SOUTHERN

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"Je prends le bien où je le trouve."

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1858.
A Lecture upon Hemorrhoidal Affections. By L. A. Dugas, M.D.,
Professor of Surgery in the Medical College of Georgia.—
Taken down by J. F. B., medical student.

GENTLEMEN:
I will direct your attention to-day to the subject of Hemor-
rhoids, commonly called the Piles. And in order that you may
understand the anatomical relations of the parts implicated, I
have brought before you these very handsome models of dissec-
tions of the rectum, exhibiting its blood-vessels, nerves, muscles,
&c. It is not my intention to enter upon a minute description
of these structures, but I merely desire that you may keep your
eye upon these models, in order that you may understand more
readily what I have to say upon the disease under considera-
tion.

Hemorrhoidal affections show themselves in different forms.
In some the disease consists essentially in a varicose condition
of the hemorrhoidal veins, with or without a similar amplifica-
tion of the capillaries and arterial radicles, and is entirely con-
fined to parts above the verge of the anus. This, therefore,
constitutes what is commonly called internal Piles, in contra-
distinction of another variety called external Piles, in which, as
the term indicates, there are external manifestations of the disease
in the form of one or more small globular tumors of a deep red
or bluish hue, situated at the verge of the anus. These two
forms of the disease are attended with a very considerable degree of vascularity in the mucous membrane of the lower end of the rectum, and, not unfrequently, with a relaxation of this membrane, more or less marked, which may in some cases allow it to protrude during the expulsory efforts of defecation.

The hemorrhoidal tumors to which we have referred, may be formed either by an extraordinary dilatation of the veins, or, what is more common, by an exudation of blood into the subcutaneous cellular tissue. If the opening from which the blood has issued be sufficiently free, the blood contained in the little sac or tumor may remain fluid; but if, on the contrary, the blood has been derived from mere capillaries, it may coagulate. Hence it is that, upon opening these tumors, we sometimes find them filled with a coagulum, whereas in other instances nothing issues but liquid blood. It is thus, also, that we may account for the fact that while in some cases these tumors may be dissipated by pressure, in others they do not diminish in size by this means. When the extravasated blood has become thus coagulated, it operates somewhat like a foreign body, and provokes more or less inflammatory action of a very painful character. In general, however, after the painful stage of the disease, occasioned by the distention of the tissues, has ceased, the coagulum dissolves and is gradually removed by absorption, with the exception of small fibrinous concretions, which remain in the form of slight indurations, sometimes projecting beyond the general level of the parts. These little indurated teats will sometimes become chafed and exquisitely sensitive, giving the patient a great deal of annoyance long after the subsidence of the acute symptoms.

You have all heard of persons said to be affected with blind Piles, and others with bleeding Piles. The term blind Piles is applied simply to those hemorrhoidal affections which do not bleed—whereas the bleeding Piles are those in which the congested blood-vessels relieve themselves by an issue of blood during defecation, and occasionally at other times. Now this issue of blood usually occurs from the mucous membrane just within the sphincters, although it may sometimes flow from the verge of the anus. When it occurs during defecation, it is manifestly induced by the expulsory efforts, which very materially increase the turgescence of the mucous surface. It
is therefore important, in such cases, that these efforts be not prolonged unnecessarily, in order that the hemorrhage may not be excessive, and by its daily repetition seriously impair the patient's health, as is too often the case. In the cases in which the bleeding does not coincide with defecation, it is most apt to take place when the patient is standing or walking, and consequently when the vessels are exposed to the gravitating influence of the superimposed column of blood. It will therefore very rarely occur when the patient is in the horizontal position. In some very rare instances the hemorrhage proceeds from above the sphincter ani, and may accumulate in the rectum until it produces a desire to stool, when the patient may pass off a large quantity of blood in a state of semi-coagulation. And this may be repeated at intervals so short as to become alarming. I have seen two cases of the kind which proved very troublesome. In general, however, the flow of blood shows itself externally, and it may sometimes be felt trickling down the thighs of the patient as he walks along.

Hemorrhoidal affections are often complicated with prolapsus ani, or a disposition on the part of the lower end of the rectum to protrude during defecation, or whenever the patient remains long in the erect position. This adds very much to the annoyance of the disease, as well as to the difficulty of its management.

I have now given you the leading features of this disease, and you may perhaps expect me to say something of its causes, or rather of its remote causes. I may as well tell you at once that I do not know them; and yet, hemorrhoidal affections are supposed by some to be induced by hepatic disease obstructing the portal circulation, and consequently inducing a congestion of the veins constituting the origin of the vena portarum. We are not told, however, by the advocates of this theory, why it is that the blood-vessels of the rectum suffer more under such circumstances than those of the other portions of the alimentary canal. Moreover, we know that a very large majority of those affected with hemorrhoids furnish us no evidence whatever of hepatic derangement. Hemorrhoidal affections are also attributed to constipation and to sedentary habits; whereas every practitioner of observation is aware that they very often occur in
persons whose bowels are perfectly regular—that they not un-
frequently occur during a relaxed condition of the bowels, and
that they affect the active as well as the sedentary. The fact is,
Gentlemen, that this is a very common disease, at least in this
part of the world; and I do not think it an exaggeration to say
that eight persons out of ten, between the ages of twenty-five
and fifty, suffer more or less with this infirmity. I should have
said white persons; for it is a remarkable fact, that our negroes
are so rarely affected with this disease that I do not recollect to
have seen more than two or three of them suffering with it, in a
practice of five and twenty years, although one half of our popu-
lation consists of this class of people. Whether this exemption
of the negro race can be traced to any anatomical peculiarity or
not would be a subject of interesting inquiry.

You must have observed, that I restricted the liability to this
disease to the period of life extending from the twenty-fifth to
the fiftieth year. I did so, because it very rarely shows itself
before twenty-five years of age, and that it usually declines
and ceases to be troublesome at about fifty years of age. We
know, that with the advance of age the rectum, and especially
its lower extremity, diminishes in capacity and in relaxation,
often to such a degree as to render the act of defecation more
or less difficult, and even to make it a source of real annoy-
ance to the very aged. This species of atrophy may perhaps
account for the cessation of hemorrhoidal troubles with ad-
vancing age.

With regard to the treatment of this disease you will find
quite a diversity of opinion in the profession, and no lack of
specifics in the newspapers of the day. I need not detain you
with a critical appreciation of the various plans suggested, but
will at once proceed to give you the course I usually pursue in
the management of these affections. This must necessarily vary
according to the circumstances of the case. At the commence-
ment of the disease, it usually shows itself in the form of attacks
more or less acute, which, after having continued a few weeks,
will gradually subside, leaving the patient under the impression
that he is cured, and will not have any return of the affection.
It is then that he is willing to certify to the efficacy of the last
remedy used, especially if he has procured it from a Charlatan
or nostrum vender. But the occurrence of one attack is almost invariably the precursor of others, after the lapse of months or even years. A knowledge of this fact should make you exceedingly cautious in your prognosis, and you will always be on the safe side if you will honestly state to your patient that although you may relieve him, you cannot promise a radical cure, or an immunity from subsequent attacks, unless the patient be near the age at which the disease will probably cease spontaneously.

These acute attacks are generally attended with the formation of one or more hemorrhoidal tumors at the verge of the anus, intensely painful during the act of defecation. The pain continues after defecation, and the patient complains of a sense of burning and throbbing in the part affected, which is increased by the erect position, but may even continue to annoy him when in bed, to such a degree as to prevent any quiet sleep during the night. We have here the usual manifestations of inflammatory action, set up by the effusion of blood in the subcutaneous cellular tissue and the influence of distension. It is under such circumstances that we find the patients resorting to the various pile ointments heralded by the newspapers, or using some similar application under the direction of their medical adviser. These ointments usually consist of a combination, in various proportions, of opium or some of its preparations, with finely pulverized gall-nuts or other vegetable astringents and sugar of lead or alum, rubbed up with lard or simple cerate. I must confess that I have never derived any advantage from these applications, and that I believe that the popular error in regard to their efficacy is the result, as already intimated, of their use at the period at which the disease is about to subside of itself. The same may be said of the use of rhubarb lozenges, sulphur, cream of tartar, and other remedies in popular favor. During the intensity of the disease the application of leeches is highly recommended by some, and may afford temporary relief, but the leech bites will sometimes rather increase than lessen the pain. I am in the habit of directing, in such cases, that the patient shall remain in bed—that the bowels be emptied by a full dose of rhubarb, and then kept quiet for several days by the use of small doses of opium. The preference is given to rhu-
barb over other cathartics, and especially over saline cathartics, because the discharges it occasions are less excoriating. Under the effects of a dose of salts the dejections are as painful as though the patient were passing boiling water over the affected part. Poultices of corn-meal, or of bread and milk, should be kept constantly applied to the anus, either hot or cold, according to the preference of the patient. It is somewhat singular, that while some patients derive most relief from hot applications, others, on the contrary, find them intolerable and are materially benefitted by the cold. Certain poultices are supposed by some to be peculiarly beneficial, and I have known cases relieved by the application of the leaves of plantain, rue, or wormwood, bruised in the form of a poultice, after other applications had failed. Poultices made with infusion of red oak bark will also be found sometimes advantageous in the latter stages of the attack. If there be any protrusion of the intestine, this should be anointed with a little sweet oil, or sperm oil, (which is less apt to be rancid,) and gently forced up by the patient with his fingers as often as it may occur. This process, which is sometimes very painful, will be very much facilitated if the patient will place himself upon his knees and breast so that his pelvis may be elevated and allow the rectum to gravitate towards the abdomen. I have already advised that the bowels be kept quiet after having been emptied, but when this is no longer compatible with the comfort of the patient, the rectum may be washed out with cold water; or, if he cannot tolerate the introduction of the canula, he should take a smaller and merely laxative dose of rhubarb, to be followed, as before, by the opiates. My object, you perceive, is to avoid as much as possible the disturbing and irritating influence of defecation. The patient should therefore use animal food, which leaves less fecal matter than vegetable substances. Under these directions the attack will usually run its course with as little suffering as possible; but you will now and then find cases in which the unmitigated pain may warrant a trial of other means, such as sitting over boiling water, or steam generated by pouring water upon a hot brick. This will sometimes give considerable relief, and may be repeated as often as the patient's inclination may direct. I have sometimes known the so-called "Pain-killers" to act advantageously in
subduing the morbid sensibility of the parts. These nostrums, you know, consist of a concentrated tincture of capsicum and morphine, or of capsicum and morphine mixed with lard. The liquid is the better preparation of the two. When applied, it occasions intense smarting for a-while, which gradually subsides and may leave the patient considerably relieved.

In the acute attacks, attended with bleeding, there may or not be any protruding tumors, and the hemorrhage usually proceeds from the mucous surface above the verge of the anus. In these cases the act of defecation is more or less painful, and there is a disposition on the part of the patient to make strong expulsory efforts, not unlike those provoked by a mild attack of dysentery. And it is then that the blood issues either in a distinct jet or stream, which will cease with the act of defecation. The lower end of the rectum and the verge of the anus may become very sore, as though chafed by the contact of the feces.

In treating acute attacks of this kind, I would adopt the same plan as above indicated, with the exception of the poultices, in lieu of which I would advise ablutions with cold water, or sitting a few minutes in cold water three or four times each day.

We now come to the consideration of the treatment of the disease when chronic, and of the rules to be observed between the acute attacks. In the first place, let the patient be fully impressed with the importance of keeping his bowels perfectly regular, that is to say, of having one stool every day: nothing will conduce more to bring about this state of things than the observance of a stated hour at which he will invariably go to stool, whether he feels any desire to do so or not. If he finds that he cannot have an evacuation naturally, or that he is compelled to make strong expulsory efforts to accomplish his purpose, he should throw up a small quantity of cold water into the rectum, ten or fifteen minutes before the appointed hour. By so doing, he will find that the bowels will gradually acquire the desired habit of punctuality. The patient should bear in mind that nothing is more injurious to those subject to Piles, than long sitting and protracted efforts at stool. He should therefore not remain more than a few minutes, and make but slight expulsive efforts, and if he cannot thus promptly and readily empty the rectum, he should desist and wait until the next day,
being careful not to allow this to interfere with his regularly appointed hours.

The selection of the hour is not a matter of indifference, for if this be fixed in the early part of the day the injurious effects of defecation will continue to be felt, or even become aggravated by the erect position and exercise during the remainder of the day. If, on the contrary, this act be performed at night, or just before retiring to bed, the horizontal position will favor the subsidence of the congestion, and the restoration of the parts to their normal condition. Without a due observance of these little matters of detail, especially in cases attended with a disposition to protrusion, all your other directions will often fail to give relief. Again, the patient should use cold water ablutions on rising from bed, and on retiring at night; and if the case be troublesome, this should also be done at noon, especially during the summer.

You will sometimes be consulted for cases of long standing, in which the protrusion of hemorrhoidal tumors or of folds of the intestine will have become almost habitual, at least when the patient is in the erect position. In these cases, if the patient is compelled to attend to his business, it may become necessary to resort to mechanical means of support. The patient should wear during the day, and sometimes even during the night, an anal supporter, which may be made as follows:—Let a belt be carried around the body so as to rest upon the hips, and buckle in front; attach to the back part of this, a strap, which is to pass down to the perineum and here bifurcate, so that one end will pass on each side of the scrotum, and be buckled to the belt in front. To that portion of the perineal strap which corresponds to the anus, the anal supporter should be fixed. This may consist of a ball of cotton thread about an inch and a half in diameter, and covered with oiled silk for the purpose of cleanliness; or it may be made of wood, well polished, and of the shape of a half globe, the convexity being towards the anus. This may be oiled and easily kept clean. By applying this bandage with sufficient firmness, the patient may attend to his business with very little inconvenience, until the means above recommended shall have had time to improve the condition of the parts.

You perceive, Gentlemen, that I have thus far recommended
no surgical operation in the management of these affections; but you will recollect that I have repeatedly endeavored to inculcate the doctrine that the duty of the surgeon is not so much to perform operations as it is to avoid their necessity. And yet there are several surgical procedures recommended in the different stages of this affection. For instance, it is advised by some to lay open, to excise, or to ligate the hemorrhoidal tumors. I have never had occasion to resort to either of these expedients, except in those cases in which small indurated teats continue to fret the patient. I then clip them off with a pair of scissors. The use of ligatures is unjustifiable in any event, as being more painful and hazardous than cutting instruments. You will find it recommended by high authorities to excise the protruding portion of the mucous membrane, or to apply to these, concentrated nitric acid, and even to destroy them with the actual cautery. While these practices may perhaps be justifiable in hospital practice, where the hygienic observances I have advised cannot be enforced, I have never been compelled to have recourse to them, nor do I think it probable that you will be less fortunate, if you should think proper to adopt my views.

ARTICLE X.


[We are much pleased to find that the casual reference to our friend's name, in connection with the above subject, in our last number, has resulted in so valuable a report of his personal experience in the therapeutical applications of Chlorate of Potash. We may really feel encouraged to try the same device on some other occasion.—Edts.]

Messrs. Editors—In your issue of the March number of the Southern Medical and Surgical Journal, I find my name mentioned in connection with an article, or a few remarks of yours, upon the subject and use of the Chlorate of Potash. I do not complain of your having done so, but if I had known of your intentions, or had thought for a moment that you were
acquainted with the fact of my having long since used the medicine, I would certainly have given you all the information in my power upon the subject of its use, and my experience with the remedy, and thus have saved the necessity of intruding myself upon your notice, or of appearing upon the pages of your Journal. In as much, however, as you have thought proper (from some source of information, which I can readily imagine) to advert to my use of the article in a limited and imperfect manner, I would beg leave to exercise the privilege of being correctly reported, as to the quantity used and the diseases for which I have administered it.

Chlorate of Potash has long since been a favorite remedy with me in the treatment of almost every form of fever, and especially in those periodical fevers denominated remittent, or, as they are called in some places, "Country fevers" or "Santee fevers."

My attention was drawn to the remedy, specially, in August, I think, eighteen hundred and thirty-two, in the case of a youth, then, by the name of G*****, I**, who was under treatment for remittent fever by Dr. H. I was requested to visit the patient with the attending physician. I thought that the Chlorate of Potash would admirably suit the case, and fill all the purposes then indicated; accordingly, I gave it in the following manner:—

B. Chlorate of Potash, 2 drachms; Infusion of Serpentaria Virginiana, 8 ounces. Of this, a tablespoonful was given every two or three hours, until its discontinuance should be ordered. It had a fine effect, and in three or four days he was in a situation to take quinine and brandy also, and he speedily recovered. I have used it also in typhoid fevers, (symptomatic, for I do not believe in the idiomitic forms of typhoid,) with the finest results, and believe that under some circumstances, it constitutes in the list of remedial agents one of the very best remedies, and exerts an influence in low forms of fever that no other remedy possesses.

In these low forms of fever it is used as recommended above, although I find it necessary sometimes to combine with it a little tinct. opii. acetat. The dose for an adult is a tablespoonful every two or three hours: less to younger persons—about the quantity you represent in your article at my hands.

I have used the remedy repeatedly in Scarlet fever, and espe-
cially in the malignant forms, both internally and as a gargle for the ulcers about the mouth and throat. I consider its use important, however, in any of the varieties of Scarlet fever, and when properly administered, will produce its full share of benefit. It is used as above advised in these affections, when taken internally; but when used as a gargle, I make it much stronger, and use it with Sage tea, if convenient, in preference to the Snake-root tea,—it is a matter of very little consequence, however, whether used with either—a little cold water will answer every purpose to dissolve it. As a cleanser of ulcers, especially after the use of the Nit. silver, it has no superior. From three to four drachms of the potash with eight ounces of pure water, or with either of the teas, is the usual strength in which I have used it. I would not hesitate, however, to use it much stronger, either externally or internally. I have applied it to indolent ulcers of the legs, and in one instance to a chronic ulcer of long standing, with much benefit, in the form of powder. I have likewise used it in obstinate cases of salivation from mercury with decided benefit, and in one case, especially, that seemed to baffle every other remedy, and threaten the life of a very interesting child, who had been worse salivated than I ever saw one, before or since; it relieved and healed the ulcers kindly, and I believe was the only remedy, out of many, that saved her life. The case, however, resulted in very great deformity, and has been a source of great unhappiness to the individual who administered the calomel. He was unacquainted with the action of mercury and "did not know that it would make the mouth sore, much less produce sloughing," and thereby permanently entail miserable deformity.

In the various vaginal irritations and ulcerations of the os and cervix uteri, it will exert a very happy influence, and may be relied upon, if perseveringly used, in counteracting leucorrheal discharges produced from irritations, and very often heal such ulcers promptly.

In a case of ulceration of the os and cervix, in which I tried it for a very long time in this city, its effects were accompanied with results highly flattering, and the patient seemed to be rapidly recovering, until neglect of her person, growing out of the fact that she was not able to have the care and attention that
such cases require, and consequently the local affection became aggravated, her constitution failed, and the case terminated in death. I was not in attendance at the time of her death, nor had I been for many months previously, consequently cannot say nothing upon the subject of her condition at the time of her death.

I have said all that I conceive to be prudent and proper in an article of this sort; however, I could mention much more concerning its effects in that scorbutic or spongy condition of the gums, accompanied with hemorrhage, in typhoid fever.

I am now treating a child with ulcerous sore mouth, with this salt of potash, and as soon as I satisfy myself fully of its use in gangrenous ulcerations about the mouth as well as the aphthous conditions not only of the mouth, but extending to the pharynx and along the oesophagus to the stomach and bowels, I may trouble you at some future time, with a publication setting forth my views of the utility of this salt in the two last mentioned conditions, &c.

By reference to an article of mine upon Yellow fever, published in the Southern Medical and Surgical Journal, for 1855, October number, the use of Chlorate of Potash in the treatment of that disease will be seen.

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ARTICLE XI.

Poisoning by Phytolaccae Radix (Poke Root)—four cases. Reported by W. C. Musgrove, M.D., of Midville, Ga.

Messrs. Editors,—I have been intending, for some time, to write an article for the Journal, but want of time has been the chief cause of delay in my so doing; and, even now, I shall wish it considered a "resume" of my practice for the month of January—a generality rather than a speciality.

The month of January has been a peculiar one with us—spring-like—very wet, and but few cold days. By reference to my weather register, we have had—

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The diseases usual to the season have been wanting: it is true, we have had catarrhs, but as yet I have seen but three cases of pneumonia, two of which were typhoid. The cases which have been under treatment for the month, may be classified thus:

- Apoplexy
- Chronic Gastritis
- General Nervous Irritability
- Delivery of Placenta
- Miscarriage (8 months)
- Puerperal Fever
- Midwifery
- Dysmenorrhea
- Do. Twins, (male and female)
- Erysipelas
- Typhoid Fever
- Pneumonia
- Reduction of Luxation Humerus
- Phytolacca Radix, Poisoning by
- Fracture Right Ramus of Pubis
- Asthma
- Convulsions
- Congestion of the Brain
- Phytolacca
- Malaria

The detail of some of these cases would be not altogether uninteresting. I send you now, however, only the case of poisoning by the Phytolacca Radix (Poke Root):

January 30. Visited four negro children, belonging to Mr. J. S. J.; found three of them extended on a blanket before the fire, almost cold and pulseless, narcotized, the pupil contracted; the muscles greatly relaxed, as in a very drunken man; the breathing slow, and scarcely any motion in respiration perceptible. About 1 o'clock, P.M., the little negroes were taken with vomiting, which continued, at intervals, until I saw them, at 6 P.M. They were aged 10 years, 8 years, 4 years, and 15 months. The eldest was relieved by the emesis, and the youngest was severely hypercatharsized.

**Prescription.**—Boiled milk, cold, in small quantities; as soon as the stomach was quieted to give a dose of oil and turpentine, and stimulate with beef-broth and brandy. Rubbing the cold surfaces with dry mustard, and if re-action was not induced, to use spts. turpentine, mustard cataplasm for the youngest, and carb. ammonia.

January 31. Found 10, 8 and 4, convalescing finely, but the 15 months child sinking—dying about 10 A.M.

The children had been eating the Poke Root, mistaking it for the Artichoke. There was no convulsive action in these cases.

[As the Poke Root is an abundant product of our Southern States, and the liability to poisoning by it very great, we regard Dr. Musgrove’s brief report as quite important to practitioners in these regions.—Edts.]
Clinical Lecture on Influenza. By W. T. Gairdner, M. D. Physician to the Royal Infirmary, and Lecturer on Clinical Medicine, Edinburgh.

I invite your attention to-day to a subject of great importance, and very directly suggested, not perhaps by any one case now in the wards, but by a combination of circumstances which you have witnessed during the last fortnight. It is to the prevalence of certain diseases in our hospital wards, which, taken collectively, amount to the proof of an epidemic morbid tendency; that is to say, which show, by the extent and manner of their diffusion, the existence of a morbid influence operating temporarily upon the population at large. I cannot, indeed, show you in the wards a single typical case of this epidemic disorder, as it is seen so frequently outside, unless it be that of the woman just admitted into the fever ward. But, although I cannot place before you the ordinary forms of the epidemic (because these are commonly too mild to be admitted into hospital,) I can show you its accidents and complications in sufficient number to furnish a text for some remarks on its nature and prevalence.

You may recollect that, at the beginning of the month, we had very few acute cases of disease, though there were many interesting chronic cases, chiefly of abdominal affections, and almost all of organic diseases. The few acute cases that we had were fevers, and these almost all of one kind, viz., enteric typhus, about which I may have more to say at another time. Now, on the other hand, the wards are crowded with more or less acute cases of disease; and most of these diseases are of the chest. Let me enumerate a few of them.

There is the case of the woman already noticed as having been admitted to the fever ward. She is a healthy-looking young woman, who has been occupied as a domestic servant. She was seized, a few days ago, with shivering, succeeded by headache, pains in the limbs, sickness. Along with these there was a certain amount of catarrh, which has now settled (not very severely however) upon the chest. The fever is now intense, and very much out of proportion to the severity of the catarrh. Headache persists, the skin is hot, the tongue loaded, the color dingy, and the general aspect of the patient certainly goes far to justify her being sent to a fever ward. Nevertheless, I believe it will turn out not to be a case of fever, in the ordinary acceptation of the term; but of the current epidemic—which I will take the liberty of calling, if it has not already been called—Influenza.

Had this been the first case of influenza presented to my notice, it might have passed for one of continued fever or typhus. But even then I should have remarked its singularly abrupt invasion,
the great amount of prostration in this early stage, the extreme severity of the headache and articular pains, as being rather out of character in any fever to which we have lately been accustomed. Knowing what I do of other cases, I have no doubt these symptoms are owing to influenza. The only question is, whether this woman may have influenza and fever combined. This question must remain open for the present.

Now, by considering this case of catarrhal fever, or of feverish cold (if you like to call it so,) in relation with the other facts to which I shall allude presently, you will draw for yourselves the picture of the epidemic, as we have it.

The first indication we had of anything out of the usual course was, perhaps, that downward tendency of several of our cases of phthisis, which, you will recollect, I remarked to you more than a fortnight ago. It does not always happen that cases of phthisis are the first to show a tendency to influenza, and in this instance, it may have been a coincidence; but it is a curious coincidence, that, when we had picked out four cases of phthisis as fit subjects for trying the new remedies—the hypophosphites of lime and soda—and had noted them carefully for that object, three out of the four should have been seized with acute symptoms, within a short period of our commencing the novel treatment. I told you at the time, that I had no reason to blame the remedy for this result, and that it was probably a mere coincidence; I am now disposed to believe that it was one of the first manifestations of the morbid influence of which we have since seen so much.

[Two of these patients have since died; one went out relieved; another survives, considerably enfeebled, but without acute symptoms.]

On the 11th of November, we saw together a case in the female general ward, of very old-standing chest disease, apparently emphysema of the lungs, in which acute symptoms had supervened, and the patient appeared to be in extreme danger from respiratory oppression, with feverishness and bronchitis. Under a very simple treatment, this woman is now improving; but her case is, no doubt, one of the epidemic in a debilitated subject.

Shortly before this case was admitted, a boy was brought to the waiting-room screaming with pain, which he referred to his left side. He was also very feverish. He had not much catarrh, but auscultation left us in no doubt that there was a degree of dry pleurisy on the left side, and also a friction sound, not so well marked, over the pericardium. Under moderate leeching and opiates, he was soon convalescent; but the respiratory friction sound continued loud and characteristic, and we have detained him in the ward mainly for your benefit. I had some doubts, at first, whether this boy had not suffered perforation of the lung; but it was not so. I do not say it was a well-marked case of influenza, but I mention it by the way.
The next case was that of a boy from the Industrial School, who had gone through a distinct attack of feverish catarrh before we saw him. The traces remained in the form of bronchitis of the smaller tubes, or rather, I suspect, a tubercular condition of the lung, with bronchitic signs. This boy has probably had an unsound chest for some time. He is better, however; indeed nearly well.

About this time, I thought it right to pay a visit to the Industrial School, as I had seen several cases of feverish disorders from thence, which the head-master sent up for my inspection. I found thirteen or fourteen boys smartly ill with cold of the head or chest, and several of them plainly very feverish. Coughs resounded on every side; and squill mixture, with paregoric and ipecacuanha, were greatly in demand. None of the cases were, however, dangerous.

On November 14th, I directed your attention to a very acute case of bronchitis, or broncho-pneumonia, admitted two days before. The fever was very intense on admission, but had quite subsided, before you saw the patient, under the treatment by considerable doses of tartar emetic, employed by Dr. Yellowlees from the commencement. The patient, a young girl of seemingly sound constitution, recovered rapidly—the large doses of tartar emetic being replaced by a simple cough mixture, with small doses of antimonial wine, after the lapse of about 48 hours; as soon, indeed, as the fever shows signs of retreating. No other medicine was required in this case.

Very different was the result of treatment, or rather of the neglect of treatment, in another case in the same ward. A young woman, the mother of a family, was seized with acute bronchitis, and lay many days neglected. She was then seen by Dr. Watson, who after blistering the chest and administering some internal remedies, sent her into the hospital. In this case, seen by us only at an advanced stage, the fever had assumed a hectic character. Occasional flushes overspread the face; there was marked dyspæsa and lividity; sweating was very severe every night, and sometimes in the day; and prostration very considerable. She has since had acidulous drinks, antispasmodics and opiates, and is better; but her convalescence is very slow, fever is not subdued, and I greatly fear that the seeds of tubercular disease have been laid in this case. She flushes whenever she is spoken to, and is very nervous. [This patient was lately dismissed, as she felt it necessary to go home to her family; but she is very unfit for household duties, and will probably be so for some time.]

Two other cases of chronic catarrh, with acute exacerbation, were admitted into the male ward, and were seen by you on November 18th. Both of these were street-porters, and men above 60 years of age—by no means temperate in their habits. I will not, however, dwell upon them.
The same day, November 18th, brought under your notice, for the first time, two extremely interesting cases of acute disease, having the imprint of the epidemic tendency.

One of these was a case of acute pneumonia, or pleuro-pneumonia, in a previously healthy man of 28 years of age. The disease had run a course of many days previous to admission, having begun in symptoms altogether like simple influenza, succeeded, at the end of a week, by pain in the right side of the chest and difficulty of breathing, with shivering fits. We found the whole lower lobe on the right side more or less consolidated, the sputum rusty, and the fever considerable. The night of admission, before treatment had been well begun, pain occurred on the opposite (left) side, at the lower part; and this aggravation was attended with a pulse of nearly 140 in the minute, at one period, and with respirations between 50 and 60 in the minute. So soon, however, as the tartar emetic began to take effect, these symptoms subsided; and next day we noticed the pulse at 78, and the respirations at 32, the skin cool and moist, and the general state quite satisfactory; though a certain amount of dull percussion, with some consonating râle, existed at the lower part of the left lung, and the physical signs on the right side were unchanged. In another day, the line of dull percussion in the right lateral region was lower by an inch and three quarters, and from this period the convalescence may be said to have begun. The operation of the grain-doses of tartar emetic here was most prompt and satisfactory; and as the fever and dyspnoea have entirely subsided, the pulse being 72 and the respirations 26 in the minute, I am of opinion that we may now suspend the remedy, and leave the cure to be completed by nature. [The convalescence was uninterrupted. The patient left on 2d December, perfectly well.]

The other case which we saw for the first time on the 18th, was that of a woman in the fever ward. This patient, a domestic servant, aged 28, of rather corpulent habit, always enjoyed good health till a fortnight ago. At that time she was seized with pains in the head, back, and limbs, with a feeling of lassitude and exhaustion, which confined her to bed for three or four days; but at the end of that time she was somewhat better, and tried to resume her ordinary work—to very little purpose, as in a day or two more she took to bed again, and has been feverish ever since.

I believe that this case is one of enteric typhus, or typhoid fever as it is often called. I make this diagnosis, however, chiefly on the ground that certain rose-colored spots, which you saw me mark on the skin yesterday, bear a strong resemblance to the characteristic eruption of that fever. Should these spots continue to appear, we shall feel sure of our diagnosis; although there is at present not a trace of abdominal complication, and all the more prominent symptoms are thoracic, so that there is little doubt
the epidemic tendency is showing itself strongly in this woman. There are, in fact, the following very formidable symptoms:—great acceleration of the respiration; dingy lividity of countenance, with flushed cheeks; small and very frequent pulse; considerable pain in the chest, not localized; some delirium; and I have little doubt that some peculiar form of broncho-pneumonia is present, as there is a scanty sputum, deeply tinged with purple blood, and we find, on examination, limited dulness on percussion, together with consonating respiration and râle in both backs, at the lower part of the lungs. It is easy to see in this case enteric fever, complicated with influenza, and with very serious, though ill-defined, acute diseases of the lungs—a very ominous conjunction, and all the more so as the debility of the patient forbids the employment of active remedies, and we must confine the treatment to regulated stimulation. I must say, that the state of this woman appears to me perilous in the extreme.

[The sequel of this case justified our fears. On the 21st she was visited, on account of my unavoidable absence from town, by Dr. W. Begbie, who marked out additional rose-spots, thus removing all doubts as to the diagnosis. The chest symptoms, however, still predominated; there had only been one stool, and that a natural one, since admission; and there was no pain or tenderness of the abdomen to any appreciable extent. On the night of the 21st a very loose stool was passed containing blood. Another followed next day, and another the succeeding night, the blood being in large quantity, notwithstanding the application of ice to the abdomen, and the administration of acetate of lead, with opium, internally. On the 23d, at visit, she was manifestly sinking. She had been very restless and delirious, and had three other stools, largely composed of blood. The tongue was dry and brown, and the pulse almost imperceptible. There was no additional embarrassment of breathing, and I did not examine the back; but over the right front there was marked dulness on percussion, with feeble tubular respiration and consonating râle. She died on the morning of the 24th.

Post-mortem examination showed numerous enlarged and congested patches of Peyer in the ileum, in a state of ulceration and sloughing; with enlarged, congested and softened mesenteric glands. The lungs were in an extremely curious and almost indescribable condition; the right lung almost entirely devoid of air, flaccid, evidently collapsed, but showing throughout, on section, much congestion, and here and there patches of hæmorrhagic condensation; the bronchi loaded with mucus deeply stained with blood. In the left lung there was a good deal of collapse at the base and root; but on the whole, not much disease. In neither lung was there anything like ordinary hepatization, and the pleuræ were quite smooth, and free from exudation. The spleen, as usual, was large and soft.
It is worth noticing, that the nurse of the ward, a most careful and attentive person, was under the impression that this patient was menstruating two or three days before death, and that the patient herself had a similar impression. The examination of the uterus and ovaries showed that this impression was erroneous. The mucous membrane was pale throughout; a gelatinous mass of mucus occupied the cervix uteri, and there was no recent corpus luteum. It is evident that the stains of blood from the bowels had led to a mistake in this particular.]

The only other case worth mentioning in illustration of the epidemic tendency, is that of a little girl, admitted on the 19th, as she had been several times before, on account of disease of the heart. She has, I think, a contracted mitral orifice; and with this there is associated, at present, a great deal of lividity, with feverishness, and marked prostration of strength; the consequences, no doubt, of influenza acting upon organs predisposed to disease. I should think badly of this case if I had not seen it before; but this girl has repeatedly got over attacks considerably worse than the present in a very short time. She had all that elasticity of constitution which appears to be the exclusive endowment of youth; and she is in every respect a very good and hopeful little patient. [She recovered in a few days.]

Let me now review these facts. Here, within the space of less than a fortnight, you have seen admitted into our wards (with an average population under 40) no fewer than 11 cases of febrile disease, associated with pulmonary symptoms of one kind or other. Most of these, no doubt, were complicated cases, and only one of them could be called simple influenza. But this is because simple influenza is usually too rapid and too mild a disease to be admitted to an hospital. We see here, not the disease, but the consequences and complications of the disease. In private and in dispensary practice we see the disease itself.

[Of these 11 cases of chest affection,  
1 was double pleuro-pneumonia;  
1 was pleurisy and pericarditis;  
2 were very acute bronchitis, or broncho-pneumonia, in one with a probable tubercular complication;  
1 was sub-acute bronchitis, certainly with tubercular antecedents;  
3 were sub-acute bronchitis, supervening an old emphysema of the lungs;  
1 was sub-acute bronchitis, supervening upon old valvular disease of the heart;  
1 was enteric typhus, with very acute pulmonary complication; and  
1 was influenza, pure and simple.]  

While we have been watching these cases together, I have
seen many and heard of many more, cases of the simple and ordinary form of the disease. Not a few of yourselves have had it, and two or three have been seriously ill. Most of the cases that I have seen, however, have been remarkable for the sharpness and suddenness of the attack, and not less so for the rapidity of the passage from a state of feverish prostration to convalescence. I have found a man with a pulse of 130 at night and next day he has been up and about. This, of course, only happens with sound constitutions. In one or two instances, it has appeared to me that an emetic, given in time, has anticipated or cut short the attack. Certainly it has been followed by great relief. For the rest, the bed, or, in mild cases, the sofa, restricted diet, laxatives where required, and liberal doses of opium where there is much restlessness and exhaustion, seem to me to comprise all the necessary treatment of ordinary cases of influenza, even when severe. In the complicated cases no rule can be laid down. Some are very amenable to remedies, others run their course in spite of treatment. You have seen illustrations of both kinds in these wards.

The most characteristic symptoms of influenza are intense feverishness, usually with great tendency to chilliness or shivering, until the patient takes to bed, and reaction is fairly established. Then, come racking headache, with pains in the back and limbs, which sometimes constitute the principal source of suffering; extreme sensation of debility; total prostration of appetite, with less of thirst than is usual in fever; and with these, coryza or mild catarrh, bronchitis, broncho-pneumonia, as the case may be. But though catarrh is frequent, and may be severe, the disease is essentially a fever, not a catarrh. Nay, the catarrh may be absent, or insignificant; not infrequently it is so. In one of the cases I saw among yourselves, there was absolutely no catarrh; in another it was very slight. And I saw two very curious cases a few days since, which enable me to put this point yet more strongly. The catarrh may, in fact, be absent in the very case in which you would a priori, expect its occurrence. A gentleman, who has been long afflicted with spasmodic asthma, with intervals, however, of fair good health, and with no appreciable organic disease of the chest, came to me after he had been struggling for several days with debility and prostration, with chilliness and feverish sensations. These were with him the only manifestations of influenza. [He afterward, at an interval of ten days, had a slight cold in the head, without fever; in the meantime his whole family sickened with feverish colds, some of them with chest affection, from which he himself remained exempt throughout.] In another case, a gentleman, who also suffers from habitual asthma and bronchitis, and in whom I suspect a morbidly enfeebled heart, sent for me in a great hurry on account
of the alarming prostration, produced by this strange and inexplicable "influence." He was, however, more frightened than hurt; in a couple of days he was convalescent, and the amount of bronchitis in his case never gave me the slightest uneasiness.

Even the complications in influenza are not always of a catarrhal kind, nor even confined to the chest. Ten years ago, in connection with a great and general epidemic of influenza, I witnessed in this hospital a succession of cases such as I have never seen since that time. In the course of a few weeks there occurred, I forget exactly how many, but upward of half a dozen cases of inflammation of all the great serous membranes conjointly—double pleurisy, pericarditis, peritonitis. Most of them were fatal; indeed, they seemed to come into the house only to die; so rapid, so uncontrollable were the symptoms, that no time was given for the application of remedies, even had remedies been clearly indicated.

It is somewhat remarkable, that the great epidemic influenza of 1847-8 began at the same time of the year with the present one, almost to a week. You will find an account of it in the excellent monography of Dr. Peacock, of London.* That epidemic, however, came upon a population wasted by typhus and other forms of fever, and not yet recovered from the famine and destitution caused by the blight of the potato, and the high price of grain in 1845-6. Scurvy, dysentery, and fever, preceded the influenza on that occasion, and cholera followed not very long after. Notwithstanding the recent money-crisis, and the distress likely to follow among certain classes of the working population, we may hope that we are at present more favorably situated than we were ten years ago. A short time will show whether the present epidemic is to bear comparison with the last or not. Hitherto it has been of a very mild character, comparatively speaking. I have myself seen only one fatal case—a man who had been for some time in poor health, and who died of a chest complication, not very unlike that of our case of enteric fever. I do not know, indeed, that this can fairly be called a death from influenza, though I believe influenza to have been mixed up with the fatal result.

(From a Clinical Lecture on Friday, November 27th, 1857.)

Since I spoke to you about influenza a week ago, there have been only two additions to the list of acute diseases which appear to have had their origin in it—one a case of pleuro-pneumonia, admitted only two days ago, treated both before and after admission by calomel and opium, and already in process of resolution; the other a case of genuine influenza, with all the usual symp-

toms, and which like the former one, was sent up to the fever ward, as lying under suspicion. I have directed her to be put in the closet, apart from the other patients; and we shall make a point of parting with her as soon as possible. So far as the wards are concerned, the epidemic does not appear to have made rapid progress this week.

I have received the Registrar-General’s report of mortality in London for the week ending November 21st. It is worth while to compare the indications in this report with those derived from our own observation as regards Edinburgh. For this purpose, I have drawn up a table of those diseases whose mortality appears to be notably above the average of the season, and have calculated the existing mortality as against the corrected average of ten years. The correction I speak of is made thus:—The Registrar’s table gives the mortality of each disease during the forty-seventh week of the present year, and during the corresponding week of ten previous years; from these he deduces an average, which occupies a separate column. But before you can use this average as against the number of the present year, you must in every case raise it by one tenth, to make allowance for the increase of population, which, it is calculated, increases by one tenth in five years.

Now, the past week has in London been one of unusual mortality for the season; seeing that the corrected average for ten years makes the total mortality of the forty-seventh week of the year 1211; while during the past week it has been 1382. This very considerable extra mortality appears to be due chiefly to bronchitis, pneumonia, and phthisis, to which may be added whooping cough. All of these are 20 or more in excess of the average mortality of the season; and bronchitis is in excess by the very large number of 123, showing a mortality much more than double the corrected average of the ten years. These four diseases together have a mortality 188 in excess of the average; while the entire excess of deaths for the week is only 171; the difference being, of course, made by diseases which are below the average, especially typhus, scarlatina, and smallpox, which have at present a low mortality. The other diseases which, though to a smaller extent, have contributed notably to raise the mortality of the past week above the corrected average, are—croup (with which I have included laryngitis,) scrofula (the disease of the young,) and apoplexy, with paralysis, the diseases of the aged; to which we may add that somewhat vague condition called atrophy (mostly infantile,) and that still more vague cause of death called age. Both of these are considerably in excess; and these with the other causes stated, go to show that the mortality of the past week in London has fallen heavily on the two extremes of life. This indeed is always the case with influenza.
But are we justified in assuming the existence of influenza as a cause of death in these cases, especially when we look to the fact, that not more than 9 deaths are recorded in all London during the past week, as having occurred from influenza? I think we are; because we may be sure that an epidemic condition which raises the whole mortality by one seventh, which more than doubles the deaths from bronchitis, and largely increases those from other acute diseases of the chest, while the aged and the young, the apoplectic, paralytic, and consumptive, suffer out of proportion to the rest of the population—such an epidemic condition, I say, has essentially the characters attributed to influenza, by whatever name it may be called. The small number of deaths under the special head of influenza, therefore, is only one proof out of many that the Registrar-General need not have been at the trouble of making a separate class of what he calls zymotic or epidemic diseases. The epidemic tendencies of a given period must be sought, not in any particular class, but in an intelligent consideration of the whole mortality list. Medical men are slow to report a death from influenza when it can be properly placed under any other title. It is, however, the fact (as I know from other sources,) that influenza has been unusually prevalent in London.

Table deduced from the Registrar-General’s Returns (London) for the week ending November 21, 1857; showing the rate of mortality in the forty-seventh week of the year 1857, in regard to those diseases which are above the corrected average of the same week for ten years:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Average Mortality</th>
<th>Actual Mortality</th>
<th>Excess</th>
<th>Excess percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whooping cough</td>
<td>33.5</td>
<td>53</td>
<td>20</td>
<td>58</td>
</tr>
<tr>
<td>Croup and Laryngitis</td>
<td>13.4</td>
<td>26</td>
<td>13</td>
<td>94</td>
</tr>
<tr>
<td>Influenza</td>
<td>3</td>
<td>9</td>
<td>6</td>
<td>—</td>
</tr>
<tr>
<td>Scrofula</td>
<td>6.5</td>
<td>13</td>
<td>7</td>
<td>—</td>
</tr>
<tr>
<td>Phthisis</td>
<td>137.6</td>
<td>159</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Apoplexy</td>
<td>25.6</td>
<td>33</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Paralysis</td>
<td>22.7</td>
<td>31</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>103.6</td>
<td>227</td>
<td>123</td>
<td>118</td>
</tr>
<tr>
<td>Pleurisy</td>
<td>2.6</td>
<td>7</td>
<td>4</td>
<td>—</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>104.2</td>
<td>127</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Atrophy</td>
<td>30.6</td>
<td>38</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Age</td>
<td>49.6</td>
<td>57</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>All Causes</td>
<td>1211.4</td>
<td>1382</td>
<td>171</td>
<td>14</td>
</tr>
</tbody>
</table>

Additional Remarks, Dec. 19th.—The epidemic mortality in London appears to have attained its culminating point, in the week ending December 6, in which the mortality from all causes was 1428; from bronchitis 242, from pneumonia 129, and from phthisis 168. Considered with reference to the season, however, this mortality is by no means so much in excess as that indicated.
in the above table; and we may therefore possibly conclude, that the epidemic has passed its maximum in London. The next week shows a considerable decline. It is worthy of remark, that all the gentle hints and solicitations of the Registrar-General in the Weekly Reports, have not succeeded in raising the cypher of influenza above 22. In the year 1847, the stated deaths from influenza for the corresponding week were 198, those from bronchitis 343, from pneumonia 306, and from all causes 2454. The epidemic of 1847–8 was, therefore, immensely more fatal than the present one, so far, at least, as we have hitherto gone.

It appears from the returns of the Registrar-General (London) for the quarter ending September, 1857, that the mortality from acute diseases of the chest was considerably below the average during the past autumn. It began to exceed the decennial average, however, in the month of October; and during the latter week of that month and the beginning of November, the increase was considerable, although not such as to give a decidedly epidemic character to the mortality. It was only in the second week of November that the total mortality began to be decidedly in excess of the decennial average.

In Scotland, the Registrar-General’s returns show a very large advance on the mortality from pulmonary diseases during the month of November, 1857, as compared with the preceding month. Thus, in October, the deaths from bronchitis in the eight principal towns of Scotland were only 76, while in November they were 151, or almost exactly double. Pneumonia in the same period increased from 53 to 76; while phthisis has only advanced from 212 to 228. The increase, as regards bronchitis, is most marked in Aberdeen, next in Greenock, next in Dundee, next in Glasgow, and next in Edinburgh. Influenza scarcely appears in the returns, numbering only 3 in October, and 7 in November.

The weather was, on the whole, fine in November, and not very dissimilar from that of the preceding month. The barometric pressure was somewhat higher than in October, viz., 30.143 inches against 29.817 inches. The mean temperature was nearly six degrees less, viz., 45°.1 against 51°.0. The rainfall was somewhat greater, and there was somewhat more of easterly winds. It is worthy of remark, that the mean development of ozone, as tested at Greenock, was decidedly less in November than in October.

It would be interesting to know to what extent the inland districts of Scotland have been affected with influenza, and whether its manifestations have been simultaneous with those in the cities or not. From circumstances which have incidentally come to my knowledge, I am inclined to believe, that in some places in the neighborhood of Edinburgh the appearance of influenza, in an epidemic form, was considerably later than in the city itself.
PRACTICAL MEDICINE.

[Professor Austin Flint has prepared for the North American Medico-Chirurgical Review, the following report of selections from various Journals. The six following papers are some of those which refer to Fevers, and we transfer them to our pages for the benefit of our readers.

No man in this country has contributed more, in the way of faithful statistical observation to the department of Fevers, and no one, in our opinion is better prepared, than Dr. Flint to record what is truly valuable on the subject, for the consideration and guidance of others.

"The purpose of this report," says Dr. Flint, "is to notice the more important of the contributions to practical medicine, contained in the medical literature during the past year," 1857.

Fever articles are ever acceptable to practitioners in a Fever region, and we, therefore, make no further apology for our selections below.—Edts.]

Report on Practical Medicine for the year 1857. By Austin Flint, M. D., Professor of Clinical Medicine and Medical Pathology in the University of Buffalo.

Remitting Fever of Children.—In a paper read at a meeting of the Society of Statistical Medicine, in the city of New York, Dr. J. Lewis Smith presents some considerations in reference to the nature of the disease denominated infantile remitting fever, and to the proper mode of treatment.

The most eminent European writers (Barthez, Rilliet, and West) describe, under this title, a form of disease which they deem identical with the continued fever of adults. Drs. Stewart and Condie, of this country, authors of works on the diseases of children, which are extensively read, regard the affection as symptomatic of intestinal irritation or inflammation. Dr. Smith has treated many cases both in private and dispensary practice, and has been led to form an opinion of the pathology of the disease differing from the views of the writers just referred to. The cases which he has studied occurred in the upper wards of the city of New York, which, as he states, are in an eminently malarious situation. He regards the disease as in a large proportion of cases miasmatic. He gives the following facts in support of this opinion:—

"1. The disease is very prevalent in spring and autumn, and rare in mid-summer and mid-winter, like malarious affections.
There are certain streets where I have known it to prevail almost like an epidemic in the vernal and autumnal months. If the disease were, as Dr. Condie states, 'in every instance, either a gastro-enteritis, an ileitis, or an entero-colitis,' how can this influence of the seasons be explained?

"2. Often, not always, the remissions are more marked than would be likely to occur in a symptomatic fever. The child may appear almost well in the morning, but in the afternoon and evening exhibit such intensity of symptoms as to cause the greater anxiety on the part of the friends.

"3. The symptoms are not altogether such as we should expect to find in a purely local affection. The patient will, it is true, when asked where he feels the pain, sometimes place his hand on the abdomen, and pressure upon the abdominal parietes not unfrequently produces great distress. Dr. Condie alludes to this tenderness, evidently believing it to be a symptom of inflammation. But I have always been satisfied that it was neuralgic, from the fact that pressure on the lumber vertebrae, and frequently on the chest and limbs, caused as much suffering as when it was made on the abdominal walls. The patient, if old enough, will complain, too, of aching in the head, back, and limbs, which is more the symptom of an independent fever than of inflammation.

"Again, constipation is ordinarily present, unless in the last stages of the disease. Intestinal irritation or inflammation, sufficient to cause so intense and protracted a fever as is often present, would be more likely to cause diarrhea.

"4. Children, even nursing infants, take intermittent fever; why, then, may they not take remittent fever, from malaria? In my class at the dispensary, children with these diseases are frequently brought in together.

"5. I have found that measures directed to the alimentary canal, beyond simple purgation, do more harm than good. They fail to ameliorate symptoms; they awaken and distress the child. Moreover, when remissions occur, quinine will materially abridge the disease.

"6. Death seldom occurs from this affection. In one or two fatal cases which have fallen under my observation, this result followed convulsions and coma; and Dr. Stewart remarks, 'Dissections have furnished but little light on the morbid condition of the system in remittent fever; for on a fatal termination, the transmission to the brain is the ordinary course of the disease.' The mode of death, then, and the post-mortem appearances, do not comport with the doctrine that the intestines are the seat of the morbid process.

"Dr. Condie does not agree with Dr. Stewart, but attributes death to inflammation of the intestines. I do not think that the
remittent fever which I have treated, if uncomplicated, ever terminates in this way, for I have never seen a case in which abdominal symptoms did not yield to simple measures.

"7. Continued fever of the adult is of rare, and infantile remittent of frequent occurrence in the locality of my practice. The latter is not then identical with the former, as it appears to be in London and Paris, from the descriptions given by Rilliet, Barthez, and West.

"The above facts appear to me conclusive that the form of infantile remittent fever, which it has been my lot to treat, has been generally of a miasmatic character.

"It is very important to understand the nature of this affection, as the treatment will vary according to the theory we adopt. If living in a malarious region, we embrace the Broussian views of the American authors whom I have cited, and treat the fever as a local disease, we shall fail to ameliorate the symptoms, and be mortified and discouraged by the result, if I may judge from my own experience. My reliance at present is mainly on expectant measures, till remissions occur, and then on the exhibition of quinine. In cases thus managed, convalescence has been more speedy and certain than when opium, calomel, and counter-irritation have been employed to remove intestinal irritation or inflammation.

"At the risk of appearing presumptuous, I have thus presented a theory of infantile remittent fever not, indeed, novel,—for Taylor attributes one variety of it to miasm, but different from that contained in any American and most European treatises on diseases of children. I am the more anxious that the true nature of the disease should be understood, because I believe that the accepted doctrine is exceedingly pernicious to practitioners in malarious regions, and especially to the younger members of the profession who rely more on books than experience for guidance. The fact, too, that remittent fever has been in my practice the most frequent affection of early life, in the vernal and autumnal seasons, gives additional interest to the subject."—[New York Jour. of Medicine, Jan. 1857, p. 106.

On the Different Methods of Treating Intermittent Fever, with the Results of Treatment in Sixty-nine Cases. By Austin W. Nichols, M. D., of Buffalo.

The object in this paper is to study the effect of treating cases of intermittent fever without resorting to the preparatory treatment by emetics, cathartics, etc., which are still deemed important by many practitioners; and also to institute a comparison as regards relapses and the duration of the disease, between a
section of country where the disease prevails to a great extent every year, and a region not malarious.

Of the 69 cases, 46 were treated in a malarious section, and 23 in a region not malarious.

Of the 46 cases occurring in a malarious section, 17 were treated at once with quinia, in doses sufficient to arrest speedily the paroxysms, and 29 received preparatory treatment—viz. ipecacuanha and calomel, or calomel combined with either rhubarb or jalap. Relapses were observed in 14 of the latter and in 4 of the former cases, the ratio being as 1 to 4$\frac{1}{2}$ in the cases which did not receive, and 1 to 2$\frac{1}{4}$ in the cases which received the preparatory treatment. The average duration of the disease, dating from the commencement of the use of quinia, was found to be less in the cases which did not receive preparatory treatment, being a fraction over six days; while in the cases which received preparatory treatment, the average duration was a fraction under eight days. Adding the period occupied by the preparatory treatment, the ratio is as 6$\frac{1}{2}$ to 8$\frac{1}{2}$ days.

Of the 23 cases occurring in a region not malarious, all had no preparatory treatment. Of these cases, in ten, previous attacks had occurred. In the latter, the average duration of the disease, after treatment was commenced, was 3$\frac{1}{2}$ days. In ten of the recent cases, the average duration was 2$\frac{1}{2}$ days. Of the latter, relapses were observed in two cases; of the former in three cases.

Comparing the results as regards duration and relapses in the cases occurring in the malarious section and not receiving preparatory treatment, and in the cases occurring in the region not malarious, the contrast is striking: the average duration in the former being 6$\frac{1}{2}$ days, and the average of relapses 1 in 4$\frac{1}{4}$; in the latter, 2$\frac{1}{4}$ days, and the average of relapses 1 in 3$\frac{3}{4}$ cases. These results are greatly in favor of the region not malarious.

The reporter analyses his collection of cases with reference to the types of the disease; the number of paroxysms in each type; the number of relapses and the duration in each type. He also analyses separately the cases of tertian type.

The following summary embodies the practical conclusions which he deduces from the results of his analytical investigation:

"From the foregoing analysis it will be seen that in cases of first attack the duration is somewhat less, and the number of cases relapsing about one-half that in cases having had one or more prior attacks. In a section of country where this fever is prevalent to a great degree every year, or in a malarious region, the duration is nearly three times that in a country not malarious, and the relapsing cases occur as frequently even under the same plan of treatment. It will be found that in a malarious
region the treatment of patients by quinia alone not only diminishes the number of paroxysms and abridges the duration of the disease, but that fewer relapsing cases occur than where a preparatory course of treatment has been adopted. Even in the analysis of 40 tertian cases, although the duration of the number of paroxysms is nearly the same under the two different methods of treatment employed, yet the cases of relapse are found to be nearly twice as numerous where the preparatory plan was adopted"—(Buffalo Med. Journal and Monthly Review of Medical and Surgical Science, January, p. 460.)


The practice of Dr. Clairbone, in cases of remittent fever, is embraced in the following quotations from an article entitled "Periodic vs Typhoid Fever."

"It is in the treatment of these cases the 'triple base' of Mail-lot so accurately expresses the indications to be fulfilled——viz. 'To combat the visceral lesions; to oppose the return of the paroxysms; to prevent the occurrence of relapses.' To carry out the first, it may be only necessary, if the patient be seen in the paroxysm, to administer six or eight grains of the mild chloride of mercury, with as many of Dover's powder, and one or two of ipecac, applying a dozen or two leeches to the head or stomach, according to the force of the reaction and its concentration at either point. The early occurrence of the remission will afford opportunity to exhibit the anti-periodic, which will effectually meet the two latter. Fifteen or twenty grains of the sulphate of quinine given in one dose at this time, or in two doses of a few hours' interval, will usually cut short an attack. Indeed, I have seen it succeed, in summarily effecting this end, after the disease had already continued unabated for more than a week, and when a dry tongue, nervous tremors, and incoherency of language had apparently ushered in the typhoid stage. After two or three days of treatment, if the fever still continue, which is sometimes the case, we have found smaller doses of quinine, five or six grains, exhibited in the remission, to answer a very good effect—gradually neutralizing the poison of the disease, and hastening convalescence, without inducing any of the disagreeable symptoms of cinchonism. We sometimes combine the quinine with calomel, ipecac, and opium, at its first administration; and where there is much visceral engorgement, the antiperiodic is often thus more effectual."

"Cases subjected to this treatment in their early stages have not generally, in our experience, 'run into typhoid fever.' Of
nineteen cases, not selected, but transcribed from our note-book of last September, the average duration of treatment was six days. Six more days would cover the average period of convalescence.

* * * * *

"When the fever has persisted for one or two weeks, in spite of the treatment adopted, and the tongue begins to be dry, and brown, and fissured, and the bowels are irritable, we usually recommend, about once in twenty-four hours, four or five grains of Dover's powder, with as much of hyd. e. creta, if there should be a necessity for the latter in the condition of the secretions, and apply at the same time a mild visicatory over the abdomen. We continue the use of the antiperiodic, however, exhibiting three grains of quinine or an ounce of the infusion of cinchona and serpentaria every six hours, alternating sometimes with fifteen or twenty drops of oil of turpentine.

"With regard to the use of purgatives. We have found them generally not only unnecessary, but positively prejudicial at any stage of the disease, and evincing, even the mildest of them, aptness to induce irritation of the bowels."

Treatment of Scarlatina. By James D. Harper, M. D., Minden, Louisiana.

After describing briefly the characters of an epidemic of scarlatina which prevailed in Minden in May, 1856, Dr. Harper gives the following account of his method of treatment, and the results.

"Of the 40 cases under my care during the epidemic, there were 19 of simplex, 12 of mild anginosa, and 9 aggravated cases of anginosa, some of which threatened to assume the malignant form. In some of the cases, seldom anything was employed beyond a saline laxative, repeated from time to time, as circumstances demanded. When the arterial excitement was very high, cold water to the head and throat, cooling drinks, and gargles of flaxseed and vinegar, constituted the treatment in a majority of the simple cases; in others, the chlorate of potash was added to the treatment, as recommended by Dr. Watson, with the happiest effect. The twelve mild cases of anginosa yielded pretty much to the same treatment as those of the simple form,—the more lavish use of cold water, and the occasional application of nitrate of silver or sulphate of copper, with the probang, constituting the essential difference in the treatment of these two forms of scarlatina. The troublesome itching of the skin, which is apt to supervene upon the appearance of the eruption, can be relieved to some extent by sponging the surface with cold water, which does away with the intolerable heat; brans of different
kinds may be rubbed upon the body, and thrown into the bed of the patient, which soothes for a time.

"The nine cases, alarming in their character, underwent in the early stages, to a certain extent, the same treatment as those of the mild form; but as they advanced, the more threatening become the symptoms, such as great difficulty of breathing, from glandular enlargement, combined with a viscid and tenacious secretion, choking up the larynx; a more frequent pulse; extreme restlessness and jactitation, doubtless arising from obstruction in the air-passages, with some disposition to diarrhoea, and evident tendency to congestion of the brain; in some, these symptoms were recognized at an early period; in others, were deferred until desquamation had commenced. The head and throat trouble was the distinguishing feature in these cases; pulse ranged from 125 to 180, with more than usual heat about the head, attended at times also by slight incoherency, and nervous twitchings of the fingers and eyelids. There is but little doubt that in most of these cases the excitement of the brain evidently arose from the condition of the throat; these symptoms were, however, promptly met, not by sponging, but by pouring cold water out of a pitcher, or some other convenient vessel, upon the head, giving the water a fall of from 4 to 12 inches; this was continued from 15 to 40 minutes at a time, or until the pulse was reduced 20 or 30 beats in a minute, and the head became cool. At this crisis, the patient would more frequently than otherwise go off in a refreshing sleep, lasting half an hour, more or less. Reaction manifested itself by the same restlessness, incoherency, and hurried respiration, but which would always give way to the impression of the water, thereby placing the patient in a condition highly favorable for recovery, other things being equal. In some of the cases chlorine was used as a stimulant and antiseptic with good effect.

"There was a condition of the throat which gave rise to much trouble, even after desquamation had in some instances almost subsided, and the patient otherwise convalescing; it was where the ulcer was so low as to be beyond the reach of the probang, and the little patient, not knowing the importance of raising the foul secretions, swallowed them, whereby the system became thoroughly inoculated with the animal poison, generating that condition of system well known as typhoid, and in one instance producing, as I am well convinced, that characteristic feature of the diseased state of the glands of Peyer, similar to that which accompanies genuine enteric fever, with a pulse from 125 to 180, a tympanitic abdomen, and considerable excitement about the brain. Cases of this character were treated pretty much as those of enteric fever, at the stage where similar symptoms were present, with the addition of cauterizing the ulcer of the throat,
if accessible, which is most certainly the source of the mischief. A nourishing diet was given, also brandy or port wine, with a free use of chlorine, to rid, as much as possible, the secretions of their obnoxious properties. When the respiration became embarrassed or hurried, from flatulency, turpentine was administered; if any threatening of brain disease appeared, the patient was subjected to the cold water, and continued until such symptoms were allayed.

"This condition of things lasted from six to ten days. The motions from the bowels consisted mostly of secretions from the throat, occasionally tinged with fecal matter; but so long as the throat remained in an ulcerated state, diarrhoea was invariably present; it could only be temporarily checked, as the source of the malady had to be reached before any permanent benefit could be realized, proving that the diseased throat and enteric symptoms bore the relation of cause and effect.

"The sequelae of 'scarlet fever' are generally a source of much interest and uneasiness to the physician. Indeed, there is no one disease which presents a longer catalogue of secondary affections than scarlatina. Of the various diseases which are likely to follow scarlet fever, dropsy in some form is, according to my observation, the most frequent. Of the various forms of dropsy, anasarca is probably the one generally met with; it ordinarily makes its appearance from the last stages of desquamation to the third or fourth week following. Medical opinion is yet unsettled as to the form of scarlatina most apt to be succeeded by dropsy. Of the fifty-six cases enumerated, there were eight cases of anasarca, all of which supervened upon mild cases of scarlet fever, not one severe case of scarlatina resulting in dropsy of any kind. In the dropsies following this eruptive fever there is an almost total inaction of the kidneys, an inertness which seldom attends the disease originating from a different cause; it readily yields to active hydragogue cathartics and diuretics—the one to produce copious watery evacuations from the bowels, while the other incites the kidneys to increased action. An exclusive milk diet should be rigidly adhered to throughout the complaint. When the lower extremities are swollen to any great extent, a bandage applied, beginning at the toes and terminating at the knee, or high up the thigh, if preferred, has been found highly useful in reducing the effusion. After the effusion has been in a great measure removed, if the patient is perceived to be in an anaemic condition, some one of the mineral acids, or ferruginous preparations, should be immediately resorted to. A varied and nutritious diet, in this state of the system, is admissible.

"It is stated that the dropsies which follow scarlatina are sometimes dependent upon, or associated with, that peculiar uremic
state known as 'Bright's Disease;' if so, then a case thus dependent on, or associated with 'Bright's Disease,' would be found more difficult of cure than those which came under my notice.

"Various speculations have been indulged in regard to the prophylactic virtues of atropa belladonna in scarlatina. There are few who place implicit reliance in its preventive properties; others, again, firmly believe that it has the unmistakable power of modifying, if not preventing, an attack; while others, whose statements are equally reliable, denounce its virtue in preventing or modifying the disease, and, in this respect, as worthy only of the source from which it emanated.

"I gave belladonna, during the epidemic of 1856, to 20 children; 19 of them took it as directed, and one irregularly. Of the 20 children, the one only who neglected to take the medicine as directed had the disease; most of the 19 who escaped were not only exposed to the epidemic influence, but to direct contagion.

"With this experience, I have ranked myself with that class of the profession who, without relying implicitly on the preventive powers of belladonna, yet deem it highly useful in modifying and arresting, to some extent, the dreadful ravages of scarlatina."—(New Orleans Medical and Surgical Journal, May, 1857, pp. 743—746.)*

__Hospital Treatment of Yellow Fever in New Orleans. By R. D. Powell, M. D., Brunswick Co., Va.__

Dr. Powell states that, having been a resident of the Charity Hospital in New Orleans in 1855, he had an opportunity of comparing different methods of treating yellow fever, and the plan which appeared to him most successful was the following: A hot mustard foot-bath was promptly employed. Next, the infusion of orange-leaves given freely as a drink, and continued during the attack. As a purgative, castor oil combined with a few drops of laudanum. This was administered soon after the admission of the patient. Ice applied to the head to relieve cerebral symptoms, if the later supervened; also, local blood-letting, by cupping or leeching.—(Virginia Medical Journal, June, 1857, p. 470.)

* An interesting article by Dr. Lutton, of Aurora, Indiana, on the diversity of symptoms in scarlatina maligna having already appeared in the pages of this journal, (North American Medico-Chirurg. Review,) No. for Nov., p. 912, is not here introduced.
Epidemic Fever characterized by mild Erythematic Pharyngitis.

During the months of January, February, and March, 1857, there prevailed, in the city of Buffalo and its vicinity, a form of fever accompanied by mild pharyngitis, having a career of from three to five days, and generally, if not invariably, ending in convalescence. In a report made to the Buffalo Medical Association by the reviewer, the results of an analysis of twenty-three recorded cases coming under his own observation were given, and the question of the identity of the disease with scarlatina discussed. From the results of the analysis, the following deductions were drawn by the reporter:—"The disease was an epidemic fever, characterized by mild erythematic inflammation of the fauces as a constant local complication. Its character as essentially a fever is established by the febrile movement being in so marked a degree out of proportion to the local affection; in other words, evidently not being symptomatic of the latter, and by its running a definite although a brief career. It is a fever of from three to seven days' duration. Its epidemic character is sufficiently apparent. It has prevailed more or less extensively in the city for about two months, reaching its acme gradually, declining gradually, and at length disappearing, affecting both sexes and different ages without notable discrimination. As an epidemic fever its symptomatic features were very uniform. The erythematous affection of the fauces constitutes the only positive character, aside from the brief duration of the febrile career. The other symptoms uniformly present were only those incident to febrile movement; and the symptoms observed in a few cases—viz. the convulsions in one case, the retraction of the head in one case, etc., were only incidental events, not intrinsic elements of the disease. The small patches of white exudation observed in some of the cases do not suffice to establish any relation of the local affection to that called diphtheritic by Brettonneau and others. The occurrence of several cases repeatedly in the same family does not suffice to prove that the disease was propagated by contagion, since this fact is explicable on the supposition of the patients being equally exposed to an epidemic influence, and there being a marked discrepancy in the intervals separating the cases necessarily occurring in the same family.

The disease was considered as a species of fever distinct from scarlatina, on the following grounds: 1. The uniform absence of the scarlatinous eruption on the exterior surface. 2. The uniform absence of any connection with well-marked cases of scarlatina, occurring either previously or subsequently. In no instance was the disease preceded or followed by scarlatina in the same family. 3. Several of the persons affected being adults
and persons beyond middle life. 4. Medicine was in no instance followed by the sequels of scarlatina—viz. rheumatism, serous inflammation, and especially dropsy. 5. In several instances the persons affected had had scarlatina.

Professor Rochester at the same time made a report on the same subject. Between January 6th and April 4th he had noted thirty-seven cases. In many instances he had been led to observe irregular intimacy in the febrile movement. The subjects in ten cases were of all ages and conditions. He regards the communicability of the disease as probable. If communicable, the period of incubation is short, the disease manifesting itself in some instances within twenty-four hours after exposure. In many of his cases the patients had had scarlatina. Two children who were very ill with scarlatina had this form of fever a month after their recovery.—(Buffalo Med. Journal, May, p. 718.)

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**Liability of Negroes to the Epidemic Diseases of the South.**

The fact is so glaring, and so universally admitted, that I am really at a loss to select evidence to show that there is no acclimation against the endemic fevers of our rural districts. Is it not the constant theme of the population of the South, how they can preserve health? and do not all prudent persons, who can afford to do so, remove in the summer to some salubrious locality, in the pine-lands or the mountains? Those of the tenth generation are just as solicitous on the subject as those of the first. Books written at the North talk much about acclimation at the South; but we here never hear it alluded to out of the yellow-fever cities. On the contrary, we know that those who live from generation to generation in malarious districts become thoroughly poisoned, and exhibit the thousand Protean forms of disease which spring from this insidious poison.

I have been the examining physician to several life-insurance companies for many years, and one of the questions now asked in many of the policies is, "Is the party acclimated?" If the subject lives in one of our southern seaports, where yellow fever prevails, and has been born and reared there, or has had an attack of yellow fever, I answer, "Yes." If, on the other hand, he lives in the country, I answer, "No," because there is no acclimation against intermittent and bilious fevers, and other marsh diseases. Now, I ask if there is an experienced and observing physician at the South who will answer differently? An attack of yellow fever does not protect against marsh fevers, nor *vice versa.*

The acclimation of negroes, even, according to my observa-
tion, has been put in too strong a light. Being originally natives of hot climates, they require no acclimation to temperature, are less liable to the more inflammatory forms of malarial fevers, and suffer infinitely less than whites from yellow fever: they never, however, as far as my observation extends, become proof against intermittents and their sequelae. The cotton planters throughout the South will bear witness, that, wherever the whites are attacked with intermittents, the blacks are also susceptible, though not in so great a degree. My observations apply to the region of country removed from the rice country. We shall see, further on, that the negroes of the rice-field region do undergo a higher degree of acclimation than those of the hilly lands of the interior. I know many plantations in the interior of Alabama, South Carolina, Georgia, Mississippi, and Louisiana, on which negroes of the second and third generation continue to suffer from these malarial diseases, and where gangs of negroes do not increase. (P. 376.)

And again: Certainly, negroes do suffer greatly on many cotton plantations in the middle belt of the Southern States; and I have seen no evidence to prove that negroes can, in this region, become accustomed to the marsh poison; and my observation has been extensive in four States. A question here arises: Is there any difference in types of those malarial fevers which originate in the flat tide-water rice-lands, and those of the clay-hills, or marsh fevers of the interior? I am inclined to think there is.—Indigenous Races, p. 376; Art. "Acclimation," etc. By J. C. Nott, M. D., of Mobile, Ala.—[North American Medico-Chir. Review.

On a Substitute for Human Milk. By William H. Cumming, M. D.

[The following, on a most important department of Hygiene, is from the pen of one, in whom we are gratified to recognize one of the alumni of the Medical College of Georgia. Dr. C. has devoted much attention to the subject of which he treats, and his views are reliable, for they are the result of the most intelligent personal observation and diligent experiment.]

Artificial lactation is the subject of this paper. In order to prepare our minds for its proper consideration, it will be well to examine the natural function in its normal state.

Lactation exists as a function only among the Mammalia. These derive their title as a class from the existence of the organs
of this function. Whether they spend their lives in the water or on the land, whether they swim or creep, or walk or climb, or fly, they all have milk-producing organs; they all suckle their young.

And yet there are foreshadowings of lactation far down the scale of being. The bees and wasps and ants prepare a supply of food for their young, and the larva on his emergence from the egg, finds this provision near at hand and amply sufficient for his wants.

Many birds bring insects and worms to their yet unfledged young. The swallow and the wren are familiar examples of this. Nothing can exceed the diligence and assiduity with which they devote themselves to this important work of artificial lactation. The pigeon comes still nearer to the mammalia in this matter, for it supplies to its young an abundance of partly digested food. The fact has not escaped notice, and "pigeon-milk" is the name of this article of diet.

The truth is, that most animals leave the egg or the womb in a state of development in which they are unable to obtain and use the ordinary food of their kind. In most cases their organs of locomotion do not enable them to obtain this food. The larva of the bee cannot fly, the puppy cannot walk, the monkey cannot climb, the beaver cannot swim. Nor can they in most cases masticate and digest such food as their parents use. The teeth are ordinarily still within the gum, and do not appear for some time after birth. Most of these animals therefore absolutely require for their sustenance and growth a peculiar food suited to their actual condition.

What then is lactation? It is the secreting from their own blood, in organs then, and then only active, and the furnishing to their newborn young, a liquid food suited to the various degrees of their development at birth, and the continuing to furnish the supply, until the young animal has become able to use the ordinary food of his race.

This secretion is continued much longer in some animals than in others. The young are not born in the same state of development. The young of the Marsupials leave the womb while yet in an embryotic state. The ruminants stand at the other extreme. Between these the other orders range themselves. In order to fix this fact in our minds, let us compare those animals with which we are most familiar. Compare the rat, the puppy, the kitten, with the colt, the lamb, the calf. Blindness, weakness and deformity mark the former; while the latter are able to see and hear and walk. How soon do the young ruminants follow their dams, skipping and running as they go. The states of development at birth are thus seen to vary greatly.

The nature of the future food of the young animal has an im-
portant connection with the length of lactation. The digestion of grass and grain and roots requires more gastric energy than that of worms and insects and flesh. In conformity with this, is the fact, that the graminivorous animals furnish milk to their young until the latter are very much more developed than the carnivora are when they are weaned.

We have used the word Milk. What is Milk? It is a general term for the various products of the mammary glands of different animals. It is the name for the food furnished by these mothers to their young. Milk is a white, opaque, oily liquid, its color is not pure white, but verging on yellow. In some animals it is sweet, containing notable quantities of sugar. But in all it contains three great constituents—butter, cheese and water.

We have said that milk is suited to the wants of the young animal. It consists universally of two classes of food; oily materials containing no azote, and caseous substances holding in combination mineral salts, and admirably adapted to the growth of the body.

It is suited to the wants of the young animal. What is the first want of a new-born animal of this class? Warmth. He has been, during the previous stages of his existence, surround-ed by tissues of the temperature of 100°. He is now out in the open air, or in still colder water, the heat of his body rapidly radiated or conducted into these cooler media. This loss of heat does not lower his temperature, for there is an internal supply. At the moment of his birth, respiration commenced, and the oxygen of the air combining with the oil of his body, evolves heat sufficient to replace that which is lost. But this consumption of oil cannot be long continued, unless the supply be re-newed. The body will be soon reduced to a state of extreme emaciation, and death from cold must follow.

A supply of oil is then the first want of the young animal. The lamp of life must be fed, or it will speedily go out. The milk contains oil in proper proportion for this purpose. This oil is butter.

But not only must the vital heat be maintained, the tissues of the child must grow. The materials for the growth of the tissue are supplied by the casein or albuminous portion of the milk. The name casein is applied to a group of substances having an almost identical chemical composition. Indeed it has until re-cently been supposed to be identical. But it has been ascertained by Quevenne, that while their organic composition seems the same, they hold in combination different proportions of mineral insoluble salts. Thus, phosphate of lime (the bone earth) exists in different proportions in suspended casein, in dissolved casein, in albumen, and albuminose. These four substances also differ
in the effects produced upon them by different agents. Thus, while suspended casein is coagulated by a small quantity of rennet, the dissolved casein, the albumen, and the albuminose are unaffected by it. Thus, while the albumen is coagulated by ebullition of the milk, the other three constituents of the casein are unaffected. Nitric acid produces the same effect without the agency of heat.

In the present state of our knowledge on this subject, we can only say that these four substances, by the action of the gastric juice, seem to be all converted into albuminose, and to be in this form absorbed into the system.

Thus constituted, having both azotised and unazotised elements the milk is suited to supply the wants of the animal, and to promote his growth and development.

These general statements concerning lactation are applicable to the function as existing in the woman. An element which is not universally but very generally found in milk, exists in human milk in the proportion of 0.075, we refer to the sugar. Of the uses of the sugar we are not so well informed. There is reason to believe that it contributes principally to the maintenance of the heat of the body.

We come now to the subject of artificial lactation. Sometimes by the death of the mother, more frequently by her failure to secrete enough milk, the child is deprived of the needed supply. Something must be done for the famishing infant. In a few cases, we may have recourse to another woman for the needed food. Few good nurses, however, can be found. In the cities, there are by no means enough to supply the demand for human milk; in the country, they can scarcely ever be obtained. In this country we can find no permanent, reliable supply of milk, except that furnished by the cow. The question is,—Can artificial lactation be successfully performed by means of the milk of the cow? This is a question of great interest to medical practitioners, as well as to parents.

In using cow's milk as a substitute for the natural food of infants, great difficulties are found. These arise from the difference of composition of the two kinds of milk—thus:

<table>
<thead>
<tr>
<th>Cow's Milk is composed of</th>
<th>Butter, 38.59</th>
<th>Casein, 40.75</th>
<th>Sugar, 53.97</th>
<th>Water, 868.69</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Milk is composed of</td>
<td>Butter, 20.76</td>
<td>Casein, 14.34</td>
<td>Sugar, 75.02</td>
<td>Water, 889.58</td>
</tr>
</tbody>
</table>

If we so dilute cow's milk as to reduce the butter to 20.76, we shall have 21.92 of casein, or 50 per cent. more than in human milk. This excess of casein leads to serious indigestion, with consequent gastric and intestinal disorders.

If, on the other hand, we reduce by still farther dilution the casein to 14.34, we shall have only 13.58 of butter, or less than
two-thirds of the proper proportion. This deficiency of butter does not produce such immediate disturbance as we have stated to follow the excess of casein, but its permanent influence is most injurious.

First, because there is a deficiency of the material needed for the production of heat. If the temperature of the body be lowered, all the functions languish, and the child is unable to resist the hurtful influence of atmospheric changes.

Secondly, this deficiency of butter implies a corresponding deficiency of the phosphureted oil (lecithine) of the milk, the proper and peculiar nutriment of the nervous system, which exists in butter in the proportion of 8 per cent. or one-twelfth. If there be a deficiency of one-third of the butter, there will be of necessity, a corresponding deficiency of one-third of this phosphureted oil. As the child, during the first year of his life, should take from 1,000 to 1,400 lbs. of milk containing from 20.76 to 29.06 lbs. of butter, the annual deficiency of this phosphureted oil would be from 0.5536 to 0.7749 lb.; that is, from nine to twelve ounces. The natural consequence of this deficiency of nerve food is failure of nervous energy, and imperfect performance of nerve functions. The various processes languish, and calorification, circulation, absorption, digestion and secretion all feel the depression.

The proper remedy for these evils, is to provide a milk much richer in butter than the ordinary milk of the cow. If we leave a quantity of cow's milk at rest for four or five hours, and then carefully remove and examine the upper third, we find that it contains about 50 per cent. more butter than at first. In round numbers, the butter is to the casein as 57 to 40, or as 100 to 70. Now this is the relation between these two substances in human milk. If we then so dilute this new milk as to reduce the casein to 14.34 thousandths, we shall have 20.76 thousandths of butter. This is just what we need (with the addition of sugar) as an accurate imitation of human milk, and, therefore, a good substitute for it.

Take, then, ordinary cow's milk and let it stand for four or five hours. For a child three months old, 2½ quarts will be needed. Take the upper third, (1½ pints,) and add to it 2½ pints of water; sweeten it with the best sugar, of which 2½ ounces will be required. It should be made somewhat sweeter to the taste than ordinary cow's milk.

A child three month old will take from 48 to 60 fluid ounces, daily, in six or seven doses of a half pint each.

It should be given from a bottle—suction being the only proper mode of feeding for a young child.

Its temperature should be from 100° to 104°. It should be warmed again if it becomes cool while the child is taking it.
The child should be early trained to pass 6 or 8 hours at night without feeding.

The kind of bottle, which for cheapness and convenience is most advantageous, is a plain 8 ounce vial, of an elliptical form. The artificial nipple is best made by rolling a quill in soft muslin and forcing this into the neck of the vial, leaving about three fourths of an inch projecting from the neck. The ease with which the muslin may be unrolled and thoroughly washed, gives this arrangement a superiority over every other, especially in warm weather. The quill also may be readily cleaned.

The child should be fed at intervals of three or three and a half hours. Regularity in this respect is very advantageous.

During the first month, the child needs food of different composition. There should be more butter in proportion to the casein. In order to obtain this increased proportion of butter, let the upper eighth of the milk be taken instead of the upper third. This milk contains from 70 to 80 thousandths of butter. It should be diluted with 2.6 parts of water.

<table>
<thead>
<tr>
<th>For a child from 8 to 10 days old.</th>
<th>Milk 1000</th>
<th>Water 2643</th>
<th>Sugar 243</th>
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<tr>
<td></td>
<td>10 to 80</td>
<td>2500</td>
<td>225</td>
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<td></td>
<td>1 month old</td>
<td>2250</td>
<td>204</td>
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<td></td>
<td>2</td>
<td>1850</td>
<td>172</td>
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<tr>
<td></td>
<td>3</td>
<td>1500</td>
<td>144</td>
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<td>4</td>
<td>1250</td>
<td>124</td>
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<td>5</td>
<td>1000</td>
<td>104</td>
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<td>6</td>
<td>875</td>
<td>94</td>
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<td>7</td>
<td>750</td>
<td>84</td>
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<tr>
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<td>9</td>
<td>675</td>
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<td>11</td>
<td>625</td>
<td>73</td>
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<tr>
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<td>14</td>
<td>550</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>500</td>
<td>63</td>
</tr>
</tbody>
</table>

By thus gradually diminishing the proportion of water, we furnish the child a milk containing an ever-increasing proportion of nutritive matter.

How long should artificial lactation be continued? The only answer to this is, "until the child has become able to use ordinary human food." The child should be fed with milk until his organs of mastication and his powers of digestion render it best for him to have other food. And at what age does this condition exist? Children vary so much in the rate of their development, that no answer can be given applicable to all cases. In a vigorous child the first dentition is usually completed at two years of age. Sometimes this appearance of the full complement of teeth takes place six months earlier, and sometimes six months later. Whenever this first dentition is completed, the child has the full masticating apparatus of childhood, and may receive other food than milk. In many cases, lactation must be continued until the age of three years. And it may be safely presumed, that no food will be found so suitable for the
tardily-developed child as that which divine wisdom has prepared for the purpose of promoting this development. As an article of food for adults, milk is of great value. Entire races of men rely upon it, and it seems, when thus largely and permanently used, to promote strength and vigor. For the formation of teeth and bones, its phosphate of lime is indispensable, and no other food suited to a feeble child contains so much in intimate union with organic elements.

Nothing has been said of any other mode of artificial lactation. This omission is not accidental. The truth is, that milk is the only material that inspires or even warrants any hope of real success. But this is not meant to say that all children reared otherwise die, but that good, physiologically good results do not follow the use of any other food. Children may survive months of arrow-root or other farinaceous food, but a normal, healthy, happy, vigorous, steady, ever-advancing development was never yet attained in this way. The human stomach has no creative power. The materials must be furnished, or the building cannot rise. Lecithine must be given, or the nervous energy declines. Without phosphate of lime, how shall the teeth and bones be made?

If we examine the constitution of the blood, we shall find what materials go to make the human body. What are these? Oxygen, hydrogen, carbon, azote, chlorine, fluorine, iodine, sulphur, phosphorus, silicon, potassium, sodium, calcium, magnesium, iron and manganes. Of these sixteen substances, all are found in milk. And not only so, but they exist in the milk in the same combinations as in the blood. Not only have we chlorine and sodium, but we have chloride of sodium; not merely phosphorus and calcium, but phosphate of lime already prepared for use. Not only have we oxygen and hydrogen and carbon, but we have ten different oils already existing in the milk. We have four different protein compounds, each holding in combination a definite proportion of phosphate of lime. Thus, and in all probability thus only, can this invaluable, but insoluble salt be introduced into the tissues, and give strength and firmness to the frame. Why, then, with this evident adaptation of milk to the development of the body, should we look for other articles of food? Among all the substances now used, none can make any such claim. Indeed, it may be safely said, that milk is an article standing alone, prepared expressly for this one purpose, and challenging all competition.

If the attempt made in this paper to show that the milk of the cow may be so modified as to suit the peculiar wants and condition of the infant, has been at all successful, there is ground for hope that much suffering may be relieved, and many lives saved. The subject is one of great importance, and demands the earnest
consideration of the medical profession. To them the eyes of anxious and sorrowful parents are turned for help; if aid can be given, let it not be withheld.—[American Med. Monthly.

**Empyema Treated by Injections.** By David Prince, M. D., of Jacksonville, Ill.

[The following case presents some analogy to the one reported in our last number, by Dr. Sternes Dewitt, of Baker county, Georgia. Dr. De Witt reports a definite and very large quantity of pus. In this case the amount is not designated.

Dr. De Witt treated his case successfully, by large injections of cold water into the cavity of the pleura, which we would much prefer to the use of Iodine injections, recommended in the following report:—Edts.]

The perusal of Dr. Brainard's case of cure of empyema of the pleural cavity by injections of iodine (N. W. M. and S. Jour. for November), has induced me to record a case of my own in your valuable Journal.

Little Henry Lurton, aged four years, the third child of healthy parents, and of healthy constitution himself, had an attack of pleuritis of the right side, and was left entirely to the aid of the *vis medicatrix nature*, under the guise of infinitesimal doses for about six weeks, when, on the 28th of January, 1856, I was called upon for surgical interference.

At this time the enlargement of the right side was very obvious to the eye, and the sound was dull on percussion.

Frequent and quick pulse and daily fever and nightly sweats were present, while the little patient could breathe only in the sitting posture, and his sleep was in the rocking chair.

A considerable quantity of pus was discharged through the canula left in the orifice made by the trochar, giving immediate and inexpressible relief.

Feb. 9th.—The puncture had not been kept open, and the demand for a second puncture became urgent. The amount discharged was somewhat smaller than before. The opening was from this time prevented from closing by the daily introduction of a tent, upon the withdrawing of which, a considerable quantity of ill-conditioned pus would be discharged.

As nature seemed not to be making good progress with the case, it was resolved to see if the behaviour of iodine would be as good here as in other cavities. On the 25th of March, two drachms (3 ij) of strong tincture of iodine were thrown in by a
small glass syringe. This was done after the tent had been withdrawn, and the pus collected during the preceding twenty-four hours had pretty well escaped; the tent was again introduced as usual, to be daily withdrawn as before.

The injection was repeated at intervals of about a week, for five times, when the discharge had pretty much ceased. The respiratory murmur could be heard throughout the whole extent of the lung; all sign of disease has disappeared, and by the middle of May the boy was at play with his top.—[Chicago Med. Journal.

On the Escharotic Treatment of Cancer. By Professor Syme.

After some sour comments upon Dr. Fell's mode of treating cancer, and upon the conduct of the surgeons of the Middlesex Hospital, in allowing so irregular an experiment to take place under their auspices, Mr. Syme proceeds to state his own opinion upon the escharotic treatment of cancer and to offer certain practical rules upon the treatment of cancer generally.

"If," he says, "caustic is ever used for destroying malignant textures, it should, therefore, be of such power and so employed as to strike at once to the root of the evil, and I am able to suggest efficient means for this purpose.

"Mons. Yelpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent, of action. A solution of gutta percha in chloroform is applied to the skin for some distance around the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall enclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the admixture assumes a homogeneos consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in
depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough separates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients, from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account, should seem to render this method eligible, the procedure just described may be found useful.

"In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer:—

"1. The treatment of cancer may be divided into curative and palliative.

"2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.

"3. Removal may be accomplished by means of the knife, escharotics, and ligatures.

"4. Of these means, in general, the knife is best, and ligatures the worst.

"4. Escharotics may be used with most advantage when the disease is superficial.

"6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.

"7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.

"8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.

"9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied."—[Edinburgh Med. Jour., and Rankin's Abstract.

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**Syrup of the Superphosphate of Iron. By Alexander Cushman.**

The very favorably mention made in the European Medical Journals, of this new remedy induced some of our physicians to send out during the past year, and obtain a supply for the purpose of testing its effects.

The result was so far satisfactory that many others wished to introduce it in their practice, and the English supply being exhausted, I found it necessary to prepare it myself, which I did according to the formula of Mr. Greenish, of London, as specified in the U. S. Dispensatory, under the article on Ferri Phosphati. A paper in the American Medical Gazette for January, also
brought it more generally before the profession here, and it appears to be attracting much attention wherever it is heard of. Hitherto the precipitated phosphate of iron has been but little employed owing to its repulsive color, but when as at present it is dissolved in an excess of phosphoric acid, and formed with sugar into a clear white syrup, as inviting to the eye as agreeable to the taste, there is reason to anticipate that its use will become very popular.

A careful and somewhat troublesome manipulation is requisite in the preparation of this syrup, in order to produce a perfect result. There is a strong tendency to reaction between the sugar and the acid, which will sometimes cause a precipitation of the iron, sometimes a granulation of the sugar, and sometimes a partial decomposition of the latter, resulting in a reddish or brown color, more or less dark. Experience and care in regulating the heat only will prevent these accidents. When however, once perfectly formed, there is no tendency to decomposition, as it is not affected by the atmosphere or by light, nor does it show any disposition to ferment. The variable quality of the phosphoric acid of the shops, is also a fact to be guarded against. Out of twenty-three parcels which I have examined, only four have proved to be of standard strength. That this is no unusual case, may be seen by comparing the following analyses, showing the proportions of Anhydrous acid and water in the specimens examined by four different authors.

<table>
<thead>
<tr>
<th>Rose</th>
<th>Peligat</th>
<th>Dulong</th>
<th>Berthol</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O</td>
<td>92·7—90·52</td>
<td>87·45</td>
<td>82·92</td>
</tr>
<tr>
<td>H.O</td>
<td>7·3 — 9·48</td>
<td>12·55</td>
<td>17·08</td>
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If the acid used is not of sufficient strength to dissolve the phosphate of iron immediately, it forms an insoluble white compound, probably the tribasic phosphate which cannot be made use of. On the other hand, an over excess of acid renders the resulting syrup disagreeably sour, and of course gives an uncertainty to the preparation which should not exist, besides increasing the likelihood of decomposition in the sugar. Each new parcel of acid should therefore be tested before use, to determine the exact amount required to neutralize a given quantity of the precipitate phosphate, before proceeding to make up any large amount.

It may not be amiss in this connection, to quote a few of the cases given under the authority of Greenish as showing the peculiar class of diseases in which the superphosphate of iron has been successfully administered in England.

"Case 1.—A University Student, very weak, emaciated with loss of appetite, diarrhoea followed by obstinate constipation of frequent occurrence, palpitation of the heart, loss of memory,
countenance sallow, frequent headache, which would continue for hours, and quite incapacitate him from mental exertion. The syrup of the superphosphate of iron was prescribed three times a day. In about ten days he expressed himself to be an altered man; the headache had not recurred, his appetite improved, his strength was greatly increased—indeed, in about a month he was perfectly well, and was enabled to compete, and successfully so, for several prizes which in his former state would have been quite impossible. He has continued well ever since.

"Case 2.—A young lady had for some time suffered greatly from painful and defective menstruation; her general aspect was palid, with a marked green tinge. There was great pain and a sensation of sinking in the back with copious leucorrhoeal discharge, great headache, especially in the erect position or walking. For these reasons, she was unwilling to exert herself; she complained much of languor, and it was said by those acquainted with her, that of late she had become very dull of apprehension; she had no appetite, could not take animal food, and what she did take always laid heavy on her stomach; constipation was always more or less present, except when she took powerful purgatives, which very much weakened her. The syrup was prescribed in doses of a teaspoonful three times a day. In about a week she was much improved, and by the end of a month the menses recurred without pain, and in larger quantity than she had seen for weeks. From that time all her disagreeable symptoms had disappeared, and she has continued well ever since.

"Case 3.—A young man, suffering from carious softening of one of the bones of the wrist, and who had been long under medical treatment, as a last resource was recommended to take the syrup of superphosphate of iron. He did so with the greatest success. The wrist was subsequently injured a second time in playing cricket, and the disease recurred; he was again ordered to take the syrup of the superphosphate of iron, and the disease was again arrested, and the use of the wrist completely restored in a short time.

"Case 4.—A child two years of age, was affected with weak ankles, and to such an extent, that his walking powers were materially interfered with; his feet turned in and upon themselves continually. The syrup was suggested and tried, and in the course of a very short time, the ankles appeared to have acquired much power, the child being enabled to walk perfectly, uprightly, and firmly, upon them; the case indeed progressed to a perfect cure in about a month."
These cases tend to establish the truth of the theory, that the waste of nervous energy and mental power occurring in many diseased states of the system, arises from a deficiency of phosphorus and iron in the tissues of the brain and nerves, which this preparation is calculated to supply most promptly and adequately, presenting those substances, as it does, in a state of chemical combination most easily assimilated by the blood.

It is certainly known that iron and phosphorus are among the most important constituents of the body.

"The brain consists essentially of phosphoric acid and oil, and a due proportion of the first is necessary to the integrity of the mental functions. Iron exists in the blood as a phosphate, but the digestive powers are sometimes so weakened that they cannot assimilate other preparations of iron, and convert them into the phosphate required." "In some cases of weakness the amount of the phosphates excreted, is so much greater than that contained in the food taken, that the phosphates of the living tissues are preyed upon for a supply, especially the brain, the richest in phosphorus of all the organs. Hence madness, loss of memory, and various other disorders of the mental organization."

"As in tubercular disease the fatty tissues are preyed upon, and cod-liver oil, and other highly carbonized substances, have proved useful in supplying the waste, so there are cases where the superphosphate of iron may act in a similar manner, by giving directly to the system the amount of phosphorus and iron necessary to prevent any injurious overdrain, and allowing time for recuperation by the natural forces."

The proportions of the syrup used in the above case, as of that prepared by myself, are forty grains of the phosphate of iron to each fluid ounce of syrup. This gives the full dose of five grains of phosphate to the teaspoonful, or fluid drachm. Its effects, as I have been informed by several of the physicians who have already tried it, are remarkably prompt in this dose. For children it is sometimes diluted with two or three times its bulk of simple syrup flavored with orange flower water, or with ginger or some agreeable fruit syrup. All the bitter and astringent tinctures and infusions unite with it without decomposition, so far as I have tried them, so that tincture of cinchona, rhatany, &c., may be prescribed with it in any desired proportion. Add to these facts that it does not injure the teeth or blacken the stools, and it presents advantages simply as an eligible mode so administering iron, apart from the theoretical claims adduced above, which must give it a high place.—[Am. Druggists’ Circular.

[We feel much inclined to say here to our readers—"Read this again." It certainly presents matters of weighty importance for our consideration.—Edts.]
On the Abdominal Typhus of Children. By Dr. Edmund Fried-richt, of Dresden.

The following analysis of Dr. Freidrich's work on "Der Abdominal Typhus der Kinder," is from the pen of Dr. E. Noeggerath. The author," writes the reviewer, "having been for some years house-physician in the hospital for sick children of Dresden, Saxony, has made a collection of observations relating to typhus fever in children, which were taken partly from personal experience, partly from notes recorded in the day-books of the hospital. It comprises an analysis of 275 cases of typhus fever, occurring during twenty-one years, in a number of 14,868 children, which makes 1 out of 54, and speaks sufficiently for the importance of the disease in this age of life.

"In the historical portion of the work, the author points out the fact, that an accurate knowledge of this affection was first derived from German and French physicians, while there existed, even now, pretty incorrect notions of this disease among English authors, with the exception of Dr. Underwood.

"The following sections comprise very interesting and thoroughly elaborated articles, in regard to statistics, etiology, symptomatology, course, complications, diagnosis, prognosis, and treatment of the disease. In all these particulars, we find the author has fulfilled everything that could be expected of a man of his diligence and skill. In order to give the reader a correct idea of the work, we will endeavor to present a condensed statement of its contents, and the conclusions to which it leads.

"1. Abdominal typhus is by no means a rare disease among children, and is observed among them in a sporadic, as well as in an epidemical form.

"2. It more often attacks male than female children.

"3. The number of fatally ending cases is smaller among children than among grown people; and, again, greater among female than male patients.

"4. In the very first years of life the disease is rare; becomes more frequent from the second year, and reaches its greatest extent from the sixth to the eleventh year. From that it decreases again up to the time of puberty; mortality is greatest from the first to the fourth year.

"5. Boys generally die sooner from the disease than girls, because the fever commonly has a more rapid development among the first.

"6. Abdominal typhus and scarlet fever exclude one another, so that while one of these epidemics is raging, the other disappears, or is seen only in isolated cases."
"7. Typhus epidemics have been observed in small circuits, which seized exclusively upon children, while grown persons were not taken at all, or only in some isolated instances.

"8. The pathological lesions among children are about the same as in grown persons, especially in regard to enlargement of the spleen. But in children there is very rarely found a deposite of material in the intestinal tube, or genuine typhus ulcers. There are generally found only a few single infiltrated follicles in the glandular plaques, which return to the normal condition, without even leaving a cicatrix, by a resorption of the infiltrated matter, or, more often, by rupture of the follicle opening into the intestinal tube. The rupture and discharge into the intestinal canal is generally observed only to a small extent. Moreover, the formation of ulcers in the mucous membrane of the pharynx, oesophagus, trachea, &c., is of rare occurrence among children.

"9. As decided causes of the disease, we have to consider poverty, uncleanliness, improper food, and, above all, impure air, and a damp, dark abode. Moreover, acclimatization, sudden change of the former mode of living, entrance into new conditions of life, have their influence upon the origin of the disease. Still, the most important point is the character of the epidemical constitution. Scrofula seems to be not favorable for the development of typhus fever among children.

"10. The most reliable symptoms are the tumor of the spleen, diarrhoea, meteorismus, and the abdominal gurgle. Fever, accelerated respiration, and catarrh of the bronchial tubes are equally constant symptoms. The scarce and trifling intestinal hemorrhages at the beginning of the disease establish the fact, that the local disease is unaccompanied by a severe congestion. Seldom does the typhus fever of children invade with chills, as is the case with grown people. Delirium and drowsiness are generally present, but not very intense. Roseola is often observed, not so much a papulous eruption, and at a later period, sometimes miliaria are seen. The extent of the exanthema does not seem to depend upon the intensity of the disease.

"11. Abdominal typhus generally appears in a milder form among children, its duration being from sixteen days to several months.

"12. Its complications with parotitis, phlebitis, and hemorrhages, are far more seldom observed in children than in grown persons. During recovery, measles, smallpox, and other eruptions may be developed.

"13. The most common termination is recovery, which generally proceeds very fast, while tuberculous, gangrene, intestinal ulceration, abscess, or atrophy of the mesenteric glands are of rare occurrence among children. Tubercles, if present in
small quantities, seem to be liable to calcination during typhus fever.

"14. The most important points in diagnosis are the enlargement of the spleen, the roseola, the increased temperature of the skin, the diarrhoea, the meteorismus, the painfulness about the abdomen, the coecal gurgle, the bronchial catarrh, the symptoms of cerebral disturbance, and the prevailing epidemic.

"15. The following symptoms are of the greatest importance in prognosis, which is generally favorable: the character of the epidemic, the external conditions of life, age, and sex. Complications and remaining diseases prove often more dangerous than the fever itself in its greatest intensity.

"16. Experience has taught that the expectant treatment is the best that can be pursued. It is impossible to cut short typhus fever; still, medium-sized doses of calomel, given from the fifth to the eighth day of the disease, have a decidedly good effect upon its course. Under all circumstances, we must spare the strength of the children, and let them have nutritious food in good season."—[N. Y. Jour. of Med., and Ranking's Abstract.

Remarks upon the Treatment of Acute Internal Inflammations. By R. B. Todd, M. D., F. R. S., Physician to the King's College Hospital.

The case of Jane Cook, aged twenty-two, affords a good illustration of the phenomena of disease in its most acute form. She has had pericarditis in connection with rheumatic fever, some degree of endocarditis, and pneumonia with consolidation of about a fourth of the posterior part of each lung.

This patient is rapidly recovering, and, indeed, in an illness of unusual severity, she has had no serious drawback. On the 2nd of July rheumatic symptoms first showed themselves in pains and swelling of the lower joints. On the 6th of July a pericardial friction sound was first heard over the base of the heart, which soon became distinctly audible over its whole anterior surface. On the 7th bronchial breathing was heard at the posterior part of the lower third of the left lung, and on the 10th the right lung was similarly affected and to an equal extent. On the 12th vesicular breathing began to be audible in both lungs, and the bronchial breathing to disappear.

Now this patient was treated in the manner in which (with but slight modification) I have been for some years in the habit of dealing with similar internal inflammations, especially those of the lungs and heart. Although my practice in such cases is now pretty well known, and I am proud to think is practised by
very many of my pupils in various parts of this city and of the country, it may be useful if I take this opportunity of explaining to you the principles upon which it is based.

On admission, while yet it was uncertain how far the rheumatic symptoms would extend, she was treated with alkalies and mild saline purgatives. Bicarbonate of potash in doses of from twenty to thirty grains were given every four or six hours, and very soon opium was freely given, when the cardiac affection manifested itself. As much as one grain of opium was given every fourth hour. Care was taken to keep the bowels open by giving an aperient draught daily of sulphate and carbonate of magnesia. Counter irritation was employed over the situation of the inflamed lungs by means of stopes of flannel soaked in turpentine; these were applied twice or thrice a day, and the region of the heart was freely blistered.

A principal and very important part of the treatment to which, as most of you know, I pay very special attention, is that which I may call the dietetic portion. The object of this is to support the vital powers of the patient and to promote general nutrition, during the time when those changes are taking place in the frame which tend to check or to alter the morbid process, and to convert it into a healing process.

When a patient suffers from pneumonia, the tendency is for the lung to become solid, then for pus to be generated, and at last for the pus-infiltrated lung-structure to be broken down and dissolved. Such are the changes when matters take an unfavorable course. On the other hand, recovery takes place, either through the non-completion of the solidifying process, or by the rapid removal, either through absorption, or a process of solution and discharge of the new material, which has made the lung solid.

It will scarcely be affirmed, even by the most ardent believer in the powers of the Therapeutic art, that any of the measures which are ordinarily within our reach, such as the administration of certain drugs, or the abstraction of blood, or the application of blisters, exercise a direct influence in effecting these changes. Save in the case of antidotes, which directly antagonise the proximate cause of the morbid state, medicines promote the cure of acute disease by assisting and quickening some natural curative process. And he is the wisest practitioner, and will be the most successful therapeutist, who watches carefully the natural processes of cure—in other words, who studies the phenomena, both anatomical and physiological, which accompany them, and of which, indeed, they consist.

Let me therefore, exhort you to look very carefully to this as a part of your clinical study. If you will be on the look-out, you may often meet with cases of acute disease which recover with
little or no medical treatment, and you may observe and note the clinical phenomena which they exhibit.

Allow me to anticipate your observation on this point, and to point out what you may look for in cases of pneumonia, and what you will certainly find in almost every instance.

First, the hot, often burning skin, which is so generally present in the first stages of pneumonia, will be exchanged for one bedewed with moisture, generally to the extent of free sweating.

Secondly, along with this sweating process there will be one of increased flow of urine, and very often a free precipitate of brick-dust sediment, lithate of soda, more or less deeply colored.

Thirdly, not unfrequently expectoration becomes freer, the sputa are more easily discharged, they lose their characteristic reddish, rusty color, and often they become very profuse and even purulent. Now and then the purulent sputa are so abundant that it is difficult to imagine that they can have come from any other source than an abscess.

Fourthly, the chemical characters of the pneumonic sputa exhibit an interesting contrast with those of the urine. In the heights of the inflammatory state, the sputa contain common salt (chloride of sodium) in abundance, and the urine is entirely devoid of it. As the inflammation becomes resolved the salt returns to the urine and leaves the sputa.

Lastly, while all these changes are going on, the physiological functions which have been disturbed by the local malady, gradually approach their normal state. The quickened breathing, the accelerated pulse, the unnatural general generation of heat gradually subside. As all these admit of being measured by numbers, you should tabulate them in your records of cases, and you will find on each succeeding day (under such circumstances as I am now referring to) the figure assignable to each function gradually become lower until you arrive at the normal.

Now is it not plain from all this that the process of resolution of pneumonia is a distinct natural process, affected by the various physical agencies which are concerned in the nutrition of the lung? A material with clogs the air cells and minute tubes is removed, chemical changes of the most marked and obvious kind accompany the deposition and the removal of this material, and certain functions of excretion become strikingly augmented, as if for the purpose of getting rid of some noxious matter out of the circulation. A more exact and minute analytic chemistry than we have at present will, at some future time, beyond doubt, detect more minute changes in the blood, and determine the exact nature of the discharged matters.

One other remark I must make in connection with this subject. These acute internal inflammations are very often—I suspect always—connected with the undue prominence of some
peculiar diathesis—the gouty or the rheumatic, for instance—sometimes the scrofulous. Of these diatheses the main characteristic is the generation of some peculiar morbid matter which, when accumulated in undue quantity in this or that organ, gives rise to inflammation in it. And the determination of the morbid matter to the lung, or the pleura, to a joint or a muscle, will often depend on the direct influence of cold, or of an unwanted amount of exercise, or of some mechanical injury. The evil is to be remedied by the diminution of the intensity of the diathesis. This is done naturally, and is to be imitated artificially, by the elimination of the morbid element through the channels of augmented excretions, such as the sweat, the urine, and the secretions of the alimentary canal.

You will perceive, then, that my argument may be thus summed up. Internal inflammations are cured, not by the ingesta administered, nor by the egesta promoted by the drugs of the physician, but by a natural process as distinct and definite as that process itself of abnormal nutrition to which we give the name of inflammation. What we may do by our interference may either aid, promote, and even accelerate this natural tendency to get well; or it may very seriously impair and retard, and even altogether stop, that salutary process.

If, then, this view of the nature of the means by which inflammation is resolved in internal organs be correct, it is not unreasonable to assume that a very depressed state of vital power is unfavorable to the healing process. Indeed, if you watch those cases in which nothing at all has been done, or in which nothing has been done to lower the vital powers, you will find that the mere inflammatory process itself, especially in an organ so important as the lung, depresses the strength of the patient each day more and more.—[Archives of Med., and Amer. Med. Monthly.

On the Treatment of Phagedænic Ulcers by Irrigation. By Dr. J. Sutherland, Surgeon to the 8th Regiment of Native Infantry.

When Dr. Sutherland was putting this mode of treatment in practice in the regimental hospital at Dinapore, he was not aware that a similar mode of treatment had been adopted by Mr. Cock at Guy's Hospital (v. "Abstract," XXIV. p. 120). Dr. Sutherland was led to adopt this plan of treatment by an observation of the case first in order.

Cases.—A young soldier, a Seikh, had been under treatment for intermittent fever with enlarged spleen, and was taking iodide of iron and quinine; at this time a slight sore situated over the spleen took on a phagedænic character, spread rapidly,
and threatened to involve a large portion of the abdominal parietes; the usual treatment, constitutional and local, was adopted, with little effect in arresting the spread of the ulceration; there was considerable fever and great pain in the dark and inflamed ring around the sore, nitric acid had been applied without effect, and the patient was very importunate for relief; morphia was given at bed-time to allay pain and procure sleep; under these circumstances it occurred to me that benefit might be derived from a continuous washing away of the morbid discharge as it was formed, and that water, made slightly warm, would be a bland application to the extremely irritable sore; accordingly I decided on having a continued dripping of tepid water over the foul ulcerated surface; this was effected by allowing the water to flow along a skein of thread, one end being placed in a vessel of water above the level of the bed, another end of the thread (or, what answers the purpose nearly as well, a strip of calico) being placed over the sore.

The result of this treatment surprised me; an almost immediate arrest of the phagedænic ulceration took place, and pain and irritative fever quickly abated; from this time the cure was rapid, the sore granulated kindly, and in about ten days a large ulcerated space was filled up with healthy granulations.

The second case in which the remedy was used was equally satisfactory; the patient, a weak young man of a strumous diathesis and a constitution tainted with syphilis, had a bubo in the left groin, extensive sinuses (in the groin), had been laid open and the sore was healing favorably when it suddenly took on a phagedænic character and spread in all directions, forming an extensive sore, which, extending upwards, threatened to penetrate the abdomen; having observed the satisfactory result of a continuous dripping of water over an ulcerated surface in the case above detailed, I was led to subject this patient to the same treatment; the result was equally gratifying, an immediate arrest to the spread of the ulceration took place and the sore healed rapidly; quinine, ammonia, with tinctura opii, which had been given some days previous, were continued for a short time, but no other local remedy was used to complete the cure.

The third case was that of a sepoy of the ——N. I.; this man was admitted into the station hospital with an extensive ulcer on the right hip of eighteen months' standing; according to the statement of the patient, he had been fourteen months under treatment in his regimental hospital, and, all applications having failed to heal the sore, he got leave to visit his home that change of air might do him good; the sore becoming worse, he applied for admission into the station hospital in this place; the ulcer was superficial, with jagged edges and unhealthy flabby granulations; there were several small, deep, foul ulcers around
the large ulcer, at distances varying from one to five inches; the patient was, at first, very unwilling to submit to the treatment (as it required him to lie in a constrained position), asserting, with much appearance of truth, that he had not benefited by all that had been done for him before; he has been under treatment since the third instant, and the large sore has completely healed under the irrigating system, all the smaller ulcers have also healed, with the exception of two that could not be subjected to the treatment, owing to their position.

I think it probable, from the nature of the ulcers, that the addition of sulphas zinci or nitras argenti to the water would have expedited the cure, but I was unwilling to make the addition, as I wished to try the action of pure water alone on the sores.


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On the Treatment of Cicatrices from Burns. By Mr. Skey, Surgeon to St. Bartholomew's Hospital.

On a recent occasion, we had an opportunity of seeing the plan adopted by Mr. Skey, at St. Bartholomew's Hospital, for removing the contraction of tissues consequent upon a burn. The patient was a little girl (Emma B——, aet. 6 years), the front of whose neck had been burnt some years before, and had so contracted as to produce a number of distinct bands, running from above downwards, without very great deformity. The contraction resulting from the burn was treated, whilst the girl was under the influence of chloroform, by making a number of short transverse incisions in various parts of the cicatized tissues, which gaped as they were made. This plan Mr. Skey has found very efficacious in some eight cases, all of which have done very well. It has certainly the advantage over dissecting up portions of cicatized skin, in that there is no danger nor risk of sloughing—an accident which not unfrequently makes a case worse than if nothing whatever had been attempted.

On a subsequent visit, we found these transverse healing well, without any appearance of contraction of the cicatrix. She lay upon a flat bed, with her head considerably lower than the shoulders, and the wounds are dressed with narrow pieces of strapping, so as to approximate the ends of a cut to each other—not the sides—and lengthen out the old cicatrix as much as possible.—[Lancet, and Ibid.

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Diphtheritic, or Malignant Sore Throat.

Benjamin Godfrey reports four cases of this disease, and believes the order, in which its symptoms generally occur, to be this: Shivering; intense depression; dryness and tingling of
the throat, nares and ears; external swelling of the glands; a whitish spot on the mucous membrane of the tonsil; gradual deepening in color as the disease progresses; dysphagia and dyspnoea; dilated pupil; impending asphyxia, and death. The disease appears to Dr. Godfrey to be confined to the mucous membrane, neither touching the muscular nor glandular structure. The glandular enlargement is due to sympathetic irritation. Its diagnostic difference from scarlet fever consists in—

1. The absence of all fever. 2. Absence of all rash. 3. Papilla of the tongue not enlarged, 4. No desquamation of the cuticle after the disease passes off. In cyanembe tonsillaris the abscess forms within the tonsil, and bursts its way out, but in diphtherite, the morbid change commences on the surface of the mucous membrane, and is confined solely to that covering. The extreme and rapid depression is only equalled by the depression of malignant scarlet fever, or the collapse of Asiatic Cholera. Each patient that died appeared to sink from exhaustion and partial asphyxia. The main point in the treatment is to support the patient’s powers, by stimulants and tonics; and to check the inroad of the disease by the application of the strong mineral acids. Tracheotomy is unsafe, because the depression of the patient’s powers is far greater than the dyspnoea, and the depression, while appearing before the dyspnoea, cannot result from the blood being improperly serated. Dilatation of the pupils existed as a marked symptom in every case. Dr. Godfrey believes the tincture of sesquichloride of iron the best remedy.

On the Prevention of the Ill-consequences of Operations. By Prof. DEBOUVAIX.

Professor Deroubaix, Surgeon to the St. Jean, Brussels, terminates a series of papers upon this subject with the following summary:

1. It is the duty of a surgeon to seek, by the improvement of his operative procedures, to obviate the immediate accidents of operations, the endeavor to discover the means of prevention of the secondary accidents, which are far more dangerous, is still more imperiously demanded at his hands.

2. Could the great surgical operations be rendered less dangerous in themselves, the intervention of surgery would be much more clearly and more frequently indicated in cases where the practitioner now often is obliged to remain a passive spectator of disorders which infallibly prove fatal.

3. The danger of great operations is not due to the size of the surfaces concerned, but to the number and volume of the veins divided.
4. When the division of veins proves mischievous, it does so by giving rise, through a mechanism the nature of which it is not always easy to appreciate, to the production of purulent infection, one of the most fearful consequences of traumatic lesions. The great danger and extreme frequency of this complication justify the efforts made for its prevention or removal.

5. There are two directions, both perhaps equally good, by following which we may succeed in rendering pyæmia of much less frequent occurrence. The first of these consist in improving and rendering less uncertain the process of healing by the first intention; and the second in so modifying the divided surfaces as to convert them into a lesion of continuity of far less dangerous character.

6. Metallic caustics, at least in the immense majority of cases, do not give rise to purulent infection; but they are not applicable to certain operations—as, e.g., amputations.

7. It is rational, then, when seeking for substitutive or modificatory means for the prevention of pyæmia, to resort to such as most resemble caustics in their mode of action, and yet are exempt from the disadvantages of these therapeutic agents.

8. The tincture of iodine would seem to possess properties enabling it to fulfil these indications, seeing the deep-seated modification it impresses on the tissues, and the plastic effects it gives rise to. It does not act upon the ligatures, and therefore does not give rise to the danger of secondary hemorrhage. When it is applied to bleeding surfaces after an operation, it induces a general hyposthenic effect of short duration, and a local hyposthenic effect, which imparts peculiar characteristics to the granulations and cicatrization.

9. The most remarkable results of this hyposthenization are, the much less indolence of the wound, the slight amount of suppuration, the notable diminution of the general reaction, and the maintenance of a condition approaching that of health. These phenomena offer no impediment to rapid cicatrization.

10. The discharge from the surface of the wound is considerably diminished as a consequence of the application of the tincture; but this does not prevent artificial hemorrhage, or the loss of blood from the large veins.

11. The putridity of the wound becomes evidently diminished; and when the tincture is applied to the divided extremities of the veins, these become corrugated and narrowed, and then agglutinated. If phlebitis arises, it is obliterative and adhesive, not suppurating.

12. The application of the tincture to the sawn surface of the bones does not lead to necrosis.

13. The tincture imparts no preservative power against pyæmia when an open venous orifice, through which pus may be
easily, so to say, mechanically introduced, exists at any point of
the surface.

14. In ordinary cases, even the tincture is no certain prevent-
ive of purulent infection. When, after it has been applied, we
find the vicinity of the wound remaining very painful, we
should suspect a commencement of phlebitis, and the course of
the pain should be carefully inquired into.

15. It should be remarked, that as the general hypostheniza-
tion which results from the application of the tincture exhibits
itself in symptoms, comparable to a certain point to those pro-
duced by chloroform, prudence is required in the simultaneous
or successive employment of the two substances. Perhaps this
is the principal defect of the iodine.

16. The injection of the tincture into the veins is immediately
fatal. It induces an entirely peculiar coagulation of the blood,
incapable of being confounded with any other pathological or
spontaneous coagulation.

17. Nevertheless, this medical substance cannot, when applied
to a bleeding surface, be carried in substance into the current of
the circulation, unless, indeed, venous orifices be maintained
open by adhesions. It is absorbed in the state of an alkaline
iodide, and may be found in such a state of combination in the
blood and urine. The amount ordinarily absorbed exerts no
and Ranking's Abstract.

On the Treatment of Ununited Fracture. By Mr. Syme, Professor
of Clinical Surgery in the University of Edinburgh.

"When there is merely a slight degree of mobility at the seat
of injury, so that, although quite sufficient to prevent any useful
exercise of the limb, it may require some care for its detection,
there will be a favorable prospect of success, even after the ex-
piry of several months, through the employment of means for
the complete prevention of motion; and I have put upon record
cases in which even the thigh-bone was rendered perfectly rigid
by this simple expedient, in circumstances of apparently a very
hopeless character, from the long duration of flexibility. But
when the extremities of the bone remain quite separate, or even
overlap each other, and are surrounded by a sort of fibrous cap-
sule with cellular interstices, so that they admit of hardly less
free motion than if there really were a joint between them, it is
evident that merely preventing motion could not possibly prove
sufficient for the production of an osseous union. It has been
supposed, that the difficulty thus presented might be overcome
by rubbing the ends of the bones together; by stirring up the
texture connecting them through the agency of needles or teno-
omy knives; by passing setons through the flexible medium of union; and by inserting pegs of ivory into the respective osseous surfaces. But, so far as I am able to form an opinion on the subject, all of these means are absolutely useless, and owe any share of credit that they may have acquired to the prevention of mobility which is conjoined with their employment. In short, I believe that the procedures in question cannot accomplish recovery in any case not remediable by the enforcement of rest, and that they consequently, must always be useless, if not injurious. There is still another mode of treatment, which consists in cutting off the ends of the bone, so as to obtain two fresh osseous surfaces, and place the limb in a condition similar to that of a compound fracture recently inflicted; and this, I feel persuaded, affords the only reasonable ground for expecting success in cases not amenable to the influence of immobility. It is true that the experience of this method has not hitherto been at all satisfactory, through want of due attention to some circumstances in the mode of procedure, which must in a great measure determine the result. Of these may be specially mentioned an imperfect removal of the ends of the bone, and a want of complete immobility after the operation. The following case will, I hope, tend to illustrate the importance of attending to these points.

Case.—"J. H....., æt. 34, a private of the —— Foot, while discharging some duty in the Redan, on the 8th of December, 1855, after the occupation of Sebastopol, was blown up by a Russian mine, which had escaped detection, and, in addition to some slighter injuries, sustained a fracture of the left arm between two and three inches above the elbow. He walked up to his regimental hospital, where splints were applied, and retained for a month, when, there being no signs of union, the ends of the bone were rubbed together, and supported by a starched bandage. He left the Crimea on the 3d of February, and was sent to the hospital at Renkioi, where a seton was passed through the seat of fracture, and retained for five weeks without any benefit. On the 20th of May he proceeded homewards, and, after a long voyage of nearly two months, arrived at Portsmouth, whence he was transferred to Chatham on the 17th of July. No attempt to restore rigidity was made there, and at the end of two months he was dismissed the service, with a pension of one shilling per day, in consideration of his disability, which was regarded as equal to the loss of a limb.

"In the hope that relief might still be afforded, he applied to me on the 22nd of January last, nearly fourteen months from the date of the injury; and finding that the arm was entirely useless through the extreme mobility of the ends of the bone, which overlapped each other to the extent of more than an inch,
I resolved to adopt the only procedure that, in my opinion, afforded any reasonable prospect of remedy under such circumstances, which was to remove the ends of the bone, and afterwards maintain the most perfect rest. In preventing the motion of a joint, it is a most important principle, never to be forgotten, that as most of the muscles pass over two articulations, it is impossible to keep any one perfectly quiet without placing the whole limb under restraint. Proceeding under this impression, my first step was to have the arm put in an easy position, with the elbow bent at a right angle, and then covered from beyond the shoulder to the tips of the fingers with pasteboard and starched bandages, so as to form a case, which, when it became dry, effectually prevented the slightest movement in any of the joints. This case was next cut up on one side from end to end, so as to allow the arm to be taken out of it, and undergo the requisite operation, which was performed under chloroform. An incision having been made along the outer edge of the triceps, I exposed the upper end of the bone, and sawed off a portion of it sufficient for obtaining a complete osseous surface. The lower end, lying anterior to the shaft in a sort of capsule, could not be subjected to the saw, but was removed, to the extent of more than an inch, by cutting pliers. The arm was then supported by a couple of splints, and the patient lay quietly in bed for a fortnight, when the limb was placed in its pasteboard case, in which an aperture had been made over the wound then nearly healed, and discharging a very little matter, that soon ceased entirely. The patient, feeling that the slightest motion was impossible, even if he had wished it, was relieved from any further restraint, and no longer remained in bed. At the end of a month, or altogether six weeks from the date of the operation, which was performed on the 30th January, the limb was examined, and found to be quite straight, with a firm osseous union; so that the patient was able to leave the hospital, not only with his comfortable pension, but also with a perfectly useful arm."—[Edinburgh Med. Jour., and Ibid.

Reproduction of Bones and Joints after their Removal in cases of Whitlow.

Some time ago Dr. Toland, of California, claimed the discovery of this important fact in surgery. In the February number, 1858, of the Buffalo Medical Journal, we find, however, that to Professor Dudley, of Lexington, Kentucky, is due the credit of having made the discovery, and to Professor Hamilton, of Buffalo, N. Y., is due the credit of having first promulgated the idea through the medium of the medical journals. Doubtless we shall soon have some more discoverers in the field. But this is all right. We say, "honor to whom honor is due."
During five years practice in the country, it was our lot to encounter a great number of these cases of paronychia among the plantation negroes. Indeed, strange as the idea may seem to some, we are sure of having witnessed the disease once in an epidemic form. Throughout an entire neighborhood the disease was strictly prevalent, and we can now call to mind several negroes who lost the first phalanx of two or more fingers in one season. Of course the vast majority of the cases lost the first phalanx, as every overseer and old woman in the country imagine themselves fully competent to treat, or rather cure whitlow or bone felon. When the doctor is called in, the bone is loosened from its attachments, and he has no alternative but to remove it. When we first encountered the cases, such was the degree of the disease of the surrounding tissues, we amputated the end of the finger; but observation soon taught us that this procedure materially diminished the value of the cotton-picker, as the finger was not only considerably shortened, but the stump, unprotected by the nail, was continually subject to injury. We then resorted to the plan of picking out the dead bone, and the only deterioration the hand suffered was comparatively slight shortening of the finger. In no instance have we ever seen any thing approaching reproduction of the bone—and this notwithstanding we have carefully supported the finger by means of splints and bandages.—[N. Orleans Med. News and Hosp. Gaz.

On a Case of Transfusion, By John Wheatcroft, Esq., M. R. C. S., L. S. A., Cannock.

In the Lancet of October, there appeared a case of transfusion of blood, which operation I again performed successfully on the 25th inst. The following are the particulars:—

I was summoned to see Mrs.—, aged thirty-two, on the 24th instant. I found her in an almost exsanguined condition. A terrible gush of blood per vaginam had suddenly occurred, followed by coagula two or three pounds in weight. Her neighbors with difficulty got her up stairs, and again haemorrhage set in frightfully. I found her lying on the bed in a state of great exhaustion; face white and anxious; lips blanched; skin and extremities cold; pulse small, very feeble, and rapid, 120 per minute.

I immediately plugged the vagina, administered the yolk of egg with a little brandy, enjoining upon the attendant strict attention to the ordinary methods adopted in uterine haemorrhage. On visiting the case four hours afterwards, I found the plug right, and the bleeding had been arrested; a little more colour in the lips; the pulse 100, but small and thready; complained much of giddiness and severe uterine pain: she was three months advan-
ced in pregnancy. I then gave her small doses of tincture of opium, but vomiting having supervened, every dose, together with the egg, was rejected. Small doses of sulphuric ether arrested the sickness. I left her, apparently going on favorably, but in four hours was again hastily summoned. She had complained of severe expulsive pain, violent retching accompanied it, and expelled the plug, together with a large coagulum; the flooding recommenced, and I found her lying in a large pool of blood. I could detect no foetus either in the bed or the vagina; the os uteri was too high to be reached; the skin and extremities had again become cold, the surface of the body as white as snow; pulse almost imperceptible; the breathing gasping; face very anxious; great restlessness; loss of vision; eyes sunk and leaden.

Ably assisted by J. Blackford, Esq., and Mr. Samuel Wheatcroft, I transmitted about two pounds of blood from the husband. The change was immediate (I had previously replugged the vagina:) the colour returned to her lips, the eye became brilliant, the pulse distinct and firm, the restlessness vanished, the breathing became normal, and she now looks, with the exception of her whitened skin, as well as I ever saw her. Although complaining of giddiness and tightness across the brow, she is quite cheerful. The foetus has not been expelled. I have removed the plug, and there is not a drop of blood to be seen. The plug here was as valuable as the transfusion.

Permit me to suggest the trial of this operation in the last stage of low typhus and the collapse of Asiatic cholera when every other means have failed.—[London Lancet.

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**Pulmonary and Bronchial Tuberculosis.**

Every physician acquainted with the methods of physical exploration—and we readily believe every one is now-a-days—ought to know, that tuberculosis is not at all uncommon in children. The symptoms are generally known; the prognosis not so unfavorable as in adults. This statement is affirmed by Dr. J. Schwartz, of Berlin, who reports to have repeatedly succeeded, by careful regulations as to their diet, and some well-adapted pharmaceutical remedies, in restoring to health children of from two to five years, who were already considerably emaciated, and subject to hectic fever. Against the attack of hectic fever he warmly recommended, as Skoda did before him, the sulphate of quinine, with small doses of Dover's powder. Besides, he gives cod-liver oil and armara, which he says are too little thought of in our time, and have been too readily forgotten.—[Journal für Kinderkrankheiten, and N. Y. Jour. of Med.
EDITORIAL AND MISCELLANEOUS.

MEDICAL COLLEGE OF GEORGIA—APPOINTMENT OF PROFESSOR JOSEPH JONES.—The Chair of Chemistry and Pharmacy in the Medical College of Georgia, recently vacated by the resignation of Professor Means, has been promptly filled by the unanimous election of Dr. Joseph Jones, Professor of Chemistry and Physics in the University of Georgia, and formerly, Professor of Medical Chemistry in Savannah Medical College.

Dr. Jones has for years, most ardently devoted himself to original Chemical and Physiological Investigations. His labors have been crowned with such brilliant success, that to praise them, on the present occasion, could not certainly add to their universally acknowledged merit. His contributions to Chemical and Physiological Science have been presented to the Profession in papers bearing the following titles:

1st. Abstract of Experiments upon the Physical Influences exerted by Living, organic and inorganic, Membranes upon Chemical Substances passing through them by Endosmose. Read before the Academy of Natural Sciences, Philadelphia, October 25th, 1854. [Accompanied by lithographic illustrations from original drawings by the author, from appearances under the microscope.]

2nd. Observations upon the Kidney and its Excretions in different animals. Published April, 1855, in the American Journal of Medical Sciences. [With twenty wood cut illustrations.] Pp. 42, 8vo.

3rd. The Digestion of Albumen and Flesh, and the Comparative Anatomy and Physiology of the Pancreas. Published in the Medical Examiner, Philadelphia, May, 1856. Pp. 20, 8vo.


5th. Investigations Chemical and Physiological, relative to certain American Vertebrata. Referred by the Smithsonian Institute to Professor Samuel Jackson, Professor Joseph Leidy, and Professor Jeffries Wyman, with Professor Joseph Henry, Secretary of the Institute, as Commissioners; accepted by them March, 1856, and subsequently published by the Smithsonian Institute. 4to., pp. 137. [This work is embellished with 27 wood cut illustrations. It was published and distributed at the expense of the Institute.]

Prof. Jones is a native of Liberty county, Georgia. He relinquishes his chair in Athens, where his relations have been of the most agreeable
and encouraging character, for the sole purposes, as he states, of devoting himself more entirely, than he can at present, to Medical Science in its Chemical and Physiological departments, and with the view of assisting in elevating the standard of Medical attainment at the South. He will make Augusta his place of residence, and his course will be eminently practical and instructive, especially in the important departments of Medical, Physiological and Pathological Chemistry.

In the next number of this Journal, we shall present to our readers an elaborate and most valuable contribution from his pen, on the subject of the Chemical and Physiological Relations of the Blood to Diabetes. As Editors, we congratulate our readers and ourselves, on so valuable an accession to our corps of contributors.

AMERICAN MEDICAL ASSOCIATION.—The eleventh Annual Meeting of the American Medical Association, will be held in Washington City, on Tuesday, the 4th day of May, 1858.

The American Medical Association has, for years, ceased to be an experiment; its wise deliberations, its judicious suggestions for the advancement of medical science, and for the improvement of medical education and medical ethics, have fully vindicated its right to be considered, the highest and most authoritative tribunal, in the medical sciences, in the land. The time is past, when it may be doubted that its efforts have wrought an improvement in the status of the profession; there are too many evidences of the diligent investigation and research, of independent experimentation, directly growing out of the spirit which this body has infused, for it to be longer doubted, that it has done much good. No one will hesitate to admit, that since its establishment, American medicine has assumed a form, and presents a character of its own and a spirit of its own, highly progressive, energetic—indeed, AMERICAN. Not only is this change witnessed at home, but is observed elsewhere. The valuable Transactions of this Association are distributed everywhere, and may be now found in the Libraries of the Scientific Institutions, throughout Europe. It is important then, that this body should, in its present dignified position, use great care and judgment in its deliberations. There are many important questions to come up before them at Washington—some of these are vitally connected with the interests of the Profession. We have not time nor space at present, however, to present any of these subjects properly, and therefore close our remarks with the confident hope that all questions will be discussed and determined in the best and wisest manner for the general good of the Profession.

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Medical College of Georgia—Annual Commencement.—The undiminished prosperity of the Medical College of Georgia, even under the multiplication of institutions throughout the country, we are sure, must be a subject of great satisfaction to its many friends and alumni, and also to those engaged in a liberal competition in the same field. At the last Commencement, the degree of Doctor of Medicine was conferred on sixty-one candidates, whose names we take pleasure in here recording:

Toliver Dillard, of Georgia. J. H. Ruddell, of Georgia.  
Henry Kinnebrew, " " L. C. Wisdom, " "  
J. J. Benson, " " Wm. Hadden, " "  
A. G. V. Doney, " " R. B. McRee, " "  
A. H. Mathers, " Florida. W. A. Childress, " "  
R. J. Healey, " Alabama. J. Y. Bradfield, " "  
S. M. Simmons, " Georgia. P. L. Blakely, " "  
Wm. J. Colley, " " G. W. Chisholm, " Georgia.  
J. W. Lowman, " S. Carolina. G. W. Pitts, " "  
A. H. Read, " Alabama. H. W. Culver, " "  
R. C. Johnson, " Georgia. E. G. Scruggs, " "  
A. J. Speer, " S. Carolina. R. M. Hitch, " "  
J. L. Rucker, " Georgia. J. B. Harvley, " "  
A. J. Flowers, " " J. R. McAfee, " "  
W. R. Armor, " " J. F. Donehoo, " "  
T. A. Raines, " " H. C. Edmumps, " "  
J. T. Segro, " " J. H. Gibson, " "  
A. A. Déliaigle, " " E. G. Kirkland, " "  
S. B. Mills, " " B. S. Hudson, " "  
J. W. Rhodes, " " J. F. Martin, " "  
A. T. Jenkins, " " John Herren, " "  
B. F. Stanley, " " J. M. Howell, " "  
S. W. Gardner, " Mississippi. J. S. Smith, " "  
Wensley Hobby, " Georgia. J. W. Traylor, " "  
J. S. W. Johnson, " " Solomon Newson, " "  
J. R. Cox, " " M. R. Cassaday, " "  
T. A. Power, " S. Carolina. T. O. Powell, " "  
G. W. Coxwell, " Alabama. S. A. Tomkins, " "  
Patrick Todd, " S. Carolina. F. A. Driver, " "  
W. B. Reynolds, " Georgia. J. D. Patten, " "  
J. S. Johnson, " Alabama. " "  

R. M. Tindall, M.D., of Mississippi, a graduate of Memphis Medical College, was also admitted adeundem gradum by the Board of Trustees.

Savannah Journal of Medicine.—We have just received the Prospectus of the above new Journal. It will be published bi-monthly, in Savannah, and Edited by Juriah Harriss, M.D., Professor of Physiology in Savannah Medical College, and J. S. Sullivan, M.D.—with R. D. Arnold, M.D., Professor of Principles and Practice of Medicine in Savannah.
Medical College, as associate Editor. We wish for this Journal in prospectu, a safe and speedy birth, and from the character and ability of its Editorial corps we may hope for it a successful career. We will present our readers with a more extended notice when we have seen the first number, and we will be happy to place it upon our exchange list.

A Syllabus of Lectures on Materia Medica: delivered at Atlanta Medical College, by J. G. Westmoreland, M. D., Professor of Materia Medica, &c., in that Institution.

We have received, through the courtesy of the author, the above volume. It is creditably gotten up, and presents a compendious resume of the author's Lectures, and will doubtless be found of much assistance to those attending Lectures in the Atlanta Medical College.

Medical Society of the State of Georgia.—The next annual meeting of our State Medical Society will be held at Madison, on the second Wednesday in April.

We quote the following from the minutes of the last meeting, held in this place, in order to remind the several Essayists of their respective appointments:

"The Committee on Essays, made the following report of Subjects and Essayists for the next meeting—which was received and adopted.

Dr. J. G. Howard, of Savannah—On Uterine Disease.
Dr. E. J. Roach, of Pulaski—On the Propriety of Surgical Operations about the Joints.
Dr. H. F. Campbell, of Augusta—On the Rectal Administration of Medicine.
Dr. R. D. Arnold, of Savannah—On the Pathology and Treatment of Yellow Fever.
Dr. Ira E. Dupree, of Twiggs—On the Treatment of Prolapsus.
Dr. Eben. Hillyer, of Atlanta—On the Physiology of Menstruation.
Dr. V. H. Taliaferro, of Atlanta—On Obstetrical Surgery.
Dr. N. F. Powers, of Thomson—On Diseases of the Skin.
Dr. W. S. Meire, of Madison—On the Use of Alcohol in Typhoid Fever.
Dr. R. Campbell, of Augusta—On Wounds of the Abdomen.
Dr. I. P. Garvin, of Augusta—On Nervous Irritation of the Stomach.

Voluntary Communications from any member of the Society are earnestly requested, and will be gratefully received."

We sincerely hope there will be a full attendance, and that the contributions, both by appointment and voluntary, will exceed those of any previous meeting.
Our Exchanges.—Editorial Changes, Fusions, Enlargements, &c., &c.—We are much gratified to see that there has been great improvement in the character, style and spirit of our exchanges generally. American Medical journalizing, we may indeed feel proud of. There is manifested on the part of contributors, much improvement in the way of research and independent investigation; and also on the part of Editors, great industry, discrimination and courtesy; each to a degree, we think we may safely say, with few exceptions, unsurpassed by any period during the last ten years. We sincerely regret, that the suggestion made some years ago by our able predecessor, Prof. L. A. Dugas, of some periodical work annually or semi-annually, embodying the contributions of American Physicians, has not been more fully carried out. A work entirely and strictly devoted to this object would be of great value to the readers and writers of this country, and would greatly enhance the credit and reputation of American writers among their brethren in Europe. The American Journal of the Medical Sciences (of which we present no distinct notice at this time), has for years, with great fairness, presented a careful abstract of all American contributions which the editors deemed worthy of record; but we conceive that the republication of entire articles, which could only be done in a work devoted to the purpose, would better compass the above object, than any other plan which could be adopted.

The North American Medico-Chirurgical Review.—This excellent Bi-monthly comes to us in an improved dress. The January number, which contains over two hundred pages, presents many valuable Reviews, Criticisms and Analyses of works, besides much valuable original matter. In the Report of their able collaborator, Prof. S. Weir Mitchell, on the Progress of Physiology and Anatomy, we find that a new feature is introduced, which will enhance the value of the journal. "It is proposed," says the reporter, "in future, to present once a year, a complete analytical Review of the general progress of Physiology and Anatomy. At the same time, and as an essential part of this task, we shall endeavor to point out with care whatever advances in these sciences are due to the annually increasing labors of our own countrymen." We have been not a little surprised, that so discriminating a reporter as Dr. Mitchell should have been content with only a frequent reference, to the articles of Professor Joseph Jones, of Georgia, and that he did not embody a full abstract of his views and results; for his, have certainly been the most elaborate, thorough and creditable experimental investigations into the chemical changes of the blood and other fluids of animals, which have ever been presented, so far as we are aware of, by any American Physiologist. It may be said, however, that it is probable that their
great bulk and the permanent form in which these have been published by the Smithsonian Institute, rendered their presentation in the present report, a matter both of great labor and at the same time a work of supererogation.

We are much gratified at the favorable notice taken of Dr. W. A. Hammond's laborious and almost self-immolating investigations on the "Nutritive Value and Physiological Effects of Starch, Gum and Albumen," as presented in his Prize Essay before the last meeting of the American Medical Association. And lastly, we may be here allowed also to express our gratification at the manner in which he has been pleased to allude to our own humble labors.

We take great pleasure in commending the above Bi-monthly Review to the favorable consideration of our readers, for its able review articles, for its analyses, and for other valuable matter, more particularly suited to this more permanent form of periodical medical literature.

The Charleston Medical Journal and Review.—This valued exchange, has recently passed from the hands of its former able Editor, Dr. C. Hapholdt, and will hereafter be edited by J. Dickson Bruns, M. D. Dr. Bruns is most favorably known to the Profession as the author of a most interesting and able pamphlet, entitled, "Life; its Relations, Animal and Mental." We congratulate the readers of this Journal upon his accession to the chair Editorial. It is published by-monthly.

The Nashville Journal of Medicine and Surgery.—Professor Paul F. Eve has retired, and Professor W. K. Bowling has associated with him in the Editorial conduct of this valuable work, Drs. R. C. Foster and George S. Blackie, as assistants. We heartily wish our friend, Dr. Eve, all the otium cum dignitate of retirement, and welcome the other distinguished gentlemen most cordially into the body Editorial. We congratulate Dr. Bowling that he still finds pleasure and satisfaction in his literary labors, and ourselves, that we still find him among our confreres.

The American Medical Monthly; published in New York, and The American Medical Gazette, also published in New York, have, like our own Journal, been benefitted by an addition to the number of their pages, without any change of Editors.

The Cincinnati Medical Observer and The Western Lancet have united under the title of "Cincinnati Lancet and Observer." The present work will be edited by Prof. George Mendenhall, John A. Murphy, M. D., and Edward B. Stephens, M. D. Drs. Blackman and Lawson, both able journalists, have withdrawn, but there can be no doubt, that the present work will be ably sustained by their successors.
The Peninsular Journal of Medicine and The Medical Independent, both published at Detroit, Michigan, have effected a happy union. The Independent was sustained for one year by our friends, Prof. Moses Gunn and L. G. Robinson, M. D., and now becomes amicably incorporated with its competitor, under the comprehensive title of "The Peninsular and Independent Medical Journal." May this friendly adjustment of their mutual difficulties serve to inspire the Peninsular, with a spirit of amiability and liberality towards its more distant confreres, and may the ink "spilt" in the former contests of these two journals, serve, like the blood of Patriots, to cement more firmly their present union. This is but "the expression of a pious wish." We regret that Professor Zina Pitcher, the late distinguished President of the American Medical Association, is no longer in this corps of editors; we hope that his retirement may be as happy, as his editorial life has been courteous, dignified and useful.

The New Orleans Medical News and Hospital Gazette, one of our most valuable exchanges, has undergone a change of Editors, and is now under the management of Profs. D. Warren Brickell and E. D. Fenner. This journal, from its commencement, has been most ably conducted, and the recent association of our excellent friend, the veteran Fenner, in its Editorial conduct, augurs well for its future success. Dr. Fenner has the credit of having been the first to establish a Medical Periodical in New Orleans. The several volumes of his "Southern Medical Reports," are most useful contributions to Medical Science, as well as enduring monuments of the persevering industry and great ability of their author.

The New Orleans Medical and Surgical Journal.—This excellent Bi-monthly Journal and Review still maintains its high position in the comparative estimation of our exchanges. The work has passed into the hands of Drs. W. Stone, J. Jones, and S. Chaillé, who have also become assistant Editors, while Dr. Bennett Dowler still retains the position of Editor-in-chief.

The Memphis Medical Recorder.—We have on a former occasion noticed the resignation of Prof. A. P. Merrill from the Editorship of this journal, and also at that time signified our great satisfaction with the appointment of our friend, Professor Daniel F. Wright, to that position. Whatever may be the future changes and improvements in this highly useful and creditable work, we here earnestly express the wish that he may still wield a pen for its pages, and long remain as now, our valued and courteous confrère.
THE SOUTHERN JOURNAL OF THE MEDICAL AND PHYSICAL SCIENCES.—The Editor of this Journal, Professor R. O. Curry, of Knoxville, Tenn., who has ably sustained the work for several years, suggests certain changes in its arrangement and management, which will be doubtless beneficial to himself and to the journal. As the work has as yet undergone no change, we defer, till some other number, a more extended notice of it.

THE MEDICAL AND SURGICAL REPORTER.—We have just seen, in the Boston Medical and Surgical Journal of March 25th, that "the Reporter is about to be removed from Burlington, N. J., to Philadelphia, and that Dr. William B. Atkinson, of the latter city, who has for some time past been a regular contributor to its pages, will be associated with Dr. Butler in its editorial management." We think, too, that Philadelphia presents a good opening for a monthly journal. The Reporter has ever been an agreeable visitor with us, and whether it comes from Burlington or from Philadelphia, we shall greet it with the same welcome.

There have occurred doubtless other changes in our exchanges, which we at present omit from their having escaped our notice—as they occur to us, we will take great pleasure in recording them.

Forensic Medicine.—M. Collongues, in a note presented to the Académie des Sciences (Comptes Rendus, 21st Dec., 1857, p. 1048), points out the usefulness of knowing whether there is a peculiar sound or not to be found if death exists. He has already announced that during life there is in all the parts of the body a peculiar sound, which may be heard easily by the application of the ear, or with the help of a very small stethoscope. This sound disappears after death, but not immediately. It may last five, ten, and even fifteen hours after the last beating of the heart. It disappears gradually, and according to the author, its complete absence from all the superficial parts of the body, is a positive sign of death. In an amputated limb it persists a few minutes.—[New York Journal of Medicine.

Fistula in Ano in Relation to Pulmonary Tuberculosis. By P. H. Strong, M. D.—Dr. Strong embodies in the following formula the doctrine generally held with regard to this subject:

"The relations of fistula in ano to pulmonary tuberculosis are such, that its presence, either as antecedent to or coexistent with the latter, is a desideratum, and to be sedulously cherished, having reference to its (pulmonary tuberculosis) prevention in the one case, and to its cure or favorable modification in the other."

Dr. Strong argues against the correctness of this doctrine, first, that it is based mainly on the belief of a revellant influence being exerted by the fistula, while an enlightened pathology and clinical observation teach
that such an influence is of little or no value in preventing or retarding the progress of pulmonary tuberculosis; second, other and kindred affections, scirrhus and melanosis, depending alike on a blood dyscracy, are not affected generally by revellent or derivant discharges; third, the doctrine originated when erroneous views prevailed respecting the causes, nature, and management of tubercular affections.

Conceding that tubercular matter is discharged, as it were vicariously, by means of the fistula, he contends that the proper object for therapeutics in this affection is not to eliminate the material, but to remedy the dyscrasy, by removing the condition on which it depends.—[Buffalo Med. Journal.

**Discovery of the Tomb of Hippocrates.**—The Esperance of Athens states, that near the village of Arnaoutli, not far from Pharsalia, a tomb has just been discovered, which has been ascertained to be that of Hippocrates, the great Physician, an inscription clearly enunciating the fact. In the tomb a gold ring was found, representing a serpent—the symbol of medical art in antiquity—as well as a small gold chain attached to a thin piece of gold, having the appearance of a band for the head. There was also lying with these articles a bronze bust, supposed to be that of Hippocrates himself. These objects, as well as the stone which bears the inscription, were delivered up to Hussin Pasha, governor of Thessaly, who at once forwarded them to Constantinople.—[Late Foreign paper.

**A Compliment to the Doctors.**—Dr. Jackson, the elder, of Boston, meeting his old friend Josiah Quincy, (both past eighty years of age,) on the side-walk, accosted him with, "Well, Mr. Quincy, how much longer do you intend to live?" "Till I send for a doctor," was the quick reply. "And when did you send for one, last?" inquired Dr. J. "Just eighty-six years ago!" answered Mr. Quincy, adding the precise date of his birth.

A young man in Georgetown, D. C., who last week took four grains of Strychnine for the purpose of committing suicide, was saved by the inhalation of an ounce and a half of Chloroform. Either of the doses would have killed him separately—between them both, he lived.—[Druggist's Circular.

**Glycerine.**—Dr. Cotton, of Brompton Hospital, has employed this article exclusively, and testifies against its efficiency in phthisis, pronouncing it greatly inferior to cod-liver oil.—[American Med. Gazette.

**Supra-renal Capsules.**—The cogenital absence of these organs has been found in a man, who always had a white skin, lived up to 40 years, and died of a malady of the chest. He worked as a joiner, was married, and had three sons. (See Glasgow Med. Journal for July last.)—Ibid.

**Value of a Young Lady's Teeth.**—The Paris courts value a young lady's teeth at 8,000 francs. An English governess was recently knocked down by a carriage, and lost by the accident all her teeth. She brought on an action of damages, and the tribunal awarded that amount.