Part I.—Original Communications.

Article I.

Professional Qualifications and Character: By Joseph A. Eve, M. D., Professor of Therapeutics and Materia Medica, in the Medical College of Georgia.

The profession of medicine, above all others, requires a comprehensive mind, the most acute and quick perception, the most calm and correct judgment, and an active and retentive memory, richly stored with knowledge.

In no profession or occupation in life, is a combination of all these qualities so essentially requisite as in medicine, and in none are such various literary and scientific acquirements necessary.

The clergyman has his bible, his creeds and forms of faith, for guidance and direction; and for decision in difficult questions and on disputed points he has a reference to the synod, the convention, the conference, or the council. The lawyer has written laws, decrees and statutes, to which his knowledge must refer, and by which his arguments must be determined; and even in cases wherein the law admits of different constructions, each reasoner has an equal right to his opinion, and although the court may decide against him, as human judges are fallible and often reverse each others decisions, he may lose his case, but not yield his judgment. In these professions, a good memory with great
application and a happy delivery, will often succeed well, without superior powers of perception and judgment.

But not so in medicine; the physician has no statutes, no fixed criteria; no tribunals for appeal and decision—everything depends upon himself, hence perception and judgment of the highest order are indispensable, as in his decisions are involved the health and life of his patient—in his ratiocinations and inductions, doubt and error are fraught with danger and death.

The most varied and extensive learning is required in a physician. It will not suffice that he be well versed in those sciences strictly medical, those at present taught in our colleges.

In the first place, a thorough knowledge of the English language is indispensable, as preparatory to medical education. It might be deemed superfluous to advert to this, as too elementary, were it not that the most conspicuous and deplorable deficiency in this respect is too often observable, not only in students but physicians. Next to the vernacular tongue, the Latin and Greek languages are most important as preliminary to the study of medicine; as nearly all our technical terms and the language of all the sciences, are derived from them: a knowledge of these languages is of incalculable value to the student, and can not be dispensed with but at the expense of one or two additional years of hard study.

So high at present do the French stand in medicine, so many important discoveries and valuable improvements are they daily making, so many excellent books are they constantly publishing, that a knowledge of their language is indispensable to all who aspire at eminence in their profession.

The Germans too are so industriously engaged in the cultivation and improvement of medicine, that their literary and scientific treasures should be immediately accessible to us through the medium of their own copious and expressive language, not the remote intervention of uncertain translations.

Italy too at present numbers so many eminent writers, and her medical journals contain so much interesting and valuable information, that a physician should not be satisfied without a knowledge of the Italian language, especially as it is of such easy acquisition to those whose classical acquirements have rendered them properly qualified to commence the study of medicine.

The science of metaphysics is generally too much neglected
by our profession: It should either be made a part of the preparatory education of a medical student, or be comprised in the collegiate course. This subject is replete with considerations of the highest moment and most absorbing interest, as it treats of the most noble and exalted faculties of man, faculties that place him at the head of creation, that elevate him above all other animals—enable him to subject them to his dominion—endue him with his highest attributes, and qualify him to hold converse with God himself. Some persons, from want of industry to investigate, or genius to comprehend, affect to despise metaphysic lore, and condemn it as an incomprehensible and unprofitable study; but abstract from the abstruse, absurd and futile speculations of some authors, this science is one of the most useful and exalted in the whole circle. It not only sharpens and invigorates the mental faculties by the exercise it affords them, but it enlarges our knowledge of human nature, which knowledge is of highest importance to man.

This science treats not only of those faculties which are referred to the head, but of those in common language styled faculties of the heart, the sentiments, affections and passions—it teaches what man is. Such knowledge cannot fail to augment our usefulness and our happiness, by rendering us better acquainted with ourselves and others, instructing us how most advantageously to do them good, and to defend ourselves against their machinations and aggressions. He that is ignorant of human nature, however accomplished in other respects, is the unsuspecting dupe of unprincipled and designing men: And often, owing to the same ignorance, we observe the most benevolent persons offend in their endeavors to be kind, and wound the feelings of those they seek to relieve. To no one is a knowledge of human nature more necessary than to a physician, whose avocations bring him constantly in association or collision with people of all kinds and under every variety of circumstance and trial.

But in the practice of medicine, a knowledge of mind is still more important, on account of the intimate union of mind and body, which causes each to be mutually and reciprocally affected by the affections and operations of the other. I have made no separate allusion to phrenology, which I consider included under the general head of metaphysics.

The importance of the study of mathematics to physicians,
must be admitted by all. Some knowledge of the mathematical sciences is indispensable in the study of anatomy and physiology, as the latter cannot otherwise be properly understood; but they exercise a no less happy influence on the medical practitioner, by disciplining his judgment and accustoming his mind to habits of greater closeeness, perspicuity and precision in reasoning. Nevertheless, an overweening fondness for mathematics, is liable to lead to a dangerous error, that of being satisfied with nothing short of demonstration or mathematical certainty in all our conclusions; whereas all subjects are not susceptible of this kind of proof, though they may be equally true, and established by sufficient rational evidence.

Natural philosophy constituting the basis of the natural sciences, is of course essential to the education of a physician, as the medical sciences cannot be comprehended without a knowledge of its principles. In osteology and myology, constant reference is made to mechanic powers—the humours involve the science of hydraulics—hearing that of acoustics—sight of optics, &c.

Natural history in all its branches is subservient to medicine, and must be embraced in the pursuits of the scientific physician. The almost boundless extent of country we inhabit, is rich in productions of every kind, animal, vegetable and mineral; many valuable articles have already been discovered, and doubtless many more still remain to reward future industry.

These departments of literature and science have a more important and direct bearing on medicine. There are other branches of learning, which though appertaining rather to the ornamental part of education, and not to be cultivated to the neglect of the more useful, may well employ a physician's leisure hours. Such are history, biography, belles lettres, and the fine arts, especially painting, which is not only an elegant accomplishment, but a valuable art that has often been usefully employed in medicine to exhibit morbid appearances, of which words could not afford a satisfactory description.

It is not to be expected that a physician will become proficient, in every branch of science and literature we have enumerated: It would require more time than those can devote to study who are actively engaged in the practice of their profession—but he should endeavor at least to acquaint himself with their general principles, and pay more minute attention to those to which his
taste and genius may incline him, or to the prosecution of which his situation and circumstances may be most congenial.

But though superior intellectual endowments and high literary and scientific attainments are necessary, there are yet other indispensable requisites to qualify a man to exercise the liberal and exalted profession of medicine. The most sublime genius and extensive acquirements will not suffice alone. Humanity and benevolence are essential to medical character, devoid of which no man is qualified to practise this godlike vocation. A physician should be gentle, kind, charitable, patient, without pride and austerity. Occasions are continually occurring that call for compassion or require forbearance. He should consider the poor with peculiar care and tenderness—kindness is due to them—they require it to soften the asperities of their lot, and he that is not merciful to them "shall seek for mercy and not find it in his turn." A physician has to bear much from the faults and frailties of mankind, but for his own and their good he must exercise charity and patience toward them. A sick man anxiously anticipates the visits of a humane physician as of a ministering angel, whilst he dreads the approach of the unfeeling as of an executioner.

Presence of mind and decision, which are by no means incompatible with gentleness of manners and kindness of disposition, are qualities essentially requisite in the character of a physician: Nor are the strictest temperance and the most unsullied and unimpeachable integrity less essential. It is folly in the extreme to suppose that a person whose mind is stultified and debased by intemperance, can be competent to the duties of a profession that requires the nicest discernment, the most lucid reason and the most correct and vigorous judgment.

Without integrity, by which is understood soundness of principle, moral correctness, truth, candor, honor and every virtue, a physician cannot maintain the dignity of the profession or render himself extensively useful.

A disingenuous physician can never be a safe practitioner, he will either deceive his patients concerning the nature of their disease or the remedies he prescribes, or make false statements to other physicians with whom he may consult.

A physician sees people under the most unfavorable circumstance, and has frequent opportunities of observing their defects
and foibles—thus many things come to his knowledge, the exposure of which might affect the reputation of an individual or the happiness of a family—hence the necessity of the nicest sense of honor and propriety.

Arguments might be multiplied were they necessary, to prove the indispensable importance of every species of moral excellence to capacitate a man for the weighty and responsible offices of physician. He should then most sedulously cultivate and practice those benign and heavenly virtues that ennoble and adorn human nature, and without which he can never be loved and respected as a man or highly esteemed in his profession. As means of nurturing and cherishing them, he should attend divine worship, and read the holy scriptures and other pious books, especially on the sabbath. So far from disposing to scepticism, which has been falsely charged against our profession, its natural tendency is to incline the mind to religious contemplation, and to awaken sentiments of reverence, love and gratitude toward God, by the evidences of infinite wisdom and goodness displayed in the anatomy and physiology of the human frame, and for the innumerable means provided in nature for the relief of suffering and the restoration of health. It has been said, "an undevout astronomer is mad,"—the same may, we think, with more force and propriety, be said of an undevout anatomist or physician.

Medicine has been elevated far above its former position, by the labors of the present and the preceding age, and is rapidly hastening toward perfection. Higher honors and richer rewards await the profession; but more will be expected of physicians henceforth than heretofore. Moderate attainments will no longer suffice; greater labors and sacrifices will be required; more time devoted to science, more application to study, more diligence in research, more untiring industry and perseverance in the museum, the anatomical room, the laboratory and the infirmary.

Let him not hope to grasp the prize before he pays the cost—placed upon a lofty eminence of steep ascent, it must be by toil and care attained. He must renounce inglorious indolence and ease, turning away from the blandishments of pleasure, the delightful converse of friends, the enchanting fascinations of the social circle, to trim this lonely (midnight) lamp, to inhale the
On Menstrual Irregularities.

On Menstrual Irregularities: By M. Antony, M. D., Augusta, Georgia.

In treating on this subject, which I do on the present occasion at the special request of a distant reader of the Southern Medical and Surgical Journal, I shall explain previously, so much of the anatomy concerned, as seems necessary to a correct view of the functions of the uterus. This done, I shall attempt such a view of the physiology of the uterus as may be in point, in order that clear views of the disease in question may be received. This is considered the more important, because of the truth constantly observed, that there are few, if any sources of more errors in pathology, than the want of familiarity with the anatomy and phy-
siology in connexion. And another fact of observation, perhaps of no less importance to philosophy and humanity, is that, when men are once possessed of error, which is often the case from partial knowledge of the fundamental truths from which alone they could reason for their correction, it is frequently found impossible to correct those errors—to unteach what they so confidently think they know. That magnanimity is rare, which enables them to acknowledge and to retrench errors of youth, however clearly and indisputably the truth of the contrary is placed before them. Did the evil end merely with the fact that such persons have an error in their minds, nothing would suffer but the cause of abstract truth. But in the teacher, or the practitioner of medicine, the evil is not thus limited. An error in the first principles, or any succeeding part of a reasoning process, must, as in a mathematical calculation, be continued and magnified throughout the sequel. This is not less the fact in medical than in other reasoning. It is true that the empiric may learn the symptoms which enable him to determine the name of a disease, and may learn to administer certain remedies for a disease thus detected; and the remedies may, perchance, be the cause of the restoration of health. But he alone can prescribe rationally and safely, who understands the fundamental truths of the anatomy and the healthy functions of the parts concerned; and comparing them with the present deviations therefrom, can determine the degree and kind of aberration—of what causes it is the effect—the remaining salutary resources of the system—the physical powers and other means competent to the removal of such causes and the correction of their effects, &c. This kind of knowledge alone can enable him to meet exigencies with that correctness and confidence which are the fruits of accurate reasoning from sound premises, and when death must come, to sustain its dread approach with a conscience void of guilt; for it is not an exemption from guilt, to think, or so say, that one has done the best he could; but he must be sure that he has done the best the science of medicine could have afforded the case. And if he have not learned what this could teach relative to the case, and called not to his assistance the best help which is accessible, he stands a guilty culprit before the tribunal of his own conscience, if indeed such a practitioner, such a ruthless vampire, have a conscience left suited to perform its legitimate office.
Of the Uterus.—This is a fibrous, vascular and membranous viscus, which is situated in the upper part of the female pelvis, between the rectum and the bladder, with both of which it has connexion; and is pear-shaped and a little flattened antero-posteriorly. It is placed in the direction of the median line, but is almost always a little inclined to the right, on account of the rectum inclining to the left at the upper part of the pelvis, as it approaches the sigmoid flexure. This varies, however, according to the fullness of the intestine about this part. "Quoique placé dans la direction de la ligne médiane du corps, l'utérus est presque constamment incliné à droite; ce que l'on pourrait attribuer à la disposition de l'intestin rectum, à la circonvolution iliaca du colon, au degré de force et d'énergie que l'on observe généralement au côté droit du corps, et auquel participe peut-être le cordon sus-pubien de ce côté." &c.* It is two and a half to three inches long, the latter being the usual length after having borne children. Its direction in relation to the pelvis, is precisely the same as that of the axis of the superior strait; deviating a little by the pressure of the bladder and rectum in their different states of fulness. In the replete state, of either the bladder, or the rectum alone, its direction is obviously changed; but in the ordinary state of the parts, it forms the same angle with the vagina, that the axis of the superior and inferior straits form at their intersection.

The length of the vagina is fixed by Madame Boivin at about five inches. "Sa longueur est d'environ cinq pouces." It is attached at its internal extremity to the cervix, immediately above the labiae uteri. The os uteri is held posteriorly towards the upper part of the sacrum by the short ligaments which extend from the cervix uteri to the sacrum,† Mauriceau determines its length in women of good height and well formed, eight inches from the vulva to the fundus; which is the same, allowing three inches for the length of the substance of the womb. After speaking of the differences caused by age, disposition of body, abundant menstruation, habitual coition, &c. &c., he says, "mais aux femmes de bonne taille, et qui sont bien formées, sa longueur depuis l'en-

† And we appeal to no one with more confidence in such a case, than Madame Boivin.
trée de la partie honteuse jusques à son fond, est ordinairement de huit pouces ou environ et non de onze (comme la pluspart des Anatomistes l'ont écrit après Galien,) &c.

Of the Attachments of the Uterus.—The uterus is not attached immediately to any part of the bony structure of the body. Its attachments are mainly cellular and sionerotic; and very loose on account of the necessity to its functions for it to yield to distension, change of place without immediate injury, &c.

Of the Vascularity of the Uterus, and the adjoining Genital Organs.—The genital organs, external and internal, have a great number of vessels, sanguineous and lymphatic; of the principal disposition of which it is important to have knowledge.

The principal arteries are four in number, and derive their origin from others of larger size. Some distribute themselves to the ovaries, and to the body of the uterus; others to the body and neck, vagina and vulva. The spermatic, or ovarian arteries, are two in number; one on each side. They arise from the anterior part of the aorta, a little below the renal branches. They are slender, long, considerably tortuous, zigzag, and in approaching the ovaries they divide into many branches. Some of these penetrate into the substance of the ovaries—one turns to the fallopian tubes, and goes to the fundus uteri. Two others reunite into one short trunk, and enter into the superior portion of the uterine artery on either side. Many of these branches run upon the round ligaments, rendering them very vascular. Those which enter the uterus laterally and at its fundus likewise, pass within the duplicature of the peritoneum which forms on either side, the lateral or broad ligaments.

The uterine arteries, one on each side, are formed by a branch from the trunk of the pelvic or hypogastric—pass with many sinuosities through the adjacent cellular substance and approach the lower part of the uterus. When they arrive at the superior side of the vagina, they divide into two principal branches, which penetrate into the muscular structure of the vagina, ascend along the sides and are finally lost in the substance of the uterus. In their course they form zigzags, which approach very near to each other—divide into smaller branches, penetrate into the substance of the tissue of the uterus, constantly making turns and sinuosities, and terminate in very fine ramifications, some of which communicate with their fellows from the opposite side—
others with branches of the spermatic or ovarian—others with veins—others, the most minute, form on the internal face of the uterus, the transpiratory pores which are presented to view in the cavity.

It may be remarked, that those ramifications which make an infinite number of convolutions around themselves, run backward, forward, and in every direction, forming a great number of areolae and anastomosing with all other vessels about them, and with themselves, as we have just described, are, in the ordinary or vacant state of the uterus, extremely delicate; as they must be to be inclosed in so small a space and dense a body as the uterus; but become, by the termination of pregnancy, a line or more in diameter.

It is believed by Madame Boivin, that the greater redness observable at the fundus than in the rest of the uterus, is owing to the stronger and more direct impulsion of blood from the larger and higher parts of the aorta, through the branches of the spermatic, by which that part is mostly supplied.

The veins of the uterus, like the arteries, form spermatic and uterine trunks. The spermatic vein is much larger than the artery. It ramifies as in the male, and forms a very large plexus, which constitutes on the forepart of the psoas muscle, what has been called the corpus pampiniforme. Many of the veins which form the body, originate near the ovaries, but a considerable number arise also from the tubes and the uterus. But the most important veins of the uterus, are the branches of the uterine veins. These are extremely numerous, and form a plexus on the side of the uterus, from which two or more uterine veins proceed in the course of the artery, and join the hypogastric. All the veins of the uterus are greatly enlarged during pregnancy, some becoming large enough to receive a common-sized quill, and others, the end of the little finger. These latter have received the name of uterine sinuses. Paxton says, "the veins of the uterus follow the arteries very much in their course, but are more tortuous, and become so large in the progress of pregnancy, as to receive the term uterine sinuses." The elder Baudelocque says, "the most considerable of the openings which constitute the reticulated appearance of the lining membrane of the uterus, lead to winding cavities called uterine sinuses." Cruikshank said the lymphatics of the uterus become, by pregnancy, as large as a goose-quill,
and appear so numerous, that the uterus seems to be nothing but a mass of these vessels.

The vessels of the uterus are said to be enlarged in like manner during the menstrual discharge, though not to such an extent.

Now the truth is, the uterus is a very peculiar organ—not less wonderful in its anatomy than in its physiology. Its fibrous and vascular structure have constantly perplexed anatomists; and to the present day, they are undecided as to the muscular or non-muscular structure of its substance—but they have latterly determined distinctly its fibrous organization, from observations during gravidity; and conclude that as they could not be supposed to be produced de novo, during each pregnancy, and non exist again in the unim pregnant state, that they really exist at all times in the uterus, but in so compact a state, as to be undistinguishable. The same extent of doubt or indecision has existed about the lymphatics in the uterus. This question has likewise been decided by observations on the gravid state, by which Cruikshank, on finding them become as large as goose-quills, and so numerous, said that the uterus seemed to be nothing but a mass of these vessels. (Were it in place here we should have occasion to use this fact of anatomy, to the explanation of some interesting points in obscure pathology; but it would be deviating from the particular purpose of this essay, and could only be proper in a treatise on the pathology of schirrous degenerations, as they are called, or chronic metritis; or on the secondary affections from prolapse of the uterus.) The same difficulty might have been before the anatomists relative to the vascular arrangements, at least in regard to their extent. Nor could the neurology be decided, to its true extent, until the observations were extended to the pregnant state. Here everything becomes magnified, as by a powerful lens—the mystery of organization made clear, and the nerves in the organ found extremely numerous. “Les nerfs des organes génitaux sont extrêmement nombreux.”* The same difficulty, we continue, still exists to some extent relative to those winding canals called uterine sinuses; and their very existence denied by some, because forsooth they are not always visible as such, in the vacant uterus.

*Boivin.
The secret of this matter is just this: that all these parts are most wisely and beautifully arranged by perfect wisdom, (acting by the impulse of the final cause, the perpetuation of the species,) to answer the demands of both the pregnant and vacant state of the uterus. The vessels anastomose and inosculate and abound with flexions and tortuosities, as in no other part, in order that their purposes may not be lost to the necessities of the uterus in any state—that when necessary, they may all transmit blood copiously through all their branches, as the uterus enlarges in pregnancy, and be extended by the growth of the fœtus not only without injury, but even, by straightening their course increase the facility of circulation just in proportion to the ratio of increase of the fœtus, as it advances in growth. And the vacancy of virginity, or that which follows childbearing, a sufficiently abundant passage for the blood exists by way of the anastomoses, under that contraction of the contractile fibres of the uterus which closes or obliterates for a time many of the branches whereby circulation through the substance of the uterus is abundantly effected during pregnancy. The absorbents too, become conspicuous, according to the increasing demand for their function, and recede again from view when this becomes unnecessary. But it is a fact of observation, that the vessels of the substance of the uterus become evidently enlarged on the approach of the menstrual period—no matter whether general or local plethora, or lunar influence, or something yet unnamed, tend to cause the menstrual returns. This is observable, not only in the appearances of the part under the knife, as witnessed abundantly by Mauriceau, Madame Boivin and many others, but also by the touch. The experienced touch will readily detect, if there be no disease of the substance of the uterus, by the appearance of the organ to this sense, the period for menstruation, or the length of time that it has passed, &c., and the characters it exhibits are those which declare an increased fulness of blood; which must, of course, arise from an increased fulness of its vessels. It is farther illustrated by collateral symptoms; as when a woman approaching the menstrual period, is troubled with pains in the head, loins and pelvis, finds herself relieved the instant the menses appear—symptoms and circumstances which would, in relation to any other part, be taken as satisfactory evidence of increase of blood in the part from which the hæmorrhage came:
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As when headache is relieved by epistaxis, &c. A very similar state of the os tineæ is indeed observable on the approach of the menstrual period, as is presented early after conception. It is a state of increased vascular repletion, evinced by tumefaction and sometimes tenderness. This increases until the uterine sinuses, (a most wise and beautiful arrangement, but not without its analogy in the system,) begin to pour out their contents through the largest reticular openings of the lining membrane into the cavity of the uterus. Thus is menstruation effected, by the discharge of pure blood. "Procidit autum sanguis velut à victima, et ceto coagulatur, si sana fuerit mulier."* "La qualité du sang des menstrues ne paraît pas différer de celui qui circule dans tout le système, lorsque la femme est saine, bien conformée, et qu'elle fait usage des moyens que la santé et la propreté exigent."†

This blood of menstruation here becomes immediately incorporated with the non-coagulating mucus, which ever (in a healthy state.) lines the uterine cavity, and is distilled from the os tineæ, when it mixes again with the secretions of the next passage, the vagina, before it finally escapes the vulva, and thus completes the formation of its whole character as a menstrual discharge.

Were this the proper occasion, there would be little difficulty in proving that so far as regards the uterus, the menstrual discharge is simply a periodical hæmorrhage, to which nature, ever strictly and most wisely economical in all her purposes and operations, has adapted the organization; notwithstanding the contrary opinion has been given by high authority.

With the preparation of mind which the foregoing summary of anatomy and physiology is calculated to afford, for a due reception of those etiological views which were the object of this essay, I shall now proceed to state my views relative to the pathology of "obstructed menstruation; and this may be done in few words.

It is most true, that a certain impression made on the system by cold, has the power of obstructing the menstrual discharge.

* Hippocrates.
† Boivin. Also, when speaking of having had opportunities of seeing the uterus of many young females who died during the menstrual epoch, she said, the internal face of the uterus was "converte d'une couche de sang d'un rouge vif."
This is most easily and commonly done by cold, if moisture be combined; as by wetting the surface, wearing a damp linen, taking off flannel from the skin, wetting the feet with cold water, &c. These are causes which give men, and women at other times, and sometimes in connexion with menstrual obstructions, pleurisy, rheumatism, catarrh, &c. &c. On the subject of the manner in which cold operates on the susceptibilities of the system in the production of these effects, we cannot be allowed room on the present occasion. The result, no one denies. The treatment is as simple as the pathological facts. The same treatment timely adopted, that is ordinarily recommended for the restoration of perspiration when suppressed by cold, will generally prove competent to the purpose desired here, that is to say, the restoration of the menstrual flux. It consists of pediluvium, semicupium, sudorific ptisans, as of sage, pennyroyal, thyme, catmint, savin, camphor in large doses, opium with antimonials, local relaxing applications, &c. &c. When the symptoms are more severe, and an inflammatory action discoverable, a full antiphlogistic treatment in proportion to the state of the system becomes necessary. Should the time have passed at which nature's tendency to this topical depletion exists, (for there is some influence which determines a periodicity,) and the means used, come short of the desired end, the evils of the present suppression on the system are to be guarded against, by depletion, &c., if need be, and the next menstrual period awaited. When this occurs, a diligent course of such treatment is to be again adopted, which, if no organic injury shall have been sustained, by the uterus or some other part, will generally be found adequate to the end in view. Should other diseases occur consequently, they are to be treated according to their specific character, always bearing in mind the peculiarity of cause which produced them. Is it pleurisy, bronchitis, hepatitis, colic, &c. &c.? With all the appropriate treatment these specifically require, they may change location, but may not be expected to be cured, without the correction of the prominent and peculiar cause, the obstruction of the menses.

The lighter parts of the treatment here advised in cases of obstructed menstruation from cold, operate by effecting alike in the skin and uterus, that state of action which favours the free and easy transmission of their appropriate discharges. This
cause, (cold), is that which is generally alleged by the patient at the onset in giving the account of her case; which on close and pointed enquiry will be found not to be the fact in a very large majority of cases. Her declaration is however made in the spirit of truth, for knowing no other ordinary cause, she really believes she suffers these effects from cold, without knowing when or how it was applied; or she perhaps ascribes the case to some trivial exposure which made no particular impression on the system, merely because it may have been the only irregularity of temperature to which she may have been exposed.—There are other causes which operate in a very similar manner to cold, in causing this obstruction. Amongst these we may name the severe influence of fear.

But there is another cause, by far more common than all others collectively, and which operates on principles entirely different from others to which I have alluded, and will generally be found to have produced the various irregularities, and sometimes the entire obstruction of menstruation. This cause is some degree of pro'apsus of the uterus; a cause from which, when we contemplate the attachments of this organ and the functions for which it is peculiarly adapted, we are rather surprised on finding any exempt. This displacement is produced by a great variety of causes.* And amongst the many, I will name one which is perhaps more apt to deceive in the case than any other. It is the violent bearing-down pains which sometimes attend cases of obstruction from cold, as a well known cause of the beginning of the case. But I, would be careful not to limit the reader's mind to this cause of prolapsus. The other causes should be easily detected by the practitioner; or when no particular cause which appears adequate can be remembered, still it does not follow that it has not existed. Every practitioner who even dares prescribe for the diseases peculiar to females, should be able to detect the existence of prolapsus, in any degree, by his familiarity with the symptoms it produces.

* See various authors on this subject, and then make great allowance for the superficial views of most writers on prolapsus. It is not a little surprising that a source of so much affliction and danger, and a prolific cause of so many secondary diseases and dangers to females, should have been so disregarded by authors and systematizers, when they know that many of their readers look to their words as the ultima thule, or as the truth, and the whole of the truth in medicine; and think that it is medical heresy to doubt their statements, or to say that there are more truths than they have given.
Perfect regularity only is compatible with perfect health. —
Menstrual irregularities are, however, frequent and various.
They are mainly:
1st. Difficult, or painful menstruation.
2nd. Deficient menstruation.
3rd. Retarded menstruation.
4th. Obstructed menstruation.
5th. Excessive menstruation.
6th. Accelerated menstruation.
7th. Protracted menstruation.
The first four of these are believed to be dependent on arterial,
and the last three on venous obstruction, when arising from any
displacement of the uterus.

Most women will, on being asked if their monthly visitations
are regular, answer affirmatively, notwithstanding some one, or
many of these features, or species of irregularity, exist; and it is
an examination not at all to be relied on under such an answer,
without specific interrogations on all of these features of irregu-
larity. Some women really believe that any occasional return
of menstrual discharge, no matter how various in quantity, man-
ner, &c., constitutes regularity of this function. Others, and
indeed a large majority in good society, and even amongst the
blacks, are compelled by their native modesty and diffidence on
this subject, to avoid every word which they can. The most
they can say is the monosyllable yes, or no; and the latter is of-
ten avoided when it should not be, lest it should lead to the ne-
cessity of farther expression on the subject: indeed the answer is
often expressed by a nod or shake of the head—the former being
an affirmative and the latter a negative reply. Nothing is more
common, on direct interrogation to the point, than to find, after
this affirmation, by which the patient expects to prevent all fur-
ther direction of attention to this subject, that she suffers unusual
distress in some way, before, during, or immediately after the
menstrual discharge; or that it is deficient in quantity, or exces-
sive in the rate of flowing, retarded several days, or even a week
or two beyond the lunar month, from the beginning of the last
flux; or that it appears some days, or a week or two earlier
than the lunar month from the commencement of the former pe-
riod; or that, although flowing at the proper rate, the continu-
ance of the flux is extended some days beyond the ordinary lim-
iteration in pristine health—that it ceases for a time and recurs after short and irregular intervals, &c. That which is commonly the first and ordinary interrogatory in these cases, that is to say, "are your monthly visitations regular?" is therefore not only useless, but very liable to mislead. I will define each of the usual species of irregularity, in order that by bearing them in mind, a greater degree of precision and accuracy may be conveniently and certainly arrived at, both in the detection and the diagnosis of disease.

1. Difficult menstruation. This is a case in which the pain, or other unusual distress attending the monthly period, is the chief or leading feature of the case, or the particular point of deviation from the healthy flux.

2. Deficient Menstruation. This may be either from partial retention or suppression. In this case the leading feature is a deficiency in the quantity of menstrual discharge during the period; of which there are two varieties: First, from too slow a rate of flowing—or, secondly, from too early a cessation, although the flux be sufficiently free whilst it continues.

3. Retarded menstruation. In this case the leading feature is the retardation of the flux from half a day to two or three weeks after the end of the lunar month.

4. Obstructed menstruation. Under this head is included all those cases in which there is no coloured discharge; whether from undue retention at puberty or after childbirth; or from stoppage occasioned by other causes.

5. Excessive menstruation. In this case there is a greater quantity discharged each month than is natural. Of this species there are likewise two varieties: first, from too long a continuance of the monthly flux, or its occasional recurrence; and secondly, from so transcending the ordinary rate as to cause the loss of an excessive quantity each month.

6. Accelerated menstruation. In this species the leading feature of the case is the too early accession of the menstrual discharge, varying from a few hours to many days.

7. Protracted menstruation. In this the quantity discharged each month is natural, but requires a longer period than in the healthy state of the individual, differing from a few hours to many days—even the whole lunar month.

It is not unusual for two or more of these species to be combined in the same-case.
When we contemplate the manner and extent of the vascular arrangements of the part,* no difficulty need be felt in determining the mode of operation of this cause in the production of the irregularities in question. Whether the menstrual be considered a true sanguineous discharge, or a peculiar secretion, no one will contest the fact that the blood from which it comes is brought to the uterus by the arteries, which are chiefly the uterine branches of the spermatic, and those of the hypogastric, generally noticed under the name of the uterine arteries. The former of these enter the uterus laterally, near its upper part, after passing through the lateral, or broad ligaments formed on either side by duplications of the peritoneum; the latter, approaching at the cervix and distributing themselves, as they pass upwards, to the whole substance of the uterus. The functions of these proceed with beautiful regularity and exactness during the continuance of the uterus in place, or its extension upwards in the progress of gestation. But no sooner do we contemplate the flexure of the latter on themselves, as it must almost necessarily be by the descent of the uterus; or the compression of these, or of the former, by the bearing-down of the uterus, with, or without antversion, retroversion, or some lateral obliquity, than we see a competent cause of arterial obstruction and a resistance of greater or less extent, to the free transmission of blood to the extreme branches of each or either, and into the uterus; and consequently a failure of that free diffusion of blood in the organ, by which alone can the menstrual discharge be afforded. The consequence of this obstruction of some of the ramifications must necessarily be an increased fullness, and in many instances, a painful distension of others into which the obstructed blood may pass. Hence arise the pains of the first, second, third and fourth species—the scantiness and tardy appearance of red flux, &c. And hence also arise, other effects which, in their nature, produce series of other troubles and dangers, as spinal irritation about the junction of the last lumbar vertebra and the sacrum, or the whole of the sacral portion of the rachedian centre. Hence arise also congestions, tending to hemorrhoids, fistulae, abscesses, recto-vaginal ulcerations, pulmonary or hepatic affections, cerebral oppressions tending to epilepsy, catalepsy, chorea, mania, &c. Of these, I could cite some hundreds of cases directly in point, and well illustrating some one, or several of these views. I will give three or

*See Anatomy; also, Tiedman’s Tables of the Arteries.
On Menstrual Irregularities.

four by way of illustrating some of the more difficult views, or some of those most liable to be doubted by those who are unacquainted with this part of pathology.

The first case I shall give, was one of a coloured woman, who had laboured many years previous to my seeing her, under the following, which is a very common succession of these species: first difficult or painful menstruation, then deficiency, and finally, total obstruction. When I first saw her, which was as far back as the year 1821, she had not had the least appearance of menstrual discharge for the four last months; but in its stead, as I believed, and certainly, at or about each period for menstruation, a copious purulent discharge from the rectum was effected. I saw her soon after her fourth discharge of this kind. This case had been for several years under the management of the late Dr. Brux of this city, after whose death it was placed under my care. Consequently I was dependent on her own account for the chief history of the past part of her case. On examining the uterus by the touch, I found it extensively prolapsed, and considerably swollen. I replaced it and enjoined suitable position for a few days, or until the purulent discharge should cease.—Daily the ordinary distresses of prolapsus returned, in consequence of her necessity of rising from bed to obey the calls of nature, and allow the free evacuation of purulent matter per ano. On the cessation of this discharge, I applied a pessary made of soft materials, and of such size and shape as to retain the uterus at its proper site. After several days, this was removed and a strong solution of alum was used twice a day, as a vaginal injection after replacement. About a week before the next menstrual period, another pessary was applied and worn through the period, which instead of producing a purulent discharge as at the last four months, was attended with a pretty good menstrual discharge. The same treatment was continued about two months longer, when the patient was discharged well, and in the enjoyment of a fine increase of corpulence, and has been ever since, an able washer-woman in this place.

The second case I shall give, was one of recto-vaginal openings, two in number and one of them of considerable size, and which afforded a free transmission of fecal matter through the lower part of the vagina, and out at the vulva. This had been a well marked case of prolapsus for about three years, which was
brought on suddenly to some extent, by a fall down the stairway. The patient was a coloured woman. On the touch, I found a prolapse in which the os tincæ was resting with considerable pressure on the rectum at the fossa navicularis, when the recto-vaginal openings existed, and through which the intestinal evacuations made their escape almost continually, instead of forcing the sphincter ani. I replaced the uterus, and applied a pessary, and committed the case to the charge of a nurse for the present. Forthwith, the evacuations passed the natural way. On the removal of the pessary, position, astringent vaginal injections, with gentle relaxation of the bowels. After a few days another soft pessary was applied, in anticipation of the menstrual period. The menstrual flux, which had become almost entirely obstructed, now appeared, almost to a satisfactory extent. On its cessation, the injections and position were again resorted to, and she was committed to the nurse again. A few days in anticipation of the next period, I found on examination that the openings had closed. Another pessary was applied and general advice given for the future management of the case. Soon after this I met her in the street, when she declared herself entirely well. The following year, on being called to her again, I found that her prolapse had returned, and again deranged her menses by greatly lessening the discharge; and no less than three distinct fistulæ existed around the anus. She had become extremely emaciated and desponding, and utterly refused to allow the use of the bistoury. I abandoned the case and she died eight or ten days after, of mortification.

The third case which I give was of an unmarried woman, in whom the menstrual discharges had been deficient and very painful from the beginning, about five years before I saw her. This deficiency increased until she came under my care, when the monthly evacuation was in but very small quantity and only for a few hours. The pains were extremely severe, extensive spinal irritation, and a regular recurrence of epilepsy every month, followed by great insensibility, and indeed entire loss of consciousness for many hours and sometimes for a day or two. In addition to these monthly returns of epilepsy, it occasionally occurred at different times in the month, on the appearance of colic pains or headache; to both of which she was very subject.

On examination of the uterus immediately after the superven-
tion of the state of insensibility which followed the fit, the uterus was found prolapsed to the lower part of the vagina proper.—It was replaced and a small pessary applied, which, in her state of insensibility, could only be done with the assistance of her friends. Not more than fifteen minutes elapsed after the replacement, and application of the pessary, before she aroused from her insensibility and was perfectly comfortable, conversed freely, and after about two hours left her bed. She was unconscious of the application or presence of the pessary, until informed of it on the succeeding day. Her menstruation was slightly increased in the rate of flowing, and continued nearly two days. Several months elapsed before these epileptic returns could be entirely arrested; but they were finally, by the monthly application of a pessary the day previous to the expected menstrual difficulty, with various success in the correction of the menstrual irregularity: sometimes the discharge amounting nearly to the natural quantity, and at other times only a scanty discharge for 24 to 30 hours. Hepatic derangement existed, which demanded occasional mercurial purgations by small doses. The spinal irritation was treated by blisters and sinapisms, by which means it was kept measurably corrected; but never more than a month or two at a time, without appealing again to its appropriate remedies. She had an occasional hacking cough. Various other remedies were used in turn, without conspicuous benefit. For the next three years, a pessary was applied at the approach of every menstrual period, and astringent injections used in the intermediate part of the month, by which the pains of prolapsus were prevented, and those of the menstrual period gradually moderated, but never with the entire restoration of sufficient menstrual discharge. The hepatic symptoms decreased so that in the last of those three years not more than one mercurial purgative was required on their account, and her general health was habitually comfortable, suffering only more or less headach for a few hours every month. Thus she continued, until, from the circumstances of her family, she was obliged to leave the city for several months; and when she returned was so situated that she could not make it convenient to be subjected to a renewal of the regular treatment, on which she depended for the perpetuation of the degree of health she enjoyed. This circumstance, added to a hope on her part that she would continue better with-
out treatment, caused her case to be neglected as to uterine treatment. After a few more months, the menstrual obstruction became complete; which she still suffered without treatment, because her pains did not now increase with the decline of menstrual discharge, and she allowed herself to hope that the system had become accommodated to the deficiency, and that she would henceforth remain well, without menstruating. But an obstinate and increasing violent and harrassing cough was soon established, and pulmonary ulceration supervened, of which she expired about 16 months after. This case afforded a clear display of what might have been considered merely metastases, by any one not aware of the great source of all the troubles in the case. In the first place, the injuries sustained by the encephalon; in the second, by the spinal irritation; third, by the liver; and fourth and lastly, by the lungs.

The fourth and last case we shall give here, was one of retention, after giving birth to a still-born child. Many months after her accouchement she came under my care, without having menstruated, and was labouring under chronic derangement of intellect, with aggravation of the symptoms at every monthly period.—She had suffered extreme difficulty and bad management during parturition. On examining the condition of the uterus, it was found prolapsed, and a replacement effected and a pessary applied during sleep, by the assistance of a female friend. Emmenagogues were added to the pessary treatment in this case, both of which were monthly employed for about three months; during which the discharge became established, nearly natural in all respects.* Her intellect improved and the distress of head, of which she gave the strongest intimations, mitigated. Her powers of speech, of which she was entirely deprived, began to return, and she is now able to use a number of words very distinctly and accurately.

When I turned aside to illustrate by a few cases which I thought would be useful, I was about to shew that the four first species of irregularity, viz. difficult, deficient, retarded and obstructed menstruation, depend on arterial obstruction, for it is evident that these arise from a deficiency of arterial function in the organ in these cases.

* The same emmenagogue powers had been previously used for several months without success.
We have said that no one will contest the fact, that the blood from which the menstrual discharge is produced is supplied by the arteries of the uterus. Alike impossible is it for any one to deny the fact, that the blood in the uterus; or flowing to it, is borne away again in the healthy state, by the corresponding veins; but in this disease, these are in much danger of compression as the uterus. Now we find three other species of irregularity which are not less evidently the result of a deficiency of venous function at the part. These are excessive, accelerated and protracted menstruation. It is most easy to comprehend the modus agendi of this cause in these cases. We have only to allow the possibility of the uninterrupted continuance of arterial distribution in and about the uterus, whilst the returning veins suffer obstruction, from distortion, compression, &c., as the arteries in the former four species, and we find at once a state of things which must produce excessive, accelerated or protracted menstruation, or even that copious discharge which has received the name of flooding. This view is unavoidable when we contemplate the abundance, the office, and the situation of the venous branches, plexuses, anastomoses, sinuses, &c. &c. An interesting case, finely illustrating this pathology, has just passed from my care. The woman, in the absence of her menstrual period, exerted herself severely in lifting a heavy weight. The effort was soon followed by increasing pains in the back, pelvis and thighs. At the end of two days, a copious hemorrhage was afforded by the uterus. On seeing her, the prolapsus was at once determined by the history and symptoms of the case. On the touch, the uterus was very sore and considerably swollen.—The vestibule, to the upper part of which the uterus had descended, was also quite tender. The uterus was replaced as nearly to its proper site as the swellings would allow, and the patient placed on her side, with a pillow under her hips. Doses of the compound powder of alum and kino, were left to be taken hourly, should the hemorrhage not cease, or should it recur in my absence. The following night I was compelled to visit her again, on account of recurrence of profuse hæmorrhage, after having almost entirely ceased, from her having risen from her bed.—The styptic powders had been taken for several hours, without the least effect. From her having been up, and the recurrence of the pain and flooding, it was the belief that the uterus had
again prolapsed, which was on examination found to be the fact. It was again replaced, with the good effect of checking the hæmorrhage. Powders of the acet. plumb. with pulv. ipecac. comp. were left for use in the event of another recurrence, which was the case on again leaving her bed the following day. Several doses of the powders were administered without any obvious influence on the discharge. The uterus was again replaced and a pessary introduced and properly adjusted. The discharge continued in a very inconsiderable degree for three days, at which time the pessary, having become very offensive, was removed, and a strong styptic lotion used with the womb syringe twice a day, with strict regard to position. Constipation followed the use of the compound powders of acet. plumb. and Dover's powders. The hæmorrhage gradually decreased for several days and then entirely ceased. The lotion was continued once a day for a week longer, and the patient continuing well and improving in strength, was allowed to leave her bed, and has now continued well three weeks. I have not been informed whether she has menstruated since her recovery; but presume from her recent very excessive hæmorrhage she has not.

Thus have I attempted to give a hasty sketch of my views on the various menstrual irregularities, with a few of many hundreds of cases which are well calculated to confirm their truth. I might have made up this article by detailing many cases, and giving their pathology and treatment, but for the knowledge of the fact, that but few readers are disposed to follow out the details of numerous cases alone in search of truth; and to have blended with them a sufficiency of explanatory matter, would have protracted this essay, already far exceeding the intended limits, to a much greater length.

My purpose has not been to draw off the attention of the reader from those cases of menstrual irregularity which are known to be fairly ascribable to cold and similar causes; but to extend it to another and a far more fruitful, but generally neglected, cause of these distresses.

It will be seen by the very nature of the cause alluded to, and the anatomy in connexion, that the treatment for the whole of the seven varieties I have given, must be very much the same. The same treatment which would remove arterial compression would remove venous also. It may at first view be considered
paradoxical to say that the same remedies which would be calculated to promote menstrual discharge when deficient, are also well calculated for decreasing it when excessive—that treatment, well adapted to the acceleration of retarded menstruation, is also rationally depended on for retarding accelerated menstruation, &c. And this opinion of unreasonableness will be the more confided in, on the recollection of the fact that such is not the case with those irregularities which result from cold, &c.—But the problem is solved, the instant the peculiar nature and power of this cause are contemplated, in connexion with the anatomy and physiology of the part concerned. The same treatment which removes arterial, is also calculated to remove venous compression in like situations. When all the premises are fairly reasoned from, the conclusion is unavoidable, even if abundant observation on these cases did not set the truth beyond dispute. But the truth is, that the popular doctrine of exclusive excitement, has swept like a torrent over a large portion of the medical world, carrying before it, for the present, every vestige of humoralism, so that it has become almost sacrilege to say that the blood circulates in the sanguiferous system, or that variations of its constituents have any thing to do with a change of excitement. But it were puerile, it were base, to suppress a truth of nature, or allow her truths—the purest of all—to be obscured by the false glare of theory, erected on partial premises, which, although it attract the vision for a time, must soon flicker and expire like the exhausted taper. Nor is it less objectionable to conclude that the boundaries of the science have been set—that its ultimate limits have been reached, and that no more truths of deepest interest exist but those which have been arrayed before us. Such an exclusion is alike calculated to inspire an unjust confidence in errors of expression or of omission, and dampen philosophical research for farther truth—to say nothing of the noxious vanity which infests the minds of such exclusives and such systematists.

Every honest practitioner must acknowledge his repeated embarrassments and disappointments, in depending on what are called emmenagogue powers alone, in the first four varieties of these cases, and on styptic powers or astringents, for the final cure of the three last. After vainly hoping for the discovery of better emmenagogue means than his science had afforded him,
he has doubtless been brought to wish, that he might never again be required to prescribe for such a case. He has also, if much experienced, found cases in which the local symptoms demand medicinal powers which the state of the general system forbade, and vice versa, &c. There is here offered such an etiology which will be found applicable to a large proportion of cases, and which will enable them to remove from their way most of the impediments hitherto insuperable.

ARTICLE III.

An Essay on Gangrenopsis, read before the Medical Society of Augusta: By Edward A. Eve, M. D., of Richmond County.

Before commencing the essay which it has been my duty to provide for the present occasion, I would premise, that my having selected the question, "Is Gangrenopsis a separate and distinct disease, or is it identical with Salivation?" is not from a supposition, that I have any novel or important views on the subject, but rather because, from the very slight notice I have seen of this disease in systematic works, and from having heard some respectable members of our profession say they have never seen it, I fear it is less recognised by the medical community, than its actual importance deserves: And it is for the purpose of eliciting the knowledge of such as may have had experience with this affection, and of directing to it the attention of such others, as either may never have met with it, or passed it by unnoticed, or "en masse" with salivation, and the various cankerous affections of the mouth, that I now agitate the subject: And if by so doing I shall call inquiry to it, and produce the ulterior effect of conducing to a more systematic and efficient practice in this truly loathsome and deplorable disease, I shall feel satisfied that I have chosen a subject, about which the imagination can
exercise no pleasing cogitations, and from which, if any satisfaction be derived, it must be that of a reflective character, the consciousness of performing a duty. As all that is known of this disease is of a very vague and indefinite character, being treated of in medical journals under different names, and the same being applied to different diseases, I will be compelled in giving its pathognomonic characters, to be governed more by the little I have seen of its actual existence in our own climate, than by the confused, though in some instances very learned treatises, I have read in the medical journals of our country. The confusion, however, appears more in the aggregate of these treatises, than when taken separately, and seems to arise evidently from different diseases being treated of by authors under the same name. To give an analysis of these essays, particularly those by B. F. Coates, of Philadelphia, Samuel Jackson of the same place, as well as Richter of Berlin, would be highly interesting, were it not that it would be travelling beyond my prescribed limits.

Among the great variety of names by which this disease has been described, I would prefer to designate it by the term Gangrenopsis, first proposed by Dr. S. Jackson, derived from γάγρενώμα, gangrene, and ἄτοκε, the face. From what I have seen of this affection, and I think I can gather some coincidence of opinion from some treatises I have read, I would pronounce this affection a putrescent, or sphacelating fever, attacking children for the most part between two and eight years of age, forming one of the varieties of our bilious autumnal fever, or in other words, it is a low grade of bilious remitting, or intermitting fever, which seems to have a strong tendency to terminate in gangrene of some part, generally of the face. Although this disease selects the face as the point of attack, sufficiently often, to entitle it with some justice to the appellation of gangrenopsis; still, lest those who are more than usually sensitive about the perverted action of calomel, may be induced to attribute it to the use of that mineral, from its spending its violence on that part, for which mercury has peculiar affinity, it may be well to state, that the gangrenous development of this disease is by no means confined to this part, but occurs in parts sufficiently remote and distinct, as altogether to remove such a suspicion; as, indeed, wherever the excitement seems invited, by any extraneous or accidental irritation, there the disease seems first to develope itself. I have
known the soft parts covering the lumbar vertebrae affected with this gangrene; probably produced by the irritation consequent on the pressure on this region, from lying on the back. I have known blistered surfaces affected in the same way. This disease is also said not infrequently to develop itself on the labia pudendii of young girls, where, from the want of strict attention to cleanliness, acrimonious accumulations may have made these parts a centre of irritation. The principle contained in the maxim, "pars dolens trahit," which seems to preside in the above instances, can be used with equal propriety to account for the force of this disease being directed to the mouths of children from two to six or eight years old; as the process of dentition going on at this age can reasonably be supposed to make a focus of irritation sufficient to concentrate the action of the disease in this location. The part of the cheek in which this mortification most usually makes its first appearance, is the part most liable to be bitten in convulsions from worms and intestinal irritation from other causes. And in lying on the side, as children frequently do, with the cheek resting on the hand or arm, the internal surface of the cheek being pressed against the molar teeth, may prove another source of injury or irritation to this part: and it is perhaps in proportion as this part is more liable to be injured or irritated, that the force of this disease is directed to it oftener than to any other.

As the symptomatology given by Dr. Jackson in his excellent essay on this subject, accords so well with my own observation, I will extract it for our present purpose, in the place of giving an original sketch.

"Whenever in the course of our attendance on children debilitated by fevers, we perceive the least swelling of the cheek, it is time to take the alarm. According to our very limited experience, a little cineritious spot will be found on the inside of the cheek. This, as Van Swieten observes, is nothing less than a true gangrenous eschar. If the case is not seen till it has made a progress of two or three days, the face will be found pale, the cheek tume-fied, hard and shining; the mouth distorted, the lower eye-lid oedematous, the saliva sometimes profuse, in some cases not at all increased. In some cases the odour of the mouth is altogether peculiar. At this time the gums and teeth are to human eyes, entirely unaffected, but the gangrene will even now be found to have made alarming ravages in the cheek; and spreading sooner or later through the contiguous parts, the gums are seized, the teeth become loose, and necrosis involves the socket. The farther progress of the spha-celation can be more easily conceived than described. There is no general inflammation of the mouth, none very evident even at the margin of the gangrene, the parts seem to pass immediately from life to death. The spot of
Having now in a very brief and concise manner given the symptoms and pathognomonic characters, by which we may individualize this disease; we will next endeavor to give our reasons for believing it not to be identical with salivation. In the first place, if we observe the regular occurrence and progress of the symptoms, we can I think even in this way distinguish such a difference as will tend, in a great measure, to destroy the identity of this affection with salivation: In the early stage of this disease, or even after the gangrene has been making ravages for several days, there is no tenderness of the teeth and gums, which it is well known is recognised as one of the earliest symptoms in salivation, and in a great many cases, the odour from the mouth of a patient affected with this malady, is very different from the breath of a salivated person, and seems to resemble more the stench of a grave-yard, or that arising from any putrifying animal matter, and indeed while salivation is a highly inflammatory and painful affection, gangrenopsis seems to be attended with neither pain nor inflammation. And in the next place, we have many well authenticated cases on record of this disease, in which little or no calomel had been given; and those most in the habit of treating this disease, aver that they find a liberal use of calomel the most efficient mode of treatment. We have many well authenticated cases, I have in my very limited experience seen some, where this disease has occurred, in its most malignant form, after a very moderate quantity of calomel had been given, perhaps a single purge, or a few doses combined with such active cathartics as would carry it off speedily. Now when we take into consideration how much greater quantities of calomel adults frequently take, almost with impunity, notwithstanding their greater susceptibility to salivation than children, we scarcely can think it a fair course of etiology to attribute the severe affections these unfortunate little sufferers experience, to a few grains of calomel, notwithstanding the great resistance they seem generally to offer, to the salivating influence of mercury. But as still stronger proof, and sufficient we think to satisfy the most sceptical, Dr. Jackson has recorded two well marked and very
severe cases of gangrenopsis, one of which ended fatally, in which not a particle of any mercurial preparation whatever had been taken by the subjects. In one of these cases, a little girl of four or five years of age, after gangrene had commenced, he gave a hundred and fifty grains of calomel. This child, although she suffered severely from the disease, was cured, and the eschar healed perfectly, leaving no deformity. Dr. Milton Antony of this city, has not only seen cases in which no mercury had been given, previously to the gangrenous development, but has found it the very best mean for arresting the disease. Dr. A. related to me a history of a family, of which, very recently after having removed to a marshy situation in the neighborhood of this city, three members were attacked with this disease. As incipient gangrene had made its appearance in some of these, when they were first seen by him, he as well as the physician in attendance with him, abstained from the administration of calomel; the fevers continued, and in about a usual period for such a crisis, these patients perished with gangrenopsis. Several others of the same family, were taken apparently with the same fever—this fever has diagnostic characters by which it may be recognised before the gangrenous development—in these cases calomel was employed liberally, and they recovered in good time, whether before they passed through the gangrenoptic stage or not, I am not able to say at this time, having forgotten what the Doctor stated on this subject. I understand also, that Dr. L. D. Ford of this city, has witnessed more than one case of gangrenopsis, that supervened on fevers, in the treatment of which no calomel had been used. I regret not having had an opportunity to converse with him, since I have had this subject under consideration; if present, I hope he will give the result of his experience with this disease; and also let us have the benefit of his views of its pathology, and the relation it bears to salivation. The few cases that I have seen, although highly interesting in a practical view, a narration of them here would be irrelevant, as they would have no direct bearing on the question in point—as calomel, although in some instances in very moderate quantities, had been given previously to the development of the cheek disease. There is one, however, which from one circumstance connected with it, may not be altogether unprofitably referred to. This case occurred in the autumn of 1831, the subject of it was my nephew,
a boy about eight years of age, the gangrene supervened on a severe attack of bilious fever. As it was a regular case in every respect, I will only state the fact that bears upon the question before us; which is, that fever remained unabated even after the gangrenopsis was developed. I was at this time but little acquainted with this disease; Dr. Antony and my brother attended this case with me, and it was at the suggestion of the former, in this dreadful dilemma—fever raging and gangrene already making rapid ravages in the cheek—that calomel was given with the happiest results, apparently both as regards the fever and the local mortification. It must be acknowledged, however, that the very earliest opportunity was embraced for the most vigorous exhibition of general tonics, as well as the most unremitting application of antiseptics and stimulants to the gangrenous parts. If in passing, I will be indulged in digressing so far as to venture one remark of a practical nature, it would be, that while I fully appreciate the good effects of calomel in the above cases, as well as other cases of this disease in which it has been employed, I still do not believe that it acts as an antidote, or exerts any directly curative agency on the gangrene; but acts intermediately by arresting the fever and removing that condition of the system which precludes the administration of quinine, and such other tonic and antiseptic remedies as are most potent in correcting the gangrenous diathesis which characterizes this fever.

From the evidence that a candid, though hasty and imperfect investigation has brought before my mind, I aver that I am decidedly of the opinion, that calomel has no direct agency in producing gangrenopsis, and that this affection exists as a disease distinct from salivation. And as reasons for this decision, I will repeat, that if we examine the symptoms, those diagnostic characters which give individuality to a disease, we will find those which characterize gangrenopsis widely different from those which indicate salivation, which fact alone gives a separate existence to gangrenopsis. A great part of the treatment also, found beneficial in the one, would be highly detrimental in the other.—And now, in conclusion, as farther reasons for this decision, I will recapitulate but two arguments, one from the positive and the other from the negative side of the question; and I have no doubt that every unprepossessed mind will perceive the force of
the reasoning. The one is, that mercury is frequently given in very large quantities without producing this affection, showing that it has no direct agency in generating it; and the other is, that gangrenopsis frequently occurs where no mercury whatever has been taken.

Part II.—Reviews and Extracts.

Of Antimonial Suppositories as a mean of restoring the Haemorrhoidal Flux.

The physicians of past ages have, perhaps, too much exaggerated the importance of haemorrhoids in the scale of pathological phenomena, while those of our own time are fallen into the contrary extreme.

It cannot be denied, that the suppression of the hemorrhoidal flux, when habitual, may be productive of general disorders among men, almost as serious as the suppression of the menses in women. Moreover, it is as generally admitted, that with certain persons who have, not only regularly, but at indeterminate periods, a draining or hemorrhoidal flux, the existence of this pathological condition is attended with a state of general good health; although it may remain for a long time uncertain and variable, provided the hemorrhoids do not manifest themselves as soon as usual. Observation shows also, that persons who have had hemorrhoids for a long time, suffer generally if this flux entirely ceases. And it often happens that there is a call for its restoration.

Many means have been advised to effect this indication. The warm local baths, mustard foot baths, leeches to the part, suction applied to the lower part of the large intestines, purgatives and cupping glasses to the part. Of all the means which we have made use of, only one has succeeded in any satisfactory manner. This is the application of cupping glasses. This mean was entirely forgotten, when a student of the Medical Faculty of Paris restored it to honour, and I am able to bear witness to its effects on him.
He had had hemorrhoids till the age of twenty years, and always enjoyed good health. This flux now ceased, when he became subject to violent pains in the stomach, and continual disorders of the digestive organs. He consulted M. Andral, while attending the Hospital de la Pitié, and this physician made use of every mean advised by authors for restoring this flux. Nothing succeeded and the disease remained stationary. The young patient then conceived the idea of applying a cupping glass to the part. During this application the circumference of the anus enveloped the hemorrhoidal tumours, which for eight days were swollen and painful. From this time his health was re-established. A month after this he experienced a slight return of gastric disorder; and one day, while attending my visit to the hospital he spoke to me of the relief which he had obtained the previous month from the sufferings which he now began to feel again, and offered to let me witness the prompt appearance of the hemorrhoids under the operation of the cupping glass. I accepted the invitation with alacrity, and at the same time I placed him upon the bed of one of the patients, and in the presence of more than forty physicians and students, I applied a cupping glass to the fundament. A minute did not elapse when the tumours made their appearance, and becoming united, they acquired the size of a small pigeon's egg ten minutes after the application of the instrument. The same means were made use of the following day, and the hemorrhoidal flux continued for a week and was followed by a cessation of the disorders of the stomach. M. Andral also saw this young physician, and can testify with me to the great rapidity with which the tumours became swollen.

After this, I had only one opportunity of locally applying cupping glasses for recalling the hemorrhoidal flux. This was with a female afflicted with erratic rheumatism, which to me appeared to be caused by the suppression of habitual hemorrhoidal flux. I succeeded in puffing up the hemorrhoidal vessels by means of the cupping glass; but the tumours disappeared soon after the application of the instrument. What prevents my using this remedy more frequently is this. In the first place, patients, especially women, have a great aversion to it. Secondly, I have conceived that a much more simple remedy, and the employment of which can never be the subject of serious objection, will answer the same end, I allude to antimonial suppositories.

As I had never succeeded with aloetic suppositories, I thought by substituting in the place of aloes one of the most energetic irritants, I might attain the desired end. Now, tartrate of antimony, applied locally to the skin or mucous membrane, creates an inflammatory action very powerful and persisting, I therefore preferred this article. I mix with a drachm of butter or lard from two to six grains of tartrate of antimony. The supposito-
ry, being introduced within the sphincter of the anus, melts quickly, and the tartrate of antimony remaining in contact with the mucous membrane, excites a lively local irritation, a species of tenesmus, as a necessary consequence. When the suppository contains only a grain, or half a grain, of the tartar, it can be retained for twelve hours without any necessity for going to stool; but when a greater quantity of it is made use of, the patient experiences a heat at first slight, but afterwards scorching and attended with painful pulsations at the part, there is a necessity of frequently going to stool. The arterial pulsations increase at the same time that the circumference of the anus protrudes, and pustules similar to those excited by tartar emetic on the skin, now appear; bluish tumours arise, hard and painful, permitting occasionally a large quantity of blood to transude. These are the true hemorrhoidal tumours, perfectly evident with those who have had them already and only apparent with those who have not had them.

I have often advised this remedy, in consultation, in my private practice and in the hospital. I have taken notes of only six patients who have used it. With five of these the hemorrhoidal flux was re-established; in the sixth, who had never had hemorrhoidal tumours, I was unable to excite them. I will briefly relate these six cases, as they afford some practical interest.

Case 1. A man 36 years of age, had had an hemorrhoidal flux until his thirty-fourth year. The flux appeared at irregular periods four or five times a year. At each time it lasted at least five days. He took a cold, which at first seemed to be of little importance; but during the continuance of the cold, hæmoptysis came on and the hemorrhoids disappeared. The cold still continued, and the hæmoptysis was repeated and lasted for several days without any means being able to arrest it. Soon after this, symptoms of phthisis pulmonalis were manifested and he concluded to enter the Hospital Dieu.

There was considerable emaciation and slight hectic fever.—Resonance less at the upper part of the right lung, both before and behind; murmur in inspiration scarcely perceptible—in expiration it was very strong; slight broncophony; rale sub-crepitant sufficiently frequent; some humid crackling and a trace of pectoriloquy; expectoration muco-puriform and often streaked with blood; but little appetite. These were the symptoms of tubercles beginning to be formed in the lung. Nevertheless, having regard to the suppression of the hemorrhoids, I conceived that there might exist in the respiratory organs a point to which there was an undue flow of blood, similar to that which lately existed in the pelvis, I determined on recalling the hemorrhoids. I made an application of a suppository of tart. antim. It excited a glow of heat around the anus, and the following night, large hemorrhoidal tumours appeared, which continued six days and
discharged abundantly. A great amelioration of the thoracic symptoms took place; the expectoration immediately ceased to be bloody and was much diminished, so that, five days afterwards, he coughed but little and expired almost as strong as usual. Soon after this, the piles appeared without solicitation, and the threatening symptoms which had been manifested in the breast, were completely dissipated. Indeed, I do not imagine that I cured phthisis pulmonalis, but merely an obstinate congestion of the lung, which probably would have ended in inducing tubercles.

Case 2. A cook, aged 50 years, entered the Hospital Dieu, in order to be treated for a chronic disease of the stomach. This man stated, that three years previously to his entering the hospital, he had been afflicted with piles, which returned every month, and which at that time became suppressed. Since then he had lost his appetite, the little which he did eat gave rise to pains in the stomach, attended with obstinate constipation. He had made use of local bloodletting, opiates, laxatives, magnesia, &c., in vain. I thought that the hemorrhoidal flux ought first to be re-established if possible. For this purpose, I applied a suppository containing the tart. antim. The first suppository gave rise to a diarrhoea and tenesmus, but no tumour. The next day, another suppository containing three grains of the tartrate antimony to the drachm, (a little stronger than the previous one,) was made use of. This caused very sharp pain at the anus, and on the third day we found that very large and painful hemorrhoidal tumours had arisen. These tumours remained swollen for several days, without applying any suppository, but did not discharge. His health was improved, but was not completely established. A month after this, a new application of the suppository caused the piles to discharge, and at the same time his stools became bloody. This discharge continued for six days and then ceased. The health of the patient became much improved, and after using the waters of Vichy for three weeks, his cure became confirmed. I have not since seen the two patients whose cases I have just related, so that I am unable to say what their present state of health is.

Case 3. A woman, aged 40 years, was attacked with obstinate erratic rheumatism. I imagined that by provoking hemorrhoids, she might obtain some relief, I therefore applied two antimonial suppositories. The tumours appeared; continued two days and then disappeared; but the rheumatism was not mitigated. This case, apparently of no consequence, proves that hemorrhoids can be excited in those who have never had them.

Case 4. A young man, aged 30 years, contracted a gonorrhoea, which was treated and cured with emollients and balsams. Soon after this he experienced all the symptoms of syphilis. The velum palati was destroyed by a large ulcer; the nasal fossa
and even the larynx, were not exempt from alteration. The prot. iodide of mercury, bathing with a solution of corrosive sublimate, and local cauterization with nitrate of silver, improved the character of these disorders. As the patient had formerly had bleeding piles, which returned many times yearly, but had disappeared during the last year, I applied for two days in succession the antimonial suppositories. The piles appeared again and discharged abundantly—but there was no abatement of the disease.

Case 5. In September, 1835, while attending the hospital, a patient aged 45 years, came under my care. He had a very serious attack of sub-acute hepatitis. Hepatic enlargement was very distinct, and there also existed an effusion of the peritoneum and the cellular tissue of the pelvic organs. As he had a high fever, I took blood from the arm, but without any relief. I also applied leeches to the right hypochondrium and over the whole seat of disease, but without any mitigation of the malady. The patient had had in the course of his life three or four attacks of piles. Knowing how much importance modern practitioners attach to hemorrhoids, especially in diseases of the liver, I determined on exciting in the pelvic vessels a derivation which might be salutary. The application of an antimonial suppository, produced on the second day very painful hemorrhoidal tumours, which discharged much blood. Nevertheless, the disease increased in a frightful manner and the patient died.

Case 6. M. R., aged 52 years, during his whole life had been subject to bleedings from the nose, which returned many times during the month, particularly in the spring. His father, who died at 82 years of age, was subject during his life to hemorrhoids, which flowed regularly every month.

The epistaxis had now been suppressed for 3 years, during which time he was subject to affections of the head two or three times a year, especially in the spring. He also had a species of cerebral excitation similar to that which marks the commencement of drunkenness. The application of leeches to the part moderated these symptoms considerably, but they soon returned and gave much uneasiness. The regularity of the hemorrhoids in the father, caused me to think that a monthly congestion in the rectum would be of great service. During one year, M. R. applied for three days every month, an antimonial suppository. This application excited a violent irritation, and an eruption which evidently did not differ from the ordinary eruption produced by antimony. The inflammation lasted only a few days.

Although hemorrhoids, properly so called, did not supervene, the cerebral affections have not given any uneasiness, and his whole health would have continued to improve, if the patient had patience to continue the use of the means.
Let us recapitulate the facts contained in this brief account. Antimonial suppositories in six cases, in order to provoke hemorrhoids. In five the hemorrhoids appeared two days after the employment of the means. Four were truly hemorrhoidal; one was not. In the four first, the eruption was persisting; in the other it lasted only two days. In one of the patients it was impossible to produce the tumours. Of the six patients, three were cured, probably in consequence of the appearance of the flux. One of these three might have been cured, although the hemorrhoidal tumours, properly so called, were not produced.—Three experienced no alleviation, although the hemorrhoids were reproduced easily and abundantly. It would be too hasty to draw general conclusions from so small a number of cases, I wish only to make known to the faculty a therapeutic mean, by which they can fulfil indications which may sometimes be presented to their notice.—*Journal des Connaissances Medico-Chirurgicales.*

*Discovery of a work attributed to Hippocrates, and hitherto supposed to be lost.*

The Gazette Médicale de Paris, (24 Dec. 1836,) contains an elaborate and exceedingly interesting article from the pen of M. E. Littré, on the discovery of a Latin translation of the *Hebdomadal Treatise* attributed by some of the ancients to Hippocrates, the original of which (in Greek) was lost at the destruction of the Alexandrian Library. M. Littré was led to this discovery by his researches preparatory to the translation of the works of the father of medicine. The treatise is found in one of the ancient tomes of the Royal Library of Paris, where it had remained concealed for centuries. The volume contains no date by which its age can be determined; but judging from its barbarous Latin and from its imperfect execution, its antiquity is undoubted.

M. Littré's researches into the history and tenor of this work have led him to the following conclusions:

1st. The *Hebdomadal Treatise*, though lost in Greek, still exists in Latin; it was referred to by various ancient authors, from Philonius to Moschopoulos. 2d. Galen, who is high authority in this matter, considered it erroneously attributed to Hippocrates; and the inspection of the work tends to confirm this opinion.—

3rd. The *Hebdomadal Treatise* is a work on fevers, founded on two opinions, viz. that all nature is governed by the number seven, and that the vital principle is a compound of elementary heat and cold, the variations of whose proportions constitute febrile affections. 4th. Two considerable passages, the one contained in the *Treatise on Critical days*, and the other constituting the second part of the eighth section of the *Aphorisms*, belong to this work. This fact had never been suspected until the exami-
nation of the Hebdomadal treatise. 6th. We possess in Greek, and as specimens of the original, the two passages alluded to; also a passage quoted by Philonius, detached expressions and an entire sentence related by Galen, and a sentence contained in Αετίου. The dialect is Ionian, and the style, as far as it can be discerned by these fragments, is studied and obscure, though not entirely devoid of elegance. 6th. This work is from the same author as the Book of Principles, and probably also the Treatise on the Heart. It is interesting not only for these reasons, but also because of the care with which it unfolds the treatment of certain acute diseases, and especially of ardent fever or causus.

The following is a translation of M. Littre's analysis of the work. "Such is the constitution of the world and of its parts, that all things are regulated by the number seven." With this position the author of the treatise enumerates all the phenomena which seem to be under the influence of this number: the moon's phases; the seven winds; seven seasons; seven ages of human life; seven principal parts of the body; seven requisites for existence; viz. inspiration of cold, the exhalation of heat from the body, sight, hearing, smell, deglutition of water and food, and lastly, taste; the articulation of the seven vowels. The author goes on to state that the earth itself has seven parts; the head, or the Peloponesus, the residence of great souls; the neck and chest, which correspond to two countries whose names are omitted by the scribe; the thighs, or the Hellespont; the feet, or the Bosphorus and Thracia; the long intestine and the lower belly, an obscure word which appears to be Cimmerian Bosphorus, and the Palus Maeotides.

After having thus established the predominance of the number seven, and having remarked that the knowledge of the world is necessary to the understanding of diseases, he explains his opinion of the nature of the soul, which according to him was a mixture of the elements of heat and cold. Then follows a comparison of the animal body with the world. The innate heat represents the sun; the fluids of the body, water; innate cold corresponds to the air; and the flesh and bones, to the earth.

The body, like the year, has a period of growth, one of maturity and one of decay. It must necessarily be under the influence of the year itself, and be modified by its periods—When winter brings cold, it makes the leaves drop from the trees, and compels animals to take refuge in their retreats. The heat of the body, dreading the cold, secures itself by rushing to the centre. This heat acts on the humours, or rather on the humour, for, according to the author, there is but one humour, which has received many and inappropriate names; as there is but one humour in the world so there is but one humour in the body; all those fluids termed bile, phlegm, urine, etc., result from changes of heat into cold and of cold into heat, as do all the fluids of the
earth, wine, vinegar, milk, honey, dew, snow and hail, which are derived from one humour, water. He adds, however, that this heat, when its influence is salutary, cures diseases; it therefore preserves and destroys the body, cures and produces fevers.

But they are produced by heat in a different manner when the temperature of the world becomes mild. The season of flowers and fruit brings animals from their retreat, and recalls from Egypt those that were driven thither by the cold. The sun sets in motion the humours, which in their turn enkindle fevers, unless evacuations be produced or occur spontaneously, or that the influence of the season be combatted by a cooling regimen.—Summer brings high fevers, ulcerations and eruptions; for then the humours of the body are heated, active and venomous. Still later, tertian, quartan and quotidian fevers come on. It is therefore necessary that the physician should not only be acquainted with fevers, but also know to what extent the body is subject to the influence of the world; the practitioner will never err, if he will oppose these influences.

As long as the heat and cold of the soul remain in a state of equilibrium, health is the consequence, but fever manifests itself as soon as this equilibrium is disturbed. If the onset of the fever be cold, the very excess of this cold, by reaction, brings on heat and perspiration. If the onset of the fever be hot, cold and chill will succeed. Whenever the chill and perspiration occur on a critical day, the disease will cease; but if, on the contrary, they occur on a non-critical day, they will necessarily recur again. The author endeavors to explain the rationale of these crises by considering the heat as attracting from the centre to the surface and vice versa. If the patient be deprived of the proper regimen, the flesh attracts the humours, and ardent fevers are developed. To these accidents physicians have erroneously applied the epithets of delirium, coma, peripneumonia, hepatitis, &c.

Fevers terminate on the 7th day, or on the 9th, 11th and 14th in the second week, on the 21st in the third week, on the 29th in the fourth week, on the 35th in the fifth week as it does on the fifth day, on the 42nd in the sixth week, on the 49th in the seventh week as it does on the 7th day, on the 56th in the eighth week, and on the 63rd in the ninth week as it does on the 9th day. The diseases that exceed this period become chronic.—Quotidian, tertian and quartan fevers, may have a crisis in the 5th, 7th, 9th and 14th month, as other fevers do on the 5th, 7th, 9th and 14th days.

The humours drawn into the viscera and into the veins by the heat of the soul remain sometime without undergoing coction. When the coction has been accomplished, the crisis takes place on a critical day. The phlegmonous humours undergo coction slowly, but the bilious more rapidly. Observation teaches that a crisis is frequently brought about by a very slight evacuation.
The author explains the pathology of ardent fevers, of pleurisy, of peripneumony and of quartan fever, and it is here that we may be found the passage quoted by Ælius, on the subject of the last fever. We here give his treatment of quartan fever: In the first place, make the patient sneeze repeatedly; rub his inferior extremities up to the middle of the thighs, and the superior up to the shoulders, so as to make them red and hot; rub the body and the head with a mixture of laurel, myrrh, castoreum, cassia, nitre, rosemary and pepper. The blood being thus warmed, cover the patient with clean, soft and heated garments; place near him vessels filled with hot water, and allow him to go to sleep. All this must be done before the paroxysm.

The author gives the treatment of some other forms of fever; and here we remark the correct observation, that at the onset and during the progress of fevers, the practitioner must be guarded against the inflammations that may supervene. "They are dangerous," says he, "in proportion to the degree with which the disease has exhausted the vital heat, for then it requires but a breath to extinguish it." The remark is a good one, in despite of the explanation.

The author details at considerable length the treatment of ardent fever, a disease much dwelt upon by Hippocrates and the Greek physicians, and which appears to be one of the forms of the bilious fevers of hot climates. I will not here attempt to substantiate this opinion, but will in my translation of Hippocrates, present the symptoms of this fever and compare it with those familiar to us. The basis of the treatment recommended by the author is antiphlogistic; mild diuretics, cooling medicines, an elevated head, a darkened room, silence, quiet, frictions to the extremities with warm oil, sternutatories, which according to the author, tend to diminish morbid heat, cataplasms to the swollen precordium, &c.

His general pathology rests on two principles: the first of which is that the number seven, which rules all nature, which determines the movements of the principal heavenly bodies, which presides over the development of the human body, also determines the course of diseases and fixes their limits; the second is, that the soul, the vital principle, is an admixture of elementary heat and cold, and that diseases result from the inequalities which supervene between these elements.

The special pathology of the He domadal Treatise, is limited to a few fevers. The signs of these diseases are not enumerated; but, at the same time that the author omits details considered in our days of the utmost importance, he does not forget to refer the origin of those fevers to the composition of the vital principle he has created. He dwells more particularly on treatment and prognosis. Of diagnosis, prognosis and treatment, the first is always neglected for the two latter in the Hippocratic
works. Whilst the distinctive characters of diseases are exposed in an imperfect and confused manner, they are the objects of no research, of no scientific deductions, of no importance in the estimation of the author, he very carefully details the treatment, and turns all his attention to the study, not of the seat and nature of the disease, but of the signs by which crisis or issue may be foretold. The therapeutics and prognosis were much more studied than nosology itself. This preference of prognosis and neglect of diagnosis is characteristic of Hippocratic medicine.

The author of the Treatise, bestows one-fourth of it on the consideration of the signs which precede the crises of diseases. These signs, applicable to fevers and acute diseases, are deduced from the colour of the whole body or of any of its parts, from the tongue, the eyes, dreams, the urine, the alvine evacuations, the voice and respiration.

**Operation for Emphyema.**

M. Larrey presented to the Academy of Sciences, one of the individuals on whom he had successfully performed an operation of this kind. Louis Claric, a soldier of the imperial army, received in the last Russian campaign, a ball which penetrated the chest and remained lodged in the inferior part of the right lung in the midst of a purulent collection. He was four years afterwards put under the care of Baron Larrey, who found a fistulous opening; but this side of the chest being collapsed, it was impossible to remove the ball through the orifice it had made, and it became necessary to remove a portion of rib with a probe-pointed knife, such as is used in trephining. The ball was, like all those of the Russians, very large, weighing one ounce, whereas ours weigh but six drachins, but was seized and extracted.—The cure was protracted, though as complete as possible, and the subject still enjoys perfect health. The loss of substance in the lung has caused a contraction of the chest on that side, the projection of the heart and mediastinum to the right, and the elevation of the diaphragm and liver of the same side.—*Gazette Médicale*, tome iv. p. 827.

**New Febrifuge.**

Messrs. Cognon and Leroux, have presented to the Academy of Sciences, a memoir on Lepidine, a substance extracted from the Lepidium Iberis, which they consider an useful febrifuge. [Ibid.]
On the Skin of the American Savage, the Negro, and the Mulatto.

M. Flourens read to the Academy of Sciences, the result of his researches on this subject, and alluded to the works of the anatomists who had preceded him in the investigation. The ancients knew but two coats to the skin, the dermis and the epidermis; Malpighi discovered in the negro a third, situated between those, the corpus mucosum; Albinus and Meckel specially studied this corpus mucosum; Mitchell detected two strata in the epidermis; and finally Cruikshank and Gaultier distinguished also others in the corpus mucosum.

Notwithstanding these brilliant discoveries, continues M. Flourens, the structure of the corpus mucosum was far from being known; hence it is we find the attention of the most celebrated anatomists directed to its investigation, since Gaultier; in France, Blainville, Dutrochet, Beclerd, Breschet and Roussel de Vauzeme; and in Germany, Weber, &c.

The researches of M. Flourens, have led him to detect between the dermis and epidermis, exclusive of the corpus papillare, of which he will subsequently treat, four distinct layers: the first applied to the dermis, the second on which rests the pigmentum, the pigmentum itself, and the fourth (or rather third membrane, for the pigmentum is a layer and not a membrane, as has been correctly observed by M. de Blainville,) placed between the epidermis and the pigmentum.—Ibid, p. 828.

Living Caterpillars in the Human Intestines.

M. Dumeril and M. de Blainville reported to the Academy of Sciences, on a memoir presented by M. Robineau Desvoidy on the above subject. The facts are thus related by M. Lechin, a physician of Lengué: A female, aged 57 years, was left affected with abdominal dropsy after an attack of fever. On the 3d of March, 1836, she took 6 drops of croton oil, and in the substances rejected by emeses, four living caterpillars were perceived at first, and subsequently ten others. Two of these were carried off alive by the physician, but lost on the way; two others were sent by him to a professional acquaintance, who transferred seven of them in alcohol to M. Desvoidy, of which four have been forwarded to the Academy by this Naturalist.

M. Robineau perfectly recognised their identity with the caterpillars termed by Linneus pyralis bin uninués, by Fabricius crumbus, and by Latreille aglosa. The history of these insects being well known, M. Robineau presumes that the eggs were deposited in adipose food and introduced with it into the woman's
On the Uterine Syphon, &c.

It not unfrequently occurs that accouchements become difficult from the rigidity and dryness of the foetal head and uterine passages, consequent either on the too early escape of the amniotic fluid or on a state of irritation, such as to deprive this fluid of its usual lubricating properties. The pains then diminish, the parts become swollen and inflamed, and delivery is distressingly procrastinated. Having observed a considerable number of such cases both in my service at the Charité of Lyons and in private practice, I have resorted to the following expedient, with uniform success. The operation is perfectly simple, and this is perhaps the reason it has hitherto escaped the attention of practitioners; but its simplicity cannot diminish its value, since its usefulness is fully established.

The instrument is a silver canula, from five to six inches long, slightly curved, terminated by a flattened oval extremity, very thin and perforated on both surfaces by a great number of small holes; the other extremity is constructed so as to receive the end of the canula of an ordinary syringe.

This instrument, which I denominate an uterine syphon, is well oiled and directed so as to introduce the flattened extremity between the foetal head and the uterus, which may be done without difficulty and without pain, and, with a syringe, tepid olive oil is injected so as to anoint the head and passages. The canula is successively carried around the head, the passages soon become soft and yielding, and the head escapes without difficulty.

I might relate a great number of cases on this subject, for the accouchements susceptible of relief by the syphon are of frequent occurrence. I will at present give but two.

Case 1. Mrs. L. had been in labour more than twenty-four hours, when I was requested in consultation with her physician. The pains were severe, but the waters had long since escaped.—I proposed injections by means of the syphon, but yielded to the desire of the attending physician, who preferred the forceps.—The application of these, however, was attempted in vain; injections were used and the head immediately passed out.

Case 2. Mrs. C. had strong pains, and was extremely nervous; the waters had passed off three days before; the parts were dry and apparently inflamed; according to the midwife, the pains had been strong for several hours, but had effected no change in the position of the child. Injections were made around the child's head, and it almost immediately came through with the greatest ease.—Ibid, 771.
M. Montain also recommends the injection, by means of the syphon, of a tincture of ergot into the uterus, as preferable in many instances to its administration by the stomach. The preparation he uses is made by digesting half an ounce of ergot in three or four ounces of alcohol and keeping the bottle well stopped. Of this, one or two table spoonsfuls may be mixed with tepid water and thrown into the neck of the uterus; to be repeated if necessary. If the action be too powerful, it can be moderated by sedative, and subsequently by demulcent, injections. M. Montain relates two cases in which this medication was signally successful.

*Laceration of the Urethra from a fall on the Perineum, with consequent retention of urine, for which the operation of puncturing the bladder was performed:* By Thomas F. Betton, M. D.

The rarity of the following case, and the conflicting opinions of many distinguished surgeons, as to the propriety of the operation selected for its relief, have induced me to present it to the medical public. Without the most remote wish to presume to decide on so important a question, the case with all the facts, as they occurred, shall be given. It is not my desire to write a paper, but merely to state the case candidly, and with the view to elicit farther information on this, to me, an exceedingly interesting topic.

Case.—On the 28th of October, 1834, Mr. H. R. fell from a ladder directly astride of a cart-wheel, through a space of four or five feet. The accident happened between 10 and 11 o'clock, A. M. I was sent for that night at 12 o'clock to see him, in conjunction with his attending physician, Dr. Shelmerdine. He was then labouring under all the symptoms of retention of urine. The introduction of the catheter had been fruitlessly attempted previously to my arrival; and his physician had used in vain all the means usual in such cases, as a warm bath, fomentations to the abdomen and perineum, leeches to the perineum, amydyne emenata, &c. From the nature of the accident, and subsequent symptoms, laceration of the membranous portion of the urethra was to be suspected, and such indeed proved to be the case. On attempting to introduce the catheter, the peculiar feel indicating that accident, was plainly distinguishable. There was a peculiar sensation, as if the end of the instrument had passed over a piece of tense cat-gut, which was easily perceptible, but which I am at a loss to compare with any thing analogous. The perineum was much bruised and ecchymosed, and the patient, as might be expected, greatly distressed.

29th. 9 o'clock, patient more distressed than at our previous visit, in consequence of the distension of the bladder, the fundus of which had ascended as high as the umbilicus. As all our endeavors had proved unavailing, nothing remained but to evacuate the water contained in the bladder by some artificial means. Further advice was obtained, and the operation above the pubes being decided upon, it was performed at one o'clock of the same day, twenty-six hours after the accident.

It was done in the following manner: Having previously shaved the pubes, I made an incision in the abdominal parietes of about an inch in length, the base of which rested on the symphysis pubis, passing between the pyramidal muscles, it extended to the fascia lining the abdomen. As is well known to the anatomist, a portion of the bladder is not invested by peritoneum, and by keeping the trocar as close as possible to the pubes, and directing it towards the axis of the viscus, the peritoneum is not in danger of being wounded, when the bladder is much distended. These rules were observed
in the present case, and a female silver catheter left in the aperture. The patient was greatly relieved.

30th. Patient easy. Ordered minute portions of calomel, rhubarb and opium, with mucilaginous drinks. Urine flowed freely by the catheter.

31st. Some tenderness of abdomen; 100 leeches were ordered to be applied. Continue remedy.

Nov. 1st. From some exertions made during the night, to our great regret, the catheter slipped off, despite of its tapes. The wound in the bladder had healed, and it was necessary to puncture it again, which was done at half-past 12, p. m., to his great relief.

2d. Seems easier, but has some fever; gave him a very weak solution of sulph. magnes. cum. vin. antimon. et cels. adier. nit.

3d. The solution has acted on the bowels. Discontinue and substitute neutral mixture.

4th. Succeeded in passing the catheter without any difficulty by the natural passage, very much to my satisfaction, as it affords me some hope of the patient's life, although his situation has suddenly become, since yesterday, much more dangerous. The catheter in the artificial opening was removed, and the orifice closed. No infiltration into the cellular tissue of the abdominal parietes had taken place; the irritation of the urine had excited adhesive inflammation, and thereby condensed the sides of the incision, so as to form a canal, which, but for the closing of the orifice in the bladder, would have required no cannula. His strength is sinking; and he was ordered milk punch with chicken water. His spirits also seem depressed, and I fear his recovery is hopeless. In fact, on my visiting him next morning, after a lapse of about fifteen hours, he was no more. His skilful and attentive physician, who had visited him very late at night, and did not live very far from him, informed me that he appeared to have died from mere exhaustion and debility, added to anxiety of mind. Stimuli were freely administered, but they were productive of no good.

Autopsy.—The membranous portion of the urethra was found lacerated for about the space of two and a half inches, a great deal of blood exuded in the cellular tissue of the perineum. The wounds in the bladder had healed entirely, and that viscus, throughout, was perfectly sound. The peritoneum and intestines very carefully and minutely examined, evinced not the slightest mark of disease, so that we could find no apparent cause for his death, save the general shock to a man whose mind was naturally active and anxious. The morbid specimen is in my possession, and it will gratify me to show it to any one desirous of examining it.

A case precisely similar to the above is in every particular, except the attempt to tap the bladder from the rectum, is related in Dr. Parish's Surgical Observations, p. 243, and had great influence in inducing me to venture to publish the one occurring under my own notice. That the accident is not of frequent occurrence must be evident, from the circumstance of its having occurred only twice in this vicinity, during the lapse of many years; at least I have been able to meet with but one on record—that published by Dr. Parish. In the case of Mr. R no attempt was made to tap the bladder by the rectum, as it was deemed most advisable to perform that operation above the pubes. This operation, if carefully done, can be productive of no ill consequences: the peritoneum is not liable to be wounded, if the bladder, as it must be to render the operation urgent, be exceedingly distended with water: the operation is performed in a sound portion of the viscus, the irritation of the urine excites adhesive inflammation in, and condensed the cellular tissue of the abdominal parietes, forming the track of the canula, and no risk of infiltration is incurred. Cure must be taken that the canula be neither too long nor too short, but a caution of this kind it is unnecessary to make here, as it must arise naturally in the mind of every surgeon. The wound heals very readily, and the chances of a fistulous opening being left are very few.
In such cases is dangerous, and we should never allow ourselves afterwards to regret that the operation had not been performed sooner.

**Observations on the preceding case by Dr. Isaac Hays.**

Rupture of the urethra from external injury, of which the preceding case affords an interesting example, though by no means of very rare occurrence, has been either entirely overlooked by authors of systematic treatises on surgery, or so cursorily noticed, as to furnish the practitioner with but few principles to guide him in the management of the accident. A brief sketch, therefore, of its principal features, and of the best method of treating it, may not prove unacceptable to our readers, and may, perhaps, aid in saving them from the mortification of failure in their efforts to afford relief, and their patients from unnecessary suffering and even loss of life.

The most frequent causes of the accident in question are, falls astride some firm body, as a bar, edge of a boat, pommel of a saddle, &c., a kick on the perineum, injuries of the pelvis, &c.

The immediate consequences are, severe pain in, and effusion of blood into the perineum, producing usually tumefaction of this part, and sometimes profuse hemorrhage through the urethra. A catheter can soon be introduced into the canal just named, when it reaches the seat of rupture, gives the surgeon the impression of its being out of the canal, for its point is wholly unsupported and falls from side to side. On withdrawing the catheter or suture a fresh hemorrhage generally ensues. If the solution of continuity be complete, and sometimes even when partial, great difficulty may be experienced in conveying a catheter into the bladder, and in some cases this will be impossible. After the lapse of some time, the patient experiences an urgent desire, with inability to pass his urine, and this fluid either escapes by the breach in the urethra, and insinuates itself into the cellular tissue of the perineum and scrotum, enormously distending these parts and causing them to slough, if proper means of relief be not adopted, or there is an absolute retention of urine, the bladder becomes visibly and painfully distended, and if this organ is not emptied by the introduction of the catheter or by puncture, it ulcerates or sloughs, the urine is diffused into the perineum, or perineum and scrotum, constitutional symptoms manifest themselves, and the patient dies after great suffering.

The treatment of these cases seems to us very obvious. When the catheter can be introduced into the bladder, this should be done. Venesection, leeches, the warm bain, poultries, satirical lotions, and rest, will then generally complete the cure. But if the perineum and scrotum be much distended with blood, it is generally most prudent to make a free incision into the former part to evacuate this fluid, and if there be also infiltration of urine, this operation will be always necessary.

Where much difficulty is experienced in introducing the catheter into the bladder, the attempt should not be persevered in, by which the injury is often increased, without the object being attained; but a free opening must be made into the perineum, by which a ready exit for the urine, blood and matter is at once secured, and an extension of the mischief prevented. It is justly remarked by Mr. Eade, that "in many of these cases, where there is no external wound, and where the patient is ignorant of the nature of the in-

*Dr. Macfarlane states that when the laceration of the urethra is not so extensive as immediately to give rise to extravasation, he has succeeded in preventing it in two cases, by introducing a large elastic catheter into the bladder and retaining it for several days, until the danger was warded off by the sides of the lacerated opening becoming consolidated. (Clinical Reports, p. 189.) Where there is little or no extravasation of blood this will no doubt be sufficient."
jury, and the danger to be apprehended, it is often difficult to persuade him or his friends of the necessity for such an operation. Much decision and firmness are required on the part of the surgeon, who should act at once, or he may be too late to prevent extensive or even fatal effusion of urine. No possible danger is to be apprehended from the performance of the operation, which places the patient in a state of security, and enables nature to set about her process of reparation. The wounds always heal readily, if properly treated, and the external incision be of sufficient extent."—London Medical and Physical Journal, April, 1828, p. 317.

The operation is best performed by placing the patient on a table in the same position as for lithotomy. An incision should be made along the line of the raphé of the perineum, and the coagulated blood removed. A catheter introduced through the glans penis may then be passed into the bladder, the urine evacuated, and the instrument fixed in its situation by a 'T' bandage. Simple dressings are to be applied to the wound, which usually heals without difficulty, and the canal is restored.

This operation is far preferable to the puncture of the bladder, either above the pubes or from the rectum. The latter is, indeed, often impracticable in these cases, as is fully exemplified by a case presently to be related, and it should never be attempted. The former, though much less objectionable than the latter, is attended with more danger than that we have recommended, and is calculated only to relieve one of the consequences of the injury without directly contributing to its cure; and in many cases would not supersede the necessity for a free incision into the perineum.

These observations will be illustrated by the following cases:

Case 1. The subject of this was a man 25 years of age, who received a violent contusion in the perineum, by falling with his thighs separated upon the end of the axletree of a carriage. The severe pain which he felt, did not at first prevent him from continuing his work, but he soon had retention of urine, and in a little while there appeared at the bruised spot a tumour, which increased rapidly. The swelling extended to the penis and scrotum, and this last was swollen so considerably that, in the evening, it acquired the size of an adult's head, and was already of a black colour. In this state the patient was admitted into the Hotel Dieu, 10th January, 1790. As he had not made water since morning, and as he suffered much, the bladder was first emptied by means of a catheter, which passed easily, and which was withdrawn after the operation. Dessault then made an incision from the left side of the anterior part of the scrotum along the perineum to the spot where the urethra was ruptured, and which left naked the vaginal coat of the left testicle. The cellular tissue was found infiltrated with urine, and there was much coagulated blood along the canal of the urethra. This incision afforded much relief. Mild dressings were applied to the wound. The urine at first flowed through the incision in the perineum; on the sixth day a few drops passed through the urethra. The wound gradually healed, so that on the 29th day the urine principally passed through the urethra. The cicatrix, however, contracted this canal, and it was necessary to dilate it by the introduction of a catheter. The urine ceased to flow through the artificial opening on the 58th day, and the patient left the hospital cured on the 85th day.—Dessault's Surgery, Vol. II.

Case 2. "A man 20 years of age, fell from a height across a ladder upon the perineum. Much swelling and tension of the parts from the anus to the scrotum succeeded, with great discoloration. Leeches were applied and the bleeding encouraged by warm fomentations; after which a poultice was employed and a saline purgative given, which operated largely during the day. In the evening he took an opiate draught with tartarized antimony, which procured alleviation of his pain, and produced some sleep. The next day he had much tension of the abdomen, and was unable to void his urine. The catheter was introduced without much difficulty, and a large quantity of
urine, clear and untinged with blood drawn off, and the operation was repeated as often as the patient expressed much uneasiness from distension of the bladder. A similar plan was pursued with little variation for seven or eight days, during which the symptoms were not materially arrested. The discolouration at this time had extended to the scrotum and penis, which were almost buried in the swelling, and which had now become somewhat oedematous. In the night of the eighth day, during a pressing effort to make water, he was seized with a pain of a much more acute kind than what he had before experienced, and on attempting to pass a catheter it met with considerable resistance, and could not now be got into the bladder as usual.

"Unavailing attempts were again made to introduce catheters of different sizes and curves, but the obstacle could not be surmounted. The point of the instrument seemed, when it had arrived a little beyond the bulbous part of the urethra, to quit the canal and get into a pouch on the left side of the raphæ.

"The man's health was now becoming much disordered from constant pain. The pulse was rapid, tongue furred, much thirst, universal heat on the skin, appetite lost and sleep disturbed. It was determined to pass the catheter as far as possible, and to make an incision upon its point, which might be felt externally on the left side of the seam in perineum. This was accordingly done to the extent of more than two inches, through the integuments, much in the same direction as in lihotomy. A large mass of coagulated and grumous blood was pressed out by the fingers, which was folowed by a discharge of watery fluid to the extent of a quart at least, of a strong urinous smell, and highly tinged with blood. The catheter might then be distinctly felt and seen, having found its way through the newly formed aperture in the membranous part of the urethra. The patient's sufferings became immediately relieved. A large quantity of water drained off during the night, which reduced the parts nearly to their ordinary dimensions. On the following day, when the dressing was removed, the patient was directed to exert an effort to make water, when the whole contents of the bladder escaped through the wound.

"A flexible elastic gum catheter was then introduced, and left in the bladder, through which the man voided his urine, which, however, came away partly by the external opening, but chiefly by the catheter, till the wound began to heal. The urine then gradually resumed its natural course, and he perfectly recovered in about a month from the time of the accident, without any other bad symptoms."—*London Medical and Physical Journal*, September, 1812.

Case 3. "A man aged 42, fell across the edge of a door upon his perineum. Considerable bleeding took place from the urethra, and effusion into the scrotum and perineum opposite the bulb. When admitted into St. Bartholomew's Hospital, he had not passed any urine for many hours. An attempt was made by the dresser to pass a catheter, without success; and Mr. Stanley, who was passing through the ward, was requested to see him. After some time he succeeded in passing a small elastic gum catheter into the bladder, and some water mixed with blood was drawn off. Mr. S. distinctly felt the rupture in the urethra in passing the instrument, which was directed to be left in the bladder.

"Mr. Earle saw the patient the following day, and found a tumour of the size of a large walnut rather to the left of the bulb. The scrotum was black with effused blood, but not much distended. Urine mixed with blood continued to flow through the catheter. He was largely bled from the arm, and twenty leeches were applied to the perineum.

"He continued to go on favourably for some days, but on the 25th the catheter slipped out, and the patient attempted to reintroduce it, which caused some return of arterial bleeding. He had suffered during the preceding night with severe rigors and fever. Mr. Earle introduced a large catheter
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On the following day he was very ill, with frequent disposition to shiver, and the tumour in the perineum had increased in size. A free incision was made through the tumour, and extended downwards towards the anus. The membranous part of the urethra was distinctly felt, but not opened, as the lacerated opening communicated directly with the upper part of the incision, and afforded a ready exit for the urine. The wound bled freely, and gave the patient much relief. From this time he was able to pass water without the assistance of the catheter, partly through the wound, but principally through the natural passage. The wound suppurated kindly, and speedily healed.

"It was necessary for some time to pass bougies, to counteract the effect of the contraction at the cicatrized portion of the urethra."—Ibid, April, 1828.

Case 4. "A man, aged 38, was admitted into St. Bartholomew's Hospital, September 13th, 1827. He stated, that on the previous evening, he had fallen about fifteen feet and struck the perineum across an iron bar. Violent hemorrhage took place from the urethra, and the scrotum and integuments became distended with blood, accompanied with severe pain. He sent for a surgeon, who made many attempts to pass a catheter without success. He was bled, and leeches were applied to the part; but he passed a night of great misery, and the following day was admitted into the hospital. His bladder was at this time to be felt above the pubes; no urine had passed since the accident, (sixteen hours,) nor for some hours before. His countenance was anxious, and expressive of much suffering; pulse 100 and full; perineum and scrotum much distended, and of a dark livid colour; there was no external wound.

Mr. Earle cautiously introduced a full-sized silver catheter, which passed readily down into a cavity filled with coagulum, between the rectum and membranous part of the urethra. The finger, introduced into the rectum, readily detected the point of the catheter in this situation. Mr. E. immediately made a free incision opposite to the bulb of the urethra, and extended it parallel to the rupture to the extent of two inches. A quantity of coagulum and fresh blood escaped, and the catheter became apparent, passing through the ruptured opening at the upper part of the bulb. Mr. Earle attempted to introduce an elastic gum catheter from this part into the bladder, but not readily succeeding, he desisted from any effort. The finger, introduced into the wound, passed into a large cavity filled with coagulum. It did not appear that any urine had been effused. He was placed in a warm hip-bath, which encouraged the bleeding from the wound, and loosened some of the coagulum. Whilst in the bath, some urine flowed through the wound. He now became very faint, and was removed to bed; and the bleeding was restrained by the application of lint and cold cloths. Urine mixed with blood continued to dribble away. He passed a tranquil night, without any return of bleeding.

On the 15th, he passed about half a pint of urine voluntarily through the wound, which relieved him much.

On the 17th, he experienced difficulty in passing his water through the wound, and the dresser endeavored to remove a coagulum which presented itself. This was followed by a return of arterial bleeding, which continued to flow through the greater part of the night, until the patient was alarmingly faint, requiring the administration of brandy and ammonia, with opium.

On the 18th, no urine had passed, but the bladder was not distended. He continued very faint, with a feeble intermitting pulse. On raising him upon
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a night-chair, he was able to pass water through the wound. Suppuration now began to take place, and no further alarming symptoms occurred.

October 2d. A good sized metallic bougie, No. 12, was introduced. On reaching the situation of the wound, it met with some resistance, which was readily overcome, and the instrument passed on without difficulty into the bladder. On withdrawing the bougie, the patient passed some water through the natural passage.

"The bougie was introduced every second day. The wound in the perineum now rapidly healed, and was closed by the 8th of October."—Ibid.

Case 5. A gentleman, in consequence of his horse taking fright and running away, lost his stirrups and seat at the same time, and was forcibly thrown forward on the pommel of the saddle, where he remained some time, the horse plunging and galloping violently. The gentleman being a good horseman, several times attempted to regain his seat; but was as often thrown forward; when finding himself much injured he threw himself on the ground, whence he was carried home. The surgeon who saw him first, found that there was a very considerable contusion along the course of the urethra, and that the penis and scrotum were much tumefied; the latter, indeed, filling fast with extravasated blood and urine. The patient was bled, took an apen- rient, and a saturnine lotion was applied to the injured parts; several at- tempts were made to explore the urethra, but in vain. In the evening the appearance of the parts was still more formidable; the scrotum at this time was enlarged to the size of a child's head, and perfectly black. Under these circumstances, Mr. Chinn, who was then called in, ten hours after the acci- dent, made a lateral incision in the perineum, (as for lithotomy, but with- out the usual guide of stuff or sound) and having punctured the bladder, urine issued from the wound. An opiate was then administered and the patient put to bed. In the morning the appearances were more favorable, the urine flowed through the wound, and the scrotum had not increased in size. All imminent danger had subsided, and it was hoped that when ab- sorption of the fluid contained in the scrotum took place, that an opportunity might present itself of discovering the passage into the bladder by the ure- thra; all attempts at which, under the present circumstances, proved com- pletely abortive. These expectations were verified by the event. The pa- tient was enjoined a strict regimen, due attention was paid to the bowels, and an opiate generally administered at night. In the course of a fortnight, the absorbing process presented a curious phenomenon. The whole surface of the abdomen, and from the pubis to the chin, displayed extravasated fluid in all its shfits upwards. No untoward symptom had occurred, the urine continued to pass by the puncture. A portion of the urethra was discovered, and ev- ery day more of that passage was found out; till at length, before a month had expired from the time of the accident, a few drops of water discharged itself through the urethra, and afterwards continued to pass through that channel; the external opening was allowed to heal, the parts were reduced to their natural size," and in another mouth the patient was entirely well.—Ibid, May, 1809.

Case 6. The subject of this case was a lad sixteen years of age, admitted into St. Thomas' Hospital, 15th July, 1838, with retention of urine, accom- panied with severe scalding pain in the perineum, and earnest desire to empty the bladder.

"On examination, the bladder was found distended and rather painful, and the perineum much swollen and very tender: from this part the cuticle was partially abraded, as it was also from the inside of both thighs, where ecchymosis to a considerable extent had taken place, producing great dis- coloration, in which the scrotum and penis participated. The lad walked with much difficulty, bending forward the body and separating the legs, and he complained that this exertion aggravated the pain.
"On inquiry, it was ascertained that, at 6 p.m., while standing on some rails to take down the blinds from a window, his foot slipped, and he fell, the legs crossing the railing, and the whole weight of the body and force of the fall being concentrated upon the perineum. He immediately felt an urgent desire to void urine, but was unable to pass a single drop, and, not having passed water since the morning, the repeated ineffectual attempts produced considerable pain. The swelling and pain in the region of the perineum came on at the same time, and, continuing to increase, he was brought to the hospital; and an attempt was made to introduce a catheter, which however passed no further than the bulb of the urethra, and there appeared to enter a cavity, in which the point readily moved in every direction: during this operation, a small quantity of blood escaped. Mr. Travers was now sent for, who on his arrival repeated the attempt with no better success; and he therefore resolved upon laying open the perineum and endeavoring to find the continuation of the urethra, as no doubt was now entertained as to the fact of laceration having taken place.

"July 16th, at half-past 3 a.m.—The lad being placed on a table, in the same position as in the operation of lithotomy, a deep incision was made along the line of the raphe of the perineum, and a large quantity of firmly coagulated blood removed. A catheter was then introduced at the gauze penis, and the point of the instrument was seen in the wound, surrounded by the torn urethra, which appeared to have been completely divided at the bulb, one-third of its length from its termination in the spongy portion of the urethra. After a short but attentive examination, the continuation of the canal, having a clean cut edge, was found retracted about half an inch, and thrown to the left side. Into the vesical portion a silver female catheter was passed till it entered the bladder, when two pints of clear urine were drawn off. No urine appeared to have escaped previously; nor did a drop pass, notwithstanding the repeated efforts of the patient by Mr. Travers' direction, preparatory to the introduction of the catheter. The female catheter being withdrawn, a gum elastic catheter was introduced along the whole line of the urethra. Simple dressings were then applied to the wound, and retained in position by the T bandage, to which the catheter was attached. The lad was now removed to bed.

"10, a.m.—He has slept one or two hours. Has but little pain. The bladder is not distended, but there is slight tenderness of the hypogastric region on the left side. Neither faces nor urine have been passed since the operation. The face is flushed; pulse 110, full and firm; tongue white and dry, slight thirst.

b. Of Ricini 3 ss. statim sumend.; et post duas horas repetend. nisi alius prius respondet.

"2, p.m.—The bowels have been freely relieved, and he has passed half a pint of clear urine, rather high coloured; since which the pulse has become less rapid and his general appearance more tranquil.

"For two days a little urine escaped through the wound, but on the 10th, the whole passed through the catheter, and the wound was healthy and granulating. On the 22d, the catheter became partially plugged, and, notwithstanding the injection of warm water, the obstruction daily increased, and by the middle of August none of the urine escaped through it, but took its course principally through the urethra, by the side of the instrument; while a small quantity passed in drops from the wound. The catheter was, however, suffered to remain as a director to the urine, and for the purpose of obtaining a complete re-establishment of the canal of its proper dimension.

"In the beginning of September, the bladder becoming rather irritable, and the wound in the perineum painful, the catheter was removed, and found coated and lined with a thick deposit of uric acid, for about two inches from the extremity which had lodged in the bladder. The removal was followed by a little hæmorrhage from the urethra, which soon ceased.
"September 9th. The irritability of the bladder has subsided, and the wound is healthy and granulating; nearly one-half has cicatrizcd. Less urine passes through the wound since the removal of the catheter.

October 11th. The wound has now completely cicatrizcd, except at a pin's point opening, through which two or three drops of urine, at the most, escape during the day. The stream of urine from the urethra is as large, and passes as freely as before the operation.

"By the application of lunar caustic to the opening, it healed in a few days; and on October 30th he was discharged."—Ibid. Jan. 1827.

Case 7. "A stout, muscular man, aged 41, admitted into St Thomas' Hospital, 10th Aug. 1836, with retention of urine, of 48 hours duration, the consequence of an injury to the perineum.

"It appeared, that on the evening of August 8th, he was occupied in the chase of a vessel lying off Rotherhithe, when, by some accident, he lost his hold, and fell about six or seven feet, with one leg on each side of the edge of a boat, so that the perineum was severely bruised; considerable swelling and tension were the immediate consequence; but having passed his urine two or three hours before, he felt no desire to evacuate the bladder. During the night he slept well, as usual, and was quite easy till the morning of the 9th, when, on attempting to make water, he found that merely a small quantity of blood passed from the urethra, unmixed with urine. The retention continuing, and the desire to void the urine becoming more urgent, in the evening he applied to a surgeon, who attempted to introduce a catheter, but was foiled by the arrest of the instrument at the bulb of the urethra. About half a pint of blood flowed through the catheter. The surgeon then directed the application of twelve leeches and a poultice to the perineum. On August 10th, the urgency was still greater, and the lower part of the abdomen became painful; but his health was not disordered, and he was able to walk three or four hundred yards to consult another surgeon, who applied six leeches. On the evening of the 10th, he was brought to the hospital, when the perineum was found entire, but much swollen and tender to the touch; the penis and scrotum, and the inside of both thighs, discoloured by diffused blood; and the bladder evidently much distended, producing considerable pain in the lower part of the abdomen. The desire to empty the bladder was very great, and gave an anxious expression to the countenance; the pulse was but slightly quickened.

"Mr. Green, after attempting to introduce a catheter without success, (producing only a flow of blood,) directed the patient to be placed in the same posture as in the operation of lithotomy, and then made an incision in the line of the raphe of the perineum, the knife passing into the cell of blood, partly fluid, partly coagulated, extending towards the arch of the pubes. On introducing the catheter from the glans penis, it passed into this cell, protruding with it the ragged edges of the urethra, which was lacerated to the extent of an inch, probably close to the prostate gland, as no difficulty was experienced in passing the catheter on to the bladder. It was also distinctly seen that the triangular ligament was partially lacerated. Three pints of urine, highly tinged with blood, were drawn off, and the silver catheter left in the bladder, and fixed in its situation by a T bandage.

"August 11th. His passed a comfortable night, and is easy and quite free from pain, excepting the smirking of the wound. Pulse, sixty five, full, soft, and regular; the tongue is foul, and he has slight thirst; the bowels have been moved twice; the urine passes through the catheter in tolerable quantity,—it is, however, mixed with blood: a small portion passes from the wound in the perineum. The tenderness of the abdomen has subsided.

"The urine continued to be bloody till the 14th, after which it became natural. The bowels were rather costive, and he was ordered to take Ol. Ricipini ℥, pro re nata. Some portion of the urine continued to pass by the wound till the 19th, after which the whole passed through the catheter.
"August 20th.—The catheter having become partially plugged, it was removed, cleaned, and again introduced. The wound is healing rapidly, the granulations at the bottom having inoculated.

September 4th.—The granulations have filled the wound, and are now on the same level as the perineum. Cicatrisation to some extent, has taken place at the extremity of the incision, and the same process is going on at the edges.

"As the vessel to which he belonged was on the eve of sailing for Riga, and as the captain was unwilling to go without him, the patient was allowed to leave the hospital; having first exchanged the silver for an elastic gum catheter, which he was directed to wear till the wound was quite healed."

Case 8. "A robust man, 40 years of age, whilst in the act of mounting a horse, (4th March, 1827), was, in consequence of the strap of the stirrup giving way, thrown upon the ground; whilst lying upon his back, with his foot entangled in the stirrup, he made several violent but ineffectual efforts to regain his footing. The bystanders asserted, that whilst the patient lay on the ground, he was trod on by the horse; but there was no mark of external contusion, not even the slightest scratch or bruise. Being disengaged from the horse, he was able to walk a considerable distance, to his home; when he arrived there, he discovered that blood was flowing profusely from his penis. Dr. D. F. Condie, the narrator of the case, saw the patient about half past nine, P.M. A full stream of bright coloured blood was flowing from the orifice of the urethra, and the amount of blood which had been discharged was considerable. He was directed to go to bed, to have cloths wrung out of cold water applied around the penis, and to the pubes, and to take a dose of sulp. magnes, in divided portions. Early the next morning, (9th), the patient was found in great agony, from a constant desire, without the ability, to void his urine. The bladder was greatly distended: he had never before been affected with a stoppage of urine, and had, a few minutes previous to the accident, passed it in a full and free stream; during the night he had discharged, at intervals, a small quantity of blood. A catheter was readily passed into the bladder, and through it was immediately discharged about a pint of blood, mixed with a small quantity of urine, followed by a few coagula: the discharge ceasing, the catheter was withdrawn, and found to be completely filled with coagulated blood. Dr. C. attempted to introduce another of the same size and curvature, but without success; after entering the urethra about an inch, the instrument appeared to escape from the natural canal, when its further progress was immediately arrested; by a slight change in the direction of the point of the instrument, this first impediment was, without much difficulty, overcome, and the catheter could be passed or, until it arrived at the arch of the pubes, where it was found to enter an unnatural opening at the inferior part of the urethra; its point being felt almost immediately beneath the skin. The patient was put into a warm bath; or im gr. i, given, and cloths wrung from warm water applied over the bladder. With the assistance of Drs. R. Coates and J. R. Barton, attempts were again made to introduce the catheter, varying the size, form, and direction of the instrument, in every possible manner, but with no better effect; and every attempt produced considerable hemorrhage. The attendants were satisfied that the urethra had been torn across at two different places; one about an inch within the external orifice, the other at that part of the canal corresponding to nearly the centre of the scrotum. About twenty hours had now elapsed since the occurrence of the accident. The patient complained of much pain in the bladder, which latter was greatly distended, and rising considerably above the pubes. The propriety of an operation to evacuate the bladder was suggested, as, however, the general system of the patient had, as yet, suffered but little, his pulse, strength, and spirits continuing good, this, taken in connexion with the very doubtful result of any op-"
On Laceration of the Urethra.

eration that could be performed, and the earnest entreaties of the patient to delay as long as was possible, induced us to wait the appearance of the case on the next day, before coming to any decision. In the mean time, the warm bath, warm fomentations over the pubes, and internally opium grs. ij. were directed. During the night the patient passed a considerable quantity of very dark coloured blood, mixed with urine; and the next morning the distension of the bladder was somewhat reduced, and nearly all uneasy sensations were gone—the scrotum and penis were somewhat swollen, and together with the perineum, were of a dark colour, from an injection of blood in the cellular tissue. The patient being costive, directed an enemata.—During the day, he continued to pass, at intervals, a large quantity of blood and urine, and during the night of the 7th, after a violent effort to empty the bladder, a coagulum escaped from the urethra, two or three inches in length and nearly of the thickness of the little finger; it was followed by a very copious di charge of extremely dark coloured, somewhat foetid urine.

"8th. Nearly all swelling and uneasiness of the bladder removed; the urine passes off involuntary. Bowels being costive, directed a dose of castor oil. The patient appeared from this time to be gradually recovering from the effects of the accident, until the 14th, when he complained of tenderness along the course of the urethra, with heat and smarting in the act of passing his urine. Skin hot; pulse quick and frequent, thirst considerable. In the course of the day, the pain in the urethra greatly augmented; on examination, found the latter, particularly in the perineum, swollen and hard: the scrotum was also greatly enlarged, tense and painful, presenting many of the appearances of hydrocele: directed twenty-four leeches to the urethra, and a dose of sulph. soda. From continued neglect on the part of the patient, the leeches were not applied until the 17th. The pain, hardness and swelling of the urethra, were greatly relieved by the topical depletion. In the evening, the discharge of urine was again entirely suspended: the bladder somewhat distended; bowels costive; directed the leeches to be repeated to the same extent as before, and the patient to take, occasionally, a dose of the compound powder of jalap; the scrotum and region of the bladder to be kept constantly fomented with cloths wrung out of warm water; from these the patient experienced very great relief; and, on the morning of the 19th, he passed a coagulum, four inches in length, and about the thickness of a common quill, perfectly white, and rounded at the extremities; the coagulum was followed by about a quart of dark coloured urine: swelling and pain of the urethra, and distension of the scrotum, greatly diminished; in which state they continued, the patient passing his urine naturally, until the evening of the 21st, when the inability to evacuate the bladder, with the pain and swelling of the scrotum, again returned: every attempt to introduce the catheter was ineffectual. By the 22nd, the tumefaction of the scrotum extended half way to the knees; a very considerable swelling was also discovered in the perineum, soft, and without pain. On attempting now to introduce the catheter, the instrument, after continuing in the course of the urethra for a few inches, suddenly dipped down within the scrotum, and from thence gave discharge to a very considerable quantity of thick,ropy, deep coloured urine. At this period of the case, Dr. Hewson had the kindness to see the patient with me; it was concluded, that in order to give a free passage to the urine, an incision should be made into the urethra, at the anterior part of the perineum: this was accordingly done, and through this opening, the urine continued to be entirely discharged, until about the 30th. From the period of the operation, the swelling and inflammation of the scrotum very rapidly diminished, and were entirely removed by the end of the month, at which time the patient was able to walk out. The urine was now occasionally passed by the natural outlet; and by the 13th of April, the opening in the perineum was entirely closed, and the patient discharged cured."—N. A. Medical and Surgical Journal, Oct. 1827.
Case 9. A man, aged 22, on the evening of 17th July, 1825, received a violent kick on the perineum from a man's foot. "A profuse hemorrhage immediately took place from the urethra, and he nearly fainted from the excessive pain which the blow occasioned. On the following morning, the 18th, he was brought to St. George's hospital, having been unable to make water since the accident, and suffering much uneasiness from the distension of his bladder. There was a good deal of discoloration about the perineum, from extravasation of blood; but very little swelling, and not so much tenderness as might have been expected. The house-surgeon passed a silver catheter into the bladder, and drew off a pint and a half of urine, mixed with dark coloured blood. The hemorrhage had previously ceased, and there was now only a slight oozing of blood from the urethra.

"He was directed to have some house-physic; to keep the contused parts constantly wet with compresses soaked in cold spirit lotion; and a flexible gun catheter was placed in the bladder, in order to prevent any effusion of urine from taking place through the ruptured porion of the urethra.

"In the evening, it was found that no water had been voided through the catheter, the eyes of it having been blocked up with coagulated blood; and there was a good deal of pain and distension about the bladder in consequence. The instrument was therefore taken out and another introduced, and twelve ounces of urine drawn off.

"July 19th. — The water had flowed freely through the catheter during the night; and this morning early he took a Senna draught, which operated well. In the last portions of urine voided to-day were a few drops of blood. He said he was free from pain; he had no fever, and there was scarcely any swelling in the perineum.

"In the evening, he complained of pain in the head, and had made no water since the middle of the day; he had a dry, turred tongue, and a small, weak pulse. A fresh catheter was passed, but there was no urine found in the bladder, and only a few drops of blood came away. He was ordered a draught with thirty drops of laudanum and a drachm of Sp. Æther. Sulph. comp.

"20 h. Had a restless night, but did not complain of pain. He had made no water, and was much in the same state as on the preceding evening. — The catheter was again passed, but no urine was found in the bladder. There was no particular heat of skin or thirst, or urinary smell about his person, as is sometimes the case where the secretion of urine is suppressed. He was directed to be put into the warm bath, and to take the following draught every two hours: R. Pulv. ipecac. co. gr. v.; Potasse Nitr. gr. x.; Pulv. Traction. co. 5 ss.; Aquæ Piment. 3 jss.; Sp. Æther. Nitr. 5 j. M. fiat haustus.

"In the evening he became comatose, and the skin over the whole body completely jaundiced; and on the following day, at 11 o'clock, he died. — About two hours before he expired, the catheter was passed, and two ounces of dark-co'oured offensive urine were drawn off.

"At the examination of the body after death, the urethra was found to have been extensively ruptured between the bulb and the prostate gland; and the cellular structure surrounding that part, and in the perineum, was loaded with a profusion of dark-coloured coagulated blood, but without any admixture of pus or urine in it. The bladder was quite empty, and in a perfectly healthy state; nor could any disease be observed in the kidneys, or in any of the viscera of the abdomen. The gall-ducts were not obstructed.

"In this case the suppression of urine probably depended on nervous symp-pathy, or consent, between the kidneys and the urethra. It came on at the expiration of nearly forty-eight hours after the receipt of the accident, at a time when every thing appeared to be going on in the most favourable way, and destroyed the patient at the termination of about forty hours." — London Medical and Physical Journal, May, 1827.
Part III.—Monthly Periscope.

Medical Society of Augusta,

Addendum to the Argument on the Abolition of Pessaries,

In our notice of the proceedings of the Medical Society of Augusta, on the 22d of February,* by inadvertence, which escaped our notice in reviewing the proof which we did not compare with the essay, we made the essayist say, "that he had conversed with all the physicians of Augusta, and that they are as seven against pessaries, to one in favor of them." We should have said "the united testimony of ten physicians of our city, I may say of all but one or two, goes to establish the fact, that pessaries are now seldom required, and that they are injurious when applied for prolapsus uteri." The statements made by the essayist will be seen on reference to the second page of the essay, or 644 of the journal.

It should be recollected that having no stenographer, we have been obliged to take down the proceedings of the society in great haste, or by memory alone. We take pleasure in correcting the error of inserting seven for ten, especially as truth in medical science is not always determined by numerical force.

We had no intention whatever of weakening the argument against pessaries in that way. Nor had we in omitting the replications of the essayist to the objections made to his arguments in the debate. We omitted these, because we recollected no particular argument offered in them, beyond those contained in the body of the essay, which we considered covered all the ground the essayist wished to occupy. But as we are now advised to the contrary, it affords us pleasure to make amends for this omission, by publishing the following replications of Dr. P. F. Eve.

In reply to Dr. Antony, the essayist said, if he had begged the question throughout, as stated. Dr. A. was unnecessarily solicitous about guarding the medical class against the reception of unwholesome doctrines. "Begging the question throughout an essay," he said, was certainly a new mode of instilling doctrines into the minds of students."

2d. He had not, as Dr. A supposed, considered the pessary as an exclusive treatment, but had laid particular stress on the pathological condition of the parts in uterine displacements, in relief of which his object was to exclude that instrument.

3rd. He acknowledged he had supposed that Dr. A. applied

* See Southern Medical and Surgical Journal, Vol. 1, p. 691.
pessaries in almost every case of uterine displacement. If in error here, he could, he said, plead for excuse Dr. A's declaration that he had treated upwards of a thousand cases of prolapsus uteri with the pessary—and that the replacement and retention of the uterus in its proper site is the legitimate prescription, and the bilboquet pessary the best retentive means.

4th. He said Dr. A. had overlooked the fact that he had mentioned in the second paragraph of the essay, the different materials, form, &c., of which pessaries had been and are still made—even that of wool.*

5th. He was unconscious, he said, of doing his correspondent the injustice ascribed to him by Dr. A.; for he had proceeded upon the presumption that they had heard of "woollen pessaries." Since wool is one of the oldest materials of which these instruments were made.†

6th. With respect to the fact that authors had been very defective on this disease (prolapsus uteri), and that the profession appeared to know less, both of the diagnosis and treatment of this disease than almost any other affection, the essayist said he could not but think that Dr. A. was brought to this conclusion by the very peculiar views he entertains on this subject. With all due deference, he said, to his extensive experience in this disease, he could not believe Dr. A. alone correct, and all other practitioners wrong in the treatment of prolapsus uteri.

7th. In answer to Dr. A's remarks on the interruption of sexual intercourse, and the immorality consequent on the frequent use of the pessary—viz. that the first is forbidden by the condition of the patient, and the second is prevented by the tendency of the disease to allay, and finally destroy all appetency for venereal indulgence, the essayist deduced the following dilemma—that Dr. A. is in error in calculating that 9-10 of females die of the effects of prolapsus uteri; or that sexual intercourse is not forbidden in this disease. If nine-tenths of women labour under prolapsus uteri, and even die of its effects and this disease forbids sexual indulgence, the world surely would soon be depopulated.‡

We would sympathize, he said, not only with the pitiable condition of heaven's best gift to man, but must mourn over our own sad and solitary condition on earth.

In reply the essayist said he had stated that the result of his

* There will be found on the reference here made, no account of the form of a woolen pessary; on which its superiority greatly depends. A.

† Does the essayist believe, that his correspondent had present in their minds, when writing, woolen pessaries, of an hour-glass shape? A.

‡ See first part of the last paragraph on page 695, Southern Medical and Surgical Journal, where "this sentiment," alluding to the use of the pessary leading to immorality, is said to have "operated most severely on those afflicted, and forced its thousands into a course of submission to one degree of physical evil after another," &c. A.
inquiries, was a conviction on his part, that pessaries had been greatly abused. He had given the testimony of more than ten physicians, nearly in their own language, and had thereby established the fact, that pessaries are now seldom required, and that they are injurious when applied for prolapsus uteri. And that the evidence here, is as ten to one, or at most, to two. Finally, that in the treatment of uteri displacements, pessaries are not necessary—other means succeed best. Experience on this subject among physicians of this city, is as eleven to one.

**Georgia Medical Society.**

This is the oldest Medical Society in the State of Georgia, having been originally chartered in the latter part of the last, or the first of the present century. It holds its meetings in the City of Savannah, where its members mostly reside, with the exception of corresponding members in different parts. Formerly this society held interesting sessions with regularity, and pressed on in the investigation of medical science with much ardor. But in consequence of the want of convenient means for communicating the results of their labors to the world, their benefits were limited to their own community, which was not a little profited thereby, and the professional character of the place elevated to the rank of the most respectable, which it has ever since maintained. In consequence, however, of the omission of certain formalities, the charter of the society became void, and with the want of the stimulus of the hope of benefiting the profession more extensively, by a free and ready communication of their labours to the public, the society lapsed into inaction for a time. But a zeal remained with those who knew so well the value of scientific researches in this way, which would not suffer restraint, and a successful application was made to the last Legislature to revive the charter.

Under this act, a re-organization has taken place, and officers, consisting of a President, Vice President, Secretary, Treasurer, and Librarian, have been elected, and the former constitution of the society, with some wholesome modifications, has been adopted. Its objects are the advancement of medical science, the promotion of good will, and a proper attention to medical ethics among the members of the profession, the restriction of abuses in the practice of medicine, &c.

The regular meetings of the society are held on the first Saturday in every month, at which time it is the duty of each member, in turn, to read an essay on some subject connected with the objects of the association, a copy of which essay is to be deposited with the Secretary.

W. M. Waring, M. D. is President, and P. M. Kollock, M. D. Secretary.
Extraction of a Bone from the Nates. [May,

It must afford a high degree of satisfaction to the friends of medical science at the south, to find the highly respectable medical community of Savannah, thus directing their active energies to the advancement of a science so dear to humanity and philanthropy. From our high estimation of the professional abilities of that community, we, as journalists, look to the Georgia Medical Society, for much to enrich the pages of the Southern Medical and Surgical Journal. We hope they will not only supply us with their well written essays, but also with the interesting debates on the subjects before them, and cases of interest which will, from time to time, be presented by the members.

Extraction of a Bone from the Nates.

The following case was communicated to us by our friend Dr. A. Cunningham. We consider it valuable because it is calculated to afford us a useful hint for the better management of some diseases of the rectum. We have occasionally met with strictures and other disorders of the rectum, arising from the retention of, and mechanical injury from, some extraneous substance in the rectum, in which the affliction was most severe and protracted.

We have also not long since, seen accounts of a number of cases, in which wind, bone, &c., in the rectum had produced the most distressing effects.

"The following case is worthy of record in your journal, if for nothing more than to shew what the system is capable of enduring; and in what way it sometimes removes extraneous matter which the process of digestion was unable to modify.

"A negro man, aged about 50 years, formerly very intemperate, had for the last ten or fifteen years, been subject to both anal and perineal fistulae—having the space around the anus as far as each ischium, present a series of cicatrices and fistulous openings. A little way down the back part of the serotum, and in the raphe seroti, is a fistulous opening through which a portion of the urine escapes. I counted three strictures along the urethral canal.

On the projecting point of the right ischium, the patient directed my attention to a piece of bone which had come through the skin about two-tenths of an inch, and of a dirty dark brown colour. An attempt to extract it with the thumb and finger, gave him considerable pain.

On dividing the adjoining skin, I easily drew out a piece of bone of the following shape, measuring one inch and eight tenths in length, and three in breadth.

It appears to be a portion of bone which is sometimes found in a piece of beef-steak, which has been cut with a saw.
The patient states that some six or eight months ago, he first felt something within the anus which he was unable to void with his natural evacuations.

May we not presume that this piece of bone entered some of the fistulous openings above the sphincter ani, and from thence passed along it to the ischium?

The patient has experienced so much relief since the extraction of the bone, that he has thus far preferred the enjoyment of his present case to a resort to the knife, &c., for permanent relief.

Hydatids developed in the Gums: Reported by M. Lepoulen, Surgeon Dentist at Paris.

On the 15th of July last, I was consulted by Col. de C., aged 56 years, who had always hitherto enjoyed good health. He stated that about two years ago, the third molar tooth of the right side, in the lower jaw, was extracted by a Parisian dentist on account of an old caries which became exceedingly painful. The operation was attended with nothing peculiar, and was followed by no inconvenience until three months after, at which time he began to feel at the region from which the tooth had been removed, a small tumour, situated in the gum and which was painful whenever irritated by food during mastication. The tumour gradually increased, until it projected into the mouth, preventing it from being closed and impeding mastication. It is in this state I examined him, and found that the tumour was oblong, in the direction of the jaw bone, and about the size of a partridge egg. It was hard, with the exception of its middle portion, in which a slight fluctuation could be felt; a considerable pressure was required to give pain; the mucous membrane covering it had undergone no change; the fourth molar tooth was pressed backwards and outwards, and the second forwards and inwards; the second was also carious and highly sensitive to the touch.

I proposed the immediate extraction of the decayed tooth, as preliminary to doing any thing for the tumour, whose nature I did not understand. The operation was performed, when, to my astonishment, the tumour was no longer to be seen, having been lacerated and emptied by the extraction of the tooth. My surprise increased, when I found floating in the basin in which the patient had rinsed his mouth, three small globular and perfectly transparent bodies. They were about the size of a large pea, of a gelatinous consistence, and contained a liquid as limpid as water. I at once recognised them as hydatids (acephalocysts) and exhibited them to several physicians who concurred with me with regard to their nature.

On examining the month, I ascertained that the tumour was evidently formed in the gum in a state of hypertrophy; that the interior of the sac was lined by a whitish membrane, somewhat
resisting, and presenting every appearance of a cyst. No accident followed; the wound healed kindly; and Col. de C. has since experienced no pain.

This case is one of interest, for I have met with none like it, and it would have been difficult for any one to determine its character a priori. I know of no cases of hydatids found in the mouth, save those of the tonsils.—Journal Hebdomadaire, p. 151. 1836.

Inoculation of Morphine.

M. Lefargue has been and is still engaged in a series of experiments on the inoculation of various medicinal agents. He has ascertained not only that the narcotic effects of morphine are readily developed, locally and generally by this process, but also that it occasions a papular eruption at the point at which it is introduced, which presents characters different from those occasioned by the inoculation of other substances. M. L. considers this method of introducing narcotics preferable to other endermic modes, because much more speedy and certain. The peculiar eruption alluded to is, uniformly, produced by all the preparations of opium; and hence may assist very materially in medico-legal investigations. After relating his experiments, M. L. comes to the following conclusions: "Whenever a suspected fluid does not, on being inserted under the cuticle, develop the peculiar papular eruption already described, it does not contain opium, (or its preparations); whenever the eruption is produced, the presence of opium should be strongly suspected." M. L. has experimented with tartarized antimony, croton oil, strychnine, &c.


Medical College of Georgia.

At the annual Commencement of the Medical College of Georgia, held on Wednesday, April 19th, the degree of Doctor of Medicine was conferred upon the following graduates, viz:

H. Pope, jr. M. D., a graduate of the University of Pennsylvania, was admitted *a eundem gradum*.

A highly interesting and impressive Address was delivered to the Graduates by Professor L. D. Ford, and which was also listened to with manifest pleasure, by a very large and respectable audience of both ladies and gentlemen. We are much pleased with the interest that our Medical College is now exciting in our community, and with the influence it is beginning to exercise over our State. We feel persuaded that its advantages, its splendid Museum, extensive Laboratory, increasing Library, &c. need only to be known, to be properly appreciated by the medical student.

We are happy too to learn, that at a meeting of its Trustees, it was contemplated to create two new Professorships: one of the Institutes of Medicine and Medical Jurisprudence, and the other of Physiology and Pathological Anatomy. We doubt not that competent gentlemen will receive these appointments, which will increase the number of Professors in our Medical College to 8.

The number of students attending the lectures in this institution the past season was 47, being a considerable increase over that of any former period.

Lithotripsy.—At a meeting of the Royal Academy of Medicine, in Paris, M. Segalas introduced a child three years of age, on whom, when yet two years and nine months old, he performed the operation of lithotripsy. The entire time of cure was six weeks; in which period the instrument had been introduced and used six times.

This is probably the youngest subject yet operated upon in this manner, and will form an exception to the prevailing rule, that neither lithotripsy nor lithotripsy can be performed at so tender an age.

*Propos*—Dr. Gfrom informs us, that all the cases mentioned in his communication to the American Journal of the Medical Sciences, for Aug. 1833, as having been operated on by him, are entirely cured.

Mr. Liston, in his Elements of Surgery, a copy of which we have just received, and shall put to press, for insertion in the Library, expresses himself as not very sanguine in supposing that the breaking up of the stone in the bladder will ever supersede lithotomy. At the same time he admits that this operation is very advisable in certain cases, and may be resorted to with every prospect of a safe, speedy and successful conclusion.—*Eclectic Journal of Medicine*.

Anomalous Menstruation. — M. Bourgeois has met with a curious example of this. A young lady of 15 or 16 years of age, commenced some time since to menstruate from the extremities of each of her ten fingers. At the second menstrual epoch, the hemorrhage was renewed from the same place, and at the period when M. B. communicated the fact to the Medical Society of Paris, the menses had not appeared in the natural manner.—*Boston Journal*.

Treatment of Influenza.—The London Lancet, in speaking of the late prevalent epidemic influenza, thus alludes to the treatment.

"In the severe cases, the most effectual treatment was found to consist in the administration of an aperient, containing two or three grains of pro-
to chlorid of mercury, generally combined with aloes. This, in all cases, was found essential; and here we may notice the signal relief which all such cases as small pox, scarlet fever, under treatment at this period, derived at

their commencement, especially from purgatives, of which procid chlorid of mercury, and rhubarb or jalap, followed by castor oil, &c., were the most useful.

"A saline mixture, composed of tartar emetic and sulphate of magnesia,
generally produced in a night or two a diaphoresis, which was always attended with relief; in the arthritic varices, small doses of vin. sam. colch., in the above mixture, gave great and immediate relief." — Boston Journal.

Introduction of the Catheter.—In lecturing lately on some cases of stricture of the urethra under treatment, Mr. Liston made some remarks on the mode which he had long observed in introducing the catheter, or bougie, in all cases in which the obstruction was not seated near the orifice of the urethra. He preferred the employment of one and only, the urethra being left perfectly free; by pursuing that method the instrument was less likely to be impeded, the natural obstacles met with about the sides of the urethra being more effectually and certainly avoided, the patient suffering less uneasiness, and the operation being altogether more easy and dexterously effected than when the member was pulled out, and the urethra was put unawares upon the stretch.—Boston Journal.

Operations for Cataract.—At a meeting of the Academy of Sciences, in
Paris, in December last, M. Roux stated, that, within the last thirty years, he had operated for cataract 4,500 times; not, of course, on this number of patients, as in many instances the affection was present in both eyes. At the commencement of his practice, M. Roux had no prejudice in favor of either of the two methods commonly employed; he viewed depression with as much favor as extraction, and submitted both to thorough trial during a period of ten years; he then examined the results of all the operations, amounting in number to about 600. This comparison led him to form a conclusion decidedly favorable to extraction, and he has, since then, adopted this as his ordinary practice, reserving the other mode for the few cases which appear peculiarly adapted for its application; the proportion of which, according to M. Roux, does not exceed one in twenty.—Eclectic Journal of Medicine.

Oxygenated Soap.—For some time we have had it in mind to make mentio

n of this excellent article, manufactured by Mr. Eliphalet Davis, of Cam

bridgeport. Something of this kind has been wanted in hospitals, as a sort of preparatory, before wounds, ulcers, and abraded granulating surfaces receive their appropriate dressings. I strictly detergent properties render it a decidedly useful wash in all this class of external maladies. Mr. Davis has gone to work like a chemist in the composition of the oxygenated soap, with reference to its introduction into infirmaries; and we can with pleasure speak decidedly in its favor, as meeting with the approbation of surgeons in this region of country.—Boston Journal.

Hahnemannism.—At a late meeting of the London Medical Society, after Dr. Uwins had read a paper in favor of the homoeopathic doctrine, the subject was discussed by the members.—Ibid.