PART I.—ORIGINAL COMMUNICATIONS.

ARTICLE I.

A case in which the Placenta was retained thirteen days after delivery at the full term—with recovery. By Geo. R. Grant, of Jefferson, Jackson County, Ga.

The separation of the placenta, is always considered by good accoucheurs, as the most important stage of natural labour.—We will not trouble the reader with extensive quotations, or multiplied references, to prove, what we are well aware, will never be denied by those who fully understand the subject. We freely accord with the following sentiment of Dr. Gooch;—“You generally find (says he,) that patients estimate their danger only by their sufferings; hence, as soon as the child is born their anxiety ceases; but if they knew the dangers attendant on the separation of the placenta, their apprehensions for their safety would scarcely terminate so soon.”*

It is a strange and interesting fact, that so few females fall victims to a process, confessedly fraught with dangers of the greatest magnitude. In no one of the operations of nature is the wisdom and the goodness of God more clearly illustrated, or the wise adaptation of the cause, to the effect, more evident than in the subject under consideration.

* Gooch’s Midwifery, page 146.
The principal danger to be feared from a retention of the placenta is hemorrhage; which may be produced by a partial separation of it from the uterus, leaving open the mouths of a few bleeding vessels; or it may be entirely detached, and retained within the cavity of the organ, from rigidity of the os uteri, or other causes, its bulk preventing the degree of contraction necessary to close the extremities of the bleeding vessels. A case of the latter description having lately fallen under our notice, we offer it more for the circumstance of its long continuance, than for any thing else new or surprising, connected either with the case, or its treatment.

Mrs. D., of this county, was delivered on the 12th of May last, in the evening, of her first child. Nothing unusual occurred during the accouchement. The labour, for the first one, was considered by the midwife, easy and expeditious. Immediately after the child, followed the entire chord, which had given way close to the placenta. The cord breaking thus early, and the placenta not coming away, after waiting several hours, the midwife being alarmed at an occurrence so unusual, advised that a physician should be sent for; and the services of Dr. Wellborn, who resides in the neighbourhood were engaged.—The doctor made several efforts to extract the placenta, which proving abortive, he had recourse to ergot, which was administered regularly during the night, with the effect of inducing severe and continuous uterine efforts, but without producing the desired effect. On Friday, the 13th, Dr. Wellborn left Mrs. D. with strict orders to the nurse—the midwife—to keep the patient's bowels open with castor-oil, and to continue the ergot at stated intervals. The ergot was continued, as directed, until the pains became so intolerable, and the patient so restless, as to induce the nurse to believe, "that the woman"—to use her own expression—would go into fits; and she discontinued the medicine. Nothing more was done until Sunday evening, the 15th, when Dr. W. was again called in. Finding that the ergot had not been used according to his direction, he again prescribed it, with the same effect as before, namely, severe uterine pain without expulsion. Seeing himself foiled in this, his only seeming resource, Dr. W. advised a consultation, and I was sent for between midnight and day. I arrived early on Monday morning, the 16th, and the fifth day of the patient's suffering, and
learned from the doctor, the foregoing history, with the additional fact, that the patient had had a slow but continual hemorrhage from the beginning.

Mrs. D's general appearance was truly alarming; her countenance was expressive of severe suffering, the ergot producing almost constant grinding pains; her pulse was frequent, weak and cored, and her abdomen exquisitely sensitive. The tumour produced by the retained placental mass, could be distinctly felt through the abdominal parietes; the slightest pressure on it could not be borne without intense pain. To satisfy myself of the condition of the os uteri, and to ascertain if extraction were not still practicable, an examination was proposed and consented to, not without great reluctance, however, on the part of the lady; and who could blame her? as the parts had become extremely tender from frequent examination, and the irritating quality of the discharge. My left hand was placed on the abdomen, immediately over the tumour formed by the placental mass, and the pressure gradually and gently increased until it was sufficient to push the tumour from the right iliac fossa where it was situated, towards the symphysis pubis.—Having secured it there, the index finger of my right hand was introduced, per vaginam, slowly and cautiously. The complaints of the patient were boisterous during this stage of the examination, and when my finger reached the os uteri her agony seemed very great. I examined it, however, in the most gentle manner possible;—found it tumefied, its lips thickened, closely approximated and rigid. My object was, if I had found the os dilatable, to have gently opened it with the fingers of my right hand,—to have borne down the retained mass with my left from the pubis, where I had it confined, towards the vagina, and extract it if possible. The condition of the parts rendering this impracticable, the examination was discontinued. As putrid portions of the placenta were being discharged continually with the blood, and other fluids from the uterus, the smell which I encountered during the examination was, to say the least of it, superlatively foetid.

I proposed to Dr. Wellborn, to give the patient a full dose of laudanum to ease the pains produced, and still kept up by the ergot which had been administered; and that a broad bandage—which had been neglected—should be applied to the abdomen;
Remarkable Retention of the Placenta.

gradually and gently tightened, as the patient could bear it, until it afforded the necessary support. These means had a magical effect over the uterine contractions, and the abdominal tenderness. Mrs. D. expressed her feelings of comparative comfort, in strong terms, shortly after their application.

In the consultation we advised that no more ergot be used, and no further efforts at extraction be permitted, at least for the present. The course of treatment advised was the following, namely: That the parts be kept clean by injections of strong chamomile tea, containing half an ounce of chloride of soda to the pint. These injections were to be frequently repeated, and used moderately warm. The bowels were to be kept open by pills composed of equal parts of aloes and rhubarb, with a small portion of tart. antim.—one-eighth of a grain to the pill—one to be taken three times a day; and if that number operated too freely on the bowels, the dose to be reduced to two, or even one, in the twenty-four hours; the object being to procure one or two consistent evacuations daily. The tinct. sulphuric. acid. aromat. was recommended in small and frequently repeated doses, to be taken in sweetened water sufficient to make a pleasant acid drink. The diet to be light and nutritious. The patient's head and shoulders were to be kept elevated to assist the escape of the fetid discharges; and her friends were requested to give information on the slightest recurrence of unfavorable symptoms. Dr. W. agreeing to this course, and the necessary instructions having been given to the lady's friends, we separated.

Dr. Wellborn examined Mrs. D. on the seventh day after the consultation—as I have been informed—and from the entire absence of putrid smell, and hemorrhage, and other attendant circumstances, pronounced her clear of every particle of the placenta. This, however, proved not to be the case, for on the fourth day after his examination, a large mass, the remains of the old placenta, was discharged: both mother and child are doing well.

Remarks.—The most remarkable circumstance connected with the foregoing case, is the great length of time—thirteen days—during which the placenta was retained. That it was detached from the uterus, immediately after the birth of the
child, we have every reason to believe. The midwife says she could feel it before Dr. W. was sent for, but was afraid to extract it. Dr. W. says he felt it, and hooked his finger into it, but could not bring it away, because of the crippled situation of his hand, having lost most of the fingers from his right hand when a boy, by the saws of a cotton gin. Might he not have introduced his whole hand, into the uterus, and then been able to bring away with it, the placenta? “A man must have the hand of a giant,” says Gooch, “if it will not pass through the space which has just admitted the descent of the child.”

The danger which we apprehended most, was the superinduction of an adynamic state of fever; the consequence of the absorption of putrid matter. This state of things did not supervene, and we think that to the chloride of soda, in particular, must we look as the prophylactic. Never was its power in correcting putrid effluvia more signal. To its use, therefore, we are disposed, in a good degree, to ascribe the safe termination of the case of Mrs. D.

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ARTICLE II.

Case of Fracture and depression of the fifth Cervical Vertebra, with Paralysis. By B. B. Strobel, M. D., Lecturer on Anatomy and Surgery, Charleston, S. C.

SOMETIME in the month of September, 1833, I received a note from Drs. W—— and D——, requesting me to visit a patient, and to bring my instruments for trepanning. I immediately complied with their request. On entering the chamber I saw the patient lying on his back in bed, with his shoulders elevated. He was a negro, named Billy, of about 40 years of age. His pulse was full, soft, and slow. There was an extensive lacerated wound of the scalp, a large portion being separated from the cranium. I introduced my finger into the wound
but could discover neither fracture nor depression of the bone. Respiration was slow and laborious, being carried on entirely by the diaphragm, which caused an alternate rising and sinking of the abdomen, as the air was inspired or expired. The patient was completely paralysed below the shoulders. Upon pricking various parts of the body he experienced no sensation, except just above the clavicles, and on the top of the shoulders. He complained of no headache, his mind was calm and tranquil, he conversed rationally, and said he felt no pain.

A single glance at the case was sufficient to satisfy me of the nature of the injury. I, nevertheless, asked the physicians in attendance, what operation they proposed, and with what intention? They replied, that it was their intention to remove a portion of the cranium corresponding to the wound of the scalp, for although there was no fracture or depression of the bone, they thought the symptoms of compression on the brain, were sufficiently great, to justify an operation. I dissented from their judgment, and gave it as my opinion, that there was not a single symptom present, indicating pressure on the brain, and I was well satisfied that the cause of paralysis must depend on pressure existing in the course of the spine.

In order to bring them to the same conclusions as myself, I first requested the patient to give us a history of the accident. He stated that "he was a seaman on board of a schooner, and that his vessel had been employed in getting up an iron chain-cable, with an anchor attached to it. To accomplish this, two blocks and a tackle were used—being attached on the one hand to the mast head, whilst on the other, they were connected with the chain-cable. Six or eight men were 'bousing' at the fall, whilst Billy took in the slack, around a cleet, near the deck.—This required him to stoop low, with his head bent down towards his breast. A considerable quantity of chain had been hoisted in, and by the approximation of the blocks towards the fixed point, elevated nearly to the mast head, when suddenly the strap of the block gave way, and the blocks, tackle and chain descended with great violence. The patient received the block on his head, whilst (I presume) a portion of the chain struck him on the back of the neck. He further stated, that as soon as struck, he instantly fell, and although he never lost his recollection, was immediately deprived of all sensation, and power of motion in his legs and arms."
I next proposed an examination of the spine. The shoulders of the patient were carefully raised up, and I passed my finger down the spinal column. On reaching the spinous process of the fifth cervical vertebra, I discovered an evident depression, the slightest pressure at this point induced the patient to complain.

The Physicians in attendance were soon convinced of their error of judgment, and satisfied that no good would result from the operation of trepanning. Indeed, there appears to me to be but little difficulty, in distinguishing between pressure on the brain and spinal marrow. Independently of the symptoms which indicate an interruption of the cerebral functions, we rarely have paralysis of both sides of the body, occurring from pressure on the brain. Were it possible for pressure to exist on the brain to such an extent, as to paralyze the whole body below the shoulders, death would instantly ensue, as well from the interruption of the cerebral, as a cessation of the vital functions.

What should be done under these circumstances, was the next consideration? The patient evidently could not live many hours in his present condition. The prospect of relief from a surgical operation, was hopeless, and the best surgeons are of opinion, that any interference of the operator under these circumstances, would be useless and hurtful. I advised the application of fifty leeches along the spine, and a stimulating injection. I again saw the patient after the expiration of a few hours. The injection had passed involuntarily, and the bladder having lost its contractile power, was distended with water. I therefore introduced the catheter and drew it off. He was insensible to the introduction of the Catheter, as well as to the administration of the injection. There was no erection of the penis, which according to most authors, usually takes place, in such cases as the present.

I saw the patient early on the next morning. He manifested not the slightest symptoms of returning sensation—was incapable of moving his limbs, but perfectly rational. His pulse was slow and languid. The injection had passed involuntarily during the night—it was repeated. Some thirst—for the allayment of which, he was directed to take cold water in small quantities. The bladder had again become distended with wa-
ter, and was evacuated. A blister about two inches wide was applied along the whole course of the spine. The condition of the patient remained unaltered to the time of his death, which occurred in about 48 hours after the accident.

It is worthy of remark, that this patient enjoyed the full, and uninterrupted possession of his mental faculties, and conversed rationally, until within a few moments of his dissolution. The whole of the body below the point of injury, was to all intents and purposes dead, for forty eight hours, and yet the mind continued to think and reason, a most conclusive proof, that the brain is the material organ, through which its manifestations are developed.

Post Mortem Examination.

There was no appearance of inflammation about the brain, but some venous congestion. The lungs were in a normal condition, but of a darker colour than natural from congestion. The other pectoral organs exhibited nothing remarkable. The intestines as well as the liver were sound. The internal surface of the stomach, was slightly tinged with a blush of inflammation, and contained portions of undigested food, which had been eaten before the accident, evidencing a partial, if not a total cessation of the digestive function. In examining the spine, I discovered that the fifth cervical vertebra, was fractured at the point where the roots of the spinous and transverse processes unite to form the vertebral laminae. The posterior portion of the bone being forced into the vertebral canal,—the upper portion of the fragment had been driven in with such force, that it not only ruptured the ligamentum dentatum, but had made its way through the proper membrane of the spinal marrow, into its substance. There was a considerable effusion of blood, evidences of great inflammation in the spinal marrow.
ARTICLE III.


I am perfectly aware of the numerous difficulties with which I have to contend, in arranging and placing before the profession the doctrines intended to be inculcated in the progress of the present essay. Situated as I am, in the interior of Georgia, deprived of access to extensive libraries, I may present many thoughts which are old, yet they strike my mind as true, and as such, I offer them, and hope that if they are not true, some one possessed of more advantages and a better intellect, will undertake the subject, and correct the impressions that now prevail.

The science of medicine has within the last half century, improved almost beyond the hopes of its most devoted followers, and is still marching onwards, unfolding the mysteries that encircle many subjects of deep and lasting importance to the practice of medicine. In physiology, by thorough and diligent investigation, we have advanced on many subjects, almost to the verge of perfection, yet the field is wide open, and much remains to be done; old theories must give way and new ones spring up, and be perfected under more auspicious circumstances.

We generally imagine that the exposure of certain organs, during the performance of their functions, will completely demonstrate their secret and mysterious nature; but conclusions derived from this development, must necessarily be exceedingly erroneous, because, many of these functions are greatly modified, nay, some entirely changed by the exposure which is necessary for inspecting them; yet, I admit that much has been done in this way, that may lead us a considerable distance on the path to improvement.

Amongst the most intricate and obscure of all the animal functions, we find secretions perhaps the most obscure. I have looked with diligence into the various works on the subject, but have not been satisfied; nor am I with my own observations, although they have a strong tendency to convince me that the ideas thrown out in the following pages are founded in truth, and
probably are the true interpretations, though imperfect ones, of the functions, yet I must acknowledge the diffidence with which I offer them for the consideration of the faculty. To simplify the subject as much as possible, I shall assert that all secretions in the human body are the result of mechanical structure, or organization of the blood and vessels, aided by chemical affinities, and the whole the result of the circulation.

It has been proven beyond a reasonable doubt, that the mass of blood is composed of integrant particles, which particles possess a globular form, and float in an aqueous fluid. Richerand says, "its colour is owing to a prodigious number of globular molecules, which move and float in an aqueous fluid;" and again, the same author says, "they are solid and formed by a nucleus or red point, covered by a membranous vesicle, which appears to be readily formed or destroyed." Dr. Thompson, of Edinburgh, in his experiments instituted for the purpose of illustrating the phenomena of inflammation, came to the same conclusions. He says, that he distinctly saw the circulation going on in the web of a frog's foot, which was sufficiently transparent to allow him to observe the globules follow in quick succession one another, through the capillary vessels. He speaks of these globules every where, and is firmly convinced of their existence, and so may any member of the profession, if he will procure a microscope and test the fact by ocular demonstration. Nothing more need be said of the spherical shape of these particles of blood, for it is the necessary result from the nature of their constituent parts. There can be little doubt, that the red point is nothing more than a fluid embraced and compressed on all sides by a membranoid substance, which enveloping it in this manner will give it the globular form.

When blood is drawn from the body we first observe the phenomenon of coagulation which will take place under various circumstances of heat, cold, exposure to and exclusion from the air. We next witness a still more remarkable fact, its separation into serum, coagulum and fibrin. This has been attributed to various causes, such as gravity, and particularly to a vital movement of the denser particles by which the serum is separated, but I am convinced it depends on a cause utterly distinct from this vital movement among the particles; on the contrary it is the consequence of the destruction of a degree of organiza-
tion which the blood possesses, and which will take place more or less suddenly in proportion as that organization is affected by the condition of the whole system. Now if these molecules or particles do exist in the mass of blood, the enquiry arises, for what purpose are they destined in the animal economy, if they are to retain their globular form? It is clear, since the particles of blood have a form and definite size, they are to a certain degree divisible, and that their destination is to repair the ravages committed on the system, by the daily and momentary demonstrations which take place in the phenomena of life.

All the solids are evidently derived from the fluids, and even the smallest vessels which contain them, are supplied by the destruction and consumption of the particles of the blood; they must, therefore, lose their globular form, before they can by the process of nutrition become component parts of bone, tendon, muscle or nerve: this I conceive to be clear and needs no further investigation. The second enquiry then arises, how is this change effected, and where? It is altogether unnecessary to enter into a minute anatomical account of the circulating system, but simply to mention, that its centre, the heart, is composed of four cavities, each being well supplied with strong muscular fibres, which by their contraction force the blood into the arteries which is thus forwarded to every part of the system, and is brought back again by the veins; but not until it has passed through an intermediate set of vessels called capillaries, partaking both of the nature of arteries and veins. They are of various sizes, from those whose calibers can be measured, to those which are invisible to the eye; moreover, many cannot be seen, even with the aid of powerful glasses. No anatomist has ever demonstrated to the sight, that vessels circulating a fluid, exist in tendons, ligaments, or cartilages in the healthy state, but if either be cut off from a communication with the heart, death is the inevitable consequence at a period more or less remote. Who has not seen an inflamed tendon freely injected with red blood and consequently when rent, unite by granulation, similar to that which we observed in granulating muscle; an incontrovertible evidence, not only of the existence of those vessels, but also of the extreme minuteness of their caliber, showing conclusively, that the globular form must change, and also where this change takes place. No one will contend, because these
tendons, cartilages and ligaments are white, that they are nourished by a matter only slightly animalized, but rather that the red blood does not communicate its colour, yet they possess a degree of vitality far superior to that of chyle, which has been only under the influence of vital action for a few minutes. I do not wish to be understood, that the whole mass of blood immediately after it leaves the heart, is possessed of the same degree of elaboration, for if so, how would it be possible satisfactorily to account for the difference of excitability of organs; as for instance, between the cartilages and the retina—the same material will not produce these organs indiscriminately. The blood which we see in an inflamed eye, is the result of the increased capacity of the capillaries, not effusion, for if so, it could not be removed only by absorption, which is not the fact. The same is true with regard to some congestive diseases of the lungs and the mucous tissues generally. If this is conceded, it follows as a necessary consequence, that the accretory process is carried on by a deposition from a highly vitalized fluid—that when these molecules reach these capillary vessels in a healthy body, they must either be capable of passing through unchanged, or they must suffer a diminution of their capacity; they cannot remain in the vessels and be stationary, neither can they recede, the constantly advancing column behind preventing a retrograde motion. A change therefore must take place, and we are told by some authors, that these molecules or globules can be seen changing their diameters when compressed by the vital action of the capillaries, and become more or less elliptical, till finally the encircling membrane gives way, allowing the contained particles to be exposed to the action of the glands, or in other words to enter in the composition of muscle, tendon, bone, &c. and the parts unfit for such purposes to be excluded. I do not believe that all the molecules are thus broken in every revolution through the arterovenous circle; on the contrary, many return to the heart in the same form as when they left it, and it is very probable that these molecules do not suffer this revolution until they have gone through this circle several times, and it is presumable that sanguification is not entirely perfect until then. It is very unlikely that a fluid taken up but a few minutes before from the various masses which are found in the stomach and bowels, should after so slight a degree of elaboration in the lymphatic
glands, be immediately constituted blood, fit to repair the waste which is the consequence of every exertion. Where shall we lay the distinction between blood and chyle, if this be the fact? We are told that out of the subclavian vein it is chyle, and can it become blood simply by mingling with the blood in this vein? I imagine that no one will contend that it is, but that the change is effected in the heart, and for this purpose is the peculiar arrangement of muscular cords in the auricles and ventricles, and not for their contraction, because this can be, and is, effected without this peculiar arrangement. My ideas on this subject received considerable corroboration from the fact, that colouring matter is not detected in the bones of animals until they have been fed for some days, but is immediately detected in the glandular secretions, proving almost conclusively the fact, that these particles do go several times through the circulation, before they are deposited.

The observations of Mr. Cruickshank strengthen this conclusion; he says, that the absorbent vessels arising from arteries and veins, never take up blood unless it be the result of some violence. What then is the duty of the absorbents?—Certainly to effect a change upon the unperfected fibrin, which from its importance in the animal economy, cannot be so suddenly formed as is usually imagined. The existence of this fibrin in the blood does not depend upon any chemical act, that is, it is not united to either serum or colouring matter, for simply by agitation it will remain with either, and may, by violent agitation, be separated from both, and can be washed white. Nor is the fibrin diffused loosely through the blood, but on the contrary exists in the mass as the enveloping membrane, giving to the globules their form. The third enquiry now arises: what is the result of the change of this form? We have shown that by the contraction of the heart, and aid of the arterial system, the blood is forced into every part of the body through the capillary vessels; some portion of the general mass to be taken up by the absorbents, to undergo new elaborations; some to continue the round of the circulation through the larger capillaries into the veins and thence to the heart; some to be forced to the surface to be thrown off by means of the cutaneous exhalants; some to the mucous surface of the intestinal canal; some to the various cavities of the body, &c. &c., these being the excre-
mentitious parts of the blood, which from their superabundance, or their having been rejected, are deemed unfit for the performance of any useful functions, and when thrown off, serve either by their evaporation to diminish the temperature, or to lubricate parts requiring lubrication, and finally the perfected blood yields over to the body its component parts to form bone, tendon and muscle with its appendages.

All these different arrangements and the results of their action on the blood we know, but the precise manner in which it takes place, cannot in the present stage of the science be satisfactorily accounted for. I disclaim any belief in transudation through inorganized parts as a healthy function, and am also convinced that the mechanical influence which prevailed some time since, is equally incorrect, in as much as chemical affinities have to do in the act of secretion, and the system is amply provided with the apparatus necessary for its action.

Having now gone through the observations intended to be made on this subject, I conclude by stating in distinct propositions, the deductions which may be drawn from them.

1st. That the globular shape is essential for perfect blood.

2d. Before these globules can be subjected to the assimilating process, they must be broken.

3d. This change is effected by the vital action of the capillaries.

4th. Secretion is a process established by certain arrangements of glands, to throw off from the body those substances which are unfit for nutrition, or superfluous, or which are to be used in other parts, and whose usefulness can only be acquired by this process.

Whether these deductions be admitted or not, I can only say they are founded on observation, and deduced from facts, which made a strong impression on my mind. I repeat it again, if they are not true, I will be much obliged to any one, who will demonstrate their incorrectness.
ARTICLE IV.

Remarkable Osteo-sarcomatous Tumour in the person of H. A. Franklin, late of Columbia County, Ga. with Remarks and Notes. By George K. Holloway, M. D., of Warrenton, Georgia.

Dr. Holloway has kindly presented us with a minutely detailed history of the above named case, in the words of the unfortunate subject of it, Mr. Franklin himself; which being as well drawn up as could be expected of an unprofessional man, we shall give it entire.

Description of a singular Case of affliction.

I, Henry Augustus Franklin, was born on the 9th of February, 1800, and from my childhood up to manhood, enjoyed uninterrupted health; and being blest with a good constitution, and having for the last 4 or 5 years been singularly afflicted, am desirous of giving in my own language, a short history of my case; to wit:

In October, 1831, I was attacked with intermittent fever, which continued about two months. After the fever had apparently left me, I was troubled with a great enlargement of the spleen until the following February. During this time I was attacked with severe pain in the right hip, which I thought sciotic or rheumatic, and treated it accordingly, without finding any relief. In January, 1832, my health somewhat improved; I began to work, and continued at work until May; my health continued to improve, but the pain still continued. In feeling my spleen often, during this time, which I discovered was reducing very fast; about the last of February, of the same year, I felt something of a hard substance of rough bumpy shape in my right groin, which was firmly seated in the cavity of my right hip. During the time from February on some months I felt that the action of my right leg had failed, particularly when lifting any thing; running or going up steps, &c.*

*About this time Mr. Franklin suffered very much from carbuncles, which were very numerous on the whole of the right or diseased side, and particularly so in the vicinity of the tumour, and some of them were quite large.
Feeling much alarmed, I made early application to Dr. David Cooper, of Wrightsborough, who after examining the case, stated that he had no knowledge of it, and recommend me to go and see Dr. Antony, of Augusta, whom I visited in March of the year 1832. Dr. Antony after some reflection recommended the use of Iodine Ointment, which I used constantly for two months without receiving any benefit. Several of my friends believing it to be rheumatic pains, recommended me to blister plasters, which I applied, and kept it sore and running for several weeks, which instead of benefiting, injured me very much. The pain continued intensely, and my friends yet believing it rheumatism, I was advised to visit the mineral springs. I went to the Indian Springs and bathed and used the water for more than a week, and receiving no benefit, I went to the Warm Spring,* in Meriwether County, where I spent eight or nine days, bathed frequently, but found no relief. I returned home much worse than I left it, owing to the fatigue, hard lying, &c. the pain in the hip joint still increasing; so much so, that I could not sleep. When at the Warm Spring, not being far from Columbus, I went there and saw Dr. Cooper and Dr. Nicholas Childers, a man of much skill in his profession, who examined me, and was somewhat of opinion that an operation would prove successful, if the warm season had passed. The pain still increasing and the thigh shrinking a little.

On my way home, I called on Dr. White, of Milledgeville, who very politely invited Drs. Fort, Boykin and Brown, to associate with him in an examination of the tumour, which had very much enlarged by this time. After a careful examination by them, Dr. White inclined to the opinion of cutting the tumour out, and was of the opinion that it might be done with safety. The others differing with Dr. White, and thinking it impracticable, he would not undertake it without their assistance and concurrence. From this time on to November, I suffered the most excruciating pain, my leg gradually shrinking and the tumour enlarging, yet I was enabled to walk without the aid of cane or crutches, and my general health was good. About the last of November, I determined to go to Augusta, as the Medical Faculty were in session, to see if I could get any thing done to

* The Warm Springs in Meriwether County, Ga. are said to be useful in some cutaneous diseases, terrors, &c.
relieve my pain, which was now almost insupportable. On my way to Augusta, I called on Col. Z. Williams, and his son Dr. R. Williams requested, (if the board of physicians should not do any thing for me) to call as I returned and spend sometime with him. When I arrived at Augusta, I was examined by many of the medical men, who did not advise any course particularly for me to pursue.

I came to Dr. Williams very much disheartened, and suffering so much, that I did not think I should long survive.

Dr. Williams put me under a strict regimen or diet, restricting me in my food, and giving me gentle purgatives, until he reduced me very low. Towards the latter part of January, 1833, I had lost the use of my leg, which was probably occasioned by my lying in one position such a length of time; the tumour still increasing, yet I believe the pain was not so severe. In February, I returned home, and began eating more, and my leg began to gain strength, which was the case from January to September. I did not restrict myself so much in my diet, and was able during that period to walk about the neighbourhood, nevertheless, I was never a moment free from pain, and it was very painful for me to sit any length of time. The pain was all the time in the right hip joint.

Believing from the first appearance of the tumour that nothing short of an operation would relieve me; and having during the summer become acquainted with Dr. Holloway, he was of the opinion that it could be taken from me successfully, by the skilful surgeons of the north. Dr. Holloway immediately wrote to Drs. McClellan and Hewson of Philadelphia, stating the progress of the case, who promptly answered him that from what he had stated, they believed it could be taken from me successfully. He gave me letters of introduction to them, and on the 11th of September, 1833, I started for New-York.

At Augusta, my friend Dr. Antony visited me, and advised me as I had started, and as my mind was made up to get all the medical skill in my reach, to go on, and accordingly gave me a letter of introduction to Dr. Dickson of Charleston, also one to Dr. Mott of New-York. At Charleston I was visited by Dr. Dickson and several other intelligent medical men, who examined my case strictly, and gave as their opinion, that no surgeon having any regard for his professional character would
operate on me. I remained in Charleston 7 or 8 days, during part of which time I was very unwell; the tumour continually increasing in size, but never painful. After I got over my seasickness, I began to improve very fast in my general health, and when I reached New-York, my strength was much greater than when I left home, and the pain in my hip not so excruciating as before.

At New-York, Dr. Valentine Mott examined me very attentively and was clearly of opinion, that an operation would produce certain death. His words were, "I would as soon cut your throat to save your life, as to cut that tumour from you with the expectation of saving you." At Philadelphia, Drs. McClellan, Hewson and Patterson, examined my situation, and all of them, except Dr. McClellan, were opposed to having it cut from me. He stated, that he believed he could extract or take it away without endangering my life; but was of opinion if taken away it would return again, that it was a disease of the blood. I did not see the venerable Dr. Physick, although I had a letter of introduction to him, and my brother called twice at his residence, yet he was so closely engaged in an important case from Missouri, that he never saw me. The pain in my hip still continuing and the tumour enlarging. Dr. Mott wrote to Dr. Antony on the subject, in answer to his letter, which had recommended the use of Iodine. From Philadelphia I went to Norfolk via Baltimore, and was there visited by several medical men of the borough, who looked upon my case as an unparalleled one in the history of diseases.* Dr. Mott was the only one who stated that an almost similar case had fallen under his observation. From Norfolk we returned to Baltimore, and from thence took passage in the brig Gen. Marion, to Charleston, where I arrived with my health much improved, and in three days after, reached home about the 20th of October. During the fall and winter I enjoyed very good health, although

* We think we have seen a case somewhat similar in its nature, it was a tumour that imparted to the touch the same feeling. By the attending physician it was thought to be an abscess, it was accordingly punctured several times and discharged a thin white healthy matter or pus. This tumour was also situated low down in the right iliac region, and extended nearly across the lower part of the abdomen, but was not near so large as Mr. Franklin's. The subject was a female, it eventually proved fatal. In this case no post mortem examination was made.—G. K. H.
the pain continued very severe and the tumour continued to enlarge.

About twelve months previous to this time, I suffered much pain in my right leg from my hip to my ankle at intervals—so severe, that it seemed as if some person had hold of the nerves, jerking them.

My health continued very good until the 1st of September, during which time I was able to walk about the neighbourhood, by resting frequently; my thigh and leg having shrunk to a mere skeleton of a limb. About the 1st of September, 1834, I was taken with an ague, and fever succeeded it, and both continued on and off for two weeks; at this time my thigh commenced enlarging at my hip, and my ankle also became swelled, which would appear and then recede for several days, until the swelling passed over the whole limb, and has remained so ever since. In the latter part of November, I had a severe ague, and when the fever came on, from my ankle bone to my arm pit on the right side appeared as if mortification would soon follow. I called in Dr. McCraven during this time, who succeeded in stopping the fever, and by poulting the part inflamed, it at length recovered its healthy appearance. All this time the pain was intense and the place still enlarging. During the spring and summer of '35, I became able to go about with my crutches; at this time the course of the tumour was such as to throw my hip entirely out of joint, which it effected slowly, but attended with indescribable pain.* This was very apparent from the twisted position in which my foot and ankle were placed; and during the summer Dr. Williams visited me, and had no hesitancy in declaring that the hip was out of joint. I continued pretty much in this situation, suffering extreme pain, until about the 1st of November, when I was taken by another ague which lasted for several hours and left me prostrate. Soon after this, large blisters formed on my leg, and run much water, then became sore and appeared like the worst kind of ulcers. They however soon dried up. In the course of three weeks I had another ague which carried me back to my former prostrate condition; similar blisters formed and similar sores upon

* The head of the femur was to all appearance completely luxated; and in the fall of 1835, and up to the time of dissolution, the right limb was generally several degrees colder than the left.—G. K. H.
my leg, which in the course of two or three weeks would dry up. In January, 1836, I was taken about one o'clock with an ague, which continued on me till after three. From that time to the present, I have been helpless; my leg and thigh large, apparently ready to burst, blisters formed and running sores came in their places. The tumour has been constantly growing, and a few days ago some blisters formed near the rough points of the tumour, and on pricking them with the point of a needle, matter issued from them; and now a hole sufficiently large to take in the end of a walking cane has opened, and large quantities of matter run from the place daily and hourly, of a light cream color and not offensive to the smell.—For the last month or two the pain in my hip, knee and ankle has not been as severe as it was previously. During the whole of my severe affliction which has been upwards of four years, a great many prescriptions have been given, and I have tortured myself with many applications without receiving any benefit. My only medicine, since I returned from New-York, in 1833, has been opium and Laudanum, which I have used unsparingly, and it is all that has in the least mitigated my sufferings; therefore, I would recommend it to all who are similarly situated.

Dr. Holloway has also furnished us with an account of the post mortem and autopsic appearances, together with some additional facts appertaining to the case; amongst which is a reference to a slight injury of the anterior superior spinous process of the ilium of the right side, previous to the appearance of the disease, which he supposes to be, and we think very correctly, the exciting cause of this dreadful case. The rest of the additional facts will be found in the notes of Dr. H. appended to Mr Franklin's narrative.

Mr. Franklin died on the 5th of March last. The following is Dr. Holloway's account of the post mortem and autopsic appearances.

On the morning of the 6th of March, being eighteen hours after death, we proceeded to the autopsic, in the presence of Dr. Henry Lockhart of Warrenton, Dr. Edward Jones of Wrightsboro; Mr. S. Irby, a medical student, and several respectable gentlemen.

External appearance. The countenance natural, with the exception of being very much shrunk and wasted by disease.
The body appeared as that of a person labouring under dropsy, only very much larger. The right lower extremity was enormously swollen—the foot elephantiastic—the left limb was a perfect skeleton in comparison—the arms literally skin and bones.—The stench arising from the body was peculiar in kind, and extremely offensive; for the correction of which we washed the body, and injected the cavity of the tumour through the ulcerated opening with a disinfecting liquor—concentrated solution of chloride of soda. The integuments for 12 inches around the opening into the tumour, were sphacelated. Such were the external appearances.

**Autopsic.**—A crucial, incision was made from the scrobiculus cordis, to the symphysis pubis; and from the anterior superior spinous process of one side, to that of the other. When the flaps thus made were turned aside, the tumour only was brought into view; the rest of the abdominal contents being completely hid, except the omentum, which was very much shrunk—very small—not more than one quarter of the usual size, and appeared very much like that of a person who had for a long time laboured under chronic dysentery or some other chronic inflammatory affection of the abdominal viscera. Upon dipping down and bringing into view the stomach and small intestines, they presented an anomalous appearance, evidently shewing the ravages of disease. The spleen was more than twice its normal size—the kidneys of more than three times their usual size—the pancreas very nearly obliterated—the liver very much enlarged and deeply tinged with bile—the gall bladder more than five times its ordinary diameter, and full of bile—the blood vessels generally, but more especially the larger, in a state of high inflammation. Such were the phenomena presented by the viscera of the abdomen.

The thorax was next examined: the lungs healthy—the heart very much enlarged—the blood vessels very similar in appearance to those in the abdominal cavity—the villous or mucous coat of the bronchia not injected.

The tumour completely filled the whole of the abdominal cavity, except a very small space in the left hypochondrium.—It appeared to have originated and proceeded from the anterior superior spinous process of the ilium of the right side, and to be closely and firmly attached to the whole of the
Remarkable Osteo-sarcomatous Tumour.

inner concave surface of that bone, dipping down and covering the whole internal surface of the pubis, part of the ischium, almost the whole of the sacrum, and adhering on the right side to the whole of the lumbar vertebrae and from the centre of the dia-

phragm near the heart, protruding through the abdominal ring below Poupart's ligament, and under the fascia lata of the thigh to within a few inches of the knee.

Great care was not taken in dessecting out the tumour, consequently all that part below Poupart's ligament was left un-
touched in the thigh, and in some places where it was dissected it was certainly not less than an inch or two thick.

The tumour, if we may be allowed the expression, was what might be denominated a fatly tumour, interspersed with ossious granulations of the size of small squirrel shot, some larger. In fact when cut into it had very much the appearance and firmness of the fat part of a brisket of beef.

The following are the dimensions and weight of the tumour, after excision, and the comparative size of the two limbs.

| Transverse diameter of the Tumour, | 18 1/2 inches. |
| Longitudinal | 24 1/2 " |
| Diagonal | one way, 22 3/4 " |
| the other way, 25 1/4 " |
| Circumference, | 61 1/2 " |
| Weight of the Tumour, | 26 1/4 " |

**Left or sound Limb.**

| Around large trochanter | 18 In. |
| Middle of the thigh, | 12 " |
| Above the knee, | 10 1/4 " |
| Below the knee, | 11 " |
| Calf of the leg, | 9 1/2 " |
| The instep, | 13 1/4 " |
| Middle of the foot, | 10 3/4 " |

**Right or diseased Limb.**

| Around large trochanter 29 3/4 In. |
| Middle of the thigh, | 25 1/2 " |
| Above the knee, | 21 1/4 " |
| Below the knee, | 19 " |
| Calf of the leg, | 19 3/4 " |
| Above the ankle, | 13 3/4 " |
| Instep, | 16 1/2 " |
| Middle of the foot, | 13 " |

The tumour, if neatly dissected out, would have weighed at least from 30 to 35 pounds.*

* By the kind attention of Dr. Jones, the tumour, an enormous wet preparation, which we understand Mr. Franklin requested should be presented to the Medical College of Georgia, has been forwarded, and may now be seen in the valuable and extensive Museum of that promising institution.

—Editors.
ARTICLE V.

Thermometrical Observations for April, 1836, kept in Cass County, Geo. By H. V. M. Miller, M. D.

Cassville, Cass County, July 16th, 1836.

Gentlemen,—Believing that some of your readers may wish to compare the range of the Thermometer in this portion of the state, (which is considerably resorted to by persons from the lower counties, for the recovery of their health,) with that furnished you from Burke county, and published in your second number; I send you the following table for the month of April of this year.

The thermometer was in a shaded situation during the time, and the temperature noted as will be seen in the table, at the hours of 10 A. M. and of 3 P. M.

Although not so complete as that of Professor Cotting, yet I hope it may afford some satisfaction so far as it goes to show the difference of mean heat between the two places, and the more considerable and sudden variations in the temperature of the atmosphere in this county.

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<th>Days</th>
<th>10 o'clock</th>
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By this it will be seen, that the average temperature in Burke, at sunrise, is about equal to the average temperature here, at 10 o'clock, A. M. and that the average at 12 o'clock in Burke, considerably exceeds the average here at 3 P. M. which is about the hottest hour of the day.
ARTICLE VI.

Medical Education. By Joseph A. Eve, M. D. Professor of Therapeutics and Materia Medica, in the Medical College of Georgia.

The present defectiveness of medical instruction in the United States is acknowledged and deplored, by the most enlightened and distinguished physicians of our country. But so long have these defects and abuses existed, so sacred have they become by age and custom, that it is believed innovation would be attended with difficulty, if not danger, and that the necessary and much desired reform must be the result of a gradual change of public sentiment, the conquest of light and principle, the work of time.

No one can be more zealous for a radical reformation in our Colleges than an eminent professor in the University of Philadelphia; he recommends the creation of additional professorships and the introduction of other newly originated branches of science into a course of medical education, and observes farther that "a prolongation of the term is essential;" but he says it is not for the present generation to undertake this reform. Whilst we admire the, zeal which Professor Jackson displays on the subject of reformation, we are compelled to differ from him altogether in the sentiment, that it is not to be attempted at present. We hold that the proper time for correcting abuses is as soon as they have been perceived and acknowledged, by those best qualified to judge respecting them. How long would this distinguished professor delay this reformation?—How long would he defer a consummation so devoutly to be wished? Would he wait until these evils become more enormous and flagrant than they are? To what more auspicious period would he postpone the enterprise? What generation more meet than this—what school more able than that to which he is attached, to commence this reform?

The spirit of the times calls aloud for reformation—the rapid march of intellect—the numerous important discoveries and improvements in the arts and sciences require it now, and ere long the voice of a more enlightened people will demand it.
But shall our colleges wait until an indignant people, provoked by the ignorance and incompetence of their graduates, demand it?

Is not the wide spread of empiricism in our country indubitable proof of the degradation of the profession, and of the necessity for improvement? Where should be the origin and whence the emanation of this reform?—in the colleges themselves? or among the people? With whom commenced the Reformation? the priesthood? or the people? And the temperance reformation—the glory of our age and nation—with whom did it originate? Did the temperate, the moral and the pious, with folded arms and unavailing lamentations, bewail the awful ravages of Intemperance, and wait for his victims to commence the reform, or defer the glorious enterprise for generations yet to come? No! It is not thus with the spirit of a Luther or a Melancthon. When the light breaks in and the evil stands revealed, the true reformer, with a noble daring and a heaven-kindled flame of holy zeal, that danger cannot damp, and nought but death extinguish, asks no further omen, but unconquerably firm, resolves on reformation, or a martyr's grave!—For the correction of evils we should certainly look to those whose exalted position affords them the best opportunity to perceive, and the greatest power to reform them; and therefore, this distinguished professor has not discharged his duty to science and society, in merely "shewing the necessity of a radical reformation," and waiting for "a rising generation" to undertake it.

Onward! onward! to improvement and perfection, is the motto and watchword of the present age! All around is pressing forward. Why then should medical colleges alone be content to tread the same antiquated path, and perpetuate the errors and defects of darker days? Can the profession of medicine ever assume or maintain the elevated position it ought to occupy, whilst the courses of collegiate instruction are so imperfect, and degrees conferred on such meagre attainments?

How limited, how imperfect is the course of instruction in the medical schools of our country compared with that of Paris, in which the faculty consists of 24 professors and 24 agréés or adjunets, and the period of attendance on lectures requisite to render a candidate eligible to a degree, comprises four years.
How defective, how small in comparison are the provisions and requisitions of the colleges in the United States? That medical schools are on a better footing in France, than in our country, or any other on the globe, is chiefly attributable to the greater liberality of the French government, in creating and cherishing literary and scientific institutions. In the annals of history, no government in any age has ever been so munificent in the promotion of science and literature. The professorships in the Parisian schools, are endowed by government, and every possible facility, opportunity and advantage afforded for the prosecution of every department of medicine; but we must not attempt in this place to recount all that France has done to facilitate the acquisition of knowledge, and advance the medical sciences to the highest state of perfection. The abuses and defects so deeply deprecated and deplored, are not however to be charged against our government. Had we the industry, zeal and enthusiasm of our Gallic brethren in the cultivation of science, we would not look to future generations to undertake this reform; nor would government be slow to lend a fostering hand; the acknowledgement of its necessity would scarcely precede its accomplishment.

The principal defect that requires correction is the shortness of the term, which in most of our colleges continues only from three and a half to four months; this at best merely allows time sufficient for a very elementary and imperfect course, and requires so many lectures to be delivered each day, that the student, unless previously well prepared, cannot comprehend them, and very little time is allowed for reading and reflection, or for the prosecution of practical anatomy.

This which we regard by far the most important and radical defect, has been partially but imperfectly corrected by the Medical College of Georgia, whose course continues six months; fewer lectures, (three, at most four,) are delivered each day, all in the forenoon; the whole afternoon may be devoted to dissection and the evenings to reading. The trustees were so impressed with the imperfection and inefficiency of the plan hitherto adopted, that they determined to make this important innovation, and the result has proven highly gratifying to them; for all who have had an opportunity of testing the comparative advantages of both, have uniformly expressed the most decided
preference for the prolonged over the shorter course; indeed, it is their general declaration, that a student can derive at least, double the benefit from the former that he can from the latter. This is certainly correct as respects beginners in the study of medicine. But the length of the term has deterred and doubtless will always deter many from attending the lectures of this college, whilst others pursue the old system; for important and obvious as are the advantages of the prolonged term, unfortunately, alas! for the honor of the profession and the good of humanity, too many students desire no more—aspire no higher than to obtain a degree in as short a time, and with as little exertion as possible—content to practise the honourable and exalted profession of medicine, as a mere trade, or at most to attain to an ignoble mediocrity, scarcely less disgraceful than professed empiricism.—Such will always go where they can procure a diploma, the object of their highest aspiration, most easily. Such alumni can only reflect discredit and disgrace on their alma mater, and therefore should not be desired by any college.

The extension of the term to six months, although a very great improvement upon the shorter course, is still but an approximation to the proper duration; lectures in medical as in other colleges, ought to be continued through the whole year, with the exception of one or two months’ vacation; the course should comprise many more branches than are taught in the schools of our country; and at least four years’ attendance should be required to render a candidate eligible to the Doctorate. And certain requisitions should be adopted with respect to preparatory education. No student should be allowed to matriculate, or to be enrolled as an eligible candidate for a degree who could not stand a creditable examination on the studies prescribed.

So desirous for reformation have the faculty of the Medical College of Georgia been, (since the first establishment of this institution) that they suggested the idea of calling a convention of delegates from all the colleges of the union, to devise some general plan, and adopt a system of education, which should be uniform throughout the United States; to accomplish which great and desirable object, they addressed the following circular to all the respectable medical institutions in this country.
To the Faculty of the Medical College of, &c.

"The Faculty of the Medical College of Georgia, would present to their fellow labourers in the cause of medical science, a subject of great importance and of common interest.

We believe it is a subject of regret universal among the officers of our medical colleges, that the terms of admission into the profession are so easy; that young men do now present themselves, and with confidence, as candidates for its highest honors, whose want of previous education and of mental discipline disqualifies them to reap the advantages which may be offered at our various institutions; and that all unprepared as such are for discharging the duties of so difficult profession, and for contributing to its improvement, custom requires they must yet be admitted into its ranks. Although some of our schools may be peculiarly exposed to such evils, still we believe they are sensibly felt, and will be acknowledged by all.

Thoroughly convinced that the profession, whose respectability it is alike our duty and inclination to advance, requires that the medical colleges of the United States, now, take some decided action upon this subject of Medical Education, we beg leave respectfully, to solicit your co-operation in effecting a Convention of Representatives from the medical colleges, to be held at Washington, for the purpose of establishing an uniform system of requisitions for the degree of Doctor of Medicine; of regulating the courses of professional study; the extent of previous education; and counselling generally about the means of rendering our institutions most successful in diffusing the benefits of Medical Education.

We do not fix upon any time for holding this proposed convention; but in our communication to the University of Pennsylvania have proposed May 1836. This will allow ample time for making all necessary arrangements and for that deliberation which the importance of the subject demands. We would, however, suggest that the determination of the time, the number of delegates from each college, &c. should be referred to the Faculty of the University of Pennsylvania, the oldest medical school in our country.
Should this suggestion meet your approbation and concurrence, we shall ever rejoice in having contributed to a reformation, which, though it may operate peculiarly to the disadvantage of our own college, will yet promote the interests of the common cause of medical science.

We solicit an early reply to this communication, which is respectfully submitted by the Faculty of the Medical College of Georgia."

(Signed) L. D. FORD, Dean.

From some few of these colleges, answers favourable to the enterprise were received, others declined co-operation, a third portion made no reply, evincing thereby no disposition for reform. This affords an inauspicious augury for the cause of medicine in our country, and we are apprehensive that some time will elapse before the desired changes are achieved. Those schools most able to make improvements in the system of instruction seem generally less disposed, for enjoying already the fullest tide of prosperity, they have least to hope from innovation.

We are happy to learn by the address of Professor Wood, to the graduates at the last commencement of the University of Pennsylvania, that it is proposed to extend the course of lectures in that institution to six months; but this though a decided improvement on the former, falls so far short of the proper term, that we would hail it rather as a practical acknowledgement of the necessity, than as an accomplishment of the required reformation. Among all the medical schools in the land, none is more competent to lead the way in the correction of errors and defects than that university. We regret to find that she is so contented with her present elevation, but hope that this may be the earnest of better things.

A convention of delegates is the only feasible plan by which a general reformation can be effected, and unless general, it would militate, at least for a time, to the disadvantage of those first undertaking it, for many students will continue to go where they may find most easy ingress into the profession. We hope the unsuccessful attempt of the Medical College of Georgia in calling a convention may not deter older and more popular schools from making similar efforts, to effect an object so desirable and important to the interests of science and humanity.
But we apprehend that insuperable difficulties and obstacles will oppose any plan that may be devised for a general reformation, and that some individual school that may be willing to suffer temporary sacrifice, with the prospect of ulterior benefit, must commence the enterprise.

The medical college of this state has already commenced this reform, in the extension of her term; she has sustained much sacrifice, and she is determined, if others do not, to lead the way in the correction of farther abuses and defects.

With confident reliance on the munificent spirit of the legislature, of which they have already received such noble proofs, the trustees of this institution are resolved to remit no exertion, to spare no labour, until they establish a school of medicine on the proper footing—a school worthy of the bright day, the great and glorious nation in which we live.

What better use, what more profitable appropriation could be made of a portion of the surplus fund soon to be poured into the public treasury, than the liberal endowment of such a school? What more advantageous disposition could the legislature make of such money, than to endow the literary and scientific institutions of the state, and especially one whose object is so closely and inseparably associated with the welfare and happiness of the people?

The internal physical improvement of the state is certainly important, and worthy the attention of the statesman and the patriot, but not more than its intellectual advancement; and we fondly trust our wise and virtuous legislators in their zeal for the former, will not neglect the latter. Would they enable their college without sacrifice, at once to make the requisite reformation in medical education, beside the incalculable blessing thus conferred upon the people by the improvement of medicine; by students attracted from abroad, there would be annually brought into the state more money than the amount required to effect the purpose.

We have intentionally confined our remarks to the four cardinal defects in the present system of medical education in the United States, viz: the want of preparatory learning as a requisite to matriculation; the paucity of branches taught; the shortness of each session of lectures, and of the whole period of collegiate instruction required before graduation. The whole
plan of our colleges is altogether defective and requires re-modelling. We deem it, however, unnecessary to pursue the subject farther at present, and will conclude by pointing to the Medical School of Paris as a model,* and referring to a "scheme of a full course of elementary medical instruction,"* proposed by Dr. R. Coates of Philadelphia, who has certainly suggested a plan as perfect as the most sanguine of his cotemporaries dare hope to see realized.

ARTICLE VII.


JULY.

Greatest heat at 12 o'clock, - - - - - 94°
Least heat at 12 o'clock, - - - - - 74
Mean heat of the first half of the month, - - - 78 2'
Mean heat of the last half of the month, - - - 75
Mean heat of the whole month, - - - 73 5'
Rain guage, 5 inches, 3 lines, Thunder showers, - - 19
Cloudy days, - - - 1 | Foggy mornings, - - 4

Prevailing winds, N. E. and S. E.

JULY 21.—There was a slight appearance of the aurora borealis, which lasted from 9 to half-past 11 o'clock. The corru-cations were seen 30 degrees above the horizon, a little east of north; not a cloud was visible in any part of the heavens. The 21st was the coldest day of the month.

Curve of perpetual congelation as calculated for Burke and Richmond Counties, Georgia, 10,193 feet. At this height water would continue frozen in our hottest days, for terrestrial heat would not effect aerial temperature at that height.

* * The reader is referred to the second part of this number.—Editors.
PART II.—REVIEWS AND EXTRACTS.

Dr. Southwood Smith’s Philosophy of Health.

Dr. Southwood Smith, Physician to the London Fever Hospital, &c. published in 1835, a most valuable work on the Philosophy of Health; or an exposition of the physical and mental constitution of man, with a view to the promotion of human longevity and happiness. We give the following interesting extract from the British and Foreign Medical Review.

“An advanced term of life and decrepitude are commonly conceived to be synonymous: the extension of life is vulgarly supposed to be the protraction of the period of infirmity and suffering; that period which is characterized by a progressive diminution of the power of sensation, and a consequent and proportionate loss of the power of enjoyment; the “sans teeth, sans eyes, sans taste, sans every thing.” But this is so far from being true that it is not within the compass of human power to protract, in any sensible degree, the period of old age, properly so called,—that is, the stage of decrepitude. In this stage of existence, the physical changes that successively take place clog, day by day, the vital machinery, until it can no longer play. In a space of time, fixed within narrow limits, the flame of life must then inevitably expire; for the processes that feed it fail. But though, when fully come, the term of old age cannot be extended, the coming of the term may be postponed. To the preceding stage, an indefinite number of years may be added; and this is a fact of the deepest interest to human nature.

“The division of human life into periods or epochs is not an arbitrary distinction, but is founded on constitutional differences in the system, dependent on different physiological conditions. The periods of infancy, childhood, boyhood, adolescence, manhood, and old age, are distinguished from each other by external characters, which are but the outward signs of internal states. In physiological condition, the infant differs from the child, the child from the boy, the boy from the man, and the adult from the old man, as much in physical strength as in mental power. There is an appointed order in which these several states succeed each other; there is a fixed time at which one passes into another. That order cannot be inverted; no considerable anticipation or postponement of that fixed time can be effected. In all places, and under all circumstances, at a given time, though not precisely at the same time in all climates and under all modes of life, infancy passes into childhood, childhood into boyhood, boyhood into adolescence, and adolescence into manhood. In the space of two years from its birth, every infant has ceased to be an infant, and has become a child; in the space of six years from this period, every male child will have become a boy; add eight years to this term, and every boy will have become a young man; in eight years more, every young man will have become an adult man; and, in the subsequent ten years, every adult man will have acquired his highest state of physical perfection. But at what period will this state of physical perfection decline? What is the maximum time during which it can retain its full vigour? Is that maximum fixed? Is there a certain number of years in which, by an inevitable law, every adult man necessarily becomes an old man? Is precisely the same number of years appointed for this transition to every human being? Can no care add to that
number? Can no imprudence take from it? Does the physiological condition or the constitutional age of any two individuals ever advance to precisely the same number of years? Physically and mentally are not some persons older at fifty than others are at seventy? And do not instances occasionally occur in which an old man, who reaches even his hundredth year, retain as great a degree of juvenility as the majority of those who attain to eighty?

"If this be so, what follows! One of the most interesting consequences that can be presented to the human mind. The duration of the periods of infancy, childhood, boyhood, and adolescence, is fixed by a certain number of years. Nothing can stay, nothing retard, the succession of each. Alike incapable of any material protraction is the period of old age. It follows that every year by which the term of human existence is extended is really added to the period of mature age; the period when the organs of the body have attained their full growth, and put forth their full strength; when the physical organization has acquired its utmost perfection; when the senses, the feelings, the emotions, the passions, the affections, are in the highest degree acute, intense, and varied; when the intellectual faculties, completely unfolded and developed, carry on their operations with the greatest vigor, soundness, and continuity: in a word, when the individual is capable of receiving and of communicating the largest amount of the highest kind of enjoyment.

"A consideration more full of encouragement, more animating, there cannot be. The extension of human life, in whatever mode and degree it may be possible to extend it, is the protraction of that portion of it, and only of that portion of it, in which the human being is capable of RECEIVING AND OF COMMUNICATING THE LARGEST MEASURE OF THE NOBLEST KIND OF ENJOYMENT."

Extracts from the Note Book of a Physician of this City, during his attendance on the Parisian Hospitals.

DUPUYTREN'S CLINIQUE.

CASE 1.—Disease of the Spine.

Our attention is called to two cases of diseased spine, producing extensive abscesses, which have made their way to parts remote from their origin. One of the cases presents an extensive discharge of purulent matter from the upper and inner side of each thigh, whose passage may be traced up to the crural arch. The discharge in the second individual issues from the part corresponding to the ischiatic notch. The man first alluded to, appears to be about 35 years of age, of a good constitution, is a baker, and of course much exposed to vicissitudes of temperature, and recollects having received about six years ago
a stroke in the small of the back, which, though painful at first, was not afterwards noticed. About three or four years ago he felt severe pains in the lumbar region and was treated two or three years for lumbago. Six months since he entered the Hôtel Dieu, with an abscess issuing from the right thigh, and after being interrogated, acknowledged the above particulars; and a short time after, the second opening appeared in the left thigh exactly corresponding in situation with that in the opposite member. His spine presents not the slightest appearance externally of disease. With respect to the second case, I will only say that gibbosities were here very manifest in the lumbar vertebrae, as it was on this point the lecturer laid most stress, in order to warn us not to neglect cases of long standing affections of the spine, (which generally assume the appearance of lumbago,) merely because we see no gibbosities, or external evidences of internal mischief. Mr. Dupuytren's treatment in these two cases consists of issues along the spine, and restorative drinks.

Case 2.—Disease of the Spine.

This case is noticed in order that we may observe another instance of diseased spine, presenting no local evidence of its existence. The patient was some years since much troubled with a cough, and other symptoms of phthisis pulmonalis, which finally subsided and were followed by a symptomatic abscess making its appearance in the lumbar region. It is known to be symptomatic principally from having produced externally no pain or inflammation previous to the issue of the matter. The patient having complained of rheumatic (as he thought,) pains in the lower dorsal region, this place was selected for the application of issues and moxa.

Case 3.—Disease of the Spine.

We have here the existence of considerable disease of the vertebral column, without the appearance of sympathetic abscesses. Here the gibbosities, pains of the affected region, and affection of the lower extremities are the existing symptoms.—The man’s occupations were such as to expose him to frequent and sudden vicissitudes of temperature, which may explain the cause of his rheumatism of long standing. The affection of the spine may perhaps be accounted for by observing, that in order to test his strength, he was attempting to raise himself from the floor by grasping some elevated object, when he heard or felt a cracking of the spine, about the situation of the present gibbosity. The rheumatism was translated here shortly afterwards. There is a seton applied on each side of the lesion.
Case 4.—Disease of the Spine and Hydrocele.

This man, aged 63, was admitted for hydrocele. Mr. D. however, observing that he had a severe pulmonary catarrh, delayed any operation until this would be removed. The patient was bled, &c. On a succeeding visit it was perceived that he had a great curvature of the vertebral column, causing his chest and pelvis to be considerably approximated anteriorly. His spine on examination shewed immense gibbosities. Mr. D. attributed his pulmonary affection to the contracted space of the chest and thinks that an operation for hydrocele would be dangerous under the existing circumstances. The patient will be sent to the "incurables."

Case 5.—Empyema caused by disease of the Spine.

This female (about middle age) was admitted about three months ago with an affection of the spine. Shortly afterwards her breathing became affected, and gradually the dyspnœa increased to such a degree that suffocation was much dreaded. At the same time it was observed, that her chest had expanded enormously, and that the flesh seemed to protrude between the ribs. Percussion and auscultation indicated the absence of air in nearly the whole cavity. Mr. Dupuytren believed there was a sympathetic abscess, which, by increasing very little more, would certainly render the dyspnœa so great, as to prove fatal. This being the case, he was on the point of making a small puncture in the intercostal space, when he perceived a manifest pulsation of the part. He hesitated, fearing the presence of an aneurism, but the urgency of the case and the probability of these pulsations being given to pus by the proximity of the heart, determined him to attempt the puncture. This was of course made very small, in order to prevent the admission of air or the too sudden discharge of the matter, which proved to be pus. Since this, a natural and small outlet has appeared between the clavicle and first rib, so that the empyema gradually diminished daily; the chest has assumed its natural aspect; but there will remain a collapsed lung.

Case 6.—Disease of the Spine and Coxalgia.

This young man’s history is curious; he says that having seen a person in a nervous attack (probably epilepsy) he was so much alarmed that he was taken sick and carried to Bicêtre.—It seems that here he was treated for mental alienation which continued six months, during which time he was confined to the bed by a straight jacket. Very soon after being cured and leaving the institution, he began to feel pains, apparently of a rheu-
matic nature, in the upper part of the spine and at the coxo-femoral articulation. He was admitted into the Hôtel Dieu with large gibbosities of the uppermost dorsal vertebrae; and to a shortening of the leg was added an inability to raise it from the bed. All motions performed by the thigh seemed to be followed by the pelvis. This is occasioned by the great pain produced by motion. The shortening of the limb is produced by a caries of the cotyloid cavity or of the head of the femur. Issues are applied to the spine and to the environs of the trochanter.

Case 7.—Vicarious Menstruation.

This female’s sleeve having taken fire during her sleep, produced a considerable burn of the fore and middle parts of the arm. This happened about two years since, and to date from that period, her menstrual evacuations have never assumed their natural course, but the time of their appearance is always evinced by an increase of the inflammatory symptoms of the diseased arm, and by the abundance of the discharge therefrom of purulent and sanguineous matter; for some months that she has been in this hospital, every means have been used in vain to recall the uterus to its functions. At present, leeches (4 or 5 only) are ordered to be applied to the vulva for several days previous to the menstrual period and during its continuance; each application to be followed by a hip-bath. The above remedies for recalling the menses, though strikingly successful in the French hospitals, completely failed in this case, and I left the woman unrelieved after watching her case about a year.

Case 8.—Wound of the Abdomen.

A boy cleaning a table knife (sharp pointed) held the handle in one hand and supported the point against his abdomen, whilst he applied friction to the blade. In so doing he applied too much force to the instrument and thrust it through the abdominal parietes. The omentum projected through the wound but fortunately the intestines were uninjured. The membrane was re-introduced into the cavity and the wound healed by first intention. A few days afterwards, an abscess formed in the subcutaneous tissue surrounding the cicatrix, which being punctured discharged much pus, and finally healed entirely.

Case 9.—Concussion, &c. of the Brain.

This is a painter who having fallen from his ladder, was picked up senseless and brought to the hospital. His breathing was extremely slow and soft; his pulse soft, small, and very unfrequent; his pupils widely dilated and unaffected by light; his
limbs perfectly flaccid, so that when raised they would drop as if lifeless; words and pinches were unheeded; in this state he remained I believe 5 or 6 days, after which on being pinched, he would withdraw the limb; some days after, the retraction was accompanied by a groan, and he gradually recovered his faculties, so that now he converses though somewhat incoherently, raises himself on his seat, &c. Mr. Dupuytren explained very lucidly the difference between a "commotion," (concussion) a "contusion," and a "compression." The symptoms of concussion have already been mentioned in the above case. Those of contusion were illustrated by a case that lately presented itself at the Hôtel Dieu. The patient was at first stunned (to use a vulgar expression) by a fall on his head. He had all the symptoms of concussion at first, but they soon disappeared, and the next day he was walking about and indulging his appetite as though nothing had occurred to him. On the fifth day, however, all the symptoms of a most violent inflammation of the brain manifested themselves and in despite of all remedies produced death in 24 hours. On dissection, one half of the cerebrum was found of the consistence of pap, as though it had been thoroughly crushed. The symptoms of compression are those of apoplexy and are well known to be stertorous breathing, hardness and contractedness of the pulse, paralysis of a greater or less portion of the body, &c. &c. Mr. D. also mentioned a case of concussion complicated with compression. This is an old woman (say 60 years of age,) who after falling into a quarry was brought to the Hôtel Dieu in a state of insensibility, &c. as above mentioned. The symptoms of concussion have all disappeared, but there still remains a paralysis of the muscles of the right side of her face. She is otherwise perfectly well.

**Case 10.—Abscess of the Mamma.**

About three months ago, this woman gave birth to a child, and a few days after had an abscess in one of her breasts. This being opened discharged much matter, and in despite of all remedies the formation and evacuation of pus continues. The sound breast secretes an abundance of good milk and this none at all. Mr. Dupuytren attributes this to a vitiated state of the secretion; that is to say, that nature having made preparations for the secretion of a certain portion of milk, and disease having occurred, the discharge of pus is kept up by the disposition that otherwise would have produced a secretion of milk.

**Case 11.—Predisposition to Disease.**

Mr. Dupuytren in alluding to the persons who underwent operations for fistula and cataracts, called our attention to that
peculiar state of the system denominated by him "constitution médicale." By this he means an aptitude or disposition to particular diseases at particular seasons, or under certain conditions of the atmosphere. He remarked that about two months ago, he operated on six patients for cataract, and that notwithstanding all the usual preparatory means to prevent the supervision of inflammation, not one of them escaped its ill effects; whereas two days since, the same operation was performed on four patients, who had been prepared in the same manner as the former, and not one has the least symptom of inflammation, but all are doing quite well. Again; there are in the hospital two cases of stricture of the rectum, for which the patients have been wearing a "mèche" or pledget of lint in the rectum without experiencing the least inconvenience; whereas the two persons operated on for fistula in ano on Wednesday last, are so much irritated by the presence of the "mèche," that diarrhea has supervened very much to their annoyance; and strange as it may seem, they were no sooner taken with this looseness, than the bowels of those just mentioned as having strictures, were also similarly affected.

Now Mr. D. thinks these facts good evidence of the justness of his opinion, that at certain periods the system of almost every one is predisposed to a particular affection, and that at another period a different disease is more easily produced. He thinks the subject deserves investigation, and that it would be very useful as a guide for the performance of operations, when the parts concerned are most free of morbid predispositions.

Case 12.—Varicose Veins.

This man has suffered with enormous varices of the saphena for many years, and about 6 years ago Mr. D. applied a ligature to each extremity of this vein on the right leg. The result was favorable, but the patient now has the other leg similarly affected, and other veins of the right limb have also increased in size. Mr. D. thinks that the disease is rather aggravated than relieved by placing a ligature at the upper end of the limb, without placing one also at the origin of the vein. The case before us had proceeded so far as to render it very difficult for Mr. D. to decide, whether the tumour about the crural arch was formed by a hernia or a varix. After repeated examinations, he thought of striking on the tumour, and at the same time observing if any motion was thereby communicated to the vein below, when finding this to be case he concluded that there was no hernia. He then placed a ligature at the upper and one at the lower extremity of the vessel. It is now about a week since, and the patient (having been duly prepared) has experienced no symptom of phlebitis. The blood has already "solidified in the vein."

Dupuytren's Clinique.
Rostan on Diagnosis.

The following table (alluded to in our last number,) will be found useful in guiding our interrogation of the patient, and recording the history of his disease. It is scarcely necessary to say, that we will seldom or never be obliged in any one case to propose as many questions as are here suggested.

**Sex, age, constitution, menstruation, health, antecedent diseases and treatment, supposed causes, parentage, invasion.**

EXTERIOR HABIT OF BODY.

- augmented, diminished, perrverted, form, position, colour, consistence, temperature, sounds.
- of the head, "neck, "chest, "belly, "limbs,

Hunger

- increased, diminished, abolished, perrverted, teeth, gums, volume, form, position, consistence, tongue, colour, succussion, furr.

DIGESTION.

Thirst

- same, bitter, clammy, acid, sweet, &c. Mastication, deglutition, stomachal digestion, nausea, vomiting, matters vomited, epigastric pain, tumours, borborygmis, flatulency, dejections, constipation, diarrhoea.

- Taste

- frequent, rare.
- quick, slow.
- large, small.
- stony, feeble.
- hard, soft.
- equal, unequal.
- regular, irregular, intermittent, confused, insensible.

ARTERIAL CIRCULATION.

PULSE.

- frequent, unfrequent, equal, unequal.
- quick, slow, easy, difficult, anxious, suffocating.
- deep, small, laborious, painful.
- puerile, inaudible, sonorous, noisy, &c.

- crepitating, rale, mucous, gurgling, sibilant, dry, sonorous, &c.

- laughter, yawning, hiccup, frequent, unfrequent, cough, easy, difficult, laborious, painful, humid, dry.

VENOUS CIRCULATION.

QUALITIES OF BLOOD DRAWN FROM VEINS.

- frequent, unfrequent, equal, unequal.
- quick, slow, easy, difficult, anxious, suffocating.
- deep, small, laborious, painful.
- puerile, inaudible, sonorous, noisy, &c.

- crepitating, rale, mucous, gurgling, sibilant, dry, sonorous, &c.

- laughter, yawning, hiccup, frequent, unfrequent, cough, easy, difficult, laborious, painful, humid, dry.

RESPIRATION.

- expectoration, matters expectorated.
ORGANIC FUNCTIONS.

CHEST.
- sound: dull, clear.
- of the skin, of the serous membranes, of the mucous
- partial, general, natural, morbid, accidental
  increased, diminished, abolished, vitiated.

EXHALATIONS.
- of the skin, of the serous membranes, of the mucous
- partial, general, natural, morbid, accidental
  increased, diminished, abolished, vitiated.

SECRETIONS.
- tears, saliva, bile, pancreatic juice, sperm, urine.
- augmented, diminished, resolution of diseases,
  atrophy, hypertrophy, &c. general, partial.

ABSORPTIONS.
- augmented, diminished, resolution of diseases,
  atrophy, hypertrophy, &c. general, partial.

NUTRITION.
- augmented, diminished, resolution of diseases,
  atrophy, hypertrophy, &c. general, partial.

SENSATIONS.
- vision, audition, smell, taste, touch, augmented,
  diminished, &c.
- general, partial.

SOURCES.
- augmented, diminished, pain.

INTELLIGENCE.
- augmented, diminished, stupor, idiotism,
  perverted, delirium, &c.
- somnolence, coma, carus,
  lethargy, dreams, night-mare, &c.

SLEEP.
- augmented, diminished, stupor, idiotism,
  perverted, delirium, &c.
- somnolence, coma, carus,
  lethargy, dreams, night-mare, &c.

MOTIONS.
- augmentcd, diminished, stupor, idiotism,
  perverted, delirium, &c.
- somnolence, coma, carus,
  lethargy, dreams, night-mare, &c.

ANIMAL OF LOCOMOTION.

VOICE, SPEECH.
- increased, diminished, abolished, mute, aphony, &c.
- pectoriloquy, egophony, metallic tinkling,

GENITAL FUNCTIONS.
- increased, diminished, abolised, mute, aphony, &c.
- pectoriloquy, egophony, metallic tinkling,

The above, is the title of one of the most incongruous, absurd, and nonsensical publications, that was ever issued from the press. We are glad it comes from across the waters; and our only regret is, that it was not quashed upon reaching our shores. The Harpers ought not to have republished it; and we, insignificant as we are, would not now notice it, were it not that some sage critics have pretended to see wit and humour in it, and that we have now before us a review of the Doctor in the Southern Literary Messenger.

While on our passage from Charleston to New-York, in a steam-packet, a few weeks ago, our attention was called to the Doctor, by a lady passenger who had been reading it with great apparent gout. Upon replying negatively to the question, if we had read it, the work was kindly put into our hands. A few moments perusal and examination of it, satisfied our common sense, and it was laid aside with distrust. Subsequently, circumstances forced us to become the owner of this work, but we assure the reader, it was for only a very short period, during our passage from Norfolk to Augusta.

But to the object of this publication— the Doctor. No one has pretended positively to know what is its meaning, what is its purpose. Neither are we better informed as to its author, or, as some imagine, authors. We are rather inclined to the opinion, that it is a hoax; and we perfectly coincide with the reviewer in the Literary Messenger, that its meaning is precisely—nothing. We must also believe one man alone wrote it, at least we hope so— and another thing, that that man was no Doctor! To say the author is, would be a scandal to the profession of medicine.

The Doctor professes to contain two volumes in one cover. We have only looked over some pages of the first, and from them, together with extracts, &c. which we have seen, have derived our impression of the nature and character of the publication. As the Messenger has it, volume one commences with a Prelude of Mottoes occupying two pages. Then follows a Postscript— then a Table of Contents of the first volume, occupying eighteen pages. Volume two has a similar Prelude of Mottoes, and Table of Contents. The whole is subdivided into chapters ante-initial, initial and post-initial, with inter-chapters.

The pages have now and then a typographical queerity—a monogram, a scrap of grotesque music, old English, &c. To complete this description, we must add these figures, resembling triangles, pyramids, or even the Egyptian hieroglyphics; and the book contains the life of Dr. Daniel Dove and his horse Nobs. At least this is its profession.
Now to some, all this may be wit or humor, but to our humble conception it is neither. The book may contain something good or useful, but we never expect to derive either from it.—Certainly we shall never attempt to read it again. We feel persuaded that much of the attention and the sensation said to be created by it is owing to its foreign growth. We would not even be surprised if it has been gotten up for the purpose, seeing to what extent and to what success Jonathan can be gulled by John Bull.

Be all this as it may, we venture to say the book is a libel—the Doctor, no Doctor. We repeat, such a work ought never to have been published, it can answer no good end.

Although this is not a professional book, we have been induced to make this brief notice of it, to save our readers the expense of purchase, and the task of perusal. P. F. E.

[From the British and Foreign Medical Review.]

Extract from a review of Mr. Lee, on the Medical Institutions of the continent.

French Medical Institutions.

"A clear and good account of the Parisian hospitals is given (in pages 2 and 3): we think, however, that it is not correctly stated that all the hospitals are attended by the sœurs de la charité as nurses: this, however, is of small importance: the question of their efficiency is more material.—Few students see the wards of foreign hospitals except during the visit of the physicians or surgeons. In the absence of these, the general service of some of the French hospitals is, we know, performed in a very slovenly manner. We have been surprised to see the house-pupils performing all the minor operations, including venesection, unattended by any nurse, even in the women's wards; and in case a patient fainted, it was sometimes necessary to summon the aid of the man who was polishing the floor by rubbing a cloth over it with his foot. Not a sœur de charité was then to be seen. Neither did it appear to us that these sisters were remarkable for the gentleness of their manners. We made these observations with regret, and in opposition to all our previous impressions; and the conclusion to which we came was, that ordinary nurses, with all their defects, were more efficient hospital attendants, such offices "pour l'amour de Dieu" being little better than certain tonsorial services recorded among authentic facetiae performed for a like consideration.

The following is the prescribed course of study for those who take the diploma of Doctor in medicine or surgery in Paris:
"Candidates for the diploma of Doctor in Medicine or Surgery, are required to have studied four years, during which period they have to take out an inscription every three months for attendance on the lectures and hospitals. Members of foreign colleges and universities may, however, present themselves for examination after two years' study in Paris. The scholar year begins on the 1st of November, and terminates on the 31st of August. The expense of the course of study required for taking a degree does not exceed a thousand francs (£40.)

"The following is the prescribed order of study:
1st half year. Anatomy, Physiology, Chemistry.
2d ditto. Medical Physics, Hygiène, Medical Natural History.
4th ditto. Hygiène, Medical Pathology, Pharmacy.
5th ditto. Operative Surgery, Medical and Surgical Pathology.
6th ditto. Clinical Medicine, Clinical Surgery, Materia Medica.
7th ditto. Clinical Medicine, Clinical Surgery, Medical Pathology.
8th ditto. Medical Jurisprudence, Therapeutics, Obstetrics.

"The examinations for the diploma are five in number. The first takes place after the fourth inscription has been taken out; the second after the twelfth inscription; the three remaining examinations take place at the termination of the course of study.

"The subjects of the first examination are, natural history, physics, medical chemistry, pharmacology; 2d, anatomy and physiology; 3d, general pathology, medical and surgical pathology; 4th, medical jurisprudence, hygiene, materia medica, and therapeutics; 5th, clinical medicine and surgery, operative surgery, obstetrics.

"Each examination lasts two hours, during which four candidates are questioned by three examiners.

"For the anatomical examination the candidate is required to make a preparation from a part of the body, which is indicated to him on the same morning, and to answer questions proposed to him relative to the preparation. Candidates have also to write and defend a thesis on some point relative to medicine or surgery. The clinical examinations take place in the clinical hospital at the bedside of patients. The examination fees amount to one hundred and fifty francs."

The examinations, we may add, are public, and searching and efficient, but conducted with politeness.

In France the profession is divided into physicians, surgeons, and a lower rank of practitioners called officers of health (officiers de santé,) the practice of the latter being nominally restricted to cases of minor importance: we say nominally, for the restriction is plainly impracticable. Midwifery is chiefly in the hands of women, and although they are regularly educated, we think that a suspicion expressed by Mr. Lee, that this circumstance has some connexion with the great frequency of uterine diseases in France, is not quite unfounded. There are lying-in charities in our own country, in which from a spurious delicacy, women only are employed as midwives, and we have seen much of the bad effects of this regulation: it is however to be considered, that our English midwives are uneducated persons.—"Apothecaries," says Mr. Lee, "are not allowed to prescribe, their business being confined to the selling of drugs, and the preparation of prescriptions, as with chemists and druggists in England:" who, it may be added, do not so confine themselves at all, but practise very extensively.

"Mr. Lee's account of the state of medical practice in France is succinct and interesting: it is evident that French physicians are becoming less governed by theory, and more guided by symptoms; or, in other words, that the practice among them is becoming more rational. Since the publication of the opinions of M. Broussais, bleeding has been more boldly resorted to; but the French seem negligent of following up bleeding by medicines calculated to amend the secretions, or even to remove vitiated accumulations;"
the consequence of which is that symptoms arise which appear to call for a repetition of the bleeding, and patients are sometimes bled and starved to death. We believe this even not to be very unfrequent in fewer cases, and Mr. Lee gives a striking case of typhus in illustration of it. M. Louis and M. Andral should be mentioned, however, and are so, by Mr. Lee, as exceptions to this practice; both of them employ saline purgatives and other medicines in such cases. The more frequent and varied employment of baths in chronic diseases appears to be advantageous in French practice, and is, we think, beginning to be attended to in this country. Mr. Lee very properly thinks that "the practice of abstracting blood and applying irritants at a considerable distance from the seat of the disease, on the principle of revulsion, might be more frequently adopted with advantage in England, especially in affections connected with cerebral irritation or congestion."—

A small bleeding from the ancle, a few leeches applied to the thighs or arms, especially to the latter, blisters to the legs, sinapisms to the feet, &c. are often singularly useful; and it is certainly to be regretted that English practitioners are often so inclined to condemn measures of this kind as trifling; we mean, of course, only in chronic cases.

"In the treatment of burns and scalds, stimulating applications are less used on the continent than in England: bleeding, opium, cataplasmis, or emollient dressings, being the usual means employed. Whatever is the seat of the injury, the application of ice to the head for an hour or two is strongly recommended; its effect being to cause a cessation of pain, and to prevent cerebral symptoms.

"Under the head of each Parisian hospital, a concise account is given of the practice of the medical officers, and this is illustrated by occasional cases. We can only find space for a few brief extracts from this interesting part of the work.

"The hospital La Pitié has the advantage of the services of some of the greatest men in Paris, MM. Louis and Andral being the physicians; and MM. Lisfranc and Blandin the surgeons. M. Lisfranc is well known to English students for the boldness and dexterity of his practice, especially in cases of diseased uterus."

"M. Lisfranc has charge of two men’s and a women’s ward, most of the cases of the latter being marked as disease of the uterus; many of these patients are, however, young women affected with superficial erosion of the cervix uteri, and are cured by a few days’ rest and appropriate treatment; the means resorted to in these cases, as well as in ulceration of this part, being chiefly confinement to the recumbent position, occasional venesection to three or four ounces, on the principle of revulsion, small doses of cicit a, and cauterization with a solution of mercury in nitric acid every six or eight days; when the ulceration is of a cancerous nature and too deep to be removed by cauterization, M. Lisfranc has recourse to excision of the cervix uteri; this part being exposed by the speculum, and firmly seized by pincees de museaux, is brought down beyond the orifice of the vagina and excised with a knife, as in cases of polypus. M. Lisfranc has met with more than four or five cases of dangerous hemorrhage after this operation, the symptoms which supervene being mostly of a nervous character and sometimes alarming, but mostly yield (yielding) to sedatives. Of ninety-nine cases in which he operated, eighty-four recovered; many of these patients became subsequently pregnant, and experienced no particular inconvenience in parturition."

"Mr. Lee adds, what few will doubt, that the operation has been performed in many cases in which it might have been avoided. M. Lisfranc treats phlebitis (supervening on venesection) by emollient fomentations and cataplasmis on the inflamed part, with the repeated application of leeches between the point where the inflammation terminates and the heart; and he states, that since he adopted this practice, he has not lost a single patient from this disease; whereas when he employed other means, and applied
leeches near the wound or over the inflamed vein, the majority of cases terminated unfavorably.

"MM. Alibert and Biet, the physicians to the hospital of St. Louis, are also well known to English practitioners; the first by a splendid publication on diseases of the skin, the second by his enlightened practice in cutaneous scrofulous, and malignant affections. The opinions of M. Biet on the use of Baths in cutaneous diseases may be useful to the English reader."

"Simple tepid baths are most beneficial in the dry scaly forms, though only as an accessory means; their efficacy is less marked in the pustular varieties: they are serviceable in vesicular affections when the inflammation begins to decrease, and may be used with advantage in impetiginous affections where incrustations have succeeded to the pustules.

"Alkaline baths are efficacious in the papular and dry scaly forms, and in the impetiginous and tubercular varieties. An alkaline bath may be formed by dissolving in a simple bath from half a pound to a pound of carbonate of soda.

"Sulphur baths are most useful in the decline of vesicular affections; they are less useful than alkaline baths in the chronic stage of psora, and if used in the inflammatory stage the symptoms are aggravated. Sulphurous baths are composed of two ounces of diluted sulphuric acid and eight ounces of hydro-sulphuret of potass added to each bath.

"Acid baths may be made by adding to each from four to eight ounces of hydro-chloric acid; they are mostly applicable in dry scaly eruptions."

"In the account of the Hôpital des Enfants Malades, we perceive that the mortality among the unfortunate children is stated to be one in four, which we believe to be rather under than over the truth. According to our own painful observation, this horrible mortality is to be ascribed, in a great measure, to the expectant system of medicine; to starvation, and gum water, conjoined with the too free use of leeches.

"M. Civiale, whose name is familiar to us in connexion with lithotritry, has a small ward in the Necker hospital, and the following is mentioned in the account of his practice."

"Paralysis of the bladder, and vesical catarrh, in elderly people, are treated in the following manner:—a stream of cold water flows from a reservoir fixed near the ceiling, through an elastic gum tube, having stop-cocks, and terminating in a silver catheter formed into a double tube by a central partition. The patient being in the recumbent position and the catheter introduced, the water passes into the bladder by one side and out by the other. A continued stream of water through the bladder is thus kept up for about ten minutes, and repeated every second or third day: the quantity of water passing into the bladder may be regulated by the stop-cock, so as to prevent undue distention. The beneficial effects of the method are attributed to the clearing away of the accumulated mucus, and to the tonic action of the cold water upon the bladder."

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The following outline of the natural classification of the principal branches of Medicine which should be taught in Collegiate and Subsidiary Schools,
arranged according to their mutual dependence, and proper order of succession, is here given at the request of a few scientific friends. The scheme is not founded upon the existing systems of this, or any other country, but upon an analysis of the great divisions of the Science, and its collateral ramifications.

COLLEGIATE STUDIES.

I. Natural History of Man in Health.

Chemistry, \{ Two short Courses, - - - One Professor.\)

Physics, \{ Two short Courses, - - - One Professor.\)

These branches relate to the agents which act upon the living body according to mechanical laws, and should be taught with special reference to medicine. As a very large majority of students of medicine commence their studies in this country while extremely ignorant of these subjects, they cannot be regarded as part of their previous education, but must be taught in the collegiate schools.

General Anatomy, \{ One short, and one long Course, One Professor.\)

Special Anatomy, \{ Two Courses, One Professor.\)

Under the first of these heads should be included such a view of Comparative Anatomy as is necessary for the student of the elements of medicine.


Physiology. One great Course, - - - One Professor.

III. Natural History of Disease, and Science of Diseased Action.

Pathological Anatomy, and Pathology of Internal Diseases. \{ One long Course, One Professor.\)

Pathological Anatomy, and Pathology of External Diseases. \{ One long Course, One Professor.\)

It may be remarked that it is difficult to separate Pathological Anatomy from Special Pathology, as is done in some European schools. We think the effect of such a division injurious, if not unnatural.

IV. Natural History of Remedial Agents.

Materia Medica, One long Course, - - - One Professor.

V. Art of Healing.

Therapeutics of Internal Diseases. One long Course, One Professor.

Clinics of Internal Diseases. One long Course, One Professor.

Therapeutics of External Diseases. \{ Two Courses, One Professor.\)

Surgical Anatomy and Operative Surgery.

The two or rather the three last branches are properly thus arranged; because Surgical Anatomy cannot be properly detached from Operative Surgery, unless made a distinct professorship, for which it is too limited.—Operative Surgery is obviously a Therapeutic branch, and the Materia Chirurgica cannot be separated from Surgical Therapeutics and the Surgical Clinic; it is therefore left for tacit division between them.

Clinics of External Diseases, - - - One Professor.

Obstetrics, \{ Two Courses, One Professor.\)

Diseases of Women and Children within the year. \{ Two Courses, One Professor.\)
VI. Art of Preserving Health.

Hygiene. One short Course.

This branch scarcely deserves a separate professorship in this country, and may be associated with Medical Jurisprudence and Police, with which public Hygiene is closely associated.

VII. Medico-Legal Relations.

Medical Jurisprudence, Medical Police and Health Laws. One Course, - One Professor.

Number of Branches—17. - Number of Professors—12.

Such an arrangement, we think, covers the ground of a good Collegiate School, and no more. If compelled to contract the list of branches, we could part with none but Hygiene. If compelled to lessen the number of Professors, we could only effect our purpose by associating the duties of the Clinical chairs with those of the Therapeutical chairs; by which means the number would be reduced to ten, at the expense of imposing four heavy and scarcely compatible tasks on two individuals, with the additional disadvantage of being compelled to choose our teachers of the two most important theoretical branches, from the slender list of Hospital Practitioners, whose habits and engagements often render them incapable of executing such duties. Moreover this contraction of the scheme would tend powerfully to destroy the independence of opinion which should always characterize the medical student.

The proper object of a Collegiate course is the inculcation of correct elementary medical knowledge, such as is necessary for every young practitioner; but there are many other subjects of public medical instruction, which are necessary or highly desirable for medical men in peculiar situations, and for persons prosecuting particular researches. These subjects should be taught in Subsidiary and collateral schools. Some of the most important of these are as follows:

Practical Anatomy.—Subsidiary to the Anatomical, Physiologial, and Surgical Chairs.

Pharmacy, Pharmacetic Chémistry, Chemical Manipulations, and Botany. —Subsidiary to the Materia Medica, and referable to the College of Pharmacy.

Comparative Anatomy.—Referable to the Academy of Natural Sciences.

Diseases of Children. Diseases of the Chest. —Extensions of the Medical branches, and referable to the Clinical schools.


Transcendental Anatomy and Physiology. Medical Etiquette, and Medical Ethics. History of Medicine, and Medical Biography.—Referable to Private Lectures, under the patronage of the College of Physicians.
The Western Medical Reformer.

Our printers placed in our hands the other day a printed paper of eight leaves, purporting to be The Western Medical Reformer—called also by the editors A Monthly Journal of Medical and Chirurgical Science. (!!) This paper printed at Worthington, Ohio, last July, and being the 7th number, appears to have commenced its career under the auspices of this bisextile—an ominous season truly. It is a year in which the odd hours of the four last are manufactured into a new day, and adopted on the last end of February; and which makes the year 1836. Now it has been generally understood, that a year contained 365 mean solar days: and certainly it is true; but this peculiar time gives it of course 366 days.

Years of this curious kind have been observed before; and have been supposed to posses peculiar virtues, in the way of reversing the common order of things. Some have believed that waters have on those occasions reversed the laws of gravitation and run up-stream, particularly about whitsuntide.— Others say that Caesar made it by appointing that the 24th of February should be twice numbered; and thus was formed an intercalary day, corresponding with the sixth of the calends of March, long celebrated by the Romans on account of the expulsion of Tarquin. Others believe that it leaps over one day in the week, so as to not alter the day of the week from that of the month, as in other years. Others again have thought that Venus sallied forth, wrestling from its rightful owner the bow and quiver, and claiming them for her own, dispenses the missiles of love to Cupid’s own heart, now made vulnerable to her attacks by the wonderful agency of that which reversed the natural order of things. An easy transition from this, of only half a step, has enabled young maids, by virtue of a superior elective affinity which this year dispenses to them, of power to overrule all prior affinities in exercise between bachelors and their books, business, or fair ones, to become successful suitors for matrimony; and old matrons, the menstrua for dissolving together the heterogeneous elements of the two sexes into one homogeneous compound.

When we contemplate the wonders of leap year, in presiding over the expulsion of the Tarquin family from Rome, to whom she was so much indebted for her splendor, magnificence and power; and when we behold its wonder-working transposition of the natural order of things—rendering the weak strong, and the strong weak, &c. we think we are brought by the very easy gradation of another half step to see why some men beyond the alleghany have been inspired to embark in the wonderful enter-
prise of overturning all science. Why medical science has sprung up on the impregnable basis of nature's truth—risen through seas of primeval simplicity, stupidity, presumption and knavery, and stands like the Andes, in the midst of mighty waters, and crowned like these, with undissolving honors. And do we see on the sea beaten granite of its wide base the vermin of equivocal generation erecting their mucous domicils in the recess of the surges which try the strength of foundations, and calling them truths? Or do we behold the vampires of knavery, seeking the treasure and the blood of the weak and unwary?

Now these men surely believe in their simplicity; or pretend in their knavery; that stupidity will become philosophy and philosophy will become stupidity—that falsehood will become truth, and truth become falsehood—that sin will become righteousness, and righteousness become sin, by the wonderful transmuting virtues of leap year! They have herded themselves under the wing of the literary institution of Worthington, (whose trustees should have had more sense,) and tell us that medical degrees will be conferred on the judgment of men who deny the first and all principles of science; and not only so, but men who either in their simplicity or knavery, prop up falsehood—ruinous falsehood, at the expense of all truth and humanity.

The first part of this redoubtable "Western Medical Reformer," is expended in telling us what Dr. Morrow told a committee of students, he liked, and what he disliked; and of course, the same of his college*—owning that the same medicines mainly are used, but denying deriving their notions from the steamers. Then we are furnished with a bird's eye view, condensed from matter enough of the same kind, to make an octavo of 800 pages, of his reasons for differing from the old school.

We cannot spare room for quotations of such stuff, as only tends to prove that the man knows nothing of the "old school," as he pleases to call scientific physicians; but one short specimen taken from the beginning of a paragraph which strikes the eye without selection, as we look from the pen, we beg indulgence of the reader for giving. After condemning all minerals, he says:

"It is well known that the various preparations of mercury, arsenic, antimony, iron, bismuth, &c. are regarded as the Sampsons of the materia medica of modern fashionable practice; notwithstanding the operations of these agents are evidently injurious to health and life." &c.

* A committee of students, it appears, entertained a suspicion, and not without much reason, that this "reformed college," were a mess of the disciples of Thomson and Howard, and questioned the principal (whom we suppose Dr. Morrow to be, as he appears to return the answer) on the point.
When thought gets to the boundary of knowledge, it requires some energizing influence to arouse it to step beyond this terra firma, into the next territory which is the terra incognita. In all our perambulations in etiology, we have found but two active powers sufficiently potent for this purpose. One of these is an ignorance, too profound to know that it is necessary to look, before leaping. Another is a knavery which would embezzle the very living, by entombing the mental energies of the weak though honest.

There is a truism contained in the expression,

"What can we reason from, but what we know?"

which is a key admirably suited to the purpose of unlocking the casement of a man of letters, and shewing the interior; whether the casement be an A. M., or D. D.; or an L. L. D. or M. D.—

With this key in hand we need, so long as truth is truth, and science is science, no more help to know a little more of some men, than they know of themselves; and determine pretty precisely their differential attitude, than only to see them publish their views on some of the common place topics. We see at once the overwhelming of Nubian sands, or the ingulfing of the dark deep waters. And as effects prove cause, our conclusion is unavoidable, that these arise from one of the two only competent active powers; for in reasoning from effect to cause we can only reason from "what we know."

We should not have noticed so far, this miserable production, but for observing a full page spent in lauding lobelia inflata as a medicine of such virtues, as are calculated to call it into hourly use. We know but few things of practical importance about lobelia; but we do know amongst these few things that long since, physicians who have both knowledge, and feelings of humanity, have laid it aside on account of its uncertainty, and its dangerous power, to which they have resorted only under very peculiar circumstances. Our chief practical knowledge of its powers which have compelled regular practitioners to deprecate its use, has been derived from observations on numerous cases to which we have in these latter years been called, for the purpose of endeavouring to remedy its peculiarly ruinous effects on the digestive and nutritive powers, and on the general constitution. These lead us to mourn over the manslaughtering use of it which has become so common, whenever we reflect, as we often do, on the scene of misery and ruin which we have seen entailed on the bereaved husband, the disconsolate widow, the orphan child, and the last hope of the parent.

This is no new article in the materia medica; but a stupidity and hard heartedness which can kill—yes, kill, often in twenty minutes, any and all orders of mankind, and continue the practice for years, and not be able to see, mourn over, and for-
sake the ruinous course, is a novelty in the profession which has been reserved for the Thomsonians and the "reformers."

**Lobelis** stands before the profession chiefly a beacon to tell where danger lies. Its name is looked on by those who really know its powers, almost as the poisonous atmosphere of the Upas—to be avoided; or, if approached at all, with the greatest circumspection.

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**The United States Medical and Surgical Journal.**

The number of this work for June 1836, is before us. Hitherto we have not been so fortunate as to have seen the United States Medical and Surgical Journal.

We have experienced no small degree of surprise on seeing this periodical—not from what we would call positive faults, but negatives. Before we saw it, we measured it in all respects by the mighty state and city from which it emanates.—We had often contemplated with pleasure the beautiful medical organization of the whole state of New-York, by county and state societies; and when we beheld the professional zeal, and excellent police, concentrate their rich and abundant medical commodities into one point—the great state society, which would provide means for dispensing the same to the medical world.

We would not be uncharitable towards the constituents of that great medical community, and we will cherish the hope, that still some plan is in way of maturation, whereby the treasures of medical observation, experience, and mental research, which that extensive, enlightened, and well organized medical community must possess, shall cease to be lost to the world.

But men are apt to form opinions, by the facts before them: and should we judge by the specimen of the United States Medical and Surgical Journal, which is before us,—a small monthly (we suppose, for we are not told) of about forty pages, filled with valuable matter surely—but all foreign; and without having attached to it the professional responsibility of any particular man or set of men, but said to be conducted by "a number of respectable physicians," and left to a publishing agent, we
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should be led to fear that the eye of the medical police of New-
York has been directed mainly to the cash income, instead of med-
ical science. We will hope that a new effort will be made,
that the societies will carry into effect the great purposes of
their organization, and set a system in operation which shall
pour at once into the lap of responsible professional editors,
their valuable matter; and that the United States Medical and
Surgical Journal, may soon appear before the world swelled
and enriched by an abundant store of medical valables.

On the Chemical condition of the Saliva, as an indication of the
different morbid affections of the Stomach.

No one thing in the practice of medicine, or in the philosophy
of pathology can be of more vital importance than diagnosis.
The introduction of the physical signs of auscultation and per-
cussion is justly hailed in Europe, England and America, as a
brilliant era in medicine. We hail with joy of the same kind
the recent introduction of chemical evidences in aid of this im-
portant branch of pathology. Indeed if we contemplate the
practical utility of the diagnosis which we are about to notice,
should it be well confirmed by future experience, (which we
honestly believe will be the case,) we may look on M. Donné
as having bestowed on the science, a greater beneficence than
Avenbrugger or Laennec. We say a "greater beneficence,"
not only because the diagnosis is in febrile—the most extensive
class of diseases, which spares no country, and by which the
great sum of mortality is mainly marked annually; but also be-
cause this diagnosis is available for good. We would not
depreciate the value of auscultation, or percussion. The clear-
ness and accuracy to which they lead are in worth beyond cal-
culation. But how often does it happen that the diagnosis to
which these lead, cannot furnish us with any new remedial
means, or only enables us to make more accurate prognostica-
tions, or withhold many useless doses! It is available for good
in more ways than one. It places at once the practitioner in
the true road to success in a disease generally curable; and
wherein the ill success has been chiefly attributable to erro-
neous views of the nature and seat of the disease, or the patho-
logical condition.
Such is in our estimation the deep interest attached to every effort for the improvement of diagnosis, and such the novelty of the subject of the following, that we cannot withhold from our readers any part of the notice of M. Donné's experience in the testing of saliva for diagnosis.

[From the Medico-Chirurgical Review.]

"M. Donné is well known in Paris as one of the most zealous and intelligent young physicians there. For several years he was clinical clerk to M. Louis, as our readers may have learned from the foreign Perspectoscope of our Number for July last; and subsequently he attached himself very enthusiastically to the service of M. Bouillaud in the wards of the great Hospital La Charité.

"The pages of the Journal Hebdomadaire for the last three years attest his great activity as a diligent and enlightened observer of disease. For some time past he has been engaged in collecting materials for a work on the Chemical Properties of the Animal Fluids in Health, and also during the progress of various morbid affections.

"One branch of the subject appertains to the investigation of the changes which the saliva undergoes in disease, and more especially in that form of it, which has been of late years far too indiscriminately designated gastro-enteritis. Although a devoted disciple and admirer of M. Bouillaud, (who is generally considered as one of the most ardent and able followers of the physiological or Broussaian doctrine,) he candidly admits that a multitude of stomach affections, differing greatly in their characters, and requiring very different modes of treatment, have been most erroneously grouped together under this very much abused epithet. Numerous are the cases, where patients have been tortured with the long continued but ineffectual use of antiphlogistics and refrigerants, and where a few doses of emetics and purgatives subsequently have dissipated all distress in the course of a day or two. The diagnostic symptoms between the genuine "gastro-enterite," and mere "embarrass gastrique," hitherto pointed out by medical writers, are indeed, it must be confessed, often unsatisfactory and even delusive; and it has been owing in a great measure to this very uncertainty, that the exclusive doctrines first promulgated by Broussais have been carried to so extravagant a pitch by one party, and condemned so indiscriminately by another.

"It is with the hope of dispelling part at least of this uncertainty, that M. Donné has ingeniously proposed the chemical state of the saliva as the means to determine the real character of various stomachic diseases.

"He premières his remarks by alluding to those excellent observations of M. Andral, wherein he states "that no relation can be established between the existence of nausea and vomiting, occurring during the progress of fevers, and any lesion of the stomach appreciable on dissection; for, on the one hand, these symptoms have been often absent, when the stomach has been found "le plus rouge et le plus gravement affecté:" and on the other hand, when they have been present, often no morbid change of the viscus is discoverable after death. The mere existence therefore of these symptoms in fevers is no proof of even irritation, far less of decided inflammation of the stomach.

"Unless the vomiting be accompanied with epigastric pain, redness of the tongue and thirst, we have no good reason to predicate the existence of gastritis. What M. Andral says of the state of the stomach in continued fevers is equally applicable to many other cases of less serious importance, where the physician is not a little perplexed to determine whether there exists a mere "embarras gastrique" (in the language of Stoll "saburres
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gastriques") or a decidedly irritative or inflammatory condition of the stomach. In alluding to the treatment he adds: "unfortunately there must always remain some uncertainty as to the actual morbid state of the stomach in those cases, where the symptoms have been relieved by the use of emetics and purgatives: and to add to the difficulty the symptoms which have been supposed to indicate the use of such remedies, are by no means uniform and constant." The object of M. Donné's Essay is to endeavour to remove some of the difficulties, which environ this interesting department of Semiology, and to point out a method by which the physician may be enabled to ascertain the various "modifications moribides," in which the employment of emetics is or is not appropriate: and first with respect to the inflammatory irritation of the stomach, he directs our attention to a system hitherto unnoticed by medical men, and derivable from the chemical state of the saliva. Before alluding to the pathological modifications of this fluid, it may be useful to glance at the opinions of different authors as to its chemical properties in a state of health.

"M. Magendie regards the saliva as being sometimes acid, sometimes neutral, and sometimes strongly alkaline: when the stomach is empty it is usually acid; during mastication it is alkaline, the acidity disappearing sometimes "dès la premiere bouchée d'alimens." (A tolerably fair specimen of the vagueness of this physiologist's assertions.)

"According to MM. Tiedemann and Gmelin, the saliva and the mucus of the oesophagus are alkaline in all cases, not only in man, but in every other animal, which they have examined.

"M. Donné's experiments have led him to the same conclusion. He has found that the saliva is constantly alkaline before, as well as during taking food, and also during digestion, provided the stomach is in a healthy condition. He assumes it therefore as a position beyond all doubt that the normal state of the saliva is decidedly alkaline. Any one may readily satisfy himself of its truth by merely moistening with the saliva a slip of litmus paper which has been reddened by a weak acid: the blue colour of the dye is quickly restored. The saline contents are chiefly lactate and muriate of soda, and muriate of ammonia.

"It is quite true that the saliva will be found not unfrequently to be acid; but this change of chemical property is always coincident, according to our author's experience, with a morbid state of the stomach; and it is on this very change of character that M. Donné founds the diagnosis of several diseases of this organ. He repeats the assertion, that he has never met with a single instance of the saliva being acid, when the functions of the stomach were healthily performed; and he assures us that whenever it is so, he has always found it to be characteristic of irritation or inflammation of the mucous coat.

"Hitherto there have been only two methods by which the existence of such a morbid state in doubtful cases has been deducible; viz. either by attention to the effects of the remedies, antiphlogistics or tonics, refrigerants or irritants, sedatives or evacuants, which may have been administered; or secondly by post mortem examinations. If the axiom "naturam morborum ostendit curatio" be not always rigidly true, it must be admitted that its principle has guided, and still guides many excellent physicians, and serves as a basis for most of the reasonings which we daily make in appreciating the value of different therapeutic means. We are willing to admit that it is an essentially empirical and often a misleading guide; but we are not to reject its assistance merely from the abuses which some have made of it. Medicine is in an especial degree a science of minute observation; and our observations to be practically useful are not to be confined to one set of phenomena to the exclusion of any other. Morbid anatomy acquaints us with one set; semiology, or the study of symptoms, teaches us another; and therapeutics or the doctrine of the action of remedies furnishes us with a third.
"The chemical examination of the secretions during life belongs to the second of these great branches of medical science. Hitherto it has been too much neglected; for, with the exception of urinary complaints, there is scarcely a class of diseases, in which its assistance has ever been invoked.

"Without further details, we shall now narrate briefly a few cases which will illustrate the good effects of attending to the chemical properties of the saliva in disease.

"It may be necessary to state, that the only testing means, which M. Donné recommends, is the use of slips of litmus paper, such as are generally employed in examining the urine. Some of them are to be reddened by immersion in a weak acid, to serve as tests of alkalinity.

"The saliva of a man, labouring under intense bronchitis, was uniformly found to be acid. On dissection, the mucous membrane of the stomach was found "pointillé et ramollie" in some points, and red and highly injected in others.

"A young woman, when admitted into La Charité Hôpital, was labouring under a severe attack of bronchitis, attended with great tenderness of the abdomen, excessive irritability of the stomach, diarrhoea, ardent thirst, &c. The saliva was strongly acid.

"The disease assumed in its progress a marked typhoid character, the tongue was parched and coated with a brown crust; the abdomen was always very tender; delirium and coma supervened, and the patient died on the 10th day after admission. The saliva was acid during the whole course of the illness.

"Dissection.—The mucous coat of the duodenum and jejunum was highly injected; the intestinal follicles were enlarged, and many of them ulcerated. The stomach exhibited "une injection pointillé" in its large extremity, and its mucous coat was soft and easily lacerable in several places: in other places it was very vascular, and of a dark colour.

"A young man was received into the La Charité Hôpital as a fever patient. All the symptoms of ataxic fever soon developed themselves. The saliva during the first days was only slightly acid; but later it became more strongly so. He died comatose. The saliva remained acid to the end.

"Dissection.—The mucous coat of the stomach was healthy in four-fifths of its extent; its large extremity, however, exhibited "une rougeur pointillé avec ramollissement pulpeuse de cette membrane."

"In a patient who died of severe pneumonia, complicated with great irritability of the stomach and with diarrhoea, the saliva had been found to be unusually acid, so that it reddened the litmus paper "comme le ferait du vinaigre." Besides serious lesions of the thoracic viscera, the inner surface of the stomach presented in different places a state of high injection, of partial softening, and of complete disorganization of the mucous tissue.

"The preceding cases are intended to illustrate the coincidence between a permanently acid state of the saliva and the existence of inflammatory irritation of the stomach, as ascertained by dissection. We shall now detail some cases, where the saliva was acid at first, but gradually lost its acidity and recovered its alkaline properties, as the patients were restored to health.

"A young man was received into the hospital as a fever patient. The symptoms were not serious: there was a yellow hue of the skin; the epigastrium was rather tender on pressure; there were however, neither vomiting nor diarrhoea present; the tongue was white, and the saliva was alkaline. During the progress of the case the saliva became acid, continued to be so for three days, then became neutral, and as the patient recovered, gradually assumed its alkalinity.

"A student of medicine, who had been but scantily fed for several months was seized with shivering, pains in the loins, loss of appetite, &c. The epigastrium was tender on pressure; the tongue was covered with a thick white coating; the saliva was strongly acid. As the feverish symptoms
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Subsided, the saliva became neutral, and during convalescence, it recovered its alkaline properties.

"A young woman was attacked with the symptoms of gastro-enteritis. The saliva was decidedly acid. Antiphlogistic remedies were used with happy effects, and the saliva gradually showed itself less and less acid, until it became neutral, and at length normally alkaline.

"In the case of a young man, who exhibited the symptoms of gastritis, viz. great tenderness of the epigastrium, thirst, tongue red and parched, &c. the saliva was found to be decidedly acid. By repeated leechings of the abdomen, and the use of demulcent and refrigerant drinks, the symptoms were speedily relieved, and in a few days the saliva was quite neutral, having no effect either on the simple litmus paper, or on that which had been previously reddened by an acid. It soon regained its alkalinity.

"This patient had two relapses of the complaint; and on both occasions the saliva was acid at first, and became neutral and then alkaline, as the symptoms disappeared.

"From the preceding data, M. Donné deduces the important (if verified by future enquiries) conclusion, that in all cases of gastric disturbance, where the saliva is distinctly acid, we have reason to believe that an inflammatory irritation of the stomach is present, and therefore, that an antiphlogistic treatment is required.

"With respect to the converse of the proposition, he candidly admits that his facts are not yet sufficiently numerous and definite to warrant him in laying down any therapeutic indication; and he only suggests that, whenever the saliva remains alkaline in gastric complaints, the most appropriate remedial means will be found to be emetics and purgatives. He promises to continue his own researches, and invites others to follow the same path of inquiry."
PART III.—MONTHLY PERISCOPE.

Broussaiism.—Dr. Thorburn says "Broussaiism, as it is in 1835, is not Broussaiism as it was. It has received from "various sources" a much more bearable shape, and seems less exclusively calculated for the meridian of Paris. Not that "the only true doctrine" was ever destitute of what the critics of the legitimate drama call 'points,' for exclusive of egotistical attacks on its honorable opponents, as Professor Chomel rather cynically observed, it has three cardinal points—gastritis, gum-water, and leeches!—Voila, toute la medecine physiologique!"—American Journal, No. 35, May 1834; page 180.

Expectant plan of cure.—In Mr. Lee's notice of the Hôpital des Enfants Malades, it is declared that the mortality among the unfortunate children in this Institution, is one in four! The British Reviewers, Forbes & Conolly, believe from their own "painful observation, that is rather under than over the truth," and that "this horrible mortality is to be ascribed, in a great measure, to the expectant system of medicine; to starvation, and gum-water, conjoined with the too free use of leeches."—British and Foreign Medical Review.

Sciatica and Rheumatism.—The general system of medical practice in Germany, approaches much more nearly to that of England, than in France and Italy: bleeding is less frequently had recourse to, but active internal medicines are employed, as well as enemata and baths; whilst tisans and infusions of herbs are now but little prescribed.

When speaking of Stuttgart, Mr. Lee mentions that Sciatica is treated, in that Institution, not by blisters applied over the trunk of the Sciatic nerve, but below the knee, so as to encircle the leg; a method which is said to produce a speedy cure in most cases. In the general hospital at Prague, Rheumatism is treated by the administration of large quantities of warm water: both acute and chronic cases appear to be treated in this manner, and it is said with success.—British and Foreign Medical Review.

Clinical Lectures of Sir B. Brodie.—1. On Epulis.*—This disease, according to Sir B. C. Brodie's experience, occurs usually in women; but he has seen it in men. The following is the history of the complaint presented us by this excellent practical surgeon.

"When you look at the disease in its early stage, it appears as if a part of the gum were more prominent than the rest; the prominent part is covered by a membrane like the gum, and when cut into, it is not very different in appearance from the consistence and structure of the gum itself; at least, so far as the eye can discern. On these accounts, as it looks like the gum on the surface, as it cuts like the gum, and as it is connected with the gum, so it is supposed generally to have its origin in the gum, and I cannot say that that is not its source in some instances; but yet I must own that in cases which I have had an opportunity of examining, it has appeared to me that the disease originated in the alveolar processes. I have observed that the disease is always situated by the side of one tooth, and generally a tooth is pushed out of the socket as the disease advances. The history of the present patient tends to confirm this opinion, for she says that the teeth became loose and dropped out, and then grew up the tumor. Here is a spe-

* Lancet, November 21, 1835.
... presenting it) of the disease, attached to the jaw, and in which it evidently appeared to have originated in the alveolar process. In the operation, I removed with the tumour the portion of the jaw belonging to it; and I found in that part of the jaw which was sawn through, and where it was not supposed that any tumour existed, that there was a substance exactly like the tumour itself, in the alveolar process. I sawed through the bone where I thought it was healthy, and there I found the socket of an alveolus, in which the structure was so exactly like that of the large tumour, that I thought it right to destroy this part. The tumour is at first small; as it advances the teeth drop out, and the tumour at last extends from one side of the jaw to the other. If the disease go on it will ulcerate and increase in size, and although in this woman it remained stationary, as any tumour may, yet it may go on to attain any magnitude. I have seen a tumour occupy the entire half of the lower jaw, so that the patient could not close the mouth; and it may go on further still, and run the course of any malignant tumour. Consider what any malignant tumour of the jaw will do, and that is what this tumour also may do. It may occupy the cavity of the mouth itself, press upon the cheek, and ultimately produce destruction of the face, so that you have a large ill-conditioned ulcer, with a tumour at the bottom of it. In short, it may run the course of any malignant disease."

Sir B. Brodie proceeds to state that although the tumour, if left to itself, will ulcerate, slough, and produce destruction of contiguous parts, just as scirrhouss or fungus hematodes, yet it is only so far malignant; for it will not contaminate the constitution like those truly malignant disorders. If a scirrhous tumour is removed, the probability is, that another scirrhous tumour will appear in the cicatrix, or in some other organ or part. But Epulis is one of those half-malignant diseases, which, although not capable of a natural cure, and ending in the destruction of the textures with which they are immediately involved, do not seem to produce that condition of system which gives rise to the formation of similar tumours elsewhere. This is a very consolatory fact, and exerts, of course, an important influence on our views of treatment.

If tumours then like Epulis are removed, they do not re-appear. But they must be removed entirely. When the tumor is taken away at a late stage, the disease does occasionally return. The reason is, not that the disease is then more malignant, but the eradication by the operation has not been quite complete. The same thing occurs with the tubercles which form on the cheeks of old persons. Remove them early and remove them perfectly, and they do not grow again. If removed late, they may not then be removed so perfectly, and so under these circumstances they do grow again. The following is Sir B. Brodie's method of operating in the instance of Epulis.

The mode of proceeding must depend on circumstances—and the size of the tumour—on its extent—and, partly, on its position. In the greater number of cases of this kind that I see—in private practice at least—the disease is in the early stage, and, of course, then, the tumor is of small size, and may be easily destroyed in the following manner: First of all, all the teeth which seem in any way to interfere with the disease must be drawn. This step must be taken before you can do any thing else. You thus expose the tumour completely, and then, in ordinary cases, you may proceed in the following manner. If the teeth, where the tumour is formed, have been dropped out for some time, the alveolar processes have become absorbed; otherwise, of course they remain, and this circumstance you must bear in mind. I am now speaking of cases where the tumour is small. I place the patient before the light, and then cut off the excrescence, so far as I can get at it. If the alveolar processes remain, of course I use such a knife as can be carried to the bottom of them; but if they have been absorbed, a straight common knife will do. You then wait for the bleeding to subside, and if there be a great deal of hemorrhage, you may postpone the next step of the operation to another day, when it may be done quite as well as on the first
occasion. The next step of the operation is to apply the caustic potass to the surface of the bone from which the tumor arose. You may apply the actual cautery, or nitric acid; but I prefer the caustic potass, which answers the purpose fully as well as the actual cautery, and frightens the patient much less. I think, moreover, that you know more exactly how far you go with the caustic potass than you do with the actual cautery: and be assured, also, for I speak from having employed it many times, that it answers the purpose perfectly. You should have a piece of caustic potass, with a point so as to enter the alveolar process. It should be cut in the shape of a pencil, and be a piece of a tolerable length, and it should be fixed, at right angles, in the end of a pair of dressing forceps. Do not trust to your hands to hold it tight in the forceps, but let it be fastened on by a ligature, passed round several times; apply it to the surface from which the tumour had been removed; but if the alveolar process remains take care that the caustic penetrates to the bottom of the process. Many prefer the caustic potass to any thing else, because it does not coagulate the blood, and does not prevent the caustic from acting, and because also, it will penetrate somewhat into the substance of the parts; whereas the nitric acid coagulates every substance with which it comes in contact, and does not sink into it; it is more limited in its effects. You may conceive that the caustic potass is very likely to run about, to surround the cheek, to burn the tongue, and to injure parts beyond those which it is your intention to injure. It will dissolve in saliva, in the blood, and in the urine, and if it were to run about it would produce very great evil. How, then, are you to obviate the effects of such an accident? Why, just as you always would avoid the effects of its application where you do not want it to operate. Whenever you employ it for the destruction of living parts, have something at hand that will act as an antidote to it, and stop its operation. If you use caustic potass, you need only have some vinegar within reach, with bits of lint to dip into the vinegar and apply to the neighbouring texture. If you employ nitric acid, have some carbonate of potass, or chalk and water, ready to apply to protect neighbouring parts. You should never use caustic without having something by you that will destroy its properties, when the caustic is in danger of interfering with the neighbouring textures. There are some cases in which you apply the nitrate of silver (which is not a powerful caustic, and not much used for the destruction of parts) to the inside of the eyelids. Always have something at hand on such occasions to stop its operation, and the best antidote with which I am acquainted, is common oil, which stops its action presently. But to return.

Having removed the part with the knife, apply the potass to the surface, by which you will make a slough of the neighbouring parts, and destroy the surface of the bones. If the disease has descended to the alveolus, and the alveolar process is not absorbed, a narrow piece of caustic is to be introduced into the bottom of the process. This may be done at the time of excising the tumour, if there be not too much hemorrhage; but if there be, then it is better to defer the application to another day: no harm arises from waiting, and you never can apply the caustic to much advantage when there is much hemorrhage; that was the reason why I only applied the caustic slightly to-day. You should always examine the part afterwards, in order to ascertain if you have left any portion of the tumour undestroyed. If you have, it may be removed by a knife, or by the caustic potass, afterwards. It is not often necessary, but still, where the comfort or the life of the patient is at stake, you should exercise this precaution.

In cases where bone enters into the composition of the base of the tumor Sir B. Brodie employs a pair of bone-nippers, a modification of the common stump-bone nippers, but constructed with a double lever by Mr. Weiss. — The double lever gives great additional power to the operator. Sir B. Brodie particularly cautions the operator not to leave any disease in the jaw. — It may be necessary to remove very large portions, or the whole of it.
Corigreen, or Irish Pearl Moss.—In the American Journal for May, we observe a notice of this article, which is now extensively used on the western coast of Ireland, as a dietetic for various disorders, especially consumption, dysentery, rickets, scrofula, and affections of the kidneys and bladder. It makes a fine and digestible jelly, more pure and more agreeable to the stomach than many others, by being dissolved in water by boiling. It is said to agree better with the stomach than animal jellies. It is also used in decoction, by boiling 3 i of it in 3 i iss of water, or milk, down to one pint, as a food for children brought up by hand, or after weaning, or when laboring underrickety or scrofulous affections, and is found highly nutritious, bland and easy of digestion. It is said to be without the unpleasant flavor of Iceland moss. This article has not become common at the south, but we have met with it occasionally, and have been delighted with it as a dietetic. Indeed, we have found nothing which seemed more suitable as a first diet, after gastric or intestinal irritation, or after great debility, and tympanitic states of these important organs. It seemed to fill a place for which we had nothing else—being receivable by the stomach before we could allow other light articles. We hope apothecaries and druggists will enable themselves to supply the article.

Mr. Bass, Pharmacetic chemist, directs its preparation for medicinal use in the following manner: "Steep 3 ii of the moss in cold water for a few minutes, then withdraw it, (shaking the water from each sprig,) and boil it in one quart of new or unskimmed milk, until it attains the consistence of warm jelly—strain and sweeten it to the taste with white sugar or honey; or if convenient, with candied Eryngo root. If milk disagree with the stomach, or be inadmissible in the case, water may be used in its stead. The decoction made with milk is recommended for breakfast to consumptive patients; and that prepared with water will be found a most agreeable kind of nourishment, taken at intervals through the day; the flavour being varied with lemon juice, or peel, sweet orange juice, cinnamon, or wine of any sort most congenial to the palate. The decoction in water, is also taken for the relief of cough, at any time in the course of the day, when it is troublesome; and it is, for this purpose simply sweetened with honey.

In dysentery, the decoction, either in milk or water may be administered with equal advantage, and in addition to the sweetening matter, if a tea-spoonful of tincture of Rhatany be added to each cup-full, a tone will thereby be given to the intestines, at the same time that nourishment will be conveyed to the system and irritation prevented. A large tea-cupful of the decoction may be taken three or four times a day.

As a pleasant strengthening food, boiled with milk, strained, with the addition of a little sugar, it is unrivalled for infants.—
Delicate persons take it in this way for breakfast, with the happiest effects."

Treatment of Mercurial Salivation by concentrated Muriatic Acid.—M. Velpeau is of opinion, that mercurial salivation is connected with some alteration of the mucous cryptæ in the mouth, and not with inflammation of the salivary glands, for he remarks, "when a gland is inflamed it no longer secretes: besides which, the patients do not refer the pain they feel to the glands, but to the interior of the mouth.

"What is the progress and effects of mercury! By its extreme subtlety it is introduced into the system, saturates it as it were and inflames it; for most generally the gums, the internal lining of the cheeks, the edges of the tongue are covered with a thick layer of lymph, and this is most probably owing to an irritation, generated by sympathy or continuity, and it is therefore essential to look to the cryptæ rather than the glands. This view of the subject induced M. Berard to make use of muriatic acid, and myself to employ it alternately with a mixture of honey, the acid in question, solution of lunar caustic, and several other remedies. For the last two years I have returned to the use of the acid, but I now prescribe it in the pure or even concentrated state. In a patient who had been labouring under severe ptalmal for four days, and to whom I applied the acid by means of a hair brush pencil, the good effects were immediate. I was afraid, however, lest it should produce mischief, but was deceived; a pellicle forms over the mouth, but there is no inflammation. Of three patients treated with concentrated muriatic acid, one has left the hospital: of the two remaining the second recovered in a few days. In these cases the patients were touched with the remedy four times in two days, and this sufficed. In the third patient the inflammation was less acute, and the effects less marked: moreover, the salivation was of some standing; from all which it may be inferred that the muriatic acid is beneficial in proportion to the intensity of the inflammation. To this patient, therefore, I applied alum, and the symptoms were almost directly ameliorated; alum, however, to be useful, should be used in substance, and in large quantities."—Lancette Francaise, 2nd June.

Nitrate of Silver for the Cure of Chilblains.—Dr. Gamberini recommends the following remedy to prevent the ulceration, and even to disperse chilblains; they should be moistened with a piece of linen slightly soaked in water, so as to keep the skin soft and moist, without being exactly wetted; and when thus prepared, a piece of nitrate of silver is to be rubbed on the chilblain; moderate pressure should be used, and it should be slowly passed several times over the part. In a few minutes the epidermis becomes very slightly whitened; at the end of some hours, and generally when the part is exposed to the light, as in the chilblains of the hands, the epidermis becomes brownish, and presents a greater consistence to the touch. The effect is just the same as that produced on the fingers when a piece of this caustic is handled without precaution. A strong pressure, or more prolonged application of the remedy will denude the part; the same thing will happen if the surface be too much wetted before cauterization. But, in general, we may say that when the cauterization is maintained within proper limits, it causes no pain, and rarely a slight pricking.

This simple treatment relieves the patient from all inconvenience, in the course of a few days. It may, however, become necessary to re-apply it once or twice.—London Medical and Surgical Journal, Feb. 20, 1836.

Case of Local Pulsation—By Elisha Bartlett, M. D.—I was invited, a few days since, by Dr. Duesbury, of this town, to see a patient suffering with violent throbbing of the temporal arteries. The patient is a chlorotic girl. All that could be ascertained of her previous history, in regard to disease,
was that she had been repeatedly bled for what her physicians had called brain fever. At these times, she says, the beating in the temples was present. On examining the temporal arteries, I found them pulsating with a very powerful expansive throb, like that of an aneurism. The strength of the arterial beats was not uniform. The vessel seemed to swell up under the touch, like an artery as large as the little finger, with its circumference indistinguishably defined. It resembles, somewhat, the swelling out of the temporal muscle when the lower jaw is strongly pressed against the upper. Every pulsation was painful, and the action of coughing, although instinctively suppressed by the patient, was accompanied by great aggravation of the pain in the temples. But the most curious circumstance in this case remains to be stated. The pulsations in the temporal arteries were not synchronous with those of the heart. The average number of pulsations at the wrist, repeatedly counted, was one hundred and six; the average number in the temporal artery was eighty. The pulse at the wrist was feeble and soft; the action of the carotids corresponded in force and frequency with that of the radials. By firmly compressing the temporal artery, low down and anterior to the ear, where its action was very much less violent, the powerful throbbing of the temples was arrested, and the artery flattened away like an aneurism emptied in the same manner. I say nothing of the general symptoms, as I mention the case to you chiefly as a striking and unequivocal instance of pulsation in an artery independent of the action of the heart.—American Journal, May, 1836.

Flannel in Hot Climates.—In the United Service Journal for August, 1835, there is a very valuable paper by Dr. Ferguson, on the "Health of Troops," which we strongly recommend to our military medical readers—and, indeed, to all military men, whether medical or not.

We were gratified to find our own opinions, respecting the use of flannel next the skin in tropical climates, corroborated by a talented army physician. Dr. F. observes: "I, for one, protest against it (flannel) as an enervating habit, of which the healthy, hardy soldier can never stand in need. To the feeble and vatudinary it is most useful; and, as an hospital indulgence, highly proper; but, when worn in the crowded barrack-room, with, too often, bad washing and insufficient change, it becomes a deposit of filth—even of contagion, irritating to the skin, and incompatible with health and cleanliness." Dr. F. very properly makes some exception, such as in bivouacs, and when the soldier is encamped, and in a rigorous climate. "With the above exceptions, it should never be seen either in the barracks or quarters."—Medico-Chirurgical Review.

On the different offices of Lacteals, Lymphatics and Veins in the Function of Absorption.—Dr. Handyside, of Edinburgh, presented to the Medical Section of the British Association, at the Dublin meeting, an interesting paper on this subject, in which, after starting with the proposition, now generally admitted, that these three set of vessels are one and all of them endowed with the faculty of absorption, he proceeds to lay down, as a general position, that each of these three systems of vessels is endowed with a peculiar office in the general function of absorption:

1st. That the lacteals absorb aliment, and refuse entrance to all other matters.

2nd. That the lymphatics remove the elements of the body which have become useless or noxious, to make room for the deposition of new matter.

3d. That the veins, besides returning the blood to the heart, absorb various foreign matters.

1st. Function of Lacteals.—This appears to be decidedly to convey nutriment into the system, and that no other class of vessels can exercise that function, would appear almost proved to demonstration by the experiments
of Dupuytren, in which it was ascertained, that by applying ligatures round the thoracic duct of horses, death from inanition followed in all instances.

2nd. Function of Lymphatics.—Closely as the lymphatic system resembles the lacteal, even in the most minute details of anatomical characters, the vessels composing it nevertheless appear to have for their peculiar function the office of removing the debris of the body. After noticing the arguments of Dr. Hunter and Mr. Hewson as to this function being performed by the lymphatics, Dr. H. ingeniously observed, that in vegetables, the debris, instead of being removed by vessels, are detached from their surface, as in the falling off of their leaves and the scaling off of their bark, or they are piled up in the interior of the individual, (as heart wood,) and preserved during the whole period of its existence; which circumstance, taken in connexion with the absence of a system of vessels in vegetables corresponding to lymphatics, may be regarded as affording a negative proof in support of the opinion here stated.

Dr. H. next alludes to the supposed communication between the veins and lymphatics, which he maintains does not exist except where great lymphatic trunks empty themselves into the venous system; thus showing an independent existence of the lacteal system, which argues in favour of their having to perform a separate function.

3d. Absorption by Veins.—Several experiments were detailed, proving that the absorption of fluids from the surfaces of serous and mucous membranes, and from the surface of the skin, was accomplished by the veins and not by any other vessels. These experiments consisted in the exposure of fluids containing ferro-cyanate of potass and prussiate of potass to the serous and mucous surfaces, and to the skin stripped of its cuticle. Absorption of the fluids so applied took place, and by the application of suitable tests, the sulphate and deuto-sulphate of iron, the presence of the salts above mentioned was discovered in the blood, but never in the fluid contained in the thoracic duct.

The results of these experiments were similar to those of Flandrin, TieDEMANN and Gmelin, and Magendie, and prove that absorption from the surfaces of the various organs is affected by the veins.—American from Dublin Journal.

Treatment of Itch.—Dr. Lison, physician to the hospital of Donzi, lauds, in a communication in the Journal Gen. de Therapeutique, the efficacy of the following ointment for the cure of Itch.

Rs. Litharge 3/4.
Olive Oil, 3 iv. Mix, place over a moderate fire, and stir until the li-tharge is well dissolved, and the ointment acquires a slight blackish tint.
Half an ounce is to be used in friction to the hands, feet and armpits, morning and night.—American Journal.

Sulphuret of Potash in Asthma.—An individual, labouring under a severe attack of spasmodic Asthma, applied to Dr. Carusi, who having ordered the Aqua Lauro-cerasi internally, and frictions with tartar emetic ointment, without success, directed 16 grains of the sulphuret of potash, rubbed into a paste with honey. This quantity was divided into four portions, one of which was given three times a day. After the administration of the last dose, the Asthma entirely disappeared, and the cure was complete.—American Journal.—London Medical and Surgical Journal.

Sulphate of Quinia and Lactucarium in Cholera.—Dr. Halphen of New Orleans, in a memoir on Cholera Morbus complicated with Yellow Fever, as it appeared in New Orleans, during the epidemic of 1832, seems to prove by a number of cases and
On Phloridzine; a new organic substance, &c. [Sept.

observations, that the epidemical constitution predisposing to Yellow Fever, is overruled by that of Cholera. He found that the disease would supervene on cases of Yellow Fever, the symptoms of which would meliorate immediately on the occurrence of Cholera. He also observed, that strangers in a yellow fever region failed to take this disease, as they were otherwise wont to do, if Cholera prevailed; and that, when its attacks were suffered, they were much more benign than under other circumstances, they were with unclimatized citizens: His observations were made in New Orleans during the years 1832, '33 and '34.

"The remedy upon which Dr. H. chiefly depended for the cure of Cholera, in the cases which fell under his care, was Sulphate of Quinia combined with Lactucarium: and the facts which he has adduced, would all certainly appear to prove it superior in efficacy to all other remedies that have been proposed for this disease. It was administered either in pills, composed each of three or four grams of Sulphate of Quinia and half a grain of Lactucarium; and administered every five, ten, fifteen or twenty minutes, until reaction took place; or forty grains of sulphate of Quinia and from six to ten grains of Lactucarium, were dissolved in six ounces of fluid, of which a spoonful was given at intervals more or less short, according to the circumstances of the case. Six to twelve grains of Sulphate of Quinia and from two to four of the Lactucarium, in a pint of mucilage, were also injected per anum every fifteen minutes, until the diarrhea was suspended. Sinapisms and stimulating liniments, to the surface, were at the same time frequently employed.

"By this plan of treatment, we are assured by M. Halphen, that a general, moderate, and regular reaction was almost invariably established, and the speedy convalescence of the patient ensued"—American Journal.

Phloridzine; a new organic substance. (L'Institut. No. 143.) This vegetable principle was obtained by M.M. de Koninck and Stas from the bark of the root of the apple, pear and cherry trees. It may be procured by boiling the roots for four or five hours in water, decanting the liquid and continuing the ebullition with an addition of pure water for two hours, and again decanting. The decanted liquid, in each instance, after twenty-four or thirty-six hours repose, will deposit small crystals of a more or less brown color. It may also be obtained from an alcoholic solution.

Phloridzine is but slightly soluble in cold water, but more so in warm. At 185° C. it is dissolved in every proportion. It is more soluble in cold alcohol than cold water, but equally in the two liquids at their boiling temperature. Heated above 100° C. it slowly melts, at 177° boils, and at 107° is decomposed, producing benzoic acid which sublimes. It is decomposed by the sulphuric, nitric and hydrochloric acids. Ammonia and the other caustic alkalies in solution dissolve it without alteration. The deutosulphate of iron colors the solution of phloridzine a deep brown, causing at the same time an ochre-yellow precipitate; no change in the color is effected by the protosulphate. Its composition is carbon 14, oxygen 9, and hydrogen 18 atoms.

The author, M. de Koninck, suggests in his memoirs, that phloridzine may be ranked with the most valuable febrifuges and will rival in utility the sulphate of quinine.

CORRECTION—In the notice of the medical properties of the Amygdalus Persica, on the 149th page, 1st Volume, of this Journal, it is stated on the authority of Professor Dugas, that under its use "the disease (pyaemia) generally disappeared within four or five days." Dr. D. does not wish to have been understood precisely in this way; but that, the disease generally disappeared within about half the usual time; all the symptoms being mitigated forthwith.