A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.

EDITED BY
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PART I.
ORIGINAL COMMUNICATIONS.

ARTICLE I.


In studying the economy of nature, the human mind is astonished at the beauty and simplicity of her laws; at the peculiar adaptation of the means to the ends; and perhaps, above all, at the stupendous effects which result from the operation of apparently simple causes. For instance, the whole phenomena of animal motion are produced by the simple contraction and relaxation of the muscular fibres. Perhaps a more astonishing example is produced by the wonderful machinery of the planetary system; where we discover the whole retinue of planetary worlds, performing their ceaseless revolutions, with a velocity that almost outstrips fancy herself; and the cause of the whole is simple attraction and repulsion. But notwithstanding the laws of nature, when understood, appear simple and intelligible;—notwithstanding the human intellect can generally trace the cause from its effects; and from contemplating the cause can, with great probability predict the result; yet, we occasion—
ally meet with such extraordinary freaks of nature, with results so anomalous, that the utmost stretch of human ingenuity has never discovered the cause, nor the means, used in their production.

Among the irregularities of nature which the physiologist is called to contemplate, few are more wonderful than extra-uterine foetation. When we consider the functions of the various organs subservient to conception, gestation &c., and the great regularity displayed by each, in the performance of the office assigned it, were it not for positive facts, the utmost stretch of our credulity would hardly permit us to believe such a thing as extra-uterine impregnation possible. But whether we shall ever be able fully to comprehend it or not, the fact is notorious; and perhaps there is scarcely a more singular case on record, than the one which I witnessed in December last, in a sow.

My friend Mr. M. who resides a few miles from M'Donough, when slaughtering his hogs, was surprised to find a pig of nearly the ordinary size of one at the full period of gestation, embedded in the fat which surrounds the cardiac orifice of the stomach of the sow. Being entirely unable to account for this phenomenon, he, without removing the pig, cut out a good portion of the fat which surrounded it, and brought the whole to me. I enquired into the history of the case, and was informed by Mr. M. that the sow was delivered of a litter about the last of August. That she was thrifty as usual. At the end of the period of lactation, she was fed with the intention of making pork of her. When she began to thrive, she again became pregnant. About a month after she became pregnant, she was killed for pork, and was in every respect healthy. The extra-uterine pig had never produced any appreciable inflammation nor disturbance of any kind, as the sow had been perfectly healthy during the whole period. I carefully removed the fat, which almost entirely covered the fetus, in the presence of my friend Francis E. Manson, M. D. and several other gentlemen; and what is most singular, is the fact, that there was nothing like either placenta or funis. I endeavored to ascertain whether it was surrounded by the usual membranes, but could not positively determine; but if it was, they were very thin and in immediate contact with the body, as I could separate nothing with the scalpel and forceps,
but very small flakes of a membraniform matter. There was nothing like liquor amnii present.

The organization of the pig is not entirely complete: the posterior extremities are not as well developed as the anterior. The tail is wanting. The eyes and ears, deficient. The head is larger than natural, and not exactly of the ordinary shape, being larger below the eyes than natural. Its teeth and hoofs are nearly natural.

The dimensions of the pig are as follows;

Length of the body and head, 4 1-8 inches
Length of the body and head, without the head, 2 5-8
From the first cervical vertebra to the os frontis, 1 3-8
Circumference of the body about the middle, 4 5-8
Circumference of the head above the eyes, 4 15-16

From the dimensions it will be seen, that the foetus was nearly the full size of one at full period of gestation; and the organization, though not complete is not greatly deficient.

Physiologists, generally, agree that Eccyesis Abdominalis, or abdominal foetation may occur in three different ways:

1st. The fallopian tubes may be impervious from fat, or the opening into them be so small, that the impregnated ovum cannot pass, or the fimbriae may not clasp the impregnated ovum, at the moment it is detached, and in these cases the ovum falls into the cavity of the abdomen.

2nd. The impregnated ovum may be unable to escape from the ovarium, till its growth is sufficient to burst its envelopes, at which time the ovum falls into the cavity of the abdomen.

3d. The ovum may, after entering the fallopian tubes, be arrested in its passage to the uterus by fat, or the small diameter of the tubes; in which case its growth continues, and, in some instances, the parietes of the tube give way, and the embryo or foetus is precipitated into the abdominal cavity. In each of the two latter varieties, fatal inflammation is apt to occur, from the combined operation of the inflammation, caused by the rent in the tube or ovarium, and that, caused by the pressure of so large a foreign body on the abdominal viscera. In the first variety, the ovum, being very small, the parts accommodate themselves to its intrusion, and its growth takes place without exciting in
inflammation. The latter is the mode by which the present case must have occurred.

The present case is interesting from its locality, as well as from the entire absence of every thing like placenta, funis umbilicalis, and liquor amnii.

How the ovum performed the journey from that portion of the abdomen, into which it must have fallen from the ovarium, to the cardiac orifice of the stomach, where it was located, is a question which I am unable to answer.

The source from which the ovum derives its nourishment has long divided physiologists. And notwithstanding the most able pens have been employed in the discussion, the subject is not yet completely settled. It is not my object to notice, in detail, all the facts and arguments which have been adduced on this interesting subject. The most prevalent doctrine, at the present time, is that which assigns the placenta as the source. Some, however, maintain that the fetus is nourished from the liquor amnii.

In speaking of the circumstances, proven, or rendered probable by extra-uterine foetation, Dr. Denman says that, "though the child be placed in one of the fallopian tubes, or in the cavity of the abdomen, a placenta is formed, different indeed in structure, but capable of supplying the child with sufficient nourishment to bring it to perfection." Though this is perhaps true in the main, it is certainly not always so, as is proven by the present case; and Dr. Good is more correct when, in speaking on the same subject he says "it, in some instances becomes surrounded with an imperfect kind of placenta, develops the general structure of its kind, &c." Though I admit the placenta to be the usual source through which the fetus derives its nutriment, I cannot admit that it is the only source; for there are many well authenticated cases on record, independent of the one I have just detailed, in which there was either no placenta, or no communication between it and the fetus. Dr. Good quotes a case, from Hoffman, of a foetus "born in full health and vigor, with the funis splanclated and divided into two parts"—from Vander Wiel, one where "a living, healthy child, was exhibited without any umbilicus, as a public spectacle"—and from a foreign collection of literary curiosities, the case of a hare,
which was found on being opened, to contain three leverets, two of them without placenta, or umbilical vessels, and the other with both." And other cases are recorded by Ploucquet in his Initia. In the history of Dr. Good's case, which he witnessed in 1791, and published in 1795, he says, "The labour was natural, the child scarcely less than of the ordinary size, was born alive, cried feebly once or twice after birth, and died in about ten minutes. The organization, as well external as internal, was imperfect in many parts. There was no sexual character whatever, neither penis nor pudendum, nor any interior organ of generation: there was no anus or rectum, no funis, no umbilicus; the minutest investigation could not discover the least trace of any." And in a short time, the rudiment of a shrunken placenta followed, "without a funis or umbilical vessel of any kind, or any other appendage by which it appeared to have been attached to the child. No hæmorrhage, or even discoloration followed its removal from the uterus."* In a short time, a healthy, living child was born, attached to its proper placenta.

From these facts, we are compelled to admit, that though the placenta be the organ through which the foetus derives its nourishment from the mother usually, it is not indispensable to its existence; and that nature has other resources upon which she can draw, capable of sustaining the foetus to the full period of utero-gestation.

It is well known, that the ovum exists, both before and after its arrival in the uterus, without a placenta; and if nature has supplied the means capable of supporting the ovum during part of its stay in utero, without a placenta, is it not rational to conclude, independently of facts, that she has furnished means capable of sustaining it during the whole of its stay? And facts fully sustain the inference: for independently of the cases already quoted, it is known to naturalists that the kangaroo, opossum and wombat, all breed their young without either placenta or funis. The embryos are not attached to the uterus, but are enveloped in one or more membranes, containing a gelatinous matter, from which they derive their nourishment, and apparently their air. What then are these resources? Mr. Gibson, in the Edinburgh Medical Essays, has endeavored to prove that the

*Good's Study of Medicine, vol. 4, page 21.
liquor amnii, and not the placenta, is the substance from which the foetus is nourished. But I must differ with him for the following reasons:

1. The embryo, during the early period of its existence, does not appear to be surrounded by the liquor amnii; but by a gelatinous matter, like those of the kangaroo, opossum and wombat.

2. The liquor amnii is always in an inverse ratio to the demands of the fetus: being relatively smallest when the foetus is largest.

3. The liquor amnii is often found exceedingly impure; sometimes acid, putrescent, feculent, bloody.—(Caldwell.)

4. But the strongest objection is, that it is often deficient, and occasionally, entirely wanting; constituting what are called, "dry births."

But whilst I cannot admit the liquor amnii to be the ordinary source of nourishment, I am not prepared to deny that it ever is, but on the contrary, I believe that the fetus is capable of drawing nourishment, by cutaneous absorption, from that which surrounds it, when the placenta or funis is wanting.

In the case I have detailed, the nutriment must have been extracted from the fat of the mother, as this was the only substance with which it was in contact.

The whole of the facts then, taken together, I think justify the following conclusions:

1. That neither placenta, nor liquor amnii, is essential to the nourishment of the fetus.

2. That either may be the source, when the other is wanting.

3. That when the liquor amnii is the source of nourishment, the nutriment is conveyed by cutaneous absorption.

4. That in extra-uterine foetation, there is sometimes neither placenta nor liquor amnii, and when both are wanting, the fetus is capable of extracting sufficient nutriment, by cutaneous absorption, from the surrounding parts with which it is in contact, to sustain it to the full period of utero-gestation.
Verminous Irritation as simulating other diseases. By Wm. Markley Lee, M. D., of Indiantown, S. C.

Intestinal worms are often improperly supposed to excite fever in the human subject; for every experienced physician can recall instances in which worms have been discharged, and in which the friends of the patient have in consequence ascribed the febrile symptoms to verminous irritation, whereas their discharge was rather a consequence, than a cause of fever.

I have often been astonished, however, that so few instances are recorded in medical periodicals, of worms as causing the symptoms of other diseases. They may, and I am convinced frequently do, irritate certain nerves, and produce symptoms which are never attributed to their influence. To demonstrate this position, I will describe certain cases which have occurred in my own practice, to all appearance totally disconnected with worms, but which were promptly cured by anthelmintics.

Sciatica.—Soon after I commenced the exercise of my profession in Charleston, I was requested to attend a lad about nine years of age, laboring under symptoms of Sciatica:—Blistering and the remedies usually employed, were tried in vain for several days. At one of my visits, when at a loss what next to prescribe, his mother informed me that he ground his teeth frequently in his sleep; this led me to suspect verminous irritation; I therefore sent him anthelmintic-medicine, composed of calomel and spigelia, and at my next visit I was truly gratified to see him walking about the house, free from all pain, except the irritation of the blister. I was informed, that immediately after he had discharged a number of lumbrici, the rheumatic symptoms vanished. He was from that time restored to perfect health.

Phthisis Pulmonalis.—I was soon after requested to visit a young married woman, whose case was marked by symptoms of the above disease—cough so incessant as to prevent sleep, and was exhausting her strength; remedies usually exhibited in similar cases, here failed to afford relief, until one day she mentioned some symptom which led me to suspect verminous
irritation. After the exhibition of the anthelmintic already mentioned, in the space of 40 hours she discharged an equal number of lumbrici, and the symptoms of pulmonary disease were relieved promptly and permanently.

Paraplegia.—I was called during the last summer to a young girl about 11 years of age, sick with bilious remittent fever; she had been bled and purged without material benefit; the febrile excitement was moderate, but in addition to considerable pain and soreness about the praecordia, there was a remarkable loss of power over the lower extremities, amounting even to a total inability to turn in bed without assistance. A careful examination of the spinal column presented no symptom of local inflammation. In reply to my interrogatories, I was assured that she had received no blow, or injury of the spine, but that the symptoms of paraplegia supervened at the same time with the fever. Her friends united in stating that she frequently ground her teeth during sleep. A blister to the epigastrium was directed; and as I had never seen nor read of a similar case from verminous irritation, my treatment was adapted both to fever and worms.

R. Nit. Potass. 5i.
Cal.
Ipecac. &
Camphor åà. ßßß. m.

of this compound, a frequent prescription of mine in billious remittent, I directed 8 grs. every 3 hours during the paroxysm, and that ßßß. calomel be combined with the first dose. I was in hopes, from the well established efficacy of this preparation of mercury, and the success which is reported to attend the exhibition of camphor in Italian practice, that if this form of Paraplegia was caused by worms, relief would be promptly obtained. A dose of ol. ricini and sp. terebinthinae was also directed to be administered the succeeding morning. At my next visit, I ascertained that she had discharged a large number of worms, and was enabled to walk about: she soon recovered.

Such facts I consider interesting and important, and have been astonished that they have excited so little attention from the profession. Have I erred in attributing these cases to verminous irritation? In the two former, the treatment usually insti-
tuted, had failed to produce the results expected, and it was not until worms had been evacuated, that relief was obtained.

I trust this hasty article may elicit the experience of my medical brethren on this point.

In conclusion, I will describe a case which came under my care while assistant physician of the (Charleston) Dispensary, in 1828—I was called to an elderly woman who for several years had been troubled with Tænia; several eminent physicians, in succession, had dislodged a portion of the worm; but in the course of a few months, medical aid was again required—for as the head of the Tænia had not been discharged, new joints had been regenerated and morbid symptom renewed—the exhibition of calomel and gamboge, followed by ol. ricini and sp. terebinth. in a few hours caused the discharge of a tænia about 4 feet in length. Attributing the recurrence of the disease to an atony of the alimentary canal, after the exhibition of alkalies for the purpose of removing the tenacious mucus from the mouths of the absorbents, I prescribed the solution of acet. of iron, formed by digesting the carbonate of iron in strong vinegar, to be taken in doses of a tea-spoon full thrice a day. But a short time was necessary to demonstrate its efficacy, for her health improved rapidly. By my directions, she persisted in the use of the remedy for several weeks. After all former attacks, a year had never elapsed without a renewal of the symptoms. Fully three years after, I again saw her, when she stated that she had never since perceived any symptoms of the worm.

A few months since, I attended a young negro, from whom, in the space of a week, I succeeded in dislodging more than 70 lumbrici. The same tonic (acet. iron) was prescribed for him—and at the present time, his master has not a more healthy young negro.

These latter cases, although not strictly connected with the above article, are adduced to show the expediency and necessity of following up the exhibition of anthelmintics by chalybeates, or other tonics.
ARTICLE III.

Account of an Anencephalus, or Human Monstrosity without a brain and spinal marrow. By Alexander Y. Nicoll, M. D. and Richard D. Arnold, M. D. of Savannah. Read before the Medical Society of Georgia, on the 6th May, 1837.

On the 12th February, 1837, we were requested to examine a female negro child, which had the night previous been prematurely born at the eighth month, to give our opinions whether violence had been used or not, which in consequence of the singular appearance it presented, was supposed by those who attended at the delivery. Upon a superficial examination, we pronounced that no violence had been used to destroy the child, but that it was a monster of an interesting character, and requested that it might be given to us for a more minute examination, which was readily granted. We have, with the assistance of Dr. Lewis F. Nicoll, of New York, made as careful an examination of this case, as our means and experience would allow us, and believe it is important in determining the question of the evolution of the brain and nervous system;—not so much, however, from the deductions which we ourselves have drawn from the dissection, as from its affording additional facts to those which have already been presented to the profession on this subject, by older and abler heads than ours.

A front view of the child exhibited to us the eyelids as two round bodies placed upon the top of the head, as delineated in fig. 1st, which previous to the dissection, we considered as deformities in themselves. In this view, the chin was resting upon the chest, bringing the head so low down, that the ears not only touched, but were actually turned up by the shoulders. Upon looking at the head laterally, it appeared as if cut off by a plane which intersected it just above the nose; thence passing down to the top of the ears and there exhibiting a slight prominence, as is shown in fig. 2d, occasioned by the sponginess of the membrane, hereafter to be mentioned, the plane then passing down at a greater angle to the shoulder.

Looking at the head posteriorly, it appeared as if the whole
scull had been removed, with the exception of a small portion just back of the eyes, which passed down on each side close to the ears, and terminated directly upon the shoulders; upon the whole of which hair had been formed. The central portion, instead of the convexity usually observed, presented a very irregular appearance, dark and bloody, as if violence had been used.—This central portion was covered by a thin membrane, which we believed to be the Dura Mater. Upon pressing this with the finger, it appeared to be in direct contact with the bones beneath with the exception of a small part in the centre, which felt spongy to the touch, but at the same time of very little thickness.

Proceeding to the dissection and removing the scalp behind the eyes, we were surprised to find not the least rudiment of the frontal bone, except a portion of the orbitar plates which was attached to a confused mass of bone, hereafter to be mentioned.—Upon dissecting the membrane from the central portion, we found it closely adherent to the basis of the cranium, if we may call it so, (with the exception of the spongy central portion that appeared to contain blood,) and traced it down to the spinal canal from which it appeared to emanate. Underneath this membrane was a confused mass of bone, very solid, without any marks of the usual divisions of the bones of the cranium. Continuing on, we found no trace of the parietal, the occipital, or the squamous portion of the temporal bone. After an attentive examination, we could not discover the least portion of the cerebrum or cerebellum. That portion of the foramen magnum, which is formed by the sphenoid bone, and which is usually, more or less, round, was in this case angular, the angle being formed by the junction of the bases of two triangular plane faces, the vertrices of which terminated behind the ears, and there formed something like the mastoid process; which, however, instead of being round, presented a sharp edge looking outwards and backwards, as seen in fig. 3d. Believing that something might be contained in the confused mass of bone which formed what might be considered the base of the skull, we sawed through it, but found it perfectly solid. In examining the cervical portion of the vertebral column, we could not discover the atlas; and found that it was composed of four, instead of seven, vertebrae. On opening the spinal column, there was no trace of the spinal marrow; but
the membranes were present from about the 2d dorsal vertebra. From the position and great prominence of the eyes, we doubted if there could be any antrum maxillare; which, upon dissection, we found to be the case. The eye had made itself a socket in that portion of the upper maxilla commonly occupied by the antrum. In our dissection, we were particularly struck with the quantity of a diapse matter we met with, as also the abundance of hair, which, in this particular case, covered the cheeks, the shoulders, the outside of the arms and fore-arms, the back down to the nates, and the outside of the thighs and legs.

We next dissected down, to ascertain the appearance of the axillary and popliteal nerves, and found them large and well developed. We also dissected the neck, to ascertain the comparative size of the internal and external carotid; but regret that we were unable to determine this, in consequence of our wanting the means of injecting them; and the common carotid was so small, and not being injected, we lost all trace of the artery in a mass of caseous matter, behind the angle of the lower maxilla. With the exception of the head and neck, every other part of the child, externally, was remarkably well formed and plump.

From the foregoing description, it will be at once perceived, that the monstrosity described answers exactly to that known as an Anencephalus; as that term has been reserved to designate such as have the brain partially or completely absent, "with a corresponding defect of the parts by which it is protected." In this case the external organs of the senses were present.

Our object in bringing this subject before the Society, is not merely that a "lusus naturae" might be brought to the cognizance of our medical brethren, and not be buried in obscurity—but in contemplating it, it cannot fail to strike every observer as being pregnant with interest, in a philosophical point of view. In the few observations which follow, it is more our object to elicit research than to provoke criticism. In the article Anencephalus, in that excellent work "the Cyclopedia of Practical Medicine and Surgery," Dr. Geddings, of Baltimore, has the following observations:

"In that variety of anencephalous monsters in which the defect is most considerable, there is a total absence of both brain and spinal marrow: the peripheral portion of the nervous system ex-
ists and is well formed; but the nervous centre, or cerebro-spinal axis, is altogether defective. *This is by far the rarest form of this species of abnormal deviation,* and is the only one to which the term *anencephalus* can be properly applied. *So seldom indeed* does it occur, that *only a few cases are to be found on record.*

In this, as in the case reported by Morgagni, and cited in that article, the *cerebrum cerebellum* and *medulla spinalis* were absent; and like that reported by Vanhorn, "the deformed bones of the cranium were so thick and closely grouped together, that no cavity existed; but the membranes of the *medulla spinalis* were developed.

The membrane lying over the bones of the cranium was undoubtedly Dura Mater; because, after lifting it up, the periosteum was found adhering to the bones, and moreover the membrane was continuous from the cavity of the spine. *In relation to the peripheral nerves, there are some facts worthy of attentive consideration.* *All the nerves of the periphery were not present.*—

To obviate misapprehension, we beg leave to state, that in nerves of the periphery, we include those which establish a communication between the brain and spinal marrow and the organs of the external senses.

1st. *Of the Nerves to the Orbit of the Eye.*—In the normal state, no single organ is so well provided with nerves as this. Anatomists reckon no less than six, viz:—the optic; the 4th pair, or pathetic, (the respiratory of Bell); a branch of the 5th, or Trigeminus; the 3d, or general motor of the eye; the 6th, or external motor; and a branch of the sympathetic which joins it on entering the orbit. It will be recollected, that the ball of the eye rested on the upper maxilla, and had formed a fossa for itself in that part usually occupied by the antrum maxillare. A careful and minute examination failed to reveal to us a single nervous filament about the ball of the eye, or in its vicinity. The foramen by which the optic nerve passes through the sclerotic, did not exist; and although every other part of the eye was satisfactorily apparent, the Retina (if it had existence) could not be perceived by us. The six muscles of the eye-ball were also deficient.

2d. *The Nerves to the Nares.*—In the normal state, the Nares are supplied from two sources, the olfactory and the trigeminus. There was no trace of a single filament of either.
3d. Of the Ear.—There was no cavity in the mass of bone which might be said to represent the petrous portion of the temporal bone. Of course all the auditory apparatus usually contained in it, must have been wanting. The external ear was present, and a small depression represented the meatus auditorius externus. As might be inferred from there being no cavity in which to pursue its usual course through the petrous bone, the Facial nerve was entirely wanting. Indeed, the space behind the angle of the inferior maxillary bone, was filled with a kind of caseous matter, in which no muscular fibres nor nervous filaments could be found.—Not the least interesting thing in this dissection, was the anatomy of the nerves going to the tongue and down the front of the neck. As all the nerves of the encephalon which we had looked for, and which should have come through foramina in the cranium, had proved deficient; it was with no little curiosity that we commenced a careful examination of that part. The pneumo-gastric, the hypo-glossal, and the glossopharyngeal, equally with the portio-dura, trigeminus, patheticus, and motor-oculi, are in the normal state, involved in foramina in the cranium; and analogy would have led us to infer their absence. But, although from the shortness and imperfection of the neck, and the small development of the muscles in its front, a little more than ordinary care was required in the dissection, the pneumo-gastric, the hypo-glossal, with its descending Ramus, and the glossopharyngeal, were distinctly visible. The preparation now before the Society will make it apparent to every one. But they were lost above in the caseous matter which we mentioned as existing behind the angle of the inferior maxilla. The common carotid and the internal jugular were also apparent, though small, and they were insensibly lost in the same matter.

As all the other parts of the body, save the head, were well formed, it remained to be seen what was the condition of the nerves distributed in them. It was not deemed necessary to examine more than one for each extremity. For the arm, the median nerve was cut down to and exposed. It was of a full and natural size. The popliteal nerve was exposed in the same manner and with a similar result.

What the nature of the energy of the nerves is, will probably always remain a matter of speculation. We can appreciate the
powers of life only by their effects. But let not uncertainty be hence attributed to our profession, above others. Who has ever approximated to the real nature of that wonderful law by which the planets are made to revolve in their respective orbits, and the harmony of worlds preserved? Yet, from a careful examination of its effects, laws have been deduced and made the basis of unerring calculations—So the diligent observer of nature at the bedside and in the dissecting room, cannot fail to arrive at a knowledge of the laws of life that will be of inestimable value to him in the investigation of disease, which is a departure from their natural course.

In this case, there could be no dispute as to the priority of developement, between the brain and spinal marrow. Is it not then improper to speak of one taking its origin from the other; and is not this case a confirmation of HALLER's opinion that there is an evolution of the parts of the foetus without the addition of any new part?

With the exception of the head, all the parts were well nourished. Certainly they did not depend on nervous energy derived from the cebro-spinal axis, for their nutrition. We must then look to the arteries as the source of nutrition, and as the cause of the developement of such nerves as did exist. It is evident that the arteries which exist in the normal state, could not exist in the confused mass of bone constituting the cranium in this instance; hence a deficiency in evolution of the nervous, muscular and bony matter of that part.

The nerves that were developed must have had an energy independent of the brain and spinal marrow.

The result of the researches of TIEDEMANN on the developement of the brain in the foetus, is that the spinal marrow is the part of the nervous system first formed, and most distinct in its early months. The case before us, proves that the deficiency of the spinal marrow did not prevent the formation of most of the peripheral portion of that system; and that such formation is not dependent in any way upon that of the Spinal Marrow.

A few observations on monsters will close what we have to say on the subject. Like the majority of monsters on record, this was of the female sex. The observations of MECKEL have proved the "genital organs of the two sexes are formed primitive-
ly in the same model, and that they should be considered only as 
a modification of the same fundamental type;” and that the em-
bryo is, in all cases, primarily of the female sex. The imper-
fect formation thus occurring more frequently in females, has 
been supposed by Georget to be owing to a feeblenergy of 
the formative or organic powers in the female than in the male! 
Why a deficiency should exist in one part in preference to anoth-
er, must remain a matter of speculation.

The history of the mother affords no clue in this case. She is 
a woman about 30 years of age, well formed, and has been the 
mother of eight children, all of whom, with the exception of two, 
have been delivered at the regular time; and her deliveries have 
generally been easy, and her recovery rapid. There had been 
nothing peculiar during this pregnancy. In the delivery, there 
was nothing to lead to a suspicion of any thing unusual, and it 
was not until the child was fairly exposed to the light, that it was 
discovered to be a monster. There was said to be a larger quan-
tity than usual of the liquor amnii; but this we are inclined to 
attribute to the birth being premature. The child showed no 
sign of life after birth. It had moved, sensibly, when in utero.

ARTICLE IV.

Case of Intussusception: by Dr. Judson; communicated by 
Dr. Bacon, of St. Mary's, Geo.

R. H. H., a fine, healthy boy, 3 months old, was attacked 
about 10 o'clock on the evening of the 16th of June, with a slight 
colic. The symptoms were so mild as to excite no alarm. A 
little paregoric was given by the mother, and it slept as quietly as 
usual all night. Next morning at 6 o'clock, violent symptoms 
appeared—severe vomiting, pain in the abdomen, and paroxysms
of extreme distress. He had one natural stool after the first vomi-
ting occurred. The mother soon became alarmed and ad-
ministered some magnesia, which was instantly thrown up.—
Some castor oil was then exhibited, but no relief was obtained;
and, except the small stool above-mentioned, nothing had passed
from the bowels but a few drops of pure blood—This took place
several times, and always with great pain and straining. Dr.
Bacon was now called in. The child had become alarmingly ill,
and was vomiting matter of a stercoraceous colour and smell.—
The case was at once recognised as Ileus of an aggravated
character. But as the child had been seized in perfect health
without exposure to any violence, or to any known error of diet
or regimen, the cause was involved in great obscurity. The or-
dinary remedies for Ileus were employed, but did not in the least
check the fearful progress of the malady. The symptoms con-
tinued to increase in violence without other material change, till
6 o'clock in the evening, when (12 hours from the onset
of the complaint,) the child died. There was at no time much
apparent tenderness in the abdomen and the tumour, so often
noticed in cases of intussusception, was not observed at all. Du-
ring the last three or four hours, the bowels became tympanitic
and no tumour of the kind could have been discovered, even had
it existed.

Post Mortem Examination.—The body was examined 18
hours after death, by Dr. Bacon, in the presence of Drs. Church
and Judson. It was not in the least degree offensive, as pu-
trefaction had not begun, except perhaps in the scrotum and
groin, where a slight discolouration appeared. On laying open
the abdomen, all the viscera except the intestines were found
perfectly healthy. The stomach and intestines were greatly dis-
tended with flatus, but devoid of all faecal matter. From a point
a little above the sigmoid flexure of the colon, a portion of the
bowel six inches in length was found distended one-third beyond
its natural size, discoloured almost to blackness, nearly gangren-
ous and filled or rather bloated up with some soft substance.—
The intestines upwards from this point through the whole course
of the ileum and part of the jejunum, were intensely injected
and inflamed, the extreme redness and vascularily gradually di-
minishing with the distance from the immediate seat of disease.
Indeed it was agreed by all present, that they had never seen so perfect and beautiful an injection as the intestinal coats exhibited.

On removing the parts for a closer examination, a large portion of the ileum, the whole of the caecum, the ascending colon and its arch were found invaginated in the descending colon, and the whole so much displaced that the ileum seemed to be nearly continuous with the sigmoid flexure of the colon. Considerable effort was required to draw out the invaginated parts. They had completely blocked up the whole intestinal cavity for the distance of three or four inches. Yet no adhesion had formed—no coagulable lymph was thrown out—nor were any of the ordinary products of inflammation seen, unless the blackness observable at the point of intussusception be considered as proof of gangrene. The inflammation produced by the unnatural situation of the bowels seems to have destroyed the child in its very first stage. The extreme pain accompanying such displacement and such violent inflammation, may have accelerated the fatal issue. It was made evident in the examination, that had the abdomen been laid open during life (as has been sometimes proposed) with a view to disengage the invaginated parts, they could not have been reduced without a degree of force amounting almost to violence. I have seen no case on record that run so rapid a course.

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ARTICLE V.

Letter from Dr. E. H. Macon, on the diuretic virtues of the Azalea, or Honeysuckle.

MERCER INSTITUTE, April 5, 1837.

Mr. Editor—It has been for some time my intention to make known to you, and through your valuable journal, to the profession at large, a new article which has proved in my hands a
most valuable therapeutic agent. I am not aware that it has ever
been introduced into regular practice; and that its virtues may
be more fully tested by experiment, I wish to call the attention
of the faculty of the College of my native state to the article in
question.

Azalea—Honeysuckle—the Root.—This shrub grows abun-
dantly on the banks of small rivulets. Its flowers are red, and
sometimes very pale. It yields a semi-transparent fruit* from the
size of a quarter dollar to that of the palm of the hand. Children
frequently pluck and eat it. It is a vegetable diuretic.

About four years ago, I heard a countryman urging the claims
of a strong decoction of Honeysuckle to powerful diuretic pro-
properties, and I determined on testing its virtues at the first oppor-
tunity. It was not long before an extremely distressing case of
hydrotherax was placed under my care. The patient could not
lie down, but was compelled to sleep in a sitting posture. He
could scarcely walk; the feet, legs and thighs, as well as abdo-
men and face, being enormously swollen by anasaceous effusion.

In addition to various remedies as advised by different authors,
I ordered a strong decoction of the root of Honeysuckle to be
drank at all times, and in any quantity, instead of water.† Within
ten days all the hydroptic enlargements were entirely removed.
So rapid had been the abduction of the effused fluid that the skin
on the limbs presented a shrivelled and wrinkled appearance.—
The patient, a robust negro man, was, in two weeks from the
time the treatment was commenced, enabled to go to his ordinary
labor; and within four weeks was discharged as perfectly well.

I have since treated a number of drospical cases, in only one of
which have I failed to reduce the swelling forthwith. Some of
the cases were treated three years ago, and continue well.

I would not have it understood that I have not used other me-
dicines during the treatment of these cases. My success in the
first, made me unwilling to abandon the plan of treatment then

*We should consider this an exccrescence, instead of a fruit. It is not found
on the fruit buds, but attached to the leaves, and other parts of the shrub.—Ed.
†The administration of the new remedy, in addition to the prescriptions recom-
mended by authors, leaves the truth unrevealed, whether the new or the old rem-
edies wrought the good in the case. There should be great precision in determining
the value of new remedies.—Id.
adopted, and to which I have since, uniformly adhered, with only a few trifling exceptions.

According to my pathological views of dropsy formerly and at present, thus, as there is no lesion, injury or mechanical impediment to the proper performance of the peculiar function of the absorbent system, dropsy must be owing to a want of energy, or a state of atony or torpor in that system. With these views I prescribed, after the exhibition of a brisk hydragogue cathartic, the calomel and squill pill, and a strong decoction of honeysuckle root. It is not my purpose to dilate on calomel as having the virtue to stimulate and increase the power of the absorbent system when sluggish, nor to discuss the question of the specific influence of squills on the pulmonary system, nor that of its diuretic properties. My chief reliance however for a diuretic, is the honeysuckle. I use such other remedies as the indications of cure may seem to demand, but of all articles with which I am acquainted, I repeat that the root of the honeysuckle is, for diuretic purposes, the most efficient.

As I am not writing an essay on dropsy, I will proceed to notice its successful administration in some other diseases.

In retention of urine from other causes than mechanical obstruction and paralysis of the bladder, I have used it with great benefit; so that in my limited practice, I have never had occasion to use the catheter but in one case, and that was one of retention of urine from paralysis of the bladder.

In all cases of strangury and gravel, and of inability to discharge urine in gonorrhœa, gleet, &c., I uniformly prescribe the honeysuckle—not, however, depending on this for the cure of the disease which may cause or accompany this retention, but simply for diuresis. In short, in whatever case a diuretic is indicated, the honeysuckle may be be used freely and with safety. It has always proved perfectly controllable, its effects ceasing when its use was discontinued.

The case of dropsy referred to in the former part of this letter, wherein I failed to reduce the swelling, was that of a negro woman who had been afflicted with ascites for three years, during most of which time she had been under the treatment of experienced physicians. Her abdomen was enormously distended. After using various remedies which seemed to be indicated
in this case, at length, during an interval of phyalism, produced by the use of the calomel and squill pills, I ordered her to make a constant and free drink of the Honeysuckle, excluding all other drinks and medicines for several days. I did not see her again for a week, at which time she informed me that when sitting down, she was afraid to get up if in company, because the water would run from her on every attempt to walk; expressing at the same time great astonishment, that the quantity of fluid voided far exceeded that taken in. She was at one time reduced in size about two-thirds, and seemed for a time to promise continued amendment; but after a time the swelling again increased, alike in defiance of this and all other remedies. In all the cases with the exception of this, and one of hydrothorox attended with hypertrophy of the heart, I succeeded in effecting permanent cures, so far as has yet appeared, or in procuring such amendment as to cause the patient to abandon the remedy too early, from the belief of no farther existing necessity.

I might say much more on this subject, but consider that I have said enough to introduce the article in question to the attention of the profession. Will you and your colleagues adopt the use of the Honeysuckle, and give the results in the Southern Medical and Surgical Journal?

Dr. Macon requests information on the following cases:

1st. A clergyman of Oglethorpe, whilst leading his horse by the fore-top, was by a sudden effort of the horse, caused to suffer great pain at the insertion of the deltoid muscle. He has almost entirely lost the use of the limb, being unable to raise it higher than his breast, or move it in any other direction except forward. The limb has been examined by several physicians, none of whom can detect luxation or fracture. All ordinary topical applications have been made in vain.

2d. Mrs. L****, in this vicinity, whilst stretching out a hank of cotton yarn, suddenly felt pain about the middle of the humerus. In a few weeks, the biceps flexer cubiti became much contracted and still remains so, bending the fore-arm up to the breast. The limb is painful and almost useless. No dislocation or fracture can be detected.
3d. In October, a negro girl was struck by the falling of a tree in such a manner that her scalp was considerably lacerated and her left shoulder bruised and violently strained. No fracture of clavicle, scapula or humerus, nor dislocation, could be detected, after the most careful examination. All topical applications from the use of which benefit might be hoped for, were used to no good effect. Six weeks after, the arm was entirely useless, but moved in any direction without the least pain. The motion of the shoulder joint was free and without crepitus. The paralyzed state of the parts about the joint afforded a free examination of the head of the humerus, which was always in place with the glenoid cavity. The force which injured the shoulder was applied from above.

It is hoped that a clear and rational pathology of these cases will be given by some of the readers of the Journal.

For the assistance of those who may be disposed to adopt the use of Dr. Macon's diuretic, we append the following extract of a letter from a scientific friend, on the subject of the Azalea:

"The Azalea (or 'Bush Honeysuckle,' as contradistinctive to the genera Caprifolium and Lenicera, which are called Woodbines, from woodbind, and are twining or trailing plants) is arranged in the Linnean class and order Pentandria monogyinia, and the natural order Rhoderaceae. There are ten species described in the 7th edition of Eaton's Manual of Botany, and full as many more set down as varieties or sub-species;—the growth of the United States. Elliott has five indigenous to South Carolina and Georgia, with three times that number of varieties, but he quotes Donn's Hortus Kewensis for his subdivisions, instead of resorting to the forests. If we pass to Europe and embrace their garden varieties, which are the only true varieties, we find in the collection of Messrs. C. Loddiges & Sons, near London, twenty-three species, one hundred and eighty-six varieties and twenty-four sub-varieties; seven-tenths of which are derived from North American species.

"The Azalea nudiflora and Azalea viscosa are the most abundant and widest spread over the United States; beginning at the borders of Canada and extending along the broken land, and particularly the mountain range, to their most Southern extremity; they often approach the sea board, but become more plentiful as you recede to the midland."
As Dr. Macon has distinguished no particular species or variety, we presume he alludes to any or all the varieties of these species. It would be well however, for those who adopt its use, to observe the effects of the different species at least; the difference of which will, we presume, be found, if at all, only in the degree, and not in the kind of power.—Ed.

ARTICLE VI.

An Essay on Female Diseases, and the Use of the Pessary in Uterine Displacements. By Dr. S. M. Meek, of Tuscaloosa, Ala.

The present is an age of considerable speculation and enterprise, in science and scientific pursuits generally; and no department affords a more extensive and interesting field for investigation than that of medicine; nor can any be found with which the life and happiness of man (in his present state) is so closely connected: consequently there is no subject more worthy of deep thought and thorough investigation, by the philanthropist and scholar. This, however, becomes the peculiar duty of the medical profession.

The interest taken by medical men, both in Europe and in our own country, indicates that they do not design the subject to slumber, as the increase in the number of medical journals and reviews, both in Europe and America; and the general and scientific character of most of those periodicals omen well an improvement in the healing art.

In the United States, the North and West are in advance on this deeply interesting subject, nor have the Southern states kept pace with their northern and western sisters, in proportion to
the talent, wealth and medical science of which they could boast.

Our zeal in the good cause has recently aroused us from our lethargy, and even as far south as the city of Augusta, in the state of Georgia, we have a Medical Journal published, which in point of interesting subjects and scientific and practical research, (though but young) will not suffer by comparison with many of those of more mature years.

Although on the healthy condition of the uterus, the health, happiness and stability of mankind almost entirely depend, still there is, in my humble opinion, no department of medical science more generally neglected or noticed with less concern, than female complaints, and especially uterine affections.

It is true we have some works of considerable merit on this subject, both by ancient and modern writers; yet I must insist that the profession have not afforded their successors that light on this subject which they could have done and which its importance demands.

I am happy, however to find that our southern physicians, through the medium of our journals, have at length manifested a consciousness of the thrilling interest which should be felt on this subject; as it must be obvious to every close observer, that a southern climate and the constitution of females born and raised in the south, render them peculiarly subject to diseases of this organ, and should impose on the medical profession the duty of attempting to afford them that relief which is not to be looked for from any other source.

I am perfectly aware that in relation to this as well as to most subjects occupying the attention of medical men, there will always be a diversity of opinion, not only in relation to the remote and proximate cause of disease, but likewise as to the most proper remedial agents and their modus operandi.

I would therefore beg leave to notice a few of the causes which in my opinion, contribute to render the number and extent of female diseases much greater in southern than in northern latitudes—and

1st. The precocity resulting from climates, by which females arrive at puberty from two to six years earlier than in northern latitudes.

2d. The effect of the climate on the system producing greater
relaxation of the muscular fibre, and the parietes of the uterine and genital organs in general.

3d. The effects of early parturition on the uterus and its ligaments and on the vagina, and the imprudent exertions made by ignorant female accoucheurs to hasten the termination of labour.

4th. The delicacy felt by young, inexperienced females, in making known their condition with flour albus, prolapsus or procidentia uteri, producing delay in making application to the physician for the necessary assistance.

These, together with other causes, contribute largely to augment the sufferings of females in southern latitudes beyond what they suffer in colder climates.

The question then arises, what can be be done to relieve female suffering and ameliorate their condition?

In the first vol. of the Southern Medical and Surgical Journal, being No. xi. for April, 1837, I perceive the use of the Pessary in displacements of the uterus and vagina is brought up, and to some extent examined; but the conclusion to which the author of the essay arrives from his own experience, and the authorities to which he refers, on the first blush, was to my mind perfectly astounding, and led me to enquire, can it be so? At this day, illumined as we certainly are (or should be) by the sun of medical science—shall we be led to abandon to immediate sufferings, and finally to death, a vast number of the most invaluable human beings on the face of our globe, by taking from them (shall I say) the sheet anchor of their hope, that, on which hundreds have rested and found (or believed they found) themselves delivered from some of the most distressing diseases incidental to human nature, and that without proposing any adequate substitute, on which to fix their hopes when laboring under such peculiar affliction? When we recur to the medical history of gone-by ages, and enquire whether females then suffered as they do now, and whether these diseases were then known, and if so, how treated?—We are informed that as early as the days of Hippocrates, Pessaries were in use, and almost every author who has written on the diseases of females and on midwifery, from the days of the father of medicine, down to the present day, not only speaks of their successful application in practice, but considers them indispensable in many cases, as all other means resort-
ed to have failed, while Pessaries have proved successful. And Dr. Dewees speaks of their use and utility, in language and under circumstances which cannot be mistaken or doubted even by the most skeptical.

I am authorized to say that most of the practising physicians in this city and vicinage, use the Pessary in their practice, and some of them believe that cases occur of both prolapsus and procidentia uteri, in which neither a recumbent position, nor Hull's utero abdominal supporter, nor any known remedy, will supersede the use of the Pessary.

For the last twenty-eight years I have been engaged in the practice of medicine, in South Carolina, Georgia, and for the last nineteen years in the state of Alabama, in or near the city of Tuscaloosa; during most of which time my attention has been called to the treatment of female diseases, and especially uterine affections.

While studying medicine, I formed a predilection for the sponge Pessary, not doubting, however, but that I should meet with cases which would in all probability require Pessaries of greater firmness; and subsequent practice has produced no change of opinion in relation to the use of the sponge. In the course of my practice, I must have prescribed and used the Pessary in more than two hundred cases, and I can confidently assert, that at least one hundred and fifty have derived evident benefit from their use; and in more than fifty cases they have been restored to a healthy condition, and (suffer me to add) a large majority of the cases have been prolapsus, not procidentia. And here I would offer a few reasons why I have been induced to prefer the sponge Pessary.

1st. The sponge Pessary is softer and more yielding, so as to accommodate itself to the parts without injury to the vagina, or uterus, and on this account may be used when the parts are somewhat inflamed and irritable.

2d. The sponge Pessary can be introduced and removed with less difficulty than any other kind, and that by the patient herself.

3d. The sponge Pessary does not obstruct the ordinary excretions, but absorbs them; and unless they should be redundant, will imbibe the whole discharge when removed twice a day, as I always direct.
4th. The sponge Pessary is the best vehicle by which astringent and refrigerant applications can be made to the relaxed and inflamed parts; at the same time injections may be used when the Pessary is removed: but this I have seldom found necessary when the sponge Pessary is well managed.

5. The sponge Pessary is more easily suited in size and form to all cases than any other kind of Pessary.

In many cases of displaced uterus, a recumbent position is indispensable to enable the parts affected to recover their natural position and tone, and in some cases this alone, or accompanied with suitable injections, may be all that is required; while there are others (and especially when they have become chronic,) which would never be restored by position, injections or other means without the pessary. In such cases, when the Pessary is introduced, the patient, with but little inconvenience, can go on foot and attend to her ordinary business—and the parts thus kept in situ, the ligaments gradually recover their tone, the Pessary may then be dispensed with. I have had a number of cases of this description.

I am on this subject, as I would be on all others of importance, disposed to examine all the different bearings before I would attempt to controvert the views and opinions of others.

This, however, is a subject which has long occupied my strict, and I may add, my (almost) undivided, attention; and although "doctors" may "disagree," yet this disagreement should not obstruct, but accelerate the progress of medical science; and Dr. J. A. Eve, in his remarks on professional qualifications and character, very justly observes, (in substance,) that the medical profession has fewer helps or way marks to assist and direct their course, than have those persons engaged in any other profession, and consequently they require stronger mental powers and more extensive scientific and literary acquirements.

Much has been effected by a close attention to mechanical principles within a few years past, in the application of steam power, together with suitable machinery to facilitate the intercourse between distant regions, and much animal labor has been dispensed with, and incalculable advantages in mechanics, agriculture and commerce, have been the result. Shall men use such physical and mental exertions to accomplish that which may add
to our comfort as well as pecuniary advancement, but accomplish nothing more; while the medical profession, in whose hands are placed the health, life and happiness of thousands, rest satisfied with the attainments already made in the "healing art;" although there has been so little accomplished for the relief of suffering humanity for ages past. We have but recently discovered that our predecessors in medicine were in error in some important parts of their practice, while we ourselves are unable to furnish a desideratum in its place.

Should not every physician feel it a duty incumbent on him to make some discovery or improvement in medicine, and never dispense with former discoveries without the best reason for so doing, and then only after proposing at least something which promises more certain and permanent relief?

I presume no one would assert that in all cases of uterine and vaginal displacements, a Pessary should be used, and that without reference to the condition of the parts as to metritis and other affections; nor would any judicious practitioner prescribe or introduce a Pessary without first ascertaining as nearly as practicable the condition of the parts, and then determining as to the time for application, the size and nature of the Pessary to be used; and even then he should not resolve to continue its use at all hazards, but be governed by the effects produced and either remove or continue the Pessary for the time being as circumstances may direct.

In several cases of prolapsus uteri which have come under my care (one of which has been within a month past) I have directed the use of the Pessary, believing at the same time the patient prepared for its use. But when on trial, it produced great uneasiness, I have then had it removed for some days and directed its use again when the irritable state of the parts shall have subsided; and my hopes and expectations have been fully realized.

I am not at all surprised that many physicians have imbibed prejudice against the use of the Pessaries, who acknowledge they have never used them in practice, but have removed them when, after having been introduced by others, they were doing great injury to the parts. This is nothing more nor less than I should expect, from the solid unyielding nature of many Pessaries now in use, and highly recommended by some of our best physicians,
and from the length of time they direct them to remain without being removed.

But I presume none will make the foregoing assertion in relation to the sponge Pessary, when prepared of good fine sponge, of proper size, well introduced and removed twice a day.

When I commenced this essay, my design was to present my views on the Pessary and its use in displacements of the uterus, &c. in a concise and condensed form; but professional and other business so frequently interrupted my progress, that to give some general idea of my opinions I have necessarily been more prolix than I anticipated.

In conclusion, I would observe that several of the reasons offered by the essayist at the close of his essay, why "Pessaries ought now to be abandoned," would never have occurred to my mind, nor can they (in my opinion) have any weight, when the sponge Pessary is used as I direct. The patient herself can introduce and remove the Pessary, nor is it indispensable that it should remain when in bed; as the recumbent posture will be sufficient to keep the parts in site; but introduced before or when she rises. The use of the Pessary may be suspended (as I always order it to be) during the catamenial discharge; at which time the patient should avoid great bodily exertion and keep as much as convenient in a recumbent posture, nor should I apprehend any demoralizing influence from the use of the Pessary.

Note.—Dr. Meek seems to have, in common with some of the most respectable authors, used the terms prolapsus and procidentia somewhat differently from their general acceptation at the present day. It is true, that the application of the terms either way is arbitrary; and consequently Dr. M. as well as those from whom he adopted his nomenclature, had a perfect right to apply them as he might please. Still a fixed nomenclature for these cases is not of trivial importance; as the want of it has tended to unsettle the minds of pupils, and cause disagreements and misunderstandings amongst practitioners. Some authors have spun out the nomenclature for this displacement to express several different degrees thereof: as Parr, who by relaxatio, means a descent of the womb down to the middle of the vagina. By proci-
dentia, he characterises its descent to the labia; and by prolapsus, its falling through the labia pudendi. Charles Mansfield Clarke says procidentia uteri has also been called prolapsus uteri and descensus uteri; the latter term being used to express the minor degree of the disease—the former, that in which the uterus has fallen out of the body, through the external parts. Dr. Good seems to use the terms procidentia and prolapsus uteri as synonymous with protrusion of the uterus into the vagina, and falling down of the womb. It is one of the species of his germs, "genital prolapse, and includes three varieties, the first of which he calls simplex. He then gives different degrees of this variety, thus:—

"If the descent be only to the middle of the vagina, it is called relaxatio," as by Parr; if to the labia, procedentia; if lower than the labia, prolapsus, &c. There appears however no need, either for practical or theoretical purposes, of making a distinction between the small variations of this displacement. It is therefore now, almost by common consent, divided only into two degrees, between which there is a plain and definitely marked distinction; and which differing degrees in their nature afford further distinction in occasional difference of treatment. According to this plan, prolapsus uteri expresses any descent of the uterus from its natural site, wherein it still remains above the os externum; and procedentia, any greater descent in which any portion, or the whole of the uterus is protruded through the vulva.

There is in favor of this nomenclature, at least some appearance of propriety in the proper and (slight) distinctive acceptation of these two words, which is not alike favorable to the other application of them. The former, or prolapsus, from prolabor means to slip, glide, incline, &c., whilst the latter is from ἀποστίπτω—procido, to fall down flat, &c. which is at least, a stronger expression, and measurably implies a greater degree. It is true that the etymological ground for distinction of one from the other by these words is slight; but slight as it is, we think the nomenclature had better be fixed on that little which may fix it, than continue to fluctuate with authors to the great inconvenience of pupils and practitioners, and of patients themselves. We should not have felt so deeply the importance of this nomenclature, but for a strong case, which often presents the fact of the ruinous tendency of different names for the same thing in pathology. Although
our note is much protracted beyond what was intended, we feel
it a duty to give a brief statement of this case, in this place.

A lady, on the eve of her marriage, ascended a chair placed
on a table for the purpose of fixing her parlour window curtains,
from which, by some unfortunate movement, she fell in such a
manner that her nates first struck the floor with great violence;
and a very severe flooding was the almost immediate conse-
quence. This was, by various means, gradually moderated until
she was enabled to be brought to town. I was consulted on her
case, and decided, by the full current of external symptoms the
existence of prolapsus. Some female friends more nice than
wise, insisted that she should consult another physician, before
she consented to the diagnosis. This was accordingly done, and
the latter informed of my opinion. On being assured that the
womb did not protrude, but that the external appearance was
perfectly natural, he decided most positively that the former opin-
ion was incorrect, that no prolapsus existed; assuring the pa-
ient that if it did, the womb could not fail to be visible externally.
It was therefore concluded that her distresses were only the re-
sult of that debility which necessarily followed the hæmorrhage
—that her complaints were chiefly hysterical, and that a course
of tonic and antispasmodic treatment would speedily restore her.
This being a much pleasanter suggestion to the patient and her
husband, was accordingly adopted, and the patient remained
subjected to it for some six or eight weeks. At this time I was
recalled to her by her husband, who had discharged the attend-
ing physician, in consequence of having himself made an inves-
tigation which proved to him that the lower part of the uterus
was just within the vulva, and the discharges from it copious and
extremely offensive; indicating the approach of the case to one of
the termination of this unpleasant disease when neglected, to
which I had directed his and his wife's attention. On the touch,
I found the anterior part of the cvix of the uterus immediately in
the rear of the punctum urethrae, where it was very firmly attach-
ed by the inflammation which had preceded the ulceration. The
posterior lip and half of the curvix, as high as the middle of the
great cavity of the body was lost by ulceration, and an extensive
ulcerated and suppurating surface presented, occupying the whole
internal surface of the uterus. I caused the discarded physician
to be recalled, in order that he might be convinced of his error; but he persisted in the opinion that there had been no prolapsus in the case, but freely acknowledged that he knew there was procidentia, which he had hoped to cure by strict attention to proper position in bed. The lady was greatly emaciated, and in that state of debility, and laboring under that dreadful train of nervous distresses, which generally attends the extremity of these cases when their proper treatment is too long delayed. By great, unremitting effort and attention, with the excellent conduct of a patient of good sense, the ulceration was perfectly healed within about two months. But before the progress could be arrested, not less than two-thirds of the whole uterus was destroyed; and on healing, a smooth cicatrix covered the posterior face of the remaining portion. This was nearly five months after the occurrence of the accident. No menstrual return had ever taken place since the accident, nor had there been any sanguineous discharge from the part after the suppression of the first hemorrhage, except at about two months after the accident, when the ulceration was at its greatest extent, and probably, from the return of the menstrual impulse, a hemorrhage considerably copious appeared for a short time, but which was, from its excess, promptly checked. The menstruating organization was destroyed, and as the process of healing progressed, dull pains in the chest acceded, with cough—abcesses and ulcerations in the lungs;—and death closed the scene in the eighth month after the accident. All this was doubtless from the apparently trifling facts that the attending physician called a descent of the uterus without the vulva, prolapsus, and that in which it does not appear externally, procidentia; and that he depended, for the cure of this latter, solely on position in bed.

The exact dates of this case I have, with very accurate coloured crayon speculum views illustrating the ulceration in its different stages, and the final appearance in healing.—Ed.
PART II.

REVIEWS AND EXTRACTS.


This is the title of a small volume which has issued from the Hartford press during the present year. Its title page at once attracted our attention, alike by the subject treated on and the name of the talented and experienced author. There has always and every where in this country been a crying necessity for a much greater extent of knowledge on the part of young mothers and nurses, relative to the management of lying-in woman and infants, than has been accessible to the proper reader. We say proper reader, not because the contents of this rich little volume would be unsuited to the eye of the best practitioner, or any one else; but because, intended as it is for the instruction of mothers and nurses, relative to such matters as do not ordinarily demand the presence of the physician, its value would be measurably lost if not diligently read by those classes themselves to whom it is addressed. Indeed the want of so concise and judicious a collection of instruction—the result of long and extensive observation under the guidance of ample science, cannot fail to meet the necessities not only of every beginning practitioner, but also of most of those who have passed many years in professional life. However closely general practitioners may have directed their attention to the discharge of their duties, it is but with a very small proportion that we find any thing like that thorough knowledge of the female economy, and the physiology of the infant to enable them to reason correctly for the prevention of disease and
the promotion of the best corporeal and intellectual developments. And of the small proportion who do by experience, come to possess themselves of what may be, and is commonly considered by the physician, minor science, and useful chiefly in the nursery, but a small proportion again of these are sufficiently communicative, conscientious, and at leisure to enforce instructions on the too thoughtless and inconsiderate patients and nurses. But the great sum of necessity for such a manual is in the country generally, where even physicians cannot be conveniently consulted, and in southern towns where there are no nurses but such as are drawn from the rougher occupations of life by the temptation of wages, with but little experience and less mental cultivation.

The little volume before us is probably as unexceptionable in all respects as is possible for a production of the kind to be.—The interest the practitioner takes in reading it may lead him to lament its brevity on some, and perhaps all the subjects, until he reflects that most of young married women and almost all nurses, have not that forecast which should lead them to much reading; and if a volume of considerable magnitude, though replete with matter of great interest, and concisely written, be placed in their hands, it appears so great a task that it is entirely neglected, or so superficially scanned as to afford only a few disconnected facts and many of them of least importance—a knowledge not unlike that generally obtained by females and others who read treatises superficially; and is much more calculated to do harm than good. The reader then becomes satisfied that, as he could not consent to omit a sentence and scarcely to alter the arrangement of one, the plan of the work could not have been better laid for the greatest usefulness.

Nor is the work a mere collection of precepts valuable in themselves; for whilst these are concisely and beautifully set forth, the understanding is enlarged by an accurate and perspicuous development of their necessity and their reasonableness, an example of which we give in the following extract. It will be also seen therein, that the author has not failed fully to understand a subject of greatest importance and generally neglected by physicians, (i.e.) the proper adaptation of mental exercise to age and constitutional powers, for securing the best mental and cor-
The "subsequent management of the child" he arranges under four heads:

I. Of the child's food.

II. Of the child's dress.

III. Of the exercise proper for the child.

IV. Effects of mental cultivation upon the child's health.—

The iii. and iv. of which we extract.

III. Of the exercise proper for the Child.—As soon as the child commences walking, the proportions of its body begin to assume a more perfect character. Exercise strengthens the muscles, and reduces the quantity of fat; the limbs become stronger, and the abdomen more flat. The child should not be forced to walk. It ought to be allowed gradually and voluntarily to take the erect posture. The legs may become crooked from too early walking. The hip joints are easily injured at this tender age, and I have no doubt that a large number of children laboring under "hip joint disease," became so by being urged to walk when too young. The exertion to their imperfectly developed joints and muscles must be immense. As soon as the child walks firmly, he should be taught to exercise carefully and to avoid jumping, especially from such objects as chairs, tables, &c.

The open air is the only proper place for exercise. When the weather is mild, children should spend much of their time out of doors. The morning and evening air is to be avoided.—After the dew has left the ground in the morning, and before it is formed in the evening, are the hours best calculated for their exercise.

All violent exercise should be prohibited, such as very fast running, jumping over fences, down steep banks, or climbing up trees. It not only exposes the child to severe accidents, but is positively injurious to the proper development of the frame.

The bones of young children are tender, and easily bent or broken, and their joints are not fully developed; hence any violent exercise tends to injure them. I do not mean to say that the free and unrestrained use of the limbs should not be allowed, but that children should not be urged by competition to deeds beyond their strength. Let them frolic and play as much as they please, but do not permit them to risk their limbs and lives by "extraordinary feats of agility." Children accustomed to the air are far less subject to catarrhal and inflammatory diseases. They acquire a vigor of mind and body to which children imured in a nursery are strangers. Their muscles are more fully formed, their complexion more healthy, and their digestion more perfect.

And again—
IV. Effects of Mental Cultivation upon the Child's Health.
The education of children cannot be too early commenced. Even in extreme infancy, the moral character begins to develope itself; and as man is naturally inclined to evil, so the first voluntary actions frequently require correction.

Childhood is the time for moral cultivation. It is the proper season to impress elementary religious truths. The mind, although naturally possessing a certain conformation peculiar to each individual, is greatly modified by early education. The sacred volume says, "Train up a child in the way he should go, and when he is old he will not depart from it."

This direction alludes to moral and religious cultivation, rather than to mental discipline. No one who receives the word of God as our unerring guide in duty, can doubt the importance of thus early impressing the minds of children with religious truth.

It is otherwise with regard to mental cultivation in its more extended sense. The brain, which is the apparatus of the mind, does not arrive to complete organization until about the seventh year. Before this period therefore, no task which requires any great degree of mental effort should be imposed. Children have a certain aptitude for learning the elements of all kinds of knowledge, far superior to the adult. This, no doubt, is the provision which the God of nature has instituted to prevent, or render unnecessary, a long continued effort of the child's mind. When we consider the utter ignorance and helplessness of the infant when ushered into the world, we are led to suppose that we cannot too early commence giving it instruction, and urging it to mental exertion. Children learn principally by imitation during the first few years of their existence, and the exercise of this part of the mind does not appear to produce any bad effects. If the reasoning capacity of the child be urged to action, before the mind has acquired facts to reason upon, then the exercise of the reasoning faculty produces injury, because it is called upon to construct without materials, or in other words, to arrive at conclusions without premises.

Whenever the mind is called upon to act, an extra quantity of blood is sent to the brain; and though this extra quantity is very small, still a long continued flow of it to the delicate and immature brain of the child, is apt to produce disease. A blister applied to the skin will cause an extra quantity of blood to go to the spot where it is applied, and this is caused by the stimulating quality of the blister salve. Thinking acts on the brain in the same manner as the blister does on the skin. If a child be allowed to think too long, the blood which goes to the brain will produce a kind of irritation there, which is apt to lead to inflammation, sometimes terminating in dropsy of the head. But the irritation, even if it does not end in inflammation, if kept up
a long time by the cause which produced it, dose not readily subside. The Consequence is, the brain is soon worn out. This is caused upon the same principle as blindness, when produced by looking at a very bright light. The eyes lose their power of vision, because their nervous energy becomes exhausted. They were used so fast, that nature was incompetent to supply the energy as fast as it was lost.

The food we eat is converted into blood, which furnishes the supplies necessary for restoring the lost energy of the system.

It is impossible to lay down rules for the regulation of all children. The minds of all vary, and some come forward much earlier than others.

Children generally prefer play to study; and the reverse of this is very rare. I am inclined to think too much has been said on this subject of late, to induce parents to postpone their children's education. The mind is active; it must be exercised on some subject. It cannot be folded in a napkin and laid aside. Its province is action, and act it must.

Great care is necessary to direct this action into the channel. If the parent discourage the enquiries of his child for knowledge, he will seek it elsewhere. Knowledge he must and will have, and perhaps he will draw it from a polluted source. This will be destructive. It will encourage the passions to the detriment of his reasoning faculties.

Those children who have a great desire for knowledge, are indisposed to muscular action. Great muscular action or continued exercise, is incompatible with much thinking, and hard study. This is owing to the fact that the blood is sent to the limbs, and retained there by exercise. The brain of course cannot have an extra supply. The best course, therefore to be pursued with children who are disposed to too much study: is to induce them to exercise freely; and in addition to this, they must be furnished with simple food, and a hard bed. This will restore the balance of circulation.

Children having a diseased brain, are very apt to exercise the mind too much; when this is the case, the family physician should be applied to for advice.

But we must deny ourselves the pleasure of any thing like a detailed analysis of the book before us, as we cannot republish the whole, and know not what we could omit. Its contents are arranged under four different parts. The first contains xxv. concise chapters, on the subjects of the qualifications necessary to constitute a good nurse; engagement of a nurse; her conduct in the sick room; her duties during labor; treatment of the mother immediately after child-berth; treatment of the child
immediately after its birth; washing the child; dressing the navel; of the belly-band; dressing the child; feeding the child; putting the child to the mothers breast, &c.; feeding the child when the mother affords no milk, or only a partial supply; management of the nipple before and after child-birth; food of the mother; her general treatment during the month; temperature and ventilation of the room; bed curtains; management of the child at night; wants of the child; on crying; general treatment of the child during the month; on the mother's assuming the care of the child; its subsequent management, and the conduct of the mother during lactation.

Part II. treats on the "diseases of the child,"

Part III. on the diseases of the mother, and

Part IV. on teething, weaning, administration of medicines, signs of pregnancy, and conduct to be observed during gestation; all of which are treated according to the soundest principles of physiology and pathology.

In concluding the pleasant task of noticing Dr. Kissam's book, we feel that we cannot say less than that it is a cheap little book, without the thorough knowledge of which no woman should come to the bed of travail—no nurse to the lying-in room, and no physician commence, or (if he has commenced,) continue the practice of his profession with females or infants.

**Thymic Asthma** of Infants; a disease hitherto but little known, and imperfectly understood.

The thymic asthma of infants is a much more common disease than is generally believed. Every one has seen infants born with a difficulty of respiration, and die in a few weeks, or even months, without ever having been relieved, and without their death being accounted for. Indeed, life is so uncertain in the early ages of infancy, that the victim has been rather regarded as a tender plant unable to take root in the new soil to which it has been removed.

It was however, evident that the cause of death, whether remote or proximate, was to be traced to the respiratory apparatus, and that the disease partook of the character of the asthma de-

*Asthma Thymique.*
scribed by Millar, although more slow in its progress and presenting paroxisms of greater frequency and shorter duration. March, of Dublin, having seen an infant suddenly expire from suffocation, attributed its death to spasm of the glottis; but it was a mere conjecture, which he did not attempt to verify by autopic inspection. He did not think of the thymus, which, being subservient to fetal existence alone, should subsequently dwindle away. March was in error, for Hood having opened six infants who had perished from this spasm, found the thymus preternaturally enlarged. The publication of these cases awakened the attention of observers—authors were consulted, and it was found in the works Reicha and Vedries, published a century ago, that the asthma of new born infants is frequently caused by hypertrophy of the thymus. More recently, Dr. Frank taught that infantile asthma is often occasioned by an extraordinary enlargement of the brouchial glands and thymus. In 1810, Dr. Brera confirmed this ascertainment in an infant who was suddenly suffocated when but a few weeks old. Such was the analogy of this case to those related by Millar, that it would have been considered the same had not the examination been made; but most of what we know satisfactorily of this disease, we owe to Koop, who has collected a large number of cases in his own practice as well as in that of his friends, in a memoir on the subject, read before the Academy of Heidelberg. He gives the following characteristic symptoms: 1st, periodical suspension of respiration, attended with piercing shrieks and anxiety; 2d, a return of suffocation when the child awakens, cries, or attempts to swallow; 3d, the habitual projection of the tongue, the extremity of which remains between the lips; 4th, the trismus which supervenes and produces death. Such are the phenomena presented in infantile asthma. Koop looks upon the main diseases as located in the thymus, whose enlargement obstructs the air passages and the freedom of circulation.

Brera fully concurs with Koop, appreciates the symptoms, details the organic alterations, and enumerates the remedies proposed by clinical practitioners. He states that thymic asthma attacks infants three weeks old, though more frequently those from four to ten months, and sometimes even eighteen months of age. It is indicated by either one or more pathognomonic signs. The inspiratory sound is analogous to that of pertussis, but more sharp and piercing. Five or six inspirations will be heard before an expiration; the latter is noisy like that of a violent paroxism of asthma, and respiration remains entirely suspended; should the infant not perish immediately, the sharp cries will be continued at each short and interrupted inspiration, until free respiration be restored.

Collateral symptoms.—There is nothing peculiar in the other
symptoms attendant on this disease. They partake of the impeded state of respiration, and resemble those of hysteria, asthma, and other suffocations. For instance, the chest is thrown backwards, the countenance is anxious and oppressed, the face passes from the livid to a state of paleness, the nostrils are in motion, the eyes fixed, the hands cold, the thumbs contracted, and the excritions sometimes involuntarily discharged, the paroxism continues from thirty seconds to two or three minutes. After the paroxism, the infant again moans and feels uneasy; but soon returns to his natural state. He nevertheless remains for sometime pale, languid, and disposed to drowsiness. On comparing one of these infants with others in the enjoyment of good health, he will be distinguished by the projection of his tongue more or less between his lips, and by the indistinctness of the heart's action between the paroxisms. Whenever the child exerts his organs of respiration, either in crying, laughing, becoming in a passion, swallowing with avidity or gaping, he will be threatened with suffocation. In the beginning the attacks recur every eight or ten days; but they subsequently increase, become daily, and have even been known to return twenty times in four and twenty hours. It is not unusual to see the little patient fall, as though stricken by lightning, at the moment he begins to laugh or to cry; yet infantile asthma most commonly assumes the chronic character, and terminates in convulsions of an epileptic character. The lumbrical muscles of the hands and the adductors of the thumbs, are always contracted; the period of danger may continue from three weeks to twenty months; and the signs of approaching death are those of apoplexy and of asphyxia.

What then is the nature of this asthma? Its symptoms alone would never have revealed it without the scalpel. All the phenomena of life proceed from the circulation of blood, respiration and innervation; the encephalon and its dependences exercise an intimate influence on the heart and lungs at the same time that it is itself subjected to the influence of these. These three organs exercise their functions in a state of subjection to each other; they are united by compact.

Let us for a moment suppose the vital power to be located in the encephalon; it will be from this centre transmitted by the nerves to the heart; the blood thrown by the ventricles may be considered the vehicle of life; and the lungs provide air for the renovation of this blood. Thus these three prime organs produce and sustain life; each calls into action the two others, and neither can act of itself. If therefore the air of the lungs, the blood of the heart, or the nervous fluid of the encephalon, be lacking, death is the immediate consequence; the being may pass from life to death without gradation of transition. The practitioner might then have predicted, on seeing an infant die
suddenly on awaking or attempting to laugh or to gape, that either the primary or secondary cause of death would be found in the brain, heart, or lungs. The skin is livid, the blood is found stagnating in the brain and lungs; the heart is flaccid, and sometimes still perforated by the foramen ovale; but the principal and the most constant lesion is hypertrophy of the thymus.—Here is the seat of the disease; the excessive development of the gland extends longitudinally, laterally, and usually in thickness. The lungs are compressed by it thrown back against the arterial, venous, and nervous trunks, with which they contract adhesions more or less extensive in the neck and chest; the thymus has repeatedly been found spreading like a fringe and firmly embracing various parts. The tissue of this gland is sometimes normal, though most frequently hard encrusted, reddened, more fleshy, without being manifestly indurated, inflamed, nor carni cified. nor indeed transformed in any way. When cut through its centre, a milky humour is seen to flow. Its weight varies from six or seven drachms to one ounce. Dr. Brera has seen the thymus two inches wide, and extending from the thyroid body to the diaphragm so as to compress the trachea, lungs, heart, vessels, nerves, &c. in its way. In another instance he found it adhering to the thyroid gland and covering the whole heart in such a manner as seriously to impede and almost prevent its action.—In a third child, the thymus presented, prolongations entwined around and compressing the jugular veins and carotids as well as the arteria innominata.

The predisposing causes of this disease are constitutional debility of the infant, diseases of the uterus previous to and during pregnancy, predisposition to glandular affections peculiar to certain families; there can be no doubt that bronchial catarrh, dentition and abdominal diseases, complicated with enlargements of the mesenteric glands, may favor the development of thymic asthma.

The prognosis is always alarming. There are no means of prevention, and the disease left to itself is always fatal. The author thinks however that by timely and diligent attention its progress may be arrested. He indicates the course to be pursued during the paroxysms: the child should be seated and inclined forward, when slight thumps should be made on his back to facilitate respiration; if the pulse is imperceptible, endeavors should be made to restore the circulation by the horizontal position and sprinkling the face with cold water; if the train be congested, leeches are to be applied to the sides of the neck and over the superior intercostal spaces. After the paroxysm, the remaining spasms may be combatted with small doses of laurel water, tincture of assafoetida, musk, or cyanuret of zinc.

The radical cure of the disease may be attempted with some
hope of success when the infant is robust, by resorting to repeated local depletion, active cathartics, alternated with laurel water or hydrocyanate of morphia. The depletion and purgatives will be more cautiously used when the patient is less robust, and antispasmodics more relied on; for instance, the twentieth part of a grain of musk and as much of acetate of morphia may be given three or four times a day. Regimen constitutes the main part of the treatment for the reduction of hypertrophy of the thymus, but should be aided by revulsions and discutients. In this manner good effects have been obtained from the ointment of tartarized antimony applied over the sternum; unctions made with the muriate of barytes are still better; whilst either of these ointments are used, the arms should be alternately blistered, but not with cantharides, antimonials combined with mercurials, iodine, animal carbon, extracts of hemlock and of the garden marygold (calendula officinalis, of L.) and the preparations of gold may be administered internally. The Milanese physician cites three cases he cured by this practice, two in 1831 and one the present year. The title of this memoir should then express that the thymic asthma though known was reputed incurable previous to Dr. Brera's publication.—Journal des Connaissances Medico-Chirurgicales, 1837, p. 73.

Cataract.

During the last three years, M. Serres, of Montpellier, performed the operation for Cataract seventy times, of which sixty-two were successful. M. S. prefers the displacement of the lens, and operates on but one eye, usually the left. The subsequent inflammation has always been either very slight, or readily subdued by depletion. The ascension of the lens has sometimes necessitated a second operation, which has been equally easy and successful as the first. M. S. recommends the anterior portion of the capsule to be carefully lacerated before removing the lens, for the partial or complete opacity of this membrane is an occurrence he has not always been able to prevent.—Ib. p. 80.

Modification of the usual method of reducing Dislocation of the lower jaw. By M. E. Bernard.

A man about fifty-five years of age, having dislocated his lower jaw by gaping, called in a physician who endeavored in vain to replace it. The next day he went to the hospital, and submit-
ted again to new efforts without relief. It was endeavored to overcome the muscular resistance by bleeding, when M. Ber-

nard was called and at first failed. He however determined on a new method; the patient being seated on the floor with his head between the knees of an assistant, the surgeon sat in front of him and placed his left knee under the patient's chin. His thumbs were then introduced into the mouth for the purpose of depressing the condyles at the same time that the chin was rendered immovable by resting on the knee. The resistance was overcome, and the condyles carried backwards at the same time that the chin was elevated by the knee. The dislocation was thus readily reduced, although the usual methods had proved unsuccessful.—Journal Hebdomadaire, T. iv. p. 30.

M. Moreau's Report on M. Chassinat's work on Serous Metorrhæa, or Uterine Discharge.

1st. Serous metorrhæa occurs at various stages of pregnancy, and constitutes a real disease.

2d. In the great majority of cases, the fluid discharged is secreted between the inner surface of the uterus and the foetal membranes, after a separation of these membranes from their attachments. This is invariably the case when the flow is abundant and repeated.

3d. The most common causes of this secretion are geneal plethora, and uterine irritation, such as most frequently succeeded external violence.

4th. The pathognomonic symptom of the disease is a discharge from the vagina of a fluid usually limpid and tenacious, of a citrine colour, and sometimes attended with painful contractions of the uterus.

5th. This disease leaves no anatomical lesion visible.

6th. This flow is usually dangerous neither to the mother nor child. Pregnancy goes on as usual, and the liquor amnii is not diminished in quantity.

7th. With regard to the treatment, there is usually nothing to be done, unless the plethora should be excessive, in which case vinesection should be resorted to. In no case should the progress of pregnancy be interrupted or labor be interfered with from this cause alone. Parturition will not be affected by it.—Journal Hebdomadaire, T. iv. p. 29.
Remarks on Itinerants—Mercury.

We extract from the Boston Medical and Surgical Journal for March, 1837, the following remarks on Itinerants, as being evidently the fruits of observation. We have only to regret that the author did not append his name, that the weight of his character for the experience we judge he must have had, might have added its force to the power of the truths detailed.

"Pison Marcury done this," said the puffed-up empiric, while dealing out his care-all for the sore legs of a poor old man, who had not been sparing in his younger days of the cup that maketh the heart glad for a little while, but bringeth sorrow in the end. "Pison Marcury done this," said the aunts and cousins, as they each in their turn came in to pity the old man for his pain and inability to walk. "Pison Marcury" and Mother Eve have a great many sins to answer for, which they never knew anything more about than the rock in the quarry, or the child unborn.

We consider ourselves an exalted people, and a civilized people; but we are not half so far in advance of barbarism as we think. The eastern potentate, who makes it penal for his physician to meet with ill success in practice, is as reasonable as we in many respects are. The natives of the interior of Africa, when they murdered Mungo Park for not being particular enough in his veneration to a particular kind of tree, which they worshipped as a deity, were not more superstitious and inconsistent than we in some instances are. Notwithstanding we have light to direct us, we will not be guided by it. Like some idolatrous nations, who deify and worship the most loathsome reptile, we place confidence in persons of the least acquirements, of the most mistaken confidence in their own abilities, and the most ill-deserving of public confidence, allowing their knowledge to be as great as they would have people think it to be.

"Pison Marcury," which there is so much said about, in skilful hands is one of the best remedies which the medical practitioner has hitherto become acquainted with. It is, like a great many other things, denounced partly because it has merits. We seldom behold a man of sterling merit without enemies. As those are the best fruits which the birds have been picking at, those things are often the most worthy of being confided in, which have the most strongly been spoken against.

The very persons who bestow so much contumely upon mercury, if they know enough to distinguish one medicine from another, use it themselves when they think they can do it without detection. They slander it to bring themselves into notice. Like
the thief who mingled with the crowd, and cried "stop thief," they sometimes abuse it to screen themselves from suspicion. From some such way, and for this more than for the benefit they intend by it, they create for themselves a hobby upon which they too often ride triumphantly over the heads of their more deserving brethren of the medical art.

I once knew a man by the name of Sprague, who was so boastful a quack, that many people thought he was almost a prodigy in the art he pretended to understand. One of his idolizers, after having vented his spite at "pison marcury" and "poticaries," showed me a weed that Dr. S. used as a substitute for "marcury." I told him there was no virtue in that, and that I couldn't eat a hat full. "To make it more virtuous," said he, "he adds a leettle corrosive of sublimate." Corrosive sublimate, you mean, said I. How much do you call a leettle? "Why about five grains, or as much as you could take up on the pint of a jack knife." That is enough to kill a dozen persons, said I. Colonel, the preparation of mercury which is most generally used, may be given in tea-spoonfuls without danger. Corrosive sublimate, if given in the quantity of a grain of sand, would endanger a man's life. He was astonished. He couldn't scarcely be persuaded that I was not trifling with him. "Dr. Sprague use marcury? It could not be. He talks more against it than all the doctors I ever know'd." He had a terrible load upon his mind, until he saw Dr. Sprague, who made him believe that corrosive sublimate was a vegetable.

We never see a person, good, bad, or indifferent, and the remark is frequently made, who has not some friends. "Mercury," as those who are opposed to its use call the various preparations used as medicine, has its friends, and I am willing to be ranked as one of them. Though anathematized by quacks and their unconscious dupes, it is a valuable medicine, and could not well be dispensed with in general practice. By those persons it is asserted to be a poisoner of the blood; but there is more evidence of its being a purifier than a poisoner of this important fluid. When a person is afflicted with an obstinate humor, the common supposition is that the blood is in a bad state. Mercury, in some form, is the best remedy of anything which has been discovered. Syphilis is supposed to poison the blood. There is, in all varieties of this disease no certain specific but mercury, and this se'dom fails. In affections of the liver, which with much propriety may be said to injure the blood, mercury is generally the best remedy that can be administered.

By its susceptibility (power?) to operate upon every viscus and every gland, it may almost be said to be a universal purifier. When the bowels are loaded with impurities, it very readily evacuates them. When the stomach wants cleansing, as it is of-
ten called, it is more effectually operated upon when calomel is used in combination with some other emetic.* (Cathartic?) In combination with diaphoretics, it operates upon the skin, producing a most salutary diaphoresis. The biliary vessels are more effectually emptied by calomel than they possibly can be by anything else. Even the salivary glands, much to the sorrow of the patient, if not to the physician, are very sensibly, perhaps too sensibly, operated upon by mercury.† In fact it operates upon every part, and all other medicines belonging to the Materia Medica cannot be made to effect so many salutary purposes as this abused and despised article. It has, to speak figuratively, a sort of saponaceous quality, calculated to cleanse every part. I have used it in several thousands of cases, and were I put upon my oath to testify whether it had done good in every case, I could not pick out a single case where it had done hurt, or left the system injuriously affected at any time afterwards.

One case in which I used it was that of a little girl, five years of age, so interesting on account of her beauty that she might with propriety be compared to a rose bud. She used it after all other remedies had failed, in doses of a teaspoonful heaped up, once in six hours, for a week, as a vermifuge. The result was, the worms (taenia) were expelled, to the almost incredible number of one hundred and twenty-five; restoration to perfect health fol-

*The propriety of the author's expression here does not strike us clearly, in saying "in combination with some other emetic." This would seem to declare Mercury to be an emetic. If so, it requires correction, because emetic operation is not the characteristic power of the mercurial preparations in use in practice. The proto-chloride (calomel) and the black oxyde (in the form of blue pill) are the forms the operation of which is alluded to by the author. Again: If he mean the combination of these with some emetic, which would have been better expressed by the omission of the word "other," we must object to the correctness on another principle. Combinations of brisk cathartics with emetics are often very happy in their effect — first evacuating gently and to a limited extent by emesis, by the emetic, the quicker operating power; and then by purgation — effected by the cathartic in combination with the secondary tendency of the emetic power. Such is the operation of the very common emeto-cathartic of salts and tartar. But calomel, the favorite cathartic form of mercury, is not generally more desirable as a brisk cathartic than other hydragogue purges, (for this is one in large doses.) But the greatest excellence of calomel is not in its brisk purgative operation or its action as a cathartic on the first passages, which I have called its primary operation; but in its secondary or action on the liver whereby this viscus is made to throw an unusual quantity of its secretion into the intestines which (secretion) proves cathartic. And again: If the author has used the word "emetic," for "cathartic," the combination is not so applicable to the "cleansing" of the stomach, as the former part of the sentence would lead the reader to suppose.—*Ed. S. M. & S. J.

†Long and close observation has brought me to the conclusion that the action of mercury in any form on the salivary glands is of very little curative value. I am not able to believe that it has ever shortened a fever one hour. Its only utility then, (which is more than counterbalanced by the severity of distress afforded) is limited to its serving as an index to the state of mercurial excitement, which may be as well determined by other indices; and were it in my power to deprive this invaluable medicine of its sialagogue, without injuring its other powers, I should have no hesitancy in doing so.—*Ibid.
lowed, and she has since grown to maturity and is now an amiable young lady of exquisite beauty.

In two cases of melancholy, occasioned by hepatic affection, mercury effected a cure, when other remedies which had been resorted to produced no benefit. In the most violent case of mania I ever saw, after making use of all the more common remedies to no purpose, I gave calomel, first in large doses to produce catharsis, and then small ones, often repeated, to produce ptalism and effected a cure. A very remarkable feature in this case was the state of the skin. Without being affected with any supernatural heat, it was dry, husky, and scaly. The scales were large, sharp-edged, exhibiting, when the patient was enraged a bristling and erect form, reminding one of the quills of a porcupine. This affection was perfectly changed by the calomel, and the skin assumed the pliability and softness of a little child's. When the glands were restored to a healthful state, the mania was perfectly removed, and since that period, which was three years ago, the patient has remained hale in body and mind.

From the prejudice existing against mercury, and from its liability to affect the glands when this is not desired, I use it at no time when any thing else will answer as well; and never, unless the patient or his friends are willing. Like fire, water, and everything else which has been subsidized to useful purposes, it may do hurt, and ought not to be resorted to by those who do not well understand their profession; and not by those who do, when anything else will do as well.

All that is designed or intended by these remarks is the removal of the prejudices which ignorance and empiricism have propagated and fixed upon the minds of well-meaning people. One thing is desirable in regard to it, and that is, that its effects upon the salivary vessels could be prevented when desired; but then it would be too valuable a medicine for mortals to enjoy.

Pathology and Treatment of Dysentery.

[The following observations are from the pen of J. G. Davey, M. R. C. S. L., as taken from a late foreign journal by the Boston Medical and Surgical Journal.]

The prevailing notion is, that dysentery essentially consists in an inflammation of the mucous membrane of the intestines, more particularly the large intestines. This condition is looked on as the cause of the symptoms of the disease, and the treatment is directed to the removal of inflammatory action. In protracted examples of the disease there are to be met with un-
doubted evidences of the existence of inflammation, and inspection, post-mortem, very unequivocally demonstrates its usual disorganizing effects; but I feel disposed to look on the phlegm of the mucous tunic of the alimentary canal as the result of a continued and efficient cause, operating locally.

The presence of acrid, unwholesome, and indigestible substances in the \textit{prima via} excites an undue and irregular peristaltic action of the muscular coat of the intestines, accompanied with increased secretion, for the purpose of carrying off the offending matter, and thus allowing the parts concerned to re-acquire their normal condition. Such are nature’s efforts to relieve herself, and in some mild cases it is possible that she will succeed without any medicinal interference, but, in the greater number of cases, the symptoms will become aggravated. There will be a troublesome diarrhoea, loss of appetite, and general indisposition, which, after continuing for a few days unrelieved, or being unattended to, will often be succeeded by those of a dysenteric character.—In the majority of cases, at the commencement, there will be little or no febrile disturbance of the system, or local pain. If the abdomen be examined, no unusual sensibility of its parietes, or increased temperature, will be found. In those cases where the quality of the ingesta has been of a highly offensive and irritating character, the symptoms will be proportionately severe, even at their approach, and will, in a very short time, assume all the characters of acute dysentery. An untimely saline, or a drastic purgative, I have known to establish, very quickly, the severest type of the disease; and thus are we led to trace the analogous effects of different irritants on the mucous membrane of the intestines.

The treatment which I have so successfully adopted in a great number of cases of acute dysentery has been this: On my first seeing my patient I direct the following formula. \textit{R.} Powder opium, half a scruple; blue pill, six grains; tartarized antimony, one grain; mix. Make six pills, of which one is to be taken every alternate hour, in very severe cases—more commonly every four hours, and never without the greatest benefit. If the tenesmus, or strangury, be very urgent, an opiate suppository, or an enema, may be prescribed, with much advantage. After some hours the patient will invariable express himself as being much relieved, and at the same time he may very properly take a teaspoonful or two of the milk of sulphur, or a small dose of castor oil. The sulphur I have found to answer the purpose better than any other medicine. A moderate perseverance for a couple or three days, with these means, I have invariably found sufficient for every purpose.

The daily administration of a mild laxative is highly necessary and judicious, throughout the course of the disease, in order to
excite the functions of the excreting organs, and to evacuate such morbid secretions as may have collected.

That the pathology of dysentery, in its early stage, embraces something else than inflammation, is established, I think, by an unprejudiced review of its symptoms, and by the particular treatment above specified being so singularly efficacious, which few would consider as other than extremely unlikely to combat acute inflammatory action, occurring in any portion of the intestinal canal.

If the disease have been, from its commencement, unattended to, or ill-treated, we shall then speedily find inflammatory action set up within the abdomen, and which, if not subdued, will lead to incurable disorganization of structure.

We are much pleased with the above remarks, because they comport well with observation. We have long practiced on the same principle, as far as the primary inflammatory nature of this disease is concerned. Formerly the dover's powder or opium was our first prescription; but latterly, opium and calomel.

PART III.

MONTHLY PERISCOPE.

American Medical Association.

By reading an account of a convocation at Southampton, England, for the purpose of forming a southern branch of the Provincial Medical and Surgical Association, it brought strongly to mind the importance of forming a great National Medical Society, which we have repeatedly urged through the pages of this Journal, upon all true friends of medical science, in the United States. If some manifestations of interest towards the accomplishment of this desirable object are not made within the present season, we shall be compelled to acknowledge that there is no spirit or energy remaining among us. Nothing could contribute so effec-
tually to a perfect system of professional good fellowship as this; and the good influence which would be exerted throughout the union by a National Medical Society, cannot be calculated.—*Boston Med. and Surg. Journal, for March, 1837.*

We have been pleased to see the anxiety of the editor of the *Boston Medical and Surgical Journal* for the establishment of a great National Society. It proves not only a laudable, but an honorable zeal for the true interests of the profession and of humanity. Our profession has always been too little fostered in this country. It has been left by the state to work its way onward if it could, through any embarrassments; and not only so, but difficulties of insuperable nature have been cast in its way, and its benefits when on its own footing and responsibility, dragged from it by state power. These influences have tended so to curtail the income of the practitioner, as to cause him to seek fortune or renown in some other occupation.

If we cast our eyes over France, we behold her, by virtue of state patronage, now the medical emporium of the world, with her thirty or forty thousand medical students from all parts, and this in the face, and under the frowns of her ancient neighbors who formerly led the van of medical science. This state of things is not only calculated to add to her fame an imperishable nature, but to prove a source of wealth—a fountain of plenty, continually teeming into her metropolis the treasures of the world. But it is altogether probable that whatever of value is to be effected for the profession here during the present generation, must be commenced by individual effort, and continued and accomplished by combination of the same.

It is strange that the cause of humanity should not be more studied by legislators; for then they might be able to see the propriety, (the necessity, if they would preserve themselves from the crime of being accomplices in the work of death and destruction,) of refusing to legalize manslaughter by a parcel of swindlers—the worst of swindlers, who can venture to strike in the dark, for gain, the delicate nerves of life, in the hardihood and coolness of their perfect ignorance of them, and of the force they use. We mean those who call themselves "botanic doctors."* Our

*A title truly, which no human being on earth would commit a more unjust usurpation in assuting than steam doctors, as there are none who know less of the science of Botany.*
estimate of the human intellect must be considerably lowered, before we can be made to believe they are not sensible of their high moral error. What "boots it" then, whether the blow be struck with the dirk of the cold-blooded assassin, who is bribed to kill, or by a poison, or a ruinous course practised on the powers of life under the name of botanic medicines, of whose true power, as well as of the structure and vital powers to which they are applied, the administrators are in absolute ignorance. Better—more noble it were to steal—far more so to rob on the highway, or to pirate on the seas! Here man would meet man in some way—and risk immediately, retributive justice.

Legislators we say might not only see the necessity of refusing such a cruel gratuity—legalizing so horrible a crusade against human life; but also that of extending a fostering hand to true science, and the true means of state independence. They might come to remove obstacles—offer inducements, and patronize in many ways those institutions which are truly necessary, and thus make their country the boast of scientific, as it is of civil institutions. A country free of national debt, and able to pour forth her golden streams of wealth from her overflowing treasury, back to every tributary state, knows no limit to her means. What indeed might she not accomplish? A grand National Medical College, at any expense, would be but a handsome plaything for her treasury—but glory and independence would crest its lofty domes, and wealth turn back its course from foreign lands.

Here should be the mark set before us—a National College, which alone should confer the Doctorate; all other institutions subsidiary; limited in their honors to the first degree; and compelled to continue their annual course eleven or twelve, instead of three or four months. But this cannot be done until the members of the profession exert, by the resistless impulse of high worth, an influence proportioned thereto. They must go on. Zeal and enterprize must urge them onward in the sure road to professional worth.

In its common details, the profession is a solitary one; one which favors but little association in the ordinary course of business. The philosophy of it is boundless; but each practitioner is limited to what he knows when he first sets out, and what he can alone

*The suppression of practical anatomy. See Penal Code of Georgia.
gather on his solitay way. Let us then plant our general associations in every state and territory, to be made up of representatives from every society; and if you please, a grand national convention made up of a suitable rate of representation from the state associations. Or, if this be thought not advisable in connection therewith, let the results of the state associations be circulated by the proper organ for disseminating the recorded intelligence collected by these associations of the chiefs of medical science.—Such a plan adopted could not fail to organize speedily the whole land into one beautiful, complete, and profitable system, whose operations for the good of humanity would be incalculable.—Zeal would be awakened in every direction, and every state supplied with "an able and faithful medical faculty," and the real interest the public "have in the qualifications and character of medical men" promptly secured.

The beginning point would be the establishment of associations in every state and territory. This done, a periodical channel of communication to every individual possessing one spark of professional zeal would at once spring into existence and be perpetuated; and individual societies would be established in every settlement where half a dozen practitioners could be found. And if journals should be found insufficient for communication between states, let the association be represented in annual convention after each meeting of the state associations.

There is profit derivable from state associations, or national conventions for our profession, which primary, local meetings, as the individual societies would be, cannot afford. There is something in the pride, or self-love of men, amounting to a party-spirit view of self interest in this land of freedom of opinion, which forbids the profession, and even the practitioner, to succumb to the voice of reason and plainest demonstration. It often amounts to a gross want of magnanimity. This self-party-feeling when possessed, blinds one to the loudest voice of reason, and engrosses every care for victory, even at the expense of true philosophy. Unteachableness and sordid views of personal fame and fortune are engendered, and each retires to his home or desk of instruction to pursue his own errors with redoubled vigor, as if in proof of the truth he advocated. This could not, at least in any thing like the same degree, reach into state associations. Here the spirit
of enterprise which would impel to the meeting would be found-
ed on the interest derivable from a fair exchange of scientific
commodities, the purpose of giving small and receiving great
gain, exchanging the solitary and domestic productions of each
individual alone, for that of all others collected, at par value.

We have had some experience in demonstration of the truth of
these remarks. In our state we have had for nine years a central
society which has had annual meetings. It was composed of
members of the state board for the time being, and such others
as pleased to meet with us. It is true that, there being no coun-
ty or primary associations, the meetings were never very numer-
ously attended; but the annual sessions generally occupied two
or three, and sometimes four or five long December evenings.—
There was no envy—no pride—no conflicting interests to serve.
Arguments were fair, liberal and respectful; and each seemed
anxious to improve, by the opportunity thus afforded, his fund of
useful theoretical and practical knowledge. Such was the steady
character of these meetings. But not so with the primary society
of which I have long had the honor of being a member. Here
each too generally espoused to the last, the position he first ad-
vanced—deaf alike to reason and absolute fact.

It would seem only necessary to suggest the thought, to give
wings to the grand enterprise, which would enable it at once to
survey the whole land—metamorphose the present confined, dan-
gerous and disgraceful state of things at once into a system, mov-
ing on with the regularity and brilliancy of the solar, and illum-
ining every spot with the lights of true science.

Thomsonian Surgery.

It has for some time been our purpose to notice the late repea-
ing act of the Georgia Legislature in favor of Thomsonian prac-
tice; but the delay of publication consequent on a change of
printers, and the accumulation of matter of more importance to
the profession have combined to enforce a procrastination of that
duty. We may attend to it on a future occasion.

We are well aware of the fact that, on a former occasion when
the Thomsonian memorials were laid before the legislature of
Georgia, praying a repeal of the license law, some of the most enlightened and respectable physicians of the state who were members of the legislature, favored the bill. This was however on account of the supposed necessity of such a course for bringing the citizens to a due estimation of the gross fraud and imposition which that practice exercises on them; saying at the same time that they had not failed to use all other means in their power to save the people therefrom, not only without success, but to no better effect than to draw upon themselves the illiberal charge from those they would preserve, of acting from the impulse of pecuniary views and of a persecuting spirit.

Although we were far, very far from admiring the humanity of such a measure, by legislators who had in trust the sacred rights of the citizens, we must in charity, hope and believe that those who were in the last legislature who favored the bill, were actuated by the same motive. We say, "in charity we must hope" so, for we cannot hope and believe otherwise without believing that they were actuated by a wrong principle, as we know of no other which is more charitable to the honest and scientific physician.

If then, such was the purpose of the more intelligent portion of the legislature, now that the plan is adopted, it is important for humanity that the desired end should not be retarded by the fastidious silence of those who have facts in point.

As it is not less our duty to prevent than to remove evils when produced, we therefore cheerfully insert the following letter from Dr. Miller, not because the facts contained therein excite in us the sense of novelty or surprise, but because we conceive that those developed in the operations of this blind, bold, dangerous imposition, should be laid before the public as speedily as possible: for such facts have power that no logical demonstration can display. We give an instance in proof. Recently, Mr. A***** of this place, a journeyman saddler and harness maker of Broad st. who had been a most violent and open advocate of Thomsonianism for some months, and had indeed obtained the epithet of "Doctor" and was daily expected to leave town for practice on the country people, as some of our hatters, gilders, constables, &c. had before done, came to us in great distress. He stated to us that after having so strongly advocated the steamers as he had
done, he felt ashamed to come to us for medical aid, but his necessities compelled him to do so. He stated his case as follows: That on complaining a little of slight colics from bilious habit, he had submitted himself to a steamer's prescription and had taken in systematic order some six or eight prescriptions—principally lobelia, composition tea, No. 6, &c. and that he then found his strength so exhausted, with abundant increase of his disease that he felt that the treatment must, if persisted in, kill him. He then labored under a furred tongue, highly jaundiced skin, with distressing nausea, great feebleness and severe colic pains. He requested to submit himself unreservedly to our prescription, and accordingly received 40 grs. calomel and 5 of aloes, made into 5 pills, of which 1 was to be taken every 3 hours, and effectually carried off within the same 24 hours. Three days after he called to return his thanks for the signal benefit he had derived, declaring himself in as fine health as he had ever been, and utterly astonished at the vast amount of black secretion which had been constantly passing since taking the pills. He remains a thorough convert, and is now greatly ashamed of being charged with ever having advocated the Thomsonian practice. He was the other day called on by one of the Thomsonian clan to subscribe for a Thomsonian journal. His reply was that he "found error enough in the world without reading for it." On being asked if he had ever tried the practice, he replied that he had to his sorrow; and that it must certainly have taken life had he proceeded further. It was returned that regular practitioners sometimes kill by an injudicious administration. "If then," said he, "even those who have labored so much for safety and success in practice, are found to kill sometimes by injudicious prescriptions, what better is to be expected of those who have spent no pains in the acquisition of knowledge, but that they must be guilty of a fatal issue, much more frequently?" "But," said the steamer, "we do for the best, and put our trust in Providence." "So," he replied, "do the physicians. This is what any old woman in the country does in all her undertakings with the sick. Pray sir," continued he, "tell me now if you think you could take this old saddle and repair it as well as I can?" "No, sir," replied the steamer. "Why, sir?" "Because I have never made it a matter of thorough study."

The features of Dr. Miller's case are perfectly familiar to
any one who has taken the trouble to reason one step from the premises. Such an one could only be surprised by a correct distinction of disease, or a correct, or even innocent prescription deduced in any way from such a compilation of deficiency and falsehood as makes up the compound known by the name of "The Thomsonian System."

We speak not only in allusion to the operations of this practice in the hands of the most experienced; but to its various influences on the common people themselves, who are assured that all regular science is a humbug and that on paying $10 or 20 they are the best physicians in the world; the consequences of which are abundant and ruinous, not only to patients, but to operative dupes themselves. I here allude to the inducement offered to weak minds to decline a regular, creditable trade or occupation of any kind which is honest, and whereby they have competence, and sometimes wealth at command; and which is at any rate, a business quite coextensive with their genius and mental improvements. But this they do, and give themselves up to practice a daring, dangerous speculation on their fellow men, which is to be worked out in darkness, on human life! Our intercourse with the sick has led us to the knowledge of frequent, and the worst of disasters, from the use of several of the numbers as they are called, or Thomsonian medicines. We have known of an instance in one country neighborhood, and of recent date, wherein, by the use of composition tea, or of lobelia, within three miles distance, and in the short space of five or six months, three excellent wives and mothers were torn from their affectionate husbands and little children; an industrious and affectionate husband and father from the excellent companion of his bosom, and his numerous and beloved offspring—the young and tender bride but just entered the blooming mead of early connubial bliss—and the tender infant, at once the joy and hope of fondest parents, and but just weaned from maternal nurture, sunk into an untimely grave!

But we hasten to give the account of Thomsonian Surgery contained in Dr. Miller's letter, and which is from the mouth of the father of the patient, who was himself a steamer.

It should be recollected that surgical errors are external—obvious. Hence it is that they never attempt any thing in that
way; and contend against the propriety of the most important surgery because attention to it would necessarily require some philosophy which they have not at command, and the want of which would be too palpable to keep up the sale of the twenty dollar book. The business of internal administration, and simple medication any way is done under such circumstances as prevent detection by the vulgar eye. The cause of trouble is hidden—the arguments advanced are received as “moonum shi-num” Latin was by the father from his promising son; and their effects as wonderful as the “presto” of the conjuror, or the “open seceme” of the bandit Hassarac. But although not so obvious;—although the facts of the case have not power to speak so plainly to the vulgar eye, still their common practice is, like their surgery, groundless, reasonless guess-work, as it originates in the same ignorance and error.

Letter from H. V. M. Miller, M. D.

Cassville, Ga. 20th July, 1837.

The repeal of the law prohibiting the practice of empirics in Georgia was not occasioned I conceive by any change in public opinion in relation to them, but by the consent and by the direct influence of the medical gentlemen throughout the state. They well knew the great advantages which opposition to empiricism in the form of statutes would afford to those who practice it; and believed that the sure and more speedy method of allowing them to sink into the neglect and contempt to which they are destined, would be to place them upon equal ground with physicians, when from a succession of mismanaged cases the community would become convinced of the absurdity of their theory and the destructiveness of their practice. Hence a large proportion of the medical public not only withheld their opposition to, but strongly advocated the repeal of the statute of 1825, so far as it had relation to the Thomsonians (or self-styled Botarists.)

Against the wisdom of these views of the physicians of the state, or their ultimate advantage to the profession, I have nothing to urge. The step has been taken and now we look to its effects regardless of the inhumanity of the policy which dictated it.

But the anticipated end to be answered by the repeal of the law will not be so early accomplished if we allow the account of their murderous doings to spread only from neighbor to neighbor by oral communication, and permit cases, the treatment of which ought to heap unmeasured censure not only upon the individual who manages it, but upon the whole system under
the direction of whose false aphorisms he acts, to produce only a local effect in the section where they may chance to occur.—Let every physician contribute so much at least to the cause of science and humanity as to publish a few of the cases which are constantly occurring and must fall within the observation of every one; and but a short time will elapse before the people by common consent, if not by legal enactments, will free themselves from the curse which is now spreading its blighting influence among them.

There are not many Thomsonians in the portion of the state where my residence is; but I recently met with the subjoined case, which if the editor of the Journal concur in the above views, he can submit to his readers.

In December last, a youth 14 or 15 years old, was riding rapidly through the forest in company with some other boys, when his horse took fright and he was thrown to the ground, from whence he was quickly taken up and removed to the house in a state of insensibility. His father, Mr. A., is himself a steam doctor, as the phrase is; but not liking to trust his own skill in this instance, he called in his neighbor the Reverend Dr. Q., who examined his condition, and finding some deformity about the shoulders, pronounced it a dislocation of the os boachii—in other words, he had "slipped his shoulder," and proceeded after his own method to replace it. But after every variety of pulling and twisting which his invention could suggest, had been tried, and the deformity still remained, he came to the conclusion that he had erred in his diagnosis, and it was now unquestionably a fracture of the humerus very high up. Again his surgical knowledge was held in requisition to bandage the limb and place the bone in its proper position; but again he was doomed to experience a failure. Immediately he transferred the fracture from the humerus to the scapula or "shoulder blade," and treated it as such for a day or two, when he finally came to the conclusion that (I use his own words) "the bone which joins the arm to the back bone had been knocked out of place, and he did not know how to get it back again." So he threw off all his bandages and directed his attention to the general treatment.

There was great pallor of countenance and oppressed breathing soon after the injury; to relieve which, or to "bring him too," as the Doctor had it, stimulants were administered in large quantities, as No. 6, brandy, &c. In a short time the pulse became full, the face flushed, the patient frequently breaking forth with wild and incoherent expressions. This was regarded as very favorable progress and certain indication of his being "brought to." But as some days passed without the restoration of reason, the Doctor thought that he ought to take "some more No. 6, some diaphoretic powders and be sweated;" all of which was
done and the same plan persevered in, subjecting the patient to repeated "courses of medicine," as they bombastically term it, for about three months—keeping him all the while under the influence of stimulants and sudorifics, alternately. Throughout all this period, after the boy recovered from the stupor occasioned by the fall, he was a raving maniac, continually singing, halloing, swearing, biting and otherwise injuring those who attended him; sleeping very little, and his eyes wearing a peculiar expression of wildness and terror.

About this time the father of the boy began to entertain doubts of the infallibility of his system—and soon after, a friend upon whom he relied persuaded him that it was necessary his son should be trepaned, to perform which operation I was requested to visit him. I addressed a letter to my friend Dr. Montgomery, to meet me the next day at the patient's house, when we found his condition as above described, and received the foregoing history of his case.

It was at once apparent that the deformity of the shoulder which had so greatly perplexed his lobelial attendant, was produced by a luxation downwards of the scapular end of the clavicle. From the present appearance of the patient—from the history of the case and its treatment, which Mr. A., the father of the boy, was able to give us in detail, it was no less evident that his brain had suffered from concussion, and that his present situation was the result of the improper treatment of that injury.

As there had been no fracture of the skull and no symptoms of compression of the brain remained, we had of course no use for the trephine. My residence is near 40 miles from our patient; I therefore left him in the care of Dr. Montgomery, who carried out what we considered the proper treatment to which he should then be subjected, viz. venesection, frequent purging, revulsive enemata, spare diet, shaving and blistering the scalp. In two weeks he was well.

It is needless to say what would have been the termination of the case had he been sufficiently bled and an antiphlogistic treatment adopted immediately upon the supravention of reaction after the receipt of the injury.

In most inflammatory diseases, the injury produced by the use of the Thomsonian remedies would be incalculable, did they not excite a profuse perspiration which in some degree counteracts their stimulant effect, but in the above case, from the situation of the organ effected, this salutary provision of nature could not produce its customary beneficial results.
MEDICAL INTELLIGENCE.

MEDICAL COLLEGE OF GEORGIA.—This institution is now settled in its steady course of usefulness, with an increasing class, and every facility which Europe and America could afford for giving interest and usefulness to its ample course of annual instruction. Its Museum and Laboratory are appropriate and ample—its Library, now considerable and containing many of the most valuable and costly foreign works, will soon be greatly enlarged by the adition of an extensive catalogue of works, selected from all parts of the world. Its splendid classical edifice, chastely finished in Grecian Doric, stands on a beautiful plain, retired, yet convenient to the populous part of the city, and is so arranged as to afford convenient accommodations for every important purpose. Its Laboratory and Library Rooms are spacious, and its suite of Lecture Rooms is ample for the accommodation of 250 pupils, and affords the student the comfortable opportunity of changing rooms between each lecture as constantly as the subjects will allow.

Two large rooms are appropriated to the Museum, another to microscopic observations with a Grand Solar, and a Superior Compound Microscope; and another suitably capacious, to the purpose of a preparation room for the lectures on Anatomy and Surgery.

A suitable fire-proof building has been recently erected in the rear of the College edifice for the purpose of Practical Anatomy, whereby this business has been removed from the college building, and complete arrangements made for its being well supplied.

Since the completion of its last course, two additional professorships have been created, and filled by gentlemen of the most approved qualifications.

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.—The annual announcement of the Trustees and Faculty of this institution for the course of 1837-8 invites attention to the present state of its prospects, and justly urges the advantages of southern over northern and western institutions, to those who are destined to southern practice. After a somewhat minute statement of their preparation, &c. for profitable instruction, they conclude with an analytical view of the course of lectures by each professor.

The Faculty of this rising institution consists of

J. EDWARDS HOLBROOK, M. D., Professor of Anatomy.
JOHN WAGNER, M. D., of Surgery.
S. HENRY DICKSON, M. D., of Inst. and Practice.
JAMES Moultrie, M. D., of Physiology.
THOS. G. PRIOLEAU, M. D., of Obstetrics.
C. U. SHEPARD, M. D., of Chemistry.
HENRY R. FROST, M. D., of Materia Medica.
E. GEDDINGS, M. D., of Pathology and Jurisprudence.
Anatomical Demonstrations by F. WURDEMAN, M. D.
E. GEDDINGS, Dean of the Faculty.

MEDICAL COLLEGE OF LOUISIANA.—We have received the circular of this institution for the next course of instruction, which informs us that the course of Lec-
tures will commence on the last Monday in November, and close on the last of March, making a course of about four months. The following gentlemen constitute the Faculty:

Dr. Stone, on Surgery.
Dr. Barton, on Theory and Practice.
Dr. Harmon, on Physiology and Pathology.
Dr. Jones, on Obstetrics and Diseases of Women and Children, and Clinics.
Dr. Mackie, on Materia Medica and Therapeutics.
Dr. Stone, on Anatomy.
Dr. Riddell, on Chemistry and Pharmacy.

The circular is well written, and holds forth to the student great advantages from the location of the school for the attainment of "all that is practical in the profession;" particularly in practical anatomy and clinical instruction; and in addition to these, "a position remarkable for its salutary, during those months to which the lectures are assigned."

Accompanying the circular, is the Introductory of Dr. E. H. Barton, on acclimation. This lecture contains much wholesome advice on that subject. Dr. B. lays it down as a rule for safe and ready acclimation, to conform to the customs of those who are natives, or who have been acclimated. This is done by lessening the atmospheric temperature, or avoiding exposure to it, and reducing the caloric process. We regret not having room in our present No. for an extensive extract from this lecture, on the subject of Temperance, of which the Dr. proves himself a zealous and able advocate.

MEDICAL DEPARTMENT OF THE TRANSYLVANIA UNIVERSITY.—It appears from various newspapers and other publications on the subject, that about the close of the last course of instruction in this institution, a difficulty arose between the Trustees and Faculty, and between some of the professors themselves, which resulted in the entire dissolution of the Medical Faculty.

On organizing a new Faculty, professors Cook, Caldwell and Yandell were excluded; and Drs. Dudley, Richardson, Mitchell, Eerle, Short and Cross, were appointed to the six chairs.

Dr. Yandell's narrative of the dissolution and the causes which led to it is before us. From this we learn that the difficulty arose out of a proposition by the Professor of Anatomy and Surgery to remove the school to Louisville, on account of the impossibility of procuring subjects for practical Anatomy in Lexington; and the growing importance of the former place. In his address to the Chairman and before the Trustees in answer to the 1st charge preferred against him by Dr. Dudley, which was for "secretly conspiring and perseveringly urging the removal of the Medical Department from Lexington, &c." Dr. Yandell holds forth the following language: "He (Dr. D.) has long complained of the ineligibility in many respects, of Lexington as a site for a Medical school. He had habitually declared that its prosperity was safe only so long as its present Faculty should live. It was his loud, oft-repeated and alarming complaint of the impracticability of procuring a sufficient supply of subjects, that caused his colleagues to think of a removal. Sir, he was in the habit of avowing to his colleagues that he was obliged to discourage dissections—lest the pupils should discover his scarcity of subjects." And that "so effectually had he 'discouraged dissections,' that, as testified by his Dissector before the Board, only one pupil dissected last winter!" &c.
Dr. Y. then proceeds to the proof of his assertions by the evidence of Drs. Cook and Short; the examination of the former of whom is given at length in an appendix purporting to be an ample confirmation of Dr. Y's statement; and Dr. Short's, which was verbal, is declared to be not less confirmatory. Much of the documents are the transactions with the Trustees during the investigation; and other parts declared to them with positive evidence or best reference annex'd.

We have not seen the statements of the other side on like authority, and will therefore decline locating the blame of this affair,—(a blame certainly of no trivial nature,) on either party.

It is understood that the ex-professors Cook, Caldwell and Yandell, are industriously engaged in the purpose of establishing a new school in Louisville.

Annual Announcement of Lectures, &c. in Jefferson Medical College, for the Session of 1837-8, &c.

This annual publication is just received. It contains a very brief, but just allusion to the late and present progressive improvements in the science of medicine, in regard to their bearing on the duties of teachers and colleges. It is true that in the former age, a brief course of collegiate instruction was sufficient to afford a general and somewhat particular view of the state of the science then. But such have been the changes and improvements in latter years, that no course of instruction by any set of men, or under any kind of system, can at present do justice to the science in the short space of three or four months—much less to the pupil, whose mind cannot in that time compass the matter which must now be taught. A great variety and quantity must under such a system, be crowded on the mind of the pupil, beyond what he can comprehend or retain, or even have bodily powers to attend to. It follows therefore that the instruction actually obtained must, either from a want of time to present in a proper manner the many topics which should be thoroughly understood; or the want of powers in the hearers to comprehend and retain the same, or both, be superficial in a very great and unnecessary degree. Hence the very conspicuous necessity constantly observed, for young practitioners to learn most of the important practical details, as well as prove the truth or error of their theory, by observation exercised on their first and best friends.

We take leave, however, in our notice of this production, to correct one little error which we observe on the 4th page. Whether this has arisen from the mere circumstance of the remoteness of our situation having prevented the Faculty of Jefferson Medical College from learning the facts appertaining to the Medical College of Georgia, or whether they mean to affect a forgetfulness of a new institution which is just rising into competition with them; or whether from some other cause, we do not pretend to determine; but the following language is found on the page above referred to:

"The same cause—the progressive improvement of medical science—had suggested to the professors to extend their course of instruction from four months—the longest term in other institutions—to five."

Whether the gentlemen of that Faculty have chosen to receive the suggestion from the progressive improvement of medical science, alone and primarily, or from the evidence of its utility and popularity with the most valuable members of the class, who have experienced the salutary effects of a protracted course in the Medi-
Jefferson Medical College.

Jefferson College of Georgia, is not a matter of much moment. But we are perfectly familiar with the fact that this institution has, from the first reception of its charter, some seven or eight years ago, to the conclusion of the last season, felt and acted upon the necessity of extending its course of public instruction by lectures to the term of six months—viz, from the third Monday in October to the third Monday in April. This was done from the indispensable demand for that length of time for doing justice to their subjects, and meeting the capacities of students generally; and some of the Faculty have, in consideration of the actual benefit to students, and the absolute demands of science, desired and strenuously contended for its extension to ten or eleven months. It is also a fact of notoriety that the pupils from this southern institution, who were thoroughly informed on the subject of the term of the lectures here, have annually visited both the schools at Philadelphia. Nor did it fail to be predicted that the northern institutions, although they refused to form the convention requested by this college for the purpose of more effectually regulating the study of medicine, would soon find themselves compelled to extend their course; not only by the reasons which impelled it here, but also for the purpose of continuing successful competition with the south. As it has been the custom of the Medical College of Georgia to continue its course heretofore, for the term of six months, and is now continuing the same, with only a reduction of a few days, it is an error in fact that four months is "the longest term in other institutions."

There is another feature in this annual announcement which we would examine for a moment before dismissing the subject. It is contained in the following extract—continuing the quotation from the same page:

"With this view, (of the progressive improvement of medical science,) lectures have been delivered during the month of October for the last three sessions, &c.—There are interesting and valuable topics appertaining to each chair, which cannot be fully discussed in the course of four months, but may be readily examined during the additional period. The professors wish it however, distinctly understood that the regular course of lectures will commence, as usual, on the first Monday in November, and terminate on the last day of February."

This is, to be sure, somewhat better expressed than on a former occasion when, if our memory serve us, the Jefferson College advertised to commence lecturing on the first of October, for the satisfaction of those who might desire a longer course than four months; but assuring the public that those who did not prefer attending until November, would lose nothing by so doing. This was to us, at the time, a perfect paradox. But in its present form it reminds us of those regularly instructed practitioners of medicine who have taken what is called "a steamer's patent," which is nothing more nor less than the act of paying twenty dollars for Samuel Thomson's Narrative and Guide; then give notice that they will practice on either plan, according to the desire of the patient. Now this appears to be a very plain case to any understanding. If regular medicine be a rational science, founded on the impregnable basis of the truths of induction, then Thomsonianism which, like homeopathy, puts induction at defiance, is its antipode; and, founded on falsehood in the very face and under the frowns of all induction, cannot be used in justice to honesty and humanity. But, on the other hand, if Thomsonianism be correct, (and if it be, we bid adieu to inductive reasoning forever,) then it should not be foregone at the option of the patient who has no judgement to decide. If Thomsonianism be correct, its opposite, or the inductive science must be the very extreme of error, and consequently inadmissible in practice. But there are in every neighborhood those who believe one correct, and others who believe the other only is; and still for the
money of all, all shall be served out according to their choice:—holding out at the same time, to each, the distinct idea of his own correctness, whilst the two opinions must in the very nature of things, be extreme opposites as truth and falsehood.—Such practitioners "run with the hare, and cry with the hounds." But to the case before us.

If the lectures of the month of October be, as they are said to be, "on interesting and valuable topics appertaining to each chair," they should never be omitted by any student, because they are essential to the course of instruction: nor would it be good faith to them to offer or afford them facilities for so doing. But if they do not belong to the "regular course," (and every thing belonging to a regular course should, as far as practicable, be in it,) they should not be offered as "interesting and valuable topics appertaining to each chair." But there are many students who understand the merits of the six months course and are perfectly familiar with the fact that it is immensely more valuable than any four months course can possibly be; and these two are the most studious and valuable part of the class; with whom the protracted course is extremely popular. There are others also in every class who, looking at the end in view, and not at the means of attaining it, desire to arrive at the diploma point by any possible means, and especially the shortest route, and least study—sacrifice what else they may. If therefore, one of the two plans will not serve some individuals, the other will: and whilst the October lectures are recommended to the one as being on "interesting and valuable topics appertaining to each chair," another is assured that if he omit them he will still have a "regular course," and consequently one calculated to meet all his demands; or that he will have lost nothing by so doing. This is well calculated to suit all classes, orders, genera and species, it is still a paradox. Now we have no doubt but that the lectures which occupy the month of October in that institution, are indeed interesting and valuable as said to be. The difficulty is to know how, when they are so, they may be about as well omitted as heard, if it be not merely the working of a plan to endeavor to please the fancy of those students who will, and those who will not study.