SOUTHERN

MEDICAL AND SURGICAL JOURNAL.

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MEDICAL COLLEGE OF GEORGIA.

"Je prends le bien où je le trouve."

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ORIGINAL AND ECLECTIC.

ARTICLE XXII.

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 page 601 of September No. 1858.]

Case XXVIII.—Scotch seaman; age 14; light hair, blue eyes, florid complexion; height 5 feet 2 inches; weight 95 lbs. From light ship, lying at the mouth of Savannah river. Was taken sick three days ago.

September 16th, 7 o'clock P. M. Face as red as scarlet; skin in a profuse perspiration, which has saturated his thick flannel shirt and wet the bed-clothes. Pulse 100. Respiration 24: does not correspond with the flushed appearance of his face. Temperature of atmosphere, 88° F.; temp. of hand, 102; temp. under tongue, 103.25. Tip and middle of tongue clean and of a bright red color; posterior portion (root) of tongue, coated with yellow fur; tongue rough and perfectly dry. When the finger is passed over the tongue, it feels as dry and harsh as a rough board. Lies in a stupor—it is almost impossible to arouse him. Great tenderness upon pressure of epigastrium: pressure here causes him to cry out.

B. Blister, 6 by 6 inches, over the epigastric region. Mustards to extremities. B. Calomel, grs. x.; Sulphate of quinia, grs. vij. Mix. Administer immediately, and follow with castor oil in four hours. B. As soon as the blister and mustards have aroused the patient, administer sulphate of quinia grs. v. every three hours, up to grs. xv.
Sept. 17th, 11 o'clock A. M. Restored to the exercise of his intellectual faculties, and says that he is much better. Mustards and blister acted promptly, and aroused the patient. The calomel and castor oil acted six times. Rested very well during the night. Skin was in a perspiration during the night. Tongue moist. The bright red color and dry rough state, have disappeared. It is now slightly coated with yellow fur. Pulse 86; respiration 18, regular and gentle. Skin moist and relaxed. Temperature of atmosphere, 87° F.; temp. of hand, 100° 25; temp. under tongue, 101°. Has taken xxij. grains of sulphate of quinia.

2. Sulphate of quinia, grs. xx.; infusion of Virginia snake-root, f 3 xvi. Tablespoonful every three hours. Diet, gruel and flaxseed tea. Urine of a light orange color, a shade higher than normal. Sp. gr. 1008·2. Amount of urine collected during the last 16 hours, grains 8065. It is probable that much urine was lost during the action of the purgative.

<table>
<thead>
<tr>
<th>ANALYSIS LVI</th>
<th>Grs. 8065 Urine passed during 16 hours calculated for 24 hours contained grains</th>
<th>Grs. 12098 Urine calculated for 24 hours contained grains</th>
<th>1600 parts Urine contained</th>
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</thead>
<tbody>
<tr>
<td>Water</td>
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<td>11745·892</td>
<td>970·874</td>
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<tr>
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<td>352·108</td>
<td>29·126</td>
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<tr>
<td>Urea</td>
<td>83·100</td>
<td>124·600</td>
<td>10·290</td>
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<tr>
<td>Urie Acid</td>
<td>0·160</td>
<td>0·240</td>
<td>0·019</td>
</tr>
<tr>
<td>Ext. and Coiling Matters</td>
<td>118·216</td>
<td>177·224</td>
<td>4·077</td>
</tr>
<tr>
<td>Fixed Saline Constituents</td>
<td>32·880</td>
<td>49·200</td>
<td>14·038</td>
</tr>
</tbody>
</table>

Sept. 18th, 12 o'clock M. Took a change for the worse this morning—now lies in a stupor. Tongue coated with yellow fur, much dryer than normal; reaction of saliva acid. Pulse 98, feeble; respiration 32. Temperature of atmosphere, 87° 5; temp. of hand, 103; temp. under tongue, 104. Has taken xxxv. grains of sulphate of quinia during the last 30 hours.

3. A cut cup to each temple, and two to back of neck. Mustards to extremities. As soon as fever remits, give sulphate of quinia, grs. v., every three hours, up to grs. xv. Urine, light straw colored, resembles the urine of Diabetes Mellitus. Sp. gravity 1010. Amount of urea in 1000 parts of urine, 7.970; Amount of uric acid in 1000 parts of urine, 0.029.

8 o'clock P. M. The cut cups and mustards aroused him, and he asked for something to eat. The change, however, was only temporary, and he relapsed again into a state of stupor. Now can be aroused only by violent shaking, and then goes into a profound sleep in a few moments. Tongue, bright red at tip and edges, dry and harsh to the touch, and coated at the superior portion with light yellow fur. Pulse 90; respiration 26. Temperature of atmosphere, 85° F.; temp. of hand, 102° 25;
temp. under tongue, 108° 25. Has taken x grs. of the sulphate of quinia during the last eight hours.

B. Blister to back of neck; mustards to extremities. Calomel, grs. vi.; castor oil in four hours. Neutral mixture.

Sept. 19th, 11 o'clock A.M. Appears to be better. Intellect more active than last night, but still inclined to stupor. Face still much flushed; tongue moist, red at tip and edges and coated with white fur; papillae enlarged. Blister upon the back of the neck has drawn. Cathartics acted ten times. Skin moist and relaxed.

Sept. 20th, 12 o'clock M. Says that he is much better. The brandy, in conjunction with the infusion of snake-root, and sulphate of quinia, appears to have exerted decided beneficial effects. Face still flushed; tongue relaxed, moist, and slightly coated with white fur; papillae enlarged, and prominent over the whole surface of the tongue. Surface of blister looks healthy. Amount of urine passed during the last 24 hours, grains 3030; sp. gr. 1001; reaction slightly acid; color, very light yellow, like diabetic urine.

B. Continue brandy, infusion of snake-root and sulphate of quinia.

Sept. 21st, 1 o'clock P.M. Continues to improve. Countenance and intellect bright. Tongue has altered greatly in appearance—it is moist and pale, and very slightly coated with white fur; papillae slightly enlarged; face not so flushed. Pulse 66; respiration 18. Temperature of atmosphere, 83° F.; temp. of hand, 98°; temp. under tongue, 100°. Skin cool and relaxed. Amount of urine passed from Sept. 20th, 1 o'clock P.M., up to 11 o'clock, (hours 10,) grs. 13013; light yellow color; sp. gr. 1001; reaction alkaline after standing 15 hours. Amount of urine passed from Sept. 20th, 11 o'clock P.M., up to the present time, grs. 5030; sp. gr. 1006. Deep orange color. Amount of uric acid in grs.
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5030 of urine, grs. 1.050; amount of uric acid in 1000 parts of urine, grs. 0.200.

Sept. 22nd, 12 o'clock M. Tongue moist and normal in appearance; skin cool; face of natural color. Pulse 65; respiration, 18. Temperature of atmosphere, 84°5 F.; temp. of hand, 98°; temp. under tongue, 99°5.

B. Quassia and soda; continue infusion of Virginia snake-root and sulph. of quinia, tablespoonful every six hours. Am't of urine passed during the last 24 hours, grs. 20.800; normal in color; sp. gr. 1.004.

7 o'clock P. M. Pulse 57; respiration 16. Temperature of atmosphere, 81°; temp. of hand, 98°; temp. under tongue, 99°5. Amount of urine passed during the last 8 hours, grains 7021; sp. gr. 1.003; light colored.

Sept. 23rd. Examination of Blood No. V.—Clot appeared to be softer than normal. Serum of a light yellow color. Specific gravity of blood 1042.4; sp. gr. of serum 1021.3.

<table>
<thead>
<tr>
<th>Water</th>
<th>Solid Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 1000 parts of Blood, 827.901</td>
<td>In 1000 parts of Blood, 172.099</td>
</tr>
<tr>
<td>&quot; &quot; &quot; Serum, 928.370</td>
<td>&quot; &quot; &quot; Serum, 71.630</td>
</tr>
<tr>
<td>(1) &quot; &quot; &quot; Liq. Sang., 926.937</td>
<td>(1) &quot; &quot; &quot; Liq. Sang., 73.297</td>
</tr>
<tr>
<td>(2) &quot; &quot; &quot; &quot; 887.034</td>
<td>(2) &quot; &quot; &quot; &quot; 112.965</td>
</tr>
</tbody>
</table>

Solid Matters in Serum of 1000 parts of Blood, 62.789.

Fixed Saline Constituents,

| In 1000 parts of Blood, | - |
| " " Serum, | - |
| (1) " " Liquor Sanguinis, | - |
| (2) " " " | - |
| " " Solid Matters of Blood, | - |
| " " " " Serum, | - |
| " " " " Blood Corpuscles, | - |
| " " Moist Blood Corpuscles, | - |

In Blood Corpuscles of 1000 parts of Blood, 0.490
" Serum of 1000 parts of Blood, 3.551

1000 Parts of Blood Contained,

| Water, | 827.901 |
| Dried Blood Corpuscles, 107.877 | Organic Matters, 107.320 |
| Fibrin, | 0.490 |
| Albumen, Extractive and Coloring Matters, 62.789 | Mineral 3.551 |

1000 Parts of Blood Contained,

| Water, | 323.631 |
| Moist Blood Corpuscles, 431.508 | Organic Matters, 107.320 |
| | Mineral 0.490 |
Liquor Sanguinis, 568·492

1000 Parts of Moist Blood Corpuscles Contained,

Water, - - - 504·270
Organic Matters, - - - 59·210
Mineral " - - - 3·551
Fibrin, - - - 1·433

A few days after this observation, numerous small boils appeared over all parts of the body of this patient. These were productive of nothing but pain and uneasiness, and disappeared in the course of two weeks. The patient continued to improve, and was discharged from the hospital.

This case exhibits the following points of interest:

1. The cerebral symptoms were strongly marked. There was a constant tendency, in the active stages of the disease, to profound stupor. The flushed face and hot head and torpid intellect, indicated congestion of the brain. Sinapisms, blisters, cut cups and purgatives, diminished the apparent congestion of the brain, and relieved the intellectual faculties temporarily, but not permanently. Stimulants and sulphate of quinia, so far from increasing the apparent congestion of the brain, diminished it permanently, and relieved the intellectual faculties. Under their action, the red, dry, rough tongue, became pale, moist and soft—under their action, the circulation and respiration were equalized, and diminished in frequency; the temperature was diminished and the intellect restored to its normal exercise.

As the sinapisms, blisters, cut cups and purgatives, were used in conjunction with the stimulants and sulphate of quinia, we cannot assert that the restoration of the functions were due solely to the action of the stimulants and sulphate of quinia. It is evident, however, from the history of the case, that the action of the former was temporary, whilst that of the latter was permanent. It is probable that the recovery of this patient would have been doubtful in the extreme, if either of these modes of treatment had been omitted.
During the height of the disease I had no hopes whatever of his recovery. The brain was more affected than all the other organs. Long after the pulse and respiration, skin and digestive functions were restored to their normal actions, the patient was scarcely able to stand or walk on account of the condition of the brain. His first efforts at walking resembled those of an infant just learning to stand and walk alone. This was not due to the loss of muscular power, for there had been but a slight reduction of the size of the muscles. It was due rather to the disordered state of the cerebro-spinal system.

2. The urine was abundant—of low specific gravity and light color. In these particulars this excretion presented a marked difference from the urine of the cases recorded in previous numbers of this journal.

3. The uric acid was diminished during the active stages of the fever, and under the action of sulphate of quinia.

4. The analysis of the blood shows that the organic matters of the blood corpuscles were diminished slightly, whilst the mineral matters were greatly diminished. The fibrin was diminished in amount, and appeared to be softer than normal. The albumen and extractive matters of the serum were somewhat below the normal standard.

When we consider that this patient was in a state of almost complete starvation, during the height of the disease, it is evident that the malarial poison acted but slightly upon the constituents of the blood. The malarial poison appeared to act almost entirely upon the brain and nervous system. This action may have been greatly increased by circumstances—as peculiarities of constitution, irregularities of habit, and continued exposure to the hot sun on the light-ship.

I was afterwards informed that this boy was in the habit of using ardent spirits freely.

It is probable that one or all of these causes may have predisposed the brain to congestion, and converted a light attack into a severe and dangerous disease. It is probable that the dose of malaria was small, and, aside from these circumstances, would have produced only a mild disease. We are led to this conclusion by the fact, that its effects upon the blood and excretions were comparatively slight.

**Case XXIX.** American seaman, native of Philadelphia: age 30; weight 150; height 5 feet 8 inches; brown hair; brown eyes; dark complexion.

August 7th, 11 o'clock A.M. Has entered the hospital in a stupid, torpid condition. It is difficult to arouse him, and then his answers are incoherent.

His companion states that "he has been running up and
down the Savannah river in a steam-tug. One week ago, was attacked with chill and fever, which was treated with sulphate of quinia, by one of his companions. Two days ago took blue pill and castor oil. He is of intemperate habits, passing much of his time in a state of intoxication.” Skin hot, but in a profuse perspiration; tongue coated with light yellow fur; pulse 112, moderately full; respiration 38, hurried, thoracic—chest heaving. Temperature of atmosphere, 81° F.; temp. of hand, 103°; temp. under tongue, 104°. The patient breathed through his mouth, was restless and stupid, and hence it was difficult to determine accurately the temperature under the tongue. Has just passed a considerable quantity of clear, limpid, high-colored urine. b. Castor oil, f3 ss. Diet, gruel.

August 8th, 9 o’clock A.M. Skin hot and dry; pulse 120. Continues stupid. Urine passed during the night and this morning, clear, high colored, (reddish orange). Sp. gr. 1018. Nitrate of urea well formed—silvery white crystals.

ANALYSIS LVIII.—1000 Parts of Urine Contained,

<table>
<thead>
<tr>
<th>Component</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
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</tr>
<tr>
<td>Solid Matters</td>
<td></td>
</tr>
<tr>
<td>Urea</td>
<td>42.618</td>
</tr>
<tr>
<td>Uric Acid</td>
<td>7.103</td>
</tr>
<tr>
<td>Extractive and Coloring Matters</td>
<td></td>
</tr>
<tr>
<td>Fixed Saline Constituents</td>
<td>32.570</td>
</tr>
<tr>
<td></td>
<td>2.621</td>
</tr>
</tbody>
</table>

11 o’clock A.M. Skin moist; pulse 112. During the last three hours the pulse has lost 8 beats to the minute. Respiration 36. Temperature of atmosphere, 80° F.; temp. of hand, 103°. Temperature under the tongue could not be ascertained, on account of the stupid condition of the patient. Castor oil acted six times—stools very offensive; breath offensive—acid. His body has a peculiar, disagreeable smell. Epigastric region somewhat tender upon pressure.

b. Blister to epigastric region; soda powders. Diet, gruel.

Aug. 9th, 11 o’clock A.M. Worse: stupid. When aroused by shaking, cannot converse intelligently—attempts to pronounce words and fails. Passes his urine and feces in bed. Skin hot and dry. Has a pustular eruption over the surface of trunk and limbs—most abundant over the chest and abdomen. Pulse 112; respiration 40. Temperature of atmosphere, 80°; temp. of hand, 103°. Stools dark colored and fetid. Blister has drawn, and he has torn off the cuticle with his hand—surface red and raw. Urine of a bright reddish brown color—cloudy, with epithelial cells from the mucous membrane of the kidneys, ureters, and bladder and urethra, and with mucous corpuscles and spermatozoa.

The deposit at the bottom of the vessel consisted of spermato-
zoa, epithelial cells, mucous corpuscles, prismatic crystals of triple phosphate, and small acicular crystals, soluble in hydrochloric acid.

The acicular crystals were in such small numbers that I was unable to determine accurately their chemical constitution.

The presence of the epithelial cells, mucous corpuscles, and spermatozoa in the urine, were due to the action of the caustic radian, absorbed from the blistered surface.

B. Calomel, grs. xij.; James's powder, (pulvis antimonii compositus,) grs. xxij. Mix, and divide into six powders. Administer one every three hours. Diet, gum-water and gruel.

B. Apply blisters to the calves of his legs.

6 o'clock P.M. No improvement of symptoms. Very restless. Intellect wandering. Bowels are loose—has several stools daily. Passes his urine and feces in bed. Pulse 104, weaker than this morning; skin not so warm; tongue dry; blistered surface of the epigastric region red, and without any discharge of serous fluid. The blisters upon the legs are very slow in their action.

B. Camphor water, f3 viij.; Oil of turpentine, f3 ij.; Sugar, 3 ij.; Powdered gum-arabic, 3 ij.; Carbonate of magnesia, 3 ij. Mix. Administer a tablespoonful every three hours. Stop the calomel and James's powders. Diet, arrow-root and a small quantity of brandy.

August 10th, 9 o'clock A.M. No improvement of symptoms. Passes his urine and feces involuntarily. Urine of a bright red color; sp. gr. 1012.6; reaction decidedly acid—contains small quantities of albumen. It has been carefully tested for grape-sugar, without the discovery of a trace. Amount of uric acid in 1000 parts of urine, 0.296.

11 o'clock A.M. Countenance has a peculiar look of stupidity and anxiety, or rather horror. These two apparently incompatible expressions are combined. Has had two stools this morning. Pulse 120, feeble; respiration, 40; blistered surfaces red and dry; complexion pale, sallow.

B. Continue the mixture. Administer brandy and arrow-root every hour.

Urine a shade lighter in color than that passed during the night—after standing a few hours, gave off numerous small bubbles, which coated the sides of the glass vessel. After standing 12 hours, a heavy deposit of crystals of triple phosphate, of mucous corpuscles, and of spermatozoa fell.

August 11th, 10 o'clock, A.M. Stupid, almost insensible; expression of countenance, vacant. When aroused, mutters something, inarticulately, for a few seconds, and then relapses into his former state of stupor.

The eruption, alluded to before, is out, quite thickly, on the
back, and is distinctly pustular. Some of the pustules are commencing to slough. His elbows and shoulders, and hips, upon which the weight of his body has rested, are of a dark purplish color, and the skin is commencing to slough at those parts most exposed. This patient has a peculiar disagreeable smell.

Tongue dry and rough; teeth coated with sordes. Pulse 132; respiration 47. Temp. of atmosphere, 80° F.; Temp. of hand, 104°; Temp. under the tongue could not be taken with absolute accuracy; it was about 105°.

B Continue mixture. Diet, milk-punch and egg-nog.

After leaving the ward, the nurse raised the patient and placed him upon the night stool. Immediately his respiration became hurried, he gasped for breath, his head fell upon his breast, and the nurse called out that he was dying. He was immediately placed in bed. It is probable, that if he had remained in the sitting posture a few moments longer, death would have resulted from the exhaustion.

12 o'clock, M. Examination of Blood No. VI. Color of the venous blood when first abstracted, dark purple, almost black. After exposure to the atmosphere, the surface of the clot changed to a cherry-red color, and not to the bright-red color assumed by the surface of healthy venous blood, when exposed to the atmosphere. Coagulation took place in the course of ten minutes, and the clot was moderately firm. Under the microscope, the colored blood corpuscles were found united together, forming rolls as in inflammation, and in the blood of the horse. Many of the colored corpuscles appeared to be altered in form and appearance. The colorless corpuscles appeared to be more numerous than normal. Serum, of a golden color, like that which escaped from the blistered surfaces. Specific gravity of blood, 1035; specific gravity of serum, 1021.

<table>
<thead>
<tr>
<th>Water</th>
<th>Solid Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 1000 parts of Blood, 860.976</td>
<td>In 1000 parts of Blood, 139.024</td>
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<tr>
<td>&quot; &quot; &quot; Serum, 923.786</td>
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<td>(1) &quot; &quot; &quot; Liq. Sang., 78.767</td>
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<td>(2) &quot; &quot; &quot; &quot; 900.473</td>
<td>(2) &quot; &quot; &quot; &quot; 99.527</td>
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</tbody>
</table>

Solid Matters in Serum of 1000 parts of Blood, 71.032.

Fixed Saline Constituents,

| In 1000 parts of Blood, | Serum, |
| " " " " Serum, | 7.317 |
| (2) " " " Liquor Sanguinis, | 6.489 |
| " " " " Solid Matters of Blood, | 52.631 |
| " " " " " Serum, | 71.902 |
| " " " " " Blood Corpuscles, | 42.751 |
| " " " " " Moist Blood Corpuscles, | 10.649 |
| Blood Corpuscles of 1000 parts of Blood, | 2.795 |
| Serum of 1000 parts of Blood, | 4.522 |
### 1000 Parts of Blood Contained

<table>
<thead>
<tr>
<th>Component</th>
<th>Water</th>
<th>Organic Matters</th>
<th>Mineral</th>
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</thead>
<tbody>
<tr>
<td>Dried Blood Corpuscles</td>
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<td>62.703</td>
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<tr>
<td>Fibrin</td>
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<td>2.795</td>
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<tr>
<td>Albumen</td>
<td>60.105</td>
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<td>57.985</td>
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<tr>
<td>Extractive and Color's Matters, 10.927</td>
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<td>8.415</td>
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### 1000 Parts of Blood Contained

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<th>Mineral</th>
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<tbody>
<tr>
<td>Moist Blood Corpuscles</td>
<td>262.448</td>
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<td>62.703</td>
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<tr>
<td>Albumen</td>
<td>60.105</td>
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<td>57.985</td>
</tr>
<tr>
<td>Liq. Sanguinis, 737.552</td>
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<td>2.010</td>
</tr>
<tr>
<td>Ext. and Color's Matters, 10.927</td>
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<td></td>
<td>2.512</td>
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</tbody>
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### 1000 Parts of Moist Blood Corpuscles

<table>
<thead>
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<th>Water</th>
<th>Organic Matters</th>
<th>Mineral</th>
</tr>
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<tr>
<td>Mineral Matters</td>
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<td>10.649</td>
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</table>

(1) 1000 Parts of Liquor Sanguinis Contained

<table>
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<th>Component</th>
<th>Water</th>
<th>Organic Matters</th>
<th>Mineral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumen</td>
<td>64.632</td>
<td></td>
<td>62.510</td>
</tr>
<tr>
<td>Fibrin</td>
<td></td>
<td></td>
<td>2.010</td>
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<tr>
<td>Ext. and Coloring Matters, 14.236</td>
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<td></td>
<td>2.512</td>
</tr>
</tbody>
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(2) 1000 Parts of Liquor Sanguinis Contained

<table>
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<th>Water</th>
<th>Organic Matters</th>
<th>Mineral</th>
</tr>
</thead>
<tbody>
<tr>
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<td>81.506</td>
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<td>78.618</td>
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<tr>
<td>Fibrin</td>
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<td>2.725</td>
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<tr>
<td>Ext. and Coloring Matters, 14.815</td>
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<td></td>
<td>3.405</td>
</tr>
</tbody>
</table>

Examination of Urine passed just after the Abstraction of the Blood.—Urine a shade higher than normal; reaction acid; specific gravity 1013.2—slightly cloudy from mucous corpuscles and spermatozoa. After standing 12 hours, the urine threw down a light yellow, almost white, deposit of triple phosphate, urate of soda, epithelial cells, mucous corpuscles, and spermatozoa.
### ANALYSIS LIx. — 1000 Parts of Urine Contained,

<table>
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<th>Component</th>
<th>Parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>961.112</td>
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<tr>
<td>Solid Matters</td>
<td>38.888</td>
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<tr>
<td>Urea</td>
<td>12.304</td>
</tr>
<tr>
<td>Uric Acid</td>
<td>0.592</td>
</tr>
<tr>
<td>Extractive and Coloring Matters, Mucus, &amp;c.</td>
<td>22.259</td>
</tr>
<tr>
<td>Fixed Saline Constituents</td>
<td>3.333</td>
</tr>
</tbody>
</table>

August 12th, 7 o'clock A.M. Respiration hurried. Patient is entirely insensible, and is evidently dying. Urine passed at this time, normal in color; reaction acid; sp. gr. 1011.5. When treated with nitric and hydrochloric acids, there was considerable effervescence. Crystals of nitrate of urea, well formed and of a white, silvery appearance.

### ANALYSIS LX. — 1000 Parts of Urine Contained,

<table>
<thead>
<tr>
<th>Component</th>
<th>Parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>972.728</td>
</tr>
<tr>
<td>Solid Matters</td>
<td>27.272</td>
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<tr>
<td>Urea</td>
<td>5.228</td>
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<tr>
<td>Uric Acid</td>
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<td>Extractive and Coloring Matters, Mucus, &amp;c.</td>
<td>18.543</td>
</tr>
<tr>
<td>Fixed Saline Constituents</td>
<td>3.030</td>
</tr>
</tbody>
</table>

This patient died one hour and a half after this observation, at 8 3/4 o'clock A.M.

(2) Autopsy Four Hours After Death.

**Exterior.**—Muscles full, well developed. Body appears to have lost but little flesh during sickness. Universal sallow color.

**Head.**—Dura mater perfectly natural; arachnoid membrane opalescent (pearl colored) in most parts. There were different degrees of this opalescence, from almost perfect transparency to semi-translucency. This change was especially evident in the neighborhood of the large blood-vessels, and in those portions of the arachnoid which covered the depressions between the convolutions.

Blood-vessels of pia mater somewhat more distended with blood than usual, but not so much, however, as to account for the cerebral symptoms during life.

Substance of brain firm, and not more congested with blood than normal. Weight of brain without membranes, grs. 21000, which equals ozs. 48: equals lbs. 3, avoirdupois. The appearance of the structure and condition of the brain, and its blood-vessels and membranes, do not correspond to the condition of congestion, effusion or softening, which the cerebral symptoms led us to expect. The brain was not examined microscopically, and there may have been minute changes in the delicate structures, chemical or physical, which escaped the observation of the naked eye. This is possible, but not probable. It is hardly probable, or possible, that profound alterations could take place in so deli-
cated an organ as the brain, without some changes in its color or consistence, palpable to the naked eye.

Chest.—Lungs normal in appearance and structure; lower portions more congested with blood than the superior. Old adhesion of the pleura in several places. Weight of lungs 10,320 grains.

Heart.—Normal in size. Right auricle and ventricle presented the appearance of incipient fatty degeneration. Columnæ carneaæ of left ventricle remarkably well developed. Weight of heart, 4440 grains.

Abdomen.—Liver externally of a slate color. When cut, the surface of the incision was of a dark bronze color, and appeared to contain more blood and bile than normal. The liver presented the true malarial color.

Gall bladder filled with bile of a greenish, black opaque color, when seen in mass, and of a gamboge yellow color, when spread out in thin layers.

Structure of liver, with reference to firmness, appeared to be normal. I did not discover any softening. Liver cells appeared to be normal in structure, under the microscope. Their color appeared to be a shade darker than usual, inclining to a light green. Blood of liver dark, and did not change to the arterial hue when exposed to the atmosphere.

Filtered decoction of the liver of a bright golden color, and resembled, in this respect, the serum of the blood. After this yellow colored decoction of the liver had remained twenty-four hours, it changed to a dark brown color. When the liver was boiled with a strong solution of potassa, it dissolved rapidly and completely, and the solution resembled in color venous blood, when viewed in mass. In thin layers, the color was of a bright purplish pink.

The liver also dissolved completely and rapidly when boiled with concentrated nitric acid. The same complete dissolution took place, but more slowly, when the liver was allowed to remain in cold solutions of potassa and nitric acid, without boiling. The decoction of the liver was carefully tested for grape sugar—not a trace was discovered.

Weight of the liver, 23,642 grains, equals 8 lbs. 11½ ozs.

Spleen.—Externally of a dark slate color, two shades darker than the liver. Enlarged, lobulated. There was a small additional spleen of the size of a rifle ball. This presented the same slate color, as the large spleen.

Structure of the principal spleen, soft. When pressed gently between the fingers, the tissues appeared to give way.

The contents of the cells of the spleen (pulp or mud) was of a dark reddish brown. When exposed to the atmosphere, this color was not altered. Under the microscope, the pulp was
found to consist of numerous colored and colorless corpuscles and granules. Weight of spleen, 7,920 grs., equals 1 lb. 2 ozs.

The lymphatic glands in the region of the liver and spleen, were larger and darker and more congested with blood, than normal.

Kidneys.—Normal. Weight, 5,760 grains, equals 13 ozs.

Alimentary Canal.—Stomach. Internal surface of stomach, colored yellow with bile. As far as the unaided eye could ascertain, the mucous membrane was continuous and unaltered in structure.

The blood-vessels of the mucous membrane were filled with blood, and several spots were more engorged with blood than the rest of the surface, presenting an ecchymosed appearance.

The mere stagnation of the blood in the vessels and capillaries of the mucous membrane is not a pathological condition. To the naked eye, there were no pathological alterations in the structures of the stomach.

Intestines.—The color of the intestines, externally and internally, was darker than usual. The small intestines contained fecal matters, epithelial cells, mucous corpuscles, and mucus, colored yellow with bile.

Blood-vessels of the mucous membrane of the small and large intestines injected with blood. The mucous membrane was most injected with blood, and presented a purplish color, in the last eight feet of the inferior portion of the ileum. This engorgement of the blood-vessels was greatest in the immediate region of the ilio-caecal valve.

The solitary glands were numerous, enlarged, elevated and distinct, and of a brown color.

When the intestines were held up to the light, blood-vessels, engorged with blood, were seen passing to each gland. The blood-vessels supplying the solitary and Peyer's glands, were more engorged with blood than those supplying the mucous membrane generally. These solitary glands were most numerous in the neighborhood of the ilio-caecal valve, and were found scattered over the superior portion of the colon, and over the caecum, and over eight feet of the inferior portion of the ileum.

Peyer's glands were enlarged and elevated. These glands were of various sizes, from one quarter of an inch to three inches in length, and from a quarter of an inch to half an inch in breadth. They occurred at intervals of from one to two inches from each other, and extended from the ilio-caecal valve, along the mucous membrane of the ileum, for about nine feet. The blood-vessels around these glands were engorged with blood. This part of the mucous membrane of the ileum, studied with the solitary and Peyer's glands, was far more injected with blood than the stomach, jejunum, or superior portion of the
ileum. Although these glands were enlarged, elevated, and injected with blood, still they could not by any means be compared to the condition of these glands, in an advanced stage of typhoid fever.

It is however interesting that a small dose of castor oil caused an unusual action upon the bowels, and also that the fever resembled, in the continued elevation of the temperature, and pulse, and respiration, typhoid fever.

We will now state the points of interest presented by this case:

The Pulse was feeble, and varied from 104 to 132 beats in the minute.

The Respiration was hurried, thoracic, and varied from 36 to 47 in the minute.

The Temperature under the Tongue varied from 104°F. to 105°F.

The Temperature in the Hand varied from 103°F. to 104°F.

The temperature of both the trunk and extremities was remarkably uniform. When we compare the rapidity of the circulation and respiration, and the temperature of this case, with these phenomena manifested in the cases of intermittent fever, reported in former numbers of this journal, (see pp. 377, 393, 436, 449) it is evident that the elevation of the temperature corresponded more accurately with the increased action of the circulatory and respiratory systems in the latter, than in the former.

The pulse and respiration were more accelerated in this case, whilst the temperature did not rise higher than that of intermittent fever.

The state of the Skin varied: sometimes dry, and at others, bathed in perspiration.

Tongue dry and coated with fur; and towards the termination of the disease, the tongue and teeth were coated with sordes. It is evident from these facts that there was no distinct remission of the febrile excitement.

The Urine was copious: of low specific gravity: of higher color than normal in the earlier stages of the disease. Twenty hours before death the urine changed to its normal yellow color. The urine contained small quantities of albumen. The urea was diminished relatively to the extractive matters. We cannot say absolutely, because the whole amount of urine excreted was not determined. The extractive matters were increased relatively to the other constituents of the urine. The uric acid was normal in amount.

The Blood exhibited profound alterations. The dried colored corpuscles were only 65·612, and the moist colored corpuscles, 262·448 in the thousand parts. They were, therefore, diminished more than one half. Many of the colored corpuscles were altered in shape and appearance, and had in a great meas-
ure lost the power of changing from the venous to the arterial color. Many of them united together and formed rolls, as in the blood of inflammation. The fibrin was not diminished. The serum was of a golden color, and low specific gravity. The albumen was diminished, whilst the extractive matters of the serum were increased.

The mineral matters of both the blood corpuscles and liquor sanguinis were diminished relatively, but not absolutely. That is, their diminution corresponded with, but did not exceed the diminution of the other elements of the blood—the diminution of the mineral matters appeared to be due solely to the diminution of the solid elements of the blood—the remaining elements of the blood possessed the usual amount of mineral matter.

The pustular eruption, the offensive smell, the stasis of the blood in the parts of the body exposed to pressure, and the tendency of these parts to slough—all indicated alterations in the constitution of the blood, and derangement of the capillary circulation.

The loss of muscular power, exhaustion, stupidity, coma, low muttering delirium, insensibility to pain—all indicated derangement of the cerebro-spinal system.

The alterations in the actions of the capillary and general circulations, and of the respiration—the profound alterations in the blood—the alterations of the secretions and excretions, and of the structures of the liver and spleen, and of Peyer's and the solitary glands of the intestine, were all indicative of derangements of the sympathetic system of nerves.

Our knowledge of the early symptoms, and pathological changes of this case, do not permit an arbitrary decision as to which system of nerves was affected primarily. The fact that the post mortem examination revealed (to the naked eye) no prominent lesions of these two systems of nerves, would seem to indicate that the poison or poisons acted primarily upon the blood, destroying and altering the blood corpuscles, the active agents in the elaboration of the elements of the secretions, and of the muscular and nervous systems.

When the proper chemical changes in the blood were altered, when the compounds for the secretions, and nutrition, of the nervous system were altered, or not elaborated, then both, the cerebro-spinal and sympathetic systems, manifested aberrated action. As the circulation and respiration, and the secretions and excretions, and the action and integrity of the organs depend, in great measure, upon the integrity of the nervous system, it is evident that the derangement of the cerebro-spinal and sympathetic systems, through the derangement of the blood and secretions and excretions, would in turn act in concert with the disturbing agent or agents, and thus still greater derangements of the solids and fluids would be produced.
Another theory may account for the changes, and that is, that the poison or poisons acted primarily upon one or both the grand portions of the nervous systems, and the cerebrospinal and sympathetic systems, singly or combined, in turn altered the actions of the organs and apparatus, and the secretions and excretions, and chemical and physical actions, over which they presided.

In the present state of Medical science, we are not able to decide positively upon the truth of these theories, because the ultimate facts are wanting. What is the poison or poisons which we have assumed to exist and act upon the organs and tissues, solids and fluids? What is the relation of these substances, physically, chemically, physiologically and pathologically, to the cerebro-spinal and sympathetic systems, to the blood corpuscles and elements of the blood, organic and mineral, and to the organs, tissues, and secretions and excretions?

In other words, what physical, chemical, physiological and pathological changes are they capable of producing on the solids and fluids of the human body, and what effects would these changes have upon the development and action of the vital and nervous forces?

These questions have not as yet been answered. Until they are answered, we will broach our hypotheses as hypotheses, and not as truth.*

The destruction of the colored corpuscles—the golden color of the serum—the slate color of the liver upon the exterior, and bronze color in the interior—the color of the bile—the absence of grape sugar from the structures of the liver—the slate color of the spleen and the disorganized state of its tissues, and the inability of its pulp to change from the dark reddish-brown to the arterial color, gave decided evidence that this was a case of malarial fever.

There were, however, other symptoms and other lesions, which indicated that there was something besides malarial fever. The cerebral and nervous symptoms—the continued febrile excitement without intermission—the loose state of the bowels—the unusual action of a small dose of castor oil—the enlarged and congested glands of Peyer, and solitary glands of the intestines—indicated the presence of typhoid fever.

The history of the case, (the recent attack of intermittent fever,) and the fact that the glands of Peyer showed the marks of recent, only partially developed, inflammation and pathological

*These relations of the Nervous System to Febrile Phenomena have been discussed, at length, in an Essay, (now in type for the 11th volume of the Transactions,) read before the American Medical Association, at Washington, D. C, May 5th, 1868, by Henry F. Campbell, M. D.—[Eds. Southern Medical and Surgical Journal.
changes, and not the changes produced by typhoid fever of only moderate standing, lead us to the conclusion that the remittent fever preceded, or was at least simultaneous with the appearance of the typhoid fever.

The treatment of this case was radically different from that of all the cases of intermittent and remittent fevers, which we have as yet recorded.

The typhoid symptoms, masked to a great extent those of remittent fever, and our diagnosis was partially, but not wholly incorrect. The plan of treatment was correspondingly partial and incorrect. We considered, and treated the disease as uncomplicated typhoid fever, when we should have considered and treated it as typhoid and remittent fevers combined. The malarial fever was left entirely out of view, and marched on speedily and unchecked to a fatal issue.

The true mode of treatment would have been the free administration of sulphate of quinia, stimulants (brandy, carbonate of ammonia, and oil of turpentine,) and nutritious, stimulating diet (wine-whey, milk-punch and beef and mutton soups, and arrow-root,) and the application of revulsives. Purgatives should have been rigidly avoided.

If this mode of treatment had been pursued, it is probable that the patient would have had a chance of recovery.

We will now proceed to consider several cases, which illustrate in a forcible manner, the fact which we have stated, and demonstrated in several previous articles in this journal, that in malarial fever the blood undergoes profound alterations.

Case XXX. Irishman—age 26: height 5 feet 11 inches; weight 170 lbs.; black hair; black eyes; full, dark-brown beard and mustache. Has been in America (New York) nine years, and in Savannah three months. During this time, he has followed, steadily, the occupation of a baker.

Sept. 11th, 12 o'clock M. Has just entered the hospital with remittent fever. His pulse is accelerated, but feeble, and his complexion shows the effects of malarial fever. Says that he has been sick for one week: has been living near the Albany and Gulf railroad, in a low, malarious situation.

Under the action of sulphate of quinia and stimulants, the febrile excitement disappeared in the course of four days. The patient, however, was left in a very feeble condition—complained of great weakness; his pulse was feeble, the action of the brain slow, and he had a peculiarly disagreeable smell, which was not permanently removed, either by water or by a change of clothing. Under the action of tonics, he recovered sufficiently to walk about the ward; but continued, however, weak, low spirited, and indisposed to action.
Jones, on Malarial Fever.  

[October,

Sept. 27th. Complained of a want of action upon his bowels. A mild cathartic was administered.

Sept. 28th. Has a cough. The wind has been from the North-east for some time, and the weather has been cool and damp, and epidemic catarrh is prevailing. About two-thirds of the patients in the hospital are suffering with the influenza. This patient was up, and about the wards, assisting and nursing the patients, all this day. He was up and about, when I went the rounds of the wards, at 9 o'clock P. M. Shortly after this he complained of oppression, difficulty of breathing, and loss of muscular power.

Sept. 29th, 9 o'clock A.M. During the night, took a sudden and remarkable change for the worse. Respiration spasmodic, and sounds as if the air-cells, bronchial tubes and trachea, contained large quantities of fluid—loud rattling sound in the throat. The churning, rattling, gurgling, crackling sounds of the lungs and trachea, are very loud, and can be distinctly heard over the upper wards of the hospital. Muscular power completely exhausted, lies upon his back, and is unable to turn upon either side. Surface of extremities cold; surface of trunk cool, several degrees below the normal standard. The temperature of the extremities does not differ essentially from that of the surrounding medium. The expression of his eyes and countenance, and his efforts to converse, show that he is intelligent. He is, however, entirely unable to articulate or expectorate.

Sinapisms were applied to the extremities, epigastric region and chest, and stimulants were administered freely. These did not produce any beneficial effects—did not arouse the circulation, and did not increase the animal temperature, because the supply of oxygen, necessary for the chemical changes which generated the physical, muscular and nervous forces, was cut off. The mustards scarcely reddened the skin.

The patient continued in this state, with a gradual diminution of power, until 1 o'clock A. M. the next morning—when the painful respiratory sounds were hushed in death.

(3) Autopsy 8 hours after death

Exterior.—Body in good condition, not emaciated—limbs full and round; muscles of trunk and extremities covered by a thick layer of fat; face and hands Sallow and sun-burnt; surface of the skin which had been covered by the clothes was fair.

Head.—Dura-mater presented the usual appearance. Arachnoid membrane transparent; blood vessels of pia-mater filled with blood. When the dura-mater was removed, an ulcer in the substance of the brain was discovered, occupying a position near the centre of the superior surface of the left hemisphere of the cerebrum. This ulcer was three-fourths of an inch in length,
half of an inch in breadth, and about one-eighth of an inch in depth. The walls were thickened and much harder than the surrounding brain. The blood-vessels of the surrounding pia-mater and brain were congested with blood, and there was an effusion of a small quantity of bloody serum between the arachnoid and pia-mater, in the immediate neighborhood of the ulcer, but nowhere else. The appearance of the ulcer, and the congestion of the blood-vessels around, by no means accounted for the death of the patient. The ulcer appeared to be of long standing. The thickened walls, the absence of pus, and the sound state of the structures of the brain around, show, not only that the ulcer was of long standing, but also that it was rapidly healing.

The existence of this ulcer will account, in part, for the dull, lethargic state of the intellectual faculties, but not for the death of the patient.

The ventricles of the brain contained a small quantity of clear serum. The structures of the brain presented the usual consistence and appearance.

_Chest._—Heart, normal in size: the left ventricle contained a large, light yellow fibrinous clot, attached to the chordæ tendineæ and carœnae columnæ, and extending through the ariculo-ventricular opening into the auricle. This clot was firm in texture, and weighed one ounce.

The left ventricle contained a small light yellow clot. The aorta also contained a small flattened, riband-like, light yellow clot. These clots were evidently formed previously to death, when the circulation was exceedingly feeble.

_Lungs._—The lungs were greatly inflated, and did not collapse in the slightest degree when the air was admitted into the pleura. They were congested with blood, and resembled liver. When handled, they were found to be remarkably heavy, and felt more like liver than lungs. When cut, the air-cells, and large and small bronchial tubes, were found to be filled with serous fluid and numerous fine bubbles of air. When the lungs were squeezed, pints of this serous fluid flowed out. In many portions of the lungs the serous fluid was clear—in others it was reddish. The fluid resembled serum in all respects, and was not mucus.

Here, then, we have the cause of the death of this patient. He was drowned.

_Abdominal Cavity._—Stomach, pale and perfectly healthy in appearance. Intestinal canal, from the stomach to the anus, pale and healthy in appearance.

_Liver._—The normal reddish-brown color of the liver was changed in most parts to a mixture of light bronze and light olive. In several places the color of the liver resembled the
normal color. In two circular spots, about three inches in diameter, the liver was of a dark-blush, slated color, like that of a recent case of malarial fever. The cut surface of the liver approached more nearly to the normal color than the exterior. The blood of the liver, after exposure to the atmosphere, assumed a red, arterial color.

It is evident, from this examination, that the structures of the liver were recovering from the effects of the malarial fever, and the organ was regaining its normal color.

Spleen—slate colored, enlarged and softened. The pulp of the spleen dark purplish brown. It did not change to the red arterial color, so rapidly as the pulp of healthy spleens. The change of color, however, was much greater than that of the pulp of the spleen in a recent case of malarial fever. This organ, like the liver, appeared to be recovering from the effects of malarial fever.

Kidneys—healthy.

We believe that we have now all the facts necessary for a rational explanation of the phenomena presented by this case.

The malarious poison and its effects had produced profound alterations in the blood and capillaries, and liver and spleen, and secondarily affected the nervous system. The patient, although weak and lethargic on account of these pathological alterations, and the ulcer upon the brain, was nevertheless in a fair way of recovery. The alimentary canal had resumed its healthy actions, the liver and spleen were fast recovering, and he was gaining strength daily.

We can safely assert that, if no other disease had occurred, the lesion of the left hemisphere of the brain, and the effects of the malarial poison, would not have proved fatal.

In this state of slow convalescence, the patient was suddenly seized with the prevailing influenza. The mucous membrane of the bronchial tubes and air-cells was irritated. The irritation of the mucous membrane was followed by congestion of the blood-vessels and capillaries of the lungs. The capillaries were in an enfeebled state, and the blood in a watery, altered condition. Healthy limited inflammation was impossible. Diffused inflammation of all the structures of the lungs resulted. The serous portion of the blood poured into the air-cells, bronchial tubes and trachea—the supply of oxygen was in a great measure cut off—the chemical changes of the solids and fluids, in a corresponding degree, checked—the physical forces, heat and electricity, and the nervous force, developed by these chemical changes, were, as a necessary consequence, correspondingly diminished.

The immediate cause of the death of this patient was a deprivation of oxygen, and perhaps the partial retention of the
carbonic acid gas. We may say with truth that he was drowned.

The attack of malarial fever appeared at the time to be mild, and it is highly probable that all its effects were aggravated, and a fatal issue determined by the injurious effects upon the constitution of this patient, of his occupation and previous habits. He was a baker. As a general rule, this class are unhealthy, and easily succumb to disease. This will be illustrated at a future time, by another fatal case of remittent fever, occurring in this class.

The only two bakers which entered the hospital whilst it was in my charge, died from the effects of malarial fever, and their occupation.

The following remarks of C. Turner Thackrah, have an interesting bearing on this case:

"Bakers are generally pale and unhealthy. The temperature in which they are placed is seldom below 80°, and often as high as 100°. The heat of the oven is rarely lower than 180°.

"Bakers are subject to disorders of the stomach, to cough and rheumatism.* The two former of these two affections arise, I conceive, from the dust which is largely inhaled.

"In the Plague of Venice, we find, from Mercurialis, that the bakers, and other persons in similar employments, suffered most. In the Dict. des Sciences Médicales, it is stated that during the Plague at Marseilles, in 1720, all the bakers died. The debility produced by great heat, probably induces this susceptibility to disease.

"Bakers work by night; and from this change in the time of sleep, they have been supposed to suffer as much as from the dust of employ. Observation, however, on the health of watchmen, and others, does not support the opinion."—(The Effects of Arts, Trades and Professions, on Health and Longevity, by C. Turner Thackrah, Esq. London, 1832, pp. 133-134.

CASE XXXI. Irishman—laborer and boatman: age 30; height 6 feet; weight 150 lbs.; tall, spare frame, light hair, blue eyes; pale, sallow complexion. Has been running on flat-boats and rafts, up and down the Savannah river, between Savannah and Augusta, for the last twelve months. Habits irregular—addicted to the use of ardent spirits. Says that his constitution has suffered much from the exposure to the hot sun and night air on the river, and also from the intemperate use of ardent spirits.

* In a report of a Hamburg Institution, it appears that rheumatic fever seized one-sixth of the bakers, and but one-fourteenth of the cabinet-makers, and one-fifteenth of the tailors. Raudices gravedine, ac pectoris morbi, ut pleuritides, peripneumonia.—RAMAZZINI.

"Merat says a great number of bakers are in the hospitals."
Sept. 20th. "A flat, laden with wood, which he was bringing to the city, was sunk in shoal water." He was all day in the water, up to his waist, fishing out the wood. This night had a chill, followed by fever. The fever went off before morning, and on the next day was employed again in the water. The chill returned at night, and was followed by fever. Has been sick, without any medical attendance, until the present time, September 27th. Pulse 106; respiration accelerated, labored; skin hot and dry; countenance distressed—has a haggard, anxious look; complains of great thirst, of pains in his back and bones, and of great exhaustion. His pulse, although rapid, is feeble, and his forces appear to be completely exhausted. His fever remitted slightly on the next day, but returned on the 29th inst. Under the action of large doses of sulphate of quinia, stimulants, sinapisms, snake-root tea, and milk punch and wine whey, and brandy and arrow-root, the febrile excitement subsided, the urine regained its normal hue, and on the 4th inst. his pulse was 70, and respiration 18—temperature normal, and function of skin normal; and although apparently very feeble, was able to be up and about the ward.

During this attack, the saliva was acid, and the urine copious: from 20,000 to 25,000 grains were exereted daily. The specific gravity was correspondingly low, from 1012 to 1014. The abundant discharge of urine was due to the large quantities of water which his thirst led him to take, and also to the diuretic action of the infusion of snake-root.

Throughout the attack his pulse was feeble and his forces greatly exhausted, and he required close attention and the free administration of stimulants.

October 5th. This morning absconded, clandestinely, from the hospital.

Oct. 8th. Has returned. Pulse 120; skin hot and dry; respiration accelerated, labored; complains of great pain in the back of his head and neck—these parts are swollen, and painful upon pressure.

As the 5th inst., on which he left the hospital, was the day of election of the city officers, it seems probable that he may have received a blow upon the head. This, however, he stoutly denies. B. Cold-water dressing to back of head and neck.

Oct. 9th. His head has been shaved, and the tissues above the occipital bone, and above the left temporal and parietal bones, are swollen, and the skin looks black and is ulcerated in several places. The swelling extends down along the neck, and reaches the superior portion of the left shoulder. To the finger, the swollen parts feel as if there was a collection of fluid beneath the skin. Says that he is suffering intense pain. Countenance distressed and haggard; pulse 128; skin hot and dry; respiration thoracic, labored, accelerated.
Oct. 10th. Pulse 160, feeble; skin hot; respiration spasmodic and labored. In addition to the intense pain in the back of his neck and left side of the head, he complains of intense pain in his chest. The pain in the chest cuts short the respiration and renders it spasmodic. His countenance is expressive of great agony and terror.

Oct. 11th. Pulse 140, rapid and very feeble; respiration 24, labored, thoracic, spasmodic. The pain in his chest is intense: he groans and cries out at every breath. The expression of his countenance is indicative of great agony, terror and horror. Was restless and delirious during the night, and during his delirious visions spoke and acted as if he was engaged in mortal combat. Has no hope of himself, and refuses all medicine. The back of neck and back and side of head is much swollen, and when pressed with the hand there is a distinct fluctuation.

Hoping that a discharge of the pus, or fluid, would afford relief, a free crucial incision was made at the most prominent part of the swelling. Nothing but blood issued. The hemorrhage was so great, that it was necessary to check it, by the application to the wound, of a compress, saturated with the tincture of muriate of iron.

Oct. 12th. During the night was delirious—would rip out the most terrible oaths, and cry out that the devils were after him—had beaten him severely, and were endeavoring to throw him out of the windows. At other times, he would speak and act as if he had been in mortal combat, and was wreaking vengeance upon an imaginary antagonist. These actions excited the suspicion, that the injury on the back and side of the head was received from a blow.

The patient died at 1 o'clock A. M., this morning.

(4). Autopsy 9 hours after Death.

Exterior.—Body much emaciated; back and left side of neck much swollen. The inferior surface of the trunk and neck presented a mottled appearance, from the settling of the blood by gravitation, in the most dependent parts of the body. On the left buttock, just below the position of the glenoid cavity, was a black, gangrenous spot, about one inch in diameter. An incision showed that the change of color was confined entirely to the skin. On the right leg, there were the marks of an extensive ulcer, upon the skin covering the tibia.

The cicatrix presented a purplish, angry color.

When incisions were made into the swollen parts of his neck, and back and side of head, the spaces between the muscles, the meshes of the fibrous tissue surrounding and connecting together the muscles and the fibrous tissue of the skin, were found to be completely filled and distended with golden-colored serum.
Head.—Dura mater healthy. Arachnoid membrane transparent throughout its extent over the hemispheres of the brain. At the base of the brain, it was slightly opalescent.

Blood-vessels of pia mater not more filled with blood than usual. The cortical and medullary substances of the cerebrum, and of the cerebellum, the pons variolii, the medulla oblongata, and superior portion of the spinal marrow, appeared natural in consistence and color.

Ventricles of brain contained f3iv. of golden colored serum.

The superior longitudinal sinus of the dura mater contained a golden yellow elongated clot, the diameter of which was about one half that of the longitudinal sinus.

Chest.—Heart somewhat enlarged. Pericardium contained f3i, of golden serum. All the cavities of the heart contained golden colored clots. The right auricle had a large golden colored clot, which was attached to the carneae columnæ of the ventricle, and the chordæ tendineæ of the tricuspid valves, and extended through the auriculo-ventricular opening into the right auricle. The left ventricle and auricle also contained a large golden colored clot, which was in like manner attached to the carneæ columnæ and chordæ tendineæ of the auriculo-ventricular valves. The aorta, carotids and pulmonary arteries contained elongated golden-colored clots, having diameters nearly equal to those of the arteries. All these clots were firm, and appeared to be almost organised.

Lungs.—The lungs did not collapse when the cavity of the thorax was opened. Exterior surface of the pleura, covering the lungs and lining the walls of the thorax, covered with coagulable lymph of a golden color. Adhesions were numerous, but as yet not strong on account of the soft, fresh condition of the coagulable lymph, which was evidently but recently effused, probably within the last 70 hours. This inflammation of the pleura accounts for the severe pain in the chest during life.

The lungs were much congested with blood, and when cut they resembled liver. The bronchial tubes and air-cells contained much serum. The amount of serum was much less, however, than in the previous Case XXX. The anterior surface of the middle lobule of the right lung had a dark blackish red spot, about one inch in diameter, which resembled at first sight the wound from a sharp instrument.

The examination of the exterior of the chest, and interior surface of the ribs, showed neither wound nor fracture of the ribs. When closely examined, this portion of the lung was found to be more congested and solidified than the surrounding portions, and would in all probability, if the patient had survived, been the seat of an abscess.

Liver.—Liver of a light bronze color. The color is lighter
than that of a recent attack of remittent fever, but resembles the color of a liver which was recovering from the effects of remittent fever. Cut surface of a light bronze color, and of not such a deep and decided bronze as the liver of a patient who had died from a recent attack of malarial fever.

The right lobe of the liver had upon its under surface a slate colored spot three inches in diameter, which resembled in all respects the liver of a recent case of malarial fever. When an incision was made across this spot, the cut surface presented for one-sixth of an inch, the true malarial hue, below this it approached more nearly the normal hue. The liver appeared to be somewhat enlarged. The weight, however, was not ascertained. Its structure did not appear to be materially altered.

Spleen.—Much enlarged, and of a dark slate color. Although much softer than a normal spleen, it was much harder than a spleen of a recent case of malarial fever. This organ, like the liver, appeared to be just recovering from the effects of malarial fever. Weight of the spleen, grains 18562, equals ozs. 31.

Kidneys appeared to be somewhat enlarged. The calices, infundibula and pelvis of the kidney, contained a fluid resembling (to the naked eye), in all respects, pus.

Alimentary Canal.—Stomach enormously distended with gas. Mucous membrane pale and healthy in appearance. Small intestines and colon healthy in appearance to the naked eye.

The following appears to be the cause and history of this last attack:

The patient left the hospital when he was in an exceedingly feeble condition, after a severe attack of remittent fever. It is probable that upon election day he indulged his taste for ardent spirits. The wind was from the northeast, and the weather damp and cool, with occasional scuds of rain and mist. Exposure to this cool damp wind, fresh from the ocean, and the low grounds and swamps of Georgia and South Carolina, not only during the day, but probably during the night also, in a state of intoxication, induced a severe attack of pleuro-pneumonia.

The swelling on the back of his head, was due, either to a blow, or to inflammation in the cellular tissue and muscles, analogous to the inflammation of the lungs, and probably arising from the same cause. The large amount of golden-colored serum which was effused into the cellular tissue of the neck and head, indicated the altered condition of the blood. The determination of the true mode of treating this case was exceedingly difficult.

Here was a patient whose blood had been depraved, organs impaired, and forces exhausted, by dissipation, intemperance, and exposure, and by a severe attack of malarial fever, suddenly attacked with pleuro-pneumonia of both lungs, and a
painful inflammation of the cellular tissue and muscles of the neck and head. The usual treatment for pleurisy and pneumonia was impossible. A single bleeding would have taken life immediately, or at all events hastened the fatal issue.

He could bear neither purgation, starvation, nor tartar emetic. The only rational plan of treatment was to support the constitution and strengthen and relieve, if possible, the congestion of the internal organs, by revulsives. The only hope was that nature would work her own cure.

This was the plan of treatment which we adopted.

Many other points of interest in this case might be noticed, but we defer them until a future time, when we hope to generalize all the facts and phenomena observed.

(To be continued.)

ARTICLE XXIII.

Medical and Medico-legal Notes of a Case of Extra-Uterine Pregnancy. By G. Harrison, M. D., of Macon, Ga.

On the 10th of June last, I was called to see a servant girl, of one of my patrons, who was suffering from abdominal or uterine pains, at intervals of six or eight minutes, indicating that she was threatened with a miscarriage. I judged from her size, in a lying position, that she was near the full period of utero-gestation; but on investigation I found that she was (according to her and her mistress' statements) only about the fifth month. Learning these facts, I immediately gave a teaspoonful of laudanum, which soon arrested the pains.

After leaving, I heard nothing more from her until the month of August, two months after I was first called to the case; when I was sent for again about three o'clock in the morning, to see the girl, with a request, that I would be in great haste, that she was thought to be dying. On my arrival, I found her dead. A report was soon put in circulation that she had been killed—as there had been a difficulty the day before between her and her mistress, who had stricken her several blows. This gave rise to a post-mortem examination. After the necessary preparations, the abdomen was opened, by a crucial incision through its walls, exposing to view a great quantity of blood, which was carefully removed by the sponge, when a foetus was seen, sepa-
rated from the cord, lying loosely with the other contents of
the abdomen. The foetus was removed and examined; no
marks of injury could be detected on it, and it was concluded,
judging from its size and general appearance, that it could not
be more than a five-month child. The examination was con-
tinued, and it was found to be an extra-uterine foetation of the
ovarian class. The uterus, with its entire appendages, were re-
moved, and we now have them together with the foetus in a
state of preservation. The uterus presents no unnatural appear-
ance—possibly a little enlarged.

Two facts connected with this case deserve notice, which I
will give, before proceeding to remark upon the general interest
of the case. Attached to the placenta were two ligaments, in-
dependent of the cord, one about six inches long, connecting
with the transverse colon; the other about four, connecting
with the body, just above the point of the ilium. How these
attachments happened to be made at such remote distances is a
matter of some little astonishment, while other parts were so
much more convenient, as might have served the same purpose
—is left as a matter of speculation for the curious.

In a medico-legal point of view, this case has become one of
some interest from the fact, that Rogers, the owner of the wo-
man, refused to pay five hundred dollars, a balance due for the
purchase of the woman and her two children, alleging that he
had bought her and paid a high price for her, because of her
pregnancy, and the future prospects of raising children from
her. Rogers alleged in his plea that the woman was warranted
to him sound, and produced a warrantee of soundness, a fact
which defendant did not pretend to deny. Yet the seeds of
defect had been sown anterior to the purchase, and of right he
ought not to pay any more. The reason for the plea was not
based on the unsoundness of the woman, but upon the fact that
she had in her system at the time of sale that which would in-
evitably produce death. To prevent a suit the parties agreed to
leave it to arbitration, under the late law, known particularly as
"Judge Cone's arbitration law." A jury of three very intelli-
gent gentlemen was selected, the witnesses were summoned and
sworn, and their testimony taken. After which, Thomas P.
Stubbs, Esq., attorney for Rogers, proceeded to the investiga-
tion of the facts as proved. It was proved by several witnesses
that the woman was represented by Mrs. Jeffers, her former owner, as being pregnant at the time of sale, which induced her to ask more for her than she otherwise would have done. In addition to the testimony there present, Mr. Stubbs introduced the sayings of the woman to her physician when called to visit her professionally, to show that she was pregnant at the time of sale, judging from the ordinary symptoms usually taken as the best evidence in such cases, viz: suppression of the menstrual flux, which had ceased on her two months before the sale—morning sickness, etc.

He next proved by Dr. Fitzgerald, who assisted in the post mortem examination, and myself, that the woman was pregnant and of the class above specified, and under such circumstances death was inevitable.

Judge Nisbet, the counsel for Mrs. Jeffers, admitted the warrantee of soundness, but insisted that the negro was sound at the time of sale, and that all the facts taken together showed no breach of warrantee. He showed that the kind of pregnancy was no evidence that she was not sound, but rather good evidence that she was a healthy woman. He also proved that a suppression of the menstrual flux was not always an infallible sign of pregnancy, and that most or all of the symptoms mentioned in this case, might have arisen from a suppression, produced from other causes. He insisted upon the rejection in toto, of all the sayings of the woman, and showed from the statute laws of Georgia, that her testimony was inadmissible and could not be relied on, even in this case. He, therefore, contended that the plea was not sustained: putting it upon its own merits, assuming that the woman was pregnant at the time of sale, a fact which they had failed to establish, insisting that the suppression had been produced from another cause.

The examination of the witnesses being through, Mr. Stubbs proceeded briefly to argue the case before the jury: he commented upon the testimony, showing that he considered that it made out his case, and thought that he ought certainly to be entitled to a verdict, saying nothing about the sayings of the woman, which he contended should be taken by all means in this case. He urged this fact forcibly on the minds of the jury, and in support of his argument, produced cases which had been decided by the Supreme Courts of Kentucky and Tennessee.
and a case by the Supreme Court of this State, where the say-
ings of negroes were admitted to prove the existence of long
standing disease—the doctors who testified being allowed to use
the statements of the negroes when called to visit them, to com-
plete their testimony. He concluded his argument by pleading
the justness of his cause, and asked the jury to release him from
the farther payment of the purchase money, as he thought he
had clearly shown that the seeds of death had been sown prior
to the sale of the negro.

Judge Nisbet commenced his argument by admitting, that if
Mr. Stubbs could prove positively that the seeds of death had
been sown, in this case, prior to the sale, it would be good
grounds for the release of defendant from all liability, but in
this he had failed. He said, that he had not proven this fact
by any witness, for all had testified according to the sayings of
the negro and Mrs. Jeffers, which, as to the negro, was not
good, as he would proceed to show. He insisted upon rejection
of the sayings of the negro entirely, and would now show from
the best authority that the woman could not have been preg-
nant at the time Rogers bought her. He read from Ramsboth-
am's Midwifery to show that ovarian pregnancies seldom if ever
passed the second or third month, rarely reaching the fifth, and
never exceeding the sixth. He read a number of extracts from
different authors, showing the strength of his position, and con-
cluded his argument by a few extracts from Beck's Medical Ju-
risprudence and a short comment on the statute laws of Georgia,
against the propriety of negro testimony as against white per-
sons, as rebutal to the decisions of the courts, read by the oppo-
site side; that the facts set forth in the plea were not sustained;
that Rogers ought to comply with his contract, and pay the
balance of the purchase money.

I have the opinion of two distinguished gentlemen, both
teachers of medicine, one saying that he believed the woman
was pregnant at the time of sale; circumstances and appear-
ces, and the woman's statement (which is "good evidence in
medicine if not in law," ) give sufficient ground for the belief;
but think that the arbitrators did right in requiring Rogers to
pay, putting it to his charge as a bad and unfortunate specula-
tion. The other gives no opinion relative to the pregnancy,
but believes that the verdict ought to have been different; be-
cause of the high price paid for the property, and that in justice a division of the loss would have been equitable, since the whole would have fallen on the other party, had she not been fortunate in selling.

Had the case to be tried again, I would give it as my opinion positively, that it was a seven months' pregnancy, taking all the circumstances into view, notwithstanding most of the authorities—indeed, all which I have consulted, take the opposite grounds—and say that ovarian pregnancies rarely, if ever, pass the fifth month.

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ARTICLE XXIV.


GENTLEMEN:

I have been making various observations, enquiries, &c., with a view of solving the question, whether honey is, within itself, a poisonous substance, but must acknowledge a total failure up to the present time. I know that there is a prevailing opinion in favor of the affirmative of the question; but, then, is that sufficient to establish the fact, any more than that turnips will grow better, or soap more successfully made, if the seed of the one are planted, or the ingredients of the other mixed in particular reference to certain stages of the moon? I hope, in this enlightened age, such superstitious notions are confined to the illiterate. In the progress of my investigations, I addressed a note to the Editor of the "Druggist's Circular," and asked to append his answer, which may be found in the last number of that excellent journal.

"You may be correct in your opinion, that the notion that honey is sometimes poisonous is one of the popular errors of the times. It is perhaps difficult to prove it to be so; but common opinions have generally some foundation in fact. It is known to most persons that the quality and flavor of honey is modified by the sources from which it is gathered. It may therefore be logically inferred that the change in quality and flavor may be so great as to render it pernicious to human health, when it is used as food. What the changes are that take place in the organs of the bee, we cannot know; but that changes do take place is extremely probable, as the saccharine matter of the
nectaries of flowers are not exactly identical with the characteristic properties of honey. Yet the change effected in the elaboration of honey, is not sufficient to eliminate all the peculiarities of the flowers from which the materials are obtained.

"Several cases of poisoning, from eating honey, are recorded in the New Jersey Medical Reporter, for Nov. 1852. A few cases of this kind are not sufficient, certainly, to establish the fact, but they lead to strong suspicions. The argument, that honey may sometimes be poisonous, is one of the post hoc, ergo propter hoc kind."

All that the learned Editor has said may be strictly true; still I am of the same opinion—that honey is quite harmless; and I think so, because my experience with the bee teaches me that this insect has too much sagacity not to know the difference between those flowers having noxious properties and those that have not. It is also true, that naturalists differ as to whether honey is a secretion of the bee, or whether it exists already formed in plants. I believe that it does exist already formed, and deposited by the bee just as it was gathered. If this were not so, the honey gathered from the buckwheat, and that from the white clover, would have the same appearance—whereas, that from the latter is much whiter: proving, also, that whatever chemical change may take place in the stomach of the bee, if any, that the quality of the honey does not partake of the change. But leaving all theory out of the question, does it not appear that if honey is poisonous, cases of poisoning ought to be more frequent, taking into account the quantity that is used? And again, when you physicians prescribe the use of honey, do you do it with the same understanding as when arsenic is prescribed, or do you recommend it as an innocent adjunct? I would be glad to have your opinion in full.

Epithelial Cancer of the Anus and Rectum. By T. B. Curling, Esq., F.R.S., Surgeon to the London Hospital.

The parts of the body most prone to epithelial cancer are those in which a junction takes place between the skin and mucous membrane. We see this in the lips, and in the extremity of the penis, and in the prepuce. The anus, though less frequently attacked than these parts, is nevertheless liable to this form of cancer. Its occurrence, however, at the verge of the rectum, and within the bowel, has been scarcely noticed by
writers, and there are no satisfactory accounts of the results of operations performed for its removal from this situation. This may be owing, in part, to the disease being somewhat rare, but is more probably due to the circumstance that epithelial cancer has been distinctly recognised only in recent years. The following cases in which growths of this character were successfully excised seem deserving of record, as a contribution to our knowledge of this disease:

Case 3.—Epithelial Cancer of the Rectum cured by Excision after repeated Failures of Treatment.—Mrs. M., aged forty, an English lady married to a German, but without having borne children, consulted me in April, 1855, on account of an obstinate disease of the rectum. On examination, I found a large, elevated and slightly indurated sore, occupying the whole of the right side and part of the back part of the rectum, just within the sphincter muscle, and extending up the bowel the distance of about an inch and a half. The sore was somewhat larger than a crown-piece. There was slight bleeding from the surface after the removal of the finger. The chief symptom she complained of was a frequent smarting pain, which became more severe after an evacuation. At this time there was usually a slight discharge of blood. There was no obstruction in the passage. The lady looked pale and anxious, but in other respects seemed free from disease. It appeared that the complaint of the rectum was first noticed two years before. At that time she was residing in Germany, and she consulted the late Professor Siebold, of Jena (Saxe-Weimar), who excised the diseased part in September, 1853, whilst she was under the influence of chloroform. She recovered slowly from the operation, and remained apparently well until July, 1854, when a return of the disease was noticed, and the complaint shortly became as painful as before. She subsequently went to Paris, and in August placed herself under the care of a German surgeon practising there. He made repeated applications of a caustic nature to the sore, and finding them unsuccessful, at length proposed the actual cautery, which was used in February, 1855, the patient being placed under the influence of chloroform. She remained under the care of this gentleman, altogether six months, but according to her account, she derived no benefit from his treatment, and was not free from the shooting-pains any part of the time. She was induced, therefore, to come to London for further advice, and at the recommendation of Swayne of Clifton, consulted me.

By getting the patient to strain, and by introducing my finger into the vagina, and pressing in a direction to evert the sore, I managed to get a tolerably good view of the part. It was an irregular, spongy-looking ulcer, of a deep-red colour.
Judging from the characters of the sore, I had little doubt that this was a case of epithelial cancer of the rectum, and that the disease had been only imperfectly removed in the various proceedings for its extirpation. After careful consideration, I proposed the operation of excision, but considering the failure of the treatment previously adopted, I advised her husband to take another opinion. Mr. Hilton, a few days afterwards, met me in consultation, and fully agreed with me that the disease could be entirely removed with the knife. The disappointment which they had experienced naturally led both the patient and her husband to distrust a repetition of excision. I consequently saw nothing more of them for a month, during which period they sought other advice, and also communicated my proposal to Professor Siebold, who wrote and recommended her to submit to the operation, when they again applied to me.

May 30th, 1855.—The bowels having been well relieved by castor oil, the patient took chloroform, and I then excised the growth, taking care to cut wide of the disease so as to extirpate all the morbid parts. In doing so, I removed nearly the whole of the sphincter muscle on the right side. By carrying the point of the forefinger of the left hand beyond the upper margin of the ulcer, and cutting over it, I made sure of excising completely the portion of the disease which was deeply seated in the rectum. Several large arteries which bled freely were at once secured. This was attended with a little difficulty, owing to their depth in the pelvis consequent on the retraction of the levator ani muscle. The wound was afterwards plugged with sponge. My friend, Mr. Hamilton, of the Richmond Hospital, Dublin, being in London, accompanied me to the operation, and gave me his valuable assistance. No unfavorable symptom followed. The wound healed very slowly, but steadily; and by August 9th, had quite closed. For some weeks after the operation, the patient lost the power of retaining the faeces; but it was regained by the time the wound closed, except when the bowels were much relaxed. The contraction at the anus was less than might be expected considering the amount of substance, and of the sphincter muscle removed. The aperture admitted the passage of the forefinger without difficulty.

Nearly three years have elapsed since the operation; and during this period I have repeatedly examined this lady, who has naturally remained anxious respecting a recurrence of her disease. In February this year, the parts were quite sound. There was no warty growth, nor any appearance of a return of the disease. She experiences no pain in the part, and the passage is free and ample.

The diseased part, when examined in the microscope, exhibited the characters of epithelial cancer.
Case 4.—Epithelial Cancer of the Anus and Rectum removed by Excision.—E. C. . . . . . . , a stout, married woman, aged forty-nine, the mother of several children, of pale complexion, but in tolerable health, was admitted into the London Hospital, January 11th, 1855, in consequence of a disease of the rectum. It appeared that she had suffered from what she believed to be piles for about sixteen years, and had been subject to bleedings. About three months before her admission, her surgeon, the late Mr. Aitkin, of Kingsland, excised a tumour from the anus, which she described as being the size of a hen's egg. The part healed, but afterwards ulcerated, giving rise to the present disease. Since its formation, she had suffered sharp irregular pains in the part, and soreness during the passage of stools. None of her family had suffered from cancer. On examination I found an ulcerated sore occupying the right side of the anus, and extending some distance into the rectum. It was about the size of a crown-piece, and not very hard. Its edges were raised, ragged, and slightly overlapping; its surface irregular. A small piece detached from the sore, and examined in the microscope, exhibited the characters of epithelial cancer. There were also some warty growths in the vicinity of the large sore, and on the opposite side of the bowel, but they were neither hard nor ulcerated; and I did not regard them as cancerous.

On the day after her admission, the bowels having been well relieved, I excised the cancerous growth, taking away a considerable portion of the sphincter muscle on the right side. There was smart haemorrhage from several vessels, their orifices being retracted and deeply seated. With some trouble they were secured, and the wound was afterwards plugged. She bore the operation very well without chloroform, which she objected to take. An astringent draught with opium was given after the operation, the bowels remaining unrelieved until the fifth day after the operation, when they were acted on by castor oil. She quite lost the sharp pains, and the wound soon began to heal. The soft warts about the anus were touched with potassa fusa, under which application, repeated three or four times, they gradually disappeared. She was discharged from the hospital on the 14th of April, the wound being quite healed. The anus was contracted, but it readily allowed the passage of the forefinger, and no difficulty was experienced in defecation. She was also able to retain her motions as before. There was still a strong disposition to warty growths about the anus; and after her discharge from the hospital, she returned occasionally to have the potassa fusa applied to them. A lotion of the nitrate of silver was also kept to the part. After a time she ceased to attend; and in January, 1856, she was again admitted in consequence of a mass of soft warts having sprung up close to the
cicatrix at the anus. They were not ulcerated, and caused no pain; but being apprehensive that they might undergo cancerous degeneration, I thought it desirable to remove them. Chloroform was given, and they were excised on the 23th. The tumour, on minute examination, proved to be simple epithelial growths, or hypertrophy of the normal elements of the part. The wound healed favourably, and she was discharged in the beginning of February, and recommended to keep a rather strong nitrate of silver lotion to the part. The tendency to warty productions in the skin above the anus, though partially restrained by the lotion, was, however, quite remarkable, and in September of the same year she was admitted into the hospital a third time, on account of fresh growths having arisen. They were slightly prominent, and exactly similar in character to those removed in January, and free from ulceration; but she complained of their being painful. Allowance, however, must be made for their repeated recurrence having made her anxious and apprehensive of a return of the cancerous disease. The warts were removed this time by the repeated application of a caustic composed of muriate of antimony, one part; chloride of zinc, one part, and plaster of Paris, three parts. This composition formed a sort of paste very convenient for use, but it caused a good deal of pain, which lasted some hours, and had to be alleviated by full doses of opium. She remained in the hospital until the middle of November. The warts had not entirely disappeared, but she was anxious on account of her family, to return home.

In February, 1857, I again admitted her on account of large flattened warty growths around the anus, in two considerable masses, and one small one. There was ulceration on the surface of one of the former, with some amount of induration, and this was the seat of a good deal of pain.

On the 12th, I examined these growths, and at one spot near the verge of the anus, applied some strong nitric acid. The patient was under the influence of chloroform during the operation.

In a few days the nitrate of silver lotion was applied to the wound, which healed favourably, without further contraction of the orifice, and all pain ceased. There was afterwards some indication of a rising of fresh warty growths, but it was check- ed by the application of strong nitric acid. I should now have discharged my patient cured, but for some weeks a glandular swelling had been forming in the neck, on the left side, just beneath the lower jaw, and it ended in an abscess, which was opened on March 26th.

About a week afterwards she was seized with erysipelas of the face, which unfortunately had a fatal termination on the
8th of April. The body was examined, but there were no enlarged glands, indeed no internal organic disease.

About thirty years ago, M. Lisfranc performed, in Paris, some bold operations for the removal of cancerous rectums. Those who witnessed these formidable excisions gave sad accounts of the results, such as death from hæmorrhage or from peritonitis, and subsequent obliteration of the passage, but they reported no permanent successes. The operation was generally condemned by British surgeons, and I know no instance of its repetition in this country. The objections justly made to the excision of cancers of the rectum do not apply, however, to cases of epithelial cancer at the extremity of the bowel, and the cases just related show that a considerable portion, not only of the anus, but even of the rectum itself, may be removed with a satisfactory result. Excision is, indeed, the treatment best adapted to the entire removal of an epithelial cancerous growth of any great size in this part. Powerful caustics, even the actual cautery, failed to obtain a cure in Case 3. There is this great advantage in the recourse to the knife, that the surgeon can make pretty sure of thoroughly removing all existing disease; whereas the extent of the operation of a caustic is somewhat uncertain; it may destroy too much or too little. It may be objected that in Case 3, the first operation of excision was not successful, the disease having returned; but it seems highly probable that Professor Siebold was not then aware of the real nature of the lesion, and regarding it as an innocent growth, was not so careful to excise freely all the morbid parts. We have some ground for this conclusion, not only from the rarity of the disease, but also from the circumstance that the distinguished surgeon when appealed to, twenty months afterwards, for his opinion respecting a repetition of the operation which I then proposed, advised its performance. The length of time—nearly three years in Case 3, and upwards of two years in Case 4—which elapsed after the operations, without a recurrence of the cancerous disease, is sufficient to show that in each instance the growth was entirely removed.

Case 4 is remarkable also for the strong tendency which existed to the formation of warty growths—a tendency which was limited to the skin in the immediate vicinity of the contracted anus, and which did not implicate the rectum. Dr. Andrew Clark, who examined the mass removed by operation in January, 1856, a year after the excision of the epithelial cancer, had no hesitation in determining the simple character of the growths. They consisted of areolar tissue, hypertrophied papillæ, and enormously accumulated epithelial cells of the cutis. From the fact that these elements had preserved their normal relations; that the cells had not invaded the subjacent tissues; that there
were no nest, or granule cells, and no heterogeneous forms of any kind, it was inferred that the growth was innocent. The warts which sprang up afterwards were removed by escharotics, which caused considerable pain, and my experience of the action of caustic on morbid growths connected with the skin, convinces me that they produce, as in this instance, more suffering than the knife. It was very necessary to get rid of these warty growths as they were renewed, not only on account of the irritation they produced, but also because of their liability to degenerate into cancerous disease.

These cases show that a large portion of the sphincter muscle may be excised without seriously weakening the retentive power of the anus, or contracting the orifice so as to produce any important impediment to the passage of stools.

I am not acquainted with any recorded case in which a growth ascertained to be an epithelial cancer of the anus or rectum has been excised. It is very probable, however, that operations have, in some few instances, been performed for this disease. Thus, Mr. Herbert Mayo mentions having removed from a woman, forty years of age, a painful indurated ulcer, which extended round the rectum, half an inch within the anus. She died two years afterwards of abdominal inflammation, when the cicatrix had begun anew to ulcerate.* Dr. Bushe also states that he also excised a cancerous transformation which commenced, apparently at the verge of the anus, and was confined to an inch and a half of the intestine. The wound healed rapidly, and the patient's health afterwards improved.† In a future communication I shall adduce some more cases of epithelial cancer of the rectum, but which were unfit for operation. They will serve to illustrate further the character and progress of the disease.—[London Lancet.

On some of the Inflammatory and Obstructive Diseases of the Cæcum; with Remarks on the Abuse of Violent Purgatives. By W. R. Rogers, M. D.

The author commences by alluding to the slight and cursory notices of these diseases in systematic treatises on medicine, and how frequently they are confounded with essentially different diseases of the intestinal canal. They are of frequent occurrence, are dangerous, and often fatal, and are characterized by a train of symptoms which render their recognition certain. He believes that the cæcum may be the seat of fatal diseases without any other part of the digestive tube being implicated; and that

† Treatise on the Anus and Rectum. p. 294.
it often is first in the chain of causation of other disorders, with which it has been generally believed to be only accidentally related, these evincing the most marked disturbance, while the cæcum apparently exhibits but little disorder. Thus its diseases are not unfrequently mistaken for hysteritis, cystitis, enteritis, peritonitis, puerperal fever, and pelvic abscess. The author quotes Tiedemann and Gmelin, Drs. Copland, Carpenter, and others, to prove the importance of the cæcum in the animal economy, partaking of the nature of a stomach in the gramnivorous and ruminating animals, and that it is the viscus in which the last act of digestion is performed, secreting an acid, albuminous, and solvent fluid, and also pouring out of its numerous follicles an unctuous and oily material, with hydro-sulphuretted gases, to be eliminated from the economy. Thus, like the lungs, kidney and skin, it is a depurating organ, so that when costiveness exists there is danger of these excretions being reabsorbed and contaminating the blood. He states that he had within the last twenty years met with not a few cases of these diseases, some of which he would class as "acute," others "chronic," inflammation of the cæcum—tuphlo-enteritis; they had not appeared to arise from the ordinary causes of inflammation—viz., exposure to the vicissitudes of the weather, or alternations of temperature, but seemed to be produced by some mechanical, exciting and irritating cause, the lodgement of impacted, hardened feces, undigested food, fruit-skins, and stones of fruit, and concretions of varied and different kinds, and often arise while the person is in good health. The symptoms may begin mildly, and gradually proceed to greater intensity; or they may, in excitable subjects, be violent from the onset. There is but little febrile disturbance compared with the local pain and suffering; less anxiety of countenance than in enteritis; pulse not small, or much quickened at the commencement; there is great tension and tenderness over the cæcum, so that the least pressure cannot be borne; there are no rigors; the pain is constant, does not intermit, and its area goes on extending till the whole abdomen is involved; but the right ileo-inguinal region is ever the most tender part. There is obstinate costiveness; nausea and violent vomiting may set in, especially when drastic purgatives have been persevered in; the position is characteristic—the patient lies on the right side, body bent, and thigh drawn up; the countenance has not the anxious aspect of enteritis. If neglected or wrongly treated, the abdomen becomes tense and tympanitic, and general enteritis or peritonitis may supervene. Should the appendix be inflamed or ulcerated, all the symptoms are more acute, and likely to terminate fatally by peritonitis or fecal abscess. In the progress of these diseases, adhesions are often formed in its interior, or to other parts; the areolar tissue around...
may inflame, suppurate, and give rise to abscess, which may tend upwards and downwards, and require to be opened; they may either open externally, or find their way into other parts of the intestinal canal, the patient recovering, or may die worn out by the discharge. Should the ulceration open into the peritoneum, peritonitis of a diffused and fatal character will be set up, as in one of the cases related by the author. This termination is fortunately most rare, though not uncommon in typhoid and dysenteric fevers. When resolution takes place, it is preceded by action of the bowels and gradual subsidence of the pain, tenderness, sickness and fever, about the fourth, sixth, or even the eighth day. This result can only be obtained by most judicious treatment; but when mistaken, and treated too actively by large and repeated bleedings, or violent and continued purgatives, there is much danger of a fatal termination, or of a long and protracted convalescence. If fecal abscess forms, the drain on the system is long and exhausting. The author coincides very much with Doctor Burne, whose papers in the "Medico-Chirurgical Transactions" he refers to. In these acute cases, leeching, fomentations, soft poultices, mild effervescing aperients, and large bland enemata, will often resolve the inflammation; if not, calomel and opium, or opium alone, should be given, but violent purgatives are to be avoided. Dr. Rogers places great reliance on bland mucilaginous enemata, passed into the bowels with a long O'Beirne's tube, with which he has often relieved and cured cases of simple obstruction and constipation that had resisted other treatment; he thinks the use of this instrument is much neglected. The author lays great stress on cautious dieting, which should be, for a long time, of the simplest and blandest form—arrow-root, rice, milk, eggs, and subsequently beef tea and jellies. In those forms of acute inflammation that have supervened on some subacute chronic form, long perseverance in this cautious regimen is even of more importance. In chronic inflammation, careful regimen and regulated action of the bowels are essential; the symptoms now are all more or less subdued and indistinct: irregular action with colicky pains; diarrhea alternating with costiveness and fetid dejections; hardness and fulness over the caecum, with tenderness on pressure. The author relies on blisters, iodine and liniments, mild saline aperients, and strict attention to dietetic rules: from neglect of these, he has had occasionally to regret the loss of a patient. In simple obstruction, he relies on a large enemata and mild saline aperients, with a sedative, as hyoscyamus, belladonna, &c.; he quotes cases from different authors on the frequency of these obstructions and the mistakes often committed by the reckless abuse of violent purgatives, which, even in cases of hernia, have been given till death removed the sufferer from his tortures. In the
more obstinate cases, electricity, dashing cold water, tobacco fomentations over the abdomen, and inflation with bellows, have each been successful. Should all means fail, operative surgery comes to our aid.—[British Med. Journal, and Ranking's Abstract.

Autopsy of a Woman whose Uterus had been removed thirty years previously. By Dr. G. S. Goddard.

In the anatomical collection at Rotterdam a remarkable specimen is preserved: it is the uterus of a woman, in whom inversion of that organ had occurred in the year 1821, probably in consequence of forcible separation and removal of the placenta. After repeated but fruitless efforts to reduce the uterus, and when the symptoms had assumed a more and more threatening aspect, the part was tied by Surgeon Nortier thirteen days after delivery; and eight days subsequently the tumor below the ligature was removed with a pair of scissors; in the evening of the following day the ligature lay loose in the vagina, and exhibited the small opening through which the pedicle had passed. A month later the woman had quite recovered, menstruation did not recur, and the sexual passion was wholly extinguished. In the preparation the uterus is seen, of the size of the head of a child at full term, with an internal rough, flocculent surface, which, at the right side, in the neighborhood of the fundus uteri (where the placenta was attached), has an opening with uneven edges, of about an inch and a fifth in circumference. Less extensive on the under side, this saciform body ends with an opening of about two and a third inches. On the left side of the fundus portions of the Fallopian tube and of the round ligament, both, as well as the uterus, still enlarged, are seen; while on the right side the round ligament appears to be partly destroyed, and a much larger portion of the Fallopian tube is evidently also destroyed in its whole length. The woman died in 1850, in consequence of an acute disease, in which the genital organs were not involved. On opening the body the internal genitals, on a superficial inspection, presented a tolerably natural appearance, except that the right broad ligament was rather tense, giving rise to a degree of obliquity; there was a great accumulation of fat in the connective tissue around the vagina and between the laminae of the broad ligaments, in which no cicatrices, but only modified plaiting, were to be seen. The folds of the mucous membrane of the vagina were very strong and irregular; the vagina itself was much shorter than usual. Of the uterus only the cervix remained; the cavity of the latter was scarcely large enough to contain a lemon pippin, was very pointed, and was about three inches in length; the palmae plicatæ were very
strongly marked; the walls, which were thicker than usual, terminated as cut off; on the surface looking towards the cavity, was a white, firm, cellular, intervening substance, a couple of lines in length, and particularly dense on the right side, which as the cicatrix had filled the space left open in the operation, as well as the truncated substance of the uterus, had become covered with peritoneum. The free extremities of the Fallopian tubes were normal; each terminated in a cul de sac, the right was shorter than the left, and with the ovary was drawn strongly downward by a fold of peritoneum. The round ligaments were in great part deficient on both sides; the right was the shorter, and was surrounded with much connective tissue. The left could be followed a little further. The ovaries were more atrophied than even the woman's time of life should lead one to expect; the ligament of the right ovary was very small; that of the left still in a great measure existed. On either side there was one of those pediculated hydatid-shaped bodies, which Kobelt and Follin regard as remnants of the ductis Mulleri in the corpus Wollianum; the right possessed a short and broad, and the left, on the contrary, a long pedicle.—[Nederlandsch Lancet, and Dublin Medical Press.


Private S——, of Company "C," 2d U. S. Dragoons, was admitted into the hospital at Fort Riley, Kansas Territory, on the 23d day of November, 1856, with an injury of the left elbow-joint, caused by his falling from his horse whilst intoxicated on the afternoon of the previous day. I did not see him till eighteen hours after the accident, when, owing to the swelling and inflammation of the part, I was unable to determine the exact nature of the injury. Erysipelatous inflammation immediately ensued, and lasted for ten days, requiring absolute rest, and the ordinary remedies for its removal. At the end of this period there was still a good deal of swelling, and the motions of the joint were very much impaired. Dr. Coolidge (who in the mean time had joined the post) and myself were unable still to make out the exact condition of the parts; and after repeated examinations, we decided to induce anaesthesia with the view of obviating the great pain caused by the necessary manipulations, and thus to make a more satisfactory examination than had yet been accomplished.

A sponge wet with two or three drachms of the tincture of chloroform was placed in a tubulated bell-glass and held to the
mouth of the patient, he having previously removed his coat and stock, unbuttoned the neck band of his shirt, and laid down on a bed. He continued to breathe the vapor for five minutes without any appreciable result. The pulse, which at the commencement of the inhalation was 100 per minute, remained about the same. The sponge was again moistened with the tincture of chloroform, then placed in a towel, and again held close to the mouth. Full, deep breathing was directed, and in two or three minutes some excitement was produced. During this period the face became red and flushed, but not to an unusual extent; the respiration was not affected in any remarkable degree, nor was there any notable variation in the pulse. In an instant, however, all was changed; the eyes were turned up, the face became turgid, the muscles became relaxed, and vomiting ensued. My hand was upon his pulse, which, from beating at the rate of 100 per minute, stopped as if he had been struck with lightning. Dr. Coolidge immediately discontinued the inhalation, and judging from the character of the vomited matters, thought at first that some substance was closing the larynx. Introducing his finger into the posterior fauces, he removed a large piece of cabbage. Subsequent to the vomiting the patient breathed two or three times, but it is probable the heart ceased to act before respiration was entirely suspended.

Every means proper in such cases was used to re-excite respiration, Marshall Hall's method among others, but without the least success. Stimulants were thrown into the rectum, the body rubbed sedulously, &c., but no evidence of life was perceived, and after persevering for nearly two hours, we abandoned all hopes of resuscitation.

Autopsy twenty-two hours after death.—Body well developed, no superabundance of fat. Great muscular rigidity, and considerable hypostatic congestion of the back of the head, neck and body. The brain and appendages were healthy. The stomach was large but not distended with gas, and contained about three ounces of pultaceous matter, and several large pieces of unmasticated and undigested beef. The spleen was about three times its natural size. The liver presented no unusual appearance; it was not minutely examined. The thoracic cavity was free from effusion and pleuritic adhesions. The lungs, especially their inferior and posterior portions, were intensely congested, and of a deep purple hue. On opening the pericardium, the heart appeared of unusual size. The right auricle and ventricle were distended with blood and covered with fat. On removing the heart in the usual manner by dividing the great vessels at their origin, about two quarts of dark, thin, uncoagulated blood escaped. No coagula were found in the heart or large vessels; the left ventricle was empty. The heart weighed within a fraction of fourteen ounces, and
measured in its longitudinal diameter full six inches, and in circumferent, at its base, eleven and a half inches. The wall of the left ventricle at its base was \( \frac{5}{6} \) of an inch in thickness, at the middle \( \frac{1}{6} \) of an inch, and at the apex \( \frac{5}{6} \) of an inch. The extreme thickness was one inch. The thickness of the right ventricle ranged from \( \frac{1}{6} \) to \( \frac{5}{6} \) of an inch, exclusive of its fatty covering, which, near the auricle, was quite thick. The walls of the right auricle were extremely thin, and were loaded with fat. The substance of the heart was of a very pale red or dirty pink color, comparatively soft and flabby, less resisting in the right than in the left ventricle, but easily penetrated in both with the finger or handle of the scalpel.

In order to form a more definite conclusion as to the exact pathological condition of the heart, I submitted several sections to microscopical examination; many portions of the right ventricle were thus found to consist almost entirely of fat-cells and oil-globules; in others, muscular fibres were visible. In the left ventricle both fibres and striae were to be seen, with many fat cells and oil-globules. The more precise results of the examination are as follows:

1st. A piece of the right ventricle taken from the central portion of its wall, \( i.e. \), midway between its external and internal surfaces, and in which no fat was visible to the naked eye, exhibited under the microscope numerous fat-cells and oil-globules. One hundred grains of this character of tissue, when subjected to the action of ether, yielded 32.75 grains of ether extract.

2nd. A section of the right ventricle extending through its entire thickness, and in which fatty deposit was visible to the naked eye, yielded 69.92 per cent. of ether extract.

3rd. A portion of the left ventricle, in which no fat was visible to the naked eye, was perceived by the microscope to contain a few fat cells, and yielded 9.89 per cent. of ether extract.

It is evident, therefore, from this record, that the heart, besides being loaded with fat, was in a state of fatty degeneration. It is worthy of note that there was no arcus senilis observed in this case.

A few words in relation to the anaesthetic employed, will not, I think, prove uninteresting.

The anaesthetic issued to the medical officers of the army is (or was at that time), the tincture of chloroform, or chloric ether of Dr. J. C. Warren and others. When properly prepared, it consists of one part of chloroform, and two parts of absolute alcohol, and such was the preparation intended to be furnished. The contents of the same bottle used in this case had been a short time previously used in six cases; one of amputation of both legs; one of Chopart's operation on right foot, and Hey's on left foot; one case of delirium tremens following fracture of arm, and complica-
ted with severe convulsions; one amputation of great toe; and one excision of a portion of the fibula. In all these cases the anaesthetic had acted unpleasantly, and in that of amputation of the great toe great prostration was produced, and the pulse fell from 60 to 40 per minute. By the use of stimulants, &c., further ill effects were obviated.

It did not, however, occur to Dr. Coolidge or myself, that these consequences were due to the peculiar character of the anaesthetic, but after the death of S— I submitted it to a chemical examination with the following result:

The specific gravity was 980. The reaction was strongly acid.

A solution of nitrate of silver caused a flaky precipitate, soluble in ammonia, and precipitable from this solution by nitric acid, showing, therefore, the presence of chlorohydric acid.

A portion was put into a glass tube graduated to tenths of a cubic centimetre, and an excess of water added so as to destroy the solvent property of the alcohol. The chloroform thus precipitated amounted to but one-sixth of the whole.

The alcohol entering into its composition, instead of being absolute, was the common diluted alcohol of the Pharmacopoeia.

The tincture of chloroform was thus shown to be very impure, and not the article contemplated by the medical department. It had been carefully preserved whilst under my charge and that of Dr. Coolidge, in closely stopped bottles carefully kept from the light, so that it is probable the chlorohydric acid had been present from the time of its manufacture.

How far this impure character of the anaesthetic may have tended to cause death in the case related, is difficult to say. I believe, however, that it was not without influence. The condition of the heart was doubtless, however, the chief cause of death. Persons suffering under fatty degeneration of this organ are peculiarly liable to sudden death, and it is also true that there are no certain signs from which its presence can be determined during life. Of fifty-eight cases cited by Dr. Richard Quain,* death was sudden in fifty-four.

Two cases have recently been published of fatty degeneration of the heart, in which death occurred from the inhalation of chloroform. In one of them, that of Mr. Erichsen,† it took place at the time of inhalation. The other occurred in the practice of Dr. Macgibbon,‡ at the New Orleans Charity Hospital. In this latter case death ensued on the day following the administration of the chloroform.

Private S— was 23 years of age, 5 feet 6 inches high, of ruddy complexion, gray eyes, and brown hair. He was exceed-

* Medico-Chirurgical Transactions, vol. xxxiii.
† British and Foreign Medico-Chirurgical Review, January, 1855, p. 222.
‡ American Journal of the Medical Sciences, January, 1856, p. 261.
Hernia of the Ovary.

1858.

Hernia and ed, attended caused appeared that, elicited tween of general of well-expanded L851, production increase reduction. History Journal this was had seeing and. Again In mortem iware, he notes. Obstetric man; he complained of these organs, which are cases, and obesity, had any symptoms which would indicate disease of this organ.

In the preparation of this paper I have freely availed myself of the notes of Dr. Coolidge, especially those relating to the post-mortem appearances and measurements of the heart.—[American Journal of the Med. Sciences.

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History of two cases of Hernia of the Ovary, in one of which there was periodical Enlargement of this Organ. By Dr. Oldham, Obstetric Physician to Guy's Hospital.

These cases are examples of a rare conformation of the female sexual organs, in which the ovaries had descended through the inguinal canal, and become permanently lodged in the upper part of the external labia. In both of them it was impossible to detect either uterus or vagina; and in the first there was a periodical increase of one or other of the ovaria, followed by its gradual reduction—a direct evidence of an ovarian menstrual act.

Case 1.—The subject of this case applied to me in September, 1851, for advice on account of never having menstruated. She was nineteen years of age, of a tall figure, symmetrical frame, well-expanded pelvis, and womanly aspect, bearing all the marks of a full completion of the physical changes of puberty; and her general health, though not robust, was fairly good. She was one of a family of five children, and her sisters had menstruated between 15 and 16 years of age. The principal point which was elicited from her history in connection with her complaint was, that, eighteen months before, a swelling had somewhat suddenly appeared on the right side of the external organs, which had caused her some pain for a few days and had then disappeared. In four or five months a similar swelling again appeared, but was attended with so much suffering that a medical man was consulted, who took it for an abscess and ordered it to be poulticed. Again it passed away, again to recur at the end of two months; and so it had gone on at irregular intervals until the time of her seeing me, when the pain of a renewed attack of unusual severity had occasioned her some alarm. On examination, a swelling the size of a goose-egg was found to extend between the external abdominal ring and the centre of the labium on the right side, which was very tense and firm to the touch; and the cellular tissue, skin, and mucous membrane of the labium were oedematous and inflamed. It was painful, but by no means so painful as a labial abscess, which in its general aspect it resembled; and there was but little febrile disturbance. A more critical examination de-
tected the presence of a solid body of an oval shape within the tissue of the labium, which proved to be the ovarium, whose enlargement had so compressed the surrounding tissues as to swell and inflame them. On the opposite side there was another oval body, the size of a walnut, which passed just beyond the outer ring, but readily slipped into the canal. This was the left ovary in a quiescent state. The external sexual parts were normally formed; but the ostium vaginae was closed, a slight indentation in the median line alone marking its position. Frequent careful physical examinations failed to detect any trace of a vagina or uterus, and the conclusion arrived at was that these central pelvic organs had not been developed. The mammary glands were fully formed.

I have had repeated opportunities during the six years which have intervened since first the case came before me, of examining the organs both during the periods of ovarian excitement and during the intervals. For nearly two years, however, I completely lost sight of her, when I learned, to my amazement, that in spite of my strong admonition both to her mother and herself, that she should lead a single life, she had married. For some time past I have seen her more frequently, and have watched the recurrence of the ovarian swellings.

For the first three years the right ovarium was exclusively enlarged, and the intervals were not so regularly marked, varying between three and six weeks: excepting for the first year, when they were much longer, occasionally extending to three months. For the last two years the left ovarium has been far more frequently affected, the right remaining quiescent; occasionally both are painful and tumid, but even then one more than the other. The intervals are now pretty regularly three weeks. The acute inflammatory symptoms which accompanied the onset of these swellings have long since ceased to recur, which is obviously due to the loose state of the tissues from repeated stretching, so that the swollen organ is no longer compressed.

The accession of a menstrual time is sometimes suddenly felt. She will go to bed well, and in the morning the ovary will be swollen: more commonly, however, it is very gradual, augmenting in volume for four days, then remaining stationary for three days, and then gradually declining; the whole process, before the ovary is reduced, generally lasting ten or twelve days. On separating the ovary, when at its height of swelling, from the tissues surrounding it, it appears scarcely, if at all, less than double its usual volume; its outline is clearly defined, and it is plain that the whole, and not merely a part of the organ, is involved. There is no suffering worthy of notice during the time; the swelling is tender if pressed; and tender, too, in the act of sitting down or rising up; but she walks about as usual without distress, and
there is but little lumbar or hypogastric pain. Neither are there any manifest sympathies excited, either of the mammary glands or other organs. Nor is there any vicarious flux, either of blood or any secretion, with the exception of an excess of saliva, but this is not in any large flow. The ovary alone appeared to be engaged in this periodical act, which it is not too much to suppose, in accordance with modern physiological views, would have been attended with a flux of blood, had not the organs which normally supply it been absent.

But while this may be said to represent the usual course of a period, yet the volume of the ovary, and the length of time it remains swollen, is subject to occasional variation; sometimes being much less tumid, and dying away in a shorter time.

The repeated attempts at sexual union have only had the effect of somewhat loosening the tissues around the vulva, but the vagina remains imperforate as before, and is beyond the reach of surgical remedy. It may be added, that the subject of this history recognizes an increase of sexual feeling at and soon after the periods of enlargement of the ovary.

Case 2.—This case was that of a young woman who had attained the age of twenty without having menstruated. She was a tall, strumous-looking person, in weak health. There had not been any well-marked efforts at menstruation, but she had suffered slightly from lumbar pain. The mammae was well developed. The pelvis was fairly formed. On examination I found the two ovaria just appearing beyond the external abdominal rings, and readily returning by pressure into their respective inguinal canals. They were of equal size and similar shape, being ovoid bodies about the size of small chestnuts. They were not tender when touched, although organically sensitive, and she had never experienced pain in them. The external sexual organs were somewhat less perfectly developed than usual; the vaginal orifice was closed, and no trace of a canal or uterus could be detected by exploration with a catheter in the bladder and the finger in the rectum. These organs, as in the former case, were absent. During the time I saw the patient, which was only for two months, the ovaria did not enlarge, although her general health improved.—[Proceedings of Royal Society, and Hanking's Abstract.

Observations on the Poison of the Upas Antiar. By Professor Kolliker.

The results of Prof. Kolliker's investigations into the effects of the antiar upon frogs, are the following:—

"1. The antiar is a paralyzing poison.

"2. It acts in the first instance and with great rapidity (in 5 to 10 minutes) upon the heart, and stops its action.
Puerperal Fever.

"3. The consequence of this paralysis of the heart are the cessation of the voluntary and reflex movements in the first and second hour after the introduction of the poison.

"4. The antiar paralyzes, in the second place, the voluntary muscles.

"5. In the third place, it causes the loss of excitability of the great nervous trunks.

"6. The heart and muscles of frogs poisoned with woorara may be paralyzed by antiar.

"7. From all this it may be deduced that the antiar principally acts upon the muscular fibre and causes paralysis of it.

"So much for this time. My experiments with the antiar upon warm-blooded animals have only begun, and I am not yet able to draw any conclusion from them. As soon as this will be possible, I shall take the liberty to submit them to the Royal Society, together with the results of my experiments with the upas teinté, which poison I had also the good fortune to obtain through the kindness of Sir Benjamin Brodie and Dr. Horsefield. With regard to the antiar, I may further add that experiments made independently, and at the same time, by my friend Dr. Sharpey with this poison, have conducted to the same results as my own."


Puerperal Fever.

The Academy of Medicine in Paris has for some time been occupied in a discussion on Puerperal fever, in which the leading obstetricians of the French metropolis have given utterance at length to their opinions. From among the numerous speeches, we translate that of M. Cazeaux, as it gives a very good digest of the different opinions entertained.

I think that it would be superfluous, after the speeches you have heard, to revert to the symptomatology and anatomical characters of the disease or diseases collectively described under the names of puerperal fever or puerperal peritonitis. These points in the discussion appear to me to have been sufficiently studied by M. Depaul and M. Cruveilhier. You are aware of the importance given by the last named speaker to lymphangitis among the alterations peculiar to puerperal fever; so much so, that he considers it characteristic of that disease. But that opinion has been vehemently disputed by M. Béhier, who maintains, on the contrary, that, in autopsies of women who have died of puerperal fever, he has found inflammation of the veins more frequently than of the lymphatics. This assertion of M. Béhier's has surprised me greatly. I have, for my own part, opened a good number of bodies of women who have died of puerperal diseases, and I declare that, like M. Cruveilhier, I have found pus much more frequently in the uterine lymphatics than in the veins. Does
not M. Béthier's error depend on an anatomical confusion? For it is remarkable that, although he describes the pus as being in other vessels than M. Cruveilhier does, he still finds it in the same parts of the uterus or its appendages; that is to say, in those portions which are particularly rich in lymphatic vessels. But there is one question which has in an especial degree excited the speakers; it is that of knowing what is the nature of puerperal fever, and what nosological rank it is proper to assign to the lesions which it presents.

In this respect the speakers have been divided into two camps. In the one, they admit the existence of an essential fever—of a pyrexia; in the other, they see only local phlegmasiae. Up to the present moment, M. Beau is the only one who has formally declared himself in favor of this latter doctrine. With regard to the doctrine of essentiality, it has found supporters in M. Depaul, who has the most boldly and the most clearly laid down the question. In M. Danyau, who has also spoken out resolutely enough; in M. Trousselau, who, after having formally rejected the puerperal fever, has so well generalized it subsequently, that he has admitted it not only for women in child-bed, but even for women not in the puerperal state at all, for the foetus, for the new-born child, and for all subjects attacked by any kind of traumatism. M. Dubois has equally announced himself an essentialist; but he has produced no new arguments in favour of that opinion, and he has enveloped his ideas in such thick clouds, that it is difficult through such a veil to distinguish a pure essentialist. The question, therefore, is solely and entirely between M. Depaul and M. Beau.

M. Beau appears to me to have replied victoriously to M. Depaul, invoking the epidemic and contagious characters of the disease as proofs of its essentiality. I will not revert to these arguments; but I will add that one of the characters of pyrexia, viz., the manifestations of the fever some days before the appearance of the local symptoms, as is the case with typhus and small-pox, is not what is observed in puerperal fever, in which the pain, which is the sign of local phlegmasiae, shows itself almost at the same time as the shivering, which is the sign of the general pathological state. I find also a very good argument against essentialism in the speech of M. Dubois, who nevertheless makes profession of being an essentialist. Have we not heard that honourable professor tell us that the multiplicity, the variety of the lesions in puerperal fever, would be consistent with placing it among pyrexiae, the principal character of which is to present anatomical alterations, constant and always identical.

With regard to the negative autopsies quoted by M. Depaul as an argument in favour of essentiality, while I admit, as I do willingly, that they have been well made, I can neither consider them as convincing proofs, nor as motives for rejecting the doc-
trine of local phlegmasias. In fact, do we not see peritoneal inflammations, traumatic, or by perforation, kill so promptly, that material alterations have not had time to be formed? Do we not see, also, burns in the first or second degree cause a rapid death—the effect assuredly, not of the lesion of the tissue, but solely of the extent and violence of the inflammation? On the other hand, is it really necessary to find severe organic lesions to explain functional disorders, and even death, in puerperal fever? I do not think it is; for, in my opinion, the blood in this disease has undergone so profound an alteration as to account for all the accidents, and for the usually fatal termination of the disease.

The mistake committed by those nosologists who have wished to assign a place to puerperal fever, consists, in my opinion, in their having studied it under its epidemic form. In order to form a true and clear idea of the disease, we must look at it under its sporadic form; that is, in its condition of simplicity, disengaged from the special elements of gravity necessarily given to it by the epidemic character. Let us then imagine a physician who has never seen a case of puerperal fever, and who has never read a description of this malady. He is brought into the presence of a woman recently confined, in whom a laborious parturition, a prolonged labour, has produced numerous bruises and lacerations, speedily followed by violent shivering, by very severe abdominal pains, and by a series of other severe general and local symptoms which will rapidly terminate in death. At the autopsy, he finds pus in the peritoneum, in the veins and lymphatics of the pelvis. What idea can this physician form of the nature of the disease, but that it is phlegmasia?

Now, must we admit that there exists a natural difference between the epidemic and sporadic forms of puerperal fever? By no means—any more than that there exists a difference between epidemic and sporadic pneumonia. Nevertheless, M. Trousseau has brought forward one difference which he describes as very essential; it is the existence of a specific cause, of a kind of virus which would be the essence of the epidemic puerperal fever. Well, a specific cause always produces a corresponding specific disease, announcing itself by signs or lesions always identical; thus, the virus of rabies always produces rabies; the virus of syphilis, syphilis; the smallpox virus, smallpox; while here we have to do with a disease which presents itself with lesions the most varied, sometimes a metritis, sometimes a peritonitis, sometimes a phlebitis, at other times a lymphangitis, a pneumonia, a pleurisy, a suppurating arthritis, etc. We cannot, therefore, allege a sole cause for effects so varied.

The difference which I admit, for my own part, is not where M. Trousseau has placed it—in the nature of the disease; I find it in the very fact of the epidemic, which renders the disease
more severe, without changing anything of its essence. It is here
with puerperal phlegmasia as with cholera, angina, dysentery, and
a hundred other affections that I might name.

Do not think, however, that beyond the local inflammation I
see nothing whatever, and that I believe that in that resides the
whole gravity of the affection. If, indeed, I do not admit a puer-
peral fevers, I do admit a puerperal state, which, in preparation
throughout the pregnancy, arrives at its maximum of intensity at
the time of the accouchement, and shortly afterwards. This pu-
erperal state consists in a notable alteration of the fluids, which
is present, in a greater or less degree, in all pregnant women. I
have heard M. Trousseau speak to us with some disdain of recent
haematological researches. For my part, I think they are destin-
ed to open to medicine a way of progress, and to enlighten us on
many questions which are still obscure. It is not my place here
to recall all the results already obtained; but I cannot be silent
on the very special services rendered by haematology to obstetric
physiology and pathology. Thanks to that science, gentlemen, it
is now admitted that pregnancy, so far from constituting a condi-
tion of plethoria, actually, on the contrary, engenders an anaemic
state. Thanks to haematology, we now understand the etiological
analogies existing between eclampsia and the epileptiform con-
vulsions which terminate Bright's disease. It has been establish-
ed very clearly that in both cases the nervous phenomena depend
on an intoxication of the blood by urea—on an uræmia.

It is also in the blood—in the blood so profoundly modified in
pregnancy—that we must seek the first cause and the point de
départ of puerperal diseases. Thus, diminution of globules, of
albumen, of iron, a notable augmentation of water and of fibrine—
such are the modifications—I ought to say, the alterations—of the
blood in a woman about to lie in. If in such a condition there
supervene an extensive inflammation of an important organ, you
may conceive what development it must assume in invading an
organism so seriously altered. Who can foresee to what extent
these alterations of the blood may go, and what may be the con-
sequence of them? For myself, I do not hesitate to say that, in
certain cases, they may be carried to a point at which they will
produce a transformation of blood-globules into pus globules; and
that without a wound, without phlebitis, without any lesion of the
solids.

And on this subject, let me recall a fact reported by M. Andral,
and which is very well adapted to impart a certain value to this
hypothesis. A man was brought in dying, in a most formidable
at.ixo-adynamic state; he died at the end of three days. At the
autopsy, numerous abscesses were found in the brain, in the lungs,
in the spleen, in the kidneys; the blood everywhere was like very
loose currant-jelly. In the midst of the blood-globules, which
were misshapen, strawberry-like (*framboisé*), a great number of pus-globules were plainly distinguished. Nowhere was there the slightest trace of phlebitis. Collections of pus in many of the solids, and pus in the blood itself, were the only alterations demonstrable.

There is, therefore, in lying-in women, as M. Trouseau has said, a great morbid aptitude, which I will at once call *pyogenic state*, which not only manifests itself in abdominal phlegmasias, but makes its sad influence felt, whatever be the disease attacking the puerperal female. It is thus that, according to M. Chomel and M. Grisolle, the pneumonias which supervene during the puerperal state acquire an extraordinary degree of virulence, which renders them promptly mortal.

Be the puerperal fever sporadic or epidemic, it always consists essentially in an alteration of the blood and a special aptitude of certain organs to inflame, and to rapidly produce pus; with this sole difference, that with epidemics this aptitude finds itself singularly increased by this agent, unknown in its essence, but so manifest in its effect, and to which has been given the vague denomination of epidemic influence (*génie épidémique*); whence also the gravity of the disease, and its termination more promptly and more constantly deadly.

I will only say this regarding the contagious character of puerperal fever, that I adhere without reserve to what MM. Depaul and Danyau say about it. After a demonstration so clear, so peremptory, as that furnished by those two speakers, it is impossible that there can remain any incredulous on the point. M. Danyau has therefore, with good reason, insisted on the precautions to be taken to avoid the dangers of contagion.

What shall I say of the treatment? The speakers who have preceded me have superabundantly proved the uselessness of the different methods of cure, and the vanity of certain remedies considered prophylactic.

For the curative treatment, I will confine myself to the declaration that all the means I have tried have failed in my hands, as in those of my colleagues, in cases of virulent or epidemic puerperal fever. I must, however, say that I have obtained good effects from the employment of mercury. I have seen every case get well in which powerful doses of mercury have produced an abundant salivation; a circumstance which induces me to think that he who shall find an infallible means of bringing on a copious salivation will have perhaps discovered a specific for puerperal fever.

As for prophylactic measures, I see none better at present than such as consist in diminishing the agglomeration of women in lying-in; and on that point, I entirely agree with M. Danyau. The measures he proposes appear to me the wisest, the best un-

The principal object in undertaking the experiments detailed in this paper, is that of deciding upon the correctness of the theory advanced by Frerichs explanatory of uræmic intoxication. As is well known, this distinguished author regards the symptoms of blood-poisoning, so frequently present in Bright's disease, as not directly depending upon the presence of urea in this fluid, but as being caused by its conversion, through the agency of a ferment, into carbonate of ammonia.

Frerichs performed two series of experiments, which he regards as tending to sustain his hypothesis. In the first series, he injected a solution of urea into the blood of animals whose kidneys had been previously removed. In from an hour and a quarter to eight hours they became restless, and vomited. Ammonia was detected in the expired air, and simultaneously convulsions ensued. Death occurred in from two hours and a half to ten hours from the commencement of the experiment. Ammonia was found in the blood, the contents of the stomach, and in the bile and other secretions.

In the second series, a solution of carbonate of ammonia was injected. Convulsions ensued almost immediately, and were quickly followed by stupor. The respiration was labored, and the expired air was loaded with ammonia. This substance, however, gradually disappeared, and the animals recovered their senses.

Frerichs offers no explanation of the nature of the ferment which he conceives to be necessary to produce uræmic poisoning, nor does he even attempt to demonstrate its existence, except indirectly, through the experiments above cited.

While admitting the facts set forth by these experiments, Dr. Hammond differs with Frerichs in his theory. Ammonia has often been met with as a constituent of the expired air of healthy individuals. He has himself frequently detected it in such cases; it has been demonstrated to be constantly present in the blood; and Frerichs' own experiments (those of the second series) show that it was not capable of causing death even when injected directly into the circulation, and when its presence in the blood was evidenced by its being exhaled in large quantity from the lungs.

The fact that in the first series of investigations the kidneys were extirpated, while in the second the animals were unmutilated, while different substances were used in each, prevents our drawing any comparative conclusions from the results obtained.
The experiments to which the present paper relates consisted of two series. In the first the substance was injected into the blood of the sound animal; in the second the kidneys were previously extirpated. The two series were, as far as possible, alike in every other respect. The substances injected in both series were urea, urea and vesical mucus, carbonate of ammonia, nitrate of potash, and sulphate of soda.

Dr. Hammond's conclusions are:

1st. That urea (simple and combined with vesical mucus), carbonate of ammonia and sulphate of potash, when injected into the blood-vessels of sound animals, do not cause death.

2nd. That nitrate of potash, when thus introduced, is speedily fatal.

3rd. That death ensues from the injection of any of the foregoing named substances into the circulation of animals whose kidneys have been previously extirpated.


Menstruation during Pregnancy. By Dr. Elsasser.

This contribution to a disputed topic is founded upon 50 cases, extracted from the journal of the Stuttgart Lying-in Hospital, cases which are said to rest upon the most certain information. The subjects were 15 primiparae and 36 pluriparae, who, with the exception of two women (aged 36 and 41), were between 20 and 30 years of age. Of the 51 children born, 34 were boys and 17 girls, 36 being mature, and 15 immature. The menstruation during pregnancy occurred in 50 women, in the following manner: Once in 8, twice in 10, three times in 12, four in 5, five in 6, eight in 5, and nine in 2. In 13 cases the peculiarities of the rhythm of the discharge were inquired into, and the rhythm was found regular in 4, in 1 it occurred at the sixth week, in 3 there were pauses between the epochs, in 2 the menstruation first appeared after the second month, in 2 after the fourth, and in 1 after the fifth month. In one case the menstruation first appeared in the middle of gestation, and henceforth came on every four weeks, lasting three or four days. The child perceived but feebly at first, was strongly felt during the last four or five weeks. Hemorrhage occurred twice within a week before delivery, but a mature, living infant was born. Indications as to the amount of discharge were furnished in 26 cases, and in 18 of them it was less than in the non-pregnant condition. The weight of the 35 mature infants varied from 5 lbs. to 9 lbs.

Dr. Elsasser observes that although he is unable to state the proportion of cases in which menstruation occurs during preg-
The Investigation of Epidemics by Experiment.  Read before the Epidemiological Society.  By Dr. Richardson.

He commenced by pointing out the weakness of the present system of epidemiological study, which sought after results by trying to descend from the general to the particular. This method lets pass simple laws, which lie at the root of all inquiries. It is painful to say, as a fact, yet a fact proper to be said, that the researches at present so laboriously conducted do not tend to such proofs of unanimity, or to such positiveness of science, as might on à priori reasoning, be expected from them. The present modes of research may bring out negatives—they may bring out partially-accepted positives, and a sufficient amount of positive evidence to satisfy a section of men; but as yet they have failed to educe such demonstrations that those who are educated to the same mark can read off the same phenomena by the same process of thought and inductive learning. The author next proceeded to point out carefully such experiments as might be reasonably instituted for the purpose of investigating particular epidemic disorders, especially smallpox, scarlet fever, and typhus, commenting also on the care which should be taken in the section of the animal subjected to experiment, and showing that in inquiries relating to the three special diseases named above, the pig is the proper animal to be selected, as one more susceptible of these diseases than other members of the inferior animal kingdom. Thence, leaving propositions for the history of experiment itself, as a means of investigation, the author explained what had been done in recent times towards the production of some diseases artificially, and the information derivable from this form of investigation. He followed up this argument with a minutely-revealed account of some experiments performed by himself, in which all the characteristics of typhus,
symptomatological and pathological, were produced by the introduction of alkalies into the system. He showed further that the typhous condition, which could be introduced by the injection of animal putrid matter, was coincident with, and dependent on, the development of a superalkaline condition of the blood; and he connected the pathology of putrid fever, so called, with the conditions analogous to those which had thus been artificially produced. In a connected, simple mode of argument, which peculiarly arrested the attention of the audience, the question was next put, whether, when the virus of a disease is introduced into a healthy animal so as to reproduce that disease, the symptoms and the pathological changes are due to an absolute reproduction of the virus itself; and to the actual presence of such virus, or whether the virus acted by setting up such new changes in the body that a product, generated secondarily and differing in character from the original poison, was the cause of the symptoms? He (Dr. Richardson) was inclined to the latter view, and gave some clear experimental evidence in support of his position. He admitted at the same time that further experiment was required, and argued that until this point was defined no sound progress could be made in the study of epidemics.

It is impossible, in an abstract to give more than the briefest outline of a communication written in so condensed a style, and opening up for consideration so many subjects, each differing in detail, yet having but one object; but the final propositions laid before the Society were as follows:

1. That by experiment it might be ascertained in what excreta the poisons of certain of the epidemic diseases are located.
2. By what surfaces of the body such poisons may be absorbed so as to produce their specific effects.
3. When the virus of a disease, in reproducing its disease in a healthy body, acts in the development of the phenomena by which the disease is typified primarily or secondarily—i.e. by its own reproduction and presence, or by the evolution of another principle or product.
4. Whether climate, season, or external influences modify the course of epidemics, by producing modifications of the epidemic poisons, or modifications in the system of persons exposed to the poisons.—[London Lancet.

Aconitum Napellus—Aconite.

Dr. Edward B. Stevens, of Cincinnati, reports (Cincinnati Med. Observer, Oct. 1857) his success, confirmatory of the experience of others, in the use of aconite, for the cure or relief of "almost the entire range of neuralgic affections, and of those obscure
complications, of rheumatism and neuralgia, in which there is freedom from local or constitutional trouble, independent of nervous derangement."

In a case of neuralgia, "supposed to be a result of previous attacks of miasmatic disease," and which was treated by the use of quinine and other remedies with but temporary relief, Dr. Stevens prescribed a mixture of the tincture of aconite and tincture of cimicifuga, which gave entire relief to the patient. The proportion was—B. Tinct. rad. aconit., 3 i.; Tinct. cimicifuga, \( 3\ij \).—M. Dose, a teaspoonful every four hours. Three doses were sufficient to procure the desired relief. Ten months had elapsed without a return of the disease.

A case of neuralgic rheumatism of the arm, of peculiar obstinacy, after having been intractable to all remedies, yielded to the aconite. In the above formula, each dose should be equivalent to about four drops of the tincture, although, in fact, this latter gives somewhat more than sixty drops to the drachm. In this dose of four drops, Dr. Stevens has "never seen any effects sufficiently marked or evident to occasion alarm."

Dr. S. has not used this article in acute rheumatism; but in chronic rheumatic pains, particularly in old people, he has derived excellent effects from it. In dysmenorrhœæ, or neuralgia associated with uterine derangement at or subsequent to the catamenial period, entire relief, followed by refreshing sleep, has been obtained by the administration of the aconite.

In the diminished and sometimes abolished sensibility and voluntary motion to which aconite gives rise, we find similarity of effects to those produced by veratrum viride and gelseminum.

\[\text{North American Medico-Chir. Rev.}\]

\text{Cannabis Indica—Haschisch—Indian Hemp; called also Gungha, Bung, etc.}\]

Dr. John Bell, of Derry, New Hampshire, has a paper in the \textit{Boston Med. and Surg. Journal}, April, 1857, on the effects of this plant, chiefly in a psychical point of view. He describes the manner in which he was affected when he put himself under its influence. Room is not allowed us to give even an analytical notice of his opinions and observations on this interesting theme, and we must be content to note a few passages. Among these, is one on the resemblance between a state of mind produced by the \textit{Haschisch} and that occurring in Mania—a resemblance noticed both by M. Moreau and Dr. Bell:—"In both states there is the same excitement and abruptness of manner, the same rapidity and incoherence of thought, the same false convictions and lesions of the affective faculties."—"There is no error of judgment, no delusion or lesion of the will or moral faculties,
which is seen in the former state, [Mania,] but what might take its rise in the latter." Dr. Bell describes the series of mental phenomena which were produced on himself by this substance: "Amid all the strange vagaries of the Haschisch, the mind preserves the power of taking cognizance of its condition, and to a certain extent, of analyzing its operations. The memory of everything said and done is nearly perfect; but of the multitude of thoughts, only those making a more than commonly distinct impression are observed." He thinks that considerable light might be thrown on insanity, and especially delusions, by watching and analyzing the effects of the Indian hemp, which we may take as a picture of the mind when under another and more enduring series of morbid impressions.

Speaking of its operation on the brain, in reference to the psychical phenomena produced in consequence, Dr. Bell thinks that five grains is the smallest quantity from which any perceptible effects are to be expected, and generally more will be required. This opinion coincides with our own experience of the drug (the extract of Cannabis) when we have administered it for the alleviation of pain, as in neuralgia, and to procure sleep in delirium tremens.

Dr. A. Bryant Clarke, of Holyoke, (Boston Med. and Surg. Journal, May, 1857,) tells us, in reference to Dr. Bell's statement of the dose of the Cannabis Indica required to produce the desired effect, that a pill of the English extract, in the quantity of two grains and a half, given to a maniacal patient, who had previously taken the medicine in two-grain doses, produced very marked effects. On visiting his patient, two or three hours after she had taken the pill, Dr. Clarke found her sitting up, and more rational and quiet than she had been for weeks:—"The attendant described her as apparently fainting, with respiration slow and regular, a blue and dusky state of the skin, blood settled under the finger nails, and said they had with difficulty kept her alive." Dr. Clarke being incredulous of the effects attributed to the medicine, swallowed one of the pills, soon after a hearty dinner. Within an hour he began to feel its peculiar effects, such as are so well described by Dr. Bell. Dr. Clarke's left arm was paralyzed, the skin looked blue, and there was a blueness under the finger nails, as though the blood were imperfectly arterialized; the pulse was natural. The effect of the Cannabis was at its height in about three, and passed off in about five hours. The arm was in a powerless condition for half an hour, but friction would partially restore it.

Dr. Merret, of Detroit, in a short article on this subject, (Medical Independent, Sept. 1857,) describes the Cannabis as a deliriant which produces on many of the native population of the East, who use it freely, a most undesirable, in fact, a dangerous
Treatment of Trismus and Tetanus. By Dr. Molnar, of Nimburg, Bohemia. (Translated from the Allgemeine Wiener Medizinische Zeitung, by Dr. B. Joy Jeffers.

The uncertainty of most of the recommended means of treating tetanus, fortunately a disease of rare occurrence, makes it the duty of every conscientious physician to remedy this deficiency in therapeutics by relating any single case in which the adopted plan of treatment was successful.

Ours was the case of a mason, Vincenz Holub, of Nimburg, a robust man, previously healthy, æt. 45. Sept. 22nd, his left fore-finger was so crushed by a stone of three hundred weight, that amputation with a flap was necessary, close above the head of the first phalanx. The wound was healing regularly, without pain, and had perfectly granulated "rose-red," when the patient began, on the 5th of October, to complain of painful tension and contraction of the muscles of mastication, and of difficulty of deglutition. In spite of the exhibition of opium and tartar emetic, in one grain doses, baths, followed by the desired diaphoresis, and of the greatest care, yet by the 9th of October the highest degree of tetanus was developed.

The patient had complete consciousness; pulse normal; pupils, in a moderately darkened room, strongly contracted; the teeth firmly set together, and not separable, either actively or passively. All the muscles of the neck and trunk, and the extensors of the extremities, were hard as a board. The stiffened body was thrown into various positions by painful electric-like shocks, both spontaneously and at the slightest touch. The patient was sleepless. The urine was drawn off by the catheter. Fluids (milk, soup and water) which were poured in, through an opening left by the extraction, several years previously, of
two upper incisors, were mostly regurgitated, the remainder flowing down as through a pipe.

Opium, in the form of clysters, gave no relief; as also the other means generally recommended. Baths could not now be used; and without much hope of success, I resolved, on October 16th, to employ chloroform. After the first inhalation of two drachms, the patient was greatly relieved. His consciousness did not exhibit the slightest disturbance. The painful contractions and rigidity were lessened, and he slept for two hours.

On the day following, three drachms of chloroform were used; on the third day, four; and on the fourth day, six, without producing any narcotism. But I noticed that on the third day of treatment, the patient could separate his teeth three lines.

The chloroform was now suspended for one day, and then again inhaled for five days in doses of three drachms per diem. All appearances of tetanus and trismus gradually disappeared, so that the patient could have been considered well by the 8th of November. His strength speedily returned. In all, he had used about four ounces of chloroform.

In view of this case, I have no hesitation in enrolling myself with those physicians who consider chloroform in this disease as a "Unicum." — [Boston Med. and Surg. Journal.

Observations on the Beneficial Effects of Pepsine in the Obstinate Vomiting of Pregnancy. By Dr. L. Gros.

In a great majority of cases the vomiting of pregnancy may safely be left to the influence of time; but there are some cases in which females are scarcely able to retain in their digestive system a sufficient amount of nourishment to support their existence, and are therefore reduced to the last degree of emaciation. In some, also, the shocks occasioned by this obstinate and repeated vomiting become the source of abortions, which might have been prevented by moderating the activity of the morbid phenomenon. A very remarkable case was related in 1856, by M. Tessier, Professor of Clinical Medicine at Lyons, showing the immediately beneficial effects of a dose of pepsine in a case of vomiting during pregnancy. In this case the symptoms resisted all the ordinary methods which were employed, and the patient was unable to retain in her stomach any substance whatever. Under these circumstances, the patient was brought to M. Tessier, who found her in the following condition: The vomiting had continued for two months, and she was at the end of the fourth month of her pregnancy; she presented the appearance of a skeleton, having the aspect and cough of a phthisical subject; the pulse was 140, and M. Tessier thought at first that the case was one of pulmonary tubercle. Finding
that all treatment had been hitherto ineffectual, and that the lady was fast actually dying of inanition, he was seriously meditating upon the propriety of inducing abortion as a means of saving her life; but as a last resource, before operating, he determined to employ pepsine. He accordingly prescribed one gramme, to be divided into two doses, and taken every day in a spoonful of broth. At the very first dose the broth was retained, and from that moment the vomiting never returned. On the third day the lady ate some chicken, and then some beef-steak. The treatment was continued in the same manner for three weeks, and at the end of that time the cure was complete; the emaciation was replaced by embonpoint, the fever and the cough ceased with the vomiting, and at the end of the nine months the lady was safely delivered.

Dr. Gros then relates six other cases in which the pepsine was employed with the same success, and he thinks himself warranted in concluding that pepsine undoubtedly produces good effects in the vomiting which attends pregnancy. He explains the results by supposing that, although in the first instance the vomiting is due only to the sympathy existing between the uterus and the stomach, yet subsequently the stomach itself becomes affected, as is proved by the fact that in the beginning of pregnancy the vomiting occurs only in the morning or the evening; but in aggravated cases it supervenes every meal, and all alimentary matters are rejected. In such cases, therefore, when the stomach has taken on a morbid habit, and exhibits an alteration of secretion, the pepsine seems to be really indicated; although in a merely sympathetic action between the uterus and stomach it would be difficult to explain the efficacy of its action.—[Bul. Gen. de Therap., and Brit. and For. Med. Chir. Rev.

On the Introduction of the Catheter in Stricture. By Dr. Slade, of Boston.

I prefer that the patient should be in bed, that he should be warmly covered, and that he should be particularly protected against any sudden chill. A bougie is then to be selected, of a size corresponding to the size of the stream passed, as nearly as may be, or to the presumed diameter of the constricted passage; this is to be carefully lubricated with lard, cold cream, cerate, or some other equally tenacious substance, which is greatly to be preferred to the olive oil so commonly in use. Thus prepared, the instrument is to be carried carefully down to the seat of the stricture, and, if possible, pushed on into it, the entrance of its extremity being at once known by the peculiar manner in which it is grasped. After a few moments' delay, the bougie,
in a great majority of cases, may be pushed on into the bladder. This, however, it must be borne in mind, is not always necessary; the mere presence of the instrument at the seat of the obstruction is generally sufficient to overcome the spasmodic action upon which the retention depends. The only difficulty in carrying these delicate instruments down to the stricture, is from their becoming entangled in the various lacunæ, which, as is well known, are greatly enlarged in this disease.

Mr. Henry Thompson, of London, has recently suggested a method of protecting the mucous membrane from injury, and of rendering the introduction of small instruments more easy, particularly in these very cases of narrow stricture, which on trial will be found very useful. It consists in the simple method of applying the oil to the urethra itself, and very freely, rather than to the instrument. In order to effect this, he says, the nozzle of a common glass syringe, containing from four to six drachms of pure olive oil, should be introduced into the urethra as far as it will go, the external meatus being at the same time closed upon the nozzle by the forefinger and thumb of the left hand, so that none can escape. Gentle pressure being now made upon the piston-rod, the oil gradually finds its way down to the stricture; and if this be very narrow, the urethra in front of it slowly fills and becomes slightly distended; but as the piston continues to descend, the oil will gradually pass through the stricture and onward into the bladder, thoroughly lubricating every part of the canal. At the moment the oil passes through the stricture, the operator may sometimes distinctly perceive a slight, but very complete, sensation communicated to the hand, of resistance overcome, and partial collapse of the previously distended urethra in front. The syringe is then to be removed, the finger and thumb still commanding the meatus of the urethra so that no oil escapes. The smallest catheter may now be introduced, and made to traverse the urethra—at all events as far as the stricture—with very little or none of that difficulty arising from the catching of its point against the walls of the passage, so often experienced with very small instruments, and which renders so much care necessary in their employment.

Temporary dilatation is, without doubt, the safest and surest method of treating organic stricture. Although slow, at the same time it can be easily managed, and can be suspended at any moment, according as circumstances require, and, above all, does not prevent the patient from pursuing his usual avocation; and for the early treatment of narrow irritable stricture, the use of gum elastic or wax bougies is far preferable to metallic instruments. I have seen patients who have suffered so much from the passage of small metallic instruments, that they have not been willing to allow their farther use, but have made rapid
progress under the employment of flexible instruments. When, however, the dilatation has proceeded so far that a No. 5 or 6 bougie passes with ease, then these may be laid aside and metallic instruments substituted.—[Virginia Med. Journal.

*Strychnia in Sciatia.*

Dr. O. C. Gibbs, of Frewsburg, Chatauque county, New York, (American Medical Monthly, September, 1857, relates an obstinate case of sciatica which had resisted colchicum, ammoniated tincture of guaiacum, quinine and morphia, oil of turpentine, tincture of cimicifuga, iodide of potassium, Dover’s powder, blisters over the great trochanter, and the endermic application of morphia, cups over the same part, and calomel to touch slightly the gums. For some time the patient, despairing of relief, had been in the habit of using opium, which was given at the discretion of his wife, as the only means of assuaging the pain. Dr. Gibbs describes his mode of using the strychnia, and its success in the following terms:

“We now took two grains of strychnia, in crystals, and put it with two ounces of water, slightly acidulating the water with sulphuric acid. We also took four grains of podophyllin and five of sulphate of morphia, rubbing them up with sugar, and dividing them into twenty powders. We ordered thirty drops of the solution of strychnia, also one of the powders, to be taken three times a day. The patient had no severe paroxysm of pain after this, and within three weeks from the time of commencing the strychnia, he went down the Alleghany and Ohio rivers as a pilot on a lumber raft, and up to the present time he remains free from a return of the affection.”

The author has omitted to say when the successful treatment was begun, and at what date he wrote the account of the case. He took charge of his patient March 6th, 1857. We are left to gather from the narrative, that the trial of the long list of remedies above mentioned lasted about three or four weeks before recourse was had to strychnia. Each dose of the solution of this substance, as directed by Dr. Gibbs, was equivalent to the sixteenth of a grain.—[North American Medico-Chir. Rev.

*Tobacco in Erysipelas.*

Dr. John G. Stephenson, of Terre Haute, Indiana, desires to call the attention of the profession (Western Lancet, May, 1857) to the treatment of erysipelas, which has proved so beneficial in his practice, that the use of it has become, with him, a matter of routine. “The treatment is simply the covering of the inflamed surface with wet tobacco leaves, (such as are to be had in any cigar shop,) which are permitted to remain until much nausea is
produced." Dr. Stephenson, while he admits that the excessive and distressing nausea produced by the internal use of tobacco prevents its administration by the stomach, is willing to believe in its power and safety when cautiously applied to a cutaneous surface, as a remedy for local inflammation.

We must, however, be aware of difficulty, not to say impossibility, of determining, after no matter how many trials, the extent of surface to be covered, and of absorption produced by this application of the tobacco, so as to procure the desired amount of sedative effect and accompanying nausea. The difference between the internal and external use of tobacco is only one degree; and in both instances there is uncertainty and risk of alarming, if not fatal results. Hence the great caution always practiced in the administration of this plant as a therapeutic agent—a caution which is especially called for in cases of erysipelas in old subjects with broken-down constitutions and slight powers of reaction.

In one of the cases related by Dr. Stephenson, the patient was pregnant about five months. She soon got well under treatment. This consisted in the use of calomel, followed by saline purgatives, Dover's powder, sulphate of cinchona, and the local use of tobacco. In another case of a person aged 17 years, slightly chlorotic, in which tincture of the chloride of iron internally and tincture of iodine externally failed to prevent the extension of the inflammation of the leg from above the ankle to above the knee, the application of the wet tobacco leaves soon produced extreme nausea and prostration, followed, after several other renewals of the same topical treatment, by a complete removal of the inflammation.—[Ibid.]

The Influence of Water-Drinking upon the Metamorphosis of the System. By Dr. Mosler.

Mosler contributes a valuable essay "On the Influence of Water on the Metamorphosis of Matter," which has gained the first prize from the Verein für Gemeinschaftliche Arbeiten. The author divides his researches into those made on children, those on adult females, and those on adult males; in all of them he examined the phenomena of metamorphosis—a, when the ingesta and the manner of living were as usual; b, when the water taken with the fluid articles of food was withdrawn; c, when various quantities of water were added to the amount of food. The water employed was pure, containing in sixteen ounces only 2.774 grains of solid substances, and 1.1036 grain carbonic acid. Abstinence from taking water led to the diminution of the secretions and excretions, principally those from the kidneys. Although the specific gravity of the urine became much increased,
yet not only the quantity of water, but also the total amount of solids excreted within a certain period was considerably lessened, and most so that of the urea, after which ranks the chloride of sodium, the phosphoric and sulphuric acids. Lesser was the decrease in the excretion through the skin and lungs. The stools were more bound, the tongue rather dry, the appetite defective. Increased ingestion of water caused an acceleration of the total metamorphosis of matter, which in some instances manifested itself more through the skin than through the other organs of excretion; in most cases, however, principally through increased flow of urine containing an increased amount of solid constituents; the increase was largest as regards urea, after which follow chloride of sodium, phosphoric acid, and sulphuric acid. These phenomena were accompanied by loss of weight of the body. On the days succeeding the increased ingestion of water the excretions were diminished, and the body gained weight.—[Archiv d. Vereins. f. gemeinsch. Arbeiten, and Medico-Chirurg. Rev.

EDITORIAL AND MISCELLANEOUS.

The Question of Poisonous Honey.—So extensively related are the interests of the Medical Profession, that there is no subject, however remotely connected with any branch of it, which is not worthy of our diligent attention. So liable to change are many of our apparently best established tenets, that, at the present day, no one is surprised to find some of the most settled and long accepted doctrines, brought into question, and subjected to the most rigorous re-examination. In the brief communication appearing under our original head, our respected correspondent has entered into an examination of an opinion which, for many years, has maintained its hold upon the convictions, not only of the people, but which has been scarcely ever doubted, so far as our knowledge extends, by the Profession. That honey sometimes contains elements which are deleterious to man, many facts, not only of occasional daily occurrence, will corroborate, but the long chain of testimony will be found even reaching back, far into the dim records of ancient history, connecting the familiar occurrences of to-day with the Mythic annals of the past. The first account we have of an accident from the eating of poisonous honey is that given by Xenophon, of the effect produced upon the Grecian soldiers during the celebrated retreat of the ten thousand after the death of the younger Cyrus, which, though it did not operate fatally, "gave those soldiers who ate of it in small quantities, the appearance of being intoxicated, and such as partook of it freely, the
appearance of being mad or about to die—numbers lying on the ground as if after a defeat."*

In more modern times, we have well authenticated accounts of the injurious effects of certain specimens of honey. The author just quoted states that he once knew a lady upon whom the eating of honey, or the drinking of mead, acted like poison, and that he had heard of instances of death from the same cause. That bees sometimes extract their honey from poisonous plants, there can be no doubt, and the results are not confined to individuals of a particular habit of constitution or idiosyncrasy. In the fifth volume of *The American Philosophical Transactions*, will be found an account by Dr. Barton, of an extensive mortality which was produced amongst those who had partaken of the honey collected in the neighborhood of Philadelphia, in the autumn and winter of the year 1790. "The attention of the American government was excited by the general distress, a minute inquiry into the cause of the mortality ensued, and it was satisfactorily ascertained that the honey was chiefly collected from the *Kalmia latifolia*." It is also said that a specimen of poisonous honey, which continued to retain its deleterious properties for a very long time, was sent from Trebizond, on the Black Sea, to the Zoological Society of London, in the year 1834, by Keith E. Abbott, Esq.

We might collect from various sources facts which clearly prove the occasionally noxious properties of honey, but these are certainly not sufficiently numerous to interdict its use, either as an article of diet, or as an occasional ingredient in pharmaceutical preparations, but at the same time these facts will serve to assist the practitioner, in accounting for any phenomena indicating poisoning, which may be observed, after partaking of this kind of food.

The argument, used by our correspondent, that the sagacity of the bee will be any protection against the sometimes poisonous nature of their honey, is by no means unanswerable. The instinct which directs and governs the actions of insects is truly remarkable, and, perhaps, in no race more conspicuously so than in the bee; but it must be remembered that this "mimic of the reasoning faculty" is an endowment to animals, which has direct reference, so far as we can see, to their own preservation and to the propagation of their own species, and does not refer in the least, except incidentally, to the welfare of man. The instinct of the bee may, in most instances, preserve him and his race from the toxic effects of the deleterious properties of flowers, and yet what has served as his *nutriment*, may be for man, a most destructive *poison*. The question, perhaps, cannot be definitely settled without further investigation, as to the frequency with which we are to find poisonous

* See Kirby & Spence.
elements in honey, but so far as we have examined the subject, the weight of historical record is greatly in favor of the opinion, that this delightful natural product has been often, the medium by which the most deleterious poisons have been introduced into the system. The question at the present time is, however, of somewhat less importance to the physician and pharmacist than formerly, when most of those preparations in which sugar is now used, honey was an important adjuvant. In its relation to honey as an article of food, the question still retains its pristine interest, and should our correspondent’s communication incite useful inquiry upon the subject, in this important relation, we feel assured that he will be much gratified by the result, whether it corroborates or contradicts his own present convictions.

Vaccination for Hooping Cough.—In presenting the following interesting correspondence, we regret that time has not been allowed to make such references to the records, as doubtless there are, as would tend to settle the question in dispute. The journals some years back, according to our recollection, contained numerous references to the subject, but we were not aware, till seeing the letter of Dr. Parkhurst, that the experiment had been tried at so early a date after the discovery of Jenner.

Decatur, Ga., August 24th, 1858.
Editors of Southern Medical and Surgical Journal:

Gentlemen,—The question, “Who originated the practice of vaccination for abating the symptoms of Hooping-cough?” is sometimes asked, and as it has been claimed to be of very recent origin, I beg to give you the copy of a letter which I received from an old practitioner of medicine.


Dear Sir,—I received yours of the 6th instant: “You ask me what success I have in treating Hooping-cough by vaccination with kine-pox matter, and with whom did the idea originate?” Forty-two years ago, this autumn, I moved to Petersham, and hooping-cough was prevalent at that time in this place. Dr. Jos. H. Flint, late of Springfield, was my predecessor. He was using at that time vaccine virus as a remedy in that complaint.

I have been in practice over fifty years, and whether it was in use at the time I commenced the practice, I am not confident, but I have the impression that it was.

Who originated the practice is beyond my power to tell. If you wish anything more definite, you can obtain it from Dr. James Jackson of Boston, an aged physician, and a man of great medical learning and
long experience—having been a Professor in the Medical College of Boston for many years.

You ask me, "What success I have had in the use of this remedy in the Hooping-cough?" It is my opinion, when used early in this disease, it mitigates the severity of the complaint, and many times, seems to cut short its career.

Truly, yours,

WILLIAM PARKHURST.

If this is of the least importance, you are at liberty to use the facts, or the letter, as you choose. Respectfully,

LEVI WILLARD.

Commendable to the Profession.—The Newbern (N. C.) Gazette, a high-toned and spirited secular paper, gives the following rebuke to everything which savours of Quackery:—"The Howard Association is informed that the price of admitting an advertisement of the length of the size it sends us, would be about $40. But we would not insert it under any consideration: Patent medicines, lottery, humbug and obscene advertisements, will never appear in the columns of this paper."

We have never exactly understood what connection that highly benevolent body, the Howard Association, constituted as it is, by the noblest, the most self-sacrificing and the most intelligent of our countrymen, may have with the advertisements found everywhere in the secular press, but certain it is, that if they do not indicate a felonious misappropriation of clarum et venerabile nomen, it is a most horrible prostitution of the spirit of that beneficent Association.

The Health of Augusta.—While we have to regret the prevalence of Yellow Fever in our sister cities—Charleston, Savannah, Mobile, and New-Orleans—we can but feel grateful for the unexampled health of our own city. "The official report," says the Chronicle and Sentinel of this city, "of the number of deaths in Charleston for the week, ending Saturday 18th (inst.), shows a total of 171—128 of which were from Yellow Fever, an increase of 25 over the previous week. Of the deaths by Yellow Fever, 99 were white adults, 23 white children, 3 coloured adults, and 3 coloured children."

This almost entire exemption of the coloured population is indeed remarkable, but yet not without precedent: in 1839, during the epidemic in Augusta, very few negroes died of the disease, more mulattoes and a large number of whites. So complete was the exemption of negroes, that many of them considered the disease intended as a special affliction to the whites.
Our own city still maintains its character for health, and there is every indication of the happy condition continuing. Some apprehension was felt by a few citizens when the Yellow Fever appeared in Savannah, but this was the only foundation for the uneasiness; every other circumstance is opposed to the disease appearing here. The very cleanly condition of our city, the prevalence of western winds, and the refreshing and wholesome showers during last month, are all conditions which did not obtain, immediately preceding either of the two epidemics heretofore in Augusta. In 1839, turnips were planted in the dry bed of the Savannah River, and in 1854, the corn crops in our immediate neighborhood were destroyed by drought.

We fervently hope, that an early frost may drive the destroyer from all those cities, now mourning under his sway.

"Honey catches more flies than vinegar."—Let us try honey.

—Notwithstanding the alleged noxious properties of honey, we have concluded to initiate a series of experiments which will be calculated to test its properties in a very important relation. Upon the result, we are almost willing to stake our reputation for good judgment, at least, in matters of this sort.

Did our readers have the opportunity we enjoy, of perusing the many "calls upon subscribers," "gentle hints," "plain talks," &c., in which courteous but urgent duns are presented to the subscribers of many of our exchanges, they would certainly come to one of two conclusions; either the readers of the Southern Medical and Surgical Journal are an unusually prompt corps of subscribers, or the Editors are very remiss in their calls for payment, as compared with those of other journals. The former of these, we are happy to say, comes nearer the truth; we have indeed, as a general thing, an excellent list of subscribers, who by their punctuality have afforded us but little excuse for showing our talents in the financial department of the Journal office, and while we have frequently had occasion to thank our patrons for our handsome list of monthly payments, we have not once, taken occasion to make any call editorially upon delinquents.

The Southern Medical and Surgical Journal has been, for years, a self-supporting periodical, notwithstanding the heavy expense attending its publication, and our liberal publisher, Mr. J. Morris, at the opening of the present volume, has considerably enlarged the work, trusting confidently to the high appreciation of our readers, and hoping that by their punctuality he would be saved from any embarrassment in carrying out the liberal arrangements he had contemplated for their benefit. These expectations have not been always met as fully as they should have
been; but on looking over the list of those in arrears, we are convinced—for many of them are our personal friends and familiar acquaintances—that a simple statement of their dues by us, reminding them that the payment is now important, will be responded to promptly by them all.

Our publisher has considerable weekly payments to meet, and depends mainly upon receipts of money from subscribers for their liquidation. The small sum of three or six dollars is but little to each individual subscriber, but the delay in receiving it, in the aggregate, frequently causes him much inconvenience. We know so well the business habits of that species of the genus homo termed "Doctor," that we can well account for any ordinary amount of delay attending their payments, and yet we know too, that of all men, they are the most liberal, just, and kind hearted—all three of these admirable attributes must now be put in requisition, for the money is in real demand. In closing this rather unusual editorial, we would say to each reader; "Before you leave the chair, enclose your Three, or your Six, or your Fifteen dollars in an envelope, with a short line, even in pencil-mark, with your name and address, and direct to J. Morris, Publisher, Augusta, Ga. Your name will then stand clear and unblemished upon our subscription list, and what is always gratifying to us as editors, we shall feel no fear of losing an intelligent and appreciating reader. "Losing a reader," refers to a certain surgical operation which Mr. Morris sometimes threatens to perform, which always proves fatal to the relation which we, as Editors, sustain to our subscribers. But we are baiting now with honey and do not intend that it shall even smell of vinegar. We wait in anxious but confident expectation the result of our entomological experiment, which perhaps would be better denominated, "An experimental inquiry into the relative value of Honey and Vinegar in the apprehension of Flies."

Navy and Army Appointments.—We are gratified to find that one of the two out of twenty-seven applicants, receiving the recommendation of the Medical Board for army appointments, was a Georgian:

Naval Appointments.—The Board of Naval Surgeons recently convened in this city, consisted of Surgeons Greene, President; Ruschenberger and Foltz, members; and Passed Assistant Surgeon Howell, Recorder. Twenty-seven candidates presented themselves for examination, of whom the following gentlemen were selected as qualified for the post of Assistant Surgeons in the United States Navy: Drs. Bertolette, of Pa.; Leach, of N. H.; Christian, of Va.; Megee, of Pa.; Gibbs, of N. J.; Burnett, of Pa.; and King, of Pa.

Army Appointments.—The Army Medical Board met at Richmond, in April last, and selected but two of twenty-seven candidates who were examined. Drs. J. H. Bill, of Pa., and J. H. Berrien, of Ga., were the successful candidates.—[N. Am. Med. Chir. Review.]
Professional Dignity.—The following independence of bearing towards those in high places, might well be expected from the physician, who could say to his King's messenger—"Tell his Majesty to wait."

Abernethy's Figs.—When Abernethy was canvassing for the office of surgeon to St. Bartholomew's Hospital, he called upon a rich grocer. The great man, addressing him, said: "I suppose, sir, you want my vote and interest at this momentous epoch of your life?" "No, I don't, (said Abernethy,) I want a pennyworth of figs; come, look sharp and wrap them up—I want to be off."

Laceration of the Perineum, occurring during Labor in a Girl thirteen years old; Conception having taken place at twelve years and three months. Dr. H. Bigelow reported the case.—The patient was a farmer's daughter, who was delivered of a child one year ago, being then 13 years and 11 days old. She was small, rather slender, and not particularly developed. The rent extended nearly to the top of the sphincter, from three-fourths of an inch to an inch up the anus, so that there was a constant tendency to the passage of feces, particularly when there was looseness of the bowels. The skin had formed over the laceration when Dr. B. saw it, and he advised the operation to be deferred; the patient recovered without it. She is now perfectly well, the upper part of the sphincter having assumed the function of the whole muscle. The child was of average size and perfectly healthy.—[Boston Med. & S. Jl.

New Hæmostatic.—After prolonged experience, M. Lami strongly recommends the following hæmostatic: R Decot. rhatamine, 300 parts; alum, 60 parts. If given internally, 70 parts of syrup are to be added. Internally, 10 drachms may be taken three times daily; while for external use it may be employed as injection or lotion.—Boston Med. Jl.

Sir Benjamin Brodie.—The Council of the Royal Society, London, have recommended Sir Benjamin Brodie to the Fellows as president of that most scientific body. As it is usual for those who are selected by the Council to be elected, Sir Benjamin will, in all probability be placed at the head of a society of which he has always been a distinguished member. Not only is he the leading and most eminent surgeon of that great metropolis, but he also holds a high rank as a philosopher and a man of science, so that the Fellows of the society may feel proud of his election.—[N. Amer. Med. Chir. Review.

Sound Common Sense and Quackery.—There are few more dangerous men in society than he who prides himself upon his sound common sense. Every one has met this man, and knows his characteristics well. He has no book-learning, and is inclined to be thankful that he has not; he is none of your recondite book-worms, full of cranks and nonsense; he is a thoroughly common-sense man. And so, without any special knowledge on any subject, he thinks himself qualified to decide upon all. He makes his own will in a plain and straightforward way, which involves his heirs in an endless chancery suit. He does everything in his own private and sensible fashion, and being always "open to conviction,"
ten to one but he falls a victim to the first plausible quack whom he meets. He eschews the mysteries of medicine, and laughs at the carefully-wrought theories of the treatment of disease. He trusts to the light of common sense, and adventures by its aid to grope obscurely amongst the complicated ropes and pulleys by which man's frame is guided, and to tamper with the delicate machinery, with about as much success as an ignorant land-lubber might have in adventuring to handle a ship's ropes in a storm, reefing when he should furl, and hoisting sail when he should scud with bare poles. Common-sense men delight in acting as their own physician; and this to be sure, they have a right to do; and, if they choose, to poison themselves with lobelia, salivate themselves with "vegetable" mercury, or line their intestines with antiseptic charcoal. We should be very little inclined to dispute this, their undoubted privilege. But they are commonly unwilling to confine the benefits of their common sense to their own proper person, and in their anxiety to extend them to other less sensible fellows they bring themselves within the range of sharp criticism. It is thus that we find ourselves called upon to concur in a vigorous rebuke inflicted by an inquest jury at Woolwich, upon a Mr. Clark, a dissenting minister. This gentleman, considering hydropathy to be based upon reasonable principles, and to be a more "sensible system" of medication than that recommended by the great men who have devoted their lives to the study of medicine, proceeded to apply his principles to the friendly treatment of an unfortunate man, afflicted with pneumonia, pleurisy, and pericarditis. He immersed his victim in cold water, and swathed him in wet bandages at the time that he was undergoing treatment by calomel. Gross deception was practiced upon the qualified attendant. The patient sank rapidly, and Mr. Clark, finding things look badly for him, beat a hasty but untimely retreat. It was too late to save the patient—if at any time he could have been saved. The jury included in the blame, Mr. Clark and the relatives; they greatly censured the blind assurance which could presume to meddle in a matter of life and death, the dangerous ignorance which could so mischievously blunder, and the unworthy deception which could counsel concealment from the attending surgeon. It is hard to say how many lives are snuffed out by sheer ignorance and stupidity. We chronicle but a tithe, and yet our gathering is abundant. Our sheaves overflow with fulness, and the sprouting crop of quackery almost defies the edge of the scythe.—[London Lancet.

Death of Foreign eminent Medical Men.—One of the most distinguished surgeons whom Ireland has produced, Sir Philip Crampton, lately died in Dublin in the 82d year of his age. We also notice, in the English journals, the death of Dr. John Snow, an eminent physician of London, well known for his researches on chloroform and other anaesthetics. Dr. Snow died from an attack of apoplexy, June 16th.—[Boston Med. and Surg. Journal.