SOUTHERN MEDICAL

AND

SURGICAL JOURNAL.


PART 1.—ORIGINAL COMMUNICATIONS.

ARTICLE I.

A Letter to the Editors. By Edward Delony, M. D. of Talbotton, Georgia.

Gentlemen,—I was much gratified to see the announcement of the Southern Medical and Surgical Journal having commenced its career in the medical world—long, long may it prosper. The benefits which will result from it, to the profession of the South, will be felt and acknowledged for years to come, it must be sustained, and I confidently believe, that the highminded liberality of Southern medical gentlemen will sustain it.

I propose, in a plain and brief manner, to advance a few reasons to shew the necessity and importance of a Southern medical periodical. When we take into view the various influence of climate, especially on the human constitution, even in the limits of the United States, and the consequent variation and peculiarity of symptoms which characterize disease, brought about by this powerful agency, in connexion with other local causes, over which it operates, we do not hesitate to declare our firm belief, that a successful course of treatment for almost any disease, in the northern part of the American continent, or even the United States, would in the State of Georgia, Alabama, or Louisiana, in the same disease, not only prove unsuccessful, but, in all probability, dangerous to the life of the patient.
In order to bring to your view a striking example of the influence of climate, with other local agents, in propagating diseases peculiar to itself, I would cite you to the history of that most frightful scourge, Asiatic Cholera. When and on what part of this continent, has this disease ever penetrated into the pure and healthy climate of the highlands, or among the hardy yeomanry of the country, distant from the moist atmosphere of the coasts, or large rivers, and low flat countries commonly covered with water one half of the year? I think no instance of the kind can be pointed out, our recollection does not serve us as to a single one, at least in the United States.

Again, in a case of common Pleurisy, arising in a northern climate, do we discover no difference in the treatment of a similar case, arising in the south? In the former case, free blood letting, a few saline cathartics and a good sweat, would probably be sufficient to cure the patient. But is this all we have to do in the south? No. We would have barely commenced.—Here, we find a complication of symptoms, altogether out of the ordinary routine of a common attack of pleurisy. We have an inordinate excitement in the liver to control, in consequence of which an obstinate continued fever prevails, and the pain in the side remains unsubdued, although we have bled our patient as much as we dare to do; extensive blistering has now to be resorted to, and the patient almost exhausted, has frequently to be supported with stimulants; the harassing and painful cough, is frequently, most frightfully aggravated, in consequence of an enlargement of the liver—in short, with all the symptoms of a Pleurisy, we have combined, those of a violent bilious fever. And where now shall we look for correct information in the management of such a case? surely not to the pages of a northern periodical or amongst the writings of northern physicians?

So also in Rheumatism, a physician, when this disease occurs in a cold climate, will merely, by bleeding and sweating his patient, often effect a cure; while a southern practitioner will find two-thirds of his cases of Rheumatism, connected with and dependent on a diseased condition of the liver, with an additional variety of symptoms. Will the same treatment answer in both cases?—common sense would teach us otherwise, and yet the treatment for this disease is laid down in the books, the same, whether it occurs in Georgia or in Maine, whether it is dependant on a
morbid action of the liver, or from other causes. I have cured a patient of a violent attack of Rheumatism, by directing my remedies entirely to the correction of a highly diseased liver.

So also in Typhus Fever—where is the physician in Georgia who has seen a well marked case of Typhus Fever, according with the symptoms as laid down by northern writers? It is very true, we have typhoid diseases—some years our summer and fall diseases are ushered in and wear throughout the garb of a typhoid epidemic; whilst other years, they are of a highly inflammatory grade. Again I would ask, amidst all this variety and peculiarity of disease, where shall we look for the correct treatment, but among that portion of the faculty where they occur?

I might increase this part of my communication to an almost interminable length, even without going into the minutiae of the subject; but under this head, I have adduced sufficient reason, I think, to satisfy every one, that among ourselves we must look for the most proper, correct and successful treatment of those diseases which prevail among us. The experience and talents of the profession of the south, will compare with that of any other portion of the world, and their judgment is as sound and correct, although they are not in the habit of entering into those fine spun, refined theories, that would lead them to the administration of a thousandth part of a grain or drop, with the least confidence in its producing any impression on the most susceptible organ in the human system.

The profession at the south are too much in the habit of looking to the north for medical light and knowledge, and what does it profit them after they obtain it—they find after all their trouble and expense, they have to avail themselves of their own resources; their own judgment and experience soon teach them the fallacy of suffering themselves to be governed and guided by the views and opinions of those, who can know nothing of the difficulties which we have to encounter in the management of the diseases which occur among us. Then, let us come freely forward, as we have now a medium through which we may kindly interchange our ideas, and present to each other our experience. I trust for the honor of our profession and for the benefit of mankind, we will not neglect so favorable an opportunity for the improvement of medicine, and the mitigation of the sufferings of our fellow creatures.
There are other strong reasons why it is important that a southern medical periodical should be published among us. The prevailing attempt that is now making to introduce among the credulous and superstitious part of the community, a "system of practice," which must tend more to the destruction of human life, than the sword or the bottle—is well calculated to arouse the philantrropic feelings of every physician, and arm him with renewed zeal in the dissemination of those true and correct principles of medicine, which must and will speedily overwhelm, with shame and disgrace, so daring and disgusting an attempt to impose on the human family what can be considered, in no other light than an organized system of murder.

Humanity weeps at the many instances of suffering and death which almost daily occur, brought about by the ignorant and imprudent administration of Lobelia, or by the still more barbarous process of stewing or boiling human beings alive; and will the medical profession look silently on, and make no efforts to rescue their fellow creatures from the death-like grasp of such bold and reckless imposture, or break the fatal spell that seems to have seized upon them?

The medical profession desire not to keep the people ignorant of the principles of medicine, on the contrary, they would fain give them all the information in their power. They would rejoice that every household could be possessed of the true principles and knowledge of the healing art—and how shall this desirable end be obtained?—Let every farmer subscribe for a medical work, he will find it but a small tax, and of inestimable benefit. Why should the circulation of medical periodicals be confined alone to the medical profession? much useful information can be gained from them even by the most ordinary capacities. We would beg leave then to suggest to the people of the South, the great propriety of liberally encouraging the "Southern Medical and Surgical Journal,"—it is a work published among you by your own people, and is deserving your encouragement. It is a work, in which every farmer may at once find the experience of the ablest physicians of the south, in the diseases which daily occur around him. It is truly a southern work, in which every southern man ought to take a deep interest.

In conclusion, I would respectfully suggest to every physician who may be a subscriber to this journal, and all others who feel
a desire to encourage southern enterprise of this kind, to use his exertions in procuring subscribers, it will be a noble duty, and he will be contributing a lasting benefit to his neighborhood, and the people at large, by increasing those means which must give a foundation and circulation to the work, commensurate with the improvement of the arts and sciences, and as lasting and durable as truth.

EDWARD DELONY.

Talbotton, Ga., August, 1836,

Surgical Cases. By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.

SERIES NO I.

CASE 1st.—Amputation of the Thigh—Scrofula—Operation successful.

This was an old aggravated case of Scrofula. The patient was a negro woman, about 38 years of age, who had borne children; but who for several years had been so afflicted as to be unable even to wait upon herself. The disease had apparently affected the whole constitution. She had ulcers on several parts of her body, but more particularly on the left foot and leg. In fact, the whole ankle-joint and foot of that side formed one immense ulceration, from the surface of which there was periodical (I cannot say regular) hemorrhages. The patient had been subjected to a variety of treatment, while under the care of the late Dr. Anderson Watkins of this city. For the last ten or twelve months, the case being considered incurable, this woman was allowed to place herself in any position, and at the time of the operation the left leg was permanently flexed upon the thigh.

At her own suggestion, an operation was agreed upon, the object of which was to prolong her life, now endangered by the
repeated copious bleedings from the large ulcer about the left ankle, and by removing an useless limb to relieve her sufferings, &c. On the 5th of August, 1828, the circular flap amputation of the left thigh was performed, which the patient bore remarkably well, both morally and physically. The muscles were pale, flabby and oedematous; so that the skin reserved for covering the stump was found to be too long, and a portion consequently was removed; the bone was a mere osseous shell, offering very little resistance to the saw; and the principal artery was so altered that when tied, the internal and middle coats adhered to the forceps, and were brought away as a plug out of its calibre. The stump was dressed in the usual manner of the day, and afterwards with fine powdered charcoal, under which application it healed in about 30 days. It never re-opened, though the patient still had ulcers on other parts of her body.—She lived nearly two years after the amputation, and it is said died of colic. In all, she was afflicted 19 years.

Case 2nd.—Amputation of the Arm—Ulceration of a portion of the flap, from pressure upon the bone by the adhesive strips.

This occurred in one of the wounded at the battle of Ostrolenka, during the revolution of Poland in 1831. Amputation of the right arm was performed in June, in one of the military Hospitals of Warsaw, and Dr. Placer, chief surgeon, assisted and applied the adhesive plaster. The strips were placed accurately over the stump, but drawn so tight and with so much force, that at the next dressing a portion of the skin which came in contact with the circumference and sharp edge of the bone, had sloughed. This of course retarded the healing of the wound for several days, though the bone did not protrude.

Remarks.—As it is an axiom in Surgery, that skin and not muscle is the proper covering for a stump, the inconvenience above alluded to might have been avoided, either by using only the necessary degree of pressure in applying the dressings, or probably by rasping or paring the rough edge of the bone, before laying down the flaps. This case also exhibits the importance of each Surgeon attending to his own dressings: but acting as I was then, under a superior officer, submission was proper.
Case 3rd. Protrusion of the Bone after Amputation of the Thigh.

This was also one of the unfortunate wounded at the battle of Ostrolenka, and though placed under my care, the operation had been performed by another, and whose apology for the nature of the stump, was that he had been compelled to perform it at night and without proper assistance. This may be regarded a case of peculiar interest; one at least of rare occurrence in the present enlightened state of Surgery. It had been upwards of 30 days since the operation, when I first saw it. The soft parts adhered intimately to the bone, and the stump was conical or of the sugar loaf shape. The extremity of the femur projected about an inch and a quarter beyond the skin. Its periosteum was destroyed, and a line of separation was well marked just beyond the point embraced by the soft parts. The protruding bone seemed to be in a fair way of being removed by the absorbents, when by a change of situation, I lost sight of the case. But no doubt the separation was completed.

Remarks.—Granting the circumstances under which this operation was performed, (during the night and without proper assistance,) were a satisfactory excuse for the protrusion of the bone, ought not the projecting portion to have been removed the next day? The muscles might have been easily dissected up, the bone sawed off higher up, and then properly covered by the skin. The absorbents were truly sufficient for the separation, but besides the difference of time between them and the saw in effecting the same object, which is as three or four months, to fifteen or twenty seconds, and in the pain, &c. ; it is well known that to a sugar loaf or conical stump, an artificial leg cannot be applied and worn with comfort by the unfortunate sufferer who loses a limb.

Case 4th.—Amputation of the Leg—Reunion on the third day.

This operation was performed upon a healthy soldier, in the barracks near Warsaw, in July, 1831, who had received a musket ball through the right ankle joint, which was succeeded by necrosis of its bones. The skin exactly met over the face of
the stump, and many circumstances conspired to favour reunion of the soft parts by the first intention. It being mid-summer, the dressings were removed on the third day, and upon examination the opposite edges or lips of the wound were agglutinated together, the whole line, except where the ligatures came out. This case also passed from under my care by a change in the army. But I do not pretend to present it as a case of perfect union after amputation—the ligatures undoubtedly produced some suppuration.

**Case 5th.**—Amputation of both Legs below the knee—Patient in the street on the fourteenth day after the operation.

In an article on the subject of the chlorides of lime and soda, published in a late number of the American Journal of the Medical Sciences, Philadelphia, this case was alluded to. The patient was a negro boy,* about fifteen years old, who had his feet destroyed by gangrene, the effects of frost-bite. Amputation was performed at the usual place below the knee of both legs, on the 30th of January, 1834. The stumps were dressed on the eighth day; on the morning of the 10th after the operation, the patient rode in a buggy several squares of our city, and on the fourteenth day, he went into the streets of his own accord. This at least equals Sir Charles Bell's case of amputation of the arm, in which the patient was able to go into the streets of London, the 7th day after the operation.

**Case 6th.**—Amputation of the Fore-Arm—But two dressings.

In April last, 1836, a little girl had her right hand terribly shattered by the bursting of a powder-flask, which she had opened over some live coals on the hearth. The thumb was entirely torn off and thrown out at the top of the chimney, into the yard. Amputation was performed near the wrist, and the stump healed so kindly, that it was dressed but twice with adhesive strips, the ligatures offering the only obstacle to complete reunion.

*Augusta, August, 1836.*

*This boy now belongs to Mr. Housley, where he has been learning saddlery for the past six months, and in losing his feet and legs has certainly lost nothing to disqualify him for the acquisition of a valuable trade.*
Remarks on the Pathology of Idiopathic or Spontaneous Mortification; with cases. By L. A. Dugas, M. D., Professor of Anatomy, &c., in the Medical College of Georgia.

That the true Pathology of Idiopathic or Spontaneous Gangrene is but imperfectly understood, may justly be inferred from the various and vague views emitted by writers on the subject. Most of them, confining themselves to the consideration of its remote causes, have enumerated old age, the use of unsound wheat, or ergot, and several morbid conditions of the system, as scrofula, syphilis, infection, &c; whilst but few have studiously observed the organs of innervation and nutrition, in the affected locality. It is true that ossification of the arteries of the extremities has been assigned as a probable cause of some cases of gangrene of the fingers and toes, but I am not aware that the nerves and lymphatics have ever been minutely examined in such cases.

If the functions of innervation and nutrition, in general, be impaired, every part of the system should simultaneously suffer, and simultaneously cease to live, if the impairment be sufficiently great. But it is difficult to understand how such a general disorder can be exclusively evinced in a special locality. To admit that putrifying fluids, or deleterious agents, are forced by the vis medicatrix to a certain point, and permitted to wreak destruction where it can be borne with least injury, (usually in the extremities,) appears preposterous. By what agency can the offending matter be collected from all parts of the circulating medium, and accumulated in a finger or toe? We know that no part of the body, can retain life without nervous influence and nutrition, and, consequently, that the loss of either must necessarily induce death of the part. Moreover, we know of no internal cause by which local mortification can be produced, unless the hypothesis just rejected be admitted.

That the condition of the general system may have some influence in the development of gangrene, in parts already disposed to it, I do not deny. Such a degree of arterial ossification, or of local compression, for example, as would present but a slight obstruction to the circulation in a young, strong and ro-
Remarks on Idiopathic Mortification.

bust individual, would prove ample cause of mortification in one whose general energies were much impaired, either by age or disease. Such cases too are the most unmanageable, for the ill condition which permits the origin of mortification is rapidly aggravated by the very existence of the putrescent locality.

We are now speaking of that kind of mortification which occurs with little or no previous inflammation; but in what respects does this differ from that preceded by a high degree of inflammation? In inflammation, are not the vessels diseased? Is not nutrition impaired?—And may not the effusion of lymph in the cellular tissue, produce such a compression of the nerves and vessels as to affect innervation as well as circulation? Carry these phenomena of inflammation beyond a certain limit, and gangrene will be the result—gangrene from excessive inflammation.

Our knowledge of capillary action, as well as of innervation, is extremely limited; yet these are the operations we should study, in order to scan the mysteries of inflammation, and avoid the dangers of gangrene. Let us confine our investigations to the condition of the circulatory vessels and nerves, and I hesitate not to predict that the pathology of Idiopathic Mortification will very soon be properly understood. It is of the utmost practical importance—that it should be determined whether this disease depends on a constitutional, or a local defect; for the treatment entirely depends on the decision. If the disease, or rather death, be of local origin, the sooner its seat is severed from the body, the greater will be the promise of recovery, since the system confessedly suffers exceedingly by the presence of a mortified member; whether by absorption of noxious particles or not, I will not discuss. If, on the other hand, gangrene recognizes a constitutional cause, we have nothing to gain from local applications, but must direct all our efforts to the regeneration of the impure fluids.

These reflections were suggested by a case I attended, in conjunction with several distinguished practitioners, and the treatment of which proved extremely embarrassing, from our imperfect knowledge of its pathology. I will subjoin a brief history of it.

Mr. ***, about 45 years of age, of a strong, robust constitution, though rather corpulent, perceived about the 1st of March, on
the dorsum of the toe next to the little one, a small reddish spot, attended with very slight sensitiveness, and which occurred without appreciable cause. Referring it to the pressure of his boot, he paid but little attention to it, and merely wore an easier shoe for a few days, when he accidentally observed that the spot had spread over the toe, and assumed a dark hue. He immediately called in his physician—the toe was dead. It was removed with very little pain, and the mortification was found to have extended above and beneath the metatarsal bone sustaining the toe, and to furnish a sanious discharge through fistulous openings at the distal extremity of this bone. The disease now seemed to subside; the place of amputation healed kindly; but the discharge continued. A few weeks after, the integuments over and beneath the metatarsus, gradually became oedematous, and of a deep red, and this extended to the toe next to the great, which died six weeks after the first. I was now called to see him, and found his countenance very much altered and anxious; he was very nervous and desponding; pulse small and frequent, (120); corpulency much diminished; but no functional derangement; little or no pain in the affected foot. The case had been treated, locally, by poultices, and generally, by various preparations of sarsaparilla, mercury to ptyalism, and low diet. There never had been any fever. The body, especially the affected limb, has presented small greenish patches, referred by the attending physician to remains of syphilis, which the patient had some 12 or 15 years previous. It was then treated by nitric acid; subsequently appeared in the throat, skin and tibia; was again removed, by mercurials and diet drink. He has had no symptom of it since.

We now determined to apply leeches, and to make free incisions through the skin and cellular tissue. From twenty to thirty leeches were applied five or six days with only apparent benefit; the incisions were made wherever the disease seemed disposed to extend, and the cellular tissue was invariably found dead, although the skin scarcely presented signs of inflammation. The regimen was made generous; diet drink continued a short time, then substituted by porter and bark; poultices to the foot.

The disease, however, gradually increased, so that by the first week of May, the oedema had gained the ankle, and some signs of it were perceptible in the gastrocnemii. All the soft parts
Remarks on Idiopathic Mortification.

beneath the metatarsus, and some above it, were in a state of gangrene; all the toes were dead, with the exception of a part of the great toe; some difficulty in voiding urine; frequently restless at night, and requires opiates; general energies very gradually failing. Two more physicians were called in consultation on the 7th May, when amputation was proposed, but deferred in order to give another trial to a free mercurial course, in hopes of correcting the constitutional malady. The foot and leg were rubbed and covered with unguent; hydrarg; and large doses of calomel administered internally; the Bark and Porter continued.

May 12th. Gums slightly touched; an incision a little above the inner ankle gave issue to nearly a half-pint of pus, which is discharged by pressure of any part of the leg, up to within four inches of the knee; leg very edematous and somewhat sensitive on pressure. Calomel discontinued; costiveness removed by a small dose of sulphate of magnesia.

16th. Edema increasing; discharge very abundant; nausea and diarrhoea ever since taking the aperient; no appetite; rejects the bark and porter; has fever occasionally; opiates.

17th. Stomach and bowels much relieved; some appetite; purulent discharge half-pint per diem;—Consultation again called, and amputation recommended, as the only resource left. I accordingly removed the limb above the knee, on the next day. The operation was borne with unusual fortitude; the femoral artery was found, on taking it up, to be partially ossified; the stump was dressed in the usual manner, with adhesive strips, &c.—The patient felt much relieved and cheerful for several days; when nausea and diarrhoea returned, with more or less fever daily, and were subsequently attended with copious clammy sweats, sleepless nights, vomiting, hiccough, and gradual sinking of the pulse. Death ensued on the fifteenth day after the operation. The stump never evinced the slightest disposition to heal; but discharged a great quantity of brown, putrescent matter, and finally assumed the gangrenous aspect throughout nearly its entire surface. On examination of the amputated limb, the artery was found ossified down to its division; the posterior tibial was also ossified in its whole length, and formed at the malleolus a complete bony cylinder. The other branches were not traced; the dorsal artery did not exist.
The questions which present themselves, in the consideration of the above case, are—1st. What was the immediate cause of the disease. 2nd. If constitutional, could life have been saved? 3d. If merely local, could life have been saved. To the 1st query, I would answer that sufficient cause is to be found in the ossification of the arteries, which, being also very much thickened, manifestly impeded the circulation. The individual was, moreover, in the enjoyment of excellent health at the time the disease manifested itself; was a man of steady habits, and one who led an active life. His general health became impaired only after his mode of living had been changed, his system subjected to the action of medicine, and, above all, to the destructive influence of a gangrenous member. In reply to the second question, I have already adduced some reasons for doubting very much that a condition of the system so depraved as to cause the spontaneous death of any part of the body, can, by any means in our power, ever be corrected with sufficient promptness and effect, to arrest the progress of mortification, or to heal the wound made by amputation. In answering the last inquiry, I must observe that in the case before us, the ossification existed, not only in the foot, but also in the thigh, and indeed partially in the radial artery of the same side, so that, although the cause of the mortification was to a certain extent local, it could not be entirely removed by amputation—the only remedy. Suspecting ossification to be the cause of the disease, I early endeavored to satisfy myself on the subject, by feeling for the vessels about the foot and leg. I could never perceive any pulsation, but the oedematous state of the parts prevented me from considering the absence of this sign, sufficient evidence of ossification. The continuation of the anterior tibial, it has already been stated, did not exist on the tarsus. In this case there was manifestly a lesion of the organs of nutrition in the whole limb.—It was inevitably fatal.

The following extract from my note-book, will furnish Dupuytren’s views on the cause of Gangrena Senilis, illustrated by specimens of morbid anatomy.

“Mr. D. exhibits to the class, portions of the arterial system of a man who died at the 69th year of his age, of Gangrene of the toes. He takes occasion to state, that in his opinion, the cause of Gangrena Senilis is not old age, but essentially an affection of the arteries leading to the parts diseased. This lesion is generally ossification, attended with thickening of the coats of the vessels and redness of their internal membrane. The case under ex-
amination fully demonstrates the correctness of this explanation; for the crural artery presents particles of ossification, some degree of hypertrophy, redness of the inner coat, and an obstruction formed by a bloody concretion. This coagulum is, however, very different from what is occasionally found in healthy vessels; in these, the obstruction is not complete, but formed by a cylindrical mass of fibrine, the diameter of which is smaller than that of the artery; the mass causing the obstruction in cases of inflammation of the vessel, is very different from fibrine, resembles burnt currant jelly, is of the same consistence throughout, and fills completely the caliber of the artery, being adherent to its inner surface. When scraped off; this surface is found quite red, and the coats thickened. These lesions increased as the examination was carried nearer the extremity of the vessels or near the foot.—There were in some parts ulcerations of the inner coat. The arteries of the other leg were perfectly healthy. Mr. D. is willing to admit, that the debilitated state of the constitution, brought on by old age, may favor the ossification, and this ossification cause the inflammation and consequent obliteration; but contends that these effects might be produced independently of old age."

M. Sanson also admits the occurrence of Spontaneous Gangrene to be dependent on a lesion of the sources of nutrition, as will be seen by the annexed history, also from my note-book.

"Mr. Sanson, in his Clinical Lecture, related the following history of a curious case. A man of middle age and delicate constitution, experienced, about a month since, in his left hand, a sense of numbness, which gradually spread over the whole arm, and increased so as to give him a kind of prickling pain. He consulted a physician, who applied friction with Tr. Camphor: brandy, &c. The symptoms, however, instead of yielding, became aggravated, and about a week ago the patient's fingers became of a livid and gangrenous color, which induced him to enter the hospital. When Mr. Sanson first saw him, the fingers and nearly the whole hand, presented the color and shining appearance of the dark blue grape; but on examination he perceived, that though the temperature of the hand was lower than natural, yet it was not that of a dead limb. On feeling the pulse at the wrist and at the brachial artery, he found it extremely feeble, whereas in the healthy arm it was quite full and natural. After pressing the brachial artery a little and removing the finger, it was perceived that the circulation was completely suspended for several seconds, when it would reappear gradually, and extend to the hand. None of these curious phenomena appeared in the undiseased limb. To use his own words, "it appeared that by a little pressure on the artery, its sides were glued (collé) together, until the force of the circulation, already very feeble, would press them asunder." The hand was perfectly insensible, and the arm not painful, though both were a little tumefied. Not knowing the true nature of the case, it occurred to Mr. Sanson, that it might perhaps be an inflammation of some of the blood vessels, notwithstanding the absence of pain; he accordingly applied leeches about the wrist and along the course of the brachial artery. On the next day, to his great surprise, he found that the black colour had left the hand, and only occupied the fingers. He ordered leeches to be reapplied, and on his third visit the dark colour was perceived only on the extremities of the fingers.—Thirty or forty leeches were applied several days more, when the line of separation was formed, and several of the extreme phalanges removed.—The patient soon recovered his health."
Phrenological Analysis of the Character of Allen Pace. By F. M. Robertson, M. D.

"One fact is, to me, more positive and decisive, than a thousand metaphysical opinions."—Spurzheim.

Owing to the restrictions of the government of France, there was no Phrenological Society in Paris, until after the late revolution. Many may be disposed to consider this an evidence of the slow progress of the science on the continent; but this is not the case, for no sooner was a society formed, for the purpose of investigating its claims to rank among the sciences, than some of the most distinguished men, both medical and non-medical, enrolled themselves among the disciples of the illustrious Gall and Spurzheim. Those who have not had access to the different Phrenological Journals of this country and Europe, will probably be surprised to learn that the celebrated Andral is the President of the Phrenological Society of Paris.

In the Journal de la Société Phrenologique de Paris, in the April number for 1835, may be found, among other highly interesting matter, a discourse from Andral, delivered at the general annual meeting of the society. "In this discourse," observes the editor of the Edinburgh Phrenological Journal, "he endeavors to remove existing prejudices, by showing that Gall's leading ideas are in strict harmony with the principles which have always been followed by Physiologists, in endeavoring to discover the functions of the bodily organs, and that their truth is established by a body of evidence, direct and indirect, which it is impossible to resist. He states that his aim is to prove that the science, of which Gall is the founder, must henceforward be included among the grave and serious studies of physiology."—The translator concludes by the following very just remark: "His professional reputation and labors may be put in the scale against any of our living teachers."

We have made the foregoing remarks and quotations, before entering, directly, upon the subject of this article, to show the importance which is attached to this science by one of the most distinguished pathologists of the age, and, also, for the purpose of
refuting the charge, that none of the eminent professors of Europe are found among the advocates of the system. Did our time and space permit, we could bring forward a list of the members of the different societies in Europe, that would astonish many of our opponents.

The subject of the present communication, committed a murder in Barnwell District, S. C., for which he was tried, condemned and executed. Some of the particulars of this case were related in an article over an anonymous signature, the authorship of which we feel no hesitation in acknowledging. The skull of Pace was obtained by a professional gentleman, who has been so kind as to permit the writer of this article to retain it in his possession. The developements of this skull afforded such a striking illustration of the doctrine of Phrenology, and having heard some of the particulars of the murder, casually and verbally, from persons who had received their information second-hand, we were induced to make further inquiries into the case. In order to get at the most authentic information, we requested the gentleman who procured the skull, to communicate any information he might possess in relation to the character of the individual. He mentioned this request to a friend of his—a member of the bar—and shortly afterwards, the following letter was received, enclosing the subjoined document:

"13th July, 1835.

"Dr. F. M. Robertson:

"Sir—My friend, Dr. James O. Hagood, of this place, has informed me that you have expressed a wish to know the particulars of a murder committed by Allen Pace, who was hung, and whose skull is now in your possession. In examining some old law papers, I casually found the original notes of testimony given on the trial, and which, in a leisure moment, and for a different purpose, I had arranged and digested. To the testimony I have added some particulars in relation to the arrest, appearance, trial and execution of Pace, as furnished by a professional friend, who was foreman of the Jury of Inquest, and saw Pace in the Court House and under the gallows.

I have also had access to the finding of the Coroner’s Inquest, the Indictment, Conviction, and other matters of record, together with an act of the Legislature of 1824, giving a reward to those who pursued and captured Pace."
Before giving the document alluded to in this letter, we will say a few words in relation to the phrenological developments of the skull. The following scale will exhibit the measurement of Pace’s cranium by means of the Callipers. We regret that a craniometer could not be obtained, as it would have enabled us to have been still more minute. The skull is remarkably thin over the organs of Destructiveness and Secretiveness, which shows that the relative size of these organs was greater than represented by the measurement, as less allowance must be made for the thickness of the tables of the skull at this point than over the other organs.

**Inches.**

Greatest circumference, measured horizontally over Individuality, Destructiveness and Philoprogenitiveness, 20 1-2

From Occipital spine, over the top of the head to Individuality, 11 3-8

From ear to ear over the top of the head, 12 3-8

From Philoprogenitiveness to Individuality, in a right line, 6 7-8

From Inhabitiveness to Comparison, 5 7-8

From ear to Philoprogenitiveness, 4 1-4

From ear to Individuality, 4 1-8

From ear to Benevolence, 4 7-8

From ear to Reverence, 4 3-8

From ear to Firmness, 4 7-8

From ear to Conscientiousness, 4

From Destructiveness to Destructiveness, 5 5-8

From Secretiveness to Secretiveness, 5 1-2

From Acquisitiveness to Acquisitiveness, 5 1-8

From Cautiousness to Cautiousness, 5 1-8

From Ideality to Ideality, 4 1-8

From Constructiveness to Constructiveness, 4 3-8

From Mastoid process to Mastoid process, 5 1-8

From ear to Occipital spine, 3 5-8
Phrenological Analysis.

In examining this skull, we must take into consideration, not only the magnitude of each organ, separately, but particular reference must be had to the proportionate development of the different regions of the head. In consequence of not attending to this simple rule, many persons have arrived at conclusions unfavorable to the science. Upon examining the head of a murderer, and that of some eminent individual, if the organ of Destructiveness be found equally developed in both, they at once conclude, without advancing a step further, that the science is false. They forget to examine the moral organs, which, in all cases, exert an influence, proportionate to their relative development, in controlling the action of the inferior propensities. Destructiveness, in a head like that of Spurzheim or Sir Walter Scott, merely imparts force and energetic action to the intellectual faculties in their writings and investigations, while the same development of the organ might exist in a criminal, though we should find a vast difference in the intellectual and moral region. Phrenologists divide heads into three classes. The first includes those in which the organs of the propensities predominate over the organs of the faculties peculiar to man. Those of the second class are of an opposite nature, and exhibit a preponderance of the organs of the moral sentiments and reflective faculties. The third class is composed of heads in which these two orders of organs are nearly equally balanced. On referring to the above scale, it will, at once, be perceived, that the head in question will fall under the first class. We find in it the organs of Amativeness, Destructiveness, Secretiveness, Acquisitiveness and Cautiousness, much larger than Benevolence, Conscientiousness, Reverence, Ideality, Adhesiveness, and the organs of the Intellectual Faculties, all of which are very small. The forehead is low, narrow and shallow, from the anterior border of Constructiveness forward. In truth, the animal nature appeared to predominate completely over the human.

Upon examining this skull, a Phrenologist would readily perceive what would most likely result from such a combination, particularly in an individual of the habits and mode of life of Pace.
The following is the document alluded to in the foregoing remarks:

"Trial for Murder, in the Court of Sessions for Barnwell District, in the State of South Carolina, before the Hon. John S. Richardson.—Fall Term, 1824.

"The prisoner's name was Allen Pace, and he was charged with murdering Marvin Holbert, on the night of the 9th of August, 1824. The body of the unfortunate Holbert, as was supposed, was found in the woods, behind a log. The body was in a state of putrefaction, and the face so bruised that the features were not distinguishable; nor were there any weapons of death near the spot. The defendant was arrested in North Carolina, and as no positive proof could be adduced, it was extremely difficult to identify the body, to show the mode of commission, and to fix the guilt on the party charged.—But

"Murder, although it hath no tongue, will speak
With most miraculous organ."

The body was identified by the colour of Holbert's hair, his clothes, his suspenders, his shoes, the attendance of his dog, his being seen near the spot on the previous evening, and his otherwise unaccountable disappearance.

A trail was observed, as if the body had been dragged to the place of concealment. This was followed for seventy yards, and then it became evident, on examination, that arrangements had been made for spending the night, and that, while the deceased was lying on his back, his skull had been battered with lightwood-knots and pieces of timber. And, that the prisoner had perpetrated this foul and revolting deed, was evidenced by the following facts:

1st. It was proved that the prisoner and the deceased had been well acquainted; they were both strangers in the district. Holbert had control over the other; regulated his movements, and made contracts for his work.

2d. On the morning of the 9th, they started, in company, from a certain house, came to the Village, remained there for some time, departed together, and, late in the evening, were seen together near the scene of the murder.
3rd. They called at a house in the neighborhood for accommodations—the prisoner urged his companion to go on.

4th. Holbert was in the possession of a large sum of money, which had been exhibited frequently in the prisoner's presence.

5th. When they left the Village, they travelled downwards and on foot. On the 10th, Pace was seen hastening towards Augusta, Ga. on horseback.

6th. Before that time, Pace was not worth more than 12 1-2 cents—was dependent on Holbert for clothes. On the 10th, and afterwards, Pace exhibited a profusion of money—purchased a horse, saddle, &c., for ninety-five dollars, and laid out sixty dollars at one store.

7th. Holbert kept his money in a black silk handkerchief—on the 10th, Pace was seen with a great many bills rolled up in a similar handkerchief.

8th. The prisoner's saddle-bags, his hat, his coat, and his pantaloons—the last bloody—were found on the spot.

9th. When Pace was arrested, he had on Holbert's hat, identified by a private mark put on by the merchant; and his boots, identified by a nail driven through the heel of one of them.

10th. On the morning after the murder, the prisoner was dressed in a suit of clothes which had been carried by Holbert as dress-clothes; and endeavored to pass off a note of twenty-five dollars, the property of Holbert.

11th. When arrested, the prisoner had Holbert's watch in his fob. A witness on being asked how he knew the watch, said, if it was the same, a peculiar piece of paper, which he described, would be found in the case. The watch was opened in court, and there was the paper.

Such was the evidence on the part of the prosecution. In itself, each fact was unimportant, or, at most, could furnish no more than a ground of suspicion; but, when taken in connection, and unexplained by the prisoner, they proved too strong for his escape. He was found guilty, and suffered on the gallows. He had been pursued and arrested in North Carolina. Though seized when armed and surrounded by his friends, he submitted in silence, and without asking the cause of his arrest.

He had a dark, sullen, downcast countenance;

"A villain, by the hand of nature marked,
Quoted and signed, to do a deed of shame."
Such was his appearance and demeanor at the time of his capture, during his imprisonment, at the trial, and under the gallows. He was visited while under sentence of death, by clergymen of different denominations; but the offers of religious consolation were received with thankless and sulky indifference. He denied his guilt; but either would not or could not explain a single circumstance, of the great many that were brought against him. Under the gallows could be seen the same sullen, villainous aspect. Immediately previous to the execution, he whispered in the ear of the attending minister, that Holbert's papers might be found under a log — where he did not distinctly describe. A slight search was made at a subsequent time, but the papers were never recovered. Unless this could be called a confession,

"He died and made no sign."

And, perhaps, never did a more cold-blooded, remorseless villain meet his appropriate fate. "It was a cool, calculating, money-making murder." For vile trash, had he, in the lonely depths of the forest, at the dead hour of night, risen on his companion, his friend, his benefactor, and wrung from him, at once, the hard earnings of his honest industry, and his life. But, bitter was the retribution! The wretched pelf, for which he had stained his soul with blood, proved one of the chief means of his detection.

One other circumstance added to the deep, agonizing interest with which the horrible details of this case were heard—a circumstance which might seem to impart an air of romance to this narrative; but it is fact and not fancy: The corpse of Holbert was discovered through the means of his dog, who attracted the notice of a passenger, and led him to the fatal spot. And when the dead body was buried, this faithful and affectionate animal—far more humane than the brutal Pace—laid down in silence on the grave. He subsequently returned, a distance of fifteen miles, to the individual at whose house Holbert had last resided; and who, struck with such an instance of fidelity, offered a very large sum to the mother of Holbert for his dog. But it was refused. She would not, she could not part from this last living memorial of her murdered son. Unlike the treacherous friend
Phrenological Analysis.

he had been true; perhaps had striven to repel the assassin’s attack. It is certain, that for three days and three nights, did he guard from birds of prey, the butchered and mangled body of poor Holbert:

"Not quite deserted, though lonely extended,
For, faithful in death, his mute favorite attended;
The much-loved remains of his master defended,
And chased the hill-fox and the raven away."

We would invite those who are sceptical on this subject, to examine the developments of this skull, and compare them with the history of the case—a history which was drawn up in 1824, without any reference to Phrenology. They cannot but admit the murder to have been most cruel and atrocious, having been committed upon a benefactor and friend. Refer to the skull and mark the deficiency of Benevolence, Reverence, Conscientiousness and Adhesiveness. They will also agree that it was to gratify an unhallowed thirst for money—We point to the large development of Acquisitiveness. They will doubtless add, that it was perpetrated in a most secret, cowardly and brutal manner. Behold the enormous development of the organs of Secretiveness, Cautiousness and Destructiveness, in proportion to the intellectual faculties and superior sentiments. In this skull the organ of Combativeness is decidedly small, and his cowardice was evidenced as well by the manner in which he committed the deed, as by the fact that he made no resistance when apprehended, “tho’ armed and surrounded by his friends.” Persons are too apt to confound the functions of the two organs, Destructiveness and Combativeness; but by referring to the metaphysical analysis of these organs, this mistake will be corrected. In fact, the development of all the organs, go directly to establish the truth of Phrenology. A stronger case could scarcely be found.

Circumstances formed the tissue of evidence—which may be regarded as strong as positive testimony—that led to his conviction. A similar chain of circumstantial evidence, presented by the history of the transaction and the phrenological developments, constitutes testimony equally strong in favor of the truth of the science. It has been remarked by an eminent writer, "that in the administration of justice, circumstantial evidence is often preferred to positive. It is deemed more probable, that a
witness may swear falsely, either through intention or mistake, than that a large number of authenticated facts, connected with no interested motives, should concur in supporting an unfounded accusation. In science, the same is true. An experimenter or an observer, may be honestly mistaken; or a preconceived hypothesis may tempt one to distort facts, or to prevaricate as to results. But a host of well-known and acknowledged phenomena, harmonizing in their drift, and throwing their undivided weight into the scale of controverted doctrine, while neither fact nor analogy is adduced to counterbalance them, would seem to be conclusive."

Perhaps the oft-repeated objection may here be reiterated: "Admit your science to be true; then this individual was necessarily impelled to the commission of the deed, as he possessed the bad organs, and therefore should not have been held accountable for the act." But this is begging the question. Phrenology does not recognise any bad organs or faculties. They are all good, and intended to serve some wise purposes, within their proper spheres; and only become bad in their effects, when suffered to transcend their legitimate bounds of action. Neither does the doctrine lead to the conclusion drawn in the above objection. We only say, that out of any number of individuals, those who possess an organization similar to the one in question, will be more likely, under given circumstances, to yield to the influence of temptation, in consequence of the preponderance of the animal propensities, than those who possess developments that would bring them under the second class—where the moral sentiments and reflective faculties predominate over the animal nature. We do not speak of what ought to be, or of what we should like; nor pretend to inquire into the justice of the economy of the moral constitution of man. This is alone the prerogative of the Creator. We must take things as they are, and examine facts as they are revealed in nature. Do we not find, in our daily intercourse with society, individuals who are invariably the same—who do not yield to temptations, which, under the same circumstances, overcome others immediately? These, as it has been said, "are a law unto themselves." We always find them pursuing the same just and equitable course. But there are others again who require all the rigor of the lex scripta, during their whole course through life. Do we not come in con-
tact with those who are proverbially bad?—who are kept in
bounds, only by the rigid enforcement of the laws of the land?
Does not every one repose more confidence in the word of honor
of some men than in that of others? Who ever thinks of trust-
ing a thief? A man who will commit fraud, in one instance, will
seldom be found to suffer an opportunity to pass unimproved,
when he can over-reach his neighbor, or swindle his creditors.
What says the law on this subject? A Judge who is impeach-
ed and convicted of mal-practice in office, is not only removed
from his responsible post, but rendered ineligible, ever afterward,
to any office of honor or trust. A man once convicted of per-
jury, his oath is never afterwards admitted as evidence in a court
of justice. How seldom is one cold, deliberate, calculating mur-
der, the last committed by one who has taken the first step in his
career of destructiveness, unless conviction and the penalty of
the law arrest his murderous course. For the truth of these re-
marks, we appeal to the annals of crime in all ages. These are
facts in nature, independent of Phrenology. Whether this doc-
trine be true or false, they stand as facts beyond dispute. In
accounting for them, it is immaterial, so far as accountability is
concerned, whether we assign them to native goodness of char-
acter, in the one case, and natural depravity in the other, or to
the relative degrees of developement of the different organs of the
faculties. Take it which way we will, the accountability is
neither lessened nor increased. The results are invariably the
same.

It is to be regretted, for the sake of truth and justice, that those
who attempt to disprove Phrenology, do not resort to the exam-
ination of facts. Few investigate for themselves; the majority
simply depend upon the assertions of the enemies of the science,
and content themselves with the knowledge thus obtained, in-
stead of consulting authentic works on the subject, and testing
its truth by an appeal to facts.

Augusta, August, 1836.
Cases of Fracture of the Os Femoris—Adjustment by weight and fulcrum: By M. Antony, M. D. &c. &c. of Augusta, Ga.

My purpose in this paper is to call attention to the treatment of fractures of the femur, by weight and fulcrum. In doing this I will illustrate the practice by a brief account of five cases, selected from amongst others.

Case 1. A negro man, aged 46 years, whilst engaged in driving his wagon, fell from his horse, and the wheel of the wagon passed over one of his thighs. The accident terminated in the dislocation of the knee-joint, and a simple fracture of the femur of the same side, at the upper end of its lower third. I visited him on the road where the accident occurred; reduced the dislocation, and adjusted and confined the fragments in place with temporary bandage and splints, to prevent irritation whilst being brought to town.

So soon as he arrived at lodgings, I put him on his back on a firm bed of planks, covered with blankets; and placed under the upper third of the tibia a cylindrical billet of wood about six inches in diameter, wrapped with several coverings of cloth.—This was so far from the thigh, as barely to touch it, without pressure. A short roller bandage was then passed around the ankle and the bottom of the foot, where a string was attached, which, passing over the foot of the bed or platform about six inches beyond the heel, suspended a piece of brick, weighing about two and a half pounds. After adjusting the fragments by extension and counter-extension, made by the hands of assistants, four short splints made of veneering, were then placed on the thigh and secured by a many-tailed bandage, as snugly as possible, without being uncomfortable. The thigh had swollen considerably, and was directed to be kept wet with a suitable solution of acetas plumbi in water and vinegar. The toes were properly directed by a small slip of bandage, and secured to the bed on each side of the foot, at a distance of 18 or 20 inches, whilst the foot rested on the heel. Another slip of bandage was passed over the breast and under each shoulder, and pinned to the bed above his head, for the purpose of counter-extension; but the weight of the body being soon found sufficient, it was dispensed
with. This case required no farther assistance, except occasionally tightening the many-tailed bandage as the tumefaction of the thigh decreased. After two weeks, the weight was laid on the foot of the bed, except when the patient was asleep. At three weeks, the short splints were removed and the limb refreshed by gently rubbing with a wet cloth; after which they were re-applied, for a week or two, and the patient discharged. Six months after, I met this patient in the road walking and driving his wagon. He stopped to manifest his gratitude, when I requested him to perform several exercises for my inspection, such as walking, running, leaping and dancing; all of which were performed without the least imperfection of the limb being manifested.

Case 2. This was a lad, about 11 years of age, one of the most rude, uncontroled and uncontrollable, in the city; who had by a fall from a cypress tree, suffered a fracture of the femur, a little above its middle. The patient was laid on his back on a firm mattrass placed on a table. A fulcrum for the upper part of the leg was prepared by rolling a soft pillow transversely on itself, so as to render it very firm. A half brick was suspended to the foot, by a string passing over the lower end of the mattrass, some six or eight inches from the foot—the fragments adjusted, and short splints applied as in the other case. A counter-extension bandage was, on account of the ungovernableness of the patient and lightness of his body, thought necessary and applied in this case; but this restriction from movements, he used every opportunity afforded by the absence of his attendants, to rid himself of; until after a few days it was dispensed with. Such was his impatience of restraint from motion, that so soon as the great soreness in the wound began to abate, he was often found sitting on his bed, having raised his body by pulling the pavilion which was suspended over him to protect him from flies in the day and musquitoes in the night. The patient was however discharged well in the fourth week: no untoward circumstance having occurred.

Case 3. This was a very rude and ungovernable girl, in her seventh year, who in attempting to slide down the hand-rail of the stair-way, as she was wont to do, fell from near the top of the first flight, to the floor; fracturing the femur a little above its middle. She was placed on a mattrass, which was laid on the
dining table, and a fulcrum made of a pillow, placed beneath the upper part of the leg as in the other cases just described, and a weight of one pound and a half suspended to the foot and passing over the end of the table; with a counter-extension bandage passed over her breast, short splints, &c. as before described.—This patient was of strongly marked sanguineo-nervous temperament, and was much disposed to spasmodic twitchings during sleep, from irritation in the wounded thigh, for the first 48 hours. As this irritation subsided, she became free and slept quietly. During her waking hours she became very restive, so that her arms and sound leg were perpetually engaged in some exercise or other for expending her super-excitability. The counter-extension bandage was necessarily retained in use to prevent her from rising, and from sliding too near the foot of her bed. In the course of a week or ten days, however, she had become so subdued by its controlling influence, and so desirous to be released from its use, as a means of restraint to which she seemed to abhor subjection, that she was easily retained in her place without its use. The wounded limb having ever remained still since the subsidence of the first irritation, it was found safe after eight or ten days to rest her, when awake, from the little pressure of the one and a half pound weight which hung to her foot, by placing it on a chair, or on the bed during her waking hours. All went on favorably in the case until four weeks had elapsed when she was liberated from all the apparatus and allowed free motion on her bed. On comparing the length of the wounded with that of the sound limb, before she began to walk, the former was found four or five lines longer than the latter, from the extension of the articulations during the suspension of muscular action in the limb. On walking, the limb at once resumed its proper length, and like the other cases left no deformity in gait or shape.

Case 4. This was a negro boy, about 10 or 11 years of age, who fell from a wagon heavily laden with nine bales of cotton, which ran over his thigh on very hard ground, leaving a comminuted fracture of the femur, extending from about the middle of the bone upwards, the full extent of between four and five inches, with considerable swelling, and a small external opening which constantly discharged blood. This patient was treated in the same manner as those above, except that the swelling was
gently compressed so as to cause a discharge of the blood effused within, as effectually as possible; and the bandage and splints so applied as to afford convenience for daily dressing the external wound. This case, occurring during the medical lectures in this place, was exposed to the frequent observation of the pupils of the class and daily dressed by some of them, and was discharged well at four weeks; three short splints being however retained on the limb until he should arrive at home, a distance of more than 70 miles, whither he had to be conveyed in a common wagon. No difference was perceptible between the wounded and sound limbs, except the hardness at the seat of this comminuted fracture, of about double the diameter of the bone of the other thigh, and a little increase in the length of the limb. He was sent home and did well in all respects.

Case 5. This is the last case which I shall give. It was in a little girl nearly 3 years old, who caused a garden gate to fall on her, which fractured the left femur, a little above its middle.—For this, a small pillow was rolled so as to make a fulcrum about three and a half inches in diameter, and a pound weight suspended to the foot by a string passing over the end of the table as before. The counter-extension bandage was applied; but this was a sprightly, active child, who would not submit to its continued use; it was dispensed with after the first day, and its place supplied by the hand of an attendant being kept almost constantly on the lower part of the abdomen and pelvis; and when by her various little muscular movements, she was brought too near the end of the table, she was gently drawn back by the hands applied to the axillæ. This case was managed in all respects as the rest. No extension and counter-extension were needed in adjusting the bones, the limb being found on measurement after applying the weight, to be restored to its proper length, and the bones well adjusted. At the end of three weeks, the weight was finally dispensed with, and the splints taken off for the refreshment of the limb, and reapplied to guard against accidents from the sprightly, active disposition of the child. She was then removed to a bed and left to the attendants, to be kept on bed a week or ten days longer—continuing the splints.

In giving the above five cases, I have made a selection from all the cases which have occurred in my practice for the last eleven or twelve years, all of which have been treated on the
plan herein detailed, and with like success. My purpose in selecting these, has been to present the greatest variety which my practice has afforded, in different respects interesting, in proof of the merits of this plan of treatment. The first case presents an athletic laboring man, of rigid fibre, and aged 46 years, whose voluntary and locomotive muscles, (the displacing powers) were overruled by the trifling weight of about two and a half pounds, in steady action. The second and third present sanguine and sanguinco-nervous temperaments at the most irritable and un-governable age, and both of them having never been subjected to government when well. The fourth case is selected on account of its being one of extremely comminuted, and of compound nature; and the fifth, a child less than 3 years old. In the management of fractures on this plan, the excretions are easily disposed of by the use of cloths and oil-cloths, and of urinals or sponges, according to the age, &c. of the patient; and no distress whatever is suffered by painful compression of any of the dressing—confinement from exercise constituting the chief source of affliction attending the recovery.

Duty to the science of Surgery, as well as to the cause of humanity, seems to demand of me this exposition of my practice in cases of fracture of the femur, which establishes in the most satisfactory manner, the propriety of a plan of management at once calculated to ensure the best success, with the simplest apparatus and the least distress.

Of this invaluable improvement in surgery I can speak the more freely, because it is not an invention of my own. The course of management herein detailed, is so rational, and at the same time so simple, that I am not only surprised that the profession did not lay hold on it when first suggested; but that myself, or any one else, should ever have contemplated the condition of a fractured femur, the displacing powers, and the curative resources of the system, without having it at once suggested to his mind. One would suppose that even necessity, the parent of so many discoveries, would, on some occasion, have suggested it very early in the practice of surgery. During the first fifteen years of my professional life, I was in the habit of applying the various apparatus under recommendation by different eminent surgeons, as Dessault, Physic, &c. &c., having for their chief merit, adaptation to the purpose of preserving juxtaposition
by great extension and counter-extension. Such was, however, the severity of pressure on the points where extension and counter-extension were made, that I often found my patients most ungovernable, or more or less severely afflicted with excoriations, and sometimes with alarming ulcerations. Indeed, so difficult, troublesome and painful, was "the setting of the bones," as it is called—so distressing was the treatment, and so doubtful the result under the most approved plans from time to time in use, that I became exceedingly averse to encounter a fracture of the Os Femoris, on account of my feeling for the unavoidable sufferings of the patient, or his chance for a crooked or a short limb.

In the early days of the Boston Medical and Surgical Journal, I first observed on its pages, (if my memory be correct,) an account of the experience of my friend, Dr. Wm. C. Daniel of Savannah, with this mode of practice, which was to me perfectly new, and so evident an improvement, that I determined on adopting its use in the first case which should occur. Soon afterwards, however, I observed some suggestion of the same plan, of a much older date; but which had of course escaped Dr. Daniel's observation, as it had my own. I adopted its use, however, with the exception of the pulley, over which he advised the cord suspending the weight to pass. This I found unnecessary; as the motion was sufficiently free over the end of the mattrass, or of the table.

The principle on which this plan of treatment operates, must be evident to all. In the first place, the inconsiderable weight attached is often sufficient to adjust the bones; and always sufficient by its steady action, to exhaust the active energies of the muscles of the limb, long before union commences, and before the soreness of the part is so removed as to render the patient willing to effect any motion of it. The constant, though gentle traction secures the proper length and straightness of the limb, and the short splints, bound on with moderate and easy force, is a constant safeguard against accidental movements of the fractured ends, which would tend to irritate the soft parts, and render union doubtful. From my experience with the retaining power of this dressing, I feel assured that no plan is so well calculated to secure success in cases of fracture of the neck of the Os Femoris, (a case always produced by violent motion of the pelvis down-
ward, relative to the femur,) as it would, with the help of the muscles of the part, very securely retain the fragments in apposition with great steadiness, especially if the pelvis were well fixed to the mattrass; whilst the weight of the body would afford counter-extension, without the pressure of a counter-extending bandage, which might tend in any degree to displace the upper fragment.

In conclusion, I will observe, that from the excellent adjustment preserved, I have no doubt the splints and weight might have been removed still earlier than they were; but I was unwilling to risk any thing in experimenting, to determine how early they might be safely dispensed with.

*Augusta, August, 1836.*

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*Meteorological Observations, &c. for Burke and Richmond Counties.* *Extract from the Geological Survey of the two Counties.*

By Professor J. R. Cotting.

Greatest heat at sunrise, - - - 74°
Least heat at sunrise, - - - 62°
Greatest heat at 12 o'clock, - - - 92°
Least heat at 12 o'clock, - - - 78°
Mean heat of the first half of the month, - - 80.68°
Mean heat of the last half of the month, - - 75.5°
Mean heat of the whole month, - - 77.2°
Coldest day, August 31. Warmest day, Aug. 5.
Rain Guage, 6 inches 8 lines. Foggy mornings, 7.
Cloudy days, 6. Rainy days, 3. Thunder showers, 11.
Prevailing winds, NE., S. and SW.

From the 19th to the 31st, there were no thunder showers, the longest interval that has elapsed since May; still the air has been very serene, and the Counties remarkably healthy for the season.

The mean temperature of these Counties for August, differs about 4° from that of Cambridge, Massachusetts. The former being 77° 2; the latter 72° 16.
Analysis of a species of Clay found in Richmond County, which is eagerly sought after, and eaten, by many people, particularly children. By Professor J. R. Cotting.

100 1-3 grains Troy.

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100 1-3 grains.

This substance, in its external characters, resembles Lithomarge, or Rock Marrow. Colours, dark red, yellow, yellowish red, yellowish white, purple and reddish white. Occurs massive and stratified, strata undulating, opake, fracture conchooidal and earthy; texture, fine grained; soft; may be polished with the finger nail; adheres slightly to the tongue; gives a faint argillaceous odour when moistened, or breathed on; has the feel of hard soap; falls to powder in water, but does not form a ductile paste. Spec. grav. 2.53.

But its chemical characters and geological position, rank it with the talcose family. It appears to have resulted from the decomposition of talco-micaeous slate, which is found in the vicinity. It underlies the ferruginous sand formation, and siliceous rocks called pitchstone, resting on light sandy clay. I have not been able to detect any organic remains of animals in the formation. It sometimes contains vegetable remains in the state of petrifaction and lignite. That it must have been the result of the decomposition of older rocks, is evident from the above analysis, its geological position, and from the fact of its containing fragments of older rocks not in place. I found it associated with other minerals in many parts of the survey, in both the Counties of Burke and Richmond, but the purest and most abundant was on land of David F. Dickinson, Esq., near M'Bean Creek, Richmond County, on the east side of the great road leading from Augusta to Savannah, about fourteen miles from the for-
mer place. Here large excavations have been made by ignorant dirt-eaters to obtain it.

It has a slight sweetish taste, not unlike calcined magnesia; which property, combined with a certain morbid state of the stomach, has probably induced to the unnatural, filthy and dangerous use of it. Its action is mechanical on the stomach, as it contains nothing capable of being decomposed, and nothing on which the gastric juice can act. This juice, although it is capable of corroding iron and steel, as is found by experiment, has no action on silex. It is a well known property of silex, that it will wear away, or polish the most obdurate metal. It is an extremely hard, brittle substance, in minute divisions, this adheres strongly to the coats of the stomach, causing irritation of that organ, deranging the appetite for wholesome food, inflammation ensues, and if persisted in, death. I am informed by respectable people living in the vicinity of localities of this mineral, that many deaths have occurred from no other perceptible cause, than from persisting in the use of this dirt as a luxury.

We find it universally the case with these habitual dirt eaters, that their countenances present a sickly, palid, cadaverous hue, not unlike those mechanics whose constant occupation is polishing metals, who are generally afflicted with disorders of the chest and sooner or later fall victims to consumption.

A boy about fifteen years of age, whom I met at the above locality, taking his favorite repast, informed me that he was in the habit of eating daily of that substance, "as much as he could hold in his hand." Admitting his statement to be true, and judging from the specific gravity of the substance, he must have swallowed daily, nearly an ounce of pure flint! He might, with greater impunity, have swallowed as much white sand of the pine woods, because in that the particles are rounded by attrition, and in this they are angular, and the angles very sharp, like the edges of broken glass. I asked the boy if his parents did not inform him better! He said, "he had only a mother and she ate it too, when she was well, but she was almost always sick."

This peculiar species of clay is said not to be found north of the Potomac; a species in some respects similar, is found at Bare-hills, Maryland. That, however, is deficient in the proportion of iron and magnesia.
This substance may be employed as an excellent substitute for Fuller's earth, in the dressing of woollen cloth.

\textit{Note}.—A very general error has, in our opinion, always prevailed to a great extent, on the subject of the location of this practice of dirt eating, in the series of phenomena which constitute the chain of cause and effect. Nor is this an error of trivial importance, so long as effects depend on causes for their production. In medicine it is peculiarly dangerous, inasmuch as it tends to conceal, or divert attention from primary causes, by which, whilst they continue, subsequent effects must be perpetuated.

All-important as it is considered, diagnosis itself is less indispensable than causality, in connexion with morbid phenomena. The reason of this is, very obviously, that in the institution of new causes, (which is the purpose of therapeutics,) the effects of which are to be the correction or removal of some cause or causes present in the concatenation of disease, the new causes or powers thus instituted, must be endowed with some characteristics peculiarly adapted and proportioned to the effects in view, viz. the removal or correction of the present noxious cause. It is as plain as that an alkali must be possessed of the peculiar powers and qualities of its nature, to be calculated for the correction of an excess of acid introduced into the stomach. But if an excess of acid abound in the stomach in consequence of functional lesion of the stomach itself, whilst an alkali will tend to the palliation of the symptoms and distresses, it will not be calculated for the correction of that organic lesion, which caused the acidity. The best consequence then which may be rationally expected from the use of an alkali, would be a temporary palliation of the distresses of sour stomach: whilst in the other case, or that which supposed acid introduced, it would effect curative ends which nothing else could. But let us illustrate with the case directly in point.

If dirt-eating be looked to as the \textit{cause} of the attending phenomena, as curative indications must have a peculiar adaptation to the end to be effected, all attention and effort must be directed to the purpose of confining the patient from the supposed noxious power. Now it is certainly true, that the unnatural articles taken into the stomach in cases of Bulimia, or depraved appe-
tite, often, perhaps generally exert noxious influences on the system in some way or another. The withholding the patient then, from the use of such unnatural and injurious articles, is right, and calculated to palliate some of the troubles in the case which arise secondarily; but still the health of the patient, without the operation of other causes or influences, not only fails to recover, but continues to decline, just as surely as that a man would continue to be wet who should stand in a shower of rain, and constantly wipe away the water to make himself dry, instead of spreading his umbrella over him. In this case, he must do both. He must remove the water already on him and ward off from him, by the use of his umbrella, that which would continue the wetting.

I have never succeeded in curing these cases by directing my indications solely to the taking in of unnatural articles: for with this alone, the disposition continues. I have removed from the prime viæ the indigestible accumulations which have been found there, and withheld the article for the future; but the patient would resort to others, as paper, rotten wood, bark, old rags, &c.; and in one instance, I recollect that a youth of about 14 years of age, consumed for his last precious morsel, a whole pair of Osnaburg pantaloons, with the exception of the waistband and some small part of the seams. Thus it is, that although purgatives often remove those offensive things, they cannot, simply as such, essentially and radically benefit the case. The truth of this case is, that the habit, as it is considered, of dirt-eating, or any of the displays of depraved appetite, is to be looked on mainly as a phenomenon consequent to and perpetuated by its own peculiar cause; and whilst it is the duty of the practitioner to remove from the system unnatual ingesta, with as much certainty as if they had been accidentally introduced, it remains his paramount, and consequently indispensable duty to correct the cause whereof this is the effect. A new set of causes have then to be searched for. They are those which wrought out the impairment of the normal condition of the stomach, &c., and planted in its stead a desire for things indigestible, unprofitable and deleterious. Such a case is very analogous in its philosophy to a case of dropsy. If an hydropic accumulation take place accidentally, the cause of which is not continuous, as simply a check of perspiration, or the compression of pregnancy, its removal is
Note to Professor Cotting's Piece. [Oct.

a matter of trivial concern—nothing being more easy than to cure such a case, by removing the obvious effect, the cause of which is not now operative for its renewal or perpetuation. It is just so when we contemplate the effects of Bulimia, produced accidentally, or without that depraved condition of stomach, which is so calculated to perpetuate them. But if dropsical phenomena be perpetuated as fast as they are corrected, the mind must, if it have not before determined this point, go in search of other anterior lesions, structural or functional, which, although themselves the effects of other and more remote causes, become the cause of the phenomena of dropsy. Precisely similar is the case of the dirt-eater. He feels as absolutely compelled to eat improper substances, as the healthy man does wholesome food. This act is as legitimate a consequence of the state of his system, as the act of eating wholesome food is of that of the healthy individual. Each eats that to which his stomach most strongly impels him. But the two individuals eat things diametrically opposite—one partaking of nutritious, digestible and salutary articles, whilst the other, of such as are perfectly indigestible, innutritious and injurious. Like causes produce similar effects. It is a healthy condition which alone impels to the eating of wholesome diet. Every appreciable deviation from health is disorder: therefore, as in the other case, unwholesome and unnatural articles are commanded by the appetite, it follows that the organ of appetite deviates from healthy condition, and is therefore disordered.

We remember the days when that mighty corrector of visceral derangement, calomel, was weighed out with all the care and nicety that gold would have been, and was in but little use either by practitioners or the common people. In those days there were twenty dropsies for one now; and although our acquaintance was then limited to a very small circle, comparatively speaking, still it is obvious that there were twenty, if not double that number of dirt-eaters then, for one at the present day when calomel is in universal use.—Eds.
Stricture of the Urethra, successfully treated by excision of the indurated portion of the canal. Reported by William Henry Robert, Student of Medicine.

Ellick, a negro man about 40 years of age, belonging to Mr. J. P. Setze, had been afflicted with Stricture of the Urethra fifteen years, during which period he was treated by several physicians of this city and its vicinity, and repeatedly relieved by the application of caustic and bougies. The disease, however, always returned soon after the abandonment of the bougies.—The man says he has never had gonorrhoea, but was troubled with gleet a long time. He was placed under the care of my preceptor, Professor Dugas of this city, who, on examination, found the stricture situated about three inches from the orifice of the Urethra; the induration was easily felt externally, and extended nearly an inch along the course of the canal. Attempts to introduce a bougie, even of the very smallest dimensions, were made in vain during several days; the urine continually oozed out by drops, the patient being unable to empty his bladder. He had been in this aggravated state one month. The impossibility of introducing any dilating instrument, and the fear of inducing total occlusion by the use of the caustic, together with the reflection that the latter remedy had already several times failed to give permanent relief, determined Dr. Dugas to remove the indurated portion of the Urethra with the knife. The operation was performed on the 7th of June last. A longitudinal incision, made through the integuments on the median line, exposed the canal and permitted the excision of its diseased and thickened portion, through which it was found difficult to pass a wire the size of a common bristle. A gum elastic catheter of the largest caliber was introduced into the bladder, and the lips of the wound drawn together with adhesive strips.

June 12th. Wound healed by adhesion; the patient has suffered no pain from the catheter, which still remains introduced; urine slightly tinged with blood; cream of tartar and nitre for common drink; catheter to be drawn half out, in order to relieve the bladder.

15th. Catheter being bad was removed, and another intro-
duced four hours after, without difficulty or pain; urine limpid; some appearance of two very small fistulæ, through which a little pus escapes from the wound; adhesive strips renewed daily, and catheter continued.

20th. Small fistulæ entirely closed; urinates without catheter, and without pain; purulent discharge from the orifice of the urethra pretty free; metallic (pewter) bougie substituted for the elastic, and kept introduced only through the night.

July 1st. Is apparently quite well, wears the bougie two or three hours daily, as a precautionary measure.

Sept. 1st. Discontinued entirely the use of the bougie about a month ago, and has felt no inconvenience since. Urinates now in a bold stream, and says he “is as well as he ever was in his life.”

Augusta, Sept. 1836.

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A Case of Monstrosity. By D. Waties M'Junkin, M. D., of Tyrone, Georgia.

The object of the present short communication, is simply to relate a singular case of Monstrosity, which occurred in my practice a few years since. Those who believe in the influence of the mother's mind over the child in utero, would certainly regard it as a strong proof of the truth of their doctrine. To say the least, it is a remarkable coincidence and can not be satisfactorily accounted for on any other principle.

Mrs. —— was threatened with miscarriage about the sixth month of gestation, which accident was determined by the violent and ridiculous interference of an ignorant midwife, such as attempting to thrust her hand through the parietes of the uterus, mistaken for the membranes; making her ride on a hard trotting horse, &c. I was called in time, not to prevent or repair the damage committed by the foolish old woman, but to officiate in the accouchement and observe the product which, from its peculiar formation and the magnitude of its several dimensions, can not be regarded otherwise than as a monstrous birth.
The admeasurement was made as particularly as the place and circumstances would allow. Its length was 19 inches; from one acromion scapulæ to the other, 7 inches; its feet 4 inches in length. There was absolutely no neck, its head being placed upon the shoulders similar to that of a toad. The bones of the head were deficient in number. The parietal bones and the front part or edge of the temporal, being all that were present. The internal concavity of these was not manifest, they appeared to stand almost perpendicular from the base of the cranium, leaving a triangular space between them unoccupied by bony matter, but by a dense membrane of a velvet feel, and the colour of coagulated blood; which inclined downwards and backwards, from the root of the nose, or where the ossa nasi should have united with the os frontis. From the superior anterior portion of the right parietal bone were five cysts, running in a straight line to the internal angular process of the right orbit. These cysts contained a fluid, of a bright purplish hue. The middle one of these cysts was the largest, which was about the size of a common bullet, and from this they gradually decreased in size each way from the centre. The hair was very thin over the parietal bones; the eye swere prominent and situated upon the sides and near the superior portion of the parietal bones. Its nose was very small and in some respects resembling the human nose, but more like the nose of a frog. Its ears were uncommonly small and very thick, and destitute of the helix. The mental portion of the anterior maxillary bone was contracted to a mere line and the body of the same very deficient—properly speaking it had no chin at all. There were evident signs of life for about three minutes after the funis was divided. Taking a general survey of the head, the peculiarity and deficiency of the several portions, the appearance almost exact of the Tarus Rana, or bull-frog, was presented. There was no other part of the body deformed.

I regret much the opposition of the parents prevented a more minute investigation. It was difficult to overcome their prejudices sufficiently to make any examination at all. I could not obtain a minute history of her case during gestation. All that she was willing or able to say was, that during pregnancy she desired, or in her language, "longed for fish, and that while she was one day devising means to catch some small fish that were swimming in shallow water, a large bull-frog suddenly presented
itself. She imagined herself soon after conception to feel much heavier than in her former pregnancies at the same period; and as gestation advanced, she was evidently more prominent than usual. The sensation of heaviness was so great that she was incapacitated to attend to her domestic duties. She frequently remarked that the "child lay so heavy, and across her back, that she could not get about."

Whether the above circumstance had any influence upon the contents of the gravid uterus, or whether it can be more justly attributed to some other cause, I leave for others to determine.

If the foetus were so large at six months, what a monster would it have been at nine!

Imagine two thin pieces put on the sides of a frog head, or rather on the eyes, forming a kind of fork by the parietal and temporal bones, and you will have almost the exact appearance of this monster's head.

I have finished the task I proposed, in recording the case—the mother was frightened early in pregnancy by a frog—and the foetus had a head very similar in form to that of a frog. These are the facts, let our wiser elders explain them.
PART II.—REVIEWS AND EXTRACTS.


We have carefully examined this new publication, in order to give it a full and candid notice in the Southern Medical and Surgical Journal. There is one characteristic feature about its author which all must admire—that deserves our highest encomiums—it is the industry he displays in his profession. Few indeed exhibit more ambition to be useful in getting up new publications in medicine than Dr. Doane. On an extra sheet attached to the Surgery Illustrated, we find his name connected with no less than ten works, eight of which have already been published within a few years, and two are now in the press. Notwithstanding they consist of translations, compilations or new editions, still they are the result of great industry and patient labor.

The work now under consideration, professes to illustrate the operations of Surgery by plates. Of these there are fifty-two in number, containing no less than two hundred and eighty figures. They are intended to exhibit the dressings, bandages and splints now employed in surgery; then follow the appearances of the different fractures of the extremities, the positions of the bistoury, sutures, ligatures to arteries, amputations, operations on the eye, for the removal of stone in the bladder, &c. with the various instruments for performing each. This work is of royal octavo size, and contains a text of 200 pages—the price of which, at Richards & Stoy's in Augusta, is $5.50.

We cannot speak very highly of the execution of this work,—The plates and figures designed to give it value are very poorly gotten up. Those on dressings, bandages and splints, add nothing to what we have had already, particularly from Gerdy. We seriously object to those on fractures of the extremities, be they even exact copies of the originals. They fail in the object intended—they do not illustrate the subject of fractures. We acknowledge this to be a very difficult task to execute; but these plates might have been better shaded. Here too is a very important omission in surgery; we have nothing on dislocations, no illustrations of a class of the most frequent and interesting of all surgical afflictions. We do not understand the figure, nor the directions given for the continued or glovers suture, nor do we acknowledge the importance ascribed to it in this work. The description and the preparations for applying ligatures to arteries, though taken from Velpeau, are very obscure in the trans-
lation. The frontispiece, which also serves for the sixth regular plate, is a very meagre affair, and of little or no use in illustrating the subject to which it refers. In plate 37, in both operations the saw is held in the left hand, and is represented as working from left to right, across the chest of the operator, instead of forward and backwards. In plate 38, the position of the bistoury in making an incision in the scalp for the application of the trephine, is certainly a novel one; so also of the position of the elevator, which by the by is a very queer one. Plate 48 we defy any one to recognize what is meant by the figures; not even with the text can we comprehend the operation for fistula in and as there described. Finally, we have never known lithotomy performed, as a friend at our elbow remarked, without the patient being properly secured; we think in all instances he ought to be tied, except when the arms and hands are wanting, as is represented in plate 50. There are also many errors in numbering not only the figures, but the plates. This necessarily produces great confusion and ought to have been carefully corrected.

It is very evident that the author of this compilation, is not a practical man; nor indeed can it be expected of one so much engaged in writing. On the very first page he commits himself. He says nothing of patent lint, now so generally used, but speaks of charpie made by scraping fine linen rag with the back of a knife. Those who scrape lint will find it sufficiently slow in accumulating even by using the edge of the knife. Pessaries are made not only of ivory, wood and elastic gum, as stated in the text, but also of metal, glass, wool, &c.

The instruments generally are badly selected; we must particularize the amputating knife and saw. We cannot conceive how any one prefers the shape of the French to the English or American Instrument. Whoever has used one of Weiss' knives of English steel, will never go to Paris to look for a better, or if he does, will assuredly be disappointed; and certainly every one must select the firm bladed saw with the teeth widely set apart, and not the bone-like saw of the French case.

At page 159, we read, "The operation of trephining is required in simple fractures, with depression, on symptoms of compression continuing after depletion; in compound fractures, with depression, unattended with symptoms of compression." We know not whether Dr. Doane derived this last idea from Cutler, Hind or Blasius, (we know he did not from Velpeau); but it is most assuredly at variance with modern experience in Surgery.

No one has done more to simplify the instruments and operations of Surgery than Lisfranc, yet his name is not mentioned in the whole work.

Altogether, we apprehend this book has been gotten up more for effect than for practical utility. The plates are of little val-
ue, the figures are unnecessarily multiplied. They are both too numerous for the accompanying explanations, which are very unsatisfactory.

Whatever may be the opinion expressed of the Surgery Illustrated, and we assure its author it is given from honest motives, we cannot conclude this notice of it, without again commending the zeal and industry of Dr. Doane. His example, his great efforts to be useful, particularly to students of medicine and those unacquainted with foreign languages, ought to be imitated and deserves our thanks.

P. F. E.

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

LISFRANC'S CLINIQUE.

ANATOMY.—The vulva is sometimes found so very small that it is almost impossible to introduce a speculum. This does not, however, invariably indicate the same narrowness in the vagina, for it may be produced merely by the integuments of the perineum, extending higher up than they should. It would be advisable when women thus constituted become pregnant, to resort early, say the fourth or fifth month, (for earlier might cause abortion) to the slight operation of dividing this part of the perineum, in order that it should not be torn too much during labour. If it be necessary to introduce the speculum, the incision should be performed without any fear, for the parts contain no blood vessels capable of affording a spoonful of blood.

Ruysh mentions having sometimes seen the hymen double. M. Lisfranc says he saw one instance of the kind. The membrane is not, as is generally thought, very thin; it is on the contrary nearly two lines thick, and as tough as leather. When imperforate, it should be entirely removed, and a dilating pledget, or mèche applied.

In individuals arrived at the age of 40 or 50, and who have not cohabited for several years, the vagina becomes, as it were, atrophied, and as narrow as that of a virgin. The parts are then dry and hard; it is therefore necessary to be very cautious in such cases, not to introduce the speculum too large, nor with too much force and haste.

Very corpulent females have their labia pudendi considerably thickened, and as this does not diminish during labor, they cannot be completely effaced, and impede the exit of the child.
It is ridiculous to say that the nymphæ are destined to direct the flow of urine. It is evident that their office is to afford materials for dilatation during labor. As they are in some measure connected with the clitoris, it may be that they enhance the venereal orgasm during coitus, and thereby tend to insure impregnation.

It has been lately proposed, in cases of rupture of the perineum during labor, to make, previous to the sutures usually practised, an incision on each side and at a small distance from the rupture, so that the contact of the torn surfaces may be facilitated.

In women habituated to coitus, the uterus is not beyond the vagina, but actually projects in it. There is an erectile tissue in the perineum, which assumes the appearance of a tumour when efforts at stool are made. The direction of the pudic artery should be carefully studied, for its course is very different in females from what is seen in males. The vagina is generally longer in tall women than in those of small stature. The pubes are more prominent in southern than in northern females; and it will probably be found that the pelvis is also deeper and the vagina higher in southern women.

The attachment of the vagina to the cervix uteri, is six and a half lines thick anteriorly, and seven and a half lines posteriorly, so that the amputation of the cervix may be carried much higher up without injury to the peritoneum than is generally thought.

**Introduction of the Speculum Uteri.**—For the introduction of the Speculum, the patient should be placed in the same position as if she were to undergo the operation of Lithotomy, save that her hands are not to be fastened to her feet, nor any ligatures applied. The legs, or rather knees, are to be held by two aids if admissible; if not, the feet must rest on chairs of an equal height with the bed. The back must be horizontal, and but a small pillow placed under the head. The size of the speculum used should be proportioned to the dimensions of the vagina; this may be judged of from the length of the vulva, for the vagina is generally proportioned accordingly. M. Lisfranc mentions a case in which the vulva was only an inch in length, but very dilatable. The extent of the perineum varies exceedingly in different individuals, and Mr. L. has seen it occasionally two and a half inches. The labiae are to be separated with the fingers of the left hand, and the speculum, previously smeared with sweet oil, gently introduced with the right hand according to the axis of the vagina. As soon as the instrument has passed the external orifice, the labia are to be left to themselves, otherwise, the dilatation of the vagina would be impeded. The speculum should be urged forward with the utmost caution, lest, by suddenly overcoming some slight opposition, the instrument be forcibly thrust against the os tineæ. The eye should be kept as
much as possible in the speculum, in order to detect any deviation from the axis of the parts, and to engage the os tincæ in its extremity. This last part of the operation is not always free of difficulty, for the os tincæ is scarcely ever in its natural position, especially in females who have indulged much in sexual intercourse. It is generally turned downwards and backwards; hence it is necessary always to touch, before introducing the speculum, in order to ascertain the exact state of the parts.—This, however, should be done very gently, for fear of causing a discharge of blood from any diseased surface that might chance to exist, and thereby prevent the possibility of seeing. Care should be taken not to mistake mere folds of the varieties of the vagina for the uterine orifice, for this is often remarkably well imitated, and the parts might be pronounced healthy, when in fact they were not seen. It is in such cases that a long speculum, and one made so as to open, becomes very useful, for by pressing up a little firmly, the fold may be removed, or this may be done by gently opening the instrument. The os tincæ being exposed should be carefully and very gently wiped of its mucus or other discharges, by the aid of a kind of brush made with ravelled linen. A candle, of course, must be used; it is held in front of the speculum, so that the rays of light may be directed to the os tincæ. If the uterus be high up, it may be lowered very considerably, by telling the patient to bear down as if at stool. The rectum should have been previously evacuated by an enema.—Look at the ulcerations as obliquely as possible, in order to judge correctly of their depth.

**General Symptoms of Uterine Disease.**—The symptoms that should lead to suspect the existence of disease of the uterus are: pains or twistings of the stomach, unattended with other indications of gastric affection, and especially if they have resisted the antiphlogistic treatment, whether there be uterine pain or not; gastro-enteritis resisting ordinary means; increase of the mammae, or else pain with or without this increase, during the interval of the menstrual periods, are almost positive indications; ptyalism without pregnancy; heaviness or pains about the loins or pelvis, whether occasioned or not by walking, riding, a false-step, &c., during the intervals of menstruation; pains in the inguinal region, or spleen, without increased size of this organ; pain solely in the rectum, or at the umbilicus, or along the sciatic nerve in the thigh, without any other symptom of disease; sensation of internal hæmorrhoids; painful coitus always indicates at least inflammation of the os tincæ, and will then yield to rest and narcotics; obstinate palpitations; uterine hæmorrhage as surely indicates a

* [We intend in our next number to make some remarks on this subject, which the want of space forbids in the present.—Eps.]
diseased state or morbid tendency in the uterus, as hæmoptysis does that of the lungs; discharges per vaginam.

Particular attention should be paid to the insidious march of some cases, which suddenly take off the patient when least expected. In some cases the pains cease entirely a few weeks previous to death, so as to induce the patient to think herself cured, but this relief is suddenly interrupted, by hemorrhage, diarrhœa, or stupor, the most excrutiating pains and death. The disease may run through all its stages without the knowledge of the patient, so slightly is the system affected in some instances. Discharges long continued may cause cancer, as well as pulmonary catarrh does tubercles.

**Cases of Uterine Disease Examined with the Speculum.**—M. Lisfranc exhibited to-day the diseased uteri under his charge, by means of the speculum. I examined sixteen cases, and was, as usual, surprised to find the affections apparently so slight.—The great majority of them appeared to be merely hypertrophy and a little redness; generally a whitish and thick discharge from the orifice; in a few cases the red surface seemed to be excoriated, in others strewed with small vesicles; I could discover true ulcerations in no case, although Mr. L. mentioned it to exist in several. It seems to me that he must confound excoration with ulceration. Among the cases, was that of a female, whose os tineæ was amputated by Mr. L. three years ago; the cicatrix is quite visible and the parts healthy. The patient is here for tubercles of the lungs.

**Diseases of the Uterus.**—The diseases to which the uterus is subject, may be enumerated as follows:—1st. Chronic inflammation either of the body or neck of the organ, or of both, or parts of both; it is always attended with hypertrophy, and then the tissue resembles that of the womb during pregnancy—hypertrophy may be considered the first step of inflammation of this organ, whether acute or chronic. It must be remembered that there is here no transformation of tissue.

2d. Transformation of the tissue, which becomes white, but not schirrous. It is the same condition as that often observed in mamma, and which may be made to disappear entirely by compression, as practised by Recamier; this process will never dissipate a schirrus of the mamma. It occasions pains similar to those of a schirrus, but these occur very early, which is not the case with schirrus.

3rd. Schirrous state of any part, or of the totality of the womb, should be distinguished from ossification, or from calculi situated in its substance, &c.

4th. Tumours occurring on the surface of the uterus—Mr. L. relates a case in which the uterus presented three firm bodies,
similar to cocks' spurs. Tumours of the uterus should be distinguished from those not attached to, but merely situated in the vicinity of the uterus. Mr. L. has dissected eight cases presenting tumours near the uterus, and in every instance the neck of the uterus was thrown up so as to lodge behind the pubis, and the body of the uterus pressed downwards in the pelvis. It seems that tumours of the uterus have a tendency to project out of the pelvis, and that those in the neighbourhood, on the contrary, always press on the uterus and fill the pelvis before they leave it.

5th. Simple ulceration of the os tinae.
6th. Small polypi of the os tinae.
7th. Carcinomatous ulceration.
8th. Fungus of the os tinae; this is not the fungus hematodes; it may occupy the vagina; is not ulcerated, but soft, spongy; furnishes a sero-mucous discharge in great abundance; the tumour is very easily torn with the finger, and by pressure a fluid may be obtained similar to that just mentioned.

Chronic Metritis, or Simple Hypertrophy of the Uterus.—Chronic Metritis, or simple Hypertrophy of the Uterus or of any of its parts, unconnected with any degree of ulceration. It is more common in the body of the uterus than in its cervix, and is generally very insidious in its progress, especially about the critical age. It should then be termed latent metritis. The hypertrophy is sometimes carried so far as to give the uterus the size of the head of a six months foetus. This is not the kind of enlargement caused by the production of a white tissue, resembling the schirrous, though very different from it; but it is a mere increase of healthy tissue, and therefore should be distinguished from all others, as being much more readily cured. In simple hypertrophy, touching is always a painful operation, and the consistence of the uterus is found normal, though rather soft; to the feel it gives the same impression as an uterus in early pregnancy, or shortly after abortion.

Treatment.—Absolute rest is among the most influential means, and one, without the strictest observance of which, it will ever be impossible to effect a cure. The patient should not even walk from her bed to the sofa, nor even move about roughly in her bed. She must be carried to her sofa, if she wishes to occupy it during the day. These precautions are recommended in order to prevent the irritation kept up by the friction of the uterus against the adjoining parts, whenever the patient makes the least motion. (Is this friction really produced, as Mr. L. believes, by ordinary movements?) Abstinence from venereal gratification is also absolutely necessary. Small quantities of blood should be daily taken from the arm, as long as the patient's state will permit. By commencing with only 4 ounces, or even
less, according to circumstances, a spoonful if no more, it may be continued for some time. It is here desired to obtain the revulsive effects of the remedy, and these effects are much more marked than is generally admitted. For instance, it is a certain fact that leeches applied repeatedly and in large numbers to the mamma, often occasion pneumonia, by calling the blood to the chest. Again, it is very dangerous to continue the application of leeches to the arms or chest, in individuals predisposed to apoplexy, for in such cases, the disease will often be occasioned. Mr. L. never applies leeches to the pelvic region, except in some cases of chronic induration of the uterus, when it may be desirable to increase the action of the parts diseased, in order to discuss the induration. It is impossible to determine a priori, how much blood a woman may safely lose. This must be decided by careful proceedings, and regulated accordingly. If the nervous system be found to suffer, resort to antispasmodics. Baths made merely tepid, and often used, are very serviceable, unless there be hemorrhage. Baths of the pelvic region only, should never be employed. Tepid enemata are often very useful, as it is by no means uncommon for persons in this state to be costive, and the collection of feces can be but a source of irritation. The baths and oysters are recommended merely tepid, in order to produce as little excitement of the organs as possible. Injections per vaginam, also tepid, are very useful; should be made three times a day, and the position be such as to retain the injection in the vagina at least fifteen minutes. One syringe full should always be used for cleansing the parts, before the other be permitted to remain. The introduction of cataplasms is filthy, disagreeable, and more irritating than the kind of fomentation with mucilage of flax-seed just directed. The injection should be made by means of an elastic and small canula, which should be introduced with caution, so as not to wound the diseased parts.

Chronic Metritis, when slight and without pains, or merely such as are intermittent, should be treated by revulsives to the pelvis, as dry cups, moxas, blisters, issues, &c. Regimen should be low, and strictly observed, for this is absolutely necessary to ensure recovery; no coffee, but mild vegetables, milk, &c. The quantity of food should be gradually diminished to one-half that used in health. Idiosyncrasy should never be overlooked in the regulation of the quantity, as well as quality, of food to be taken; when vegetables disagree, let them be dressed with chicken juice, fish, and white flesh. Walking should be carefully avoided as long as it causes the slightest pain about the affected region, unless it be absolutely necessary to the healthy performance of digestion, or to the amelioration of the nervous system; at the menstrual period, the patient, however, should always take more or less exercise on foot. The state of the digestion and of the alimentary canal should be very strictly attended to, for when dis-
cases of the uterus become complicated with an affection of the digestive tube, the chance of success is very much diminished. Leeches may, sometimes, be applied to the os tineæ, when the case is positively ascertained to be merely hypertrophy, without schirrus; and then, with the intention to stimulate the vessels, and thereby bring about the removal of superfluous matter. If the case be schirrus, there is great danger of producing as many carcinomatous ulcerations as there are leech bites, as has been repeatedly seen in cases of schirrous mamma. Frictions with Iodine may be useful; the "Douches de Vagin" are highly beneficial, as are also those of the uterus. They may be made sulphurous when there are also discharges. They should be continued at first about five minutes, and the length of time gradually increased. They are administered by means of a tube communicating at one end with the vagina or uterus, and at the other with a reservoir of water, placed in an elevated position; the atmospheric pressure throws in the water with considerable force.

**Hypertrophy of the Uterus, with Transformation of Tissue.**—The increased size of the uterus does not always necessarily indicate a schirrous state, for there may be simple hypertrophy without alteration of tissue, or else hypertrophy with transformation of tissue. This kind of hypertrophy may be compared to the state of the mamma when said to be "engorged." It is characterized by the almost total absence of pain; the rapidity of its progress; it very soon becomes chronic; does not yield as readily to remedies as cases of simple hypertrophy.—The antiphlogistics should not be carried too far, for the disease continues acute but a very short time. An excellent remedy is compression, applied by the use of the pessary, of the shape of a "bilboquet;" this instrument being well placed, the uterus, by its tendency to descend, especially whenever the patient moves, takes exercise, or goes to stool, is pressed against it, and thus produces the effect desired. The pessary is to be removed whenever it occasions the least pain, and reapplied when the irritation has ceased. It may be left applied or not during menstruation, according to circumstances, for it often happens that the uterus at this period is sensitive and necessitates its removal. Injections should be continued, and cleanliness strictly attended to.

**Tumours of the Uterus.**—These should be treated pretty much as the preceding diseases, viz: by antiphlogistics, regimen, rest, abstinence from coition, &c. By such means, the progress of many very voluminous tumours, although of a schirrous nature, may be arrested, and the patient permitted to live a great number of years, especially if she attend strictly to the reduction of every symptom of irritation that may return.
MILLIARY POLYPI OF THE OS TINÆ. — Milliary Polypi about
the os tinæ, either on the internal or external surface of its lips,
frequently exist and pass unnoticed for want of careful examination.
They are extremely small, semi-transparent, not very
hard, roll under the finger, and do not increase in size. The
pain is excessive and similar to that of cancer; no hemorrhage;
no enlargement; irregular menstruation; such are the ordinary
symptoms. These increase and are attended with emaciation,
diarrhoea, and even death. If situated externally, they may be
readily seen; but if within the orifice, the finger must be intro-
duced in order to feel them, or the double branched speculum
used so as to permit the orifice to be opened and inspected by
the eye. Unless the physician be very particular, he may not
notice them, so small and unimportant do they seem. The treat-
ment consists in taking hold of them with a pair of forceps and
twisting them off. Should they return, cauterize with nit. ar-
gent. after their removal. It is worthy of notice that the pain
ceases at the instant they are extirpated, and returns no more.
This operation should be followed by antiphlogistics and such
diet as will prevent inflammation of the parts, also cleanliness.

TUBERCLES OF THE UTERUS. — Tubercles may exist in the pa-
riects of the uterus and also in the cervix. Lænecé has an excel-
I1ent article on the subject in the great Dict. des Sciences Méd-
iccales. M. Lisfranc says he first detected them in the mammae.
The inflammation of uterine tubercles, may be prevented by
proper means. It may remain latent, and then become either
acute or chronic. The tumour produced, may be easily mista-
en for hypertrophy with white tissue, or for schirrus; but its
progress will evince its nature, for, according to the intensity
of the inflammation, it will assume either the form of a cold or a
warm abscess, suppurate, and discharge the kind of matter pecu-
liar to such tumours. The nature of the discharge will prevent
its being mistaken for an ulcerated carcinoma, as it is very dif-
f erent from the ichor of the latter; is whitish, cheesy, ("caséeuse,"
) flocculent, (floconneux,) as is the case with suppurating tubercles
of any other part of the body. By pressing the cervix uteri,
this peculiar matter is sometimes abundantly discharged. In
carcinoma we see ulcerations simply; but here an abscess. Ex-
tirpation is necessary in cases of carcinoma, whereas tubercles
may be cured without, as is often seen in cases of tubercular
testicles. The proper remedies are antiphlogistics, baths, injec-
tions with infusion or decoction of bark, the chlorides, &c.—
The granulations should be touched with the "proto-nitrate-
aïde liquide de mercure." Rest and abstinence from venery, are
absolutely necessary. It is perhaps impossible to establish pos-
itively the diagnosis before suppuration takes place, hence tu-
mours of the womb should always be suspected to be of this na-
ture, and treated accordingly. The abscess may open into the vagina, rectum, perineum, &c., and produce more or less mischief. When long continued, these ulcerations may degenerate and become carcinomatous.

Ulcerations of the Os Tincæ.—The simple ulceration of the mouth of the uterus is generally difficult to cure, even when unattended with loss of substance. This may be owing to the peculiar nature of the uterine tissue, and also to the irritation kept up by the continual friction of these parts, at every motion of the body, especially walking and riding. The irritating quality of the matter secreted by these ulcerations, may, by coition, communicate to the man a species of gonorrhœa. These ulcerations may eventually become carcinomatous.

Simple ulceration of the cervix is most frequently met with in females from 20 to 35 years of age, and not, as some have thought, at the critical age. This may be accounted for by the increased action of the parts at this age, for excesses of venery, and pregnancy, are more common at this than at the age of 45 or 50.—Whenever a female complains of discharges from the vagina, suspect ulcerations or redness of the os tincæ; the slight degree of redness very frequently observed, is not of much importance, and should not be confounded with ulcerations. It is true, however, that when neglected, this redness often passes to the state of ulceration.

The posterior lip of the os tincæ is much more commonly affected than the anterior; perhaps because it is more exposed to the action of the acrid humours which pass from the uterus and collect in the most dependant parts of the vagina. This affection consists, in the first stage, of a merely denuded surface, which, when exposed to the air, appears free of any discharge; at the second stage, a bloody fluid is discharged when the part is exposed to the air by the speculum, or wiped with a soft lint brush. By a side view, a slight loss of substance may be perceived, but it is as yet extremely superficial, and seems scarcely to penetrate beyond the external membrane. In the third stage, the ulcerations are much more evident, and true ulcerative granulations, ("bourgeons charnus") as well as slight vegetations, may be seen. The parts increase in size, become softened, are easily torn by the least violence, feel soft to the touch, and soon degenerate into complete carcinoma. It may, however, advance very far without partaking of the cancerous nature, and this will always be detected by the kind of discharge, which, if there be no cancer, is rather of a mucilaginous (glaireux) nature, than of that of ichor.

Simple ulceration produces nearly all the symptoms of cancer; it causes as much constitutional disorder, and often death.—The pain is excessive, the discharge sometimes profuse, and often
has the peculiar odour of that produced by cancer; the constitution undergoes—that change called a cancerous diathesis. The increase of pain during the progress of treatment, should not always cause alarm, for this is often the case when the disease is fast yielding, and has, in fact, nearly disappeared. Instance a patient completely cured a year ago by amputation, but who still suffers very much. Are these dependant on habit? In this affection, the cervix is almost always found inclined strongly towards the rectum, and, in many cases, the patients complain more of the rectum than of the uterus. These ulcerations may complicate all kinds of hypertrophy; they may be stationary—change places, or extend to the entire uterus, its attachments, &c.

Strict attention to regimen and rest, is absolutely necessary. Cauterization may prove fatal when carelessly employed; but, otherwise, it can be considered perfectly innocent and free of danger. First abate the irritation or inflammation, in order to prevent metritis from supervening. Never cauterize when there is pain, but then order baths, emolients, low diet, and even venesection if necessary. The caustic should never be used when the ulceration is combined with tumefaction, (engorgement,) but act as if this existed without ulceration; order emollient injections and antiphlogistics. Hypertrophy of the os tineæ, complicating ulceration, should counter-indicate the use of caustic. In order to apply the caustic, the speculum should be used, and the cervix alone included in it. If this cannot be sufficiently well done by the instrument alone, small pledgets of lint should be wedged in between the os tineæ and end of the speculum, so as to isolate this part from the vagina, and thereby prevent the action of the caustic from spreading too far. This being done, wipe the os tineæ clean, with a small lint brush, in order to remove the mucus which might prevent the action of the application; touch with the caustic very lightly and repeatedly; but only in a small surface. This remedy acts by changing the nature of the diseased action. After cauterization, the parts should be well washed by injections, to prevent too much action. The cauterization should be repeated every six or eight days, unless circumstances prevent. The disease is sometimes aggravated; then cease its use. It may be applied advantageously even in cases of mere redness.

Injections of diluted chloride of soda, decoction of cinchona, eau de Barrége, and douches, may be used for months, either with or without the assistance of cauterization. The engorgement of the ovaries, when chronic, is not an objection to cauterization.—The proto-nitrate-acide liquide de mercure, may not unfrequently be substituted with advantage for the lunar caustic.

Diseases of the uterus are extremely liable to return after having been cured; hence the necessity of attending particularly to the state of the menses; resort to venesection whenever they
are disturbed. The continuance or return of pain after cessation for some time, is not always a symptom of a return of disease, but is often nervous, and will yield to narcotics. When the ulceration, however simple, continues to spread, notwithstanding the use of these means, and produces or threatens great constitutional disorder, amputation should be resorted to, for otherwise death may be occasioned. Why not amputate the os tinciæ as well as a limb, when its diseased state affects the general system and threatens life?

**Leucorrhæa.**—M. Lisfranc considers leucorrhæa sometimes an endemic affection, or dependant on atmospheric influence, (constitution médicale). It is very often occasioned by the use of foot-stoves, (chauffrettes,) so common in this country; by a humid season; occasionally by excessive venery; sedentary habits, especially if warm chairs are used; but perhaps the influence of hot climates tends more to produce it than any other known cause. The discharge may proceed either from the vagina or from the uterus, or at the same time from both. Chronic inflammation of the vagina may gradually extend to the uterus, and, if neglected, may give rise to a schirrous condition, polypi, &c. It should be borne in mind, that when these discharges have long continued, they are true emunctories, and must therefore not be suddenly suppressed. The organs of the chest should always be carefully explored previous to arresting this discharge, for Mr. Lisfranc has known this neglect prove fatal to a great number of females, whose lungs, being tubercular, ulcerated very rapidly after the successful treatment of Leucorrhæa. It will, when the lungs are the least suspected, be prudent to establish setons or issues previous to such suppression. The general state of the system should be attended to, and tonics or antiphlogistics used accordingly. The use of the speculum will decide whether the discharge be from the vagina or uterus. If from the vagina, Mr. L. has used the "Potion de Chopart," (a mixture of Bals. Copaiba, Spirits ÅEther, Nit. &c.,) or Bals. Copaiba and opium internally or by enemata. The doses should be gradually increased until either costiveness or diarrhœa be produced. The opium may be carried to six grains daily, with advantage. Injections of claret and water, gradually made stronger, and even carried to pure wine; rose water; sulphate of zinc, &c. &c.—Injections of chloride of soda, (diluted.) very rarely fail to arrest it; their strength should be gradually increased. The position of the patient's pelvis should be such as to retain the injection in the vagina, at least ten or fifteen minutes, and thereby render the injection rather a bath than a lotion. This injection cannot be used for men, because of its liability to cause false membranes to be formed in the urethra, and consequently strictures. This objection might, in some cases, be obviated by the introduction of a bougie immediately after the injection.
When the discharge proceeds from the uterus, its suppression is more difficult to obtain. After the flow of the usual menstrual fluid, there sometimes succeeds one of a serous nature, almost limpid, and so abundant that it soaks through thick folds of linen, and even leads some to believe themselves affected with incontinence of urine, or dropsy of the uterus. This flow, in some cases, appears but a few days after the cessation of the menses, and continues a week more or less. The discharge may be thick, opaque, acrid, &c. Here also the general state of the system is to be carefully attended to, and prepared for the injections. If these, made in the vagina alone, will not suffice, they should be carried directly into the uterus, by means of a catheter introduced into the orifice of this organ. This may be done without the least pain, as was proved by Mad. Lachapelle, Mr. Duméril, &c. Emollient injections should be tried before resorting to those of an astringent nature. The decoctions of Elder flowers, and Marsh mallow roots, are very good. It is necessary, during the treatment of these discharges, to abstain from coitus. When using the astringent injection, beware of metritis; watch the whole system.

On Amputation of the Os Tince.—M. Lisfranc has just relieved a female of the most troublesome palpitations, by the amputation of an ulcerated os tincæ.

It is wrong, he says, to think that the neck of the uterus should be amputated, only when it is the seat of a cancer. Certainly no one would hesitate to take off a leg or arm, if either were occupied by an ulcer of such a nature as to seriously injure the whole system; he does not see why the same rule should not be applied to this organ. It must therefore be borne in mind, that whenever the ulceration covers the whole os tincæ, and threatens to spread to the vagina, no time is to be lost, else the disease will rapidly degenerate into cancer, and probably render an operation impossible, by extending to the body of the uterus. When the neck of the uterus is very short, as is seen occasionally, the danger of the body of the uterus becoming diseased, is very great. We should never be frightened by the phantom of "cancerous diathesis," for it is impossible to say positively that it exists, until the patient is nearly exhausted.—Moreover, the books are full of cases in which Extirpation has proved successful, when there was every reason to believe in the existence of the diathesis.

M. Lisfranc has now [1830] amputated the os tincæ about sixty-five times, and lost but very few patients; the cicatrix is generally complete in from four to six weeks.

Treatment after Amputation of the Os Tincæ.—I witnessed this operation performed the day before yesterday, by M. Lisfranc. The patient evinced no pain, and indeed remarked
that she had experienced none whatever at the moment of the excision. Mr. L. observed, that the uterus resembled, in this respect, the liver, testicle, &c.; that it was insensible to the action of the knife—whilst compression, or torsion, produced intense pain. Mr. L. takes occasion to make the following remarks.

"The patient has, since the operation, been affected with vomiting, syncope, nervous tremors, and even spasms. The sanguineous discharge from the wound has not been sufficiently great to occasion these symptoms, and they should be attributed to the shock of the nervous system. They should excite no alarm, being usual after this operation. The vomiting continued until this morning; there is some epigastric tenderness, probably nervous; her courage, so remarkable on the day of the operation, has entirely vanished, and she now believes herself doomed to die. Narcotic and antispasmodic enemata have been administered; leeches have been applied to the abdomen, it being painful on pressure. I never dread the hemorrhage, unless it be very great, for it tends to relieve the organ, and to prevent the development of too much inflammation. Narcotics (opium) should always be administered, when the pulse is sufficiently strong to bear them, for if it were very feeble, they would be dangerous. They should be given in enemata, in order to spare the stomach, which is then so irritable as scarcely to retain gum water. If the habit be plethoric, take blood from the arm.—Should the hemorrhage become too abundant, the tampon must be resorted to, and applied near the orifice of the vagina, in order to avoid irritating the wounded surface by its contact. In twelve or twenty-four hours, at most, remove the tampon and coagula with the finger, for were they to remain longer, decomposition would begin and cause serious irritation. I have been obliged to resort to the tampon but six times in sixty operations. There are usually pains in the abdomen and about the pelvis three or four days after the operation; venesection should then be practised, if the pulse will permit, and the vagina be well bathed with emollient fluids. Rest and abstinence are strictly to be enjoined. In about a fortnight, the uterus should be examined, and the granulations cauterized with nit. argent., after which, injections with tepid solution of mur. soda, will hasten the cure. The cicatrix being complete, attention should be directed to the causes which produced the disease—the menses should be restored; &c.

"Females frequently complain that the disease is returning; a careful examination will then generally prove that the pains, &c., they experience, are merely nervous, and will readily yield to a little opium."

Amputation of Carcinomatous Os Tinct.—"The patient in question is thirty years of age, of a lymphatico-sanguine temper-
ament, is feeble, emaciated, dry; her flesh feels flaccid; no part of her system, save her uterus, appears to be affected. It is an erroneous opinion, entertained by many authors, that whenever the neck of the uterus is seriously diseased, the other parts of the body must suffer. From the present condition of the patient, and the influence exercised by the uterine tumour on her system, I am confident, that if left to nature, she must die in six weeks. We should therefore operate, even were the cancer to extend beyond the neck of the uterus, to the parietes of the vagina; nay, were we compelled to remove a portion of the peritoneum.—Ambrose Paré and others, have successfully removed the entire uterus; why should I not remove one-half of it? Mr. Blundel, of London, assured me he had several times removed the whole with complete success."

Having premised these observations, M. Lisfranc proceeded to the operation. The carcinoma being too voluminous to permit advantageously the use of the speculum, this was dispensed with, and the mass seized with a pair of hook-forceps, (érigines,) in order to draw it near the os externum. The tumour was, however, so soft, that the forceps repeatedly tore their way out; he was then obliged to place the hooks at the junction of the diseased and healthy parts. Having thus seized it with a number of these forceps, and placed some of them in the hands of assistants, very gradual traction was made until the tumour was brought to view. The disease was then perceived to occupy, not only the cervix, but also the superior and posterior portions of the vagina. The whole was removed, consisting of a circular bit of the mucous membrane of the vagina, about two inches in diameter, with the os tinea in the centre. The vagina was immediately and carefully filled with lint, in order to arrest and prevent haemorrhage, and the patient put to bed. She appeared to suffer extremely during the traction necessary to bring down the tumour, but not so much whilst under the action of the knife.—She was much agitated for two or three hours after the operation; when nausea and nervous tremors supervened. M. Lisfranc then saw her, but did not consider these symptoms alarming.—She was very soon after taken with violent convulsions and expired.

The autopsic examination threw no light on the cause of the event; a very small coagulum was found, on removing the tampon; no organic lesion detected. M. Lisfranc considers her death occasioned by the spasms alone, and observes that the issue could not have been foreseen, and may happen when least expected. He feels perfectly justified in having performed the operation, and would not hesitate to repeat it, under similar circumstances.
PART III.—MONTHLY PERISCOPE.

American Journal of Medical Sciences.

In the commencement of our editorial labors, we disclaimed all unfriendly feelings toward our cotemporaries, and declared our design and desire to be harmonious co-operators to achieve the same great and desirable object, the improvement of medicine. We were sincere in our professions, and if we entertained more regard for one than the rest, it was for the American Journal of Medical Sciences. We have been pleased to extract freely from its valuable pages and give it full credit for all we received.

It is true, had we vanity enough to constitute ourselves literary censors, or had we been disposed to endeavor to enhance our own consequence by exposing the defects and faults of others, we might have found something to condemn, notwithstanding the editor's great experience; but always despising that ignoble spirit that delights in disparaging and speaking ill of others, we preferred rather to contemplate the useful and interesting matter contained in his numbers and select therefrom for the benefit of our readers. We were not disposed to quarrel with him for loving his friends and neighbors to excess, and pushing the puffing system beyond the bounds of discretion, or because he sometimes seemed to run aground in his panegyrics and be entirely at a loss for new modes and forms of eulogy—this we regarded as an amiable weakness—and few, alas, err on the side of amiability!

But we were not a little surprised to see the following ill-natured and illiberal criticism of the Southern Medical and Surgical Journal among his bibliographical notices.

"ART. XXII. The Southern Medical and Surgical Journal.—Edited by Milton Antony, M. D. Professor of Obstetrics in the Medical College of Georgia, and Joseph A. Eve, M. D., Professor of Therapeutics and Materia Medica in the Medical College of Georgia.

This is another new candidate for public favor. It is to be published monthly at Augusta, Georgia, and the first number was issued in June last. It is divided into three departments, viz: 1. Original Communications.—2. Reviews and Selections.—3. Periscope. Each number is to contain 64 pages, and seven numbers will comprise about as much matter as one of this journal. The price is five dollars per annum.

In the June number, the only one that has reached us, there are two or three interesting original articles, which we shall notice particularly hereafter. The reviews are meagre and manifestly from inexperienced hands; the selections are for the most part interesting.

It has been considered the high prerogative of literary and sci-
centific men, to occupy a glorious pre-eminence, far above and unaffected by the low strifes and petty animosities that agitate vulgar minds, and even to maintain inviolate the strictest bonds of friendship and the most harmonious intercourse, whilst their respective nations have been engaged in all the horrors of war. But the conduct of our brother of the American Journal, certainly seems to savour of a participation in those sentiments of jealousy and unkindness, unfortunately too generally felt and cherished between the North and South of our own country.

What could be more ungenerous than such an attempt, by one who enjoys so full a tide of editorial prosperity, to crush others who though confessedly inexperienced, honestly aim to do well? Would it not have been more charitable in him to have waited at least until we had tried our "hands" a little longer before he indulged in quite so much severity towards us?

Relying on the intelligence and magnanimity of our professional brethren, to whose judgment we are willing to submit, we would have passed this invidious and unmanly attack with the silence it deserves, but we thought it proper to correct a false statement which might perhaps, as it was doubtless intended, militate somewhat against us, as the American Journal has an extensive circulation at the South. He says seven of our numbers will comprise about as much matter as one of the American Journal, and the price is the same: As the latter is published quarterly and the former monthly, it ought of course to comprise three times as much—the number of the American Journal that contains this dignified criticism, comprises 260 pages, exclusive of table of contents, list of collaborators, advertisements, &c. which are not included in the 64 of our monthly numbers—whereas to be equal to seven of ours it should embrace 448 (7 times 64). There is certainly some difference between 260 and 448. The present number of the American Journal is about equal to 4, instead of 7, of our numbers—and we are warranted by the encouraging increase of our subscribers and contributors to hope, that before the Southern Medical and Surgical Journal has been published as long as the American Journal, we shall be able to extend its magnitude considerably without farther expense to our readers.

In conclusion we say to the editor of the American Journal, he has been disposed to show no courtesy and we ask of him no favour—we take his Journal and we will make the best use we can of it, but will always give him credit for all we take—it is well worth $5—it is well supported by able collaborators—and is certainly, after making all deductions, a very respectable and useful Journal.

Acetas Plumbi in Cholera.—Dr. Graves of Dublin has for some years used the Acetas Plumbi in cases of Cholera, with such suc-
cess as enables him to say, that in all cases where there was the least hope of beneficial effects, this article succeeded in checking the serous discharges from the bowels and terminating the vom-
ting. His formula for its ordinary use is, Acet. Plumbi 31, Opium gr.i, made into 12 pills, of which he gives one every half hour, until the rice-water discharges from the stomach and bow-
els begin to decrease.

The ordinary effect of these pills is that of gradually checking the serous discharges from the stomach and bowels; the impor-
tance of which will be duly appreciated, when it is recollected that it is the continuance of this discharge which conducts on the disease to its incurable state. Although this diarrhœa is es-
entially a stage of the disease itself, still in practice it should serve as premonitory of those horrible phenomena which, with-
out its arrest, must soon supervene, and which constitute the latter stage of the disease. Any remedy then which may be possessed of competent power for stopping those exhausting dis-
charges which are characteristic of the early stage of the disease, is eminently worthy the prompt attention of the profession.

When the vomiting and diarrhœa were suspended, Dr. Graves advised the gradual discontinuance of the pills. In this way, he gave large quantities in a day, with great benefit, and without being followed by any injurious consequences.

This arrest of progress in this stage of the disease, secures at once to the practitioner, that, of which he has been heretofore too often deprived, viz. an opportunity for the effectual administra-
tion of mercurial or other medicines, according to the dictates of his judgment.

We have seen in the Western Medical Journal, some account of the use of sugar of lead in cholera, by Dr. Price of Montgom-
ery County, Ohio. Notwithstanding he succeeded to a consid-
erable extent in confirming the observations of Dr. Graves, rela-
tive to the efficiency of this medicine in the first stage of Cholera, still it is observable that this practice was, with him, not so de-
cidedly successful as with Dr. Graves. All Dr. Price's account of the use of the Acetate of Lead, appears to be marked by that candor and honesty which at once display the honest man, the practitioner of great merit, and the narrator who has for his soe object, truth, and the interests of humanity. But we hope that neither Dr. Price, nor any of his readers will be discouraged thereby, in the use of an article, which, from its known medicin-
al powers, we should suppose adapted to the purposes herein designed; and that, with the excellent authority by which its use in this disease has been introduced to the profession: for we are bound to consider Dr. Graves of Dublin, at least, as one of the most substantial practitioners now in the exercise of the profes-
sion. We will further remark, that we think the cause of the difference of result in the practice of these two gentlemen is very
obvious; and is not calculated to impair the confidence which Dr. Graves' experience has created.

In the first place, the opportunities afforded Dr. Price, as to the number of cases, have not been at all comparable with those of Dr. Graves. And, in the second place, we should look for a different result, from the different doses adopted by them—the dose used by Dr. G. being $\frac{3}{4}$ grs. acet. plumb. with 1-12 gr. opium; whilst that of Dr. P. was 10 grains of the former, with 1 grain of the latter.

"That the secretion of bile will return, if that of serum be arrested, is established by the above facts," says Dr. Price, after speaking of two cases in which the sugar of lead and opium had effectually constipated the bowels and checked the vomiting, and in which he had then produced bilious discharges by cathartic medicines. "In both of these cases," continues the Dr., "purgation was with great difficulty brought about, after the use of lead and opium; and in one case, was only effected with Croton oil, after the use of a variety of cathartics to no effect." By these candid statements of Dr. Price, we have reason to believe that the increased dose which he used was out of proportion to the demand of the different latitude, climate and locality of Montgomery County in Ohio, (which borders on the 40° of N. Lat. and ranges with Philadelphia,) for the use of those articles: and that consequently, the effects were too severe for the best interests of the cases.

Of the peculiarities of that locality we are not able to speak; but latitude does (cet. par.) exert a material influence on climate. This influence varies, however, by the different exposures of the tract of country; as remarked on the different sides of the Alleghany Mountains.* Whilst on the subject of the influence of climate, which always bears a close relationship to latitude, it may not be amiss to remark, that our observation leads us to the opinion that the susceptibility of the system for the action of different medicinal powers is not varied alike by this influence; but that whilst the susceptibility for some articles is materially decreased, or increased, that for others is not appreciably altered.

We have remarked that the susceptibility for mercurial and antimonial powers decreases, with considerable regularity, with the decrease of latitude, and that the local peculiarities engendered by a southern clime still farther influence, more or less, this proportion between the varying susceptibilities of the system and the differing latitude. For example, in the use of those articles in Georgia, we add about 100 pr. cent. to the dose necessary in New York and Massachusetts, which range

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*We are aware of the fact, that the higher latitudes west of the Alleghany, are more temperate than the same on the east.
about 42° N. L., a difference of about 10°. In Louisiana the increase of dose, for the same kind of operation, is still more: and the experience in that part of Hindoostan which lies between Bombay, and the Coromandel and Malabar coasts, and other parts of India ranging with it, extending mainly from the 10th to the 20th degree N. L. proves an increased demand of more than double the portions necessary for the same manner of effect in this latitude: Georgia and Louisiana being about a middle latitude between Boston in the north, and Bombay and Aracan in the south. At Madras, Seringapatam and Tanjore, the quantity for the same still increases. The increase in these southern parts of India is still greater than the ordinary effects of the difference of climate, or latitude alone, owing to the peculiarities in their localities, &c.

It is not, we believe, a fact of observation, that narcotic and anodyne powers, lose their influence at, or near the same rate, on approaching the equator; although they do vary in an appreciable degree. But styptic and astringent powers have not been found to vary in any perceptible degree, unless indeed, as there is some reason to believe, their power be increased.

The southern practitioner is never found to exceed 2½ to 5 gr. doses of acet. plumbi, unless on some very extraordinary occasion indeed; whilst the dose at the north is generally 5 to 10 grains. Compound powder of alum, is generally found to display its full powers in the south, in doses of 8 to 12 grains, and larger doses are generally rejected by the stomach, whilst the northern dose is 5 to 20 grains.

More minute and extended observations on the change of susceptibility for the action of different medicinal powers, would be of great interest to the profession, and would tend to heal the thousands of errors in prescription, which are daily made in one climatic, from the books, instruction, or even the experience of another.

If these views be correct, we should be inclined to believe, that even the precise dose of Dr. Graves, repeated pro re nata, would have been the most appropriate for the cases of cholera in the west. After each dose, as was the case in the hands of Dr. Graves, spontaneous bilious secretions might have been afforded, or these might have been easily produced by mercurial purgatives, instead of needing Croton oil, after many other purgatives, to overcome constipation.

When we presented to our readers Dr. Graves' remarks on the use of the Chloride of Soda in fevers, in the second number of this Journal, we intended to append a note, correcting an error in nomenclature, which pervades the whole article as it appears in the London Medico-Chirurgical Review, and which also occurs in the British and Foreign Medical Review. It is
very evident that Dr. Graves has reference to the Chloride of Soda, (that is, the Chloride of the Oxide of Sodium,) and not the Chloride of Sodium, which is common salt. We were more desirous that this error should have been corrected, because we had known a druggist in this city send common salt to a physician at a distance, who had inadvertently in writing an order for drugs, written for the chloride of sodium instead of soda; but in the hurry of business it was neglected and forgotten until the present number. We beg leave to call the attention of our readers again to Dr. G's. valuable observations, and request them to read Chloride of Soda, in place of Chloride of Sodium.

We have, since the publication of the article referred to, employed the Chloride of Soda according to the directions and, under the circumstances, as recommended by Dr. Graves, and in some cases have been very much gratified with its effects.

**Alum in Typhoid Fevers.**—Professor Fouquier, one of the physicians of La Charité is in the habit of prescribing alum, with considerable success, in certain cases of typhoid fever. When the inflammatory symptoms which generally mark the commencement of fever are succeeded by the symptoms peculiar to typhus, such as weakness of the pulse, fixed and dull expression, diarrhœa, acrid heat of the skin, &c. alum is advantageous. If inflammatory symptoms should re-appear, its use is again counteracted; so it is if the bowels (which rarely happens in the second stage,) are constipated; but with these exceptions it may be confidently given, although the most serious nervous symptoms are present. In the stage of collapse, when there is excessive prostration of strength, colliquative diarrhœa, sordes covering the mouth, and fetid excretions, alum, either alone or with other remedies, acts very beneficially. The diarrhœa diminishes, the tongue becomes moist, and the strength improves. The dose is twenty-four grains daily for three or four days, then increased to half a drachm, and after the same interval to a drachm. When its good effects have been produced, the dose is to be diminished in the same proportion. Gum-water is a suitable vehicle: it may be given in pills, but a solution is preferable.—*British and Foreign Review.—Bulletin général de Thérapeutique*, Novembre, 1835.

**On the proper Temperature of Sinapisms.**—The volatile oil, on which the stimulating properties of the powdered seeds of mustard depend, is not disengaged or formed unless water is added to them; but it has been imagined that very hot water was preferable to cold. M. G. Pauré, senior, has proved, by many careful experiments, that this is not the case, but that water, when heated to 192° (F.) and upwards, prevents the disengagement of the volatile principle of mustard: consequently, that sinapisms should be made with cold water, and for foot-baths the powdered mustard should be first mixed with some cold water, to which boiling water should be added, to raise it to the necessary temperature. By one of those coincidences which are not uncommon, the same facts have been simultaneously discovered by MM. Geiger and Hesse in Germany. The most satisfactory rational is, that the sudden heat coagulates the vegetable albumen which forms a coating to each molecule, that prevents the water acting upon it. All causes which coagulate albumen produce the same effect, such as alcohol, strong acids, &c. Cold water, on the contrary, dissolves the vegetable albumen.—*British and Foreign Review.—Journal de Pharmacie*, Septembre, 1835.
Hydrated Tritoxide of Iron an Antidote to Arsenic.—This antidote is easily prepared and should be always in readiness. An ounce of iron filings, with four ounces of nitric acid and four ounces of muriatic acid, were introduced into a large glass vessel, and subjected to a gentle heat until the iron was dissolved: to this solution sixteen ounces of cold distilled water were added, and after some minutes the metal was precipitated by introducing two or three ounces of liquid ammonia. The vessel was then filled with common water, agitated, and the whole filtered. This left about twelve ounces of Hydrated Tritoxide of Iron. A teaspoonful weighed about an ounce. The process occupied about an hour, and it was immediately repeated.

A very strong case is given by M. Geoffroy in the Journal de Médecine et de Chirurgie pratiques, in which 5 i. of arsenic was deliberately taken by a hair-dresser, labouring under delirium tremens. After several glasses of sugared water, four or five pints of warm or cold water, charged with the Hydrated Tritoxide of Iron, were given in a quarter of an hour. Copious vomiting and a large stool were produced. For the next seven or eight hours this treatment was continued, and the patient vomited and was purged three times. There was neither colic, heat in the throat, nor any symptom of poisoning. He complained of cramps in the fingers; but was delirious the whole time, talking and gesticulating. The quantity of the drink was diminished—he slept well, and in the morning was well.

It should be observed, that after the arsenic was swallowed, and the friends ascertained it was arsenic, M. Geoffroy was sent for; and after his arrival, which was very soon, twenty minutes were required to obtain the tritoxide.

MM. Bineau and Majesté, of Saumur, relate the following cases, to prove the efficacy of the hydrated peroxide of iron as a counter-poison to arsenic in the human subject. On the 13th of August last, about two o'clock, five little girls, on leaving school, ate part of a cake, containing one-fifth of its weight of white arsenic, which had been prepared to kill rats.

L. D., aet. 7, who had eaten a piece weighing about two drachms, had, half an hour afterwards, pain in the throat, a sensation of strangulation and vomiting, succeeded by pains in the belly, great thirst, faintness, incessant restlessness, and spasms. Dr. Bineau saw her at four o'clock: she had then vomited five times, and rejected sugared water and milk which she had swallowed. He gave her one grain of tartar emetic, which produced vomiting and two stools. In an hour he had prepared the tritoxide of iron, and by nine o'clock he had given five ounces, in divided doses. During this period she vomited five times, and had one black faecund stool: there were stupor and slight convulsions of the limbs. At ten o'clock these symptoms were relieved; she slept quietly, and was well the next day.

M. G., aet. 5 1/2, swallowed about three drachms of the cake, and a quarter of an hour afterwards vomited. Between this time and five o'clock she vomited twenty times, and rejected all fluids. After vomiting, faintness and depression, followed by extreme restlessness, pain over the whole body, (particularly in the belly and legs,) cold perspirations, livid face, great thirst. At four o'clock there was great and constant stupor, without loss of intelligence. At five o'clock, M. Bineau administered five or six drachms of the hydrated tritoxide of iron, and repeated the dose frequently at first, and gradually increasing the intervals until ten o'clock. During this time she vomited only three times, and the pain ceased; but there were constant and alarming stupor and depression. At ten o'clock the pulse rose, and at four she slept naturally. In the morning she had two stools. No subsequent symptom.

The other three cases were treated by M. Majesté.

Marie B., aet. 7, and Louise, her sister, aet. 5, each ate about two drachms of the cake. At four o'clock M. Majesté saw them: the face of the eldest
was contracted, pale or livid, eyelids injected, great thirst, very hot skin, pulse 120, belly tympanitic and painful, particularly the epigastrium, general depression, and constant vomiting and purging, since the poison had been taken. The symptoms of the younger were rather milder. M. Majesté returned to his dispensary, and in less than an hour prepared twelve ounces of the hydrated tritoxide of iron, and he gave to each two ounces at four doses, in twenty minutes. The vomiting ceased, but returned in an hour, when he gave two ounces more at longer intervals, and a lavement with half an ounce. At eight o’clock the vomiting returned with colic, and an ounce was given to each, with half an ounce in a lavement: the vomiting ceased, and did not return. They passed a good night. With the exception of some little intestinal irritation, and an eruption in the eldest, which yielded to simple treatment, there were no other symptoms.

The other child, aged 9, was less violently affected. The vomiting ceased on taking the antidote, and in eight hours after the attack all danger was over.

The action of the tritoxide as an antidote was evident. The dose in each case was very large, above thirty grains of arsenic; and, although vomiting took place, yet a much smaller quantity has been often known to kill, although there was vomiting. The symptoms were always immediately relieved by the iron. The antidote itself appears harmless, as from four to six ounces were given to each child without any ill effects; and, as this is the case, it is advisable, even long after the poison has been taken, to estimate the quantity rather by its effect on the symptoms, than by any proportion to the poison. It is advantageous that this antidote is tasteless.—*British and Foreign Review.*—*Journal des Connaissances Medico-Chirurgicales, Novembre, 1835.*

_Fumigations in Hooping-Cough._—Dr. Dohm, of Heide, in the duchy of Holstein, has accidentally discovered a remedy for hooping-cough, that promises to be of considerable use in that too-often obstinate and dangerous disease. Two of his own children, a boy and a girl, (the former one, and the latter three years old,) had been suffering from hooping-cough for between two and three months; during which time several remedies, including belladonna, had been tried in vain. The paroxysms were very frequent and extremely violent, so that the feces and urine used sometimes to be expelled involuntarily. An accident of this kind occurred one evening during the absence of the father; and, to remove the ill smell thereby occasioned, the bedroom was fumigated, and that to such an extent that the child was enveloped in the smoke. Contrary to the expectation of the doctor, the child had not another attack that night; the cough became much milder, and the repetition of the same treatment soon cured it. This encouraged him to try it in other cases, and he invariably found the paroxysm greatly relieved by it, if not completely stopped. The fumigation was made with the common _species of females_ of the Pharmaco. Slesvic-Holst. (Olibani libr. duns, Benzoes, Styr, Calamin., sing. libr. dimid., Flor. Lavendul., Rosar. rub., singul. unc. quatuor.) He [we think, very justly,] considers the benzoin to be the most efficient ingredient.—*British and Foreign Review.*—_Pfaff’s Mittheilungen._

ERRATA.

Page 298, line 11, for fistula in _aud_, read fistula in _ano._

Same page, second paragraph, last line, for _bone-like_, read _bow-like._