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“Je prends le bien où je le trouve.”

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ARTICLE XV.

Observations on Malarial Fever. By Joseph Jones, A.M., M.D., Professor of Physics and Natural Theology in the University of Georgia, Athens; Professor of Chemistry and Pharmacy in the Medical College of Georgia, Augusta; formerly Professor of Medical Chemistry in the Medical College of Savannah.

[Continued from p. 398 of June No. 1848.]

In the preceding article we stated briefly, some of the difficulties attending pathological and physiological investigations, and acknowledged the imperfections of the present researches. We are about to present numerous analyses of the urine; and before doing this, we would candidly acknowledge the sources of error in attempting to determine the amount of urine excreted during any stated period, as 24 hours. When the bowels are frequently moved, it is almost impossible to ascertain, even approximately, the amount of urine excreted.

When the patient is delirious, and passes his urine and feces in the bed, it is impossible to ascertain either the amount or character of the urine. Even when the bowels are not moved, and the patient retains his faculties and a considerable amount of strength, it often happens that, during the night, the nurse will neglect to attend to the passage, and preservation of the excretions in the proper vessels.

It often happens, from a combination of such circumstances, that the urine of the most fatal, important and interesting cases escapes our examination.

These difficulties, in hospital investigations, cannot readily be overcome, and will often invalidate the conclusions drawn from individual cases. Our duty, then, is to obtain as wide an induction of facts as possible, and thus eliminate or equalize, as far as
possible, the errors, and draw our conclusions, not so much from individual cases as from the whole assemblage of facts. From our copious notes on more than two hundred cases of malarial fever, we have determined to present a condensed statement of those which presented points of interest to the physiologist, pathologist and practitioner of medicine.

Our limits will not permit us to enter into a minute account of the method of analyzing the urine. In view of the numerous excellent treatises upon this subject, accessible to all, this would involve an unnecessary consumption of space and time. We will simply state the method, with full references to the appropriate authors.

The urea was separated in the form of the nitrate, (1) and

Kidneys and Urine, by J. J. Berzelius. Translated by Boyle & Leaming, M.D.
Hand Book of Chemistry, by Leopold Gmelin. Translated by H. Watts, Cav.
Beequerel’s & Rodier’s Pathological Chemistry. Trans. by Speer. Lond. 1867.


every care was taken to secure accuracy in the results. The amounts of the constituents in all these analyses, from the causes previously stated, will be under-rated, and never over-rated.

The urine was always analyzed a short time after its passage. This precaution is necessary in a warm, moist climate, like that of Savannah. In the heat of summer the urea is often, especially in the urine of convalescence, rapidly decomposed into carbonate of ammonia. In one case of malarial fever, where the patient was suffering with a stricture and irritation of the bladder, every trace of urea disappeared from the urine in twelve hours.

I have endeavored, scrupulously, to exclude from these papers, every analysis the result of which was influenced by changes, in the urine, subsequent to its excretion by the kidneys. Uric acid was determined in the usual manner, by precipitation with hydrochloric acid.

The inorganic matters of the urine were determined according to the simple and accurate method of M. Lecanu. The amount of the coloring and extractive matters was obtained by substracting the weights of the urea, uric acid and inorganic matters, from the solid matter of the urine, carefully and accurately determined.

The analyses of the blood were conducted according to the method previously described by the author.

Case IX.—October 9th, 8 o'clock, P.M. Seaman: age 40, height 5 feet 10¼ inches, weight 170 lbs. Auburn hair, blue eyes, florid complexion; sanguine temperament; well developed muscular man. Native of Sweden. Has been in New Orleans, Panama, and other southern ports, but has never been sick before.

This is his first trip to Savannah; has been sleeping on the bay; was taken with chill and fever two days ago, and has suffered much with pain in his head. Yesterday vomited bile. Tongue slightly coated with white fur. Now his skin is in a good perspiration. Twenty minutes ago, his skin felt very hot and dry to the touch. Supposing that his temperature was several degrees above the normal standard, I hastened to the laboratory to obtain my thermometer; I was detained twenty minutes, and when I returned, to my surprise, his skin felt moist and cool under the hand, in comparison with the previous observation.
Pulse. ....... 86 ) Temperature of Atmosphere, ..... 72° F. 
Respiration... 23 ) " Hand. ........ 100  
" under Tongue. ....... 101°7'5' 

The rise of the thermometer in his hand (the hand as usual was kept carefully closed around the bulb,) was irregular. It rose to 100°, and at this point was stationary for several minutes: it then fell gradually to 98°, and again rose gradually to 100°. In this case we see that the reduction of temperature was simultaneous with the relaxation of the skin and flow of perspiration.

Is the remission of the fever due to the restoration of the functions of the sudoriparous glands, which collectively expose a surface of tubing 1,570,000 inches, or nearly 28 miles in length? Is the morbid agent, or agents, which have disturbed the chemical actions and correlation of the forces eliminated by these glands?

If the intermission is due to the restoration of the functions of the sudoriparous glands, what excited them to action? Is the phenomena connected with the nervous system alone, or with chemical and physical changes in the structure of the morbid agents, and of the blood and secretions and excretions? If the reduction of temperature be not dependent upon the restoration of the functions of the sudoriparous glands, what retarded the chemical actions by which the physical forces are generated? If the chemical actions developing an unusual amount of heat were excited by the introduction of foreign elements, may not the foreign elements themselves have entered into these chemical actions, and been so altered, that they have been for a time rendered inert?

That a special end is accomplished, in malarial fever, by an elevation of temperature is proved by the fact that the cases which manifest the highest temperatures, are as a general rule attended with little or no danger, whilst in those cases, as congestive fever, where there is a depression of temperature, the danger is always imminent.

It is true that the sudoriparous glands have much to do with the regulation of the temperature for the water which they eliminate from the blood during its evaporation, abstracts one thousand degrees of heat from the surface of the body and the surrounding atmosphere. This heat is expended in the mechanical action of keeping asunder the particles of water, and is hence insensible to the thermometer.

The experiments of Dr. Southwood Smith, (2) at the Phoenix Gas Works, and of MM. Berger, Delaroche, (3) Fordice, Blagden, (4) and others, (5) have shown that when animals and man

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(2) "Philosophy of Health," vol. II. pp. 391—396.
(3) "Experiences sur les Effets qu'une forte Chaleur produit sur l'Economie." Paris, 1805, and Journal de Physique, tomes lxiii., lxxi., et lxvii.
(4) "Philosophical Transactions." 1775.

M. Constantine James, on the effects of the hot moist air of the baths, or
were subjected to great external degrees of heat, the temperature of the body was regulated by the evaporation from the surface of the skin and lungs. When the air was dry, individuals were able to endure, for a considerable length of time, a temperature of from 250 to 350 degrees, without injurious effects, and without any great elevation of temperature. The loss of water from the surface of the body was correspondingly great, and by its evaporation maintained the temperature of the interior at the normal standard. If, however, this evaporation be interfered with, by saturating the air with aqueous vapor, the temperature rose rapidly, and the individuals died in a short time.

The rapidity and force of the circulation and respiration also, have much to do with the increase or diminution of temperature in the active stages and in the intermission of malarial fever. This will be established in future by numerous examples.

Examination of Urine passed one hour after these observations, when the sweating stage was fully established. Reddish orange color, scant. Reaction acid. Specific gravity, 1028.

1000 parts of Urine contained:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urea</td>
<td>25.145 g</td>
</tr>
<tr>
<td>Uric Acid</td>
<td>0.661 g</td>
</tr>
<tr>
<td>Fixed Saline Constituents</td>
<td>0.245 g</td>
</tr>
</tbody>
</table>

The amount of Iron appeared to be slightly increased.

**Microscopical Examination.**—After 18 hours, no deposit, reaction still acid. After 60 hours, a light yellow deposit of a few prismatic crystals of triple phosphate, and numerous globular acicular crystals of urate of ammonia, and small globular and elongated vegetable cells and vibrones.

When this deposit was treated with hydrochloric acid, numerous crystals of uric acid appeared under the microscope.

Has no pain upon pressure of epigastrium, but has a tendency to vomit.

Apply sinapism to epigastrium. Calomel grs. xij., sulphate of quinia grs. vi., mix; administer and follow with castor oil in four hours. As soon as fever intermits, give sulhp. of quinia grs. v. every three hours, up to grs. xx.

October 10th, 1 o'clock, P.M. Medicine operated well; much better, sitting up; skin and tongue normal; pulse 64; respiration 24. Has taken 20 grains of sulphate of quinia.

Quassia and soda. Full diet.

8 o'clock, P.M. Had a chill one hour ago, which lasted thir.

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ty minutes. His extremities are just recovering their normal temperature, \( R \). As soon as fever remits, give sulph. of quinia up to grs. xx. Urine light orange color, scant and concentrated. The amount was not determined on account of the action of the medicine.

October 11th, 11 o'clock, A. M. Had fever all night, and vomited three times. Fever intermittted this morning, at 4 o'clock, A. M. Suffered greatly with pain in his head during the fever. This moderated greatly after the subsidence of the fever. No tenderness of epigastrium; tongue clear and a little redder at its tip and edges than normal.

Pulse 70. Respiration 20. 

**ANALYSIS IX.**

<table>
<thead>
<tr>
<th>Uric Acid,......</th>
<th>Fixed Saline Constituents,......</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.800</td>
<td>97.000</td>
</tr>
<tr>
<td>1.280</td>
<td>155.200</td>
</tr>
</tbody>
</table>

Calculated amount of Urine for 24 hours, .......... 16320

We see that, notwithstanding the diminution of the uric acid under the action of the sulphate of quinia, the chill and fever returned.

After standing 40 hours, the urine let fall a moderately heavy deposit of triple phosphate and vegetable cells. 

Oct. 12th, 11 o'clock A. M. Says that yesterday afternoon, between the hours of 3 and 6 o'clock P. M., he "had cold chills running over his body, which did not, however, amount to a regular shaking chill." These chilly feelings were not followed by fever, but by a profuse sweat.

**ANALYSIS X.**

<table>
<thead>
<tr>
<th>Uric Acid,......</th>
<th>Fixed Saline Constituents,......</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.200</td>
<td>48.000</td>
</tr>
</tbody>
</table>

Urine excreted in 24 hours, grs. 12,240 contained grs. 1000 parts of Urine contained

The uric acid is still far below the normal standard.

8 o'clock P. M. Has no fever; skin moist and cool; pulse regular. Urine orange colored, and of high specific gravity.

Oct. 13th, 11 o'clock, A. M. Up and dressed. Says that he "had no fever last night, but did not rest well; his dreams troubled him. After rising this morning suffered with vertigo, and
vomited mucus." Tongue normal; skin cool; pulse 60; respiration 16.

Amount of Urine passed during the last 15 hours, grains 4136. 
Calculated amount for 24 hours, 6617. 
Amount of Urine excreted hourly, 275.7 ty 1034.

Reaction, after standing 15 hours, decidedly alkaline. NO₃ and HCl produced a powerful effervescence by the liberation of the carbonic acid from the carbonate of ammonia resulting from the decomposition of the urea. Up to this time the reaction of the urine, after standing the same length of time, has been acid.

Urine in urine of 15 hours, (grs. 4136) 0.800
" Calculated amount of urine for 24 hours, (grs. 6617) 1.280
" 1000 parts of urine, 0.193

A few hours after its deposition the urine fell a heavy light-yellow deposit of penniform and prismatic crystals of triple phosphate and globular and elongated vegetable cells. The weather has been damp and cloudy for two weeks, and the wards of the hospital are crowded with patients, and this will account for the rapid propagation of these vegetable organisms. This patient left the hospital on the succeeding day.

Case X.—October 5th, 11 o'clock A.M. American seaman, age 16; weight 125 lbs.; light brown hair, blue eyes, florid complexion; sanguine temperament. From cutter Taney, which has been lying at the ship-yard in the low lands east of the city. Four nights ago he slept on the Savannah river in an open boat. Has not felt well since, and thinks that this was the cause of his sickness. The next morning he felt badly; had pains in his bones and back, but no chill. These uncomfortable feelings were followed by fever, which intermittently yesterday morning. This morning he had a slight chill, followed by fever.

Has high fever now. No tenderness upon pressure of epigastrum, Pulse 120. Respiration 40.

Temperature of Atmosphere, 72° F. 
Hand, 105°75' hand; lips parched and dry; tongue red, dry, and rough to the feeling.

Reaction of saliva acid.

Here is a bounding, rapid pulse—full, heaving, rapid respiration, and a correspondingly high temperature. These symptoms, together with the hot, pungent skin—dry, parched lips—red tongue, and flushed face, although striking, as a general rule, should never alarm the practitioner, as long as they are not complicated with obstinate vomiting, or cerebral symptoms.

In cases of malignant (congestive) malarial fever, on the other hand, there is, as far as my observations extend, a want of coordination between the actions of the circulatory and respiratory systems, and the rapidity and character of the chemical changes. The heart attempts to propel the blood—it beats rapidly, (flutters 140 to 160 times in a minute,) but the blood does not flow readily through the capillaries, because the chemical changes are in a great measure arrested, and in many cases perverted. In the present case, on the other hand, there is a correspondence in all the actions, the rapid circulation and respiration are attended with correspondingly rapid chemical changes and high temperature.
October 6th, 1½ o’clock, P. M. Says, that he is much better, feels very well, and has no pain anywhere. Medicine operated twice, freely. No tenderness upon pressure of epigastrum. The fever intermitted last night, and he rested well. Tongue moist, soft, and clean; papillae slightly enlarged and distinct; skin moist and relaxed. Pulse 64. Respiration 20.

Temperature of Atmosphere, 73° F. 

" Hand .......... 94°5' 

" under Tongue .......... 99°


R° Sulph. of quinia v. 

October 7th, 1½ o’clock, P. M. Decidedly better, up and dressed. Tongue clean and normal. Pulse 82. Respiration 20.

Temperature of Atmosphere, 72° F. 

" Hand .......... 94°75' 

" under Tongue .......... 99°20'

R° Snakeroot tea, tablespoonful every four hours.

R° Quassia and soda. Full diet.

Amount of urine passed during the last 24 hours, grs. 8240. Sp. Gr. 1030. Am’t of urine passed hourly grs. 343.8. Reaction acid when first voided. In 16 hours the reaction changed to alkaline, and a heavy light yellow deposit was thrown down.

Octr. 8th, 2 o’clock, P.M. Continues to improve. Tongue and skin normal. Pulse 52. Respiration 24.

Temperature of Atmosphere, 73° F. 

" Hand .......... 98°2' 

" under Tongue .......... 99°5'

R° Continue quassia and soda.

Amount of urine passed in the last 24 hours, grs. 8721. Sp. Gr. 1026. Amount of urine passed hourly, grs. 363.3. Reaction changed from acid to alkaline in 14 hours. The patient states that he ordinarily drinks but a small quantity of water, and hence the concentrated state of his urine.
October 9th, 12 o'clock, M. Has been walking about the Hospital grounds. Pulse 52. Respiration 24.

Amount of urine passed during the last 24 hours, grs. 15912
" " " hourly. 663.8
Reaction alkaline in 10 hours. In 16 hours threw down a heavy light yellow deposit. Sp. Gr. 1024.

The foregoing table (Case X., Table 3,) will give a condensed view of the phenomena.

CASE XI.—American seaman, native of Maine; weight 140 lbs. height 5 feet 8 inches; age 19; light hair and blue eyes; fair complexion. Has been in Savannah for three weeks. Was taken with chill, followed by fever, yesterday at 12 M. Had another chill this morning at 4 o'clock A.M.

October 10th, 11 o'clock A.M. Has a high fever now, and complains of pain in his head and bones. Skin very hot, but moist. Pulse 112; respiration thoracic, labored; tongue slightly coated with fur.

R. Calomel grs. x. Sulph. of quinia grs. vi. Mix, and administer immediately, and follow with castor oil in four hours. R. Soda powders.

7 o'clock P. M. The fever still continues unabated. Pulse and respiration still greatly excited. Urine clear orange colored. The urine excreted during the febrile excitement of the milder forms of malarial fever, is generally of a lighter color than that of the intermission, or of remittent fever. Specific gravity 1022. Nitrate of urea clear, silvery. Reaction of urine decidedly acid.

Amount of urine excreted during the last 10 hours, grains 9198.
Calculated amount for 24 hours, 22075.
Hourly amount of urine excreted, 919.

<table>
<thead>
<tr>
<th>ANALYSIS XI</th>
<th>Urine excreted in 10 hours, grs. 9198 contained grains</th>
<th>Calculated amount of urine for 24 hours, grs. 22075 contained grains</th>
<th>1000 parts of urine contained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urea,</td>
<td>222520</td>
<td>534418</td>
<td>24.843</td>
</tr>
<tr>
<td>Uric Acid,</td>
<td>3960</td>
<td>9504</td>
<td>0.430</td>
</tr>
<tr>
<td>Fixed Saline Constituents,</td>
<td>87300</td>
<td>209520</td>
<td>9.492</td>
</tr>
</tbody>
</table>

Microscopical examination of this urine which was excreted during high fever. After standing 72 hours the urine still retained its acid reaction. After standing 72 hours, there was a small cloudy, mucus-like deposit. Under the microscope, this consisted of nothing but vegetable cells.


R. Continue sulph. of quinia up to grs. xx. Diet, beef soup, gruel and tea. On account of the action of the medicine, the whole amount of urine was not preserved. Specific gravity 1027. After standing 36 hours, its reaction changed from acid to alkaline, and a moderately heavy deposit of vegetable cells, with a
few crystals of triple phosphate and urate of soda, were thrown down. Hydro-
chloric acid showed the presence of uric acid in the deposit. It is probable that
these vegetable cells, in many cases, have much to do with the fermentation of
the urine, for this change takes place most rapidly in damp warm weather, which
is favorable to the growth of these cells.

Color of urine orange.

ANALYSIS XII. { 1000 parts of urine contained:

Uric Acid..........................0.194
Fixed Saline Constituents.........16.508

October 12th, 11 o'clock, A.M. Much better, has no pain in
his head; still complains of weakness. Skin cool and moist.
Pulse 72, regular. Respiration*20.

B& Quassia and soda. Snakeroot tea. Full diet.
Amount of urine passed during the last 7 hours, grs. 3580 { Sp. Gr. 1023.

" " " " hourly.............................511.4

Reddish orange color. Reaction acid. After 48 hours the reaction was still
acid, and it was without deposit.
Calculated amount of urine for 24 hours, grs. 12177.

<table>
<thead>
<tr>
<th>ANALYSIS XIII.</th>
<th>Urine excreted in 7 hours, grs. 3580, contained, grains,</th>
<th>Calculated am't urine for 24 hours, grs. 12177, contained, grains,</th>
<th>1000 parts of urine contained,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urea..................</td>
<td>182.068</td>
<td>452.729</td>
<td>39.207</td>
</tr>
<tr>
<td>Uric Acid...........</td>
<td>1.750</td>
<td>5.999</td>
<td>0.488</td>
</tr>
<tr>
<td>Fixed Saline Constituents......</td>
<td>21.700</td>
<td>74.387</td>
<td>6.060</td>
</tr>
</tbody>
</table>


Amount passed in the last 9 hours ..........grs. 5100

" " " " hourly.............................566.6

{ Am't of urine passed in the last 15 hours, grs. 5120
Calculat ed amount for 24 hours " " 8192

Oct. 13, 11 o'clock, A.M. Urine excreted hourly " " 341.3

" " " " hourly.............................10220


<table>
<thead>
<tr>
<th>ANALYSIS XIV.</th>
<th>Urine excreted in 15 hours, grs. 5120, contained, grains,</th>
<th>Calculated am't urine for 24 hours, grs. 10220, contained, grains,</th>
<th>1000 parts of urine contained,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uric Acid...........</td>
<td>2.750</td>
<td>4.400</td>
<td>0.537</td>
</tr>
<tr>
<td>Fixed Saline Constituents......</td>
<td>46.000</td>
<td>73.600</td>
<td>8.984</td>
</tr>
</tbody>
</table>

In this case, considering the conditions of perfect rest, and
almost entire deprivation of food, the urea was increased in
quantity, during both the fever and the intermission. The
amount of uric acid was diminished under the action of the
sulphate of quinia.

CASE XII.—Irish laborer; stout, well made man, remarkably
large chest; brown hair; florid complexion; weight 192 lbs.;
height 5 feet 8½ inches. Has been in America five years. Re-
sided in New York city four years; and during the last twelve months has resided in Savannah. During the summer has been working along shore, and running up and down the Savannah river in a flat.

August 27th, 1857. Entered the hospital with a quotidian. For several hours after his entrance, was stupid—could not answer coherently. Pulse 104; respiration 24, labored, thoracic. Tenderness upon pressure of epigastrium. Tongue slightly furred, but normal in color and moist. The warm bath, cut cups to the epigastrium and a purgative, aroused him from his stupor. On the next day, his pulse was 104; respiration 33; temperature of hand 102, and skin hot, but moist. Sulphate of quinia was freely administered during the intermission of the fever. Had no return, and left the hospital in a few days. Returned to the same miasmatic situation on the Savannah river.

Entered the hospital again Sept. 17th, 1 o'clock P. M., with high fever, which had been preceded by a chill last evening. Twelve grains of calomel and six grains of sulph. of quinia were administered. The fever intermitted during the night, and twenty grains of sulphate of quinia was administered, in five grain doses, at intervals of three hours. This did not arrest the chill, which came on the next day, Sept. 18th, at 11 o'clock A.M. 2 o'clock P. M. Chill is just going off.

{ Temperature of Atmosphere, .......... 90°5' F. 
Pulse 112. Respiration 28. 
{ " Hand, .......... 100 
" under Tongue, .......... 104 
B. Soda powders. As soon as fever remits give sulphate of quinia grains v, every three hours, up to grains xx.

September 19th, 2 o'clock P. M. Complete intermission of fever. During the last 38 hours has taken 46 grains of the sulphate quinia.

{ Temperature of Atmosphere, .......... 91° F. 
Pulse 68; Respiration 24. 
{ " Hand, .......... 97°5' 
" under Tongue, .......... 99 
Amount of Urine passed during the last 24 hours, grains 18,144
" hourly, ............. 756
Reaction acid. Sp. Gr. 1008, clear, limpid—color a shade higher than normal.

| ANALYSIS XV. | Urine excreted in 24 hours, 1000 parts of Urine gra. 18144 contained grains, contained, |
|--------------|----------------------------------|------------------|
| Water,       | 17626.878                        | 971.497          |
| Solid Matters| 517.122                          | 28.503           |
| Urea,        | 226.880                          | 12.584           |
| Uric Acid,   | 2.880                            | 0.158            |
| Extractive and coloring matters, | 281.406 | 12.290 |
| Fixed Saline Constituents, | 53.586 | 2.969 |

There was no return of fever, and the patient was discharged. He obtained employment upon a steam-tug, which plied up and down the river, and slept on board at night. Was taken with a chill, followed by high fever, on September 29th.
October 2nd. Has just entered the Hospital, 2 o'clock, P.M., and is shaking with a chill. Pulse 120 in the sitting posture. Respiration 22 in the sitting posture, labored, thoracic.

Temperature of Atmosphere...76° F. Lip.s and hands purplish, he is shivering violently; hands feel very cold. " Hand........89° " Hand........89° " under Tongue........102°25' " under Tongue........102°25' The intermissions between the chills have been about 16 hours. & Mustards to extremities. & Spts. of Mindererus and brandy and snakeroot tea, of each a tablespoonful every half hour until reaction is established. & Calomel grs. xii., sulph. of quinia grs. vii., mix and administer as soon as reaction is established, and follow with castor oil in four hours. & Sulph. of quinia grs. v. every three hours, up to grs. xxv., commence as soon as there is the slightest tendency to a remission.

October 3rd, 2½ o'clock, P.M. Mustards and stimulants cut short the chill, and hastened the febrile action. Medicine operated well, and he feels much better. Has taken 22 grains of sulphate of quinia. Complains of ringing and pain in his head. Pulse 100, full. Respiration 26, thoracic, labored.

Temperature of Atmosphere...77°06' F. Tongue red at tip, but moist and " Hand........105° " Hand........105° " under Tongue........106° " under Tongue........106° Reaction of saliva, slightly acid. Skin dry. & Stop sulph. quinia until the fever intermits. & Soda powders. Diet, gruel.

October 4th, 2 o'clock, P.M. Has no fever: feels much better. Pulse 58. Respiration 20, regular and gentle.

Temperature of Atmosphere...76° F. Urine of a deep orange color, and " Hand........96°5' " Hand........96°5' " under Tongue........98°5' " under Tongue........98°5' Reaction of saliva, acid. Skins dry. Am't passed during the last 24 hours, grs. 14112. Am't passed hourly, grs. 588. Sp. Gr. 1008.

Says that during the night he was in a profuse perspiration. Has taken 15 grains of the sulphate of quinia this morning.

October 5th. Has had no chill.

& Quassia and Soda. Urine reddish orange color. Sp. Gr. 1016. Amount of urine passed in the last 24 hours 15290

Recovered sufficiently to act as nurse and servant about the Hospital. Although apparently well and capable of much muscular exertion, this patient complained of a continual pain in his head.

October 14th, 2 o'clock, P.M. Chill came on at 11 o'clock, this morning. Now has high fever. Pulse and respiration much accelerated, and skin hot.

& Calomel grs. xii., sulph. of quinia grs. vi., castor oil in four hours.

& Citrate of potassa mixture during fever.

October 15th, 2 o'clock, P.M. Apyrexia complete. Skin relaxed and cool. Pulse and respiration near the normal standard.

Urine excreted during the febrile excitement, normal in color. Specific gravity 1002. Amount of this urine voided during the last twelve hours, grains 35,070. Says that "during the night he
drank large quantities of water, and felt a constant desire to urinate."

**ANALYSIS XVI.**

<table>
<thead>
<tr>
<th>Grain of Urine excreted during 12 hours febrile excitement, contained grs.</th>
<th>1000 pts. of Urine contained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urea, ..........................</td>
<td>166.005</td>
</tr>
<tr>
<td>Uric Acid, ......................</td>
<td>A trace—few small crystals.</td>
</tr>
<tr>
<td>Fixed Saline Constituents,</td>
<td>58.360</td>
</tr>
</tbody>
</table>

This attack also yielded readily to the sulphate of quinia, and up to the time that I resigned the charge of the Savannah Marine Hospital and Poor House (October 20th), this patient had had no return of fever.

This case presents several points of interest. The phenomena of the cold stage have been noticed and compared with similar phenomena in a former article. (See page 396.) At the present time we will call attention to the fact, that during the febrile excitement the uric acid diminished greatly in amount, with and without the action of the sulphate of quinia, and in the last analysis (xvi.) disappeared almost entirely, notwithstanding that only vi. grains of sulph. of quinia had been administered, and that in conjunction with an active purgative. The following cases will show that the uric acid is frequently diminished during the febrile excitement of intermittent fever, independently of the action of the sulphate of quinia.

**CASE XIII.**—Irish laborer, age 40; height 5 feet 8 inches; weight 145 lbs; brown hair; grey eyes; Sallow complexion; occasionally indulges too freely in ardent spirits. Was in the hospital ten days ago with intermittent fever. After leaving the hospital, he obtained work along the river, at Fort Pulaski, and was much exposed to the sun. Was taken with pains in his head and back, and fever, yesterday afternoon at 4 o'clock P. M. Now, Aug. 17th, 12 o'clock M., there is an intermission. Pulse 66, respiration 20, skin moist and cool, tongue slightly furred. R. Castor oil.

Aug. 18th. Complains of great thirst, and pains in his head and back. Tongue coated in the middle with yellowish fur, pointed and red at the sides and tip; skin hot and dry.

Pulse 100. Respiration 36.  

\[
\begin{align*}
\text{Temperature of Atmosphere} & \quad 90^\circ F. \\
\text{" Hand} & \quad 106 \\
\text{" under Tongue} & \quad 106
\end{align*}
\]

R. Calomel grs. vi, Tartrate of Antimony gr. i, Nitrate of Potassa grs. xxx. Mix, and divide into six powders—one powder every three hours. 8 o'clock P.M. Skin hot, but softer, with a tendency to moisture. Pulse 104; respiration still thoracic and labored.

Aug. 19th. Fever intermitted this morning about 2 o'clock A. M. Now, 12 o'clock M., pulse 70 to minute, soft and normal. Respiration 22, normal.
Temperature of Atmosphere, 90°F. Tongue normal in size, papillae not enlarged, covered with yellowish fur. Urine passed last evening and night, clear, of a light yellow color, resembling the urine of hysterical females. This resemblance extended also to its density. Specific gravity 1005. Amount passed during six hours of febrile action, grains 7085. When one thousand grains were carefully tested for uric acid, only a small trace, just evident to the eye, but inappreciable in weight, was exhibited, after the most careful manipulation.

Urine passed this morning, after complete subsidence of febrile action, orange colored. Sp. Gr. 1014. When concentrated, it exhibited the extractive matter in much larger amount than in the urine of fever.

As a general rule, the extractive and coloring matters are less abundant during the active stage of intermittent fever, than during the intermission. They appear to be consumed during the active chemical changes of fever. The nitrate of urea formed from the urine excreted during the active stages of intermittent fever, is silvery white. The nitrate of urea formed from the urine excreted during the intermission is dark, discolored with coloring matter, and the crystals are not so well formed. The former kind of urine, when evaporated and concentrated, generally has a yellowish or brownish color, whilst the concentrated urine of the intermission, assumes the color of a very strong decoction of over-parched coffee.

Amount of urine passed during 7 hours of the intermission, grs. 6084
Ur. Acid in " " " " " " 0.48
Ur. Acid in 1000 parts of urine, 0.08

The microscopical examination of these specimens of urine resembled in most respects, the examinations of urine excreted under similar circumstances.

& Sulph. of quinia and snakeroot tea. & Cut cups to small of back.

August 20th. Complains of pain in his back, and restlessness. Skin moist, tongue slightly coated with white fur, flat, papillae not enlarged. Pulse 86. Respiration 27.

Temperature of Atmosphere...87°F.
" " Hand...........100
" under Tongue......101

Amount of urine passed during the last 24 hours,.....grs. 14120
" Ur. Acid excreted " " " " " " 5.600
" " in 1000 parts urine ..................0.400


Urine normal in color. Sp. Gr. 1009

Temperature of Atmosphere...80°F.
" " Hand...........86
24 hours............grs. 14126
" under Tongue......98

Heavy deposit of prismatic crystals of triple phosphate. When held in the sun-light, the urine appeared to be glittering with thousand particles of bright shining silver.

August 22nd. Skin, pulse, tongue, respiration, and circulation, normal. Urine normal in color. Specific Gravity 1011.

Amount excreted during the last 24 hours...........grs. 11132
Ur. Acid " " " " " " " " " 5.500
" " in 1000 parts of urine................. " 0.500

Concentrated urine of a dark, almost black color.
Case XIV.—American seaman, age 40; weight 160; height 5 feet 9 inches; florid complexion; light hair; sanguine nervous temperament. Has been in the Hospital for two months, with stricture of the urethra. There were several strictures, and the passage of the catheter painful and difficult.

The urethra and bladder were so irritable, and the sufferings of the patient so great, that the catheter could be passed only at intervals of several days. The passage of the catheter was always followed by an attack of chill and fever. During the last two months, this patient was treated for five attacks of intermittent fever, each one of which succeeded, and appeared to have been excited by the irritation of the bladder and urethra.

The Savannah Marine Hospital and Poor-house is situated in a malarious district. Three hundred yards to the southeast opens a large sewer from the city, and a short distance beyond, where this sewer discharges its contents, is a body of low, swampy land. The situation of the Hospital is also lower than that of a portion of the city, and during a hard rain, a large body of water flows down and accumulates in the street between the hospital and the park. This statement is farther sustained, by the fact, that nearly all the inmates of the hospital suffering with other diseases, even the consumptives, were attacked during this season with malarial fever. Although this patient was not acclimated, still, in health, the dose of malaria was not sufficient to produce general disturbance of the chemical actions and physical and nervous forces. Whenever his system was excited and enfeebled by the irritation of the urethra and bladder, then the characteristic phenomena of the action of the malarial poison were manifested.

October 11th. This patient left the hospital several days ago, became intoxicated, and slept all night in the open air. He was taken to the guard-house by the mounted police, and remained there until this morning, when he was sent to the hospital in a state of great febrile excitement. Says that he "had a severe chill this morning at 9 A. M., which lasted four hours, and was attended with vomiting. Pulse 140, full, bounding. Respiration 32, thoracic, panting. Skin hot, pungent; face flushed. The temperature was not determined, but it must have been at least 107° under the tongue. Urinary secretion abundant, and orange colored during the febrile action. Specific gravity 1008. After careful manipulation, with more than 1000 grains of urine, only a trace of uric acid was discovered.

The decomposition of the urea was far more rapid in this case, than in any other which I have thus far examined. Every trace of urea disappeared in 24 hours. This rapid change was due to the catalytic actions of the perverted secretions of the urethra and bladder.

[To be continued.]
ARTICLE XVI.


Mrs. B., 34 years of age: of strong constitution—the mother of seven children—was attacked with ovarian dropsy in 1841; died the 4th of January, 1858, making sixteen years from the commencement of her disease to the termination.

Mrs. B. was treated by several experienced physicians, for upwards of two years. The accumulation, still increasing, and the disease becoming more alarming, a consultation was called November 10th, 1843, and the operation of tapping was performed, for the first time, by Dr. R. C., with the evacuation of thirteen quarts of water. From that time to the termination of the case, she was tapped two hundred and nineteen times, with the evacuation of four hundred and ninety-five gallons of water.

Dr. R. C. continued to perform the operation of tapping, for a number of times, when the instrument was given up to the Rev. Mr. B., her husband, a very intelligent man, who performed the operations up to the time of her death, and who kept a correct statement of the number of times that she was tapped, and the amount of fluid evacuated at each operation.

Mrs. B. gave birth to two daughters during her illness—the first one, March 22nd, 1843, which lived and did well; the second, was born June 19th, 1845, which lived a few hours, and expired; the operation being performed twelve times up to this date.

Four years previous to her death a tumour made its descent into the vagina, filling the whole vagina, which interfered very much with the convenience of the patient in a sitting position. A physician was called in—the tumour, or sack, was pierced, with the evacuation of eight quarts of water, to the great alleviation of the patient. During her illness, she was tapped twenty-nine times, per vaginam, yielding from five to twelve quarts of water at an operation.

For the last few years, being the family physician, and being called to see Mrs. B., who suffered much in the latter period of her disease, I found that, after the operation of tapping, inflam-
mation of the sack had ensued several times, but was combated, successfully, by a strict antiphlogistic treatment—infiammation ensuing again after the two hundred and eighteenth operation, proved rapidly fatal.

At the earnest solicitation of the patient, she was tapped a few hours before she expired.

I report this case to the Profession, on account of the frequent number of tappings, and the aggregate amount of water that was evacuated. As far as my knowledge extends, such a case is rare, if it does not exceed any on record.

ARTICLE XVII.

Remarkable Case of Malformation. Reported by Wm. A. Green, M. D., of Starkville, Ga.

Was called to Mrs L——, Monday, January 5th, 1858. Had been in labour with her second child. Nothing unusual occurred during gestation or parturition. She gave birth to a child, over the average size, which cried lustily, seeming to indicate every function was regularly and properly performed. Upon a close examination, the following deformities were found to exist:

The spine began a curvature at the superior third of the cervical vertebrae, in a direction towards the right hypochondrium, to the top of the sacrum. The concavity of this curvature was filled with two or three sac-like appendages, containing, apparently, a fluid and gas, movable and compressible. "A want of the spinous processes of three or four contiguous vertebrae, is not a very uncommon species of monstrosity." "This constitutes spina bifida." "There is, usually a soft, fluctuating tumour in the situation of the malformed bones, caused by water, contained within the sheath of the spinal marrow."—Vide Ramsbothams Obstetrics. (Keating.) Appendix M. p. 622. Below, upon each side of the sacrum, were two appendages, resembling the mammae of woman. In front, between the point where the umbilicus was attached, and the symphisis pubis, was a protrusion of intestines, within the peritoneal sac, reducible by pressure, but returning when removed. Immediately under this
Acclimation, &c. [July,

hernia, the urine trickled, continuously, from two or three small openings, which could not be entered by the smallest probe. Below this, and hanging pendent from the middle of the symphysis pubis, were the testicles, perfectly formed. There was no trace, nor any portion of the penis. Behind the symphysis pubis, in juxta-contact, and at the extreme anterior portion of the perineum, was an anus, well formed, through which the faeces passed. About an inch and a half behind this, at the point of the os coxycygis, was another anus, that, upon examination, proved to be imperforate—a cul de sac.

The face of the infant, when first born, was perfectly black, but is changing to a mulberry hue. Numerous marks are upon its body, such as are frequently seen upon children. Every other portion of the child seems perfectly and symmetrically developed. Its bowels are regular; it is healthy, and rapidly growing. The complete, entire, absence of the penis, or any portion of it—the unusual, unheard-of positions of the anus, testicles and anomalous passage of the urine, are extremely remarkable and interesting. The bladder has no urethra, through which to pass its urine, so these apertures must come in direct contact with, and even enter the fundus of the bladder.

Acclimation; and the Liability of Negros to the Endemic Fevers of the South. By E. D. Fenner, M. D., Professor of Theory and Practice of Medicine, N. O. School of Medicine.

In the last (March) number of that influential and widely-circulated journal, the North American Medico-Chirurgical Review, we find an extract from the work of Nott and Gliddon, on the Indigenous Races of Mankind, expressing observations and opinions on the above subjects so entirely different from our own, and as we believe, so wide of the truth, that we have concluded to invite the special attention of Southern physicians to them, with the view of ascertaining, if possible, to what extent such opinions prevail. We do this in no captious spirit towards our talented and esteemed friend, Dr. Nott; but solely for the purpose of eliciting truth on a subject of vital importance. Constituted as men are, they cannot be brought to see things in the same light, nor to reason alike from given premises; yet there must be truth on one side or the other in all such discussions, and when it cannot be satisfactorily demonstrated, we have to receive
as truth the concurrent observations and conclusions of the largest number of equally competent observers and thinkers. The following is the extract alluded to:

"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 malarial 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?"

Dr. Nott here proclaims that "there is no acclimation against the endemic fevers of our rural districts," and boldly asks "if there is an experienced and observing physician at the South who will answer differently?"

With all due deference we feel bound to reply that there is at least one, and we believe thousands, not only of physicians, but planters, too, who differ with him on this question. We were born and raised in the South, and have practiced medicine in the country, in villages, and in the city of New Orleans. We have been a planter also, and have had no ordinary opportunities to observe the effects of acclimation. not only on the white and black races of men, but also on the lower animals, and we must express the opinion, that, but for the attainment of a greater or less degree of acclimation, the extensive malarious region of the Southern and Southwestern States never could have reached its present state of population and improvement. So far from the fact being "glaring and universally admitted that there is no acclimation against the endemic fevers of our rural districts," as is maintained by Dr. Nott, we contend that exactly the converse opinion obtains; hence the additional value attached by all practical men
in these parts, both country and city, to the acclimated negro, horse, ox and milch cow. Perhaps it would not be going too far to say that even the dogs, turkeys and chickens have to undergo acclimation before they can do well here.

We thought the fact was universally admitted that all immigrants from more Northern regions to the South were very liable to suffer from the endemic fevers, for the first two or three years of their residence, but that after that period they obtain comparative immunity, and in the course of time may enjoy as good health here as they did where they came from, and some of them much better. They become habituated to the climate and its diseases, and may live as long as the creoles, or natives, who certainly make no contemptible display of longevity in the mortuary statistics of the country.

There appears to be a slight inconsistency in some of the remarks of Dr. Nott respecting the acclimation of negroes and their liability to the endemic fevers of the South. In one place he says negroes are “comparatively exempt from all the endemic diseases of the South.” In another—“The acclimation of negroes, even according to my (his) observation, has been put in too strong a light.” * * * * “They never become proof against intermittents and their sequelæ.” * * * * “Whenever the whites are attacked with intermittents, the blacks are also susceptible, though not in so great a degree.” 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 they can, in this region, become accustomed to the marsh poison.” Dr. Nott applies these observations to the region of country removed from the rice country, and adds: “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.” Upon this he throws out the suggestion that there may be “difference in the 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.”

Dr. Nott says in a note: “A medical friend, (Dr. Gordon,) who has had much experience in the diseases of the interior of Alabama, South Carolina and Louisiana, has been so kind as to look over these sheets for me, and assures me that I have used language much too strong with regard to the exemption of negroes. He says they are quite as liable as the whites, according to his observation, to intermittents and dysentery.” On a closer examination of the different remarks of Dr. Nott, above quoted, we confess ourselves somewhat at a loss to decide which side of the question he has raised, they tend chiefly to support. First comes the general remark that “there is no acclimation against the endemic fevers of our rural districts;” then, “negroes are comparatively
exempt from all the endemic diseases of the South;” again, “negroes do suffer greatly on many cotton plantations in the middle belt of the Southern States, and he has seen no evidence to prove that they can, in this region, become accustomed to the marsh poison;” and finally, “that the negroes of the rice-field region do undergo a higher degree of acclimation than those of the hilly lands of the interior.”

A reviewer of Dr. Nott, in the Southern Medical and Surgical Journal for January, 1858, says at page 22: “We must differ from the learned author when he affirms that negroes are comparatively exempt from all the endemic diseases of the South. Such is certainly not the case in this section of Georgia, (Augusta,) and in the adjacent portions of South Carolina and Alabama, where every planter knows that his negroes suffer, equally with the whites, annual attacks of intermittent and remittent fevers, dysentery, malarial pneumonia, etc. This writer then goes on to “out-Herod Herod” in his opposition to malarial acclimation, reaching the ne plus ultra when he says: “We may safely affirm the liability to our fevers is in a direct ratio with the length of time the individual has resided in the malaria district, and that natives are the most susceptible.” * * * “Negroes born and reared upon the plantations of Georgia and South Carolina are fully as liable to fever as new comers, and we think much more so.” But finally, he concurs with Dr. Nott, that in the most malarious portions of the whole malarious region, the low country, “negroes do become acclimated and comparatively exempt from fevers.” From this he infers also with Dr. Nott, “that the low-country fever, like yellow fever, must then be essentially different from any form of fever in the upper sections of the Southern States.”

Now, to our apprehension, the attainment of more perfect acclimation in the latter region is more justly attributed to the steady continuance than to any peculiarity of the febrific cause; for we find no material difference in the types of fever prevailing here and the uplands.

There are malarious seasons as well as malarious regions, and it appears to us that in those climates and localities where the operation of the morbid cause is most continuous, the effects should be most durable. Thus, by the inherent conservative powers of the animal constitution, it is capable, in the course of time, of habituating itself to the deleterious influence of deadly poisons, as is actually witnessed in the use of opium, strychnine, arsenic and corrosive sublimate. The following quotations from respectable authorities will serve to show how widely different from the commonly received opinion on the subject of acclimation are the positions held by both Dr. Nott and his reviewer.

Dr. E. M. Pendleton of Sparta, Georgia, in an interesting
paper "on the susceptibility of the Caucasian and African races to the different classes of disease," published in the Southern Medical and Surgical Journal for November, 1849, after showing the greater liability of children than adults to idiopathic fevers, remarks: "But why the adult should be less liable than young persons is not so easily determined, unless young people in miasmatic districts have to undergo a kind of acclimation, as foreigners, and afterwards become less subject. I have observed that parents seldom have fever where they have lived a long time in unhealthy sections, while their children are frequently every one prostrated at once. Inquire of them, however, and you will find that in former years they were equally as subject to it as their children seem to be in later days,"

From Dr. LaRoche's valuable work "on Pneumonia and Malaria," we take the following: Speaking of the protection afforded by acclimatization, he says: "That such a protection is thus obtained, to a greater or less extent, in regard to all malarial and some other forms of fever, no one who has examined the subject with attention will feel disposed to deny. By long habituation to infectious localities, and to the high temperature of hot regions, the system becomes acclimatized, and thereby acquires the power of tolerating perfectly and permanently the poison, or of eliminating it as soon as received, without succeeding reaction. The observation is of old standing. Pliny, nearly twenty centuries ago, called attention to the fact, that they who are seasoned can live amid pestilential diseases," and the statement has been confirmed by all subsequent observations." P. 403.

Dr. La Roche goes on to show correctly that "the dangers of infection to strangers is in proportion to the coldness of their native land—that the protective influence of acclimatization is lost by a prolonged residence in cold climates—that the children of the natives and acclimatized do not enjoy the same advantage in regard to protection as their parents, but acquire them rapidly as they advance in age, etc;" the most of which he also shows to be equally true of yellow fever. P. 404-5.

Dr. Nott says: "An attack of yellow fever does not protect against marsh fevers, nor vice versa." This is very true, but we go further still. We maintain that a mere attack of yellow fever does not protect completely against the same disease. To effect this purpose there must be a good strong attack—one that is capable of modifying the system and leaving a permanent impression. So, likewise, with malarious or country fevers. It requires longer exposure and often numerous attacks before the human system becomes seasoned to the deleterious influence of malaria. Yet La Roche demonstrates the fact by voluminous testimony, and it fully accords with our observation, that persons who have lived long in Southern malarious districts suffer much less from yellow
fever, when first exposed to it, than those from the North who have not been thus seasoned. What does this prove, if not that there exists a consanguinity between the types of fever?

The following extract, from Watson's Lectures, present this subject in its proper light:

"Another fact worthy of notice, in respect to the agency of the malaria upon the human frame, is that it affects strangers much more readily and decidedly than the natives of the place. In other words, habit mitigates the injurious effects of the poison. Persons become seasoned to it. At Walcheren, though almost every adult among the lower classes had labored, in the course of his life, under the endemic intermittent, yet they were infinitely less subject to it than strangers: and they will not believe that their beloved birthplace is unhealthy. Sir Gilbert Blane says that persons of education, and even medical men, denied indignantly that this country was less healthy than any other; and attributed the sickness which raged among our troops to some trivial circumstance of diet or habits, and not to any insalubrity of the air. This is a curious moral feature, but a very general one. In the pestilential plains of Estremadura the superstitious natives, unable or unwilling to account for a disease of a type so uncommon, among the soldiers, from any unwholesomeness of the air, declared that they had all been poisoned by eating mushrooms. It was found, also, at Walcheren, that the strangers who survived the first attacks became thereafter much less liable to the endemic fevers. The French general, Monnet, who had held the command at Flushing for several years, had acquired a knowledge of this fact, and endeavored to turn it to practical account. He recommended that troops should not be frequently changed; for when it was the custom to send batallions from Bergen-op-Zoom every fourth night in succession, to work on the lines of Flushing, these men never failed, upon their return, to be taken ill in great numbers. General Monnet therefore advised, however displeasing it might be to the officers, that a stationary garrison should be retained at Walcheren, in order that the men might be habituated or seasoned to the air, (acclimatés) and he adduced the instance of a French regiment which suffered in the second years of its being stationed there only one-half the sickness and mortality which it suffered during the first year, and hardly suffered at all in the third year."  P. 446.

Dr. Watson then speaks of the generally injurious effects of malaria, besides the violent and distinct forms of fever it produces in new comers, and gives the following testimony in respect to the exemption of negroes:

"One remarkable exception is mentioned by Dr. Ferguson. From some peculiarity or idiosyncrasy (which he conjectures may be somehow connected with the texture of the skin) the negro
appears to be proof against endemic fevers. To him marsh miasmata are in fact no poison; and hence his incalculable value as a soldier, for field service, in the West Indies. The warm, moist, low and leeward situations where these pernicious exhalations are generated and concentrated, prove to him congenial. He delights in them, for there he enjoys life and health, as much as his feelings are abhorrent to the currents of wind that sweep the mountain-tops, where alone the whites find security against endemic fevers."

There is doubtless much truth in the remarks of Dr. Ferguson, but his assertions are altogether too strong for our temperate region. Malaria is certainly a poison to the negro as well as the white, but it is less deleterious to the former, and he more readily becomes seasoned to it.

It would seem that those types of idiopathic fever which, according to Dr. Campbell’s plausible theory, depends chiefly on disorder of the cerebro-spinal system of nerves, as all the well-marked paroxysmal fevers are more subject to recurrence and require a longer period for acclimation than those of the continued types, as yellow typhoid, typhus and the eruptive fevers, measles, scarlatina, variola, varicella, etc. Quotations on this subject might readily be multiplied to any extent, but, perhaps, to little purpose. The testimony would be found to be very conflicting, and difference in opinion would still remain.

To show that we have not penned these remarks in a spirit of captious criticism, but only for the purpose of eliciting the expression of opinion by others on the subject, we will now give our own views in regard to acclimation, published in our first volume of Southern Medical Reports, (1849.) Nearly ten years of additional observation has only served to strengthen the opinions here expressed:

"In connection, it may be expected of us to say something in regard to what is termed 'acclimation.' This term is in very common use, and is well understood to mean the habituation of a person to a special climate.

"It is but reasonable to suppose, that man, 'the master-piece of his Creator,' and 'the inheritor of the earth,' was designed to live in every portion of the globe which is supplied by the hand of nature with the means of subsistence, or accessible to commerce and the arts. Yet, so great is the difference of soil, climate and attendant circumstances, in the various regions between the tropics and the poles, that no race of animals is capable, at once, of enjoying equal health in them all. There is required a certain adaptation of the constitution to each, which can only be attained through the gradual changes effected by time and exposure. Independent of the peculiarities of climate, soil, water, etc., to be found in different regions, it is presumable that there exist in the
atmosphere over certain localities, deleterious gasses, effluvia, or emanations from the earth, which exert their most powerful effects upon the living system when it is first exposed to their influence; but to which the system may become gradually inured in the process of time. To become accustomed to these peculiarities of soil, climate and noxious effluvia, is what we term being seasoned or acclimated; and it is wonderful to witness the capabilities of the human system in this respect. There are but few individuals who can make a great change of residence with perfect impunity. With the great majority of people, it is done at the peril of their lives; but the effects are very different upon different constitutions. Some do not become seasoned until they have suffered the severest form of endemic fever belonging to the climate and locality; others become gradually and thoroughly acclimated without even suffering an open or severe attack. There are persons who have resided in New Orleans twenty years without ever having had yellow fever, whilst others have had it two or three times. Strong attacks of the severest forms of our remittent, bilious and yellow fever seems to cause a modification of the system, which secures to the individual a greater or less immunity from subsequent attacks. Attacks of the milder forms, as ordinary interments, effect no such immunity; but, on the contrary, when frequent, lead to permanent engorgement of the spleen, and cause an increased liability to the complaint. The term acclimation is just as familiar to the inhabitants of all the Southern portions of the Mississippi valley, as it is to the citizens of New Orleans, and is used to express the same idea, viz: that persons coming from a Northern climate and settling there are very liable to have attacks of fever during the first two or three years, but afterwards become quite exempt. This fact is so well known as to cause a considerable difference in the valuation of negroes, and even horses and cattle. An acclimated negro, horse, or milch cow, commands a higher price than an unacclimated one. We shall not, at this time, attempt to explain the nature of the change effected by acclimation, nor the manner in which it is brought about; but it is a fact confirmed by long experience and common observation.

"Believing, as we do, that yellow fever is only one of the forms or types of endemic, malarious fever, witnessed almost annually in this city, and less frequently at many other places in the South, we may state the fact, that those who have suffered severe attacks of it, or even mild attacks, during severe epidemic seasons, certainly remain quite secure from subsequent attacks; especially if they continue to dwell in the same locality. But that they are equally as secure as those who have had small-pox, measles or hooping-cough, as is maintained by some physicians, we cannot for a moment admit. Our own observation, if we have seen
Syphilitic Inflammation of the Retina.

The revelations of the ophthalmoscope bid fair to add a peculiar form of retinitis to the acknowledged rôle of symptoms due to constitutional syphilis. A fortnight ago we noticed a very interesting case, in which lymph had been seen deposited on the retina of an infant, the subject of hereditary syphilis. A few

* Dr. Harrison says he had known persons to have yellow fever two or three times, but he never knew such cases to terminate fatally.

† New Orleans Medical and Surgical Journal, 1848 and 1849.
days afterwards Mr. Critchett admitted a second case, in which a girl, whose history and appearance led to the belief that she was the subject of the same kind of taint, was losing sight in both eyes, from the punctate effusion of lymph on the retina. Two other cases are attending Mr. Critchett's clinique, in which, in connection with acquired syphilis, retinitis with effusion has occurred. In one the effusion is in the form of isolated white dots; but in the other the whole visible extent of retina is cloudy and opaque, the optic nerve itself being but dimly seen. It is worthy of note, that in neither of these cases has there been any iritis or affection of the anterior parts of the globe.—[Omodei Annali Universali, and Med. Times and Gaz.

On some of the prevalent Errors in relation to the Predisposition to Hysteria. By M. Briquet.

M. Briquet believes that most writers have been indebted more to their imaginations than to the observation of facts for the pictures they have drawn of this disease. It has been attributed by most of them either to unsatisfied sexual desires, or to excessive excitement of the uterus and its appendages, and a fanciful etiology to correspond has been invented. The object of this paper is to show that these and other preconceived ideas have no solid foundation in fact.

1. The hysterical constitution, about which so many positive assertions have been made, has in fact no existence—the affection occurring in women having the most opposite external appearances. The author examined 425 cases of hysteria in this point of view; of these, as regards height, 127 were tall, 168 medium size, and 106 short; as to strength, 99 were strong, 36 medium, and 26 weak; as to flesh, 194 were stout, 106 medium, and 92 thin and spare; as to color, 220 were fair, and 164 dark, 27 having the hair light, 39 black, 177 light chestnut, and 188 deep chestnut. In 168 the face was pale or brownish, and in 174 fresh colored. Thus it will be seen these were the ordinary varieties met with among women in general.

2. The temperament is also various enough. The following is the classification M. Briquet made of 383 cases. In 143 it was lymphatico-sanguineous, in 125 lymphatic, in 91 nervous or lymphatico-nervous, in 12 bilious, and in 11 sanguineous. These are evidently very much the proportions that are found in females of 15 to 30, part inhabitants of the country, and part of the towns, as was the case with those. At all events, there is no temperament that can properly be called hysterical.

3. Moral disposition.—That which is not discoverable in the physical constitution of hysterical females is, however, very evi-
dent in their moral disposition. So much is this the case, that of 430 cases occurring to the author, not more than 20 at the utmost have not manifested it. The characteristic of this is marked impressionability, foreshadowed in childhood by great timidity, excessive susceptibility to blame, and a disposition to shed tears easily.

4. Mode of life.—Another of the axioms that have been laid down as undoubted, is, that hysteria is the prerogative of the wealthy and luxurious, and that poverty is a security against its occurrence. It is a complete error; the common people being the subjects of hysteria in almost a double proportion to the other classes. At a particular epoch M. Briquet visited all the female patients in the medical and surgical wards of La Charité, with the exception of those suffering from epilepsy, apoplexy, insanity or delirium. The number amounted to 208, and of these 65 were hysterical (38 with convulsive paroxysms), 49 were impressionable, and 89 only were neither hysterical nor impressionable. Thus, among the common people there was 1 woman in 5 who had hysterical paroxysms, and 3 out of every 8 were the subjects of hysteria. So far from being exaggerated the statement is rather below the truth. But where is the practitioner who meets with 3 cases of hysteria among 8 of his private patients? According to the experience of many M. Briquet has consulted upon the subject, there is about 1 in 8 or 10 in the easy classes of society, not alluding to the very highest. The charms and simplicity of a country life, too, have been sufficiently praised, and nervous diseases have been said to be the almost exclusive afflictions of civic life. M. Forget, in 1847, somewhat startled this belief by showing how frequently hysteria occurs among the simple Alsatian peasantry. M. Briquet has obtained cognizance of the place of abode and of early education in 324 cases of hysteria, and of these 168 were town born and bred, and 156 from the country—the majority of these latter having in childhood labored in the fields. In the case of 42 of these country girls their mothers had been hysterical, 29 suffering from paroxysmal attacks. Professor Lebert, of Zurich, also assures the author that hysteria is just as often seen in the poverty-stricken cantons of Switzerland as in the most flourishing ones. A too tender and luxurious education has been assigned as a predisposing cause; but of 81 cases of hysteria occurring before the age of puberty, in 21 the harsh treatment they had been subjected to was the principal cause of the disease. A third portion of the author’s collection of cases had been submitted to ill-treatment or privation during childhood. In place of a tender education being assigned as a predisposing cause, it would be more just to stigmatize a harsh one.

5. Continence has been stated by many authors as an unnatu-
r-al condition, predisposing to hysteria; but when it is remem-
bered that the majority of cases occur between 12 and 20, we
naturally ask at what age it becomes unnatural, as also for the
explanation of the occurrence of the disease in 86 children under
12 years of age. Various authors since the time of Galen have
deplored the fate of widows, as the necessary victims of hysteria;
but in point of fact their solicitude has been little needed, inasmuch
as among 375 cases collected by Landovzy, only 12 of the
subjects were widows, as were only 14 in the author's own 430
cases, i.e., 26 in 800 cases, or 1 in 30. Of the author's 14 cases,
too, in 6 the hysteria appeared on the day of the husband's
death, and in 4 during the first month after it, and should surely
with more probability be referred to moral emotion. Hysteria has been said to be, on the one hand, common among nuns,
and, on the other, rare among women who give free vent to
their sexual desire. But in point of fact it is rare in convents,
and is chiefly found in those in which there is great fasting and
ma ceration. The reverse position so strongly maintained by
authors may also be disposed of. Thus, of 800 hysterical fe-
ma les above the age of 15, 139 were married or kept women,
and among them had 367 children, not counting miscarriages.
Among the 161 remaining, very few resigned themselves to
continence. At the Lourcine, where syphilitic workwomen and
servants repair, among 424 patients, 169 were hysterical. As to
prostitutes, of 197 applying to St. Lazare on account of syphilis,
106 were hysterical, 28 very impressionable, and 65 neither
hysterical nor impressionable. It results from all this that con-
tinent women are rarely hysterical, those who do not observe
continence are frequently the subjects of hysteria, while those
who pursue the extreme of incontinence are the most liable of
all. The reason is obvious. Among these different classes of
women, the first lead peaceable lives, the second have much to
go through, while the last are a prey to frequent and violent
emotions. Next we may consider the effects of marriage on
hysterical women, which, to judge from the statements made,
have been truly remarkable. But among M. Landovzy's and
the author's 800 cases, in only 29 instances did decided advantage follow marriage, notwithstanding the complex character of
the modifications ensuing upon this state.

6. Menstruation and affections of the uterus.—This class of in-
fluences has been raised to the highest rank by those writers
who are determined at placing the seat of hysteria in the uterus.
1. This has been supported by the supposed effects of normal or
abnormal conditions of the menstruation. From the author's
observations, however, made on 411 hysterical women, in but
136 had there been any derangement of the menses. Of 237
deliveries of hysterical women, in but 12 were there any convul-
sive paroxysms, some of which too might have been examples of eclampsia. 2. According to authors, it is common to observe hysteria in affections of the uterus. Now these diseases are exceedingly common, and the connection ought to be easily demonstrable. But this is not the case, for Landovzy and other partisans of the opinion are able to collect but some 40 cases of the affections of the genital organs giving rise to hysteria—few enough as compared with the thousands of cases daily occurring. Practitioners, moreover, having much to do with the various female diseases entirely deny such connection.

[L'Union Medicale, and Med. Times & Gazette.

**Alarming Head Symptoms relieved by Quinine.** By Mr. R. L. Bowles, of Folkstone.

CASE.—H.W. B......, a medical man, stout, strong, and healthy, æt. 28, and married, was attacked on the evening of July 6th, on his way home from the cricket-field, with most severe headache. He had walked, in the course of the day, about sixteen miles, besides having played for two hours at cricket. The day was hot and sultry. On arriving at home, he went to bed, but the severity of the pain in his head prevented his sleeping. He had also great intolerance of light. During the next two days he continued much in the same state, with the addition of occasional delirium. It was at this time I was called in, and found my patient complaining of severe splitting pain in the forehead, which was much increased by talking or moving. He earnestly requested me to leech or bleed him, having a conviction that he was suffering from congestion of the brain. The pulse was from 46 to 48 in a minute, soft, and occasionally intermitting; the skin cool and moist; the tongue ödematous and pale, with a soft white fur on its surface; the face, which was occasionally flushed (though without a corresponding heat of skin), wore a singularly indifferent and solemn expression; the ocular conjunctiva was healthy in appearance. He had become restless and irritable, and was constantly throwing himself about in bed. His bowels had been acted upon by a seidlitz draught. A mixture of ammonia, sulphuric ether, and camphor julep, was now prescribed to be taken every four hours, and a full dose of liquor opii at bedtime.

July 9th, 8, A.M. The patient had passed a comfortable night, and appeared much relieved, his countenance wearing a more natural expression. In the afternoon, however, the symptoms returned in all their severity. The opiate was omitted at bedtime. A blister was applied to the neck.

July 10th. In the morning I found that he had been deliri-
ous, and had passed a restless night; the pain and intolerance of light were quite as distressing; and he was unwilling to take nourishment of any kind. The bowels were confined, and the tongue had now a brownish coat on the back part. The blister had risen well. A physician, a friend of my patient, called to see him; and, believing the case to be of the nature of sunstroke, advised eight leeches to the temples, which were accordingly applied, but with no relief to the symptoms. He was now a good deal depressed.

July 11th. He passed a restless night. The bowels were freely relieved by a pill of calomel and colocynth, but each action of the bowels appeared rather to aggravate the headache. The opiate was given at bedtime, and a mixture of sulphuric ether, valerian and camphor; with beef-tea ad libitum. This treatment afforded considerable relief, and gave him a comfortable night.

July 13th. Severe symptoms again returned, which were partially relieved by repeated doses of the stimulating mixture. Mr. Roscow (who now saw the case with me) advised disulphate of quinine, in three-grain doses, to be taken at intervals of two or three hours; care being taken to give the first dose of quinine when the headache was at its minimum. The effect was magical. The first dose prevented the paroxysmal return of headache, and, with its continuance, a rapid general improvement took place.

July 16th. My patient was convalescent, the pulse having risen to its normal standard.

Twelve months ago my patient was living in the island of Greneda, and for nearly two months he suffered severely from repeated attacks of intermittent fever, for which he had taken large doses of quinine with great advantage.—[British Medical Journal, and Ranking's Abstract.

On the various Tests for Saccharine Urine, and on the Varieties of Diabetes. By Dr. A. Becquerel.

Dr. Becquerel draws attention to certain fallacies that may arise in the employment of the potassio-cupric liquid of Barreswil, the solution of Trommers, or caustic potash, as tests for sugar in the urine. The following, method, he states, prevents all fallacy:—To a measured quantity of urine—say thirty parts add a similar quantity of solid acetate of lead in crystals—say two parts; heat being applied, a dirty-white precipitate is at once obtained; this liquid is to be filtered, and the filtrate treated with the sulphate of soda in excess—say four parts. The second mixture is to be again heated; the sulphate of lead is precipita-
ted, and a clear, transparent liquid remains, which contains the sugar, if any was present, the urea, and some saline matter. The potassio-cupric solution is not reduced, nor liquor potassae turned brown, unless sugar is present in this liquid. If albumen is present in the urine, the acetate of lead carries it down with the other organic matter contained.

After various remarks on the purely chemical aspects of the question, Dr. Becquerel passes to the consideration of diabetes; which he regards either as idiopathic or symptomatic. The former is characterized by the presence of a notable amount of sugar in the urine, which is increased in quantity; there is excessive thirst and hunger, with other morbid phenomena. In the latter the presence of some sugar in the urine is an accessory symptom, following upon other diseased conditions; like albuminuria, it is associated with a great variety of diseases. In these cases the sugar is never very considerable, though it may amount to as much as 25 or 26 per 1000; while in idiopathic diabetes it rises to 60 and even 80 per 1000. In symptomatic diabetes neither the quantity nor the density of the urine is materially increased.

Dr. Becquerel divides the conditions with which symptomatic diabetes may be associated into five categories:—1. Diseases of the brain and cord. 2. Diseases of the liver. 3. Diseases accompanied by dyspnœa. 4. The presence of lactation. 5. Various diseases.

Among nearly two thousand patients, whose urine the author has caused to be examined at the Hôpital de la Pitié, he has found five cases belonging to the first category; they were respectively,—1. A case of myelitis in a woman, aged thirty-seven, who died tetanic, and had sugar constantly in her urine. 2. A case of general paralysis in a woman, aged fifty-four, with temporary convulsive affections, during which the urine was saccharine. 3. Amaurotic amblyopia, with a paralytic condition of the lower extremities, in a man, aged fifty-one; urine permanently saccharine. 4. A man, aged sixty-two, closely resembling the last case. 5. A young woman, aged twenty-two, with meningo-cephalitis, during which there were 8 to 12 grammes of sugar per 1000 in the urine. Recovery: five weeks later, return of the same symptoms, when there was no sugar or albumen in the urine. Death ensued, and the diagnosis was confirmed by the autopsy.

Dr. Becquerel reports three cases of liver disease accompanied by diabetes. 1. A man, aged fifty-three, with chronic gastritis and chronic hepatic congestions, had 20 to 28 grammes of sugar per 1000. 2. A man, aged fifty-four, with pulmonary emphysema, and consecutive chronic congestion of the liver: the sugar was detected for six months, and then disappeared.
3. A young man aged nineteen, with slight enteritis and blennorrhagia (there is no further statement about hepatic disease:) being a sugar-refiner, he consumed nearly a kilogramme of sugar (about 1½ lb.) daily. Sugar was found in his urine during the whole time of his stay in the hospital.

Dr. Becquerel expected to find sugar frequently in diseases accompanied by embarrassed breathing, but failed to do so entirely.

He found sugar in the urine of nine women recently delivered, in whom the lacteal secretion was established. It was also met with in the two following cases, which do not come under any of the preceding heads:—

1. Female, aged thirty-five, affected with cancer of the neck of the womb, not ulcerated. 2. A man aged fifty-four, affected with extreme anemia, the result of poverty.—[L'Union Médicale, and British and Foreign Med. Chir. Rev.

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Fatal Disease of the Appendix Vermiformis. Dr. Caspar Wister read the following paper before the College of Physicians of Philadelphia:—

The appendix vermiformis exists only in man and two superior species of the quadrumania, the orang and the ape. It is the type of the prolonged caecum common to all other mammiferous animals. During faecal life it is continuous with the caecum, and of the same size, and is developed from the cul-de-sac of the latter. Bishoff admits that the earliest recognition of its origin was by Meckel, in a foetus seven lines in length.

The appendix is ordinarily three inches long, with a diameter of two lines, but is subject to great variety of size as well as position. Occasionally it is entirely absent, while Welga has seen it nine inches long, with many convolutions, and Autenrieth four, and as large as the colon.

It is entirely enveloped by the peritoneum, which forms for it also a true mesentery, holding it loosely in position. The muscular coat is not in bands, as in the colon, but surrounds it as in the rectum. The lining membrane is continuous with that of the caecum, and forms a valve at the entrance, the falciform edge of which looks towards the right and downwards. This valve, in most instances, prevents the introduction of foreign bodies, but permits free exit to mucus, of which in adults there is a large supply, with rarely any admixture of alimentary matter; in infants, on the contrary, it is filled with meconium. The glands within are very numerous, and of the solitary variety. The extremity of the appendix is found at times in the pelvis, more commonly posterior to the colon; its position is entirely uncertain.
The function of this body is supposed to be similar to that of a gland; it furnishes an acid secretion which causes the chyme in the caecum suddenly to acquire the property of reddening litter paper.

The subject of the following notice was a boy of five years of age, fair skin, light eyes and hair, and delicate physical development, the son of a father lately dead with phthisis.

This child was visited professionally on the first of November; he was at that time out of bed and in his ordinary dress. His expression was languid; he had much fever, with a pulse of 130; his tongue was covered with a slight white deposit, through which the papillae were projecting, the tip and edges being unusually red. He complained of pain in the abdomen, describing it vaguely as "stomach ache," without giving it any locality. This pain was spasmodic, recurring at short intervals; sharp and griping, but followed by complete relief. At this time there was no pain upon pressure, or soreness over the abdomen. On the afternoon of the day but one preceding, an ordinary walk had been followed by complaints of much weariness, and in the course of the night by the first expression of pain, and this without any chill. Throughout the following day there had been some fever and pain, but this was not thought of sufficient gravity to require medical interposition. There had been no motion of the bowels during the forty-eight hours immediately preceding the first professional visit; and at that time the case had the aspect of an ordinary slight attack of colic, with the sympathetic fever natural to a child of sensitive organization, teeming with sympathies ready to respond to any slight disturbance of the economy. A mercurial purgative was directed, and a febrifuge at intervals. There had been no unusual article of diet taken, except a moderate quantity of chestnuts. The night was much disturbed, with an increase of both fever and pain; the latter still in paroxysms.

The morning of the 2d, in consequence of the purgative not having operated, a copious enema was administered, which produced a large fecal discharge, none of it of a dry or impacted description, but contained distinct evidence of the operation of the mercurial. The child expressed a sense of relief; and, after a dose of oil and a fomentation adjusted over the seat of pain, he was confined to bed.

The following morning Nov. 3d, there was a spontaneous motion of the bowels, without any improvement; there was now tenderness over the abdomen although during the paroxysmal pain, pressure with the hand was grateful. This pain continued the chief subject of complaint, engrossing the child's mind, and provoking constant expression of distress. We commenced frequent doses of small quantities of calomel, with full proportions of ipecacuanha and opium, and employed gum in solution largely as a diet.
On the 4th, the symptoms were more grave, greater pain upon pressure, some tympanitis, and soreness attending all motion of the person; the spasmodic pain still, however, caused most complaint, and recurred at short intervals. Leeches were now applied over the entire abdomen, all other treatment being continued except the use of ipecacuanha; this was withdrawn in consequence of slight vomiting. After leeching there was less complaint of pain upon pressure, and soreness and nausea disappeared, while stimulation was found necessary.

On the morning of Nov. 5th, he presented excessive tympanitis, constantly recurring paroxysms of pain, great restlessness, sunken features, some tenderness upon pressure, and a pulse of 140. The child was, after consultation with Dr. Wood, placed under the full effect of opium, with an increase of the mercurial, and a blister over the abdomen. The rectum was relieved of a large accumulation of gas by the introduction of a catheter, but all motion of the bowels was in vain solicited. Under the full effect of the opiate there was less exhibition of pain and restlessness, without any arrest of disease: tympanitis greatly increased, and compressing the stomach caused regurgitation of fluid, and much depressed the vitality of the entire organism.

Nov. 6. Small quantities of oil of turpentine, with full doses of the officinal solution of morphia, were administered, accompanied by further stimulation. Gradual sinking under the unchecked march of disease, aided by the accumulation of gas, terminated in death on the 7th of the month, seven days after the commencement of treatment; this being the result of a disease deficient in symptoms sufficiently distinct for satisfactory diagnosis, and only decided in the steadiness with which it resisted treatment.

After death the abdominal cavity was found dry, with indications of peritoneal inflammation, consisting most conclusively in a few patches of pasty lymph upon the intestinal surfaces. There was an engorgement of the vessels of the intestines, but being in longitudinal bars from the diaphragm to the pubis over the entire mass, there was some doubt as to the time of its occurrence, particularly as signs of incipient decomposition existed elsewhere. The intestines, from the pyloric orifice of the stomach to the sigmoid flexure of the colon, were greatly distended with gas, and contained, besides, a large amount of fluid fecal matter. The stomach was empty and much contracted, the accumulation of gas having pressed it against the diaphragm, and in so doing caused the latter to encroach upon the thoracic viscera, thus rendering the last hours of life a most painful exhibition. The lining membrane of the intestinal canal was healthy throughout, and the cause of death was not manifest until the appendix vermiformis was examined. This was perforated at the lower extremity; the opening being large, with ragged edges, indicating ulceration, and
partially filled by a plug of concrete matter of the size and much
the shape of a date-stone, composed of small seeds, many of these,
from figs, associated with concrete matter deposited in layers, and
arranged in concentric circles.

In this instance, the extremity of the appendix rested in the
pelvis upon the rectum, immediately over the fundus of the blad-
der; here an effusion of the contents of the intestines had occurred,
but in small quantity, owing to the plug having filled the
ulceration it had caused in the appendix.

The matter effused had given rise to excessive inflammation
and the formation of much lymph, an attempt having been made
to form an abscess and inclose the offending fluid. This deposit
of lymph extended over a surface of three inches in diameter, was
dark in hue, passing into gangrene; and, although adhering
strongly to the intestinal surfaces, left them, when removed,
healthy in appearance. Those surfaces of the sigmoid flexure of
the rectum facing each other in the natural position were strongly
adherent for a distance of three inches, and consequently pre-
vented peristaltic motion at this point. This explained the reten-
tion of gas after the peritoneal symptoms became decidedly
marked, although there had been a free passage of fecal matter in
an early stage of the disease.

Again, the son of a very distinguished physician of this city,
twenty-two years of age, passed Sunday evening in the society of
his family and a small collection of his father's friends; he was
gay and apparently in good health.

A few days previously he had complained of vague pains in the
abdomen, not however of a degree to attract particular attention.

He retired on the evening above mentioned without any
unusual sensations, but awoke before daylight with intense colic.
This increasing, his father sent for a medical friend, after exhaust-
ing his own resources and failing to procure relief. Throughout
Monday the symptoms of colic continued without abatement, and
as the day wore on only presented indications of peritoneal comp-
lication. There was a large, though not excessive accumulation
of gas, the most prominent feature of the case being excruciating
pain from which only partial relief was procured by complete nar-
cotism. The bowels resisted every attempt to procure evacuation
of their contents after the earliest stage of the disease.

On Monday night and Tuesday morning the agony of the
patient began to abate, but only to be followed by collapse, with
cold damp surface and failing pulse; he gradually sank, and died
in the course of the morning, after an illness of thirty hours.

The abdomen was found after death much distended by gas,
free from effusion, and not affording any evidence of excessive
peritoneal inflammation. The effect of disease in this case could
be traced with much confidence, as the examination was made on
Tuesday afternoon, a few hours after death, and but a short time was allowed for decomposition to embarrass investigation.

The appendix was much distended at its lower extremity by a concrete mass composed largely of raisin seeds. Its walls had not been perforated, and contained, with the foreign matter, an accumulation of pus, the whole forming a mass the size of a walnut. The appendix partially embraced the ilium, adhering to it strongly, and completely strangulated the small intestines; which were, for a distance of six feet above, of a dark mahogany colour and passing into gangrene. At the point of strangulation there had been much inflammation with large effusion of lymph; the walls of the tumor were thin, bursting under pressure of the fingers; but, having retained its contents during life, there was no discharge of foreign matter into the peritoneal cavity giving rise to peritonitis and masking the earlier symptoms of colic, as in the case just described.

Moreau cites a case identical with this, the ilium having been strangulated by adhesion of the appendix to the mesentery; while Marteau has seen the jejunum, and Scarpa the colon, embraced in the same manner and with a like effect.

Klockhof reports a case in which the appendix adhered to the colon by its extremity, thus forming a loop through which the small intestines had passed, producing strangulation.

Merling, in examining a subject, found the appendix adherent to the colon by the lower extremity, and forming a free communication between different sections of the intestine, but was unable to learn anything of the previous history of the individual, or under what train of symptoms this union occurred, evidently followed by entire recovery.

Again, the appendix is at times metamorphosed into a hydropic capsule, as reported by Rokitansky, from the presence of a concretion in the tube closing the canal and preventing escape of the mucous secretion. This causes the extremity to become dilated, and the mucus to pass into the condition of a serous membrane secreting an albuminous fluid.

Besides the foreign matter collecting in the appendix mechanically, tuberculous and typhoid deposits are laid down at times in its walls, giving rise to ulceration. When, in addition to these varieties of disease, we consider the fact, that a long time may be required to establish the existence of serious symptoms, since it is asserted that a concretion may exist and only give rise to blennorrhœa, a correct diagnosis is only equalled in difficulty by its importance. Ulceration of the appendix is not necessarily fatal, but forms abscesses at times pointing in various directions, according to the variety of directions assumed by the appendix; and it is of great moment that these should be anticipated and discharged at the earliest period possible, and the risk of an infernal
rupture of their walls diminished. In the cases cited above, the earliest symptoms were of colic, excepting the obstinate constipation, the bowels having been freely evacuated without relief. In both, the earlier symptoms were overlaid by peritonitis; while in one there was an attempt to form an abscess, the constitution failing before it was accomplished.—[Transactions of the College of Physicians.

Treatment of Inflammatory Diseases of the Respiratory Organs.

Dr. Semple read before the Medical Society of London (January 16th, 1858) a paper on this subject. He commenced by observing that the treatment of pneumonia was formerly supposed to consist almost solely and essentially in the abstraction of blood from the arm; but that in the present day, not only in this, but in other inflammatory diseases, the use of the lancet was but seldom resorted to, and by many practitioners it was abandoned altogether. It became a question whether this great alteration in treatment was due to the varying fashion of the day, or to the fact that disease had, in fact, altered its type, and therefore required very different treatment from that formerly adopted. He (Dr. Semple) was inclined to believe that disease had really altered its type, for he and others had, at the commencement of their professional career, bled patients very constantly, and certainly with good results, but at present the operation of venesection was not so much required. He had been for the last three years connected with the Northern Dispensary, where all the usual forms of disease presented themselves to his notice, and he had recommended bleeding only once during the whole of that period in that institution. The fact appeared to be, that the asthenic inflammatory diseases were dying out amongst us, and that asthenic complaints were taking their place. The cholera which visited this country in 1832, was certainly a disease of depression, and this was immediately followed by the influenza, a disease of the same depressing class, and, like it, requiring a tonic plan of treatment. Since the date referred to, neuralgia, also a disease of depression, had become almost epidemic; carbuncles and carbuncular boils were at present decidedly so; and Bright's disease, the disease of the suprarenal capsules giving rise to the bronzed skin, and the disorders classed under the head of fatty degeneration, were all much more prevalent than formerly, even if we do not admit them to be new diseases. In fact, it now became a question whether bleeding should ever be practised at all, and he (Dr. Semple) was as cautious in ordering a patient to be bled as a surgeon would be in deciding upon the amputation of a limb. Never-
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The cases which were met with in practice required in general the adoption of tonic and stimulating treatment, it was by no means proved that all forms of disease were characterized by depression; for cases of a sthenic type still presented themselves, and demanded the application of antiphlogistic measures. The remarks made upon the treatment of inflammatory diseases in general were particularly applicable to those of the respiratory organs, which are essential to life, and the inflammations of which require the most prompt and judicial medication; still it was impossible that any stereotyped rules could be laid down for the treatment of these affections, which may present the most opposite therapeutical indications.

The author then related the case of a lady in whom the treatment by bleeding, calomel, and tartrate of antimony was adopted for an acute inflammation of the larynx and trachea, extending to the bronchial tubes, substance of the lungs and pleura. This treatment not having at first produced a well-marked effect, the antiphlogistic plan was changed for a stimulating one, and carbonate of ammonia and brandy were employed while the acute symptoms still continued. The result was, that the patient became decidedly worse, and appeared to be on the point of death by suffocation; but on again changing the plan, and resorting to bleeding, low diet, and tartrate of antimony, the disease gradually subsided, and the patient, who is now alive and well, was restored to perfect health, without any trace whatever of the previous illness.

Dr. Semple wished that it should be understood that he had no dogmatic views to offer upon the treatment of the inflammatory diseases of the respiratory organs. He could not advocate indiscriminately large bleedings, profuse mercurialization, and repeated doses of tartar-emetic; nor, on the other hand, could he approve of the universal adoption of the plan of stimulating such cases by brandy and carbonate of ammonia; and it was difficult to determine which would be the greater error of the two. He believed that many cases of pure sthenic inflammation still presented themselves in practice, although they were by no means so common as they formerly were; and in such instances the abstraction of blood, and the administration of mercury, of the alkalies and tartar-emetic, will effect a cure. But there are in the present day a great number of epidemics, contagious, and diathetic forms of disease, which are, it is true, accompanied by inflammation, but of a low or asthenic character, and these require tonics, alteratives and stimulants. Undue depletion ought to be avoided in persons who are the subjects of the gouty, the venereal, or the scrofulous diatheses; and whenever any of these affections co-exist with, or precede inflammation, the disease ought not to be considered as of a sthenic character, and the cure
should be sought rather by correcting the prevailing morbid taint in the system than in indiscriminate depletion; and some of these constitutional maladies, especially scrofula, required cod-liver oil, iodine, iron, meat, wine, and beer.

The paper concluded with a sketch of the treatment of pneumonia as it presented itself in children, in vigorous adults, in the inhabitants of towns and cities, in persons labouring under fever, in its typhoid form, and in its complication with tubercular phthisis, in each of which cases, although the name of the disease was the same, yet the treatment required was very different, owing to the peculiar features which the malady assumed.

In the discussion which ensued, Dr. Routh, Dr. Camps, Dr. Webster, Dr. Cotton, Dr. Chowne, and Dr. Stocker took part. The debate elicited nothing very striking or novel; but it was remarkable that none of the speakers spoke in favour of the stimulating plan of treatment in inflammatory diseases of the chest.

Dr. Semple, in reply, feared that the nature of his remarks had been misunderstood by some of the speakers. So far from advocating the indiscriminate use of bloodletting, his paper had just the contrary tendency; and he believed that a medical man was bound to dispossess himself of all dogmatic opinions, and to treat his patients in such a manner as would most rapidly restore them to health. This could only be done by studying the peculiarities of every case, and paying strict attention to all modifying circumstances. However valuable statistics might be, he thought that they did not throw much light upon practice; and as to the number of cases which, it was said, recovered from pneumonia in the Vienna hospital without any treatment at all, it was not stated what the peculiar forms of the disease were, or what were their complications, and the results might be quoted to support any doctrine whatever. He thought that the subject of the modern treatment of the inflammatory diseases of the respiratory organs, and of inflammatory diseases generally, was a very proper one for debate in medical societies; and as the arguments were not by any means yet exhausted, he hoped that others would continue the discussion upon some future occasion.—[Amer. Jour. of the Med. Sciences.

*Foreign Body retained upwards of Twenty Years in the Nasal Passage.*

Dr. Hays states that the interesting case communicated to the College at its previous meeting by the president, in which a foreign body had remained four years in the lungs, recalled to his mind a case in which a foreign body had remained in the
nose for, probably, upwards of twenty years, and a brief notice of which might interest the Fellows.

Some years since I was consulted by a lady of between twenty-five and thirty years of age on account of ozaena, with which she had been troubled ever since childhood. The disease resisted various means of treatment, and I discontinued my visits and lost sight of the case.

About four years subsequently, a Fellow of the College, Dr. Wm. Darrach, inquired of me if I recollected the case, and stated that the patient had afterwards fallen under his care, and that finding it very intractable, he had determined to examine into the condition of the bones of the nose. With this object he introduced a probe through the nose into the nasal fossae, and while moving this instrument about there, he accidentally dislodged a mass which dropped into the opening of the nostril, and by an effort on the part of the patient was expelled. On examination, it proved to be an old-fashioned glass button with a brass wire eye.

The mother of the lady stated she remembered distinctly that one of her sons, when a child, had had a coat with similar buttons.

Dr. D. supposed that the lady, when a child, had been playing with one of these buttons, had placed it in her mouth, whence it had slipped into her throat and produced strangling, and that in the effort to expel the button it had been forced up through the posterior nares and lodged in the nose. Here as a foreign body it had become a source of irritation, and produced the disease for which we had been consulted.—[Transactions of the College of Physicians.

**Treatment of Pleuro-Pneumonia.**

Dr. S. O. Habershon, Ass. Phys. to Guy's Hospital, draws the following inferences from certain cases he has observed and recorded.

1. That active mercurial, antimonial and opiate medicines are not necessary in many cases of pneumonia, even without depression, and when seen at an early stage.

2. That convalescence rapidly takes place in many instances under the saline plan of treatment, as bicarbonate of potash, as shown by Dr. Hughes Bennett and others.

3. That while some cases of pleuro-pneumonia, especially in young subjects, as several of the cases related were, may recover, even without any medical treatment, that salines appear to be of some value, perhaps by increasing the action of the secreting organs, modifying the character of the blood, and hastening the absorption of the effused product.
4. That in other instances, mercury appears to be of considerable value, as in cases where there is considerable pleuritic effusion.

5. That, in some, especially where there is much bronchitis, with great febrile excitement, without prostration or struma, antimony also is of much service; but that the indiscriminate use of calomel and antimony in very many cases retards convalescence, interferes with the return to healthy nutritive action, and should be avoided.

6. That opium alone, or as its alkaloid morphia, is also a valuable remedy in pneumonia, either combined with ipecacuanha, as in Dover's powder, or with antimony, when that is admissible; that it acts possibly by diminishing the frequency of the respiratory act, by its action on the nervous system, increasing diaphoresis, when combined as just mentioned; quieting the nervous system, relieving pain, and diminishing the excitability of the nervous system, and diminishing the excitability of the bronchial tubes.

7. That while, in some cases, general or local bleeding may be called for, such are exceptional cases now; and that many instances, on the contrary, require the liberal administration of nourishing diet, and in some cases stimulants.

8. That each case must be judged by its own peculiarities; and whilst many, from their age and other circumstances, will probably recover under most varied treatment, other cases, of which I might adduce many instances, almost invariably die, as those arising in very intemperate habits, or where it follows in the course of pyaemia and allied conditions. We have thus sought by these instances to show that, whilst calomel and antimony are sometimes of value, much more frequently they may be dispensed with altogether in cases of pleuro-pneumonia, rapidly advancing to consolidation of the lung, where a comparatively short time ago these remedies would have been prescribed.—[Med. Times and Gazette.

**Principles of Treatment in Chronic Rheumatism.**

Dr. Inman read an instructive paper on this subject, before the Liverpool Medical Society. He adverted to the frequency of the occurrence of chronic rheumatism, and the multiplicity of the plans of treatment employed for it; remarking that they all, however, possessed something in common. Difficulty as to diagnosis, and confusion as to treatment, he thought had arisen from the practice of classing all sorts of aching pains under one head, as rheumatic. The uneasy sensation experienced before the access of eruptive fevers, and during the course of malignant disease, or felt by those exposed to the action of mercury or
lead, and by those suffering from gout, gonorrhea, or syphilis, and in cases where it was evident that bile or urea was mixed with the blood, and by children affected with struma—had all been set down as rheumatic, though due to most varied causes. The term “Chronic rheumatism,” he believed strictly applicable to cases in which there is dull pain, usually coming on during the night, referred to the tendinous expansions of the muscles, the pulse not quickened, the skin warm, excepting over the seat of pain, where the temperature is usually low; the pain remitting about 4 P.M., and not recurring till some time during the night. There is usually no error of secretion, nothing visible at the seat of pain. The duration may be from one or two days to six weeks. Deposits in the joints rarely take place; and that form which causes gradual contraction of joints, and crippling of limbs is rare. The rheumatic pain is usually symmetrical; its chief seats those parts least protected by fat and integuments. Loss of motor power accompanies the pain, which is increased by action, and relieved by relaxation of the affected parts. Rheumatism is not occasioned by dry and intense cold, but by the more moderate degrees of cold, especially if the air be moist. The experience of Arctic navigators, and of the army before Sebastopol, as well as the comparative rarity of rheumatism among carmen, carters, and bricklayers, confirm this point. Firemen of ocean-going steamers appear particularly liable to it. Persons of feeble constitution and languid circulation are more obnoxious to it, than those with good circulation. It is not common in women, except at advanced ages. The vigorous action of the heart helps to remove the pain, as is evidenced by the improvement which generally occurs after dinner. In a case where there was great pain and stiffness in the arms, hands and deltoid muscles, the immersion of the arms in very warm water removed the pain for the time. Many rheumatic patients feel quite well in a warm bath; though often worse after it, from increased susceptibility. The influence of temperature on the local circulation has much power over rheumatism. Patients take cold often through sitting near cold walls, &c. The cause of the pain is probably, primarily, the contraction of the pale muscular fibres of the skin, the stagnation of blood in their capillaries; the hot aching pain which succeeds, being due to reaction and dilatation of the vessels: the one efficient cause of rheumatic pain in general, being deficient flow of blood through the affected parts. With regard to treatment, the author thought that no satisfactory results could be ascribed to colchicum, in large or small doses. Warm baths are useful in some cases. Nitrate of potash had proved useful in the hands of some, but he thought the iodide of potassium had a stronger claim to efficiency. Guaiacum, aconite, opium, steel, and cod-liver oil, all
prove useful in some cases; and the local application of heat by packing in wet sheets, blisters, sinapisms, heated irons, red flannel, and red merino, also. The indication appears to be, to restore the strength of the individual, and the vigour of his circulation. In the most troublesome form, pain in the plantar fascia, was removed by perfect rest and galvanism.—[Liverpool Medico-Chirurgical Journal.

**Lactate of Zinc in Epilepsy.**

Dr. Herpin's name is familiar to the medical profession on account of his urgent advocacy of the employment of oxide of zinc in the treatment of epilepsy. He now abandons this preparation entirely in favor of the lactate of zinc. The greater solubility and digestibility of the latter would à priori engage our sympathies in its favour. The following is one of the cases which have decided the author's preference, and deserves to be recorded on account of the success obtained in spite of the unfavourable prognosis which the case would have justified in the first instance.

Miss E., aged eleven and a half, consulted Dr. Herpin, February 1st, 1854. She was well made, intelligent and pleasing. Her paternal grandfather had died epileptic at forty-nine years of age; her maternal grandfather at seventy-six, after being insane for six years, and in a state of melancholy for forty years. No predisposing or exciting cause was traceable in the patient, excepting perhaps the fright caused by a fire two months previous to the first attack. She enjoyed excellent health till six years of age, when she had typhoid fever, having on the right side a tendency to slight and evanescent deafness. Three months before the first seizure she was attacked with frequent headache, generally commencing in the morning, and lasting till evening. The headache ceased in December, 1853. The first fit occurred on August 15, 1853, the second on September 5, the third on September 26; six then followed at variable intervals, making altogether nine in less than five months; they always took place during the first hour of sleep, and the evening before the attack she was observed to be somewhat excited. The symptoms, which are detailed, leave no doubt as to the attacks having been those of genuine epilepsy. The oxide of zinc had been prescribed for the patient from September to the following July, but she was unable to bear the doses which Dr. Herpin thinks necessary in order to make a proper impression upon the patient. He was once able to reach a dose of six grammes (ninety grains) per week, but he was obliged to diminish it. Still the attacks ceased, from January the 8th to July the 18th; but a return on that day, brought on by a tepid bath, induced M. Herpin to have
recourse to the lactate of zinc, which he gave for above six month, during which time the patient swallowed 306 grammes (4600 grains). The tolerance of the remedy was complete, and when she left off taking it, she was in perfect health. There was one recurrence of epilepsy two months after commencing the lactate. Three years have since elapsed, and the lady's health continues sound.—[L'Union Médicale, and British and Foreign Med. Chir. Rev.]

Observations on Diabetes Mellitus, especially with regard to the Changes of Temperature occurring in this Disease. By Dr. Lomnitz.

On twenty-one successive days, 24th October to 13th November, 1856, Dr. Lomnitz carefully examined the temperature of three diabetic patients in the hospital at Gottingen, by introducing the bulb of a thermometer into the arm-pit and into the mouth. The observations were taken morning and evening, and each time the frequency of the pulse and respiration, as well as the amount of urine passed in twenty-four hours, and its specific gravity, were noted. Two of the patients were females, and respectively thirty and thirty-six years of age; the third, a young man, was nineteen years old. On comparing the average of his results with the temperature of healthy individuals as determined by Barensprung, he finds that the diabetic patients suffer an average reduction of 1°07° Réaumur (2°4° Fahrenheit) in the arm-pit, and of 0°39° Réaumur (0°8° Fahrenheit) in the mouth. The author sums up his observations thus:—1. The temperature of a person suffering from diabetes mellitus is lower than that of a healthy individual. 2. The diminution of temperature is not progressive, but persists at a definite point, acquired at a stage of the disease which has not yet been determined. 3. There is no relation between the loss of temperature and the alterations in the pulse.—[Henle und Pfeuffer's Zeitschrift, and Brit. and For. Med. Chir. Review.


The author of this paper, after giving to Dr. Churchill the merit of having first pointed out the value of ergot in menorrhagia, relates his own experience upon the subject. He tried it at first (1846) in the case of a young lady who had suffered from profuse flow of the menses for a considerable period, and under the use of the remedy she completely recovered, married, and had a family. The ergot was given with carbonate of iron, in doses of five grains of each, three times a day. Dr. Gaston
has found the use of the ergot followed by beneficial results in every subsequent case of menorrhagia in which he has prescribed it. He has latterly given it in infusion, combined with the tincture of the sesquichloride of iron, which he thinks a preferable form of administration. When much nervousness was excited valerian was combined with the ergot; and when there was great pain, opium was added with advantage. A discharge somewhat similar to menorrhagia occasionally occurs within the second month after delivery, which, if continued, may enfeebles the patient; and in such cases Dr. Gaston has employed the ergot and iron with excellent effect. The ergot is of course contra-indicated in pregnancy, unless it should be desirable to dislodge the foetus. In a case of haemorrhage, about the fifth month of pregnancy, which threatened to prostrate the patient, Dr. Gaston gave the ergot in doses of five grains, with one grain of opium, every two hours, and only three doses were taken when the child was expelled and the hemorrhage ceased.

[Charleston Med. Jour. and Review.

Sulphuric Acid and Sulphate of Zinc as a Caustic Agent.

There is an important chemical principle involved in the application of sulphuric acid for the destruction of living tissues, which is that the acid mainly acts upon organized matters, by its powerful tendency to combine with the elements of water contained in them, so that the carbon is left free, forming the black charcoal-like mass with which we are familiar as the result of its action upon all such tissues. Now, the more concentrated is the acid, in its liquid form, the greater is its power to decompose animal or vegetable tissues by abstracting the elements of water. It is desirable, therefore, in adding material to the acid for the purpose of giving it the form of paste, that the substance employed should not be an organized matter capable of furnishing water to the acid, and so weakening its caustic power, but a substance which should add fresh caustic power, so as to produce a combination possessing the greatest possible degree of caustic force. The dried sulphate of zinc suggested itself to Mr. Henry Thompson as such a material; and upon trial it has fully answered his expectations. He prepares it as follows:

"The ordinary sulphate of zinc is to be dried in an oven or sand-bath, so that the water of crystallization is driven off, and a whitish powder remains. Enough of this is to be added to some strong sulphuric acid, in order to make a semi-fluid mass of consistence sufficient to prevent its running beyond the spot on which it is placed. The mixture should be kept in a stoppered bottle, and be applied with a small glass spatula or rod. Before using it, the surrounding parts should be protected by a
On Obstinate Vomiting.

Various means have been proposed against vomiting during pregnancy, in hysteria and other circumstances. Several French physicians have lately tried with success, in many cases, some remedies either too neglected or quite new. During pregnancy vomiting has been stopped by the use of a portion of tincture of iodine (10 drops), iodide of potassium (10 grains), and 120 grains (4 ounces) of water and syrup. This prescription has been employed by M. Beequerel. A physician of the south of France, M. Bacarissee, has made use of iodide of potassium alone, which he thinks to be more successful than tincture of iodine. Professor Buisson, of Montpelier, has tried three remedies: tincture of iodine with alcohol (a remedy much spoken of in Germany); iodide of potassium alone, and with tincture of iodine. With the first of these three medicines he has seen an increase of the vomiting; with the second, vomiting has hardly diminished; with the third it has completely ceased. He has made this trial three times. Dr. Martin Magron, of Paris, has employed successfully dry cupping on the spine, and in a case of obstinate hysterical vomiting, he has succeeded at every fit in stopping the vomiting by this mode of treatment. In a case of paraplegia, with convulsive fits and vomiting, he has succeeded a great many times, in stopping at the same time the vomiting and the fit, by cupping applied on the spine and slight bleeding.—[Vir-ginius Med. Journal.


M. Landry terminates a long series of papers with the following conclusions:—1. There exists a group of paralyses of the motor powers, offering the following general characters. There is preservation of muscular irritability and of the excitability of the nervous trunks, integrity of muscular nutrition, and absence of reflex motion, of spontaneous convulsive movements, of contractions, of fibrillary contractions, and of trembling in parts actually deprived of voluntary motion. 2. In this group may
especially be ranged hysterical paralysis and sympathetic paralysis, generally confounded together under the common denomination hysterical. 3. Some of these paralyses disappear during sleep, and immediately yield to the action of chloroform (probably also of ether) and narcotics. Others undergo no modification under such influences. 4. The former appear to belong to the category of sympathetic paralyses; the latter to that of hysterical paralysis, properly so called. 5. These phenomena constitute a means of diagnosis of true hysterical paralysis. 6. They serve to distinguish in all cases the paralyses in which they are observed from those which are dependent upon organic, nervous or muscular lesion. 7. Narcotic and anaesthetic agents may be employed in the treatment of paralysis, whether as curative agents, palliatives, or simple auxiliaries.—[Mon. des Hop., and Med. Times and Gaz.

The Doctrine of Elimination, as propounded by recent Authors.

Dr. Thomas Inman has published (Liverpool Medico-Chirurgical Journal, July, 1857), a very interesting paper on this subject, in which he inquires: 1st. What the doctrine of elimination is. 2nd. The arguments in its favour. 3rd. The plan of treatment it leads to. And he endeavours to show—

"1. That the processes by which poisons are expelled from the body are passive, rather than active.

"2. That evacuations, emanations, or eliminations, are not to be considered as 'salutary efforts of nature to cure,' but as symptoms of the normal nutrition being modified by a new force.

"3. That it is dangerous in diseases of a humoral origin, to act upon an eliminant plan of treatment principally.

"4. That the mode of treating diseases, depending on the presence of poison, is to enable the system in general, or any organ in particular, to resist its action or tolerate its presence.

"5. That anything which depresses the vital powers, makes an individual more susceptible of foreign influences.

"It is not simply a pure condition of the blood that is necessary to health; for man may have the most healthy blood possible, and yet die of cold; while those whose blood is vitiated by tuberculosis, cancer, the paludal or gouty poison, may appear to enjoy perfect health, for a lengthened period, if not for the ordinary duration of life. No medicine, therefore, whose sole aim is to purify the blood, and no plan of treatment simply eliminative, can be expected to have more than temporary, or accidental success.

"There is, however, one plan for the elimination of all poisons, with which we feel bound to concur. It is that which
places the patient in the midst of pure air and lovely scenery; which takes him from the turmoil and wearing activity of business, and gives him mental repose; which supplies him with nutritious diet, and abundance of the finest water; which procures sound rest at night, without any other opiate than healthful exercise; and which does not scour out the bowels by a daily purge.

"In this way, we believe health may be regained, and poison be expelled; for there is in every living being a necessity for a constant renovation; old materials are daily being replaced by new; and when the increments are all healthy, and all old materials are being expelled, it is a necessary consequence that the body should have as sound a constitution as it is possible to attain."

—[American Jour. of the Med. Sciences.

**Perchloride of Iron in the Treatment of Erysipelas.**

The use of perchloride of iron in the treatment of erysipelas has lately been brought again into notice by the publication of a thesis by M. Louis Mathey, and by some observations made by M. Aran, physician of the Hôpital St. Antoine in Paris. M. Mathey relates ten cases of erysipelas treated with this medicine, and his conclusions are contained in the following remarks:

The action of perchloride of iron on erysipelas is evident, and the course of the disease is modified a short time after its administration. In fact, on the second day, and sometimes even on the first, M. Mathey has seen the disease become limited and circumscribed, and its further progress arrested. As to the duration of the disease, the effect of the perchloride is still very remarkable: not only is the progress of the erysipelas sensibly modified from the first few hours which follow the administration of the medicine, but it is completely arrested; the radical cure of the disease is obtained in a very short time. It was observed that in ten rather severe cases of erysipelas treated by the internal use of perchloride of iron, three were cured in two days, three were cured in three days, two were cured in four days, one in five days, and one in seven days. It cannot therefore be denied that erysipelas is advantageously modified by the internal use of chloride of iron; that the cessation of the symptoms proper to erysipelas is sometimes very rapid after the administration of this medicine; that in a series of ten observations made upon varied cases, this treatment never failed; that even where its efficacy may be doubted it has never given rise to any bad symptom; and that when administered in the dose of 80 drops to a healthy subject, it has never given rise to any painful sensation, and has never produced any notable functional disturbance.

M. Aran agrees with M. Mathey in never having observed
any unfortunate result from the administration of the perchloride of iron in larger doses than those employed by M. Mathey—namely, thirty, fifty, sixty, and one hundred drops a day, in certain exceptional cases. But a wider and more extensive experience of the employment of the perchloride has shown him that there are particular circumstances which favour the action of the medicine. M. Aran believes that it would be vain to expect advantageous results from the administration of perchloride of iron in all cases of erysipelas. He is convinced that some cases of erysipelas will not yield to this remedy; as, for instance, the cases which occur in young, strong, and robust subjects of a sanguine temperament, and which are accompanied by a well-marked inflammatory action. On the other hand, the cases of erysipelas which are developed in feeble, delicate subjects, of a well-marked lymphatic or scrofulous temperament; in individuals already weakened by previous disease; the cases especially which exhibit with well-marked tendency to spread, the œdematous form; and in which, even with a marked acceleration of the pulse, the arterial throbs are weak and easily depressed, or when fever is completely wanting, as happens sometimes in old persons; these cases are remarkably modified and often arrested in twenty-four, thirty-six, or forty-eighth hours, by the administration of the perchloride. The erysipelas, which is still more atonic, and which supervenes in the course of serious diseases, around punctures, abrasions, or lacerations of the skin, at other times even without appreciable causes, are amenable to the perchloride of iron. Lastly, the cases which, even when they show themselves in strong and robust subjects, after having been reduced by various and appropriate treatment, still linger on and pass from one part to another, throwing out unexpectedly its eruptions in places where the disease appeared to have been long extinguished; such cases are often terminated in 24 hours by the perchloride of iron.

Another point connected with this subject is the propriety of administering the perchloride as a prophylactic. "There are certain epochs and years," says M. Mathey, "when cases of erysipelas of a traumatic origin are multiplied to infinity, and show themselves in such great number, that the disease is truly epidemic. The application of a seton, a moxa, or a blister, is followed by erysipelatous inflammation; and à fortiori, the great wounds united by sutures and bandages of diachylon are almost infallibly attacked with the disease. The surgeon who operates under these circumstances is pretty sure to see erysipelas among his patients. It would perhaps be proper to postpone the operation, but sometimes the case is urgent, and the surgeon would think himself fortunate and could act with more confidence if he could hope to put his patient beyond the reach of a trouble-
some complication; might we not, for the first few days which follow a delicate operation, and during which inflammation is to be feared, unite with soothing beverages some drops of perchloride of iron, because it is fully established that its use in moderate doses is not followed by any bad effect"—[Bull. Gén. de Thérap. and Brit. and For. Med. Chirurg. Rev.


Some four years since, Prince Paul, of Wurtemberg, the celebrated naturalist, communicated to my friend, Mr. De Vesey, the results of some experiments performed before the French Academy of Sciences, by Professor Bibron, relative to an antidote to the poison of the rattlesnake. According to Prince Paul, Professor Bibron allowed a rattlesnake to bite him in the lips, cheeks, etc., and by taking the antidote discovered by him, prevented all alarming symptoms, and in fact suffered no inconvenience therefrom.

The antidote in question, as stated by Prince Paul, is prepared according to the following recipe:

F. Potassi iodidi, gr. iv.; hydrarg. chloridi corros., gr. ij.; bromini, 3 v. M. Ten drops of this mixture, diluted with a tablespoonful or two of wine or brandy, constitutes a dose, to be repeated if necessary. It must be kept in glass-stoppered vials, well secured.

Prince Paul forwarded a small quantity of the above mixture to Mr. De Vesey, who used it successfully in the cases of two men bitten by rattlesnakes near his residence in Iowa.

During a recent expedition to the Rocky Mountains, I had several opportunities of testing its efficacy, and, since my return, have performed additional experiments with it. The results have been, upon the whole, exceedingly satisfactory, and I think that, when taken in time, it may be entirely depended upon in the poisonous wounds of the rattlesnake, and perhaps also in those of other venomous serpents.

First Experiment.—Heinrich Brandt, acting hospital steward, was bitten on the 2nd of July, 1857, in the index finger of the right hand by a large rattlesnake (crotalus confluentus), which he was in the act of putting into a jar for preservation. The snake inflicted a very deep wound, and hung by his fangs to the finger for a second or two before it could be detached. About four minutes after the bite, and before much pain or swelling had ensued, I administered one dose of Bibron’s antidote. The symptoms almost immediately disappeared. Forty minutes after giving the first dose the pain and swelling returned, attended
with considerable throbbing. I repeated the medicine, and in less than five minutes the finger had regained its natural appearance, and all pain and swelling had vanished. He remained perfectly well, and resumed his duties in an hour from the reception of the injury.—[American Jour. Med. Sciences.

Influence of Atmospheric Changes in Determining the Recurrence of Paroxysms of Asthma.

Dr. A. W. Nichols has presented, in a tabular form, the successive paroxysms of asthma occurring in a case under observation at the Buffalo Hospital of the Sisters of Charity, in the service of Dr. Flint, from December 3rd to February 17th. During this period seventeen paroxysms occurred. The date of each paroxysm—the time of the day when it took place—the degree of severity, duration, remedies employed, and the apparent effect, as well as the state of the weather, are noted in the table referred to. The paroxysms generally came on during the night or early in the morning. They did not observe any rule of periodicity. They were variable as regards intensity, and were usually much more severe after any decided change in the atmosphere. Almost all of the variations in the weather were from a cold and dry to a warmer and moister atmosphere. It is also to be noticed that no paroxysms occurred after or during certain decided atmospheric changes, as great as those which, at other times, were followed or accompanied by asthmatic attacks. The paroxysms, even when most severe, and when not influenced by remedial agents, did not continue longer than twenty hours. The inhalation of chloroform produced more marked relief than any other measure employed. The paroxysms were apparently abridged by it; the difficulty of breathing was diminished; the patient was able to assume the recumbent posture, and natural sleep soon succeeded. This was the result in six paroxysms in which it was tried. The dry bronchial râles were diminished in a few minutes after breathing chloroform.


Rules Respecting the Treatment of Primary Syphilis.

It seems to be now pretty generally acknowledged, in hospital practice, that mercury should be given only in those cases in which the chancre presents marked induration, and that in all others secondary symptoms should be waited for before having recourse to specific treatment. In a large majority of sores not attended by induration, no constitutional phenomena will follow; and to discriminate between those likely to be so followed
Influence of Pregnancy on the Development of Tubercles. By
EDWARD WARREN, M. D., of Edenton, North Carolina.

This subject is discussed by Dr. Warren in an essay to which was awarded the Fiske fund prize, June, 1856. The essay was published by request of the Rhode Island Medical Society. The author divides the investigation into three heads, thus—1. A consideration of the tubercular diathesis. 2. An inquiry into the nature of the tubercle. 3. An application of rules respecting disease already established. In view of the length of the essay, and the limits to which this review must be restricted, we can only present a summary of the several points of the argument by which the author endeavors to prove that pregnancy prevents the progress of phthisis even when fully developed.

"(1.) There is an inequality in the relations which men and women sustain to phthisis; the former being less liable to it than the latter.

"(2.) This inequality depends upon certain differences of conformation, etc., which are plain, palpable, and conspicuous.

"(3.) An examination of phthisical statistics should show that more women fall victims than men, and that the difference in the relative mortality of the two is as plain, palpable, and conspicuous, as their original dissimilarity of constitution and predisposition.

"(4.) An examination of statistics proves, that it is not a settled fact that more females are destroyed by this malady, and that there is a positive approximation toward equality in the effects of phthisis upon the two sexes.

"(5.) This 'approximation toward equality' shows the operation of some great equalizing cause, by which a certain amount of protection is secured to the female system that makes up for its greater original susceptibility, and affects the general result in the manner alluded to above.

"(6.) Pregnancy complies with all the conditions which this
After Treatment of Surgical Operations.

Dr. Broadbent, in a paper read before the Liverpool Medical Society, session 1855-56, referred to the object sought—that of union by the first intention. He believed one most common obstacle to this union to be the occurrence of hemorrhage, one or two hours after the operation; not to such an extent as to require the removal of the dressings, but sufficiently to form a coagulum of such a size as to seriously interfere with the union of the wound—acting, in fact, as a foreign body. The cause of this appeared to be, that in amputations, &c., when the surfaces were brought together immediately after the completion of the operation, the vessels were tied while the patient was still suffering from the shock of the operation, or it might be, was somewhat depressed by the after-effect of chloroform, whilst the more minute vessels were prevented from oozing, by their exposure to the air, and that when reaction took place, the hemorrhage came on. The author thought that those cases in which this occurred to such an extent as to necessitate the re-opening of the wound, usually terminate more favorably than others. He therefore advocated the plan of postponing the dressing until all oozing had ceased, and the cut surfaces had glazed over. The unnecessary removal of dressings, he believed to be another frequent cause of non-union. He thought that the sutures having been removed, the bandages, &c., should remain untouched till the third or fourth day, and should then be carefully cut off. The inability of the patient to maintain the required position, acted in the same way, and to obviate this, it was suggested that the patient should, before the operation, be habituated to the position in which he would have to lie after it. In the maintenance of the position of the parts, by means of pressure, the author believed that small air-cushions might be advantageously used, instead of pads of lint.—[Liverpool Medico-Chirurg. Journal.

Diagnosis between Cancer and Condylomata.

A young married woman is now under Mr. Lloyd's treatment in St. Bartholomew's, whose case well exemplifies the need for great care in expressing opinions as to the nature of growths which have the slightest resemblance to cancer. She was
originally admitted about nine months ago for some small indurated tubercles on one labium, not at all dissimilar from condylomata, of more than usual hardness. There were three, and they were quite distinct from each other. This fact together with the patient's age and good state of health, induced many to believe them of syphilitic origin. Mr. Lloyd, however, held a contrary opinion, and determined to excise them. This was done, and on microscopic inspection the elements of epithelial cancer was detected in abundance. The woman left the hospital, but she has now returned, with a recurrence of undoubted cancerous ulceration in the same site. The glands in the groin, being enlarged, have been excised.—[Med. Times and Gazette.

EDITORIAL AND MISCELLANEOUS.

Professional Correspondence.—We are sometimes called upon to write letters of advice, and to present our views in relation to certain diseases, where an amount of reflection and consideration is required, almost equal to that which would be necessary to prepare a regular essay upon the subject in question. As these letters often occupy the time which should be appropriated to our Editorial department, we have deemed it but fair to answer some of them editorially. As they generally refer to subjects of immediate and daily interest to the practitioner, their occasional appearance in these pages may be found acceptable to the profession, more especially to our friends, the younger members, notwithstanding the informal and often imperfect manner in which the views and suggestions may be presented. Most of these letters will be written in answer to queries propounded by recent graduates of the Medical College of Georgia; if, therefore, they sometimes assume a didactic tone, other readers will remember that they are then, but the words of the teacher to those who were but recently his esteemed and attentive pupils.—[Edts.

Dr. R. Campbell,

Dear Sir,—You remember sometime last winter, I requested you to give me your treatment for Typhoid Fever. I suppose it has escaped your memory. When I subscribed for the Medical Journal, I mentioned it to your brother (Prof. Henry Campbell); he said I would find it in the Journal, but I have failed to do so, unless it was in the April number, which I did not receive.

This is undoubtedly the worst country for typhoid fever I ever heard
of. Every case of sickness I hear of, the doctors pronounce it typhoid fever. Hoping that you will comply as soon as you conveniently can, I remain, your obedient servant,

* * *

Augusta, Ga., June 15th, 1858.

Dear Sir,—Your request for my Treatment of Typhoid Fever, is before me. The requirements of the case will not permit me to be very brief; yet, on the other hand, there being some limit to an epistolary communication, space may not allow me to particularize with absolute definiteness, so that what I may hereinafter say, you will please regard as a basis of hints, rather than a complete and thorough detail of management for this disease.

First: you must understand that this disease is of long continuance, and is also self-limited in duration. That is—start out to deal with it, under the firm and full conviction, that you cannot cure it; and this conviction, if honestly maintained, will save the life of many a patient. Let the patient and the disease alone, so long as they appear to agree together very well, without the latter taking advantage of the former by attacking him at any particular vital point, and you will find that generally, the patient will outlive the fever, unless he started out to die.

Secondly: should the disease attack with violence a vital organ, as brain, lungs or bowels; or to speak more properly, should these organs not possess sufficient force of vitality to resist the enervating and disorganizing influence of this condition, it will become necessary to fortify them by remedial means directed thereto, also by supporting the general strength, and thus assist the recuperative powers of the system.

Then, should the brain become the seat of congestion, you may drive it out, and keep it out, at the same time giving tone to the vessels, by the frequent, though not too severe, application of the cold douche to the head. Should the parenchyma of the lungs be the seat of engorgement, sufficient to embarrass their function, as manifested by partial or complete occupation of the air passages with mucus—as shown by auscultation and percussion, as well as by the extreme frequency of the respiration—treat the case according to Behier’s plan, (see March No, of Southern Med. and Surg. Journal,) viz., with extensive and repeated dry cupping to the chest, and use turpentine to give tone to the mucous tissue of the lungs, and prevent or suppress inordinate secretion or exudation. Should the mucous membrane of the small intestines give way, at, or in the vicinity of Peyer’s glands, which sometimes happens, though not invariably (as is supposed by some), give turpentine as the best known means of arresting the disorganization of this tissue, and to stimulate its recu-
perative energy. This can be materially assisted by keeping a small blister—the size of the hand—open, upon the right iliac region.

But if you have not the forbearance and firmness to stand by a case of typhoid fever, which is running its course harmlessly, without interfering to diminish the patient's strength, and with it, his chance of recovery, you had better forego all the reputation you may expect to gain by your professional enterprise in this quarter.

Is typhoid fever, then, a disease not requiring the regular attendance of the physician? Far from it. It is one above most of diseases, demanding his especial supervision and untiring watchfulness.

1st. He must guard the patient, that he does nothing himself, and that nothing be done for him or with him, by others, to jeopard his chance of recovery.

2nd. He must see that he is placed and kept in the most favorable circumstances as regards bodily comfort, temperature, ventilation, &c.; bodily wants—as diet properly and judiciously ordered, limited and adapted to the stages of the disease; also, as regards the application of stimulants and when to be used.

3rd. He is to watch and listen with a sentinel's eye and ear the distant approach of those insidious complications, to which we have referred, and which are sometimes the result of this disease, in one or more of the vital organs; and begin early to assist the patient's constitution to withstand or overcome them.

The patient with typhoid fever seems to me to be poised with fearful precision between life and death. If he maintains his ticklish position through this protracted crisis, he is safe; but how awful it is, to see what a little influence may jostle him from it. He may not drop off suddenly, but that little influence, even one injudicious dose of active medicine, in the beginning of the attack, may prove the source of his gradual, but inevitable decline and final fall.

Therefore, beware of treating this disease actively, even in the beginning. Especially exclude purgative medicines, which are detrimental in various ways.

One of the first and the most prominent symptom throughout the disease, is weakness, or loss of vital energy. The vitality of the fluids, as well as of the solids, is below par. Depletion increases the impoverishment of the fluids and the approach to necræmia; and from this condition of the blood, probably, results the extreme loss of nervous power in this disease. The patient seems completely enervated: very slight muscular effort seems, often, entirely to overcome him, so that rising up in bed quickens the pulse, and if frequently repeated, will often seriously damage the prospects of the case. Therefore, the mere
effort to get up to stool, frequently, should be avoided, and purgatives withheld for this reason, if other more valid objections did not obtain. I have seen a convalescent relapse for two weeks, from walking across the floor to change his bed.

Purgatives given early in typhoid fever are apt to determine to the bowels, in the latter stages, by deranging them and rendering them enfeebled and more susceptible to the influences which manifest themselves in this portion of the organism, as the most common form of complication or organic implication, occurring in this disease. And who can say; but that the bowel affection is in many instances determined by this treatment in the incipiency of the attack. If the alimentary canal requires clearing out, a simple dose of castor oil would probably accomplish it without irritation or depletion. But I would express here, my unfeigned disapprobation of the abominable plan of purging every patient, in every disease, as a necessary preliminary to any other treatment. In typhoid fever, it is productive of positive mischief, by precipitating the result of an existing predisposition, viz.—to intestinal disease: whereas, in paroxysmal fever, often, valuable time is lost in waiting for the operation of active medicines, to the delaying, or entire exclusion of the only important element of treatment.

Thus, you perceive, that as for the treatment of typhoid fever, it is a disease that requires more watching than active interference. But if there is one remedy in the catalogue of the Materia Medica, which seems to be adapted to this condition more than another—if there is anything which seems calculated to relieve the complications which generally arise in this disease, or to prevent them ere they make their appearance—it does seem that that agent is Turpentine.

Dr. Thomas Smith, of London, wrote ninety pages upon the good effects of turpentine, and some were disposed to smile at his credulity; but I rather think he was right.

The turpentine treatment of typhoid fever has been long in vogue. The name of Professor Wood, of Philadelphia, is particularly associated with this treatment, inasmuch as he recommends it highly, and advocates strongly its advantages above all others in certain stages.

I have used this treatment for six or eight years, and whether from its positive advantages, or from the benefit derived from the exclusion of all other medication, there has certainly been the greatest improvement in the success of my practice upon this disease during that period.

It sometimes happens that typhoid fever, in its incipiency, is mixed up with paroxysmal fever. These cases require quinine to rid them of this paroxysmal complication—which it does—leaving the continued fever to pursue the even tenor of its way. I sometimes give quinine in
moderate doses, three times a day, and continue its use for a length of
time, varying the quantity with the degree of necessity for its continu-
ance—in those cases which have a tendency to congestion, or to passive
hemorrhages—because I believe that quinine acts upon the vascular
tissue, to give it tone or contractility; and I have seen many good re-
results from the continued administration of considerable doses of quinine
under such circumstances.

The mode in which I have found it convenient to administer turpen-
tine in typhoid fever, is by the following emulsion:

\begin{align*}
\text{R Turpentine,} & \quad 3\text{ss.} \\
\text{Loaf Sugar,} & \quad \text{aa 3j.} \\
\text{Gum Arabic,} & \quad \text{Comp. Spts. Lavender,} \\
\text{Bi Carb. Soda,} & \quad \text{Bi Carb. Soda,} \\
\text{Camphor Water,} & \quad \text{To make an 8 ounce Emulsion.}
\end{align*}

\textbf{Dose}—For an adult, 1 tablespoonful three times a day (well shaken),
and so continue.

To begin with the turpentine early in the attack, seems to lessen the
danger to the bowels, and also to the lungs.

I have often seen the bowels, discharging large watery stools before
the use of this emulsion, become even constipated under its use, by re-
liieving the local affection. I have continued the emulsion in many
cases from my first visit to a patient, until he was discharged.

If there should be much diarrhœa, and the emulsion does not check
it, I give 5 grains sub. nit. bismuth in a spoonful of water, after each
passage. The most convenient mode of administering the bismuth, I
find is in an aqueous mixture, viz:

\begin{align*}
\text{R Sub Nit. Bismuth,} & \quad \text{grs. 80} \\
\text{Water,} & \quad 3\text{ij.} \\
\text{Mix in two ounce phial.}
\end{align*}

Shake until well mixed at each dose, and give one teaspoonful after
each passage.

If this does not have the desired effect, I add a small quantity of
laudanum—from 10 to 20 drops. I dislike the too free use of opiates
in typhoid fever: I think they are calculated to bring about coma or
delirium in the latter stages.

The bismuth, in connection with the turpentine treatment, will gen-
erally check the bowels as promptly, or even more speedily than opiates.
When there is diarrhœa, I invariably put a small blister over the right
iliac region, and keep it open if possible, until this symptom disappears.
I always examine this region, whether there is diarrhœa or not, and if I
find tenderness upon deep pressure with the hand, or meteorism, I take
it for granted that the diarrhoea is not far off, and apply the blister and
put the patient upon the treatment above mentioned.

You will generally find that the comp. spts. lavender, in the emulsion,
will prevent subsultus tendinum in a great measure; but if this pheno-
menon should appear, add to the course, a teaspoonful of the tincture of
valerian (for an adult,) every three or four hours, until relieved, and re-
peat pro re nata.

I give this tincture also, to quiet restlessness, sleeplessness, and slight
delirium, in these cases. Sometimes a Dover's powder (10 grains,) at
night is necessary to induce sleep.

In the earlier stages, when the skin is very dry and hot, great benefit
may be derived from the thorough application of lard ("bacon-rind")
to the surface of the patient's body and limbs. It has a very cooling
and soothing effect. This valuable fact I gained from my friend, Dr. P.
D'L. Baker of Alabama. The patient may be greased all over, once or
twice a day; or, whenever his skin becomes very hot and dry, or he
seems very restless; that is, if it can be done without giving him the
least fatigue, or causing the least muscular effort: for, recollect, that
nothing should be done that requires the patient to rise up or to move.
I have a patient now, who got his pulse up very high the other day, by
simply fanning the flies off of himself, for a little while. I mention this
forcible example to show you, how little muscular effort it would take,
either by getting up to stool often, or otherwise, to kill a patient with
this disease. Thus, a patient with typhoid fever, should never be allow-
ed even to get up to stool, if it could be avoided; and there exist the
best of reasons for this, but time and space forbid my entering upon the
pathology here. I will, therefore, cite you to my brother's contributions
upon this subject, in his volume entitled "Essays on the Secretory and
Excito-Secretory System," article, "Typhoid Fever."

If the bowels should remain constipated for too long a time, they
should be relieved by warm-water enemata.

At a variable length of time from the beginning of the attack, some-
times ten days, or two or three weeks, the skin will become cool, or
even sometimes alarmingly cold. It is sometimes proper to give stimu-
lants before this stage comes on, when, for instance, the adynamic char-
acter of the disease is very apparent in the first stage, or if accompanied
with passive hemorrhage—i.e. brandy with quinine: but stimulants are
generally imperatively demanded, when the cold stage has set in. Some
cases only require port wine, with which I often combine comp. tincture
of cinchona, three times a day, in doses of from one to two ounces of
the former, to two to four drachms of the latter for an adult, diminishing
in proportion to the age of younger subjects. Other extreme cases require brandy almost without limit. It is astonishing sometimes to see what immense quantities of brandy may be poured down a patient in this very low condition, without his system appearing to recognize that it is a stimulant.

The dietetic and regimenial conduct of a case of typhoid fever is as important, and I believe, even more so, than the medicinal course. In the earlier stages the patient does not desire much nourishment—does not require much; and probably it would do him an injury to force him with much. Some light food, such as very fresh milk, well boiled with rice or arrow-root; grated cracker and hyson tea, &c., is as much as he will generally require; and care should be taken that he does not take too much even of these at a time.

In the latter stages, it is necessary not only to use stimulants, but a nourishing diet is demanded, both by the patient’s improved appetite, and by his debilitated general condition. Sometimes the appetite is ravenous, and craving the most indigestible and injurious articles, the patient being often difficult to control, and this is a dangerous season on that account. The best form of nourishment under these circumstances is beef essence, and in the absence of this, chicken soup made with rice, seasoned with pepper. The patient should be allowed the free use of cold water—ice water, if practicable—but not to take too large a draught at a time. Sponging the body with cold water in the earlier stages, often affords great relief and improves the condition of the patient. He should never be allowed to lie upon the floor, or in an obscure corner of the room, inconvenient to be got at; but should always be supplied with a bedstead, placed in the most accessible part of the room—that he may be examined critically, in a good light, at pleasure, and without the disadvantages of a constrained position, or other embarrassments to the physician. He should be on a comfortable, soft bed, and should be turned over occasionally, or else he will have bed-sores—one of the most serious inconveniences attendant upon this protracted disease.

Above all things, he should be in a well ventilated room, and not near a fire, either in winter or summer. I believe many negroes die of this disease, from being kept in too close quarters, and exposed to the heat and smoke of a cooking-fire. The temperature of their apartments should be uniform and moderate.

When the patient is convalescent, do not allow him to indulge in any excess of diet, or exercise, for some time after his attack. I have been thus particular in dwelling upon these minutiae, because in attention to
Editorial.

these things, which are ordinarily considered minor points, the treatment of typhoid fever principally consists.

Hoping that the hints which I have thus, so hastily and unsystematically, thrown together here, may be of convenience to yourself and benefit to your patients, I have the pleasure to remain,

Very truly, your friend,

ROBERT CAMPBELL.

Oglethorpe Medical and Surgical Journal.—In a recent number, we called attention to the prospectus of the Savannah Journal of Medicine; we have since received this new work, and find that it fully answers our expectations, both in the character of its productions, and the style of its typographical execution. We have now to acknowledge the receipt of the first number of the Oglethorpe Medical and Surgical Journal, which is to be published bi-monthly, in Savannah, under the editorship of Drs. H. L. Byrd and Holmes Steele, Professors in the Oglethorpe Medical College. The number before us presents a handsome appearance, both in the variety of its contents, and typographically. It contains 64 pages, and will be published every two months. We take pleasure in placing both the above journals upon our exchange list.

Medical College of the State of South Carolina. Resignations and Appointments.—"It is with extreme regret that we find ourselves compelled to announce the resignation of Prof. Geddings from the chair of Surgery, in the Medical College of the State of South Carolina. We understand, however, that the resignation has been proffered, and that the Faculty will, with whatever reluctance, feel themselves constrained to accept it.

"For twenty-one years Dr. Geddings has been associated with the above mentioned institution; a College which numbered him amongst the very first of its graduates, which showed its high estimate of his worth and abilities by unanimously offering him one of its earliest vacant chairs, and which has since owed a large measure of its popularity and influence to his labors and name."

In the words of the Charleston Medical Journal and Review, "we heartily wish him in his voluntary retirement from the labors of the desk, length of years, which cannot fail to bring with them coequal usefulness and honor."

The simultaneous retirement of Prof. S. H. Dickson, from the chair of Practice, constitutes a double loss to the College of two most able and popular teachers. Prof. Dickson has accepted the appointment to the chair of Principles and Practice of Medicine in the Jefferson Medical
College at Philadelphia, vacated by the death of the lamented Dr. J. K. Mitchell. This is the second time that Dr. Dickson has been called to and accepted a chair in a Northern school; we cordially wish him even more satisfaction and success in Philadelphia than he found in New York.

Appointments.—The Charleston Mercury reports, that at a meeting of the Trustees and Faculty of the Medical College of the State of South Carolina, held on the 19th of May, Dr. P. C. Gaillard was elected to the chair of the Institutes and Practice of Medicine in this institution, rendered vacant by the resignation of Prof. Dickson; and Dr. J. J. Chisolm to the chair of Surgery, made vacant by the resignation of Prof. Geddings. Both these gentlemen are favorably known to the profession.

University of Louisiana: Professorial change.—Professor J. C. Nott has resigned the Chair of Anatomy in this Institution, and Dr. T. G. Richardson, recently Professor of Anatomy in the Medical Department of Pennsylvania College, has accepted the chair thus made vacant. Professor Richardson is well known to the profession, as one of the able editors of the North American Medico-Chirurgical Review, and also as the author of a valuable work entitled "Elements of Human Anatomy; General, Descriptive and Practical." We wish our confrere every happiness in his Southern home, and should we miss him from the North American, we hope he may greet us some where else, still our prized and valued co-laborer in medical journalism.

Books received.—We have received the following works for review:
From Blanchard & Lea, Philadelphia—
Graham's Elements of Inorganic Chemistry.
Miller's System of Obstetrics.
Peaslee's Human Histology.
Plates to Wilson on the Skin.
From Lindsay and Blakiston, Philadelphia—
Meigs on Diseases of Children.
Carnochan's Contributions to Operative Surgery and Surgical Pathology.
From the author—
Paine's Institutes of Medicine.
Paine's Medical and Physiological Commentaries.
Dr. Paine's Essays on Vitality and Remedial Agents.
From S. G. Courtenay & Co., Charleston—
Geddings' Lectures on Surgery, by Drs. Logan and Waring.
Besides many valuable pamphlets and minor communications, all of which shall receive due attention.
Dr. Eve's Address.—We have already expressed our high appreciation of the following address, in our summary of the proceedings of the last meeting of the Association; we now vindicate that opinion by presenting it entire thus prominently to our readers. We here copy from the Nashville Journal of Medicine and Surgery:

Gentlemen of the American Medical Association:

We meet under most auspicious circumstances, and have been welcomed to the most favorable position ever occupied by our profession on this continent. The very ground on which we stand may be considered sacred; has been set apart from a common to a special purpose, and is national. Invited as we have been to this magnificent temple, furnished and dedicated by a generous foreigner to science; in the presence of that towering monument, designed to commemorate the worth of him ever enshrined first in the hearts of his countrymen; surrounded by the glorious recollections constantly associated with this government; and before the great men and assembled wisdom of the nation; it becomes us to discharge the important duties which have called us together, with honor to ourselves and benefit to our profession. Inspired by its benevolent spirit, and invoking the aid of an ever present and omnipotent God to preside over our deliberations; we may here renew our professional obligations, learn to love each other better, and resolve henceforth to be more faithful to our high vocation, that its dignity may be maintained and its usefulness extended.

Knowing as I do full well the value of time in our short sessions, and how much is expected from this meeting, the half hour set apart for this customary address will be restricted to subjects appropriate to the occasion. From this stand-point in the history of our meetings, it is proper to recall what has already been achieved, that we may be better prepared profitably to engage in the labor now awaiting our deliberations. This summary of our transactions is the more necessary, since by a disastrous fire in 1851, the first four volumes of our proceedings have been destroyed, and are of course inaccessible to all new members: the last report of the committee on publication having announced the fact that not one complete set of them was now on sale.

The grand object of a convention of the physicians of the United States, held the previous year in the city of New York, was carried into effect in Philadelphia, May 1847, by organizing this Association; and just ten years ago, the first general assembly met in Baltimore. Since then annual meetings have been convened in our large cities for the transaction of business and the proceedings regularly published each year. Ten large octavo volumes now comprise the Transactions of the American Medical Association, being the contributions of its two thousand members delegated to represent the medical institutions of thirty States and Territories.

As set forth in convention, the ultimate purposes of this body are to cultivate and advance medical knowledge; to elevate the standard of medical education; to promote the usefulness, honor, and interests of the
medical profession; and collaterally to enlighten and direct public opinion in regard to the duties, responsibilities and requirements of medical men; to excite and encourage emulation and concert of action in the profession and to facilitate and foster friendly intercourse between those engaged in it.

In carrying forward these desirable changes, embracing as they do medical science, medical education, and medical ethics, no one believes that we have done every thing demanded for the good of the profession or that all our great designs could have been attained in the brief space of ten years. The work assumed by the Association, it was well known, would take time, labor, and united efforts. It comprehended higher requisitions for admission into a learned profession; prescribed the course of instruction; demanded a separation in the teaching and licensing power; proposed a code to regulate the intercourse between physicians, their patients and the public; and claimed that every one within its pale should assiduously cultivate the science of medicine and promote its best interests. And however extensive or radical may have been these, contemplated plans, still on the whole it can safely be assumed that the American Medical Association has been no failure.

It has advanced medical knowledge, and promoted the usefulness of the medical profession. There will be found in the ten volumes of its printed transactions, the results of the meetings held in Baltimore, Boston, Cincinnati, Charleston, Richmond, New York, St. Louis, Philadelphia, Detroit and Nashville, that no less than three hundred pages are devoted to medical education; over five hundred to hygiene, including the sanitary condition of many of our large cities; six hundred to botany and indigenous plants; one hundred and fifty to obstetrics; four hundred to medical literature; seven hundred and fifty to medical science proper; more than a thousand to surgery; and two thousand to practical medicine, including the epidemics and prevalent diseases of nearly every State in the Union.

Special reports have been made from committees appointed for the purpose, on the effects of anaesthetic agents, ether and chloroform; on the influence of tea and coffee on the diet of children and the laboring classes; on the supposed influence of the cerebellum over the sexual propensities; the results of operations for the cure of cancer; the introduction of water and gas into cities; two reports on the blending and conversion of types of fever; the action of water on lead pipes and the diseases proceeding from it; reflection of the uterus; a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths; the sources of typhus fever and the means for their extinction; the permanent cure of reducible hernia; the topical use of water in surgery; the agency of refrigeration by radiation of heat as a cause of disease; the results of surgical operations in malignant diseases; the acute and chronic diseases of the neck of the uterus; the nature of typhoid fever; coxalgia or hip-joint disease; the treatment of morbid growths within the larynx; the sympathetic nerve in reflex phenomena; the medical and toxicological properties of the cryptogamic plants of the United States; erysipelas; the influence of the hygrometrical state of the atmosphere on health; the diet of the sick; pathology, causes, symptoms and treatment of scrofula; the preservation
of milk; the effects of alcoholic liquors in health and diseases; hydrophobia; the changes in milk produced by menstruation and pregnancy; the sanitary police of cities; treatment of cholera infantum; use and effects of nitrate of silver applied to the throat; strychnine; infant mortality in large cities, the sources of its increase and means of its diminution; medico-legal duties of coroners; new principle of diagnosis in dislocation at the shoulder-joint; the flora, fauna and medical topography of Washington Territory; the nervous system in febrile diseases; etc., etc.

Prizes have been awarded by the Association to the authors of the following essays, viz.: On the Corpus Luteum of menstruation and pregnancy, for 1851.

On the variation of Pitch in percussion and respiratory sounds in physical diagnosis, for 1852.

On the Cell, its physiology, pathology and philosophy.
And on the Surgical Treatment of certain fibrous tumors of the uterus, heretofore considered beyond the resources of art, for 1853.

On a new method of treating ununited Fractures and certain Deformities of the osseous system, for 1854.

On the Statistics of Placenta Prævia, for 1858.

On the Physiology and chief Pathological Relations of the Arterial Circulation, for 1856.

On the Excito-secretory System of Nerves, in relations to physiology and pathology.
And on Experimental Researches in relation to the nutritive value and physiological effects of Albumen, Starch and Gum, when singly and exclusively used as food, for 1857.

Carefully prepared reports have been published by the Association of the various epidemics and diseases which have prevailed during the past ten years throughout our widely extended country, and the mortuary statistics and public health of our large cities minutely ascertained. Charts, maps, diagrams, tables and plates have been freely employed to illustrate these subjects, so important to the general welfare of the people. Every State and Territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers have specially claimed the attention of our members. The communications on deformities after fractures, found in our eighth, ninth and tenth volumes, constitute the basis of the best monograph ever issued from the press. This work it may be predicted, will do more than all others to check the reckless and speculative spirit of suits for malpractice against medical men; for in addition to teaching a useful lesson to the profession in the prognosis of fractures, its testimony is so conclusive in reference to the usual results of these accidents, that judicial decisions must hereafter be regulated by it.

Besides these contributions to medical knowledge, this Association has taken action to prevent the importation into our country “of worthless, adulterated and misnamed drugs, medicines and chemical preparations,” for which a member of the United States Senate has publicly declared that if we had accomplished nothing else, this alone should have entitled us to the gratitude of the nation; it recommended to the different States
the adoption of a regular system of registration of births, marriages and deaths; memorialized Congress to secure stceage passengers in our emigrant vessels medical attention, and due amount of space between decks; appointed a committee to ascertain the best means of preventing the introduction of disease by emigrants into our large cities; and considered many interesting individual cases.

This is a mere index to what the American Medical Association has done for medicine during the first ten years of its existence. A simple reference to the professional facts spread out upon its pages, is abundant and satisfactory proof how extensive, varied and valuable are its contributions to medical science, and its ten volumes an overwhelming and congratulatory answer to the taunting proclamation of the Edinburgh Review of 1820,—“What does the world yet owe to American physicians and surgeons?” In September, 1854, the editors of the Association Medical Journal of Great Britain published our code, and declared that this body of physicians was the most enlightened representatives of the greatest medical constituency in the world, of which it would be presumptuous in them to speak in terms of praise. They said of the volumes of the Transactions already published, that the duties of the standing committees have been ably and thoroughly performed; that the progress of medical science as a whole, its prominent divisions into practical medicine, surgery and obstetrics, carefully and accurately traced in a series of reports worthy of the highest praise, had been reported in a clear, concise and comprehensive manner, reflecting the highest credit upon the committees, and also upon the Association in selecting them for their respective duties: and in regard to what has been done in the laborious investigation of the indigenous medical flora of the Union; examination into and reports upon the adulteration of drugs; the sanitary condition of the various States, and difference between them in the public health; the study of epidemics and of special scientific subjects; the committees, continue these European medical authors, have collected and published a vast amount of highly valuable information. They moreover assert their belief that our success, especially in ethical reform, depends solely in the moral power inseparable from a constitution based upon the principle of equal representation, which they affirm they not only greatly admire, but can scarcely refrain from envying.

Here, then, is a reply to the above invective pronounced against the medical profession of America, voluntarily called forth from the countrymen of its authors, and before he had been in his grave ten years, by the contributions of this body to medical science within seven years of its organization. Upon such disinterested evidence, such full, free and candid confessions, and from such a source, may rest the claims of the American Medical Association for proof of the benefits it has conferred on medicine. A most active and powerful agent in disseminating useful medical knowledge on this continent, it is highly probable that no similar institution has ever been more successful in carrying out its chief object—the promotion of science—than the one now assembled in this hall.

It has done something, perhaps all it could under the circumstances,

*Sidney Smith died in 1854.
to elevate the standard of medical education. An influential motive calling forth this organization, was the proposed attempt to correct the defects in the plan of instruction and conferring the degree then generally adopted in our medical colleges; and one of the first resolutions passed, even when the profession had assembled in convention, was the creation of a committee to report at an early day on these exciting subjects. Improvement in the system of teaching medicine, and a change in the power granting the diploma, if not reformation in the schools, have ever since agitated the profession, and consumed a considerable portion of the time of our sessions. The only power to control the economy of the colleges which this body possesses is exclusively moral, advisory or recommendatory, and not legislative or legal; and while it may be true that no set of resolutions presented by the several committees have been fully carried into effect, still it cannot be denied that important changes calculated to advance medical education have nevertheless been made. At least seven professors now compose the Faculty in all our schools, the one or two exceptions to this being in those in which the science is taught nine consecutive months. Not less than a period of four full months' instruction now constitute a course of lectures, and even this is exceeded in most of the institutions. But one annual course is now delivered with scarce an exception, and an interval is thus allowed for reading or private instruction. The Association has clearly defined what shall be taught. It has inquired into the practical operations of all the colleges in the land; scrutinized the general condition of medical teaching in every State; compared it with that of the most enlightened nations; called attention to preliminary education and declared what it ought to be; advised higher requisitions and a more rigid examination for obtaining the degree; and has, by its free discussions and oft reiterated expressions in regard to the business of teaching and regulating the schools, undoubtedly prevented greater abuses. It has never ceased to urge at every meeting the pressing necessity for a more thorough preparation and greater attainments in candidates for the honors of the profession.

This subject, gentlemen, is one upon which you will be called to take action. A committee chosen at Nashville is to report here on medical education. It is composed of gentlemen from different sections, who, while familiar with the systems of teaching medicine in our country, are yet disconnected from all the colleges. It would seem to be a desirable object to settle at this meeting the future relation of the schools to this Association. Our sessions then might become less educational in character, and hereafter more scientific. And at the present stage of our proceedings, after all that has been said and done on this subject, the time has surely arrived for a decision. I cannot believe the colleges have any interested motives before this body; they of all others should be the last to oppose a more thorough cultivation of medicine, and ought by such a course to become unworthy of their trust, and unwelcome members of a great national congress of physicians, whose grand design is to promote medical science. We have now reached a period in our history when this voluntary Association is to determine what medical organizations, be they State, county or city societies; hospitals, boards or schools, are entitled to be represented in its meetings. It alone, can, of course, pre-
scribe the requisitions for its own delegates. If created to improve and advance medical education, (and this is in accordance with its own expressed declarations,) then it is quite certain the schools must be controlled. It has but to speak on this point and it will be obeyed: for it is now too late for any physician to oppose, or any medical college to set at defiance the moral power of this body.

As to the first object of an ethical nature over which the Association designed to exert its influence, that of enlightening and directing public opinion in respect to the duties, responsibilities and requirements of medical men, we are free to confess little or nothing has been done. Nor is there much probability that any great change will soon if ever, be effected. The work itself, in the very nature of things, is utopian. How is it possible to enlighten or direct the public mind on the economy of a science which it practically denies to exist? We ought to recollect that the time has not long passed since grave professors in our colleges signed certificates recommending nostrums; or what was done even last year in London at Middlesex Hospital, by its regular surgical staff: these reminiscenses, however unpleasant, may serve somewhat to moderate our indignation against those who would insult the profession, or who entertain a very low estimate of the scientific acquirements of physicians even at the present day. The profession must first fully comprehend its duties and responsibilities, and the proper and special qualifications for the practice of medicine, before any attempt can succeed to get the public to appreciate what these are, or acknowledge the ethical impropriety of employing secret remedies. If we make no distinction between the regular and irregular practitioner, between the physician and the proprietor of a nostrum, we are alone censurable that two such opposite characters are so generally confounded by the community. Until we are more honest, more united, truer to ourselves and our calling, and cultivate a proper esprit du corps, in vain is it to expect a change in public opinion regarding medical science. To prevent disease or relieve the sick is a most benevolent and honorable vocation, and when one conceals for selfish ends a valuable medicine, he ceases to be honest and is void of philanthropy; for by attempting to place a monied valuation upon pain and life, he becomes a trader in human physical sufferings; he estimates in dollars and cents the groans and tears of his fellow-creatures. He may profess what he pleases, but his piety is not of the Bible, and has not a jot or tittle of christianity about it, for that teaches us to love our neighbors as ourselves. Eschewing politics, and seeking no aid from State or Church, we should become a law unto ourselves, or rather act above all law save the Divine, since it is quite certain we alone must protect the honor of the medical profession. And thank God, standing this day, the proudest of my life, before this goodly assembly, and at the capital of our common country, I can announce that here, to the American Medical Association it may with safety be forever confided. By its recent acts, proclaimed throughout the length and breadth of this wide domain, this body has denounced all fellowship with irregular practices, and erected a barrier impassable to honor and respectability.

Having learned wisdom from a more careful examination of the statis-
tics and results of deformities after fractures, the question occurs if we have not ourselves unwittingly made patients expect too much from remedical agents. Disease in itself is a destructive process, which we can only prevent or relieve, and as of course, we can not create or restore, should we not therefore be more chary of the little word, "cure?" The monument erected to Ambrose Paré, the father of surgery, bears the modest inscription, in reference to the wounds he treated, *"Je les pansey et Dieu les guarit." Empirics may boast that they cure, and doctors of divinity may sustain them; but the physician knows it is God who healeth all our diseases.

On that branch of ethics which relates to ourselves, that of encouraging emulation and concert of action among physicians, and fostering friendly intercourse in the profession, the Association has been eminently successful. It has far exceeded the most sanguine expectations in overcoming all opposition; in creating an admirable code now adopted everywhere; in organizing State, county and city societies; in bringing together physicians from the remotest parts of our immense territory; in awaking the whole profession to its true interests; and in blending us into a common harmonious fraternity. Without law or authority, by moral suasion have we been united as one man, and possess this day the power to be felt over this entire continent. There never has been a more propitious period for medicine in America; never greater evidence of vitality and extended usefulness in our ancient and benevolent calling; never better feeling or more confidence of success than now, by our united effort to do good in the great cause of suffering humanity.

We have seen, gentlemen, how much this Association has achieved in its infancy to elevate honorable medicine. A wide field for scientific investigation is before us; much territory still remains to be redeemed; the wilderness is yet to blossom as the rose; and the leaves to be gathered for the healing of nations. The hygienic condition of the nation, of such immense interest to our people; that first, all-important question, ever before the profession—the prevention of disease—is to be improved. We are to search after truth, and when found it is to be generously applied for the good of mankind. The work is a self-sacrificing and benevolent one, but it is grand and sublime, even God-like; for it has to do with pain and disease, life and death. And we rejoice to know that whenever or wherever called upon, the members of our profession and of this Association have never failed in any duty, and have been faithful to the end. Yea, many of them have stood alone between the living and the dead, and cheerfully laid down their lives to stay the pestilence and destroyer.

The very waters at our feet, as they sweep onward to the ocean, pass in sight of a city where three years ago no less than four-fifths of our profession in that community, swelled too as their ranks had been by volunteers from this body, fell manfully contending with disease and death: and on a late occasion, when one of our steam-packets having been injured by a collision, went down in an instant, carrying every soul

* Ancient French,
on board into the depths of the ocean, among the passengers was a member of this Association. To the inquiry where was he during the heart-rending scenes of a sinking ship, freighted with human lives, promptly came the affecting and sublime eulogy from one who knew him well, that so long as a woman or child remained unprovided for, he never left the ill-fated Arctic. How near akin was his gallant spirit to that of him, who during a subsequent and similar occurrence, after seeing every woman and child committed to his care safely rescued from his foundering bark, after sending the last parting message to his family, and discharging every duty without one lingering ray of hope, calmly assumed his commanding position on the deck of his vessel, and as she glided from under him into the yawning billows, instinctively uncovered to meet his fate and his God. While the wild waves are sighing a requiem over the unseen burying places of these illustrious dead, the benedictions of a grateful people are continually ascending over the forty graves of the martyred heroes of Norfolk. These were our companions, who died in the noble service of that calling, to promote the best interests of which has assembled us together.

Gentlemen of the American Medical Association, we have convened for important purposes; great events are before us; the interests of humanity are here; the hopes of the profession are in this meeting; the eyes of the medical world are upon us. May we then so act in view of surrounding circumstances, that "The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration."

Puerperal Convulsions.—Dr. James M. Newman presented a report on this subject to the Buffalo Medical Association, at a late meeting, which is published in full in the Buffalo Medical Journal, comprising some accounts of 33 cases collected from various sources. Of these 17 were primiparae, 9 multiparae, 7 not stated. Recovered, 24; died, 9. Described as anasarco, 7. The urine was albuminous in 12 cases; not albuminous in 2; dark colored in 2; no secretion of urine in 2; and condition not noted in 19. Ether or chloroform was employed after bloodletting in 19 cases—and of these, 16 recovered and 3 died; employed without bloodletting, 9—and of these, 6 recovered and 3 died. Convulsive movements modified and controlled by anaesthetics, in 23 cases; convulsions not diminished by them, in 6 cases. Two cases proved fatal in which chloroform was administered without previous treatment being indicated.—[Boston Med. and Surg. Journal.

Platinized Charcoal.—The power of charcoal in inducing chemical combination is greatly increased by combination with minutely divided platinum. In this manner a combination may be produced possessing the absorbent power of charcoal (which is much greater than that of spongy platinum,) and nearly equal, as a promoter of chemical combination, to spongy platinum itself. In order to platinize charcoal, nothing more is necessary than to boil it, either in coarse powder or in large pieces, in a solution of bichloride of platinum, and, when thoroughly impregnated, which seldom requires more than ten minutes, or a quar-

* Prof. Carter P. Johnson, of Richmond, Va.
ter of an hour, to heat it to redness in a close vessel, a capacious platinum crucible being well adapted for the purpose. * * * * * * Platinized charcoal seems likely to admit of various useful applications; one of the most obvious of these is its excellent adaptability to air-filters and respirators. From its powerful oxidizing properties, it may also prove a highly useful application to malignant ulcers and similar sores, on which it will act as a mild but effective caustic.—[Ibid.

On the Discrimination of Albumen.—The detection of albumen in urine is very simple. A small quantity of the urine is to be heated until it boils, in a test-tube, over the flame of a spirit-lamp. As soon as the temperature of the liquid becomes raised over 170° Fahr., the albumen will become coagulated; and if the test-tube be set aside for a time, it will become deposited, when it may be collected, dried, and weighed. The precipitate albumen is soluble in solution of potash, but insoluble in nitric acid.—[Dr. HasseVs Lectures. Ibid.

Increase of Insanity in England.—It would appear, by the following statement from the London Lancet, that the United States is not the only country in which insanity has been on the increase during the last few years.

"There are 1000 patients in Hanwell Asylum; the house is to be enlarged so as to accommodate 2000. There are 1200 pauper lunatics in the house at Colney Hatch. Yet there are still 1100 pauper lunatics in Middlesex unprovided for. 'A few years ago lunatics were in the proportion of one to rather more than 800 of the population, while now they are in the rate of one to 700—an increase of one eighth to an increased population.'"—[Ibid.

Death of Dr. Hare.—We find in the American Medical Gazette, the following notice of the departure of a distinguished man: indeed, one of the fathers of American science. Let us remember him, not as the star whose brightness was dimmed, as it sank, behind the horizon, but rather as when in the ascendant, or at his meridian, he shed a glory and a resplendence upon American Medicine.

Died, in Philadelphia, May 16th, 1858, Dr. Robert Hare, in the seventy-seventh year of his age. He was for a series of years Professor of Chemistry in the University of Pennsylvania, and by his discoveries and improvements acquired high distinction at home and abroad, ranking justly among the first chemists of the age. The latter years of his life have been clouded by mental infirmities, terminating in senile imbecility, under the influence of which he was ensnared by the vagaries of clairvoyance, and thus led into the mysticism of the modern spiritualists, endorsing by his high name the wildest of their speculations. Humanum est errare.