
There is, perhaps, no disease that falls under the attention of the physician more generally fatal in its termination than Tetanus.

So generally fatal has it been considered, that Dr. Thomas, a West India practitioner, of high standing, when speaking of this disease, observes: "When Tetanic affections arise in consequence of a wound, puncture or laceration, they are almost sure to prove fatal, as I never, but once, met with a recovery, under such circumstances, during a very extensive practice, and long residence in the West Indies." Any plan of treatment, therefore, calculated to produce a different result, in a disease of so formidable a character, should be hailed with joy by the medical philanthropist. Cold water in Tetanic affections is no new remedy. It has been employed for centuries past. Hippocrates, himself, was an advocate for the use of it. It appears, however, surprising, that an agent of such extraordinary powers in this disease, should not be more generally used; and, that the warm bath should in most cases be substituted for it.
My object in the following communication is, to relate two cases, and the only two cases of Tetanus that have fallen under my notice within a few years, in which a favorable termination was effected by the cold affusion with other auxiliaries. I am fully aware that I advance nothing new in the treatment of the disease; my sole object is, to endeavor to rescue, from undeserved neglect, one of the most potent remedies in the management of it.

The first case that was treated by the cold affusion, was in December, 1829. The patient was a negro woman, about forty years of age. She had received an injury on the internal malleolus of the right foot. The wound was considered of a trifling nature, and neglected until the incursion of Tetanic symptoms. I was now sent for. I found her, on my arrival, laboring under opisthotonos, and upon inquiry into the cause of the disease, the wound, as before stated, was shown me. A warm corn poultice was directed to be applied to the wound, well moistened with Spts. Turpentine, and to be renewed three times in the course of the day. She had taken, before my arrival, a dose of the ol. ricini which I was informed, had operated well. Carded cotton was next applied the whole length of the spinal column, moistened with Turpentine and set fire to, which had the effect of producing a very extensive eschar.

The cold bath was directed to be used every two hours, commencing immediately. The manner of using the cold water was as follows: The patient was placed in a large tub, and a bucket of cold water dashed over her; she was then wiped dry and placed between blankets. Fifty drops of laudanum was given in warm brandy toddy, and directed to be repeated every three hours. On my visit the next day I was informed by the master of the woman (before I saw her,) that he considered the woman much better, that the interval between the spasms was much longer, and the paroxysms much less violent than they were the day before; and that the woman herself was so satisfied of the salutary effect of the cold affusion, that she had called for it herself. Upon seeing the patient, I was convinced of the correctness of the statement received from her master. I did not see her again for two days, on account of the distance of my residence, and then found her progressing as well as could be wished. The soreness of her back from the cautery distres-
sed her at this time very much. Her pulse was, as is common in the disease, but little affected. I did not see her again after this visit, on account of the distance, but directed, should the spasms recur in a violent degree, to be informed of it. I did not again hear from them. About three weeks after, I saw the master of the woman, who informed me that she had gradually improved under the cold affusion and laudanum, and he spoke in the most rapturous terms of the cold water. At this time, she only labored under debility. He was advised to administer to her Peruvian bark three or four times a day, which completed the cure.

The second case, was a girl, about twelve years of age, a slave also. She complained, on my arrival, of great stiffness in her back, some difficulty of deglutition, with a distressing pain shooting from the sternum to her back. Her master was with me, and I unhesitatingly pronounced it a case of Tetanus, which he had not suspected, and had given her a dose of Glauber's salts, which he informed me had operated well. Upon inquiry into the cause of the disease, I was informed that she had run a splinter in her foot about two weeks before, and that it had not been extracted. A crucial incision was made over the punctured place, with a view to extract the extraneous body, if possible. The foot was carefully examined, but no splinter was found. A poultice of corn flour and Turpentine was applied as in the former case, and twenty drops of laudanum were administered to her every three hours in brandy and water.—The cold affusion to be used every two hours. On my visit the next day, I found her with confirmed Tetanus. The poultice that had been applied the day before, had caused the discharge of a fishbone about an inch in length. In consequence of the successful termination of the former case, I was loath to omit any part of the treatment pursued in that, hence I resorted again to the use of the Curety to the spine as in that case. The cold water and laudanum were directed to be sedulously used, and on my next visit, which, in consequence of my being attacked with fever, was not until a fortnight had elapsed, I was gratified to learn that after five days the symptoms had entirely subsided, and that at this time she only labored under debility. Bark and wine were directed for her, and in a few weeks she was permanently restored.
ARTICLE II.

Remarks on Spinal Irritation. By M. Antony, M. D.

The publication of Teale's Book on Neuralgic Affections may be considered a new era in medicine. To the experienced practitioner, worn down with unprofitable cares exercised for a series of years, on unaccountable, not to say indescribable, distresses, this little book was as a cool stream to the weary pilgrim in a thirsty land. It pointed at once, most plainly, to the immediate cause of the obvious and distressing phenomena, and to the most effectual means for their removal. It dispensed a cheering light over many dark places in medicine, and brought to view a new link in the chain of morbid phenomena, and in that part too, the knowledge of which was calculated to effect great amelioration of human miseries, hitherto uncontrollable. And not only so, but to the inquiring mind, the local irritation, thus clearly and beautifully displayed, cannot fail to reveal another truth, which is, as this is but an effect, there must be another cause in the series of phenomena, which must have resulted in this effect, and therefore points to the necessity of farther research in the train of previous phenomena in the direction suggested by the very nature of this phenomenon: for there must be a proportionate relation, at least of proximate cause and effect. Therefore, an effect well understood, as morbid irritation, or sub-acute or acute inflammation, points by its own nature, as it is understood in relation to its manner of production, to its own appropriate causation, with almost as much certainty as the letters and words on this paper at once declare, or point to the fact that a pen in hand has been engaged in their causation.

But when the weary and thirsty pilgrim comes to the cool fountain, clear and decisive reasoning is necessary to lead him to the exercise of that self-denial, without which, his refreshing fountain becomes to him the minister of death. Like a well proportioned and delightful atmosphere, it is invigorating and health-giving, imparting at once to the imagination, a steady brilliancy, and to the reasoning faculty a clearness, and an energy competent to its due control. But if charged with an addi-
tional dose of the vitalizing principle, it gives to the inhaler
the bright scintillations of the former, which exhibit to his sen-
ses delusive visions of wealth, honor and glory; whilst it forces
the latter into a wild and intoxicated luxuriance, out of all pro-
portion to its own formative laws, and no longer capable of exer-
cising its own wonted sovereignty.

Such appears to us to be the course which every good thing in
medicine is destined to take. Such has been that of the
humoral doctrine—such, that of excitement; such, the course of
nosology, and such, that of the simplification of disease. To
counteract one imprudent extreme, another has always been ap-
proached. So free is the human intellect and, most unfortunately
too, so partial, (should I not say selfish?) that, whilst its inherent
vanity is wholly captivated by novelty, or enamoured of its own
beautiful creations, it lavishes, prodigally, on them its whole
treasures with one hand, whilst with the other it tyrannically re-
jects all the premises which should in sober justice influence the
result. And such, it apppears to us, is the course to which the do-
ctrine, (if I may so call it,) of spinal irritation is destined. A new
medicine which, on its first introduction, has made some favor-
able impression, is directly considered and praised as a cathol-
icon, until, by its universal, use it has numbered its thousand victo-
ries over human life. Novelty becomes supplanted by familiar-
ity and observation, it loses its charm and the medicine is doom-
ed to exile for a century, then brought from the rubbish of gener-
alizing error and allowed its proper rank. Thus, is spinal irri-
tation wrested from its proper rank in the concatenation of pa-
thological phenomena, and made a first and only efficient cause
of all accompanying and succeeding phenomena.

But there is a difference between therapeutic, and patholo-
gical errors; that whilst a little time serves amply to expose the
former, the latter are more disguised, and a greater grasp of
intellect is necessary for their detection.

Because spinal irritation is, indeed, the true cause of the most
conspicuous phenomena, as is evident on the soundest principles
of physiology, and proved by their correction by its removal, it
so captivates the thoughts—not sufficiently chastised by time and
experience, as (although itself an effect,) to be considered the pri-
mary and efficient cause of all, to the neglect of all concomitant
or antecedent, phenomena, and even its own etiology. Inquiry,
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I say, stops here at the detection of the fact of spinal irritation, satisfied that here is the real—here, the first independent and sole cause. The indication of its removal, and that alone is therefore plainly drawn from the premises. And so stongly does the spell hold its sway over the rational mind that, although no evidence of the fact of spinal irritation can be apprehended, it is still believed so intimately connected with the other phenomena in the relation of cause, as to have its existence inferred from these. Here, are the errors I would expose.

The discovery of the connexion of spinal irritation with many distressing phenomena, and its suggesting the means for their relief should not thus limit its utility.

To the enquiring mind, I say this local phenomenon, so clearly and beautifully displayed, cannot fail to reveal another truth. Could this spinal irritation have occurred without having its own peculiar and appropriate cause? Certainly not, as there is no effect without competent causation. If then it have a cause, is it abiding? Or has it been momentary, and, therefore, left only its effects to be corrected. If the former, surely nothing can justify the neglect of such abiding cause of any train of phenomena, when our object is the removal of that train. As well might we expect to heal a wound, whilst the thorn which caused it continues to rankle there. Our experience justifies the belief that spinal irritation generally, though not always, is dependent on an abiding cause, for we have very often detected such causes, and removed them, correcting thereby their effects, without any prescription for these. And if, in contemplating, what are called neuralgic phenomena, we generally determine that this irritation, which we find truly to exist, is primary and sole cause, and that only which merits our regard and do, therefore, neglect any, and all others which may be connected with this train of phenomena, it will be as generally in opposition to the principles of sound reasoning. It follows, therefore, only where the cause is truly known to have been transitory, that our therapeutic views can be generally limited, with prudence and safety, to spinal irritation.

We would not be understood, as inculcating the propriety of neglecting, when it exists, this irritation which is, certainly, a cause of other and most distressing phenomena, merely because its cause is still abiding, any more than we would, if it had
Remarks and for peculiar correction. The same propriety exists for its removal as for that of pleuritis, or any other inflammation which was induced by cold; for when produced, it is not always the case that the removal of cause, will alone, and at once, remove or correct all the effects it may have produced. And, if the resources of the system be competent to this, they will be greatly expedited and facilitated by the assistance of remedial means, well adjudged.

But our object is to caution the practitioner that of the fact, whilst he attends to this, as one cause of some of the phenomena, he neglects not a due consideration of the fact that this cause is itself an effect of some other—that that other is necessarily, either still abiding, or has passed away; and that it is indispensable to sound practice, to determine which of these is the truth in the case.

The whole, (not a partial,) history of the case, and this, with a consideration of its whole facts and nature, apart from, as well as in connexion with, the facts of the spinal irritation, and the phenomena dependent thereon, can alone give us correct views of the subject for our contemplation; and by this, alone, shall we be able to determine whether we may content ourselves with only prescribing for the spinal irritation, as a cause of certain phenomena; or whether, in addition to this, we find other grounds for prescription in the abstract consideration of the case as above alluded to. Allow an illustration by a few examples.

False pains are produced in a case of pregnancy which, from their intensity, seem to threaten delivery; and on examination of the spinal column, what is called spinal irritation, to greater or less extent, is detected; and such cases, we frequently meet with. A sinapsism is applied over that part of the spine where the inflammation exists. The effects of this irritation, or sub-acute inflammation cease very speedily; and so conspicuous is the relief from distressing pains, that she at once considers herself as well as usual. But the same manner of distress, or some commensurate evil will soon return. Now, if we consider the fact of pregnancy, and that of the irritation ordinarily suffered by the uterus, in that state, with various other facts of the case, we shall find it probable that there is an irritation extraordinary at the organic extremities of the uterine nerves; and, as inflammation is in some way extensible along a continuity of
of substance, the spinal centre, at the central extremity of these nerves, has become the seat of inflammation from the primary source. Pursuing this plan of enquiry farther, we shall conclude that pregnancy alone, and considered abstractly, could not have produced the spinal phenomena, because if this were the case, it would occur in every instance, which is not the fact. The mind is then led to enquire for other, or additional cause, as we have not yet in view a competent one. On examining for its detection, we may find a peculiar irritability of temperament, sufficient to render a cause, ordinarily inoperative, productive of the morbid action. If this be all, we shall proceed to direct our attention to the means necessary for the correction of this morbid irritability. But this, which, when found, may be considered a predisposing cause, may not exist in the present case. On farther investigation, we may find an active one, in an undue pressure or bearing down of the gravid uterus, affording more or less obstruction to the circulation through the tortuous and meandering branches of the uterine, spermatic or other arteries, which would be additionally calculated to serve as a cause, not only, of local irritation in and about the uterus, but also of an unusual determination of blood to other parts; and as well to the vessels of the neurilema, or of the nervous substance at the spine, as elsewhere; and more probably than to some others, as this is, mainly, a non-resisting organ. With these facts, and the evidence of their existence found in considering them, even as abstractly as possible, from the fact of spinal irritation, shall we not find cause of farther prescription, such as taking off the obstructing and irritating uterine pressure, by horizontal position and other means, if necessary, and correcting the extraordinary irritation of the uterus, by general and local depletion, abstinence, &c.? But again. We find an assemblage of those distressing nervous symptoms, of which women often complain, in common with amenorrhoea. On farther investigation, we detect a spinal irritation at the sacrum or lower lumbar vertebra, and perhaps about the sixth or seventh dorsal. We shall surely, under these circumstances, not hesitate to correct the spinal irritation; but if we consider the other phenomena, presented by the case, we do not find the suppression of an habitual discharge from the uterus, which, according to a fixed law of her nature, shall take place, unless pregnant or lactating,
during about thirty years of her life, and the want of which, seldom, if ever, fails to produce conspicuous distresses, even without spinal irritation, and which we are compelled to remove, by prescriptions directed to the obstruction of natural discharge? And again.

We find an intermitting fever attended with some degree of irritation about the spinal marrow. As spinal irritation seldom, if ever, exists idiopathically, shall we not rather look to it as an index, pointing to other disorder? In this case, an enquiry is necessary into the pathological condition of the general system, or the various organs, under the existence of an intermitting fever. And here, we find that the liver and the spleen, sometimes are laboring under an obstructing torpor, which prevents that free transmission of blood through them which the great portal system demands. This is a fact, that we know to exist; and if we did not, it is susceptible of plain proof. Now, suppose a given quantity of blood in the system at the moment of consideration, as 24 pounds, and that one twentieth, or 2 pounds, pass the portal system whilst the other 22 do the other circulation. The abdominal fulness evinces the obstruction. If, now, we allow any obstructing cause in the route of the portal circulation, the liver is the only organ where we may suppose it located. Let us suppose that this obstruction is such, as to transmit only half the ordinary quantity of blood, in a given time. The unavoidable consequence and proximate effect of this, must be an increased fulness of the portal vessels. This accomplished to its utmost, and the next consequent must be their refusal to imbibe or receive, more than half their natural quantity in a given time, or one, instead of two pounds, and consequently, if the health were perfect in the former state, there is, to say nothing about the quality of the blood, a redundance of about four per cent. Following this inquiry, we perceive, therefore, local phenomena, and especially in non-resisting parts, and consequently a cause of irritation or of oppression.

We would not exclude by an ultra humoral philosophy the whole nervous pathology. Obstruction in a part, is generally followed by irritation and inflammation of that part. This is, however, various in kind and degree, according to many circumstances: we will name but one as necessary for our present illustration, and that is, the different irritability of the different parts. The
liver is an organ of very remarkable peculiarities—having in its structure, a large proportion of its bulk, made up of veinous branches from the great portal, and an arterial arrangement, only proportioned to the support of its secreting organism, whilst it is less supplied with irritability, as its irregularities are more frequently and easily induced than most others. Therefore should we conclude that, however great and acute an inflammation in some other parts might be from a given offending cause, it will be proportionately less in this, and consequently less effective of secondary and distant effects—it would be more chronic, or of that character at most which is designated by the term subacute. Hence, when phlegmonous inflammation does exist and continue in this organ, it is slow in arriving at the suppurating stage, and instead of doing so at all, it more frequently terminates in schirrous degeneration. Not so, however, with the uterus, with whose irritations the lower fourth part of the spinal marrow is first found in relation. This, although as peculiar an organ in some respects, and indeed, much more so, is very differently innervated. Consequently it is much more susceptible of the violent and acute forms of inflammation. But an observation on the connexion of some of the diseases of this organ will be useful in satisfying the enquiring mind of the fact, that both the principles above alluded to, assist in causing spinal irritation from the organs. It is a fact of observation, that the spinal irritation, and consequently, the great sum of neuralgic symptoms, are generally found to be more considerable in cases of difficult, suppressed, retained, or retarded menstruation, whilst with accelerated, or excessive, it is generally in a small degree and extent, and often not existing at all.

In all these cases, therefore, we are bound to direct attention to the first seat of obstruction and of irritation. Let the partisan in medical doctrines have his choice of the horns of the dilemma, still is he bound to look to it as cause—whether it be the local irritation alone acting through the medium of the nerves, or merely the effect of the sanguine plethora, already described. And in case of the combination of both, he must look to the removal of the obstruction to circulation, as well as the subduction of irritation in the primarily obstructed and irritated part. Fortunately for the practitioner, it is often the case that the means best adapted to the correction of one of these primary difficulties
is tributary to the relief of the other. For example, a uterine flux contributes to the reduction of its irritation; and as irritation increases obstruction, the reduction of the former often contributes in no mean degree to the removal of the latter. Not so much so, however, in the case of the liver whose innervation is less conspicuous, and irritation, consequently, more sub-acute, or chronic. In this case, especially in that grade of action commonly attended by spinal irritation, the irritation in the primary organ is not such, but that mercurials are generally found, not only safe, but peculiarly happy in so increasing the secreting action as to cause the burden of labor awaiting the actions of the viscus to be dispatched, and the obstruction removed.

The same principles and reasoning, which we have applied to the case of spinal irritation, in connexion with hepatic derangement, is alike applicable to rheumatism. Here we shall find cause of local obstruction and local irritation.

ARTICLE III.

Remarks on some of the causes of impeded Respiration:
By L. A. Dugas, M. D., Professor, &c. in the Medical College of Georgia.

There are no functional derangements, the immediate causes of which, should be more clearly and distinctly understood by practitioners, than those of respiration, yet, until a few years since, the attention of the profession had been called perhaps less to this than to any other class of diseases. It is to the towering genius of Laennec, we owe nearly all our knowledge on this interesting subject, and, although, much has been contributed by his immediate followers to carry out his principles, the desired bourne of perfection has not yet been reached. There still remains much to be done in diagnosis as well as in treatment, ere we shall be enabled to detect the true cause of many cases of impeded respiration, and to snatch the victim from impending suffocation.
The artist who would detect the deranged action of a piece of mechanism, should come to its examination with a thorough knowledge of all its parts, and of the relation these bear to each other in the accomplishment of regular and unimpaired action. So with the pathologist; before he can inquire into the causes of morbid functions, he must be acquainted with those functions in their normal condition, and with the structure which contributes to their performance. Anatomy teaches him that the parts belonging to the apparatus of Respiration, are lungs pervaded, not only by air passages, but also by bloodvessels, lymphatics, and nerves; that the air passages result from the subdivisions of larger conduits coming from a distance, and so disposed as to subserv other functions than those exclusively of respiration, viz: voice; that these lungs are expanded and contracted by muscles situated about the chest, the abdomen, and the larynx; and lastly that the action of these muscles is subservient to a peculiar influence transmitted by appropriate nerves. Physiology will teach him that the performance of healthy respiration requires healthy pulmonary tissue, unobstructed circulation in the bloodvessels and lymphatics, the free admission of atmospheric air through the conduits and into the pulmonary cells, unimpaired action of the muscles of respiration, properly so called, and finally a normal supply of nervous influence, both to the lungs themselves and to the muscles presiding over their motions.

With this knowledge before him, the pathologist will at once perceive that the process of respiration may be impeded by lesions, not only of the parenchyma of the lungs, but also by lesions of each of the tissues entering into its structure; by lesions of the air passages; by lesions of the serous membrane lining the thorax; by lesions of the muscles of respiration, whether situated about the chest, abdomen, or larynx; by lesions of the circulatory apparatus; and finally, by lesions of innervation in either of the parts just mentioned.

Although our knowledge of the respiratory derangements consequent on affections of the pleura, of the pulmonary tissue, and of the circulatory system is considerably advanced, we cannot say as much with regard to those dependant or vitiated innervation and on the condition of the larynx. The effects of vitiated innervation are, or may be presumed to be, manifested in the condition of the air cells, which may cease to be permeable to the
air, but principally in the action of the muscles of respiration. But as these muscles are very numerous and the action of many of them excluded from inspection, it becomes exceedingly difficult to determine to what extent impediments of respiration depend on their imperfect or total want of action. I am not aware that the attention of any pathologist has been strongly directed to this inquiry with regard to any other than the muscular fibres supposed to encircle the bronchial ramifications. The perfected means of investigation instituted by Laënnec enabled him to ascertain beyond doubt, that many cases of impeded respiration are entirely unattended with any lesion of the pulmonary parenchyma or of its tubes. Hence, we find him admitting the existence of the muscular fibres alluded to, and explaining the morbid phenomena on the principle of spasm of these fibres. He seems to have taken but little account of the condition of the external respiratory muscles. The free and easy expansion and contraction of the chest, are necessary to free and easy respiration; and in this alternate increase and diminution of the capacity of the thorax, we find concurring the muscles of the chest, properly so called, the diaphragm, and the abdominal muscles. Now it is evident that cessation, or even a diminution of the action of either of these sets of muscles must tend to lessen the freedom and ease with which the capacity of the chest is alternated, and, consequently, with which respiration is effected. The impaired action of the whole would be fatal. May not then, many of the cases of asthma, regarded as dependant on spasm of the minute air passages, be with some propriety at least, referred to spasm or vitiated action of the muscles termed respiratory? That there is such a disease as spasmodic asthma, independent of any pulmonary lesion, is no longer a matter of doubt. It only remains to locate the seat of the spasm, and to determine the diagnostic signs.

But there is yet another apparatus, the integrity of which, is of the highest importance in the respiratory process. I mean the larynx, which, in order to subserve the vocal functions, is so disposed as to leave its comparatively small aperture more or less under the dominion of muscular power. The ingress and egress of air through the larynx, may therefore, be seriously affected by the action of the muscles about the glottis, whether voluntary or spasmodic.
Respiration may also be impeded by the diminution of the caliber of the larynx, and especially of the rima glottidis, occasioned by abscesses, false membranes, or by the mere thickening of the mucous lining. The thickening of this mucous coat may depend either on congestion, inflammation, or infiltration, all of which may be acute or chronic. It is one of these conditions of the laryngeal membrane to which the attention of the profession was called by Bayle in his able observations on cœdema glottidis, (Diœt. des Sc. Med. T. 18,) but which have, I apprehend, been too much overlooked by practitioners. Of all the causes of impeded respiration we have enumerated, there are none whose diagnosis is more important than those occurring in the larynx. It is peculiarly important in these cases, because they are frequently fatal, and because they require local as well as general treatment. We have stated that the diagnosis of the difficulties of respiration dependant on lesions of the pleura, pulmonary parenchyma, and heart, might be readily established by auscultation and percussion. With regard however to the lesions of innervation, and to those of the larynx, the physical signs afforded by auscultation and percussion can only be negative. They will enable us merely to ascertain that the disease is located neither in the lungs, pleura, or heart. How then shall we distinguish the vitiated innervation or spasmodic state, from that resulting from other causes? The question is of difficult solution. Yet should not all cases resulting from spasm alone present more or less of the intermittent character so peculiar to nervous affections, and vice versa, should not the absence of intermittency establish the existence of a more permanent lesion? Indeed I do not hesitate to regard intermittency in cases of impeded respiration, whether termed asthma or otherwise, as a positive indication of spasm. If these premises be admitted, it will only remain to distinguish the several forms of thickening of the laryngeal membrane from each other as well as from the existence of an abscess in the larynx. This is extremely difficult, inasmuch as they not unfrequently exist simultaneously, and that in the progress of an abscess the symptoms may simulate those of congestion, inflammation, or infiltration of the mucous membrane. The lesion of the mucous membrane, in order to impede respiration, must be about the rima glottidis and vocal cords; hence the alteration of the voice accompanying this disease. The effects of congestion are
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usually more or less sudden, those of inflammation less so and attended with more or less general excitement, whereas oedema progresses rather slowly and is unattended with any excitement whatever. The following cases will serve to illustrate two of the most dangerous forms of laryngeal obstruction; viz. by oedema and by abscess.

Ned, a negro man aged about 40 years, was in good health when in 1835, he experienced some uneasiness about the throat, attended with hoarseness and difficulty of breathing. Having no other symptom of disease, he paid but little attention to his situation for several days. The disease however gradually progressed; the difficulty of breathing increased, and the sensation in the larynx was such as to induce him to think there was something in it strangling him. He also complained of intense pain in the nasal bones. On examination nothing could be perceived either in the fauces or nose to account satisfactorily for the symptoms. I was called to see him about a week after the invasion of the disease, and on the occasion of his having a slight convulsive attack, which appeared to result from suffocation. I found his pulse very small and feeble; cutaneous surface cool; respiration resembling that which attends asthma or croup; voice extremely hoarse; deglutition difficult; muscular power barely sufficient to allow him to walk and sit about the room; great depression of spirits; other functions normal. The pain in the nose was intolerable, and the sensation of the larynx extremely annoying. No treatment had been instituted before. An emetic was now prescribed, but before it had time to act he fell back with another violent convolution, during which suffocation seemed inevitable. He however recruited sufficiently to swallow a large dose of spirits turpentine and oil, but without benefit.—Respiration became more and more impeded, and he soon expired in convulsive throes and violent attempts to tear open his throat with his fingers.

I had early explored the chest by auscultation and percussion, and satisfied myself that there was in the lungs no impediment to the ingress of air, and consequently that the obstruction was in the larynx; the uneasiness felt at this region also pointed it out as the seat of disease. Several physicians having been called in, I proposed laryngotomy, but it was thought too late and I met with no concurrence. I nevertheless, when death approached,
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attempted the operation, but the movements of the larynx were so rapid that I found it extremely difficult without assistance, and abandoned it.

The autopsic examination being made a few hours after death, the lungs were found in a normal condition; the trachea and larynx contained a considerable quantity of frothy mucous, but evinced no traces of inflammation. The lining membrane and sub-mucous cellular tissue, from the cricoid cartilage to the epiglottis, were in a state of complete serous infiltration, and so much thickened that the rima glottidis was almost entirely closed. The epiglottis was double its normal thickness. The whole of the diseased surface presented the pallid aspect peculiar to ëœdema. Nothing was found in the nose. The other organs were not examined, it being perfectly evident that death had been caused by the partial occlusion of the larynx. The occlusion being produced gradually and partially, life was destroyed by degrees. The debility resulting from insufficient respiration may be regarded as the immediate cause of death.

The other case to which we have referred is that of a man about 40 years of age, who entered the city hospital, in November, 1836, with dysentery. He was treated by calomel and opium in small dosages, and soon relieved of his enteritie infection. But he soon became profusely salivated, and his gums assumed a gangrenous appearance. The disease of the mouth resisted several weeks every means instituted, but finally healed. He was then taken with every symptom of cramp, hoarseness, difficulty of respiration, &c. &c.; and presenting every symptom of croup for several days, was treated accordingly. The difficulty of breathing increased, and the fatal issue seemed inevitable. He was found dead in his bed, having expired suddenly during a momentary absence of his nurse. Autopsic examination evinced that he died from suffocation produced by the bursting of an abscess in the larynx. This tube was filled with pus, and the abscess found to proceed from a carious state of the cricoid and arytenoid cartilages. There was no ëœdema nor inflammation of the mucous membrane elsewhere—lungs sound—no other organs examined. The pathological specimens of these two cases are preserved in our college museum.

The history of the two above cases shows the great importance of correct diagnosis in the treatment of diseases, for had the di-
agnosis been perfectly established in either instance, life might have been saved. Had the true nature of the affection been known in time, laryngotomy or tracheotomy would unquestionably have been immediately performed. But unfortunately the cases were both regarded and treated as croup, a disease not very often fatal, and consequently one in which the operation is rarely performed. In the treatment of this disease, and of those which from their resemblance to it are often mistaken for it, the hope that relief will be obtained without recourse to the knife, is indulged so long that laryngotomy is rarely proposed until it is too late for it to be beneficial. Hence the small number of cases in which this operation has proven successful. The want of success has doubtless in many instances been owing to the smallness of the aperture made. Some surgeons have recommended the use of a trocar, but the canula of no instrument of this kind in ordinary use, is sufficiently large. The correctness of this belief may be tested by endeavoring to breathe exclusively through one of these tubes placed in the mouth. It will soon become evident that it will not permit free respiration. The opening into the larynx or trachea should be made as large as prudence will permit, and kept well dilated. It is difficult to determine how long an individual may exist when affected with impeded respiration. The necessity for oxygen varies exceedingly in different individuals, and perhaps in the same person at different periods. The energies of life are seriously and rapidly impaired by an insufficient supply of air. It is of the utmost importance therefore, that whenever bronchotomy becomes necessary, it be performed before the system has materially suffered from this species of inanition. The operation is extremely simple, and if performed with but a moderate degree of care, can scarcely ever be attended with serious consequences. If practised above the thyroid gland, no vessel of magnitude can be encountered; below this body a little more caution is required. When we consider the many instances in which individuals, especially children, have been permitted to expire from suffocation without any attempt to avoid the fatal issue by laying open the wind-pipe, it is at once a matter of surprise and regret that practitioners should still be so reluctant and dilatory in the performance of this simple operation. I am fully convinced that I have had cognizance of at least five fatal cases of impeded respiration, in which
life might have been saved by timely resorting to laryngotomy. The history of only two of them has been presented because no post-mortem examination was made in the others. The object of these desultory remarks is merely to awaken the attention of practitioners to the investigation of the causes of impeded respiration, to the importance of correct diagnosis, and to the urgent necessity of a more frequent resort to laryngotomy or tracheotomy. I have unreservedly stated the errors of my practice, and of that of some of my distinguished friends, with the hope that they may be a warning to others in similar cases.

ARTICLE IV.

On the Congestive Fever of Chattahoochee: By William J. Johnson, M. D. of Fort Gaines.

I would beg to call your attention and that of physicians generally, to an alarming species of congestive fever which prevails to a considerable extent among the negroes on most of our Chattahoochee plantations. In order for you to arrive at just and correct notions of the nature and character of the disease, I will first describe its symptoms and pathology, and afterwards detail some cases which have come under my own observation, together with the plan of treatment generally adopted, &c. &c.

The disease as it makes its appearance here, is characterized by the following symptoms. The attack is generally as sudden as the cold paroxysm of an intermittent fever, and resembles it very closely with this exception, that the stage of febrile excitement or reaction, never completely, nor but seldom partially establishes itself. The most urgent symptoms are an overpowering lassitude, deep and fixed pain in the encephalon and right hypochondrium, giddiness, anxious and laborious respiration, with heavy sighs and horrid moans; the pulse is low, struggling and inordinately slow; the extremities are cold and covered with a profuse clammy perspiration. The speech is altered insomuch
that the patient cannot distinctly articulate his words. In most cases it is so thick and inviolable that the patient cannot be understood. One would suppose at first sight that the patient had been stunned by a blow. The eye is generally vacant, heavy, watery and suffused. The vessels of the conjunctiva are generally tinged and red as if the patient had been intoxicated or lost much sleep. The tongue is moist and thickly coated with a slimy white or brownish fur. The bowels are torpid, and on this account I have always found it exceedingly difficult to procure alvine evacuations, and when procured they are most intolerably foetid and as thick and nearly of the colour and consistence of tar.

The symptoms become more and more aggravated. The stupor and delirium continue to increase with an augmentation of sensorial oppression. The respiration becomes more anxious. The pulse seems as if it were nearly or quite obstructed. The skin colder and more flaccid. The countenance vacant, gloomy and unmeaning. The patient becomes suddenly insensible to pain, not appearing to feel the application of the most potent and active stimuli, such as pinching and the pouring of boiling hot water on the surface. The patient now presents a cadaverous appearance, having the eyelids thrown back and the balls immovable and fixed. He picks at the bed clothes and constantly mutters to himself. These symptoms frequently terminate the patient's life and suffering within twelve hours from the commencement of the attack. I consider this as one of the endemic scourges of our climate. It usually prevails during the summer and autumnal months, particularly the latter, when the cool and damp evenings succeed to the oppressive heat of summer. My own observation of the symptoms, together with the postobit examinations I have had the opportunity of making, impress me with the belief that the cerebral and hepatic organs are most frequently congested. The first shock in this fever seems to be communicated to the brain and nervous system, and the heat of the surface being reduced the blood retires into the deeper seated veins, from whence it is impossible to invite or force it, notwithstanding venesection, the warm bath, frictions, vesicatories, rubefacients, capsicum and the most active stimuli, both internally and externally, be resorted to for that purpose. The balance or equilibrium of the circulation is entirely destroyed after
the following manner.—After the blood has retired into the deep seated veins, it must be returned in preternatural abundance to the right side of the heart, the powers of which had been previously oppressed from the first shock to the nervous system, and it cannot throw off or rid itself from the superabundance of blood, and hence its action continues to be disturbed, and hence the return of venous blood from the brain, liver and other organs, must necessarily be so retarded as to engorge the vessels of those parts, and indeed when the shock has been severe, almost to stagnate in them. The idea of the blood stagnating in the veins of a living animal seems to be a novel one, but I am sustained in my statement by the immortal Haller. This admirable physiologist has positively declared that the blood may actually coagulate in the veins of living animals. The treatment in this disease very naturally resolves itself into the three following indications of cure:

1st. To restore the lost balance of the circulation. 2d. To give calomel with a view to its specific action over the secreting glands. And 3dly. If the febrile excitement can be established to moderate it and treat the disease as any other disease of excitation; but unfortunately I have seldom had the pleasure of seeing the reaction take place, and when it did it was only partially, and I have almost always had the mortification to see a fatal collapse succeed to it. As it appears among us, I am persuaded that it is the most fatal, the most alarming, and the most unmanageable complaint of which I have any experimental or professional knowledge: It would be one of the greatest desiderata in medicine for this part of the country, could a successful plan of treatment be devised for its management. Had I my choice of professional achievements, either as respects the present or future good to this section of my country, there is none I would prefer to a knowledge of an infallible remedy for this miserable and distressing complaint.

The plan of treatment I have generally pursued, in relation to the first indication, (to wit,) to restore the lost balance of the circulation, has been 1st. To open a large orifice in each arm, and if the blood will flow at all, to bleed the patient ad deliquium; but it is seldom, perhaps not once in fifty cases, that the surgeon can be successful enough to obtain blood. After the orifice has been made, the blood will drop and sometimes slowly trickle out
for a few moments, when it will obstinately refuse to drop or flow. I generally allow the arms to be corded and the orifices kept open until I can immerse the patient in a hot salt bath, while at the same time I give internal stimuli, such as camphor and æther, capsicum, cognac brandy, ammonia, turpentine, &c., and make use of gentle frictions and rubbing with flannel, and from time to time, I tease the orifice by patting the vein above the elbow to make it bleed if possible. When the patient is removed from the bath, I order frictions with flannel cloths dipped into an ointment composed of capsicum, turpentine, brandy and hogslard, or sweet-oil—and afterwards sinapisms to the extremities and spine. I have sometimes prescribed emetics in this complaint, but generally with no manifest advantages. It has been suggested to me that a solution of tartarized antimony in warm cognac brandy, would overcome the congestion, by the shock the emetic would communicate to the system and by the stimulating effect of the brandy combined. I intend to try this remedy with the first case that presents itself to me.

Having tried all the means above stated with no good effect, I next resort to the use of calomel, given in large doses and at repeated intervals, and endeavor to assist its operation with stimulating enemas; but the powers of the system seem to be so suddenly exhausted and so perfectly torpid, that like the stage of collapse in cholera, medicine does no good.

The following cases will show the suddenness with which it makes its attack, and the obstinacy with which it refuses to be conquered. About sun-rise on the morning of Sunday, in the month of August, 1835, a negro boy, aged 30, belonging to one of my patrons, was attacked with pain in the head and shivering. He was ordered to bed and wrapped up warm, and a bowl of hot sudorific tea was given him. The boy complained no more and lay in bed perfectly quiet until eight o'clock, when his master became alarmed, he said, at his breathing, approached the bed and called out to him. The boy returned no answer. He threw the covering from his head, and was still more alarmed at the boy's appearance. His eyelids were thrown back; his eye balls immovably fixed; his extremities cold and clammy, and his pulse slow and struggling. The boy seemed to notice nothing. I was immediately called in with Dr. Henson. We had the boy immersed in a hot salt bath, and gave him camphor,
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On finding with made his warm boy successful, highl attacked, accidentallykinson, five could blisters frictions thighs her was cupped the itself, described. the same case to the make better vesicatory and internally oither, 598.

Case 3d. A negro boy aged about 30, belonging to John Wilkinson, Esq., of Wilkes County, who had a negro quarter about five miles from this village, was suddenly attacked in the morning with pain in his side and stomach. Dr. Brown happened incidentally to be passing the plantation immediately after he was attacked, and alighted and endeavored to bleed him from the arm. He made several attempts to bleed him, but they were all unsuccessful. He then prescribed calomel for him and passed on.—In a few hours he returned the same way and called to see the boy; his situation alarmed him. I was sent for and arrived about night; found Dr. Brown with the boy's arm corded and an ori-
I ordered medicine, from which occasionally a drop of black blood would fall. I saw that it was one of those violent attacks of congestive fever which were so prevalent in this section. Advised the plan of treatment pursued in similar cases; but before we could use the bath he died. These three were cases in which it had been impossible to establish a reaction. The two following will show that even after a partial reaction has taken place, that the patients are not free from danger.

Case 4th. Caroline, a servant girl belonging to Thomas Towson of Randolph County, aged 19, had never menstruated, though well grown and active. At the time the catamenial discharge should have established itself, she was attacked with acute articular rheumatism. All plans of treatment were adopted for her relief, but to no purpose. Emmenagogues were given in order to establish the menses, as it was my opinion that if this could be accomplished, a cure of the rheumatism might reasonably be expected. She took nearly every article of this class without any manifest relief for a great while. At length the symptoms gave way and she appeared much better, insomuch as to be able to work in the field. No appearance of the catamenia had yet been seen. She imprudently allowed herself to be caught in a shower of rain, and still more imprudently lay down in her wet clothes, after she arrived at home. The next morning she awoke with excruciating pain in the head and neck. She was neglected for awhile on account of the indisposition of her mistress, until her case became alarming. I was called in, and found her labouring under all the symptoms of congestive fever. I bled her from the arm; applied some cups to the spine; made use of frictions over the spine with hot turpentine oil and capsicum; applied sinapisms to the inside of the thighs and a blister plaster around the rheumatic joint; ordered the warm bath, enemas and cathartic medicines. Under this plan of treatment she seemed to grow better; became sensible; spoke rationally, and to all appearance was out of danger. I advised the use of spiritus mindereri in hot teas, and left her, thinking the next day to find her better—but unfortunately I laboured under a false delusion. I found the girl much worse than ever, and in fact she died not many hours afterwards. This might be called a case of repelled rheumatism, as that disease is known to attack the muscular fibres of delicate organs and membranes, but the symptoms so
closely approximate those of the common congestive fever in this climate, that I am compelled to class it with those complaints. The question might be asked—May not all these cases of congestive fever arise from some obscure repelled disease? If so, I defy any physician to make a correct reply—as there are no symptoms, unless they are latent ones, to warrant such a belief.

Case 5th. Thadeus Hervey, a respectable young lad, aged about 14, was a pupil of Mr. Le Grand's, rector of the Fort Gaines Academy. I attended the school with the examining committee on Friday evening, and was pleased to see him look so well and so readily answer questions put to him. I parted with him in apparently good health, and was astonished the next day at being sent for in great haste to see him, as I was informed he was dying. I hastened to him and indeed found him exceedingly ill. He was labouring under all the symptoms of congestive fever. I bled him and gave him an emetic of tartarized antimony. He threw some putrid, half digested substance from his stomach, which I found on examination to be chesnuts. He was insensible to the venesection and to the operation of the emetic. I then cupped him and applied sinapisms to his extremities and a blister over the cervical vertebra. He still continued to be collapsed, and I endeavored to force down him a bowl of hot negus, with other stimulants, but was unable to do it. I then called in Dr. Brown, and we determined on giving him calomel, as usual in such cases, together with enemas, cupping and stimulants. By persevering in this plan of treatment, we succeeded in opening his bowels and unloading them of a large quantity of dark offensive vitiated bile. After this he became sensible and expressed himself better. There was a pretty considerable excitement in the arterial system, and we treated him for several days on the depleatory and evacuant plan. His friends entertained the strongest hopes of his recovery; when on a sudden he complained of acute pain in his head—went delirious and seemed for a time to be labouring under an attack of phrenitis. These symptoms were attended with convulsions and other nervous symptoms. Blisters were reapplied to the head and behind the ear, but notwithstanding this he went into a fatal state of collapse from which he never recovered. The pupils of his eyes were widely dilated and insensible to the stimulus of light,
picking at the bed clothes, low muttering, delirium, incoherent speech, subsultus tendinum, involuntary evacuations, were the symptoms which closed the scene with him.

In this case the congestion was evidently seated in the cerebral vessels, and the brain was unable completely to recover from the shock at first communicated to it, by the inordinate fulness of its vessels.

The centre of this county is about 32°, 30' north latitude.—It is bounded on the east by Flint River, on the south by the County of Marion, on the west by the County of Harris, and on the north by the County of Meriweather. The south, or lower part of the county, breaks off suddenly into very poor sand hills, and on the north the whole extent of the line runs on a highly elevated country, known as the Oak Mountain; the western section is composed of broken lands, with numerous rocky hills.—The interior of the county is generally broken; there are some districts, however, of level, handsome country. The soil is generally good, some large portions of it are exceedingly fertile. In the upper part of the county the soil is a stiff mulatto, in the lower it is grey and light, requiring much less rain for agricultural purposes; that in the upper part of the county is best adapted to the culture of corn, though the cotton crops yield abundantly and richly repay the industrious farmer; that in the lower part, however, is better adapted to the production of cotton. The whole interior of the county is well watered with fine bold streams—some one or two of considerable size—all of these streams abound, more or less, with marshy grounds, perhaps more so than is common in other sections of country as broken as this is.—And there is yet a great quantity of forest land; of
the whole county, nearly three-fourths are a growing forest of stately oaks, still the haunts of the bounding deer. The lands which are cleared, or rather cultivated, are covered with abundance of dead trees, left standing in the fields, which have been chopped around sufficiently to cause their death. These trees, from their continued decomposition, deposit a considerable quantity of matter around, which seems to increase the fertility of the soil and render vegetation more luxuriant in their vicinity.

The population of this county at this time is not accurately known. There are some sixteen or seventeen hundred voters; a number equal, perhaps, to that of any other county in the state, and will soon be greater. Our citizens are generally industrious, active, enterprising and in good circumstances; few, very few, who know the want of the necessaries of life. Their habitations are generally wanting in comfort, most of them having been put up in a hurry by settlers, moving into the county and commencing in the woods, with but little time to devote to elegance, convenience or comfort about their dwellings. Our country is now, however, assuming a new aspect, and the rude abodes of the emigrant are fast giving room to the elegant and beautiful mansions of the established and prosperous farmer.

Our population, almost entirely, is composed of citizens from the older counties of the state, hence a predisposition, in many of them who have settled among us, to attacks of the diseases which prevail in those districts of country from whence they emigrated, and the unhealthy constitutions which we find among many of them, usual in such sickly sections.

Until recently, however, the inhabitants of Talbot County have been generally healthy, at least until about two years past, when bilious diseases began to make their appearance. Before this time, such attacks seemed to be more casual than otherwise, and were no doubt dependent on a condition of the system, contracted before emigration to the county. The increase of bilious diseases with us, may be very properly attributed to an increase of those causes, usually attendant on a newly settled fertile country, (viz.) the opening of lands after the usual fashion in Georgia, with an abundance of deadened timbers left standing in the fields—the accumulated obstructions in the streams, causing an increased quantity of stagnant water, and a greater over-
flowing of the low marshy grounds, &c.; to these may be added innumerable minor causes, having a similar influence, &c.—But the frequently peculiar character which our summer and fall diseases assume, cannot be attributed to local causes, certain uncontrolable atmospherical laws and influences over which we can have no control, seem to exercise a superior power in giving them character and novelty of appearance. Let it not be forgotten, however, that whatever character or peculiarity under which they may appear, they are bilious diseases; an eye single should be continually directed to this important truth—let other symptoms indicate what kind of treatment they may, whether the use of the lancet or the brandy bottle. The bilious fever cannot be correctly or successfully treated, without the aid of calomel. My chief reliance is in the lancet, calomel and good port wine—remedies that have stood the test of ages passed, and whose reputation will be established and confirmed by the experience of future generations, while the ephemeral impositions of the day, lobelia, No. 6, and composition tea, will be forgotten, with the base charlatans that now employ them as means to impose upon the credulity, destroy the lives and rob the pockets of a too credulous and unwitting community.

So far as my observation extended, the bilious diseases which made their appearance during the last summer and fall, wore decidedly a different garb of symptoms from those which prevailed the year preceding. I very well recollect how frequently I was compelled to bring to my aid the use of the lancet, before I could subdue many of the attacks which came under my care. In these it was used in the outset, sometimes repeatedly: but during the last summer and fall, I did not unsheathe my lancet in a single case of bilious fever, during the whole sickly season; nor did I meet with a solitary case in which the loss of blood could be admissible—and yet I did not lose a patient with this disease. I say this not as a boast of my good success, but as the strongest evidence and argument in justification of the opinion which I have formed of the character of the diseases of the last season, and the correctness of my treatment founded on that opinion.

The diseases of the last season were evidently of a typhoid character. Assuming as they did, this low grade of symptoms, they were rendered much more obstinate and dangerous; and
this danger was increased by the suprervention of a highly irrita-
ted state of the bowels, which made its appearance in a great
many cases some two or three days after the attack. This pec-
culiar symptom I attributed to the great abundance of rain which
fell during the spring and summer months, and which was con-
sidered the cause of a prevalence of bowel complaints to some
considerable extent during that time. In fact, some more or less
disposition of this kind manifested itself in almost every case
which occurred, especially in the early and middle parts of the
season, at least which came under my observation; and I would
here take occasion to remark, that if such was the character of
the diseases throughout the state, I do not hesitate to say, that
the physician who resorted to the use of the lancet and the too
popular tartar-emetic plan of treatment, during the last summer,
was an unsuccessful practitioner.

In my general plan of treatment, I found it necessary to com-
bine opiates with my remedies. Three or four evacuations from
the bowels during the day and night, I found entirely sufficient,
and deemed it unnecessary and unsafe to carry them further.
These I procured by the administration of about 30 grains of
calomel every night at 9 or 10 o'clock, combined with a sufficient
quantity of Dover's powder to prevent its running off too soon
by the bowels; this was carried off next morning with castor
oil. When the irritation of the bowels was found severe, and the
Dover's powder with mucilage insufficient to its relief, the appli-
cation of a blister plaster over the abdomen always had the de-
sired effect. If during the day or night there occurred much fe-
vor or thirst, and this was rarely the case at night, an occasional
draught of effervescent soda water was found a sufficient febrif-
uge and remarkably agreeable to the stomach. If, however, I
desired a more effectual febrifuge, I directed the saline mixture.
When there was a sense of heat at the extremities and about the
forehead, I permitted my patients to use cold water and vinegar
combined, as freely as seemed pleasant to them, and this was fre-
quently done; for although in some cases the accession of fever
was considerable, yet the pulse was small, quick and frequent.—
The quinine and wine were never omitted when the skin was
soft, with a sufficient abatement of the febrile paroxysm, espe-
cially in those cases which were marked by a regular distinct
chill.
By these general means, my patients seemed to do well, and although the portions of calomel and Dover's powder were repeated every night, as long as the alvine discharges appeared unfavorable, yet not one of my patients was salivated, and their convalescence was speedy. Extreme cases of course required a more particular treatment, and the general plan above described was, in some peculiar cases, a little varied.

Here I would fain close this article; but my task is not done. From uncontrolable circumstances connected with the settlement of this section of country, as perhaps with that of all others, the fairer portion of our population is more frequently afflicted with diseases, which, if not more alarming in their character, are at least far more obstinate and disagreeable in their nature, than that which we have already commented upon: I allude to prolapsus uteri and fluor albus. It has been twelve years since I commenced my professional career, and I have never met with so many cases of these diseases in all the balance of my practice, previous to my residence in this county, a term of three years. I was somewhat at a loss to account for such a greater number of those cases which I met with here, than I had elsewhere; but on reflection and observation, I became fully satisfied in my own mind as to the causes of their origin. Our population in this county, is composed generally of emigrants from the older sections of Georgia, many of this number having removed from the most sickly parts of the state, brought with them all those predispositions and effects which such a situation was calculated to produce on the human system, a shattered constitution, liver disease, indigestion, general debility and relaxation of the whole system. Hence the predisposition, (if in fact those diseases do not already exist,) in females, to prolapsus uteri, fluor albus, &c. But the question will be asked, why under such circumstances, are these diseases more prevalent in this section of country? The answer is at hand: the causes are more numerous, as observed in a former part of this article—the settlers in our new country undergo more frequent and severe exposures to vicissitudes of weather—they have been, and are now, frequently compelled to settle in the woods, without even a shelter for some days, more than is afforded them by their travelling tents. Their first object is to throw them up such temporary log buildings as the hurry of the time will permit. These build-
ings, open as they are on every side, exposing their inmates to all kinds of severe weather, are extremely uncomfortable, and are generally occupied some three, four, or five years: hence, from the severe exposure of females beyond the strength and durability of their more delicate constitutions, result the frequent attacks of inflammatory diseases to which they are liable, the frequent interruptions and obstructions of the catamenial flow, with all its disagreeable train of symptoms, general debility, fluor albus, prolapsus uteri, &c. &c. How much more severe, and how much more fruitful of such complaints, must these exposures be to females of previous bad health and enfeebled constitutions—females who have borne children and who feel the effects of repeated labours and of age, at a time when they should be least exposed. It is unnecessary to comment upon the effects which such circumstances are calculated to produce; hundreds have been hurried to an untimely end.

Independent of these, female emigrants to a newly settled country, especially the poorer classes, have more arduous duties to perform and much greater fatigues to undergo, such as their delicate frames were not formed to encounter; hence also the frequent occurrence of abortions and miscarriages—another fruitful source of prolapsus uteri and fluor albus.

These diseases have proved obstinate and unyielding in their treatment, no doubt in many instances, in consequence of the wretched condition of the constitution and a continued exposure to the causes which brought them into existence.

From the circumstances connected with our population and the diseases consequent thereon, as hinted at in the foregoing remarks, I have anticipated other complaints to which they are particularly liable: various inflammatory attacks, such as pleurisies, inflammation of the lungs, throat, bowels, &c., and among children, croup, catarrhs, bowel affections, &c. &c.

I am fully aware that I have presented nothing new to the profession, but if my remarks shall tend in the least to lessen those distressing diseases, that so frequently and painfully afflict the most interesting part of society, by directing attention more forcibly to their causes, my labour shall have received most ample and grateful compensation.
PART II.—REVIEWS AND EXTRACTS.

On Pneumonia of the Old: By MM. Hourmann & Dechambre.

This is a continuation of the researches made at the Salpétrière on the diseases of the aged. The previous memoirs on the natural changes of structure and functions of the lungs, on the pulse, &c., we have analysed.

I. Anatomical characters. Pneumonia is the most frequent and dangerous of the acute diseases to which the old are subject. Its diagnosis, so evident in the adult, is difficult, as the affection is often overlooked from the apparent mildness of the general symptoms; or obscured from the utter prostration caused by the attendant adynamic fever. The changes it produces are peculiar. Independently of inflammation, the vessels of the lungs of the old are always more or less congested, so that it is always difficult to establish the existence of pneumonia, in its commencement or even progress, in the dead body, if the symptoms during life have not been carefully observed.

I. Simple congestion. There are three degrees: in the first, the lungs, which are intensely red, both crepitate and swim completely; they contain a great quantity of bloody, frothy serum; there is no change of consistence: in the second degree, their colour is deeper: in the third, they are livid, the lobules are nearly confounded; there is an increase of volume; their cohesion is diminished; a blackish fluid with bubbles of air escapes from an incision; they slightly crepitate, and float less high in water.—Dried sections of congested lungs show that the cells are still permeable, but contracted in proportion to the congestion; this is much less marked when the cells are torn and irregular. Cetc- ris paribus, the arborizations on the sides of the cells diminish in proportion to the rarefaction of the tissue, as might be expected from the previous observations on structure.

II. Congestion with imperviousness of the pulmonary parenchyma. There are two varieties: one in which the granular appearance, regarded as peculiar to pneumonia, is absent, and another in which it is well marked:—1st form. The pulmonary tissue is of a dark colour, often blue or black, and a section is homogeneous, and remarkably polished; sometimes it is elastic like caoutchouc; at others easily broken up. On cutting the lung, a fluid or viscid liquid escapes; often reddish, but not frothy. Compression increases the suppleness and elasticity of the first portions, and, if after compression they are dried, the cells reappear, without having experienced any other change than contraction, which is seen by a lens to be produced by congestion of the vessels running in the intervals, separating the cells, thick-
ening the membranes dividing them, and less evident in the cells themselves. 2d form. (Red hepatization.) The granulations are either regular, well marked, and much larger than in the pneumonia of adults, or less defined, running into one another. Generally there is less friability than in adults; the lung being resistant and easily cut into thin and flexible slices; it is not so heavy, nor does it sink so deeply. This lightness may be owing to the rarefaction which the lungs undergo with age.

III. Suppuration of the Lungs. There are two varieties; one without granulations, and the other granulated. In the first form there are two varieties: (1) lines or patches of a greyish white colour are seen in the middle of the congested lung, which appear to be pus beneath a fine membrane; on making pressure with the nail, the pus can be displaced, and made to pass into the pulmonary tissue as far as the surface where it appears to transude; the texture then regains its suppleness, and on drying it the cells reappear. (2). The texture appears like granite, being a singular mixture of red and dull white; the pus being deposited in spots of one or two lines in diameter. Pressure with the nail does not displace it, but it is removed easily on the point of a lancet, and is of the consistence of coagulated albumen, and never fluid. When thus extracted, it is evident that it is contained in irregular cells whose walls are of a deep red colour.—It is never prolonged into the small bronchial ramifications.

Suppuration with granulations (Grey hepatization,) is much more frequent. The granulations are larger than in the adult, though less than in the red stage. The granulations may disappear and be replaced by small abscesses, but extensive abscesses of the lungs are excessively rare. The lung is extremely friable, the slightest pressure reducing it to a pulp, from which pus flows in abundance; it also escapes from a simple incision. In some lungs there were small groups of grey granulations, not mixed with red, and surrounded by healthy tissue. This was the general description of changes in pneumonia, but there were some peculiarities worth noticing. The diseased lung, especially if it belonged to the first type, generally was considerably increased in size. The disease, whether consisting of congestion, hepatization, or suppuration, occupied generally a very large portion of the lung, so that it was extraordinary how life could have been carried on. In one body, the right lung and inferior lobe of the left were throughout in a state of grey hepatization, whilst the upper lobe of the left lung was gorged with blood and frothy bronchial secretion. The granulations were often in groups towards the posterior border of the lung.

The deposition of semi-concrete matter without granulations was never observed except in lungs of the third type, and in these red or grey granulations were never observed. They only existed in lungs of the first and second type, and in these they va-
ried, being regular and distinctly circumscribed in the first, which is characterized by the regularity and rounded form of the cells, and irregular and almost confluent in the second, where the cells are of a more irregular figure.

From these facts it may be inferred, 1st, that the pus, which is capable of being displaced by the pressure of the nail, is seated externally to the air-cells; otherwise, instead of its passing into the interior of the parenchyma, it would escape in isolated drops from the incised surfaces. It is in a situation analogous to that of the air in intervesicular emphysema of the lungs. The sanguineous congestion which attends it (as desiccation proves,) consists of engorgement of the vessels ramifying between the cells. 2d. The granulations, on the contrary, appear to be seated in the cells themselves, as they are rounded or irregular according to the peculiar change in the anatomical structure of the cells, and are not observed in the third type, where the cells are completely disorganized. Compression and desiccation give further proofs of this fact; for by these means the granulations cannot be changed, and the cells cannot be made to reappear, except in those cases where the grey granulations are not friable; where, when compression is employed, small drops of pus escape from the nearest bronchial tubes, and the granulation disappears; thus again proving its situation. The impossibility of removing the red granulations and those grey granules which are friable, by means of compression, &c., shows that they are not merely produced by cells distended with fluid, but that they are solid.—The next enquiry is as to the nature of these changes.

1. Hepatization without granulations.—M. Piorry has demonstrated that, owing to the diminution of the vital contractility of an organ, and in proportion to its spongy parenchyma, the blood abandoned partly to the laws of gravity may, notwithstanding the motions of circulation, accumulate in dependent parts, and stagnate there. This can be constantly verified at the Salpetrière. It renders it difficult to judge whether congestion is active or passive. Friability is not a proof that the congestion is active; for, although it is an effect of inflammation, yet it is sufficient that a patient, or even a corpse, should lie some time on one side to produce both congestion and friability of the corresponding part of the lung. Even among old asthmatics, who pass the last days of their life in a sitting posture, the base of the lungs is very commonly congested and friable. The idea of inflammation must not, on the other hand, be rejected from the situation of the lesion, as granular pneumonia undoubtedly occurs in some instances at the posterior edge of the lungs. The congestion may be determined to be of an inflammatory nature when it occupies the anterior surface on the whole extent of the organ, particularly if no obstacle to the circulation exists in the heart or great vessels. But, under such circumstances, M.M. H. and
D. have only seen the first degree of congestion, and never impermeability without granulations. The nature of this latter change must then be judged by the symptoms; and, in many cases, their sudden attack and acuteness left no doubt of the inflammatory nature of the lesion. When suppuration and friability are united, there can be no doubt that they are the effect of inflammation. The deposition of semi-concrete matter is also an inflammatory change.

2. Impermeability with granulations.—Both the red and grey granulations are undoubtedly the result of inflammation, as is proved by their situation and mode of formation.

From the preceding remarks it appears established that, among the old, there are two kinds of pneumonia. The first, marked by congestion and impermeability without granulations, followed by the secretion of pus in the interlobular spaces, is seated externally to the bronchial canals in the laminated tissue separating them. The second kind occupies the canals themselves, and is owing either to a granular engorgement of their sides, or to a deposition of pus in their cavities. If the cavities are very irregular, granulations cannot be formed. The first kind of pneumonia may be called intervesicular, and the second vesicular.

Frequency of Pneumonia in the Old. The difficulty of distinguishing the disease renders rigorously exact statistics impossible, but the following calculation shows that it is the most frequent and dangerous of the acute diseases of the aged. Of 636 cases of all kinds occurring in the Hospital of the Aged during the periods of these investigations, there were 110 dissections in which there was merely congestion of the base of the lungs produced after death, the patients having had no symptoms of pneumonia, but dying of other diseases; 370 patients were cured after having had symptoms of congestion, recognized both by auscultation and percussion; but, it is true, at the dependent part of the chest, and almost always after prolonged decubitus, so that the inflammatory nature of the congestion might sometimes be contested; fifty-three patients recovered from pneumonia attended by such marked symptoms that it was impossible to doubt its nature; fifteen patients had well marked symptoms, but no examination could be made: in eighty-eight fatal cases, dissection displayed sanguineous congestion of the lungs reaching the degree of complete impermeability or of suppuration.

Of these eighty-eight cases, there were eighteen only of non-granulated or intervesicular pneumonia, and purulent infiltration in five. The remaining seventy had well-marked granulations or vesicular pneumonia; so that the vesicular was in proportion to the intervesicular pneumonia as four to one. With regard to situation, if those cases are omitted where it was not observed, and where the base of the organ only or the whole lobes were invaded, it appears that the non-granulated engorgement (inter-
On Gangrene of the Lungs in the Insane.

M. Guislain's attention was called to this disease by observing that the breath of a patient, who obstinately refused his food, smelled exactly like the cavity of the chest of a former patient whose lungs were gangrenous; and, after death, the same lesion was discovered. He thus connected together the obstinate refusal to take food, fetor of the breath, and gangrene of the lung; and subsequent experience proved that the two former were symptoms of the latter. Fetor of the breath is also the consequence of prolonged abstinence, and of pulmonary suppurations, but the smell from gangrene of the lung is altogether peculiar. The obstinate refusal to eat, M. G. considers as an occasional cause of gangrene; it occurs in one-ninth of the insane, and, in more than
a thirtieth part of these patients, no care or management will conquer the repugnance. They live twenty, thirty, fifty, sixty days without any food, drinking only cold water; some fast the first days of the week and eat on the others. In but few instances does this arise from a notion that the food is poisoned; it is generally owing to some caprice of the will, dependent on a painful impression. Various fancies confirm this; a child when sulky, and a woman when jealous or spiteful, will not eat: even animals, after losing their master or companion, occasionally refuse all food, and starve. To the debility arising from impoverished blood M. G. attributes the pulmonary disorganization, and he illustrates the influence of a supply of poor blood on the lungs by the effects of the rigorous fasting which some religious communities undergo, the defective and insufficient food of prisons and some charitable institutions, and prolonged abstinence after acute diseases, in producing numerous chronic pulmonary complaints, which (if curable) will only yield to nutritious food and tonics.

The following case illustrates the progress and symptoms of this disease.

**Case.** In the late political disturbances, an intelligent woman, æt. fifty-four, leading a retired life, was much affected by seeing some armed men fighting below her window. The shock was followed by mental alienation, and she refused to take food. During nine days no persuasions of her family, who put before her food of all kinds, could induce her to eat. From the alteration in her features, her emaciation and melancholy, her family were alarmed, and she was placed in the Institution, the 4th February, 1831, a month after the disease commenced. During this time she had only taken a little milk-soup and weak broth. By the colour of her face only, M. G. recognized her refusal to take food. It was of a brick-red; the cheeks, end of the nose, and lobules of the ears were of a deep brown; pupil dilated; sclerotica of a brilliant whiteness, approaching blue; hair, previouslyunctuous, was dry, and its colour deteriorated, as well as that of the iris. By force alone, a cup of milk or broth was occasionally taken; but she passed from a state of melancholia to mania; the emaciation frightfully increased, and the face became brown, and the lips, hands, and feet livid as in cyanosis. The smell of the breath was unbearable; expectoration brown, reddish, and streaked with clear blood in considerable quantity, but without pus. The face was so changed that she appeared like a decrepit old woman. She gradually sunk, but during the last few days took the food which was given to her.

**Examination of the Body.** Brain and membranes, and abdominal viscera, healthy; gall-bladder filled with black bile, and the spleen and mesenteric vessels full of very dark blood. In taking out the left lung, M. G.'s fingers penetrated its substance,
and there was an insupportable smell. Its posterior surface, towards the upper lobe, was very black, with green and brownish spots: the tissue beneath was so degenerated as to be broken down with the least force; it was infiltrated with a black fetid cruror, like that exhaled from a mortified limb, with here and there purulent flocci. A spherical mass of five inches diameter was reduced to this putrid condition. The bronchi were filled with a reddish, frothy, fetid fluid. Right lung not affected.

M. G. has examined thirteen patients who died of inanition, and in nine of these there was gangrene of the lungs. In one case both lungs were affected; the left lung in seven; and the right in two. Once the gangrene was confined to the anterior surface, but in all other cases to the posterior and upper part, nearer the spine than the lateral region of the thorax. The pulmonary tissue around the gangrene was injected, but it appeared to be rather the effect of the irritation than the cause of the mortification. In no case was there pain, cough, or dyspnœa; the temperature of the skin was rather cool than hot, and the pulse slower. In all the patients who abstained from food for any length of time, the peculiar hue of the skin was observed which was described in the above case, together with the appearance of premature old age. In no case was the stomach found to be inflamed; it presented no morbid appearance.

Physiologists all agree in stating that, in ordinary cases of starvation, the stomach is inflamed, as if reaction took place: but, among the insane who voluntarily starve themselves, there is no such reaction, no pain, no cardialgia, and, as they affirm when convalescent, no sensation of hunger. There is none of that debility which comes on invariably in the other cases.—Thus, maniacs enter the hospitals after having fasted twenty, thirty, forty days; they walk about, and exercise themselves in different ways, and, although extremely emaciated, live for months, or even years, only swallowing from time to time some mouthfuls of broth. Not only is there no sensation of hunger, but food is either not at all or very imperfectly digested. One patient who had thus refused food, took some at eleven o'clock, and committed suicide at seven; the contents of the stomach were found to be unchanged. The absence of prominent symptoms in this gangrene of the lungs is owing probably to the same want of sensibility as is seen in the digestive organs. The lungs do not transmit to the brain the expression of their sufferings; and there is none of that oppression in breathing, violent cough, and dangerous general symptoms which are observed in ordinary individuals suffering from the same local disorganization.—The torpor of the par vagum will explain the absence of symptoms both when the lungs and stomach are affected. It also explains the enormous doses of medicine which are tolerated by the insane, and the obstinate torpidity of their bowels. The
nerves of sense are equally torpid. They bear without inconvenience the extremes of heat and cold, and the actual cauterity hardly is felt: loud sounds in their ears do not disturb them, and they can look at the sun without blinking.

In this inert state of the stomach, very light food is alone suitable. Neither wine nor soup agrees; but milk, either by itself or with the yolk of eggs, is very useful: on this food M. G. has preserved life for two years. Sometimes whey or barley water should be given at first. The patient's obstinacy more than once has given way after taking a few spoonfuls of milk or broth.

It is an important practical fact that the privation of food has a bad influence on the minds of the insane; they become more and more taciturn, and melancholia often passes into mania. In general a restorative diet produces an amendment.

Too much conciliation is injurious. Persuasion is useless and loses time, and energetic measures are necessary at the least opposition. Very frequently, in a few days, such measures completely remove the disgust for food. The following cases are valuable as regards prognosis, corroborating the opinion of Lennec, that gangrene of the lungs is not always beyond the power of medical skill.

Case. Marie de L., aged twenty-eight, whose father, uncle, and two brothers were insane, was in a state of confirmed melancholia. After two months she refused all food: after three days' abstinence, force was employed, and, by means of a tube passed down the oesophagus, a very little liquid food was given. The peculiar colour of the face appeared; the strength declined, and, after two months of complete abstinence, she had fetid expectoration of a reddish and thin brown colour, without previous cough or dyspnœa. She then spontaneously began to eat, and gradually recovered her health and sanity. Two years afterwards she was readmitted; she refused to eat and had symptoms of pulmonary disease, of which she died. There was gangrene of the left lung.

Case. A young man affected with melancholia refused all nourishment: if force was used he swallowed the food, but immediately excited vomiting by thrusting his fingers into his pharynx; and, when that was prevented, he managed to vomit by contracting the abdominal muscles. He continued these practices for many months, and gradually sunk. Face of a brown colour, lips livid, breath smelled unbearably; a pint daily of reddish expectoration. When almost at the point of death, he suddenly determined to take some milk and broth after a threat to burn his pole with a red-hot iron. Gradually but very slowly he improved, and eventually was completely restored to bodily and mental health.—Gazette Médicale de Paris, 16 Janvier, 1836.
Case of Aneurism of the Thoracic Duct: By Dr. Albers, of Bonn.

The patient, a man of fifty-one, died of abscess of the liver.—On examining the body after death, Dr. Albers found, in the region of the solar plexus, amongst several hard cartilaginous tumours, an elastic soft one, with a half-transparent tegument. It was knotty, and about the shape of a fig. At first he took it for an hydatid; but it was soon discovered that it was bound by membranous bands in several places, and that a canal led into it, both above and below. It contained a quantity of fluid lymph, in which flaky matter was suspended. The internal surface of the tumour was smooth and uniform. A sound could be passed up the canal, both superiorly and inferiorly. In the latter direction its course was followed, and it soon became evident that the tumour was an aneurism of the thoracic duct. Its parietes were thicker and firmer than those where the duct had not lost its normal caliber.

Dr. Albers has only seen one similar case, viz. a dilatation of the cisterna chyli, found at the examination of a dropsical patient.

It is singular that the thoracic duct is not oftener affected by the diseases of the surrounding organs. How often it is compressed in the scrofulous and consumptive, by enlarged glands, tumors, &c. ! But these compressions are not attended by corresponding dilatations, as is the case with arteries and veins.—Dr. A. has seen a case in which the thoracic duct, in the middle of its course, had been reduced by pressure to such a small caliber, that it would not admit even a bristle. In another case the canal was altogether obliterated; but in neither was the caliber of the canal below the narrowed part altered by the compression. (See also Rokitanski, Austrian Annals, vol. xvii. p. 441.) The cause of this absence of dilatation in cases of compression lies, doubtless, in the nature of the fluid, in the weakness of its current, and also in the fact that there must be more branches of the thoracic duct anastomosing with the venous system than is generally supposed. A proof of this is, that in children in whom the caliber of the duct has been materially narrowed, no emaciation has followed in consequence. Wützer has discovered a branch of the thoracic duct leading into the vena azygos. The most frequent cases of dilatation of lymphatic vessels are those in which they contain tuberculous, scrofulous, and cancerous matters. Numerous descriptions of such cases are found in the works of Cruveillier and Carswell.—Hannoversche Annalen, B. ii. H. 1. 1830.
On the External Application of Croton Oil in Affections of the Larynx:  By Dr. Romberg.

The following cases prove the peculiar efficacy of this species of counter-irritation in affections of the organs of voice; a fact observed by many.

Case I. A fisherman, aged 34, lost his voice after exerting himself greatly in saving some individuals from drowning. There was no reason to suspect any disorganization of the larynx.—Blisters, vapour baths, &c. were tried without effect. Frictions of croton oil were directed over the larynx, to be repeated as soon as the eruption declined. On the twenty-first day of this treatment he began to recover his voice, and regained it completely.

Case II. A girl, aged 18, suffered during seven weeks with hoarseness, succeeded by aphonia, the consequence of a sudden chill. Leeches, emetics, and irritating frictions produced no relief; but, after the third application of croton oil, an eruption appeared, and she immediately regained her voice.

Case III. A woman, aged 38, complained for twelve months of a sensation of pressure in the pharynx, as if the neck were squeezed, rendering deglutition difficult: there were no other symptoms. Many remedies were tried without benefit. Three drops of croton oil were rubbed in, and, after the third application, an eruption appeared on the neck, nucha, chest, and face, which was followed by erysipelas. The patient entirely recovered.

Dr. Romberg never found that the external application of croton oil had a purgative effect, but he never applied it to the abdominal integuments.

Dr. Otto reports, in the same journal, the case of a woman affected with sciatica, for which frictions with croton oil were made on the thigh, and the whole body became red and covered with vesicles. Dr. Otto never observed its purgative effect when thus applied.—Wochenschrift für die gesammte Heilkunde. 1835.

Expectoration of Bronchial Polypus, independent of Croup: By Professor Casper.

Dr. Cheyne has described two kinds of bronchial polypus, unconnected with croup; one of which appears to be but a coagulum of blood, and is associated with haemoptysis; the other symptomatic of a chronic disease, of an inflammatory character, affecting secreting surface: this inflammation, however, never reaching to the extent observed in croup. The following case
appears to lead to the conclusion, that inflammation and the formation of a false membrane observed in croup are by no means necessarily connected. In this view of the subject alone is the action of many remedies explicable. Dr. Casper justly maintains that the danger of croup is not simply dependent on the mechanical impediment produced by the false membrane, but that it is to be ascribed likewise to a specific inflammation, which, in respect to its symptoms and its resistance to the usual remedies, stands in the same relation to common inflammation as do many forms of abdominal inflammation, &c.

A girl, twelve years of age, of a lymphatic serofulous constitution, was affected, on the 2d of May, by inflammatory catarrh, which yielded to a few leeches and a mixture containing nitre. She left her bed on the fourth day, and expectorated occasionally and without difficulty. On the afternoon of May 7th, a violent cough and suffocative paroxysm unexpectedly occurred, and the patient expectorated a whitish-yellow polypous body, which appeared externally very like concrete fat, was of a firm and tenacious character, was with difficulty torn, and corresponded to the ramifications of the bronchi. During the following twelve days, two and twenty similar substances were expectorated. The first ten were accompanied with violent cough and paroxysms of suffocation; the expectoration of the remaining twelve was very easy, long after the patient had left her bed, when she was quite free from fever, had a good appetite, slept well, and had only a slight hoarseness of voice. This hoarseness had existed many years previously, and still continues.

Two of these bodies were generally expectorated daily; one in the morning, and the other towards midnight. The health of the patient being otherwise good, very little medical treatment was employed.—Wochenschrift für die gesammte Heilkunde.—No. 1. 1836.

New Cases of Caesarian Operation: By Professor Stoltz, of Strasbourg.

This is the most serious and dangerous of all obstetrical operations; in which both the abdomen and uterus are extensively opened for the extraction of the fetus. Whatever be the origin of this operation, it is certain, that from the sixteenth century to our own times, it has been many times performed and frequently with success. It is certain, also, that this operation has been performed frequently upon the same woman. The number of successful cases is now so considerable, that it is no longer a question, whether it be possible to save the life of both mother and child,—it is no longer regarded as necessarily fatal to the mother. Nevertheless, its most enthusiastic advocates ac-
knowledge, that in the great majority of cases, the mother perishes; and yet, the proportion of favorable cases is much greater at the present day than formerly. Baudelocque, for example, who, in the second and third editions of his treatise, declared it scarcely possible to save one woman of ten, proves, in his memoir published in 1799, that at the most, one of three now dies. The difference is immense. We may reasonably hope that the danger of this operation may still further be diminished, either by determining the most appropriate time for performing it, or by discovering means to counteract the immediate dangers and accidents of the operation itself, and new means of combating more successfully the frightful consequences of such extensive incisions.

In this first part of his work, M. Stoltz, after some general considerations, details, very particularly, four cases of the Caesarian operation, not before published, two of which were crowned with complete success—both the mother and child being saved. He proposes subsequently to examine the true indications and counter indications to this operation.

Case 1. Jeannette Half, æt. 26, a dwarf—of delicate constitution, lymphatico-sanguine temperament, eyes and hair brown; was, at the eighth month of her first pregnancy, admitted to the Civil Hospital of Strasbourg, Nov. 19th, 1834. Her parents are healthy; her mother has had nine children, of which she was the sixth, and was delivered with the forceps, on account of the extraordinary size of the head—the others were delivered without aid. She was early attacked with rickets, and at ten years of age her growth was arrested, being as large at that age as now. Height 44 inches—from the top of the head to the coccyx 26—from the coccyx to the heels eighteen. Her head is large, limbs short and slightly curved near the joints, the vertebral column perfectly straight, the body well proportioned. The pelvis is small but well proportioned, inclination 58°. There is no deformity, but only a want of development.

External measurement.—From one to the other anterior-superior spinous process seven inches six lines. From one to the other iliac crest eight inches. From the middle of the base of the sacrum to the superior part of the symphysis pubis, five inches nine lines. From one to the other trochanter ten inches three lines. From the middle of the crest of the ilium to the tuberosity of the ischium six inches three lines.

The labia slightly prominent, orifice of the vagina narrow, vagina contracted and short; the finger readily touches the sacro-vertebral angle; deducting from this length, (that is the sacro-sub-pubic diameter,) a half inch, there is obtained two inches and four or six lines for the antero-posterior diameter of the superior strait.

The fundus of the uterus had reached the epigastrium and was
ordinarily prominent. The functions of respiration and digestion were uninjured, because there was no want of space. The motions of the infant were vigorous. The inferior segment of the uterus made a slight projection into the vagina, and the head of the foetus was moveable.

M. Ehrmann, on examination, coincided with M. Stoltz in his estimation of the case. They accorded in their opinion of the impossibility of delivery by the natural passages and of the indispensable necessity of the Caesarian operation.

On the night of 19th of December, labour pains commenced. In the morning the pains are of short duration and not very intense; the motions of the foetus on the left side strong. The vagina moist, the lower segment of the uterus relaxed and fluctuating; the neck completely effaced; the orifice undilated, directed backwards and to the left side. Behind and above the pubis, the head was discovered large and very resisting. During the day, M. M. Ehrmann and Stoltz, endeavored to introduce the entire hand into the vagina, the better to explore it—neither could introduce more than four fingers, on account of the narrowness of the vulva and vagina; which was a sufficient proof of the state of the parts above detailed. It was then determined to resort to the operation, when the os tinea should have dilated to the extent of an inch and a half—the patient consenting to the operation.

M. Stoltz operated in presence of many physicians, commencing by evacuating the rectum and bladder. The patient being conveniently placed, an assistant on the right side causes the fundus to become prominent upon the median line of the belly, by means of two fine, large, flat sponges: these sponges being first moistened in warm water, were applied upon the sides of the superior part of the abdomen and maintained there by pressure.—A second assistant, placed at the foot of the bed, between the thighs of the patient, caused a prominence of the inferior part of the uterus by applying his two hands upon the hypogastric regions, at the same time drawing the skin tense.

The operator, on the left of the patient, having assured himself that no folds of intestine are between the abdominal walls and the uterus, with a convex bistoury, makes an incision thro' the skin, commencing two and a half inches from the pubis and extending along the linea alba two and a half inches above the umbilicus, leaving this on the left of the incision: to avoid wounding the epiploon, which sometimes covers the uterus, the incision is made first through the skin, then through the adipose tissue, which is seven or eight lines in thickness; at the centre of the wound, he divides the aponeuroses of the abdominal muscles, and in like manner the peritoneum, carefully raising it up first with the forceps, as in opening a hernial sac; the escape of a definite quantity of serosity, announces the opening of the perito-
tonial cavity; then with a concave blunt-pointed bistoury, he opens the peritoneum and the aponeurosis, first at the lower, then at the upper part to the whole extent of the external wound.—He then extends the incision at the two angles, so as to make its length about seven inches. As the section of the skin is extended, the edges of the wound are separated, and when the belly was opened the wound formed an ellipse of about four inches at its shorter diameter, exposing the anterior face of the uterus, of a rose colour, marked by serpentine capillary vessels highly injected. The external pressure upon the abdomen above and below had augmented the spontaneous separation of the lips of the wound. Notwithstanding the care taken to keep the uterus and the abdominal parietes in close contact and the efforts made to force the uterus into the wound, a portion of intestine escaped on the left side and inferior of the wound, which was easily returned and its escape prevented by greater pressure from the assistants.

To ascertain if the uterus had rotated upon its axis, the operator introduces his left hand under the right lip of the wound near its superior angle; it had suffered no rotation. With the convex bistoury, he divides the uterus layer by layer, upon the median line; as they are divided, the uterine fibres retract. The uterine parietes were four or five lines thick. The last layer is torn rather than cut, and exposes the membranes of the fetus, covered with the decidua reflexa. The operator then with the finger for a director, passed between the uterus and the membranes, extends the incision in the uterus with the curved guarded bistoury. Before rupturing the membranes, the operator instructs the assistants to keep the uterus firmly closed upon the wound, by their pressure, to prevent the effusion of the waters into the cavity of the abdomen. On opening the membranes with the bistoury three or four ounces of water escape; the right side of the fetus then presents—with the left hand, the accoucheur seizes the feet, which are backward and to the right side, and brings them out with ease and then delivers the body and head without any difficulty, it being necessary only to disengage the arms as in natural delivery by the feet. The infant immediately began to cry, the chord was tied and cut; the infant was strong and well grown, eighteen inches in length, and weighed five pounds and three quarters.

After the extraction of the fetus, great attention and address were necessary on the part of the assistants to prevent a hernia of the intestines through the wound. They succeeded also in preventing the effusion of the remaining water and blood into the peritoneum; after waiting a few moments, the placenta was delivered entire, by gently drawing the chord, at the moment when the opening in the uterus began to diminish, by its contraction. Both liquid and clotted blood followed the delivery, as in ordina-
New Cases of Caesarian Operation.

ry cases, from the vagina. The uterus contracting itself, was soon hid in the pelvis. A portion of small intestine then appeared through the inferior angle of the wound, which was easily reduced—subsequently, the epiploon escaped through the superior angle, notwithstanding the precaution of covering it with sponge. Having pushed back the epiploon rather rudely with the fingers, there succeeded violent spasmodic efforts of the diaphragm; this hiccup, however, did not force the intestines through the wounds, but it soon subsided. After this the lips of the wound were drawn together, the surface cleansed and four sutures applied. A seton was left in the inferior angle of the incision and extended into the uterine cavity, to direct thither the effused fluids. Adhesive bands of three fingers breadth and three feet in length, served as uniting bandages, the centre being placed upon the loins and the ends crossing the wound.—Over these lint, compresses and a bandage. The patient was laid upon the bed in a horizontal position, the thighs gently fixed and the knees brought together. The operation lasted half an hour, the patient bearing it with fortitude. No artery required the ligation and the blood lost was inconsiderable.

The consequences of the operation were very violent—fever and excessive thirst, violent abdominal pain, tympanitis, watchfulness, delirium, oppression at the precordia, diarrhoea, intense headache; these symptoms successively were combatted, by leeches to the thighs and hypogastric regions, opiates, enemas and appropriate drinks, for forty days; from which time the improvement has been uninterrupted and the result completely successful—both mother and child doing well.

This beautiful operation requires no comment—it testifies to the practical judgment of the young professor of Strasbourg.—In this case, the operation became necessary from the want of proper development; in the other successful case it was resorted to on account of obstruction from deformity. In the other two cases, the patients died from peritonitis—one the fourth, the other the eighth day after the operation.—Gazette Medicale de Paris.
Choleriferous Insects.

We find the following in the Diario of Rome:

"Dr. Viale, one of our most eminent physicians, sent by the government to Ancona, has established the fact of the presence of Insects in Cholera; whose existence has been conjectured by some physicians. Dr. Viale, remarkable for his perseverance and skill in such researches, has given a description of the insect, in a letter to Dr. Matthias, of the University of Rome, accompanied with a drawing; it would seem to belong to the order Diptera. He says it may be seen with the naked eye, the microscope being necessary only to examine it in detail. If this discovery be confirmed, it may be of valuable application in the treatment of Cholera. M. Viale will shortly publish a memoir upon this subject."

The opinion of the existence of an animated principle in the development and transportation of Cholera, was expressed some time since by Professor Mojon, in his memoir upon this disease, in which he insisted upon the existence of this principle. He admits the existence of clouds of winged insects transported by the winds in various directions, and explains by their action the phenomena of the disease. He cites in support of this opinion, many respectable authorities and probable analogies.

M. Figari, professor of botany in the faculty of Abuzabel, in a letter to professor Mojon, assures him that he has observed, during the prevalence of cholera in Egypt, many families of graminiferous plants, exposed to the influence of a north wind, suddenly smitten with a kind of gangrene and exterminated through large districts of country. The leaves of these plants were at first covered with a viscid matter, in which were observed by the microscope, myriads of insects. M. Figari considers these insects as constituting the miasmatic principle of cholera.

Dr. Taverner, of Jena, also affirms that during his travels in the south of Persia, at Schirey, Erisan and Bussora, he has seen these insect-generators of cholera, travelling in column, or as clouds, of animated moveable atoms, through the air. Dr. Millau, of Vienna, gives a description of these choleriferous insects, as seen through the excellent microscope of Schnyder.—Gazette Médicale de Paris. 12th Nov. 1836.
Cinnabar Fumigation.

This is not a new remedy in the treatment of obstinate venereal ulcers. It has been long since in considerable use for the purpose of checking more early than by other means, the progress of this loathsome disease; and for the early production of the specific effects of mercury.

Its use has not been unattended with signal success; but like almost all valuable remedies, and none more especially than the kindred preparation calomel, its imprudent, excessive, or promiscuous use has had the effect of almost expunging it from the pharmacopeias.

The great evil attending its use has been the sudden induction of excessive mercurial excitement and ptyyalism. This is an evil to which the imprudent use of mercurials in every form is subject. But it affords no just ground of objection to their pruden and judicious use. If we discountenance entirely the use of every article, the imprudent use and management of which have been productive of the most serious consequences, our remedial resources will indeed be at once reduced to such a nullity as to be truly adapted to the purposes of the médicine expectante.—The exclusive Broussaisist would be deprived of his ice, and his apparatus for general and topical depletion, and of abstinence itself, as well as regimen and all prophylactics. There is no reason in the fact that the imprudent or unskilful use of the lancet has occasionally cost the patient his arm, or even his life, that the lancet should be expunged from the catalogue of instruments. The same observation is applicable to the use of calomel. If some practitioners have never learned the importance of regular secretions, to the well-being of the human economy, and the peculiarly happy virtues and best manner of using this medicine in relation to these functions; or if others have used it imprudently and produced the worst consequences, it does not follow that the teachable should not learn, and the experienced and judicious avail themselves of its proper use in combatting the ills which beset humanity.

The powers of cinnabar fumigations have been abundantly proven and acknowledged. The next point is so to learn its use as not to abuse it. The experiments of Dr. Venot are, we think, to this point. The three cases he mentions in verification of its efficacy, serve also as proofs of its safety in prudent hands. Should it be found safe and useful, only in chronic, or in venereal ulcerations in the throat,—(a disease so often resisting all other remedial means, and the embarrassments and perplexities of which must have been deplored by most practitioners of experience) it will eminently merit a respectable rank in our ma
Cinnabar Fumigations.

[March,

ateria medica. But it will doubtless be found, on experiment and observation, prudently and carefully made, to be both safe and efficacious in a considerable variety of chronic affections, amongst which are found those which too often baffle the otherwise best efforts of the practitioner.

We are pleased to find the use of cinnabar in fumigation, the only practicable manner of using it on account of its insolubility, become a subject of observation in the profession.

We give, as well in point, the following extract from our respected friend, P. MELVIN COHEN, M. D., of Charleston, S. C., in which its safety and success in the only two cases he has subjected to its use are detailed. We hope to hear of farther successes attending its use in inveterate cases.

"CHARLESTON, S. C., FEBRUARY, 1837.

To the Editors of the Southern Medical and Surgical Journal:

Gentlemen.—In the last number of your interesting Journal, I notice an article on the utility of Cinnabar Fumigations, and the method of using them, by Dr. Venot.

I have recently treated two interesting cases of ulcerated sore throat, in patients of a cachetic habit; in both of which great benefit was derived from the use of cinnabar.

In the first and most alarming* case, which baffled every other remedy, and in which the patient's life was in the most imminent danger, a perfect cure has been effected. The second is still under treatment, but rapidly convalescing. From the signal success which has attended the use of cinnabar fumigations in these two cases, I cannot too strongly recommend its use to the profession in all cases of chronic cynanche maligna.

The mode in which I administered it was more simple and equally as efficacious, as that recommended by Dr. V. On an iron plate heated to redness, P. Cinnabar was sprinkled, and the vapour inhaled through a tin tube passing into the mouth.—Practitioners need not be deterred from using cinnabar in this form, as the oppression and dyspnœa caused by it are transient, whilst the benefit is permanent.

Very respectfully, gentlemen,

your obedient servant."

*To the skill of those scientific and distinguished practitioners, Drs. B. B. and Thomas Y. Simons, of this city, am I indebted for the success of this case.
Amputation at the Shoulder.—Sudden death from ingress of air into the veins.

This operation was performed by M. Roux, for the removal of the right upper extremity that had been severely burned and was in a state of sphenacelus. The preliminary incision, extending from the acromion to two inches below this point, had been made; the external and posterior flap was formed, and the operator had raised it and was opening the capsular ligament in order to turn out the head of the humerus, when the patient's visage was seen to become pale; he appeared as about to faint, notwithstanding he had lost but a few drops of blood. These symptoms not being deemed alarming, the surgeon merely hastened to complete the operation; the joint was opened, the vessels compressed and the anterior and internal flap was made.—But the syncope continued; two or three convulsive motions seemed to indicate a return of sensibility, but in despite of the usual means resorted to in such cases, life could not be restored; the man was dead.

It was after the incision for the posterior flap that the symptoms of syncope were observed. Some thought, on seeing the convulsive contractions of the limbs and sudden flexion of the head, that an epileptic attack was coming on. Others, who were nearer, heard distinctly a hissing noise, similar to that produced by air penetrating an air pump: indeed M. Roux himself heard this sound but thought it produced by the joint.

Autopsy, twenty-four hours after death. The anterior wall of the thorax and abdomen was removed with the utmost care, the pleural membranes and pericardium being left entire, and no veins of size being divided. On opening the pericardium, the right ventricle presented to the touch a peculiar softness and elasticity indicative of contained air. The surface of the heart being carefully examined, distinct globules of air were seen dividing the blood contained in the coronary veins. It was now determined to endeavor to collect and analyze the air presumed to be within the heart, but previous to opening this organ, it was desirable to examine some of the large veins. The inferior cava was accordingly carefully dissected and yielded the same sensation as the right ventricle. A portion of it was included between two ligatures, after being filled by pressure on its contiguous parts. Water was then poured into the abdomen, in order to see if any bubbles would escape on opening the vein. As the incision was made a considerable number of bubbles were seen to arise. The thorax was now in the same manner converted into a trough, filled with water, and containing a receiver placed over the heart; in this manner eleven cubic centimetres of air were collected on opening the right ventricle. A few bubbles
On the Cure of Intestinal Fistulae by the Actual Cautery: By Dr. Fingerhuth.

The success attending the employment of the hot iron in the cure of artificial anus, already recommended by Dieffenbach, is confirmed by two cases related by Dr. Fingerhuth.

In both, abdominal inflammation, caused by violent blows, had been followed by external abscess, to which succeeded discharge of faecal matters. Various cauteries were employed to destroy the membranes lining the fistulae, and to convert them into granulating surfaces, but without producing their complete obliteration. The fistulous openings, although somewhat diminished by imperfect granulations, showed no tendency to become closed. Cauterization was then adopted by means of an iron, corresponding in diameter to that of the fistula, and the temperature of which was scarcely elevated to that of red heat. Luxuriant granulations soon covered the cauterized parts, the fistulae diminished, and the surfaces being again destroyed by a heated iron corresponding in size to the apertures which remained, they were eventually cured.—Wochenschrift für die gesammtte Heilkunde.
On the Cure of Erectile Tumours: By Professor Lallemand, of Montpellier.

M. Lallemand was led, by observing the rapid cicatrization of an incision made in an erectile tumour during the partial removal of the lower jaw, and by reflecting on the complete obliteration by inflammation of portions of the corpus cavernosum and spongiosum, (to which erectile tumours are precisely analogous,) to attempt the cure of an erectile tumour, which from its situation could not be removed, by incisions and immediate union of the edges of the wounds. This tumour occupied the upper lip and extended into the nares; the first step consisted in removing, with two strokes of the scissors, a portion from the centre, of eight or ten lines in breadth: the wound bled freely, but the bleeding was immediately stopped by bringing the edges of the wound together, and fixing them with needles, around which thread was twisted as in the hair-lip operation. The wound healed favorably: the needles were removed on the fourth and fifth day, and the thread was detached on the twenty-fifth, leaving a solid cicatrix.

In about two months afterwards, M. Lallemand removed another portion in a similar way. As a proof of the success of the first cicatrix in partially obliterating the erectile tissue, it was observed that the blood merely oozed from the incision nearest to the first cicatrix, whilst it gushed freely from the opposite side; and the needles were passed with difficulty into the erectile tissue, near the old cicatrix. The needles this time produced more abundant suppuration, but the wound healed, and its cicatrix, as well as those produced by the needles, looked like fibrous tissue. As the division of the nares, as well as the adjoining mucous membrane, remained tumefied, and as the needles produced a similar obliteration of the erectile tissue as the incision, M. Lallemand introduced them alone; and they produced the change he expected.

In a third case where incision was also employed, the effect of the needles in transforming the erectile into fibrous tissue was still more apparent, so that he employed in the next case needles alone.

An erectile tumour of three inches in length, two in breadth, and three lines in thickness, situated over the left scapula of a child of three months old, had been subjected to compression without advantage, and had doubled its size since birth. As the child was irritable, and very delicate, and the tumour was large, M. Lallemand was afraid to treat it by incision: he therefore introduced into the lower part of the tumour twelve fine pins, and covered the space which separated them with numerous circum-
volutions of waxed thread. The child cried but little. Three days afterwards he made a similar application to the upper part, and attacked successively the whole circumference, leaving the pins for about seven or eight days, or even more, until they had produced sufficient inflammation. This occupied about forty days, and he was about to attack the centre, when he found it violet, tumid, and very hot; the general health was disturbed, and he suspended all treatment. To his surprise, the central part suppured and collapsed, and in a fortnight was completely changed into a flat cicatrix. As some points of the circumference had escaped inflammation, it was necessary to repeat the introduction of the pins. After two months and a half of treatment, during which time 120 pins were introduced, the whole was converted into a pale fibrous tissue: not a teaspoonful of blood was lost, and the health of a delicate child was only slightly deranged for a few days.

Compression cures in a similar way, by producing inflammation: when compression is impossible or useless, this plan should be tried: it should also supersede the removal of the tumour, even when such an operation might be performed without danger or deformity. The stationary condition of such tumours does not warrant their not being operated on. The kind of operation must depend on the seat and extent of the disease.—Where, as in the first case, the tumour arose from the alveolar border of the lower jaw, nothing better could be done than a removal of a portion of the bone, leaving undivided its lower border, to prevent deformity, &c. Where the disease is very extensive, and occupies prominent and moveable parts like the lips, as it did in the second case, excisions and needles should be employed; but, where the erectile tissue is not free and moveable, the cure is best performed by exciting acute inflammation in it. Pins of a medium size are better than needles, as they can be cut with scissors, or their ends covered with forceps: the waxed thread is useless. Nitrate of silver, and probably nitrate of mercury frequently applied, keeps up the inflammation, which is the essential agent.—Archives Générales de Médecine. Mai, 1835.

[Although our countryman, Dr. Marshall Hall, is fully entitled to the credit of priority in treating erectile tumours according to the principle advocated by M. Lallemand, (See Medical Gazette, Vol. VIII. 679,) it does not appear that the French Surgeon was acquainted with the practice recommended by Dr. Hall.—At any rate the clear way in which he explains the steps by which he was led to substitute the insertion of needles for extirpation, renders his paper both valuable and instructive. Considerable credit is due to Mr. Abernethy for having recommended the simpler treatment by wet compresses and pressure, at the time when complete extirpation with the knife was practised generally. It is curious that he considered the increase of these tumours
On certain Modifications in the Treatment of Hernia: By M. Gerdy.

Professor Gerdy recommends the following plan of applying the taxis when the hernial tumour is so large that it cannot be grasped and pressed in its whole circumference; for in such cases the partial pressure does not become concentrated at the hernial opening, but pushes the whole mass in front of the ring.

He seizes between the extremities of the fingers of each hand that portion of the tumour nearest to the ring, at about an inch from the orifice, and, pressing the fingers together, he isolates this small portion from the rest of the tumour; he compresses it in its whole circumference, and by lateral movements he endeavours to return it. It generally requires only slight efforts to succeed, and the tumour is a little diminished; he then leaves the fingers of one hand applied to the ring, to prevent the reduced intestines from again protruding, and with the other hand seizes another portion in the same manner, and, abandoning the opening, he performs the same manipulation, but with greater facility; he continues in this manner until the hernia is so far reduced that he can grasp it with the hands, so as to compress it in its whole circumference, and thus reduce it as he would treat a smaller hernia. By this manipulation he has many times reduced hernias which have resisted the common methods, even when practised by experienced surgeons.

M. Gerdy also recommends the following modifications in the operation which he has practised as surgeon to the Hôpital Saint-Louis. After making the first incision through the integuments with a knife, he often completes the first part of the operation with straight probe-pointed scissors. The advantages consist in his operating more quickly, as he uses no director; in being able to distinguish better the parts raised on one of the blades of the scissors; in being more certain of cutting what he has seized, whilst, with a bistoury, the movement of the patient or assistant, or his own want of address, may cause the incision to be deeper than was intended. Scissors cut as well and clean as a knife, and, as it is only required to divide cellular or thin fibrous layers, there is no fear of that contusion which scissors are said to cause, the importance of which has been exaggerated.

M. Gerdy was induced by the following operation to invent a new form of knife for dividing the stricture. In operating for strangulated hernia, he found, after opening the sac, that the stricture was so narrow as to prevent his passing a director with the bistoury. He did not dare to pass a probe-pointed bistoury, flat, for fear of wounding the intestine. He then bent at a right an-
On the Treatment of White Swellings, &c. [March,

gle to an extent of two or three lines, the end of a silver director, and introduced its point. When he had passed the limits of the stricture, he depressed the body of the instrument perpendicularly to the trunk of the patient, so that the bent end of the sound was crooked round the posterior part of the ring, which he seized as by a hook. Then, whilst drawing the director gently towards him, he introduced into its groove a straight and acute bistoury, without fear of wounding anything, as its point was lodged in the angle of the bent director, and the division of the stricture was easily effected. In consequence of this operation, M. Gerdy constructed a straight bistoury, about two lines wide in its whole length, terminated by a small cylindrical tongue, rather flattened, about one line in length, and united at a right angle to the end of the blade. The point of union was carefully rounded. Nothing can be more simple than the way in which it is used.—The end of the tongue of the bistoury is introduced, guided by the finger, between the stricture and the strangulated mass; it passes as easily as a probe; the handle is then depressed, and the curved end of the bistoury passes up behind the ring. If, on depressing the handle, the instrument is instantly drawn towards the operator, it is impossible to wound the epigastric artery, even if it is in the way. To make more sure that the artery is not between the hook and the ring, the finger, whilst the operator draws the instrument to him, may be placed in the ring to ascertain if the pulsations are to be felt. The bistoury is then to be elevated, so as to divide by pressure the ring and corresponding portion of the sac.—British and Foreign Medical Review.—Archives Générales de Médecine. Avril, 1836.

On the Employment of Muriate of Barytes in the Treatment of White Swellings: By M. Lisfranc.

The "Gazette Médicale" reports a clinical lecture of M. Lisfranc's, in which he relates the results of his experiments with this medicine, which has been long known, but has been recently brought into notice by M. Pirondi, of Marseilles. Six grains of muriate of barytes are dissolved in four ounces of distilled water, of which one spoonful is taken every hour, except one hour before and two hours after each meal. In order to tolerate the medicine, the patient must abstain from wine and meat, taking only water and vegetable food. The bottle should not be exposed to the sun, or the salt will be precipitated, and the last spoonfuls contain a greater quantity; to avoid this, it should always be shaken. Sometimes the medicine produces slight pain in the stomach or a feeling of weight; but, if other symptoms do not follow, the stomach gradually becomes accustomed to the remedy, and the pain ceases. If, on the other hand, nausea, vomiting, or even some slight symptoms of poisoning
come on, the medicine should be suspended, and cautiously re-
sumed. The climate has some influence; for, although at Mar-
seilles two drachms have been given, M. Lisfranc has never
been able to increase the dose in Paris beyond forty-eight grains,
and often he has been unable to reach that. The unpleasant
symptoms have been removed by whites of eggs. Numerous
patients have been submitted to this treatment, and the following
are the conclusions which M. Lisfranc has arrived at.

1. Generally the white swelling has been much amended, and
sometimes cured. 2. The benefit has been greatest amongst
the scrofulous. 3. In some very few cases the muriate alone
has cured. 4. After a certain time, the disease having become
stationary, it was necessary to employ another method. At a
later period, the renewed use of the muriate has produced ex-
cellent effects. 5. It may be employed both in the acute and
chronic stage of white swellings. 6. Serious accidents have
never resulted from its use; the slight symptoms before men-
tioned have always yielded readily. 7. A frequent effect is a
diminution in the frequency of the pulse; this falling from sixty
or eighty to forty or fifty, or even to twenty-five. 8. In some
circumstances the medicine, continued at the dose of twelve
grains during the month, has produced as much amendment as
in other cases where the dose has been gradually augmented.—
9. Where the patients have been slightly inconvenienced with
the medicine, it has been most useful. 10. Compression and lo-
cal abstractions of blood have been often combined with this
treatment, and with extreme advantage.

M. Lisfranc considers muriate of barytes, given according to
M. Pirondi’s method, as a truly valuable acquisition to surgery,
(“une vraie conquête chirurgicale.”)—Gazette Médicale de Par-
is.


The liver of sulphur has been proposed since 1777 by Navier,
as a counter-poison to lead; but he did not confirm its efficacy
by actual experiment, and Orfila having shown its inapplicabili-
ty, it fell into oblivion. In 1814, M. Chevalier, having con-
vinced himself that sulphuret of lead had no action on dogs,
whilst carbonate of lead was injurious, inferred that hydro.sul-
phuric acid might be advantageously employed as a counterpoi-
sion to the salts of lead; and four years afterwards, being in a
manufactory where two men were attacked with violent lead
colic, he gave them about a pint of hydrosulphuretted water,
which he found in the laboratory, with immediate relief. He
subsequently found similar benefit in his own person. M. Ratier
has since confirmed these facts by many trials at the Hospital
of La Charité, and gives the following directions. Three indi-
cations are to be fulfilled:
1. To neutralize the poison, by giving internally a quantity of hydro-sulphuretted water, proportioned to the known or supposed quantity of the salt or oxide of lead absorbed. M. Rayer has used the "eau d'Enghein," but either of the following artificial preparations may be substituted:

(No. 1.) Take nineteen pints of water, and add one pint of water saturated with sulphuretted hydrogen, in which twelve grains of carbonate of soda had been previously dissolved.

(No. 2.) Dissolve five grains of sulphuret of potash in a pint of water.

The more recent the colic, the more marked the effect. Many obstinate attacks have yielded to this treatment only.

2. To relieve constipation where it exists. For this purpose, M. Rayer prescribes forty-eight grains of scammony and the same quantity of jalap in twelve pills, the patient to take from two to six until they operate. If the constipation continues, a lavement, containing an ounce of senna and two or three ounces of castor-oil.

3. To relieve pain and to procure sleep. For this purpose, one grain or one and a half grain of extract of opium is given at night.

By these means, M. Rayer has rapidly relieved the effects of the salts and oxides of lead, sometimes on the second day, often on the third or fourth, and rarely beyond the sixth. He has never seen a relapse.

M. LeFéebvre has communicated by letter the particulars of four cases of colica pictumum in his manufactory; all of which yielded to the sulphuret hydrogen treatment alone. Half a drachm of sulphuret of potash was dissolved in a pint of water, half of which was taken in two doses each day. Three were cured in two days, and one in one day.

From the injurious effects which white paint made by carbonate of lead has on the healths of painters, as well as occasionally on the inhabitants of recently painted houses, it has been proposed to substitute carbonate of zinc for the lead. From a report of commissioners appointed by the Academy of Architecture in Paris, it appears that the paint made from carbonate of zinc is not unwholesome, and that it preserves its brilliancy and whiteness. At present, however, it is more expensive than carbonate of lead, which would prevent its general adoption; but, as M. Chevallier suggests, it may be very useful in painting the rooms where sulphur-baths are given, or privies where sulphuretted hydrogen is evolved, which blackens white-lead paints.

[The general circulation of information tending to the prevention of complaints produced by employments to which large bodies of men are necessarily exposed, is one of our most useful and gratifying duties. Indeed, the value of precautionary measures promising security will be gratefully acknowledged by
those who have at all reflected on the task they may have frequently performed of urging a man who has a family dependent on him, to leave an occupation which is prejudicial to his health, but for which alone he is properly qualified, from having spent his whole life in its acquisition, whilst, at the time they give this advice, they are conscious that the secession of one will only substitute another equally liable to suffer.]—Annales d’Hygiène publique. Janvier, 1836. No. 29.

Mercurial Uctions in Chronic Inflammation of the Testicles:
By M. Dubreuilh.

The happy effects obtained for several years past, from the mercurial pomade, have been highly extolled in many cases of phlegmasia, both external and internal. Every practitioner knows what great benefit this article has afforded, and is daily affording in the treatment of puerperal peritonitis, when the employment of repeated venesections, and all the other means prescribed in similar cases have been given up as hopeless. This medicine is sometimes used on a large scale, and M. Serres of Uzes, has published a memoir on the happy effects which he has obtained from its use in a multitude of external inflammations. M. Dubreuilh, in his turn, praises the antiphlogistic efficacy of this remedy. I have often had, says he, occasion to use mercurial unctions, sometimes in the treatment of ophthalmia, at other times in reducing phlegmons, in which suppuration seemed inevitable, &c. I confess that I have been astonished at the speedy relief which has followed its employment in these cases. The author is aware, however, that its use requires discretion, as it cannot be employed in all cases. It is in chronic orchitis that M. Dubreuilh has obtained the most salutary effects from mercurial frictions long continued. He reports three cases in detail.

Chronic Orchitis, Mercurial Uctions. Cure.

Case. M. S. was taken with gonorrhœa in Nov. 1829, but after treating it for two months, he became nearly cured of it. At this period he engaged in a hunting party. In leaping a ditch the breech of his gun struck with considerable force against his left testicle, he experienced acute pain at the time, but did not return till evening, when he came back in much pain. The next morning the testicle was much swollen, hard and painful. The discharge had disappeared. I advised him to keep perfectly quiet—to be bled from the arm—to apply twenty leeches to the affected side, and make use of emollient poltices. All these means were employed. The bites of the leeches bled profusely. The use of the cataplasm and the horizontal position were per-
sisted in for about three weeks. The patient was nearly well—
the discharge had not returned, and he could attend to his busi-
ness. Some days after this, an accident renewed his complaint;
a hard body struck with violence against the testicle lastly wound-
ded. Excruciating pain was again experienced. But the swell-
ing, the hardness and heat did not yield to the repeated applica-
tion of leeches or cataplasms, to cold baking or rest. The tes-
ticle became very hard and sensitive; the patient complained
of its weight, the surface became rough, and many veins fur-
rowed it on every side.

M. S. continued in this state for sometime; he became emaci-
ated; his countenance assumed a yellow tinge. I then com-
menced the use of the mercurialunctions to the swelling, which
I covered with a flaxseed poultice. The family desired a con-
sultation. Contrary to my opinion, the physician called in for
consultation, considered the disease to be sarcocele, and that no
good would result from topical applications, as the tumour had
not been benefitted from all those which had already been used
up to the present time, and that the only hope of cure was in
amputation of the testicle. This opinion, although it came from
a man of extensive observation, did not alter my belief, especial-
ly with my knowledge of the previous history of the disease, of
which I did not fail to inform him. As there was no danger in
delaying the operation, should it be necessary, I requested the
continuance for one month of the means which had just been
commenced, and that in case there was no change for the better,
other measures might then be resorted to. This was agreed to.
The patient continued the mercurial unctions. Two drachms
were rubbed over the swelling morning and evening, which was
then immediately covered with a cataplasm.

After this treatment had been continued for fifteen days, there
was a perceptible diminution in the size and hardness of the tes-
ticle, and the pain almost entirely ceased. In fifteen days more,
from the same treatment, this organ returned by degrees to its
normal state, only a small tubercle remained near the bottom of
the scrotum, which I have very often observed in engorgement of
the testicles. There was no salivation, notwithstanding the
large quantity of mercury made use of.

The two other cases were similar to the preceding. Resolution
took place after about two months' treatment. These re-
sults are very satisfactory, and merit the confidence of every
practitioner. We ought, however, in truth to say, that we have
seen Boyer treat testicular engorgements in the same manner,
but without success, although continued for a long time. It
must be observed, however, that in the cases of M. Dubreuilh,
the complaint was always recent and of an inflammatory nature.
And besides this the mercury was not employed in so large a
quantity as was done by M. Dubreuilh.—Journal de Médecine
pratique.
Venereal Coryza consecutive to neglected Blennorrhagia: By M. Priori, Physician at Nantes.

Case. In August, 1831, M. R. aged 24 years, contracted a blennorrhagia, which was treated with Van Swieten's liquor, Bellosti's pills and light diet. This treatment was continued only a fortnight, the discharge continued, but varying in quantity as is usual in this disease. In November, the patient was seized with a pulmonary catarrh and a coryza. The mercurial remedies were again made use of, but the patient became disgusted with them. Fever then made its appearance, which called for repeated bloodletting. In the meantime, the nose became swollen and the secretion of the nasal cavities became very abundant. It consisted of thick mucous matter, generally hardened, and resembling the matter which is produced in impetigo figurata. Mercurials were again resorted to, but the patient rejected them. After this, the coryza made such progress, that the patient found difficulty of breathing in the morning, so great was the obstruction of the nostrils from the mucous matter, which collected during the night. The features of the face became changed, the complexion yellowish, and a tumour of the size of a small nut formed on the left side of the nose, near the angle of the eyelids; which excited fear of a caries of that side.

At the close of the year 1832, the patient was no better. The discharge was dried up, but an eruption had spread over the whole extent of the cutaneous system. He came to Paris and consulted M. Broussais, that physician advised the application of three or four leeches to the entrance of the nostrils every week. About forty leeches were applied, which caused a partial reduction of the tumefaction of the face and head, but the nasal irritation continued. Recourse was again had to the advice of M. Broussais, who again directed local bleeding and rigorous diet. In the meantime, a tumour made its appearance on the arch of the palate, which excited fears of necrosis. The patient was now directed to use Rob de Boiveau-Laffécteur (four spoonfuls in soup every morning, fasting), sarsaparilla diet drink, four glasses a day, in the proportion of an ounce to a pint of water; and an appropriate regimen. This last course of treatment was continued for two months precisely; at the end of which the patient was restored to perfect health.

The author of the above case deduces the following conclusions from it: 1st. The identity of the nature of the blennorrhagic and syphilitic virus. 2d. That if the patient had persisted from the commencement in the use of mercurials, he would not have had the consecutive symptoms of general venereal infection. 3rd. That the antiphlogistic treatment alone will not
Gate by March, cure 636 violence.

Without attempting to decide the question as to what are the different species of urethral blennorrhagia, susceptible of imparting secondary syphilis, we can assert, that with us it is rare to see ordinary blennorrhagia treated with mercurials at the commencement. Daily experience teaches us, that light diet, diluent drinks and repose of the part, (we mean the avoidance of erections,) will generally cure the disease in the course of about two months. When the disease is treated with balsams, cubebs, the different potions which are made use of, &c., the disease generally is no sooner cured. We have treated some patients many times for the same disease, who had contracted it on different occasions, sometimes by diet and copious draughts of cool water, sometimes with balsam of copaiva and cubebs in various doses. The progress and termination of the disease have always been the same. The mercurials themselves have no value in the acute stage of this disease, unless it happens to be accompanied with ulcers in the canal, which is rarely the case. At Naples, where gonorrhoea is very common among the people, they usually cure themselves by drinking profusely of the sulphur waters for sometime, which they obtain from a spring in that city. Rarely, if ever, does secondary syphilis succeed it.

M. Priori appears to adhere firmly to the advocates for the mercurial treatment, the conclusions, nevertheless, which he would deduce from this interesting case, would not be regarded as strictly correct by those physicians who adopt the contrary doctrine.—Ibid.

Case of Suicide: By Dr. Nobell.

This case, the title of which presents nothing remarkable, appears to be especially interesting to us, inasmuch as it affects the important question concerning the functions of the brain, a question which at present attracts much of the attention of the physiologist, the metaphysician, and the medical practitioner.

The subject was a young man, aged 16 years, habitually melancholy, reserved, and of an obtuse intellect. Without cause he believed himself to be deceived by the woman whom he loved, and by whom he believed himself to be loved; naturally timid, and not being able to revenge himself, he resolved to commit suicide and make use of the pistol. Two balls penetrated the anterior part of the brain, by the same opening, and made such destruction as to bring away a quantity of cerebral matter, equal to two cupfuls of the ordinary size, and to permit the introduction of a gum elastic probe to the depth of four inches, without
meeting with any obstacle. The patient was unconscious of any thing that passed for twenty-four hours, when he revived, was able to move himself and sensible of what passed, but had lost his sight. The wound readily healed, a large quantity of cerebral matter coming away at each dressing. On the 27th day, the wound was entirely healed, although neither of the balls had been extracted. But what was most extraordinary in this case, was the change wrought in the character of the young man.—He became intelligent, gay and loquacious; he seemed to have forgotten his misfortune, and often played the wag with his guides. With this subject the sense of odours had lost none of its acuteness, but he never regained his sight. He returned to his parents, but on the fifth month after the injury he was taken with convulsions, of which he was relieved by bleeding. Convulsions now occurred frequently, and he died at the end of about two years.

The frightful destruction of cerebral matter in this young man, caused no manifestation of mental derangement. And it is certain that the balls penetrated not only very deeply into the brain, but that the wound was situated in the middle of the frontal bone, and beneath the left frontal protuberance, the direction of the wound was such as inevitably to destroy the left anterior lobe. How can phrenologists, who consider this part as the exclusive seat of the understanding, properly so called, explain these facts? It is true, that the anterior lobe of the right side might have been sufficient to supply the office of the diseased side, as it probably was not injured. But even adopting this idea, which has been promulgated by Gall and Spurzheim, and adopted by many since their time, it is still necessary to account for the evident improvement which took place in the intellectual functions. We sometimes see individuals, who, after pleurisy, live with one lung, but their health is feeble and attended with suffering, and never is respiration more vigorous in these subjects.—*Bulletin de la Societe de Medicine de Gand.*

**Case of Hydrothorax of the right side, Paracentesis, followed by almost complete restoration to health, which continued for many years:** Case by M. Roux.

M. Ch., aged 32 years, having a constitution apparently lymphatic, although really of an irritable character, has experienced very acute pains in the right side of the breast, which he believed to be rheumatic. After delaying fifteen or eighteen months, he came to Paris in order to consult M. Roux. This physician stated, that he never saw the symptoms of thoracic effusion better characterized. Such was the fulness of the side of the breast, as to swell out very considerably, and the intercostal spaces were sensibly enlarged. Percussion of the lower
two-thirds of the chest yielded a dull sound; the anterior and superior part yielded a natural sound, and the respiratory murmur was distinctly perceived. In other places, the respiration was so short and straitened, as to prevent the least exercise without suffocation; most of the nights were passed sitting on the bed.

All therapeutical means were made use of in vain, and the only resource left was to give vent to the effused liquid. At first, M. Roux thought of making a puncture with a trocar, in order to permit the fluid contained in the cavity of the pleura to flow out, then close the lips of the wound perfectly tight, so as to prevent the introduction of air, and repeat the operation until the water was all drawn off. But being obliged to go to Fontainbleau for the purpose of operating, and consequently deprived of seeing the patient as often as he wished, M. Roux abandoned his first intention. He then made an incision between the fourth and fifth ribs, counting from the lowest, so that the trocar passed only through the intercostal muscles in order to pierce the pleura.—Hardly had the instrument been withdrawn, when there came through the canula, a serous fluid, somewhat turbid and containing floccula. From twelve to fifteen ounces of the fluid was permitted to flow out, when a gum elastic probe was introduced through the silver canula, and every two days, on being unstopped, there was an evacuation almost equal to the first. The patient felt relief soon after the operation and every thing proceeded favorably till the tenth day. At this time, the patient, without any apparent cause, was suddenly taken with a sharp pain in the same side, followed by loss of appetite, fever, dry and parched tongue, difficult respiration, prostration of strength, &c. The effused fluid then changed its nature and became milky, putrid, and of a disagreeable odour.

Soothing drinks were now made use of instead of the diuretics previously prescribed. Injections of decoction of barley, mixed with a little honey of roses, were introduced into the thorax.—On the sixteenth day after the operation, more than six pints of liquid were taken from the chest. I forgot to mention, that M. Leblanc, the attending physician, had often made use of a syringe to facilitate the evacuation. In the meantime, the barley decoction had a calming effect; the effused liquid lost its disagreeable odour and became entirely purulent. Two or three ounces were discharged at each dressing, besides what was retained by the clothes and lint used to prevent the reunion of the lips of the wound. The patient lived more than four years after the operation; was sufficiently well to attend to his business, but his health required a degree of caution in his habits, that but illly agreed with the violence of his temper.

M. Cruveilhier stated, that this interesting case awakened some practical suggestions which he wished to present to the Academ-
In his forty-seventh year, a strong man, the only exception to whose perfect health was a slight hemorrhoidal complaint, first noticed a relaxation of the skin of the left side of his neck, and of the lower eyelids and the parts beneath them. The malady increased to such an extent, that in a few months the skin in these parts hung in the form of sacks; the skin being thin and covered with transverse and longitudinal furrows. The patient (a Russian) said that the malady was hereditary in his family. His grandfather, a year after his return from an imprisonment in Turkey, in which he had been exposed to great bodily and mental sufferings, began to be affected with the same disease, situated in the lower eyelids; and the deformity was so great, that he was obliged to confine himself entirely to the house. In his case the affection commenced in his forty-seventh year. He died at an advanced age, leaving two sons and a daughter. In her forty-fifth year, the daughter became the subject of the same malady, and, as she was unwilling to submit to an operation for its removal, she entered a nunnery, where she died very old. —

The elder brother was similarly affected in his forty-third year, the deformity being seated in the lower eyelids and left side of the neck. The parts were removed, and the disease did not return. The younger brother continued entirely free from the disease, and died in his seventy-first year. He left one son, the subject of the case which is here related.
The relaxed skin situated in the lower eyelids was operated on, in the same manner as a case of entropium. The wound healed by the first intention, and the deformity was removed.—As the deformity of the neck could be conveniently concealed by the patient’s dress, it was not removed by the knife. The patient was simply advised to apply to the part strong astringent remedies; and, in order to increase the tone of the whole skin, to use mildly astringent baths, as cool as possible.—British and Foreign Review.—Wochenschrift für die gesammte Heilkunde, No 15, 1836.

Parturition of a Child at full time and of a blighted fetus.

Mr. L. Owen Fox records in a late number of the Lancet, (17th September, 1836,) an example of this. The mother, aet. 30, had previously had two children. Mr. F. was called to her 28th May, and shortly after his arrival a large healthy child was born, and the uterine efforts continued very severe, but the placenta was not expelled. After waiting a short time, he passed his finger along the cord to the uterus, when he discovered a soft mass, not unlike distended membranes, protruding from it. During a strong pain he made slight extension on the cord, when the placenta, together with the mass, immediately came away. On examining the latter, he found it to consist of a small male fetus, about five inches in length, surrounded by about three ounces of fluid. The integuments of the fetus were softened, and presented just such an appearance as might be expected from long maceration; it did not give off any unusual odour. On inquiry Mr. F. could only learn that his patient expected to be confined at least three months before the event happened.

[American Journal.

Erratum.

Page 592, line 26th, erase the words “every symptom of cramp.”