. terebinth. into the colon, and repeated; desiring to stool, the tube was withdrawn, and she elevated at an angle of 45°, at which moment a voluminous gaseous eructation from the stomach occurred, continuing ineffectually to throw off more. I had the tube thoroughly cleansed, oiled and introduced into the stomach—a very slight escape of gas, attended with a syphonic discharge of Oij. of greenish colored water: gave Oj. melted lard; stomach rejected it.

Knowing it would arrest the pulmonary, I believed it would moderate or arrest the intestinal and peritoneal congestion, and perhaps prevent effusion or gangrene. I ordered 10 gtt. doses of the tr. v. v. tri-hourly, until her pulse went to 60; also, 20 gtt. Labarraque's chlor. sod. in half tea-cup of warm water, every two or three hours; gave Θi. pil. hydrarg.; vaginal injections of warm water and tobacco enema pr. rect., with turpentine frictions to abdomen, and warm fomentations. Left her at 8½, pulse still 144, but smaller, with same quickness.

May 3d, 12 M., at night. Belly softer; pulse 120, not so quick; no evacuation: had not given the tincture regularly. Ordered epispast., 6 by 7, to abdomen, with 8 gtt. dose of tr. v. v. tri-hourly, to be given regularly; also, Θj. pil. hydrarg.

May 4th, 5, A.M. Pulse 74; had five or six copious thin slate-colored dejecta, with flocculi of the same, but more consistent; vesication; belly not half the size it had been; slight appearance of lochia; no headache; very little cough; some pulmonary pain; uterus still tender, but allows it handled with some freedom without complaint. Ordered, continuation of tr. v. v. in 6 gtt. doses tri-hourly; Labarraque's liquid 15 gtt. every four or five hours, and 25 gtt. tr. opii. off. Blister dressed with scalded fol. persica.

May 5th. No headache; tongue moist and pleasant, but great thirst; scarcely any cough, can make full inspiration without coughing, but still some thoracic soreness; occasional hiccough ever since yesterday morning; abdominal intumescence continue to subside; lochia same; general surface warmer than yesterday; still horizontal, with inferior extremities separated and flexed; pulse 112. (A new nurse having
been in attendance the v. v. had been taken irregularly, and only in 2 gtt. doses.) Two slate-colored dejecta, mixed with portions of red clay. Suspended Labarrique’s liquid, and ordered—R. Pil. Hydrarg.; Rhei. P. R. aa 3ss.; and continued tr. v. v. in 8 gtt. doses.

May 6th. With the exception of partial retention of urine and lumbar uneasiness, with slight strangury from absorption of cantharadin, she is better in every respect. Pulse 90, no quickness, more volume. Catheterism, with replacement of uterus, afforded instant relief. Continued peach-leaf poultice to the blister, and tr. v. v. in 4 gtt. doses.

May 7th. Bowels moved twice last night, tolerably thin, but of uniform consistency; neither thoracic pain nor soreness; no cough; no colonic pain nor uneasiness; bladder acting finely; lochia in abundance; pulse 90, and skin soft and warm. I think she will get well.

May 15th. I hear she is up and doing well.

Case VI. Dystocia.—May 3d, 1852. Mrs. J. M.’s negro woman Lucy. Saw her at 1 o’clock, P. M., in a small, close ill-ventilated log-house, covered with a thick quilt and a blanket, thermometer 92°, a fire on the hearth, and some smoke pervading the room; face and body covered with a profuse active perspiration; carotids and pulse rapid and bounding at 172. Had the fire extinguished, door unhinged, slats, with which the inside of the house was ceiled, ripped off the side opposite the door, substituted a sheet for the quilt and blanket, gave a light draught of cool water, and bathed her face and breast with some of the same. In half hour pulse 160; expulsive throes every fifteen or twenty minutes; touch exhibited left arm and pulseless funis occupying pelvis proper in 2d position left arm presentation of Baudeloque; abdominal tenderness on pressure—had been bled freely, and I would have bled her again, but believing from recent experience that I held in my hand the great desideratum, the controller of capillary arterial and cardiac action, I risked her upon it. The result, I apprehend, will at least speak well for its prophylactic powers.

At 1½ o’clock, gave ½ gr. morphine and 10 gtt. of tr. v. v., preparatory to turning; at 2½, gave ¼ gr. morph.; at 3½, gave
8 gtt. tr. v. v.; at 4 o’clock, she, feeling the anodyne impression and pulse 140, I proceeded to fillet the presenting arm, and “turn,” which I did readily, bringing the feet down to the first foot Baudeloque by 5½ o’clock; at 6, removed placenta; at 6½, pulse 104, surface quite cool.

Ordered, absolute diet; mucilaginous drinks; vaginal injections of warm milk and water bis terve in diem; soft oiled compress to vulva; perfect rest, with shoulders slightly elevated; also, ⑩ Res. Tr. Verat. Vir. . . 96 gtt.

Aq. Com. . . . 24 coch. mag.

Sacch. Alb. . . . q. s. ft. M.

Dose, 2 coch. mag. tri-hourly, regularly, until vomiting or purging; in either event, tr. opii. 20 gtt., repeated pro re nata.

Dr. Milton Antony, the attending physician, was requested to note particularly the effects of the tincture upon her pulse, which I desired to be reduced to 60, and kept there for three or four days, to prevent, if possible, the accession of any of those fatal symptoms so frequently following the manoeuvre in such cases.

May 5th. Received the following from Dr. M. A.

“MAY 4, 1852. Dear Sir: I visited Mrs. Moore’s Lucy this afternoon, and found her pulse reduced to 72 to the minute. She says she is in no pain at all, but complains of being very sore when moved: she has had three evacuations to-day, one while I was there, which was watery; vomited several times also. I ordered Mrs. M. to give the tr. opii., and lessen the dose of the solution to half table-spoonful (2 gtt. tr. v. v.), as she had already, under your directions, lessened it to one (4 gtt. tr. v. v.)—continue the mucilage and vaginal injections. She says she feels much better. I think she is doing finely—much better than I ever expected: she has a good appetite—wants to eat. Mrs. M. will give the last dose to-night at 9 o’clock; so, if you wish her to continue it send more by the bearer.”

I sent more, with a request to put her pulse at 60, and keep it there. This last portion did not reach her until eighteen hours after the first had given out, at which time there was restlessness, with pulse at 125; the re-application of the tinct. in 8 gtt. doses readily brought her pulse to 65, at which it was kept for three days.
May 15th. Doing well, except slight soreness at vulva, with lumbar uneasiness.

I would have been pleased to comment lightly upon each of these cases, but the length of this article has already exceeded the limits anticipated.

ARTICLE XXX.

Farther Remarks on Mrs. Willard's Theory of the Circulation.
By Wm. T. Grant, M. D., of Culloden, Monroe county, Ga.

Since writing my last article in the May number of the Southern Medical and Surgical Journal, on this subject, I have been favored by the kindness of an acquaintance, with a copy of Mrs. Willard's small book, entitled "Willard on the circulation of the blood." After reading it, I was more than ever convinced of the fallacy of the position assumed by its authoress, in regard to the circulation.

Her position we will give in her own words: "Expansion is a motive power—the blood receives caloric at the lungs—the blood must therefore expand—if the blood expands it must move." We admit that expansion is a motive power (not under all circumstances, however),—we admit that the blood receives caloric or heat at the lungs, but, we deny that the blood expands in consequence thereof. We well know that there is a chemical process going on in the lungs at all times, and caloric is a production of all chemical processes; but the heat is not on that account the primum mobile of the blood. The reason is simply this: as soon as heat is disengaged by this chemical action, it becomes latent immediately, and cannot therefore produce an expansion of the particles of the blood. That this heat does become latent can be established on good authority,* and we deem it unnecessary to say more about it, but pass on to the consideration of some of Mrs. Willard's experiments.

The first experiment of any consequence (figure no. 1 of the above mentioned work) "may be formed by joining three glass tubes by india-rubber into a triangular form, and filling the apparatus with water." This contrivance was then suspended

* Comstock, Johnston, &c.
and heat applied to one of the sides, and the contained water began to circulate in the tube. By an inspection of the figure and the manner in which the heat was applied, any one can very quickly detect the fallacy. It will be observed that the heat was applied to a side that hung in an oblique direction, and as the air in the water expanded, as well as the water itself, they began to move upwards, and of course began the circulation. If Mrs. Willard had applied the heat to the most elevated part of the tube, the water would never have moved. Besides, in this case the heat is free or uncombined and not latent as is the case in the circulation. This experiment therefore proves nothing.

In her next experiment, Mrs. Willard's object seems to be, to prove that the circulation cannot go on until the heart begins to beat; that is, the heart must begin to beat before the blood begins to circulate. And she proves that it matters not how much heat is applied to the blood in the lungs, yet, if the heart does not begin to beat, the blood will not circulate. Then we are to understand that the heart begins its motions first. If that be the case (and we do not doubt it,) what makes the heart move? Mrs. Willard does not and cannot say, and we have to stop in our researches, on this point, for proofs of the new theory.

(The reader would do well to examine Mrs. Willard's book, in connection with the above for a proper understanding of the case as we are confident we have not rendered it very intelligible.)

Having now merely glanced cursorily over these two experiments, we will proceed to relate some performed by ourself on the living animal. There can be no possible cheat or fallacy in them as they were performed on animals—living animals, in which Nature's immutable laws must take their course. We shall relate them from notes which we took down at the performance of each experiment.

Exp. I. Took a toad and making an incision into the breast, we extracted the sternum. After which we removed the liver. We cut out the sternum and liver, for the purpose of exposing the heart. Having bared that, by these operations, so that we could see it pulsate distinctly, we next cut out both lungs. Now
we had the heart fully exposed, and had taken out the liver and both lungs. Notwithstanding which, the heart continued its pulsations and the blood its circulation. We let it stay thus an hour and a half or two hours, at the end of which time it still continued to beat. It would be well to state that it was becoming more and more feeble; this is easily explained,—firstly, being exposed to the air it was getting dry and stiff; secondly, the circulation was somewhat impeded by cutting out the liver and lungs, in which we necessarily cut the hepatic and pulmonary arteries; and thirdly, the toad was dying. We think that the roughness of the operation assisted in enfeebling the heart. It were probably well that we state that we pierced the brain of the toad with a small blade of our knife, before doing anything else.

Exp. II. In this case we did not wound the brain of the toad; but bared the heart as in case first, with as little injury to the contiguous parts as possible. In this case the heart beat more than three hours after the excision of the lungs.

Exp. III. In this case, to prevent deception in any way we cut out the whole of the respiratory apparatus, the trachea bronchial tubes, and lungs, and the heart continued its beating an hour and a half; it then became too feeble to pulsate, from the cause mentioned in case first.

Exp. IV. Wishing to remove every trace of a doubt as to the correctness of these experiments, we next took a toad, bared its heart as before, without excising the lungs however, and put it under the receiver of an air-pump. On pumping out the air, the heart continued its pulsations. It was remarked by an eminent gentleman, who saw the experiment performed, "how very tenacious the animal was of life."

Some may object to these experiments because they were performed on so lowly an animal; but we hold them as good as if they were performed on man himself, inasmuch as the toad has lungs, a heart, a circulatory system, and breathes air.

Having now stated these things, we wish to make a few remarks upon them in connection with the general subject of the circulation. In all of the above experiments, the blood circulated as usual, impeded a little perhaps by local obstacles. Now then, the question arises—what causes it to circulate? It is
very evident that heat did not do it, as the generator of heat, the air, was excluded. We will answer the question if we can. The cause is to be found in the system, and is galvanism. We can prove that the cause is in the system, but as yet we have to theorize as to its identity. Air is the medium of communication by which everything external produces effects on everything internal. By this we mean that the external things come in material contact with the external parts of the body by the air alone. I do not say that we cannot see without air, but I say that a particle of dust, for instance, cannot come in contact with the parietes of the air passages, without air. So then if we exclude air from the body, we exclude everything that is dependent upon the air for a conveyance. In the above experiments we excluded air from the blood. Consequently neither air nor any other external material thing did affect the motion of the blood. But the blood circulated; and we are therefore justified in saying that the air and other externals do not produce the circulation. Then we arrive at the statement made above, that the cause must be found internally. And as before stated that cause can be found in galvanism. There is an experiment, familiar with most chemists, that has some bearing on this point, and shows that a circulation may be carried on through tubes similar to the capillary vessels, by electricity. "We can cause water to flow in a stream through a tube, by running a stream of electricity through the tube with the water, when previously this only went through in drops." There are other things in support of this point that we would like to cite if space allowed, but we fear that we might intrude on the Journal, therefore we conclude by summing up the whole of this article in a few words, viz: we have proved that air is not the cause of the circulation, and that the cause is to be found in the system. And in the end we see that everything points directly to galvanism as being the primum mobile of the blood.
ARTICLE XXXI.


This being the season for dysentery, it may be allowable to make a few remarks upon its pathology and treatment.

My only apology for this intrusion is that an astonishing number of deaths from this disease occurs all over the country, seeming to justify a repetition of the opprobious language of Macbeth,

"Throw physic to the dogs—I'll none of it."

I am of opinion that "physic" is not so much to blame as physician. And as I expect to differ practically, if not theoretically, from many members of the profession, let me suggest that we throw aside preconceived and vague notions and opinions which have been acquired by the process of taking for granted, rather than by reflection and observation, and that we come up fairly, without prejudice or favor, to the consideration of this interesting, because common, and fatal disease.

To premise: it will be admitted that dysentery consists in an irritated or inflamed state of the mucous membrane of the lower intestines—usually slight at first, having a tendency to increase to a dangerous extent or to diminish to convalescence, according to circumstances. I need not enumerate its symptoms, as these are sufficiently well known; but the question may be asked, is dysentery a primary disease?—or does it depend upon a depraved state of the secretions?

I must advocate the former position as generally correct, because I see no good reason for believing otherwise. That the predisposing cause of the disease is a morbid impression made upon the nervous system and reflected upon the intestines, I think very probable; but I must protest against the idea that it depends upon a defective secretion of the neighboring organs. I say this much, because the treatment of many practitioners indicates that they are influenced by a different opinion or theory. Yet, we find in some cases of dysentery a deficiency of the bilious secretion in the alvine discharges; but this no more proves the disease in question to be produced by the want of bile, than it does that the deficiency of bile is occasioned by the disease.
Again: there may be an apparent want of this product when there is no real deficiency. In health there is only a sufficient quantity of bile discharged to colour properly one evacuation per day. How then is it to be expected that in dysentery a dozen discharges in the same length of time will each be equally coloured? In dysentery, we have evident mucous inflammation, more or less intense, producing pain, griping, tenderness, mucous and bloody discharges, &c., &c. The indication is plain, to cure the disease by acting upon it directly where it exists. Have we the remedies to answer this indication? We certainly have. Are they to be found in the catalogue of cathartics? When the physician is called to such a case, the bowels have generally been discharging themselves until there are no consistent matters left, therefore the peculiar service of this class of remedies is not needed. If any cathartic possesses the property of curing inflammation of the mucous coat, I do not know it. I know of none upon which we may rely for this. Why then is so much confidence placed in calomel and other purgatives to the exclusion or partial exclusion of other more efficient and rational remedies? Who does not know that the preparations of mercury in ordinary doses are highly irritating under some circumstances; and that too when such effect is most to be reprehended and guarded against? And will any body believe that an article liable to produce the very effect which we wish to combat is the safest and surest remedy to be used?

Not long since, I happened to hear a man speaking of the prevalence of dysentery in a certain section and of the fatality which attended it, that scarcely any of a number of cases which he had known recovered, that nearly all died. Shortly afterwards, I accidentally learned that the practice of a physician who attended among these cases was, to give at first, fifteen grains of calomel at a dose. I did not marvel any more at the tale of mortality. But to come directly to the question, what is the remedy for this disease? I answer emphatically, opium. This should be considered as the leading remedy in its treatment. The chief properties of opium are to relieve pain, produce somnolency and cure inflammation of the mucous membranes; and I believe I may add, of most of the other tis-
Attaway’s Case of Polypus Uteri. [September,
sues. But the most valuable, is that of curing inflammation
and arresting inflammatory tendencies of the system. But,
what! give opium before you have cleansed the stomach and
bowels? I say yes, give it, it will cure them, filthy as they are.
Give it, not in quarter grain doses, not in half grain doses, but
in from two to four grain doses, and repeat as often as necessary.
Cure the primary disease and the bile will flow beautifully
again and all will be right.

Thus, then, we have the remedy to answer the plain and un-
mistakeable indication of the disease, which used in time and
in connection with cold water injections, blisters, the astringents,
tannin, lead and zinc, creasote, &c., with the common efferves-
cing soda powder to allay nausea and vomiting, where that
exists, will rarely fail to secure a happy result. Try it, use it
liberally, try it fairly, perseveringly, early in the attack, and
the confidence of the community in the profession will be
strengthened and increased by its success.

A good combination is made of two grains of opium and
from half to one drop of creosote for a dose, to be repeated at
proper intervals; and for children an emulsion containing two
drops of creosote to the ounce, with the addition of as much
laudanum as may be desirable, to be given in teaspoonful doses
about three times a day.

ARTICLE XXXII.

A Case of Polypus Uteri. By A. F. ATTAWAY, M. D., of
Madison county, Georgia.

Louisa, a colored woman, aged 36 years, the property of
Mrs. M. M., of this county, was committed to my care in the
summer of 1851. She gave birth to a child in the 20th year
of her age, and her health, as reported by her mistress, began
to decline soon thereafter, and continued to grow worse by
degrees, despite of all the aid that could be afforded. She suf-
fered, however, no very great inconvenience until about three
years ago—since when, she has suffered greatly from profuse
uterine hemorrhage, shortness of breath, anaemia, and other
phenomena characteristic of polypus uteri. Upon examina-
tion, I found the womb greatly enlarged, the os tincae consid-
erably dilated, and the cavity of the organ completely filled with a pyriform tumour of a firm, fibrous texture, insensible to pressure, and which was attached to the fundus by a pedicle. From the anaemic and general derangement of the system, I prescribed a tonic and alterative course of treatment to improve her general health. On the 21st November, I found that half the bulk of the tumour had prolapsed into the vagina. Believing her now to be in as favorable a condition as I would probably find her for the use of the knife or ligature, I proceeded to apply the latter. The ligature remained until the 26th, being the fifth day of its application, when the tumour was removed. During the operation, she had the usual treatment. Gooch's double canula was the instrument used. She has now fully recovered her former health and spirits. Five months have elapsed without any unfavorable symptoms.

I cannot close this report, without contributing my modicum of praise to the inventor of the invaluable instrument I used.

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ARTICLE XXXIII.

A singular Case of Strangulated Hernia, operated upon and reported, by Wm. H. Robert, M. D., of Orion, Alabama—in a letter to the Editor.

I was recently requested to go 45 miles to see a case of strangulated hernia. I started on horse back at 6 o'clock, a. m. and at 4 o'clock, p. m. I operated on the man. I found it a very singular case. While a fold of the small intestine and a portion of the omentum were very badly strangulated, another very large portion of omentum presented a healthy and normal appearance. This latter portion of omentum had been protruding so long as to form extensive adhesions to the tunica vigionalis testis, and hence its healthy appearance while the other portion was so seriously affected. I returned the intestine, but the omentum I thought proper to leave where I found it, hoping that it would relieve itself by suppuration.

Eight days after the operation, there was free suppuration from the opening and no constitutional disturbance. The bowels acted finely (aided by enemas,) in three or four hours after the operation.
PART II.

Eclectic Department.


The class of cases to which I would draw attention in this report, are those of cuticular or epithelial thickening of the meatus, either partial, affecting the membrane of the tympanum, or complete, being continued over the entire auditory cul-de-sac. There is a greater or less degree of deafness, corresponding with the amount of thickening; cessation of the secretion of cerumen; frequently tinnitus, or a "singing and hissing sensation" in the ears, and tickling irritation of the meatus. The causes are, constitutional predisposition, advanced age, chronic inflammation, long-continued discharge following eruptive fevers and the application of escharotics and irritants. Amongst the latter, I would mention oily preparations, the globules of which adhere to the sides of the meatus or membrana tympani, and become rancid, thus producing a very frequent cause of inflammation. Upon examination of the affected ear, we find the meatus shining and inelastic, of a pearly whiteness, the membrana tympani either clouded or streaked, sometimes having small elevations upon it. The meatus is quite dry, the cerumenous glands being choked up by the epithelial growth.

The mode of application of the glycerine, when treating this state of the ear, is as follows:—The meatus is well cleansed with tepid water, and then dried by means of the forceps and cotton. Glycerine is now poured into the meatus, and a plug of gutta percha, softened in boiling water, made to fit the external opening; this takes the exact form of the ear, becomes hard, and effectually prevents either the entrance of atmospheric air or the exit of the glycerine. The ear should be examined daily and the same process repeated. The lining membrane can be examined with a blunt silver probe, passed gently through the speculum auris, to ascertain the effect of the glycerine upon the cuticular thickening. The meatus will gradually lose its shining pearly appearance, and softened pieces will fall off, and can be removed either by the forceps, or gentle syringing. The practitioner should never attempt to tear them away, but allow them to come away by the means just stated. The treatment occupies ordinarily from two to four weeks, and is generally without any pain or inconvenience of any kind to the patient, and the results, in some cases, have
been very gratifying. In the after treatment the patients are directed to moisten the auditory canal at least once a week with glycerine, applied by means of a camel-hair brush; this will generally prevent a recurrence of the cuticular thickening. The modus operandi is simple enough—the glycerine being kept continually in contact with the part, acts mechanically, either absorbing or penetrating the epithelial coating, and separating the individual particles.

With respect to the permanence of the relief—some cases always require the presence of glycerine as the best known substitute for the natural secretion of the aural membrane. The frequent introduction of the glycerine tends to restore the external meatus to a healthy condition, and fit it for the healthy transmission of sound.

The mechanical power which glycerine possesses in separating this epithelial growth in some cases is very remarkable. I was consulted about two months since by a lady of rank, a patient of Sir James Clark, for deafness in both ears. In the right ear there was almost total deafness, from an enormous amount of epithelial thickening, which narrowed the calibre of the auditory canal, so that it would not receive the smallest-sized speculum. The depth of the cul-de-sac was also much less than normal, from the same cause. The lady was between seventy and eighty years of age, and told me that she had been deaf from her childhood in that ear; and there is but little reason to doubt that the deposit had been accumulating and hardening during nearly the whole of her life. The glycerine was used in the manner already described, and its action was very beautifully illustrated. A short time since, a large mass of the softened growth was removed without any inconvenience to the patient,—a larger quantity, perhaps, than I had ever before separated from the ear. The calibre and depth of the ear will therefore be increased considerably when the swelling of the lining membrane shall have subsided from its having been saturated with glycerine; this will gradually exude and come away. This case is still under treatment, and I shall mention it again at a future period, when the effects of the treatment upon the hearing can be safely declared.

I may mention another case in the family of a nobleman, patients of Sir B. Brodie, where very considerable thickening existed over the entire aural cul-de-sac, but which readily yielded to the softening action of the glycerine, although it had previously resisted the use of caustics and various applications of the essential oils, &c., ordinarily employed.

The following cases are examples of the action of the glycerine on this class of chronic diseases of the ear:—
M. R——, a clergyman of Hants, aged sixty-six, applied, June 16, 1851, suffering from deafness of the right ear, which had existed for more than twenty years; indeed that organ had become wholly useless. Upon examination, I found the meatus polished and dry, quite inelastic to the touch, and of a dull white colour. The central part of the membrana tympani presented even more opacity than the other parts, and no secretion could be detected in the ear. I applied the glycerine after having well cleansed the meatus, fitting the gutta percha plug after the manner already described. This treatment was repeated every morning, and at the end of fourteen days I was enabled to remove a large portion of pulpy epithelium. Again, four days afterwards, more softened skin was taken away. The ear was well syringed, and all the smaller particles removed. Upon examination of the ear with the speculum, the meatus was found much improved in appearance; the membrane slightly swollen, from saturation by the glycerine; there was still, however, a portion of the cuticular deposition hanging on the left side. Upon testing the patient's hearing with the sonometer, it was found to have improved two degrees. The same treatment was then continued, and at the end of a week the last piece came away. The ears were again gently syringed, but with no further effect. A small portion of wool was then placed in the external opening of the meatus, and the patient was directed to return to me in four days. Upon his visiting me as desired, his hearing was again tested by the sonometer, and it was found that he had improved six degrees. There is little doubt that the deafness in this case was owing to the mechanical obstruction in the passage of sound produced by the cuticular deposition. When I last heard from this gentlemen, there had been no return of his deafness.

H. M——, a dissenting minister, thirty-eight years of age, consulted me, Aug. 19, 1851, for long-standing deafness of both ears, which he stated would ere long cause him to retire from his profession, as he could hardly hear his own voice. The meatus throughout had that "parchment appearance" so characteristic where cerumen has ceased to be secreted. The membrana tympani presented a similar appearance. The same treatment was resorted to as in the foregoing case, and the result was equally successful. In sixteen days two soft, pulpy, membranous pieces were removed, and in a month his hearing, on being tested by the sonometer, was found equal to the lowest tone but one of the instrument.

During the treatment it was found necessary to attend to the general health of this patient, and preparations of steel and the mineral acids were employed with great advantage. I am in
correspondence with this patient, and he still retains his improved hearing. From the history he gave of his malady I consider that the thickening was caused by constitutional predisposition, or, as he termed it, a "deaf taint" in his family, as several other members, both older and younger, were similarly affected.

H. T—— consulted me at the Royal Free Hospital, (by direction of Mr. Edwards, of Brompton,) Nov. 1851. He had been deaf for twenty-six years, and presented, in every particular, a case of strongly-marked cuticular thickening. He stated that he had suffered from inflammation of the ear, experiencing at the time excruciating pain. This lasted for three or four months. He was told it was neuralgia. As the pain left him, the deafness gradually supervened, increasing daily. This case occasioned me much trouble, from the want of punctual attendance on the part of the patient; at length, however, a considerable mass of almost cartilaginous consistence came away from both ears, with very great relief to the patient's hearing. Caustics had been previously used for the cure of his deafness, to a very great extent; but, as the man said, always making him worse instead of better, causing pain and inflammation of the ear.

This case, in its result, was one of the most successful that has fallen under my notice.

In this report, I feel it absolutely necessary to caution the profession against the use of the impure glycerine in the market. Several samples have been forwarded to me by both surgeons and patients. Upon careful examination of the liquids, I found only one sample to consist of pure glycerine; the others had a low specific gravity, or contained a considerable quantity of lead or of rancid oil, having been manufactured from putrid fat.

Several letters have been sent to me on this subject; the following extract is taken from one that I received from Dr. Houseman, Newcastle-on-Tyne:

"The use of glycerine in certain forms of deafness is likely to suffer from the impure samples in the market: it would be well to remind the profession of this fact. Messrs. Gilpin, of this town, have supplied me with the preparation pure, and several patients have been cured by the application. Glycerine should be a clear, scentless syrup, intensely sweet, instead of the rancid stuff usually sold under that name," &c. &c.

Thus it is easy to account for failures in many cases that have been reported; and I would strongly urge surgeons who are treating certain forms of deafness with glycerine to test it themselves, and thus be certain of the purity of their agent.
Pure glycerine should be a white, syrupy fluid, inodorous, specific gravity not less than 1.32, quite free from oily globules and oxide of lead. The latter may be detected by passing through it a current of sulphuretted hydrogen, which will easily blacken it. Any fatty matter may be discovered by mixing it with water: the disagreeable smell will at once prove that it has been manufactured from putrid fat.

In conclusion, it may be said, that impure glycerine being so easy of detection, it is desirable that its utility as an agent in the treatment of deafness will not henceforth suffer from the employment of an article that has no nearer affinity to glycerine than the name.—[London Lancet.]


On account of the great discrepancy pursued in the treatment of eruptive diseases of the scalp, and indeed of the small degree of interest seemingly evinced in their management, arising probably from the fact of their continuance not endangering life—although one disease at least produces a degree of fatuity—also of their peculiar obstinacy, I am induced to offer a few observations on the treatment of these repulsive affections, which tend to render families unhappy, and the afflicted avoided.

Eruptive diseases of the scalp seem always to have been difficult of treatment, which, instead of leading to indifference should stimulate inquiry, with the view of treating these affections on sound rational principles, the want of which too often sends the patient elsewhere for advice, and thus miserably extends the pernicious domains of quackery.

For the suggestion of the following remarks and plan of treatment, I am indebted to Dr. Neligan of Dublin, whose simple and practically efficient division of these diseases into inflammatory and non-inflammatory I have followed, and this I believe to be the true basis on which to build a rational plan of treatment:

Inflammatory.—Herpes capitis; vesicular; contagious. Eczema capitis; vesicular; non-contagious. Impetigo capitis; pustular; non-contagious. Pityriasis capitis; scaly; non-contagious.

Non-inflammatory.—Porrigo capitis; vegetable growth; contagious.

Of course there are other eruptions found on the scalp, but they are in connexion with those generally situated on the other
parts of the body, and therefore in this situation require no particular description.

As regards prognosis, this depends more on the length of time any given eruption has lasted, than on any particular kind. When seen early, and properly treated, they are cured in from a fortnight to three weeks, sometimes much sooner; but some old chronic cases require from one to three months. They seem to be curable generally in the following order;—1st, Impetigo; 2nd, Pityriasis; 3rd, Moist Eczema; 4th, Lupus; 5th, Dry Eczema.

The treatment is based on the fact of these affections being both inflammatory and constitutional. That they are inflammatory is sufficiently evident; that they are constitutional is almost proved, from the advantage derived from alterative medicines. The absence of this division has formed, I fancy, the chief stumbling-block. Stimulant applications, usually applied in chronic cases, frequently fail, and in recent ones are obviously injurious. As a general rule, in all cases of these diseases, the hair must be cut close with a pair of scissors, and kept so during treatment; shaving, I believe, from the attendant irritation, to be highly injurious; and the head should be covered with an oil-skin cap. The local plan of treatment consists of ointments and lotions of the carbonates of soda and potash, in greater or less strength. The carbonate of potash, being the stronger preparation, is more adapted for the chronic forms, and when the attendant inflammation is slight. The quantities of the carbonates, used as unguents, vary from twenty grains to one drachm, to one ounce of prepared lard, as used in lotions, from half a drachm to one and a half, in a pint of rose or distilled water. The ointment is to be applied three times a day, smeared over the eruption, and washed off each morning with the corresponding lotion. In cases where crusts or scales are found, a linseed-meal poultice applied for twelve hours, and the ointment for a similar period, render them easily removable by washing gently with the lotion. Sometimes the unguents disagree; in that case, the lotion must be substituted, but used four or five times daily. In the chronic forms, when stimulants are necessary, they are best treated with an ointment consisting of from half a drachm to one drachm of the eitrine ointment to one ounce of prepared lard; this applied at bed-time only, and the lotion during the day. The alterative medicine Dr. Neligan uses is the yellow iodide of mercury (Protoiodide P. L.), in combination with mercury with chalk, and aromatic powder. To a child six years old he gives half a grain of the iodide, two grains of mercury with chalk, and two grains of aromatic powder, every second morning; for an older child the same every
morning; to a younger child every third or fourth morning; for infants he omits the iodide; but I have found mercury with chalk, aromatic powder, and sesquicarbonate of soda, given more frequently, answer equally as well. During treatment, the child should be kept strictly on milk diet. This plan of treatment I have seen employed, and have used it myself for more than five years with the most unswerving success. I have not seen a single case resist this plan. In illustration, I shall cite a case or two. I might relate many, but do not wish to infringe on your valuable space:

Charles S———, a fine boy about a year and a half old, has been affected with impetigo capitis since a few weeks after birth; his health not materially affected; appetite bad, bowels constipated; his whole head covered with greenish-yellow crusts, which extend over the forehead, through which is a slight discharge of yellowish matter; the hair matted together; the scalp itchy and hot. A linseed-meal poultice was placed on the scalp for twelve hours, and the following ointment to be applied three times a day: One drachm of carbonate of soda to one ounce of prepared lard; and the corresponding lotion every morning. The following powder was ordered: eighteen grains of mercury with chalk, thirty-six grains of carbonate, twelve grains of aromatic powder; into twelve powders, one night and morning. The hair to be cut close, and the child to wear an oil-skin cap. In three or four days the crust had disappeared, and the tendency to heat and irritation entirely subsided; this treatment was steadily adhered to for six weeks, (with the exception of substituting the carbonate of potash in lotion and ointment for carbonate of soda,) when there was not the least tendency to a return of the eruption, his hair was allowed to grow, and the boy to resume his usual diet, having been kept during treatment on milk diet. Although more than a year has elapsed there has been no return of the affection.

H. B———, a lad twelve years old, was brought for advice; his mother states, about a week since he complained of itching of the head, and upon examination she found what she termed little boils scattered over the head; he was affected with impetigo sparsa, the hair slightly matted together, and a little discharge. June 3rd, 1850: the hair to be cut close, and an ointment of half a drachm of carbonate of soda to an ounce of lard to be applied three times a-day; and powders containing mercury with chalk, soda, and aromatic powder, twice daily. This boy was well in a week, but as a precaution, used the remedies a few days longer.

I might add many more, but it suffices to say that all the eruptions seem equally amenable to the above treatment. If
you think this tends to simplify the matter and it meets your approbation, I shall have gained my point, and shall reserve my observations on the remaining (non-inflammatory affections) for another occasion.—[Ibid.

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On the Employment of the Chloride of Sodium in the Treatment of Intermittent Fever. By W. P. Lattimore, M. D.

The discovery of some agent capable of serving as a substitute for Peruvian bark, or for its active principle, quinia, in the treatment of intermittent fever, has long been desired, in consequence of the high price of the sulphate of quinine, and the great adulteration of the salt to which this has given rise. The amount paid for quinine alone, is no small item in the annual expenses of the country physician; and this is likely to be increased, as it is said that a company of English druggists have monopolized the entire crop of Peruvian bark for many years to come.

In view of the interest necessarily felt in this subject, we have thought it might not prove uninteresting to the readers of the American Journal, to give the results of investigations made by the eccentric Pierry, upon the use of common salt in the treatment of intermittent fever. The investigations were commenced at La Pitié, and continued at La Charité, where they were witnessed by the writer.

The attention of M. Pierry was drawn to the subject by a memoir, presented to the French Academy of Medicine, in July, 1850, by Dr. Scelle Montdezert, entitled, Practical Considerations upon the Treatment of Intermittent Fevers, and upon the mode of action of the Salts of Quinia, and of the Chloride of Sodium.

In this memoir, M. Scelle Montdezert supposes that every paroxysmal fever is due to the presence of fibrin in the venous blood; this fluid, in the normal state, being deprived of fibrin by the process of assimilation. That the salts of quinia owe their efficacy as anti-periodics to the fact that they dissolve this fibrin abnormally present, thus restoring the venous blood to its normal conditions. In casting about, then, for a substitute, he saw that nature had largely disseminated both potassa and soda, each possessing, in a remarkable degree, solvent properties. Seeking, among the various combinations of each, that one which, uniting with the divers elements of the blood, should furnish the fewest insoluble compounds, he naturally selected the cloride of sodium, which forms none. He administered it, and then goes on to say:
"On account of these considerations we experimented without fear of injury, and we declare with satisfaction that the results of its employment are such that salt may now be considered as sharing with the salts of quinia the prerogative of arresting the paroxysms of intermittent fever. It is sufficient to administer half an ounce of it in the morning, before eating, during the apyrexia, in half a glass of infusion of coffee. Its use should be continued for three days.

"Fortunate results, observed during several years, have confirmed our foresight. It is a counter-proof of our opinion, long since emitted, upon the action of the sulphate of quinia, and one which gives the most satisfactory solution of this therapeutical problem."

M. Scelle Montdezert gives the history of no cases treated by salt, although he alludes to many in which the agent was successfully employed. Under these circumstances the matter came into the hands of M. Piorry, who was one of the committee appointed by the Academy to report upon the memoir, and his cases are the only ones known to us. From these researches it will be seen that the chloride of sodium cures intermittent fever, like the sulphate of quinia, by acting upon the spleen and diminishing its volume, and this sometimes in less than a minute. And in this connection it may be of interest to say a few words in regard to the views of M. Piorry concerning the spleen in intermittent fever, and his method of diagnostating the disease.

He holds that in all paroxysmal fevers the spleen is enlarged; that the anatomical lesion is the cause, the fever only the symptom; that wherever the spleen has a greater length (measuring in a line extending from the middle of the axilla to the anterior superior spinous process of the ileum,) than from 31 to 33 lines, intermittent fever exists. Believing thus, the symptoms for him are zero, while the state of the spleen stands at the other end of the scale, and is everything—percussion (pleximetric) of course, being the experimentum crucis.

We cannot resist the temptation of here paying a tribute to the skill with which M. Piorry employs percussion in making a diagnosis. With him auscultation is but an infant when compared with its full grown brother percussion. By its aid he interrogates the abdominal viscera as frequently as the thoracic, and with no less success, for he has brought it to an almost incredible degree of perfection. With his plate of ivory and his flattened fingers' ends he diagnosticates almost everything—tumours of the abdomen, abscesses everywhere, aneurisms, &c. All acknowledge the delicacy and accuracy of his test, while the looker on is lost in admiration, and wonders
whether all his senses are not really concentrated in the ends of his fingers, which by constant drumming have at length become the very reverse of tapering.

Wishing, then, to experiment with salt, a few cases of intermittent fever (old stagers,) contracted in Algiers were selected as subjects. Behold, then, Piorry at the bedside. The patient asserts that he contracted the fever and ague several years since in Africa; that he has frequently been cured; but that the disease has constantly re-appeared at the end of fifteen days or one month at farthest. The type of the fever is tertian. The spleen is percussed and found to be abnormally dull throughout its whole extent; the entire splenic region is sensitive upon percussion, particularly over the dullest points; and each blow is accompanied by marked contortions of the countenance. This sensibility extends but little beyond the region of dulness, which last occupies an extent of fifty-three lines, measuring in the direction indicated above. To this patient a drachm of salicine is administered without producing any change in the dimensions of the spleen. A few minutes subsequently, half an ounce of salt mixed with a cup of soup is given, and upon carefully percussing the splenic region at the end of four minutes this organ is found diminished one inch, from above downwards. The next day the spleen is found to be of the same size, but upon the administration of a second dose of salt, it suddenly contracts and measures nearly three-quarters of an inch less than yesterday. The resonance throughout the entire organ has increased while the sensibility has diminished. The succeeding day, the attack of fever is very slight, and upon giving a third dose, the disease does not return; and when seen six weeks subsequently, the patient is still free from his African enemy. Thus we see that a diminution of twenty-four lines in the length of the spleen was the result of the medicament, the fever being cured more effectually than ever before; i. e., the patient had remained free from all relapse for the space of six weeks; one month having previously been the longest period of immunity.

We have the notes of seven cases of well-marked intermittent fever, in all of which the administration of the chloride of sodium was followed by rapid decrease in the volume of the spleen and cure of the febrile symptoms. We also have the record of three cases in which salt was unsuccessfully used; in one of these, the sulphate of quinine effected a cure; in a second it too failed, while in the third it was not tried. These were all well-marked cases of intermittent fever, such as would pass muster in any of our own malarious districts.

Let it be remembered that most of the fever and ague met
with in the Parisian hospitals, is of long standing, and imported from the malarious districts of Algiers, which generate a form of the disease even worse than that found amid the marshes on the banks of the famed Maumee; that these cases have been treated again and again, have been cured now by the sulphate of quinine, now by arsenic, but only to reappear upon the slightest exposure or imprudence; in short, to recur as only the shakes can recur.

We witnessed many of the experiments of M. Piorry, and in the great majority of them, the fever yielded to salt quite as readily as to the salts of quinia. And as to the theory of M. Piorry, the spleen diminished under the use of the remedy, pari passu, with the febrile symptoms, in every case where the disease was cured, proving that this organ really shows the influence of remedies over this class of fevers—that it is, as it were, a febro-barometer—for the diminution of the spleen is a constant phenomenon accompanying the cure of the disease, whatever be the curative agent employed.

M. Piorry's method of administering the chloride of sodium is, to give half an ounce in a cup of thin soup during the apyrexia and fasting. It usually agrees with the stomach perfectly well, but in some few cases we have seen it excite vomiting and diarrhoea. Three doses commonly suffice to effect a cure, the first two to be taken on succeeding days, and the third after an interval of one day. Should the spleen be undiminished in volume by the first dose, we may be sure that the remedy will not cure the disease; and the same is true of all the antiperiodics. Excepting in rare cases, the diminution of the spleen occurs immediately upon the administration of the remedy (salt or sulph. quinine,) and may frequently be detected within one minute, after which the organ remains stationary until a second dose of the medicament be administered.

Is the chloride of sodium as efficient an antiperiodic as the sulphate of quinine? Are the cures effected by the one as permanent as those effected by the other? The first question can only be answered by those possessing a larger field of observation than the writer. May we not hope for a solution from those of our profession who observe the disease too largely either for comfort or pleasure? In regard to the permanency of the cures, we apprehend there is not much difference, be the medication what it may; for relapses are only too common after the greatest care and most patient attention.

Should the discovery prove as useful and applicable as it promises, the benefit accruing from it will be immense. If it be capable of taking the place of the sulphate of quinine in the majority, or even in one-half the cases of intermittent fever,
therapeutics will be largely the gainer.—[Amer. Jour. of Med. Science.


[There are two facts to be noticed as to the cause of chordee as bearing upon the treatment; viz., that there is spasm, and that this is attended by pain, caused, primarily or secondarily, by the condition of the mucous membrane. The following appear the best known and most commonly employed methods of treatment.]

Mr. Lagneau says, "for the inflamed chordee, bleeding from the arm, hot bathing to the perineum, lavements, eighteen or twenty leeches to the canal of the urethra, two or three times repeated, and when the pain is severe, gr. i. of the watery extract of opium, and gr. ii. of camphor," which he recommends giving in the evening. He winds up this energetic treatment by a solemn warning not to plunge the penis into cold water, as it may be, and has been, followed by a metastasis of the complaint of the bladder.

M. Ricord recommends gr. iiss. of camphor, and gr. ss. of opium in a pill, of which two or three may be taken every night.

Richter recommends that the patient sleep on a hair mattress, and very cool, or else on a canopy, and do not turn on his back. Eisenmann that the parts should be exposed to the influence of narcotic vapours; or that infusion of camomile or cherry-laurel water be injected or dropped into the urethra. He found sedatives of no avail. He recommends the patient to make water more frequently than necessary, because a distended bladder irritates the vesiculae seminales and the neighboring parts. He objects, also, to dipping the penis in cold water, and then recommends soothing injections, or poultices; opium being less useful. Peyrihe recommends ammonia and injections of soap ley. Iodine, the empyreumatic oil of tartar, and blue ointment, have also been praised.

Mr. Hunter says, "he has known twenty drops of the tinctura thebaica take it (painful erection) away for a whole night, and that the cicuta has likewise some powers in this way." For the chordee, he recommends opium joined with camphor, praises local bleeding with the free use of hot vapour to the parts; poultices with camphor; while the effused lymph which remains may be removed by mercurial ointment in friction. He has seen the cicuta of service.
Mr. Wallace recommends calomel and hippo,* with opium and camphor.

Such are the general outlines of the practice pursued by surgeons, as we find it recorded in books. These plans bear a pretty strong resemblance to each other, and are nearly all calculated to lead to one point—the allaying of pain by the use of sedatives. The idea of attempting to remove it by the pure antispasmodics, does not seem to have been worked out or even entertained, although everything seems to show that it is more amenable to them than to opium. I will add but one more remedy, as remarkable for its originality as any I know, and which was, I believe, first recommended in writing by Dr. Colles. It is, that when the patient finds the chordee coming on, he do turn over, and balance himself on his knees and elbows till the chordee goes off. The reader can easily imagine what effect such a remedy would produce. Let him figure to himself an exasperated patient struggling in the middle of the night to get ease in this way! Verily, this is surgery!

Now approach that part of the matter which has most of all occupied my attention—the substitution of some simple and always applicable remedy for these different methods of cure. I will not stop to point out the inutility or inapplicability of antiphlogistic treatment to this symptom, as any one versed in the disease must have observed cases where the chordee came on though the patient had been treated most heroically. Sedatives I utterly object to, as I have never used them in sufficient quantity to have any material effect on the chordee without finding the patient much worse afterwards. They generally disordered the stomach, produced headache and languor, very often with constipation of the bowels. The scalding and discharges were rendered worse and more obstinate, and, to crown all, the chordee was merely abated for an instant, and returned the moment they were left off; nay, even when they were again administered without increasing the dose. Nor have I ever been able to understand why they should be given, as the pain appears to depend on a spasm, and when this is removed the pain ceases; whereas the spasm does not necessarily subside when the pain is relieved.

I have tried the most powerful antispasmodics, as ether, galbanum, assafoetida, and chloroform, and can only say of them that I have found nothing equal to camphor in the fluid form. In powder, camphor is disagreeable to take, and did not appear to act so readily, I suppose from not being so equally diffused and finely divided as in solution. In fact, in spasm a liquid

* Pulv. ipecac. comp.
remedy, as admitting of a more rapid action, is always the thing to be sought for. The spirit of camphor, taken in the dose of 3 j., in a small quantity of water, is equally energetic and rapid. The objection that it immediately becomes insoluble by contact with water, is sufficiently obviated by the fact, that its operation is most certain and rapid, and that essence of camphor, in which the camphor is so dissolved that it does not separate on the admixture of water, possesses, so far as I have been able to judge, no advantage over the other.

As in many other cases, the chain of morbid actions must at once be broken, and this is done much more effectually by two or three full doses, repeated at short intervals, without the least remission, till the chordee is completely stopped, than by small quantities, however long continued and regularly taken. I therefore invariably adopt the following plan:—

A tea-spoonful is to be taken at night in water before going to bed, and every time the patient wakes with the chordee, let him at once rise and repeat the dose. In the milder cases, one dose for a night or two is generally enough. In the more severe ones, the symptom is generally removed at the end of the second night, becoming, in the meantime, milder and less frequent after each dose. So long as the clap remains bad, I frequently recommend the patient to take a tea-spoonful at night before going to bed, which suspends the chordee till the cure is completed. This plan of treatment also answers well in the bearing down pains to which women are sometimes subject in clap; but as here, contrary to what it is in men, these pains are generally worst in the day-time, it is best to use the essence of camphor largely in the medicine they may happen to be taking.

It must, however, be taken in full doses. A violent sudden pain like that of chordee requires an equally powerful remedy, and there is no use in trifling with it. A less quantity than a tea-spoonful will not always suffice to abate the pain at once, though it may materially alleviate it; just as a moderate dose of chloroform will lull the acute pain of an operation without rendering the patient insensible to what is going on, while a smaller quantity, in one full dose, produces complete torpor. Now, as a tea-spoonful or two may be safely taken, it is best to insure success at once. In one or two cases, it has produced some sickness, and, strangely enough, this has been more the case with small doses than large ones; this was probably caused by something having been previously taken that had in some measure disordered the stomach. At any rate, the instances have been too few to make the affair of any moment. I only allude to it here, that no one might by its appearance be discouraged from giving so valuable a remedy as camphor really is.
The patient should be directed to keep the camphor in a tightly-corked bottle, and in a cool place, and to have it by his bed-side ready to take. It is best taken in water, as, if dropped on sugar, it produces a strong sensation of heat in the mouth, occasionally preventing the patient from getting to sleep again.—[Medical Times.

Case of Epilepsy treated by Tracheotomy. By W. H. Cane, Esq., Uxbridge.

[In the case of a boatman, suffering under an extreme epileptic seizure, after which he was left in a state of deep apoplectic coma with asphyxia, inspiration being performed only by seldom and short catches, whilst the veins in the head and neck were everywhere visible, and greatly distended, Mr. Cane, after the patient had remained in this state nineteen hours, determined to perform the operation of tracheotomy; acting upon the suggestion of Dr. Marshall Hall, that as the epileptic or other convulsion implied closure of the larynx with expiratory efforts, the attack of convulsive epilepsy would be prevented by that operation.]

"Feeling convinced," Mr. Cane observes, "that the patient must shortly expire, and that the root of the evil was in the closure of the larynx, I at once proceeded to open the trachea, a matter of no small difficulty, on account of the twisted state of the neck, the engorged state of the vessels, and the constant action of the muscles. The operation of tracheotomy was performed, and the tracheal tube is kept in the trachea to the present time. The relief to the patient was immediate; the air passed into the lungs, the state of spasm subsided, with the turgid condition of the head and neck, and the patient soon recovered his sensibility. This was not the only gratifying result: although the poor man had experienced his epileptic seizures in increasing violence during seven or eight years, and recently thrice a week, he had, on April 1st, during two months, had no return of them. More recent accounts of the patient, who is now in Staffordshire, confirm the former report; the tube is still kept in the trachea, and the epileptic seizures have not recurred."—[Lancet.

Scarlatina. By Dr. Volz.

Dr. Volz has recorded his experience of a severe epidemic of scarlatina in Carlsruhe, from which he draws the following deductions:—

1. The extent and redness of the eruption are not in direct ratio to the severity of the disease.
2. The proximate cause of the exanthem is a stasis in the cutaneous capillaries.
3. The exfoliating scales of epidermis do not transmit the contagious principle of the disease.
4. The mucous membranes undergo the scarlatinous eruption equally with the skin.
5. The lesions of the throat are of three varieties,—catarrhal, inflammatory, and gangrenous.
6. The inflammation of the parotid which accompanies scarlatina seldom terminates in suppuration: that which follows the subsidence of the exanthem, often suppurates.
7. In the consecutive anasarca the alterations in the kidney are secondary, and depend on the change in the composition of the blood.

**Creasote in Scarlet Fever.** By T. E. Waller, M. D., of Pa.

In April, 1851, my three little boys were attacked with Scarlet Fever. The two youngest, though the fever was very high for a few days, recovered, without any of the sequelæ of the disease, in the course of three or four weeks. The eldest, a stout, hearty child, under four years of age, was the worse case I ever saw live through an attack in its malignant form. Though it was not followed by any of the common effects of the disease, except swelling and final suppuration of the glands of the neck, it was two months from the time he was taken, before he was able to stand on his feet. I pursued the ordinary antiphlogistic and cooling treatment, until the commencement of the suppurative stage. I was then at a loss what to do, so deeply and extensive were the mucous surfaces affected. Indeed, it seemed to me the case must, in spite of all known remedies terminate fatally. Matter (pus) was discharged profusely from the nostrils and ears, and his eyes were almost closed for several days, from the same cause. The pulse became more rapid, and other symptoms supervened, indicating extensive suppuration and the absorption of pus, and delirium was almost constant during the latter part of the day and night. I felt convinced that if something was not done very soon to arrest the suppuration, the child must certainly die.

In the absence of council, and in that state of mind natural to a parent under such circumstances, I felt bewildered and almost overwhelmed in contemplating the case of my little sufferer. But presently, under a sense of the pressing emergency,
and the responsibility weighing so heavy upon me, I rallied, and resolved to make an effort to save my child. For an hour or more I examined authors, cases, remedies, and reflected, but without finding anything satisfactory.

The use of pyroligneous acid then came to my mind as something available; and then Creasote as still better, which I immediately resolved upon trying. I mixed three drops with an ounce of water, put it into a common sized tumbler nearly full of water, and directed half of it to be given during the night, as a drink. The balance was given during the following day, and continued at the same rate for three or four days. A decided improvement was perceptible before the first three drops were all taken, and by the second night he rested better; the pulse became slower and fuller, and the discharge diminished very much. I also washed out the mouth and throat as much as I could, and the nose and ears, with a solution of Creasote, six drops to an ounce water. I believe it was on the fifth day that I discontinued the internal use of Creasote, the discharge having nearly ceased; but applied it externally, three or four times a day, to the mouth and nostrils, until they were healed. He recovered, though very slowly; and I believe it was the Creasote that saved him.

I had no other cases until the spring, when I had an opportunity of trying it again in seven more very severe cases. In one of them, gangrene of the throat (or glands,) took place, so that in approaching the patient, the smell was very offensive. In two days' use of Creasote, the change for the better was truly astonishing. It seemed as if the child had been suddenly raised, from a state bordering on decay and inevitable destruction, to convalescence! I never saw a remedy act so like a charm before. All of these seven cases were as bad as any I ever saw, (and I have seen hundreds,) and I have pursued nearly the same treatment with each one, with the same result—recovery. I used water and lard externally, (sometimes a warm bath,) and to show the high degree of the fever, I will state that, after "peeling" all over, as they all did, the cuticle on the bottoms of the feet, in one case—a boy over nine years of age—came off whole, like the sole of a shoe.

In one case, I gave about half a drachm of carb. lig, three or four times a day, in connexion with the Creasote water, and in four of the last cases, before suppuration took place, I applied a solution of nitrate of silver (gr. x to the ounce,) to the throat and glands, which I think had the effect to diminish the local inflammation a good deal. But to cleanse the mucous surfaces, and check suppuration, thereby destroying its poisonous effects by absorption, creasote, in my humble opinion, is the rem-
edy. I do not know whether any other physician has ever used it in this manner or not; but if this brief and imperfect sketch will be the means of giving it a more extensive trial, perhaps the profession and the public may be benefited by its publication. I regret that I did not take notes, so that I could have given an exact and complete report of each case. Still, I trust the main feature in my treatment is rendered intelligible. I have thus treated eight very bad cases successfully; five boys and three girls, ranging in age from four and a half to nine and a half years. I will therefore sum up as a general treatment of scarlatina maligna, as follows:

Open the bowels every other day with Castor oil or some mild aperient—apply cold or cool water and lard alternately to the whole body frequently—warm mustard bath, if necessary, and tepid water with vinegar—solution of nitrate of silver, in the first stage, to the throat, once a day—and in the suppurative stage, three drops of Creasote in twenty-four hours, until the discharge abates—wash and gargoyle the throat, &c., with Creasote water, six drops to the ounce, three or four times a day; and for the hoarseness and dry state of the larynx, before or during convalescence, give from five to ten drops of balsam copaiba on a little sugar, three times a day. After the patient gets up, great care is necessary to prevent taking cold, and the diet should be light for at least two weeks in most cases. The Pulv. Jalap Comp. will generally keep down or remove dropisical effusion or anasarca, if that state supervene.

N. B.—I forgot to state that, in one of the above cases I took blood from the arm. But no general rule can be laid down for that—the physician must be the judge, in each case, of such necessity.—[Philadelphia Med. and Surg. Journal.

We think the suggestion of Creasote as a remedy in the suppurative stage of Scarlatina entitled to peculiar regard, and have therefore placed the above article upon our pages. We must, however, dissent from the use of cathartics or even laxatives so often repeated in a disease which tends so rapidly to a prostration of the energies of the system. We think it of the utmost importance to husband the resources of life in Scarlatina.—[Ed. S. M. & S. J.

Syncope from Entrance of Air into the Facial Vein. By Moses Günn, M. D., Professor of Anatomy and Surgery in the University of Michigan.

The substance of the following case was transmitted immediately after its occurrence, to the chairman of the committee.
on surgery of the National Association; but no notice having been taken of it by that committee, and deeming it not entirely devoid either of interest or novelty, I now seek to lay it before the profession through another channel.

The patient appeared at the college clinic with a small, hard, oblong, tumor, lying under the base of the inferior maxilla, involving the facial vessels so as to require their division in its extirpation. Previous to commencing the operation, in accordance with my usual custom before making incisions in this region, I sought, by compression with my hand upon the lower portion of the neck, to ascertain the course of the external jugular vein, but was not able to detect the vessel. An incision was made parallel to the base of the jaw, and the tumor separated from its bed, except at a point near its posterior extremity where it involved the facial vessels. These were divided, the tumour detached, and its place occupied by a sponge, removing which, in order to secure the facial artery, I instantly noticed a movement in the open mouth of the facial vein, heard a bubbling sound, and my patient sank back in a state of syncope, from which he recovered with some difficulty by the ordinary means. The wound was immediately stopped on noticing the movement in the open mouth of the vein, and by means of a firm compress, hemorrhage and further entrance of air was sought to be prevented, and the wound allowed to heal by granulation.

This case is interesting from the fact that the accident arose from the entrance of air into a vein as small as the facial, and had it not been reinforced by some other, it would seem impossible for its division to be attended with such results. But it will be borne in mind, that the external jugular did not pass down the neck in its usual superficial course, but probably united with the facial, and emptied by a short thick trunk common to both into the internal jugular. The facial I undoubtedly divided at the point of junction. I have once met with just such a distribution of the veins upon the dead body.—[N. Y. Journal of Medicine.


Although this disease is rarely fatal, yet it is one of the most distressing the human family is subject to. It is this which has induced me to lay before the profession a few remarks on a remedy which I have used with complete success in many cases of this disease; in fact, in every case it has succeeded, in which I have used it. The remedy is muriate of ammonia, or sal ammoniac.
On the Treatment of Neuralgia. Extracted from an article in the Western Lancet, by Landon Rives, M. D., of Cincinnati.

"Most practitioners use opiates to produce an anodyne effect; and in this, I think, the fault usually lies in the treatment of this affection. When opiates are used with persons of good constitution, they may effect their anodyne influence, but if administered to persons of debilitated constitution and nervous temperament, laboring under neuralgia, the excitant effect will more than counterbalance all the good which can be expected from the subsequent sedative operation of the medicine. The functional derangement in this disease is an exalted sensation—hence it is wrong to administer a medicine which excites, even in its primary action,—for, although the secondary action may be the one desired, the primary excitation will irritate the diseased tissue, and render the subsequent paroxysms much more violent. A more appropriate, and in my hands a much more efficient remedy to meet this indication, is small and frequently repeated doses of extract of hyoscyamus. This medicine, unfortunately, is not always kept of a good quality in the shops; hence, care should be taken to procure a good article. With a view to prevent the recurrence of the paroxysms, there can be nothing used more efficacious than quinine. It has been my good fortune to cure a number of cases of neuralgia, with sulphate of quinine and extract of hyoscyamus, given in doses of one and a half grains each, at periods of from two to four hours during the intervals of the paroxysms. It is often necessary, and I may say, generally well to premise this course, by some gentle cathartic. I have sometimes relieved the pain and cut short the paroxysms by a pill of two grains of extract of hyoscyamus alone.

"If the distinction is properly drawn between neuralgia and
those affections only involving the neurilemma, and a sedative anodyne, instead of an excitant anodyne used in connection with quinine, this disease will cease to be an opprobrium to medical science, and its treatment will become much more satisfactory to the practitioner as well as to the patient.”—[N. J. Med. Reporter.

Letters upon Syphilis. Addressed to the Editor of L'Union Medicale, by P. Ricord. Translated from the French by D. D. Slade, M. D.

FIRST LETTER.

My Dear Friend,—The modern doctrine upon syphilis meets the lot of every scientific discovery. For nearly twenty years I have sought by my teachings and by works to infuse this doctrine into the minds of my cotemporaries. I see, however, that it is not equally understood by all the world; certain adversaries still raise objections, which I have refuted a hundred times; and more curious still, certain others take up objections started by myself; and imagine, a little ingeniously, perhaps, to subdue me by arguments which I have introduced into this discussion. At this I am neither astonished nor indignant. I find in it, on the contrary, a new incentive to continue my task, and far from complaining of my adversaries, I shall thank them rather for not suffering my zeal to languish, by thus keeping it awakened. Therefore, I ask of you permission to give to the world, through the columns of your widely-spread Journal, the true doctrines of the "Hopital du Midi." I ought to tell you that it is more a general exposition, that I intend to make, than a special reply. Upon my path I shall meet with objections, and I shall try to answer them. I shall preoccupy myself also as far as I ought, with a recent publication from the pen of one of our fellow-laborers, who to find followers had no need of going to seek them modestly "en Province." I present to you, my dear friend, a preliminary reflection induced by the publication of which I have just made mention. Although it is not given to an observer to see all the facts of one entire department of pathology, and to establish a general system, we must not conclude that this observer has not seen, done or established anything that his studies and his researches ought to be regarded as useless, and that we ought to hold his teachings as nothing.

This manner of philosophizing in medicine, perhaps a little too common at the present day, is convenient and expeditious, but it is neither true nor just. In syphilogy especially, this manner of proceeding would lead to deplorable errors. A seri-
ous study of our art demands more moderation in language, more justice in appreciation. For myself, I am pleased to recognize and to say, that far from disdaining everything in syphilographic literature, those who know how to search for them can find worthy and curious observations, good precepts, even sometimes doctrinal whims which, in discrediting their source, no one thinks worthy to exhume. Certainly the long discussions upon mercury, guaiacum, sarsaparilla, are not entirely void of utility. Light can be thrown upon the history of blenorrhagia by the observations of those who have preceded us. Without doubt the spirit of charlatanism and of speculation have left too frequent traces of their passage, but you will find often the marks of judicious minds, of a true scientific tendency and praiseworthy efforts to arrive at a classification and a doctrine. These works, if they had no other interest than that of giving the ideas and opinions of past times, would not merit the disdain, in my opinion unjust, which some have wished to throw upon them. I shall say the same of modern observers. The critic, I know and I think to have proved it, finds frequent opportunities to exercise himself upon their works. But is that saying that we should hold them of no account? Far from me this unjust thought. On the contrary I hold in great estimation the works of Bell, of J. Hunter, and of Swediaur; the time has come to render complete justice to Culleriar, to M. Lagneau especially, whose reputation was legitimately popular, in fine to all those industrious and intelligent laborers in our science who by conscientious studies have with difficulty opened the road in which we can march more freely. Would I be unjust towards my cotempararies? Heaven forbid, dear friend. Whatever may be our differences, it is with pleasure and spontaneously that I render the most sincere homage to the works of MM. Baumes, Gibert, Cazenave, Cullerier neveu, Bottex, Ratier, Puche, Diday, Reynaud, Payan, Lafont Gouzi, Venot, in France; of Wallace, Carmichael, Babington, and of my pupils Acton and Meric in England; Thiry, Herion, in Belgium; to the remarkable publications of laborious Germany and industrious Italy. I do not feel any sentiments of injustice or of hatred either towards the past or towards the present. You will excuse me from declaring this very distinctly before entering upon my subject. I explicitly say that I do not partake in any way the opinion of those unreasonable critics to whom ancient and modern syphilographic literature is but trash unworthy of attention. I believe, on the contrary, that this branch of pathology is as fertile as any other in useful works and in valuable researches. However, the labors of ancients and moderns could not preserve this portion of our science from the general
revolution brought upon medicine by the physiological doctrine. The school of Broussais, in blotting out the past, had again questioned everything. Was there a syphilitic virus? The virole, did it exist? You know how physiologism resolved these questions. The greatest confusion reigned in the science, and was introduced into the publications of the times. Doubt was everywhere, certainty nowhere. It was at this time, that having become by "Concours" surgeon of the central bureau of hospitals, chance caused me to enter the hospital "du Midi."

There I encountered a man, honest and loyal, a practitioner earnest and strict, M. Cullerier, who abandoning the traditions of family, so to speak, took upon himself to doubt his own observations, and appeared no longer to believe in that which he had seen. Everywhere doubt had taken the place of belief. The cause of syphilis was doubted, its effects also, and, in consequence, its therapeutics. And remark, that which they called the modern doctrine was presented surrounded by much scientific display. M. Richond des Brus had written an enormous book filled entirely with facts; M. Desruelles supported new ideas upon statistics, which passed for being indisputable; all exerted themselves from the desire to combat the speciality of the disease, and the remedy. History was made to contribute largely by a very learned writer of our century, who in one of the most remarkable works of our time amused himself with taking the observers "corps à corps," and placing them in opposition with themselves. An easy triumph, if the critic, in a severe and partial analysis, does not know how to establish a marked difference between the author's own ideas, those which result from his researches from his own observations, and those which he draws from the scientific medicine of his day. The former are useful materials and worthy of preservation, the latter constitute the prejudices of the epoch, and have no historical value. Jourdan did not make this distinction; it sufficed for him to combat the speciality of syphilis, to show the confusion in the contradictory opinion of our predecessors, and this he did with a profuseness of learning which would have been extolled in a sounder critic.

Such, then, was the state of minds and of science when I entered the Hospital "du Midi." For some there was a destroyed edifice to rebuild; for others, at least, it was to be consolidated. That which was especially necessary was to take up again the study of the cause of syphilis. Is there a special cause, a virus? or do venereal accidents spring from a common cause? For this research and study, two modes of investigation were offered to me. The first was the simple observation of phenomena, that observation which our predecessor had
practised, and which had conducted them to opinions so different; to observation similar to that of Devergie, analogous to facts already reported by Vigaroux, by Bugny, &c.; to that observation, for example, relative to three officers, who had connection with the same young female suffering from a discharge and who all three found themselves infected, the one with an urethritis, the second with a chancre, and the third with vegetations. It is true that Devergie has deprived history of a slight information—that of the precise state in which he found this young woman, whom he had not examined with the speculum. Evidently this mode of investigation was worn out, and could only conduct to barrenness or confusion of results. The second mode satisfied my mind better; in other respects it was more in conformity with the demands of modern science; it seemed to me to open a sure way to study, and to conduct to incontestable results. I mean experimentation. I proposed to myself the following obligations: To follow the cause of syphilis to a known source; to place it upon a region visible and easy to observe; to note the effects.

You see, experimentation alone could fill these conditions. But already experimentation had been consulted, and through it contradictory conclusions had been arrived at. When J. Hunter said yes—Carru, Bru, Jourdan, Devergie and M. Desruelles said no. To what could such different conclusions be owing, after the employment of the same method of investigation. I did not know then, but I have learned since. That which my reason convinced me then, was that experimentation well and accurately made, ought to conduct to precise results, and that the differences of experimenters should not discourage me. These researches were difficult and delicate. Conviction was necessary, and I say it also, courage, to undertake them. It was necessary to be sure of thoroughly appreciating the conditions in which I was about to act; it was necessary to aid myself by antecedent experimentations; it was especially necessary to support myself upon the purity of my intentions, and upon the testimony of my conscience. I was not contented, in fact, with the great name of Hunter, with the experimenters cited by Bell, with the work of Hernandez, although crowned by the Academy of Besançon; with the authority of Percy, and other great names as recommendable; but I wished to study the question in itself, to place myself in the condition of a true inventor, in order to take upon myself all the responsibility of the results.

How was it necessary to proceed to this experimentation? I could inoculate a healthy individual from a patient. I could experiment upon the patient himself. The first mode, that is
the inoculation of a healthy individual from a patient, appeared to me one that should be always rejected by the physician. I do not think that we have the right to make such experiments. Not only the physician cannot make use of his natural authority to induce an individual to undergo experiments of this nature but I think that the physician ought to resist against the wishes of those, who seduced by a generous devotion, wish to voluntarily expose themselves to the risk of experimentation. I do not cast any blame upon those who have acted differently. I repeat, only, that, for me, I did not wish to proceed in this way.

The experimentation upon the patient himself remained—would this offer inconveniences and dangers for the patient? In case it did not, would it conduct to conclusive results? Here is what history, observation, and experience learned me in this respect. It was generally admitted that a first contagion would not prevent a second, and the old proverb of "virole sur virole" had yet all its authority. We know to-day what this means. As to the inconveniences and the dangers, we see every day that it is rare that the primary accidents are isolated, that they multiply themselves with great rapidity, and that, to speak explicitly, the gravity of the disease is not in relation to the number of these accidents. Thus, to throw light upon such an important question of etiology and of practice, art could without inconvenience, do that which nature constantly does. A much more important question presented itself here. The grave and consecutive accidents of infection being feared, ought they to be in accordance with the number of primitive lesions. Strict observation, and the clinical observation of all times, has proved and proves every day, that the constitutional virole is not in ratio with the number of primitive accidents, existing at the same time and developed at the same epoch. One accident more does not add any more chance of infection—if we know how to direct the experimentation.

The question of surface remained, to know if an extensive ulceration exposes more to a general infection than an ulceration of small size. Well, here again observation has shown that a more or less extent of primitive ulceration has no influence upon the production of consecutive accidents. A very small chancre exposes just as much to a general infection as a very extensive one; and vice versa, a large ulceration exposes neither more nor less than a small one. In fine, the question of the seat of the ulceration remained, of the place of election for experimental inoculations. It had been said by Boerhaave, among others, that venereal accidents contracted in other ways than by the genital organs, presented a very great gravity; but clinical observation proved to me, and it has shown me since,
that this opinion was erroneous. I well know that upon this point a great noise has been made of diseases contracted by physicians, by midwives, in consequence of examinations, of wounds, &c. There are very good reasons, but I do not wish to point them out here, why these accidents should give rise to a great commotion. What I can say without injuring any rules of propriety, is, that the men of art to whom these accidents happen, have no motive to conceal them, while common people attacked by syphilis have always strong motives to keep quiet.

I rested, then, convinced that the seat of the ulceration could have no unfavorable influence upon the production of consecutive accidents, but even that it could diminish or annihilate certain grave consequences, such as the production of buboes. Thus observation had already proved that the primary chancre of the thigh were almost never followed by enlarged glands, and in fact in my numerous experiments, I have never seen enlarged glands follow from the punctures of inoculation upon the thigh.

Thus, my dear friend, by history, by clinical observation of all times, by experimenters who had preceded me by the testimony of my own conscience strictly interrogated, I arrived at this encouraging conclusion. In experimenting upon the patient himself I did not communicate another disease. I did not increase the gravity of the accident by which he was already attacked. I did not expose him more to the chances of a consecutive infection.

These first and capital conditions being ascertained, it was necessary to search out those which offered to science and art all the guarantees to be desired. An explanation upon this point will be the subject of my second letter.—[Boston Med. and Surg. Journal.


Notwithstanding the great success which has attended the employment of the iodide of potassium in the treatment of venereal disease, its disagreeable taste, and the gastric irritation it sometimes gives rise to, induced Dr. Daveri to try how far the iodide of sodium might be advantageously substituted for it. In the nineteen cases of secondary syphilis affecting the bones and periosteam, in which he has employed it, he has found it equally beneficial, while it is far more palatable. It is also borne in larger doses, and these can be more rapidly increased; so that the duration of the treatment is abridged. Some cases
which proved rebellious, or only slowly yielded to the iodide of potassium, have been rapidly cured by the soda preparation.—[Bulletino delle Sc. Med. Brit. & For. Med. Chir. Rev.

On the mode of Termination of the Nerves in the Skin of the Fingers By Dr. Rudolph Wagner.

This celebrated physiologist has recently been making the distribution of the nerves in the skin of the tactile extremities of the fingers his peculiar study; and has communicated the following results of his inquiries to the Royal Society of Göttingen. What are usually called the tactile papillae are of two kinds—namely, vascular papillae, which only contain capillary loops; and nervous papillae, which are placed between them. These last have a conical form; and each of them contains in its interior a peculiar corpuscle, also of conical form, which receives the finest of the nervous fibrils that enter the papilla. Each primitive nerve-fibre divides into a great number of smaller branches, to which these tactile corpuscles are attached; and thus each is connected with several corpuscles. It is further considered by Wagner that each single fibre conducts the impression made upon any of these branches to a certain spot in the nervous centres; and that thus but a single sensory impression is produced, whether the corpuscles supplied by any one fibre are touched separately, or all together.—[Gaz. Med. Ib.


This industrious experimenter has recently communicated to the Société de Biologie two very remarkable results of his experiments on the sympathetic nerve, which we believe to be altogether new. It has long been known that section of the cerebro-spinal nerves tends to diminish the temperature of the parts which they supply; and in the case of the pneumogastrics, to lower the temperature of the body generally. But, according to M. Cl. Bernard, when the trunk which unites the sympathetic ganglia of the neck is cut through on one side, the temperature on that side of the face undergoes a remarkable increase which is not only perceptible to the hand, but which shows itself in a thermometer introduced into the nostrils or the ears, to the amount of from 7° to 11° (Fahr.) When the superior cervical ganglion of the sympathetic is removed, the same effect is produced, but with yet greater intensity. This difference is maintained for many months, and is not connected with the
occurrence of inflammation, congestion, oedema, or any other pathological change in the part. The effect is not prevented by section of any of the other nerves of the face, whether sensory or motor.

A not less unexpected effect is produced by division of the sympathetic upon the sensibility of the parts supplied by it: for this, instead of being diminished, is greatly augmented. As the appreciation of this fact, by ordinary methods, is difficult, M. Bernard had recourse to the woora poison, the effect of which is to produce a gradual destruction of sensibility over the whole body; and he found, that when the cervical ganglion had been removed, the whole of that side of the face retained its sensibility much longer than did any other part of the surface.

Injections of Salt in Intoxication. By M. Lalaux.

The difficulty with which intoxication is sometimes distinguished from comatose cerebral affections, renders valuable the possession of a simple means of at once aiding the diagnosis and dissipating the symptoms. This, M. Lalaux declares, exists in the administration of an injection of warm water containing two tablespoonfuls of salt. He explains the benefit derived by the partial evacuation of the poison in the copious stools that are promptly produced. The injection also sometimes induces vomiting, when mechanical irritation of the fauces has failed to do this.—[Gaz. de Hop. Ib.


This bark being undoubtedly an important article to the physician, I undertook a few experiments with a view towards ascertaining at what season its properties (which depend principally for their efficacy on the amount of prussic acid which it will yield) exist in greatest perfection, and consequently when the bark is best adapted for collection. For this purpose I procured at intervals during the season at which it is brought to market for sale, portions of the inner bark from the same tree, (or from trees of apparently the same age,) and from portions of the largest branches of about the same age, which, being carefully dried and deprived of the epidermis, were bruised, macerated for a short time with water, and distilled in a close vessel; the product was treated with a weak solution of nitrate of silver, which, reacting with the prussic acid in the solution,
formed a precipitate of cyanide of silver; this being carefully washed, dried and weighed, the quantity of hydrocyanic acid in each portion of bark was estimated by the ratio of chemical equivalents, The distillate was also treated with a strong alkaline solution, and afterwards with a weak solution of nitrate of silver in the manner proposed by M. Liebig, (See American Journal of Pharmacy, vol. xxiii., p. 253,) but the results coinciding very closely with those obtained by the former process, it was deemed unnecessary to enumerate them.

The results obtained from these experiments, with the dates at which the bark was collected, may be seen by the following statement.

1000 grains of Bark collected April 1st, 1851, yielded .478 grains Prussic Acid.
1000 " " May 20th, " 1.007 " " "
1000 " " June 18th, " 1.334 " " 
1000 " " August 28th, " 1.436 " " 
1000 " " October 16th, " 1.590 " " "

The bark used in the preceding experiments was taken from a flourishing tree in Philadelphia county.

1000 grains of bark collected May 23d, from the trunk of a tree in Jersey, yielded .876 grains of prussic acid.

1000 grains collected June 13th, from the trunk of the same tree, yielded 1.159 grains.

In order to ascertain how the bark which has been kept on hand for a length of time compares with that freshly collected, I made an experiment about the middle of October upon some bark which had been collected during the previous spring, and found 1000 grains to yield .567 grains of prussic acid.

It being the opinion of several eminent members of the medical profession, that this bark contained also phloridzin, a principle known to exist in the bark of the apple and of some other fruit trees, to the possession of which they supposed its tonic property might be owing, I made a number of experiments in the manner directed for the preparation of phloridzin, both upon old specimens of bark, upon fresh bark of the branches and trunk of the trees, and upon fresh bark taken from the root under ground, at several successive times, but in all instances failed completely to detect any indications whatever of the principle sought.—[Amer. Jour. Pharm.


The authors distilled in 1847 and 1848, peach-leaves with water, and the difference in the proportions of prussic acid in these two sorts of water was very considerable. The leaves which yield the smaller proportion of prussic acid, were those
Improved Mode of Preparing Cafeine. By H. J. Versmann, Apothecary, Lubeck.

All the authors have prepared cafeine from good Brazilian coffee, and have operated on quantities of five, ten, and one hundred pounds. In the preparation of cafeine, the direction is usually given to boil the raw coffee-berries, to combine it with oxide of lead, and then to separate it by sulphuric acid. This plan the author has tried, but has found it rather unprofitable, and has gained but little profitable results. By the boiling, the gum, and the mucus with which the oil is combined in coffee, were dissolved, and the separation of the pure cafein is rendered difficult. On the other hand, he recommends the following process, as simple and suitable to the purpose:—Ten parts of bruised coffee are mixed with two parts of caustic lime, previously converted into hydrate of lime. This mixture is placed in a displacement apparatus, with alcohol of 80°, until the fluid which passes through no longer furnishes evidence of the presence of cafein. The coffee is then roughly ground, and brought nearly to the state of a powder, and the refuse of the already once digested mixture from the displacement apparatus dried, and ground again, and mixed with hydrate of lime, is once more macerated. The grinding is more easily effected after the coffee has been subjected to the operation of alcohol, having lost its horny quality, and the cafeine is thus certainly extracted. The clear alcoholic fluid thus obtained is then to be distilled, and the refuse in the retort to be washed with warm water to separate the oil. The resulting fluid is then evaporated until it forms a crystalline mass, which is to be placed on a thick filter and the moisture expressed. The moisture, after evaporation, still furnishes some cafeine. The impure cafeine is freed from oil by pressure between folds of blotting paper, and purified by solution in water with animal charcoal, and is afterwards obtained in shining white, silky crystals. In general, not more than three drachms were procured from five pounds of coffee, from ten pounds seven drachms, and from one hundred pounds, the
largest quantity, viz: six ounces and four scruples of caffein; a proof that a large quantity must be operated upon if, in a quantitative respect, a satisfactory result is to be obtained. Thus it is seen, that good Brazilian coffee contains 0.57 per cent of caffein. At the same time it may be observed that it contains about ten per cent. of a green liquid oil, and two per cent. of a yellow, firm fat (Palmitin.)—[Phar. Journ. and Archiv der Pharmacie. Ibid.


Having had occasion to prepare a fluid extract of lobelia at the solicitation of a druggist, the following process was employed, which is based on the fact, that in the presence of an excess of acid, the lobelina of the natural salt which gives activity to the drug is not decomposed and destroyed by the heat used, as explained on a former occasion, (vol. xiv. page 108 of this Journal.)

Take of Lobelia (the plant) finely bruised, eight ounces, (troy) Acetic acid one fluid ounce. Diluted alcohol three pints. Alcohol six fluid ounces. Macerate the lobelia in a pint and a half of the diluted alcohol, previously mixed with the acetic acid, for twenty-four hours; introduce the mixture into an earthen displacer, pour on slowly the remainder of the diluted alcohol, and afterwards water until three pints of tincture are obtained; evaporate this in a water bath to ten fluid ounces, strain, add the alcohol and when mixed, filter through paper.

Each teaspoonful of this preparation is equal to half a fluid ounce of the tincture. It may be employed advantageously to make a syrup of lobelia, by adding two fluid ounces of the fluid extract, to ten fluid ounces of simple syrup, and mixing. Syrup of lobelia is an eligible preparation for prescription use, in cases where lobelia is indicated as an expectorant.—[Ibid.

New Symptom of Pneumonia. By Wm. M. Boling, M. D., of Montgomery, Alabama.

I have frequently observed in pneumonia a symptom of which I do not remember to have seen mention made by any other, and which I have never noticed in any other disease. It consists in a deposition on the teeth, just along the margin of the gums, of a matter of different shades of colour, from a light
orange to a dull vermillion, forming a line about the sixteenth of an inch wide, and of a deeper tint at the gums, and paler as it recedes. Unlike the blue line said to be found in the margin of the gums in lead poisoning, and the line on the same part, of a deeper shade than the rest of the gum, noticed by Dr. Theo-
philus Thompson in phthisis, and mentioned in the London Lancet, for September 1851. The appearance in question is seated on the teeth; from which, indeed, with care, it may be principally removed by wiping, though, occasionally, a some-
what durable stain remains upon the enamel.

In regard to the manner of its production, I am at a loss for an explanation, though it is probably an exudation from the margin of the gums. At first I thought it might be produced by the deposition of the colouring matter of the expectoration, but I have seen it in cases in which bloody matter was not expectorated; indeed, in a few cases of latent pneumonia, where there was neither cough nor expectoration; and, in one instance, I was led to suspect the presence of this form of the disease, which I ascertained with certainty by auscultation, by this symptom alone. Perhaps the miasmatic poisoning of the system may, in some way, lead to its development in pneu-
monia; for it is likely, that, if it were of as frequent occurrence in other localities as in this, it would have been noticed before. Still, I do not remember to have seen it in any of the forms of uncomplicated miasmatic fever.

I have made no note of the proportion of cases in which I have observed it, but I think, at least, in one-third or one-fourth. The cases in which it is present are generally severe, it being very rarely found in mild cases.—[Am. Jour. of Med. Science.

_Iodine Clysters in the Treatment of Dysentery._

Dr. Eimer believes that the great point to which practicion-
ers have to direct their attention, is the enormous amount of organic losses consequent on the continuance of this affection; so that according to Esterlen,* within three weeks, more than the entire blood-mass may pass away as albumen in the stools. As a means of cutting these discharges short, he strongly re-
commends iodine clysters; which, in recent cases, may at once arrest the progress of the disease, and in all diminish the num-
ber of stools, and normalize their condition, whatever the indi-
vidual peculiarities of the case may be. From five to ten grains of iodine, and as much iod. pot., are administered in two or three ounces of water, from two to four times a-day—twice

daily usually sufficing. If the rectum is too irritable to retain it, ten or fifteen drops of tr. opii are to be added, and a mucilaginous vehicle substituted for water. In spite of unfavorable conditions, so constantly successful did Dr. Eimer find this remedy during an epidemic, that he believes the disease will, as a general rule, be found curable by it, if it be resorted to before the organic changes in the intestine have advanced too far, exhaustion become too considerable, or important complications set up. In some slight cases it was employed alone. Generally, a simple oily emulsion was also administered, and sometimes acetate of lead and opium. — [B. and F. Med. Chirurg. Rev., from Henle's Zeitschrift. Amer. Jour. Med. Science.

Starch in Cutaneous Diseases.

M. Cazenave has lately employed, largely, powdered starch, pure or mixed with oxide of zinc or camphor, in various diseases of skin. In acute eczema, impetigo, herpes, acne rosacea, after washing the parts with a weak alkaline solution, and well drying them, some of the following powder is sprinkled, viz: Oxide of zinc, one part; starch powder, fifteen parts. In prurigo of the axillae, the anus, or the genitals, a quarter part of camphor is added.—[Med. Times and Gazette, from L'Union Medicale. Ib.

Solution of Nitrate of Silver in Pruritus of the Genital Organs.

Winternitz has lately recommended a solution of nitrate of silver (grs. iii ad 3 i aquæ) in pruritus of the vulva or scrotum. The solution is applied three times daily, and two cases are given in which it succeeded after a fortnight's trial, when all other means had failed.—[Ibid., from Zeitschrift der Gesell. der Arzte zu Wien, from Ibid.

Cauterization of the Glottis in Whooping-Cough.

M. Joubert has published the results of his experience of this mode of treating whooping-cough. He has treated in all 98 cases in this manner, but he excludes 30 of these as not being worthy of reliance. The remaining 68 cases he divided into three series, according to the period at which the treatment was commenced. Of these, the general results were, that in 40 the cure was rapidly effected, in 21 a marked relief was experienced, and in 7 cases only the treatment failed altogether. [—Prov. Med. and Surg. Journ. Ib.
Influence of Medicine on the Temperature of the Body.

MM. Dumaril, Demarquay, and Lecomte have associated themselves together for the purpose of inquiring into the effect of medicines on temperature. Their experiments were made on dogs. To state the results briefly, they found that cantharides, in doses of from one to six grains, raised the temperature in six hours nearly 4° Fahr.; canella, in a dose of from eight to ten drachms, elevated the temperature 3° Fahr.; and a second dose raised 2° more. One drachm of secale cornutum in five hours increased the temperature about 1½° Fahr. Acetate of ammonia injected into the veins augmented also the temperature; put into the stomach, it produced the same effect in a less degree. Phosphorus, in doses of a grain and a-half to three grains, lowered the temperature. Strychnine produced no effect.

Certain purgatives were tried, such as colocynth, castor oil, etc., the effects varied according to the dose; usually it was lowered, and then elevated to about 1½° Fahr. above the standard.

Emetics—as ipecacuanha, sulphate of copper—produced in small doses a little elevation; but, in large doses, lowering of temperature to the extent of 2° or 3° Fahr.—[Med. Times and Gazette, from L'Union Medicale, from Ibid.

On Chloroform as an Emmenagogue. By David H. Gibson, M. D., Fort Towson, Choctaw Nation.

Having nowhere seen, in the course of my professional reading, any allusions made to the use of chloroform, as an emmenagogue, I am induced to submit the following facts for publication, partly from a desire that relief may be afforded to the suffering, and partly from a sense of professional duty.

Case I and II. Occurring in the same person. In October last, Mrs. W——, having a violent headache, to obtain relief resorted to the inhalation of chloroform. Within an hour after the inhalation (which was but for a few seconds) she was flowing freely, and continued thus for four days. There was no irregularity of the function of menstruation in the succeeding month (Nov.), but another attack of headache supervening, she again had recourse to the chloroform, and in a half hour the menstrual secretion made its appearance, the discharge continuing for five days. In both instances, the chloroform was inhaled about ten days after the subsidence of her regular periods. Since the last inhalation, she has menstruated at her
usual period. Mrs. W—— is slightly inclined to plethora, general health usually good, aged thirty-five years.

Case III. In the absence of Mrs. W——, from home, her servant girl, having gotten hold of the chloroform, imitated Mrs. W's example. A like result was produced upon the girl, who menstruated for four days. The girl is very healthy and about thirty years of age. The inhalation was never renewed by her. In this case, the chloroform was inhaled two weeks prior to her usual period, at which time she again menstruated. Since then she has menstruated regularly.

Case IV. Miss——, aged 19—general health excellent—no deviation having ever taken place since her first menstrual period, was, during a visit to Mrs.——, induced to inhale chloroform, through curiosity to experience the sensations produced by it. In a half hour the menstrual fluid made its appearance and the flow continued for four days. The inhalation in this instance was ten days antecedent to the regular period, with which it did not interfere. Mrs. W——, my informant in regard to the foregoing cases, is an intelligent and reliable lady.

Case V. Came under my immediate observation. Was called to see Mrs. H——, found her suffering much from suppressed menstruation. To relieve urgent pain, ordered hot hip-bath, from which the patient experienced much relief. Waited three hours after the use of the bath, without recourse to any other means, having decided, as this was an opportune case, to exhibit the chloroform, which was done for thirty seconds. In twenty minutes after its administration, the patient was flowing freely and continued to do so for three days. Patient is of a weakly constitution, the result of much hardship. Age of the patient, about forty years. This case is the more remarkable from the fact that the patient has not menstruated for more than eight months.

The suppression was induced by causes not deemed necessary to relate at present. Prior to the suppression, she had been very regular for many years. Pregnancy has nothing to do with the case, as the patient is not at this time, nor for many years past has she been in that condition.

I regret that I have not a greater number of cases to submit for the consideration of the profession. Being but a young practitioner, I am desirous that more experienced physicians should give the chloroform a trial, in order more fully, than my position will allow, to test its value as an emmenagogue; and diffident of my ability to account correctly for the "modus operandi" of the chloroform in the above cases, I shall without comment submit them to those who have better opportunities for investigation.—[Medical Examiner.]
Ligature of the Thyroid Arteries for Goitre. Translated for this Journal from the Journal des Connaissances Medico-Chirurgicales.

Professor Porta has lately published in the Italian Journal, Annali Universali di Medicina, a very remarkable case which leads us to hope that Goitre will not always be incurable. Ligature of one or the other, or even of both the superior thyroid arteries has already been advised as a cure for this disease. M. Porta thought that by ligating both the superior and inferior thyroid arteries at the same sitting, success would be complete. The following case, the first in which he had occasion to try this plan, justifies his views.

Case. A young country woman of 17 years of age, presented herself at the surgical clinic of the University of Pavia, in July, 1850, to be treated for a goitre about the size of an ordinary orange, situated upon the left side of the neck. This goitre had developed itself within the last two years: it pushed the larynx and pharynx to the right; from this resulted a fatiguing rattling in the throat and an impediment in swallowing. The pulsations of the superior thyroid artery were distinctly felt at the summit of the tumor, but those of the Inferior were not. As the tumor was circumscribed and the neck naturally elongated, M. Porta thought that now or never was the time to try the ligature of the arteries.

On the 28th July, he began the operation by making a longitudinal incision about three inches in length between the sterno-mastoid and sterno-thyroid muscles, as if for the purpose of ligating the primitive carotid. The inferior thyroid artery being the most difficult to find, it was by this one he wished to commence. After having broken up the cellular tissue at the inferior part of the incision with the finger, he could feel the pulsations of the artery distinctly behind, and a little below the base of the tumour, between the primitive carotid and the trachea. Continuing to use his finger as a guide, he passed a curved needle under the vessel and ligated it with a silk ligature. The superior thyroid was discovered without difficulty, at the upper angle of the incision, and ligated with a fine animal ligature.

The operation was followed by unexpected accidents. There was first an abscess, then hemorrhage, at the end of three weeks, from the superior angle of the wound. Cicatrization was not complete until the end of October, that is, at the end of three months.

The success of the operation in distroying the bronchocile was entirely satisfactory. As soon as the swelling from the
operation subsided, the tumour was perceived to have diminished one half, at the beginning of October, sometime before cicatrization was complete, there remained no traces of it, that is, there was no enlargement.

Tannate of Quinine. By John P. Little, of Richmond, Va.

In the summer of 1850, I read a short paper before the Medical Society, in which I mentioned some experiments made to remove the bitter and disagreeable taste of quinine. It was attempted to remove this taste by giving the medicine dissolved in strong tea; and I was led to make these experiments by learning that coffee had been used for this purpose in France. The result of my experiment was that the taste was almost entirely removed, and that the injurious effects upon the brain and nervous system, which so commonly result from the use of quinine, did not make their appearance. I learned subsequently, from the experiments of Dr. Thomas, of Baltimore, that it was the tannin contained in tea which produced this loss of bitterness. Having for two years past prescribed tannin and quinine in all cases requiring the use of the latter remedy; having found this tannate of quinine a more efficient preparation than the sulphate, both in the treatment of intermittents and neuralgia; and having seen none of those peculiar effects upon the head observed ordinarily in the use of this article, I wish to call the attention of the profession to its value. I have by me a number of cases in which benefit has resulted from its employment, where the sulphate had been used without good effect, or where its use could not be borne. One case of intermittent, occurring in a delicate child, in which I had used sulphate of quinine, various vegetable tonics, iron, and finally Fowler's solution, without any other than a temporary effect, yielded to this remedy. In many other cases of neuralgia occurring in very delicate women, where I was assured that quinine had been frequently attempted to be given, and that its use could not be persevered in because of the headache and other severe symptoms that ensued, I have given large quantities of the tannate with happy effect on the disease and without any injurious result. In some very susceptible persons a slight ringing in the head was perceived, though not complained of, after a large quantity had been taken. My usual mode of administering the remedy is to have it made into pills, containing two grains of quinine and two of tannin each; or, if the patient is very susceptible to the action of the remedy, three grains of tannin to two of quinine. I prefer it in pill form, because, in solution with so large a proportion of tannin, while the taste of the quinine would disappear,
that of the tannin would be very disagreeably perceived. In these cases of neuralgia where quinine and iron are indicated, I have not thought fit to combine quinine, iron and tannin in one pill, but have given on one day as much tannate of quinine alone as I would have given of quinine combined with iron in two days, and on the preceding day have also given as much iron alone as I would have given combined in two days.

This compound of tannin and quinine is also serviceable as an astringent in the dysentery of the season, and can be used as such with good effect. I mention its use, that others may be induced to try it, and that by the observation of many physicians, its claim to notice, as a compound of quinine that can be given without any injurious effect, may be decided upon. My own experience is in its favor.—[Stethoscope.]

Miscellany.

New Theory of Tubercular Deposits.—Dr. M. Troy, of North Carolina, has written quite an interesting article upon tubercular deposits, in which, after a brief account of the opinions hitherto advanced in relation to the pathology, he adds:

"It now remains to state my own views of the nature of this deposit. It is with the greatest diffidence that I attempt what some of the greatest men who have ever adorned our profession have failed to accomplish, through a long life of patient toil and investigation, devoted to the subject. But they have cleared the way, and but little is left to do now but advance upon the smooth road they have made.

I consider tubercle to be the solid matter of the cutaneous excretion, especially of the sebaceous follicles. This secretion not being expelled by the natural emunctories, is retained in the blood until, in the attempt to eliminate it through an unnatural channel, it is deposited in some other excretory organ, where its fluid matter being absorbed, it becomes a tubercle."—[Amer. Jour. Med. Science, July 1852, p. 107.

Dr. T. then goes on to prove "that the secretion of the skin is of sufficient importance to produce this effect when retained," by a reference to its quantity, its constituents, and the acknowledged deleterious effects which follow its suppression or imperfect elimination, as well as the morbid condition of the skin in various affections in which this morbid condition is usually regarded rather as a complication than as a cause of the more obvious disease.

The following paragraph will serve to show Dr. T.'s conclusions:

"I think I have shown that the nature and importance of the secretion of the skin are sufficient to give rise by its deficiency of suspension to the accumulation of tuberculous matter in the blood; that in
those individuals in whom consumption is hereditary, there is often a congenital deficiency of the sebaceous follicles; that the disease can at any time be produced or aggravated by causes which depress their action; and prevented or relieved by causes which exalt it; that the only well-ascertained product of the secretory action of these follicles is found in large amount in tubercle; and that it is deposited in precisely such situations as we would be led to suppose, upon general principles of physiology, that the retained secretions of the skin would be.

This theory has at least the merit of being consistent with all the phenomena of the disease; of explaining the action of the causes which produce it upon established physiological principles; of explaining its hereditary transmission by the same law which causes children to resemble their parents; of redeeming our practice from empiricism, and making it rational, and most important of all, of explaining the efficiency of hygienic means, and thus impressing the necessity of them more effectually than any amount of mere recommendation could do, even though this were founded upon the largest experience. It differs from the views of Andral and Carswell, by showing the nature and source of the "peculiar secretion," of which they speak; and seems, upon the whole, far more simple and definite than any other yet advanced.

[ibid p. 116]

We regret that we have not room for the whole of this very original and ingenious paper.

On the Development of the Ductless Glands in the Chick. By Henry Gray, Demonstrator of Anatomy at St. George's Hospital.—In this very meritorious paper, the author has demonstrated the evolution of the Spleen, Supra-renal and Thyroid gland, and the tissues of which each is composed, in such a manner as to show the place that may be assigned to each in a classification of the glands.

The Spleen is shown to arise between the fourth and fifth days, in a fold of membrane which connects the intestinal canal to the spine (the "intestinal lamina"), as a small, whitish mass of blastema, perfectly distinct from both the stomach and pancreas. This fold serves to retain it and the pancreas in connexion with the intestine. This separation of the spleen from the pancreas is more distinct at an early period of its evolution than later, as the increased growth of both organs causes them to approximate more closely, but not more intimately with one another; hence probably the statement of Arnold, that the spleen arises from the pancreas. With the increase in the growth of the organ and the surrounding parts, it gradually attains the position that it occupies in the full-grown bird, in more immediate proximity with the stomach; hence probably the statement of Bischoff, that it arises from the stomach. Later, when its vessels are formed, the membrane in which it was developed is almost completely absorbed.

The author then considers the development of the tissues of the spleen, which clearly establishes, not only the glandular nature of the
organ itself, but the great similarity it bears with the supra-renal and thyroid glands.—The external capsule and the trabecular tissues of the spleen are both developed between the eighth and ninth days, the former in a form of a thin membrane composed of nucleated fibres, the latter consisting of similar fibres, which intersect the organ at first sparingly, and afterwards in greater quantity. The development of the blood-vessel and the blood are next examined. The former are shown to arise in the organ independent of those which are exterior to it. The development of the blood-globules is shown to arise from the blastema of the organ at the earliest period of its evolution, and continue their formation until its connexion with the general vascular system is effected, at which period their development ceases. No destruction of the blood-globules could ever be observed. These observations disprove the two existing opinions of the use of the spleen, as the blood discos are not formed there (excepting during its early development), as stated by Gerlach and Schaffner; nor are they destroyed there, as stated by Köllicker and Ecker. The development of the pulp tissue is next examined. At an early period, this closely corresponds with the structure of the supra-renal and thyroid glands at the earliest stages of their evolution, consisting of nuclei, nucleated vesicles, and a fine granular plasma, the former constituting a very considerable portion of its structure. When the splenic vessels are formed, many of these nuclei are surrounded by a quantity of fine, dark granules arranged in a circular form, and these increased up to the time when the splenic vein is formed, when nearly the whole mass is composed of nucleated vesicles, the nuclei of which gradually break up into a mass of granules which fill the cavities of the vesicles. The Malpighian vesicles are developed in the pulp by the aggregation of nuclei into circular masses, around which a fine membrane soon appears, in a manner precisely similar to those of the supra-renal and thyroid glands, with which they bear the closest analogy.

The author then traces out the development of the Supra-renal glands, and shows the close analogy that exists between them, the spleen, and thyroid, from the similarity which their structure presents at the earliest period of their evolution with those glands, and from the development of the several tissues following the same stages in all.—They are shown to arise on the seventh day as two separate masses of blastema, situated between the upper end of the Woolfian bodies, and the sides of the aorta, being totally independent (as concerns their development) of those bodies, or of each other. At this period, their minute structure bears a close resemblance to that of the spleen, consisting of the same elements as that gland, excepting in the existence of more numerous dark granules, which give to the organ, at a later period, an opaque and darkly granular texture. The gland tissue of the organ, in the form of large vesicles, makes its appearance on the eighth day, whereas in the spleen it did not exist until near to the close of incubation, an interesting fact in connexion with the function of the former gland, which is mainly exercised during foetal life, whilst the spleen exerts its function mainly in adult
life: hence, the difference in the development of the tissues at different periods. The manner in which this tissue is developed is similar to that by which the gland tissue of the spleen was formed—viz: by an aggregation of nuclei into circular masses, around which a limitary membrane ultimately forms: these are first grouped together in a mass, without any subdivision into cortical and medullary portions. On the fourteenth day the first trace of this subdivision becomes manifest, by the vesicles being aggregated into masses which radiate from the circumference towards the centre of the glands, in some cases complete tubes being formed by the junction of the vesicles, as indicated by hemispherical bulgings along their walls. At a later period, the organs increase in size, they attain their usual position, and a more complete subdivision into cortical and medullary portions is now observed.

The author lastly traces out the development of the Thyroid glands, and shows the great similarity that exists between them, the spleen and supra-renal glands, from the similar structure they present, and from the development of those structures occurring in a similar manner in each.—These glands are developed between the sixth and seventh days, as two separate masses of blastema, one at each side of the root of the neck, close to the separation of the carotid and subclavian vessels, and between the trachea and the bronchial clefts, but quite independent, as far as regards their development, of either of those parts. Their minute structure at an early period closely corresponds with that of the spleen and supra-renal glands. Later, when the gland-tissue, of which the thyroid gland ultimately consists, is formed, it is developed in a manner precisely similar to the same tissues of the spleen and supra-renal glands—a fact which shows the analogy they bear to one another.

From these observations, the author concludes that a close analogy exists between the glands already described, so that the propriety of their classification under one group, as the "Ductless Glands," may be considered clearly proved. And although the spleen by many has been excluded from them, the author considers that its classification with them is correct, for the following reasons:—1st. From its evolution being similar with that of the supra-renal and thyroid glands; 2ndly, from its structure, which at an early period closely corresponds with them; and 3rdly, from the development of its tissues following the same law as that upon which the tissues of the allied glands are formed.—[Proceedings of the Royal Society, Jan. 15, 1852.

[Every contribution to the anatomy and physiology of these perplexing structures is of value, as tending to throw some light upon the nature of their function; and Mr. Gray has most ably filled up a lacuna which had been left by the many excellent anatomists who have devoted their time and abilities to this perplexing and, as yet, profligate inquiry.—[Medico-Chir. Rev.

On the Changes producible in the Properties of Bodies by Pulverization. By M. Dorvault.—To the present time, pharmacologists have always considered pulverization as a mere change of form in
bodies—each particle of the divided body being regarded as a diminutive, without change of property, of the entire mass. While admitting that, in most cases, this is a mere expression of the fact, M. Dorvault believes that there is a greater number of substances than is suspected, in which this operation induces a modification of their chemical characters and medicinal properties. At present, he can only adduce two or three decided examples in justification of this opinion. Every one knows that sugar, on being powdered, loses a portion of its solubility and sweetening power. Is this referrible to an altered electrical condition of the sugar, as the phosphorescence which is developed during pulverization in the dark might lead us to suspect? Again, gum arabic, when powdered, possesses neither the same taste nor solubility as when entire; and pulverization so diminishes the solubility of arsenious acid, that while a kilogramme of water will dissolve forty grammes in the vitreous state, it will only dissolve fourteen of the powder. In the above examples, the modification is exhibited by diminution of solubility, but in other cases it may manifest itself in other directions.—[L'Union Medicale. Ibid.]

A new instrument for cauterizing the Urethra. By E. S. Cooper, M. D. Reported by L. C. Lane, M. D., of Peoria, Ill.—An instrument for cauterizing the urethra has been invented by Dr. Cooper of this place, which for facility of application and certainty of results is superior to all other means hitherto used, combined.

It consists of a copper catheter, with the end for half an inch a little smaller than the body, and perforated with several holes. This is introduced down to the stricture, and then filled with dilute nitric acid, which acting on the copper, soon produces the nitrate, which coming in contact with the urethra through the holes, produces cauterization to the extent desired.

The strength of the solution and the length of time the instrument is permitted to remain, regulates the degree of cauterization completely. Dr. Cooper generally uses one third of nitric acid, and two of water, and permits the instrument to remain for one and a half minutes, though a much shorter time will often answer.

The shape of the instrument may be varied to suit the case; thus, when several strictures exist in the strait part of the urethra a strait catheter might be used, with holes at several places to correspond to their number and location.

Though great contrariety of opinion exists among medical men in regard to the degree of cauterization most valuable, this instrument commends itself alike to all; for whether it is believed that caustics should be applied bodily so as to cause the detachment of a slough, and thus physically enlarge the canal, or by a slighter application modify the action of the lining, the variations are easily made with it.—[Med. Exam. and Rec. of Med. Science.]

New Instrument for examining the interior of the Eye.—M. Follin, prosector of the Faculty of Medicine, in Paris, has presented to the
Surgical Society of that city, an ingenious instrument, by which the retina, crystalline lens, and different parts of the eye, may be examined. It consists simply of a wax candle placed behind a lens, by which luminous rays are thrown upon a mirror from which they are reflected into the eye. By means of an eye-glass, of varying power, placed behind the mirror, the bottom of the eye is seen, illumined and magnified. The light is mild, and of equal intensity on every part, and is of a yellowish color. The bloodvessels of the eye can thus be seen, forming a beautiful net work, and the blood within them distinguished. M. Follin has seen the vascular center of the retina, and recognized the point where the central artery and vein spread into branches. He thinks that by the aid of this instrument the different states of congestion of the retina can be distinguished, its ecchymotic and varicose states, the cancerous deposite which sometimes form upon its surface, &c., and also the condition of the crystalline lens.—[N. Y. Med. Times.

Test for the Purity of Cod-liver Oil.—Sir James Murray, in calling attention to the numerous adulterations which are made by druggists, incidentally speaks of cod-liver oil, which is extensively falsified by the admixture of other oils, animal and vegetable. The test which he recommends was suggested to him by the knowledge that in a cotton factory the spindles which were made of brass always obtained a deposit of verdigris when a bad oil was used, which was not the case with pure spermacetti oil. The test consists in heating the suspected oil in a copper capsule; if it be genuine cod-liver oil, no discoloration occurs, whereas the spurious oils throw up a quantity of the salts of copper, forming a green film on the surface.—[Dublin Med. Press.

Artificial Production of the Flavours and Odours of Fruits and Flowers.—One of the most surprising achievements of modern chemistry is the artificial production of the flavours and odours of fruits and flowers; the imitation in the crude laboratory of the chemist of the most delicate of the productions of nature, and one which it might have been supposed was beyond the reach of art.

Dr. Playfair, in his lecture on the great exhibition of 1851, furnish-

es us with the following interesting information on this subject:—

"The jury in the exhibition, or rather two distinguished chemists of that jury, Dr. Hoffman and Mr. De la Rue, ascertained that some of the most delicate perfumes were made by chemical artifice, and not, as of old, by distilling them from flowers. The perfume of flowers often consists of oils and ethers, which the chemist can compound artificially in his laboratory. Commercial enterprise has availed itself of this fact, and sent to the exhibition, in the form of essences, perfumes thus prepared. Singularly enough, they are generally derived by substances of intensely disgusting odour. A peculiar fetid oil, termed "fusel oil," is formed in making brandy and whiskey. This fusel oil, distilled with sulphuric acid and acetate of potash, gives the oil of pears. The oil of apples is made from the same fusel oil by distillation with sulphuric acid and bichromate of potash. The oil of pine-
apples is obtained from the product of the action of putrid cheese on sugar, or by making a soap with butter, and distilling it with alcohol and sulphuric acid, and is now largely employed in England in the preparation of pine-apple ale. Oil of grapes and oil of cognac, used to impart the flavour of French cognac to British brandy, are little else than fusel oil. The artificial oil of bitter almonds, now so largely employed in perfuming soap and for flavouring confectionery, is prepared by the action of nitric acid on the fetid oils of gas-tar. Many a fair forehead is damped with eau de millefleurs, without knowing that its essential ingredient is derived from the drainage of cowhouses. The winter-green oil, imported from New Jersey, being produced from a plant indigenous there, is artificially made from willows and a body procured in the distillation of wood. All these are direct modern appliances of science to an industrial purpose, and imply an acquaintance with the highest investigations of organic chemistry. Let us recollect that the oil of lemons, turpentine, oil of juniper, oil of roses, oil of copaiba, oil of rosemary, and many other oils, are identical in composition, and it is not difficult to conceive that perfumery may derive still further aid from chemistry.”—[Phila. Med. News.

Bromohydric Ether—a new Anesthetic Agent.—Some experiments have been recently made with this substance on birds, etc., and M. Ed. Robin, who conducted them, is satisfied that it will prove an excellent anesthetic agent. This preparation of ether is without taste, and possesses an agreeable aromatic odor; and, when taken by inhalation, produces rapid etherization, without any subsequent suffering or distressing symptoms.—[Journ. des Connaiss. Med. Chirurg. and Charleston Med. Jour.

Prescription for Chronic or Inveterate Intermittent Fevers.—We find in the “Journal des Connaissances Medico-Chirurgicales,” the following old prescription which has been supplanted by quinine, but is now proposed to be revived in consideration of its real value in those old and inveterate forms of intermittent fever which we now and then find to return, although repeatedly “broken” with quinine. The formula was formerly highly recommended by the Montpelier School.

Pulverized Red Peruvian Bark, . . . . 40 scruples.

" Rhubarb, . . . . . . . . 15 "

Muriate of Ammonia, . . . . . . . . 5 "

Syrup of Peach-tree Blossoms, . . . . 9 s.

Mix. Make a mass, and divide into 20 boluses, four of which must be taken daily for five days. They should be taken at intervals of one hour and so that the last will have been taken two hours before the expected paroxysm. If found to be too large the bolus may be subdivided.

Furunculoid Epidemic in England.—It appears that the great increase of “boils, carbuncles, whitlows, pustules, and superficial ab-
scesses," in London, has attracted the attention of the Epidemiological Society, and that Mr. Hunt, at the request of the President of the Society, read a paper on this subject. Mr. H. states that he had found it prevailing in the British Isles, in France, Austria, the East and West Indies, the south of Africa, and the United States. We have seen no notice of it in our country this year, although its prevalence last summer upon the fingers was noticed in Washington City and by ourselves in the April No. (p. 256) of this Journal. We think that whitlows are now more common here than usual. Furunculoid diseases have been on the increase in England ever since 1847. Mr. Hunt remarks, that the deaths from phlegmon have nearly trebled during the last few years, and that the fatality from small pox and pustular diseases have likewise been trebled of late. Carbuncles also have been very numerous and fatal in England.

*Ricord's Letters on Syphilis.*—We commence with this number, the publication of a series of Letters from the distinguished physician of the Parisian Venereal Hospital, and will furnish our readers with one in each of our subsequent issues. We feel assured that they will be read with interest, as containing the last and matured views of the best living authority on the subject. The lively and peculiar style of the letters will not detract from their intrinsic merit, but on the contrary, form a happy contrast with the very dry reading of the accompanying pages. They are being translated by different hands, for the New York Medical Times, and the Boston Medical and Surgical Journal, which saves us the trouble of doing so ourselves.

**Mobile, Alabama, July 26, 1852.**

To the Medical Profession of the Southern and South-Western States:

*Gentlemen*—At the last annual meeting of the American Medical Association, I was continued as Chairman of a Committee, to report at its next session, on the prevalence of *Idiopathic* Tetanus, (not endemic, I as was erroneously notified by my first appointment). Permit me therefore to solicit your assistance, to the extent of your information, either from personal experience or enquiry, embracing the immediate circuit of your professional supervision. Your attention to the following queries and answers seriatim, forwarded by mail to my address, on or before the 1st day of January, 1853, will not only serve the special object of the Association, but particularly oblige,

Very respectfully, your ob’t. serv’t.,

A. Lopez.

1st. Are there any physical causes, in or about your locality, productive of *Idiopathic* Tetanus?
2nd. Have changes by clearing of lands, change of culture, or any other circumstances, been the cause of such disease?

3rd. Has Tetanus been of frequent occurrence, and if so, does it hold an analagous or independent origin of malarious diseases?

4th. Does it follow the laws which govern climatic Endemics, in sufficient number, and simultaneous prevalence to warrant the belief of its identical origin?

5th. Have meteorological variations governed the production and character of the disease?

6th. The average number of deaths from Idiopathic Tetanus?

7th. Have adults or children been most liable to its attack?

8th. What sex?

9th. Proportion of whites to negroes?

10th. Duration of disease previous to fatality?

11th. Interval between cause and development?

12th. Does Trismus Nascentium ever observe an Idiopathic or symptomatic character?

13th. Are negro or white children most liable to it?

14th. Your belief as to its origin?

15th. Proportion of deaths to cures?

16th. Have you found any form of treatment more successful than another, in either Idiopathic Tetanus or Trismus Nascentium?

The Knoxville Primary Medical School went into operation on the 16th of Feb., with one pupil. Several applicants have been rejected because they did not possess the requirements designated as necessary before commencing the study of medicine by the American Medical Association. Others declined because not satisfied with the terms.

—[East Tennessee Record of Med. and Surg.]

BIBLIOGRAPHICAL.

We beg leave to return our thanks for a large number of publications received within the last two months, and regret that we have not room to give an extended notice of some of them. Among the most interesting, are "The Quarterly Summary of the Transactions of the College of Physicians of Philadelphia;" the "Proceedings of the Medical Association of the State of Alabama;" the "Report of the Eastern Lunatic Asylum in Virginia;" the "Third Annual Report of the Board of Commissioners for the Georgia Asylum for the Deaf and Dumb;" "Tableaux of New Orleans;" and "Contributions to Experimental Physiology, by Bennet Dowler, M. D.;" the "Proceedings of the 7th Annual Meeting of Medical Superintendents of American Institutions for the Insane;" "A Lecture on Gun-shot Wounds, by R. McSherry, M. D., of Baltimore;" "Observations on the freezing of Vegetables, &c., by Prof. John LeConte, of Georgia;" "The
Topography, climate and Disease of Middle Georgia, by E. M. Pendleton, M. D., of Sparta;" "Practicability of probing the fallopian tubes, by S. A. Cartwright, M. D., of New Orleans."


Prof. Pirrie, although not as extensively known as some of the surgeons of the British metropolis, shows by the work before us that he is an able teacher and can make a good book for the use of Students and general practitioners. Being written expressly as a text-book for those in attendance on Lectures, it very properly combines both the Principles and the Practice of Surgery, instead of having separate works for each of these branches of study, as is the case with Prof. Miller's works. We predict for Pirrie's Surgery an extensive sale to students, while Miller's more elaborate productions will be most used by special practitioners of Surgery.

We agree with one of our most esteemed cotemporaries in seeing no objection to the American custom of appending notes or other matter to the reprint of British works, so long as by so doing the annotator adds to the intrinsic value of the work without increasing unreasonably its cost to the purchaser. Dr. Neill is "a growing man" and deserves well of the Profession for his talents and industry.

Pure Medicinal Extracts.—Messrs. Philip Schieffelin, Haines & Co., Druggists of New York, sent us some time since, a small collection of their Medicinal Extracts for trial, and we are happy to say that they have proved to be some of the very best we have ever used. We therefore take pleasure in recommending them. The difficulty of getting pure and fresh preparations of belladonna, cicuta, hyoscyamus, stramonium, &c., has long been felt seriously by the profession, and those who, like this firm, will contribute to remedy the evil, should be rewarded by extensive patronage. We presume that their choice extracts and powders, &c., can be obtained from any of our City Druggists.

Advertisements.—We have to remind our correspondents that no advertising sheet is appended to this Journal; hence, the omission to attend to their requests.