A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.

EDITED BY
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PART I.
ORIGINAL COMMUNICATIONS.

ARTICLE I.

Observations on the Pathology and Treatment of Enlarged Spleen. By A. C. Baldwin, M. D., of Saint Clair, Burke County, Georgia.

In those sections of the Southern states which favor the generation of fever, the spleen is peculiarly subject to disease. As the result of neglected intermittent or remittent fever, its enlargement to a greater or less extent is almost inevitable. Be the attack ever so mild, if the case is left to nature, the spleen will measurably participate in the deranged state of the system, and will be the last organ to recover a healthful condition; and even, under the most judicious method of treatment, such a result is by no means uncommon. Forming as it were the second link in a chain of morbid action, and being itself a consequence of prior disease, in its turn, it forms a foundation for other and more troublesome affections. Passing over those of minor importance, the number of dropsical cases which result from it are too numerous to have escaped the observation of practitioners generally. It is therefore a little surprising, that
enlargements of the spleen have been so much neglected. Regarding them as the effect of disease, physicians acting upon the principle that the cause being removed, the effect must follow, have contented themselves with merely prescribing for the original fever, without remembering that the consequent engorgement of the spleen is sufficient to keep up an excited state of the heart and arteries, and thus, whilst it lasts, intial upon the patient a perpetual state of fever. Of this last fact, any one may satisfy himself by examining the pulse of a person in whom there exists an enlargement of the spleen. To the extent of my observation, and that has been considerable, it is always more frequent than in health. This condition of the pulse has often induced me to suspect the existence of enlarged spleen, whilst examining patients during the intermission or remission of fever, the excited state of which I could not otherwise account for; and the result of an examination has generally confirmed my suspicions.

Several varieties of enlarged spleen have been mentioned by writers, but it is not my intention to notice any other than that which results from intermittent or remittent fever, it being the most common, and the one which I have most frequently met with in practice.

With some individuals, the power of the spleen to resist the incursions of disease, is much greater than in others, affording them a happy exemption in a majority of cases from attacks of the disease under consideration. Several persons of my acquaintance, thus happily circumstanced, pass through protracted attacks of fever, and finally recover without any consequent enlargement of the spleen; whilst others less fortunate from comparatively trifling febrile affections, uniformly have their spleen enormously enlarged. To account satisfactorily for this difference of susceptibility to disease of the organ in the one and in the other instance, is perhaps impossible; although we may reasonably attribute the absence of enlargement in the one case, to an unusual smallness of the artery which supplies the organ, thereby preventing an undue quantity of blood being forced into its vessels in a given time; or to a more powerful exertion in the veins and absorbents in removing the supplies which have
been furnished, and in this manner preventing accumulations which would otherwise take place, by keeping up an equilibrium in the circulation of the part threatened with disease.

To explain the pathology of the disease, but few words are necessary. It consists in a simple congestion of the organ, the production of which may readily be accounted for, when we consider that the splenic artery is much larger than is requisite for the mere nutrition of the spleen; and that, consequently, under a general excitement of the circulation, it must convey an undue proportion of blood to its place of destination, where it must remain producing congestion, or must be carried off by vessels destined to this office. So long as an equilibrium is kept up between the vessels collectively, no engorgement, or undue accumulation, can take place; but, on the contrary, if the repletion is greater than the depletion of the organ, we at once have a case of the disease in question.

The diagnosis is by no means difficult. The pulse and the general appearance of the patient, may induce us to suspect an enlargement of the spleen; but, the most certain, and never failing criterion to determine the fact, is the presence or absence of a hard body, commonly called a fever cake, in the left hypochondrium, to discover which nothing more is necessary than a slight examination with the hand.

In the treatment of enlarged spleen, various methods have been adopted. Emetics have been recommended by some, and for all I know to the contrary, may have proved advantageous; but of this I know nothing from experience, never having prescribed them. Various external applications, as iodine ointment, mercureal ointment, blisters, &c., have had, and still have their advocates; all of which, with the exception of the first mentioned article, are more than useless, being calculated in themselves to produce more or less uneasiness, without the possibility of their doing the least imaginable good. The same may be said of the blue pill and other mercurials given with the view of producing salivation; for no one, I am satisfied, has ever been cured of an enlarged spleen by a salivation only; nor can I conceive of any case in which a salivation would be necessary or proper. It may be stated, and ample experience will
bear me out in the assertion, that nothing more is necessary in
the treatment of this affection, than the judicious employment of
purgatives. In my hands they have always proved successful,
when fairly tried, and I can confidently recommend them to
those who may not have been in the habit of prescribing them.
I have known an enlarged spleen to become much softer, and
nearly one fourth smaller, judging from the appearance of the
patient, and an examination of the organ, from the free action
of a large dose, (3ij.) of the compound powder of jalap. It is
not a matter of much importance what purgative is employed.
In this respect, the practitioner may please himself, provided he
selects an article which will purge actively, and causes its ex-
hibition to be repeated at proper intervals for a length of time.
With me no purgative is preferable to calomel. In all cases, it
is the one which I first recommend, and from it I have experi-
enced the most happy results; giving it in doses of from ten to
forty grains; and following each dose in from two to four hours,
with a large dose of castor oil, or some other certain cathartic,
which not operating well is repeated again, and again if neces-
sary. This purge of calomel and oil is directed to be repeated
every second, third, or fourth day, as circumstances, and the
strength of the patient may indicate, it being expected that the
general health is to improve under this periodical purgation,
which is to be kept up for weeks if necessary, or until the en-
larged spleen has been so much diminished as no longer to prove
a source of inconvenience. Although much attached to calomel
as a cathartic in these cases, I by no means confine myself to it
entirely. The blue pill in combination with aloes, using two
parts of the mass to four of aloes, I have frequently prescribed; and
this compound in doses of ten to fifteen grains, from its activi-
ty, has often been used with advantage; although in a majority
of cases, it is necessary to follow it by some more prompt cathar-
tic, as oil, or the sulphate of magnesia. As the size of the
spleen diminishes, the interval between the exhibition of each
cathartic may be prolonged, until once or twice a week will be
often enough for their administrations. In many cases, the oc-
casional use of a tonic in addition to the purgative plan of treat-
ment is absolutely necessary. No tonic is preferable to quinine.
It may be given on the days intervening between those of exhibiting the cathartic. No particular attention need be paid to the diet—such articles of food as suit the patients' appetite, being generally allowable; nor is it necessary to keep the house or bed to insure a recovery.

ARTICLE II.

On Menstruation by M. Antony, M. D. of Augusta, Geo.

"Propter solum uterum mulier est id quod est."—Hoffman.

Passing by the special anatomy of the uterus, a brief account of which was given on a former occasion,* with which every reader desirous of comprehending the functions and diseases of that important organ should be familiar; and in order that the pathology extensively connected with its structural and functional derangements may be better comprehended, I purpose considering in this place the character and phylosophy of its primary function under the circumstance of good health.

The expression of Hoffman quoted at the head of this article is most true, and when duly contemplated in view of its truth, becomes a most fruitful source of knowledge of the natural history of woman as well as of her pathology.

It is indeed to the uterus that woman is mainly indebted for her peculiarities of character; even her peculiarity of configuration being determined in the latter part of the third epoch of her life, in part at least, by the developements preparatory to conception and child-bearing. Her peculiar softness and melody of voice, together with the child-like simplicity and abiding confidence which are part of the characteristics of her sex so calculated to command the tenderest cares of man—the yielding softness of her nature, all, as I shall attempt to shew, owe to uterine

*See Southern Medical and Surgical Journal vol. I. page 171.
and other peculiar female developments their value; whilst her peculiar acuteness of sensibility, exalted moral sense, and higher order of refined taste are no less the products of that change of proportionate development whereby the female conformation is mainly affected in the progress of the third epoch, and the genital developments are fully completed.

But besides the concurrent peculiarities of the female, just alluded to, her various succeeding healthy peculiarities will be found reflected on her natural character, by the structure and healthy functions of the uterus and the various derangements thereof.

I shall in the first place offer to the reader some received definitions in relation with the subject before us; then proceed to give the healthy phenomena of menstruation, and lastly, to shew the philosophy of the rise, progress and decline of this function; all of which afford extensive data for the reasoning of the pathologist.

In thus pursuing my subject I shall use freely of such materials as are before the profession; and in some instances, (especially in anatomical facts,) without stopping to make direct reference to the source; as the facts which are known are made public property.

I. Menstruation. This is a term "which may be considered as generally used to include every thing relative to the cause, nature, appearance, duration, quantity, quality, use, successive returns, final cessation, &c., of the menstrual discharge.

Menses. This word is used to designate that periodical, red discharge which healthy women afford from the genital organs, when not pregnant nor lactating; ordinarily in temperate climates from the age of fourteen, to forty five years. Turton* defines it the monthly purgations of women." Parr, "the periodical discharge of blood from the uterus or vagina, or both." Mauriceau, "the menstrual is so called because it is evacuated periodically every month, when the female is of suitable age and good health, if she is not pregnant nor giving suck." Magendie, "a periodical sanguineous discharge which

* Editor of the Linnaean system of nature, and author of the Medical Glossary.
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takes place from the internal surface of the uterus, and is a true sanguineous exhalation." Baudelocque, "a periodical deple-
tion which follows a sanguine phethora." J. Cloquet—"a periodical evacuation of blood from the female organs of gener-
ation, from the age of puberty to that of forty-five or fifty years, and which ceases to appear during pregnancy and lactation.” Mme. Boivin, “a sanguine excretion which women afford regularly about every month from the genital organs, from puberty to forty five or fifty years.”

Various other names have been given to this discharge, as catamenia, menstrua, emmenia, &c. It has also been called menses, flowers, flows, monthly discharge, show, regular dis-
charge, time, epoch, moons, affairs, &c. &c., and is often allu-
ded to with a nod. Before the days of Mauriceau, (seventeenth
century,) this discharge was called “monthly purgations,” be-
cause, as was then believed, the whole habit of the body was
thereby purged of its superfluity of blood. This old, but emi-
nent practitioner and writer also informs us that it had, by a
beautiful allusion to vegetable nature, received the name of
“flowers of women.” As trees do not bear fruit until preceded
by flowers, so likewise women do not ordinarily become preg-
nant of an infant before they have these flowers.

Madam Boivin, a scientific female, having enjoyed the most ample opportunities afforded by her greater facility of access to females under all circumstances in society, by her general inter-
course as a female practitioner in Paris, and by her situation as chief superintendent of the Royal Mansion of Health, with all desirable opportunities and capabilities for anatomical research, all of which were well embraced, I cannot do more justice to a statement of the phenomena of menstruation, than by giving her own on this subject.

“Notwithstanding,” said she, “I have sometimes seen infants of five or six years, and even younger, discharge by the vulva a sanguineous excretion more or less regular in its returns, still in the order of nature, it is not until puberty that this excretion is established in a regular and periodical manner. This epoch which generally announces and characterizes the aptitude to fecundity, varies much, according to the constitution, climate, education, exercise, and various accessory circumstances. Most commonly, it is not until the age of fourteen or fifteen years,
and when the mammary glands begin to develop themselves, that the menstrual flux appears and is established. Derangements in the order and duration of this discharge commonly occasions disorder in other functions.

"The quality of menstrual blood does not appear to differ from that which circulates through the whole system when the woman is healthy, well formed, and when she conduct herself according to the requirements of health and propriety.

"The duration of this evacuation varies from three to six days. There are women who have this discharge only one or two days, and others, some hours only.

"The menstrual flux is generally suspended during pregnancy and lactation. When it does appear in the former case, it is ordinarily a symptom of disease, indicating a partial separation of the ovum. Also when the blood does not appear at the stated period which corresponds to the time when the woman previously had her menses, it is a very good sign of disease, except in pregnancy." **

"Causes of Menstruation. The opinion most generally received is that a plethora, general or local, causes this evacuation. Pinel said it would be found as difficult to answer this question as to explain the cause which made certain plants crown themselves with flowers oftener than others. The cause of the periodicity of the menses is not better known.

"Whatever may be the cause of menstruation, to it is generally attributed the virtue (propriété) of preparing the cavities, which ought, in their turn, to furnish the blood destined to pass into the radicles of the placenta. But the development of the placenta, and that of the fetus, without the uterine cavity proves that menstruation is not essential to the preparation of these cavities; or rather, that the placenta can do without (se passer) this preparation. It appears that the fecundated vesicle is capable of developing and enlarging itself every where when in contact with a vascular and nervous part. In the many cases of extra uterine pregnancy which we have seen, there was one at the term, at which the infant weighed eight and a half pounds.

"Nevertheless, the influences of the menses on fecundation will not be denied, since before menstruation, after its cessation*

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* Not long since a case was related in the Boston Med. and Surg. Journal, in which a woman was delivered of a child about 21 years after the cessation, and during the last year a case came under my own advice, in which the woman had ceased to menstruate some 20 years, and whose youngest child was about 21 years old. This woman had remained in health, and the wife of the same husband. She was in her 8th month when I was consulted on her case, and has since passed an easy and happy accouchement.
and even during any remarkable irregularity, conception does not ordinarily take place. On the other hand, we remark that women are more apt to conceive at the approach of their menses, or immediately after, than in the middle of the term between the menstrual periods.

"With those whose menstruation is interrupted, this excretion is commonly replaced by some unusual sanguine evacuation; any part of the body being capable of becoming a supplementary emunctory for preserving the health of the individual." Many examples are cited of women who have brought into the world well supported infants, without ever having been regular, as well as others after having ceased to be. Finally, "a woman, who on the approach of the menses proves to have pains in the head, and in the lumbar regions finds herself relieved that instant at which the menses appear, however small the quantity of blood which is afforded by the uterus; neither the application of leeches to the vulva, nor bleeding at the arm being able to produce an effect so prompt and salutary.†"

As I before observed, Madame Boivin's account of the phe-

* See at p. 767, vol. i. of this Journal, M. Bourgeois' case of anamatos menstrual variation, in which it took place from the extremities of each of the ten fingers of a young lady. A case occurred a few years since, under the observation of a medical friend, in which the discharge was vacariously effected through a sore on the leg.

Partial menstruation, in which the evacuation in the natural way is not so much as it should be, is perhaps always—I should say doubtless always—compensated in another way by some other part. But the phenomena are not always discoverable. I now have a case under my direction in which the tonsils have so enlarged on the approach of each menstrual period for several months, that the former attendant on the case contemplated the necessity of operating on them: but their enlargement has subsided after each period. On promoting ample menstruation, which was done by rectifying the prolapsed uterus, the enlargement has almost entirely ceased to manifest itself.

I have another case of difficult and partial menstruation from prolapsus, in which a pustule has occurred every monthly period with great regularity for many months somewhere on the lips or face near the mouth. On the correction of the cause at the period before the last, so as to secure a pretty good evacuation, the pustule which arose was very slight, and did not mature itself, but passed off by resolution. At the last period none appeared. In both of these cases, the mammae became very sore and considerably swollen and hard on the approach of the period. This last phenomenon is of very common occurrence in tardy and difficult, or partial menstruation often affording a watery, and sometimes a milky discharge from the nipples. The varieties of vicarious phenomena for menstruation are innumerable. This teaches us the indispensable importance of investigating more scrupulously the condition of this function in our research for cause as well as nature of disease in females.

† See ars des accouchements p. 104.
nomena of menstruation is worthy of high confidence. In regard to the points in dispute amongst physiologists she, with that prudence which generally characterises her conduct, avoids entering into doubtful disputations, and has generally contented herself by setting forth the existing doubt, or giving some of the most respectable opinions on the subject in dispute.

Most of the facts of menstruation are too well known to justify the appropriation of much more time to them; a bare recapitulation, therefore, of those mentioned, and a brief reference to a few not hitherto named, with some of the most common anomalies shall suffice. In the notice of those facts, however, it should be remembered that I describe the general course of nature in relation thereto; and to these, as general facts there are exceptions,—wanderings from the regular order of things, which however, arise from very peculiar circumstances in the nature of the individual, or some existing morbid condition or propensity.

In healthy young females in temperate climates, the discharge generally makes its appearance at fourteen years of age, or thirteen to fifteen. Its first appearance is generally indicated by a sense of weight about the loins; heaviness, and often more or less pain in the head, leaden color of the skin within the orbits of the eyes, pricking and pain in the nipples, shooting pains in the mammae, pain and more or less sense of weight in the hypogastric and inquinal regions. Some, if not most of these symptoms, ordinarily indicate the approach of the menstrual discharge. These, however, sometimes pass off for the present period without being followed by the actual red, but a more or less leucorrhæal, or sero-mucous discharge,* and the subject regains her usual state of comfortable feelings, in the enjoyment of which she remains for about one lunar month, or twenty eight or twenty nine days; when, probably, if not before, the

* These first sero-mucous discharges should be borne in mind, as they are, for the present, the proper menstrual discharges for the present state of development of the female proportions; and will serve to explain those cases of impregnation which are said to occur before menstruation. There is also a like manner of discharge occasionally appearing after the final cessation of the flux of blood, which will also account for those cases of post-menstrual impregnations which sometimes take place early after cessation.
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discharge called menstrual, makes its appearance from the genital parts, and continues, with a gradual alleviation of those symptoms which have been named, for three, four, or five days, by which time they become pale, and finally cease entirely for another lunar month. Thus continues the woman, if healthy and unimpregnated, until the age of forty five or fifty, when, after becoming more or less irregular, they cease to appear forever.

Besides the influence of climate on the periods of appearance, and final decline of menstruation, various anomalies are sometimes observable, such as recurrence at a regular period of two, three, six, or eight weeks—the occurrence of a precocious periodical discharge as early as three, four, five, or six years—recurrence as late as sixty or seventy years—the limitation of the period of flowing to a few hours, or a day or two; or its extension, to eight, ten, or fourteen days—menstruating regularly during pregnancy and lactation as at other times—menstruation during pregnancy only*—menses never occurring in pregnancy, lactation, nor any other time.† &c.

But notwithstanding these and many more possible and actual wanderings of nature, still, in good health, it is extremely regular in the periodical returns, as well as the time of continuance and quantity of discharge at each period—lasting from three to six days, always the same in the same individual in health; and so regular in its periodical returns, that the female, if intelligent and observing, can tell in some instances, not only the day or night, but even the hour at which it will return with the exactness with which the phases of the moon may be told,—all of which facts demand due consideration in the investigation of

* Deventer in his arts of accouchment, gives a case of this kind—also other authors.

† Gardien in his complete treatise on accouchements, says, that although sometimes the discharge of red blood appears at the very beginning, still it is more commonly the case that menstruation commences by a serous flux, and terminates in like manner. He says also that Roudelet mentions a woman who was delivered twelve times,—and Joubert another who bore eighteen children, neither of whom had ever menstruated. Doubtless these were cases of serous menstruation, similar to that first menstruation described, after which it is possible for conception to take place.
disease. Nor is it a matter of less importance in pathological investigations, that it should be borne in mind that the anomalies which have been mentioned are so rare that they are always to be regarded as morbid phenomena until a rigid investigation has demonstrated them otherwise.

I have noticed the general characters of this function, and briefly referred to those anomalies which do occur and comport with good health, with the design of reminding the reader of the boundaries, or rather, the possible extent of physiology, in his research after disease; and although the design of this essay was physiology alone, still it may be well, by way of application of the preceding pages to practional utility, to observe in this place that it is important to distinguish between the true physiology of the case before us, and its pathology.

For instance, it may be a serious departure from health in a particular case to menstruate three or four days, when the natural period was five days; or five days, in one whose natural period was three or four; the former being excessive if the flux be at the same rate, and the latter, deficient. Or five or six days may be a deficiency, when the natural durations of the period is seven or eight, &c.—Or the anomaly in which menses appear during pregnancy alone, or that in which they appear in pregnancy as at other times, may be simulated by the occurrence of slight uterine hemorrhage from other accidents than the physiological nature of the individual; but which tend to, and may end in abortion. In this case, as in all others, we must observe with great caution the real boundaries of physiological function, not only generally, but in the particular case under investigation. We must recur to the pristine state of this function in the individual, or its state at such times as her health was least exceptional, and thus find what constituted her regularity particularly. And, even by this index we may be deceived; nor is this deception so rare as may be supposed; but when suffered, is productive of no little perplexity. It is not unfrequently the case that a woman is found to menstruate precisely at the period of a lunar month, and have a continuance of the flux three or four days at the ordinary rate; and it may be, that she enjoy a very satisfactory exemption from present pain of any part; and still the foundation is being gradually laid for the destruction of
health by hepatic, pulmonary, or other derangements. Here on the strictest examination of the menstrual functions alone, the practitioner is compelled to pronounce the patient perfectly regular. But there is a resort for the avoidance of this error in physiology and pathology, which is, to the philosophy of other morbid phenomena, to the thorough knowledge of which, the knowledge of the true causes and nature of the menstrual discharge is necessary.

Thus much have I thought proper to state relative to the facts of the primary function of the uterus. These facts are calculated to have their practical use, as all other physiology, in enabling us to judge, by a knowledge of healthy function, the existence, the kind, the cause and the extent of disease. But it was an additional purpose in commencing this essay, to attempt the further elucidation of some physiological points in connection with this function. The enquiring mind is not content with composure in indifference to the truths of nature, when so much of the beauty of infinite wisdom is found at the end of all thorough investigation in natural history, and particularly in the human economy. We should not be satisfied with merely viewing this function as an isolated phenomenon in the history of the human female. It would indeed be but a poor display of wisdom and benevolence—but a burthensome affliction intailed on those who are the subject of it, ever driving their delicate sensibilities to self-disgust; and, were it not connected with the nobler ends of female construction—were it not arising in the first place, out of those peculiarities which woman, in view of being the mother of mankind is made to possess—were it not connected with her aptitude for that ripest perfection of organic sense by which she is rendered capable of conception; and finally, were it not in connection with the support of the offspring in its most dependent state, that is to say, whilst in the womb and soon after birth, it would ever present a most loathsome phenomenon to the other sex. I shall now proceed to the physiological elucidations to which I have just referred.

1st. Of the nature of the menstrual discharge.—Much has been said by physiologists relative to the nature of this discharge. The ways of nature are generally plain and simple when known, and it is a fact which abundant observation proves, that nature
is strictly economical in all her purposes and operations—never requiring more causes than are adequate to the effect; or rather she seems to delight in effecting her purposes by the simplest and fewest means possibly consistent with their well-doing. We need not search for causes, the existence of which we cannot determine, when we have adequate causes, known and present. We should have to wander far indeed from the truth of anatomical demonstration, were we to declare this discharge a peculiar secretion. Yet such has been the course of some of the greatest physiologists, and even of the present day. It would be idle to occupy the time of the reader by repeating and contesting every opinion which the imagination of man has brought before the world on this subject. It is thought sufficient to meet some of the arguments and opinions which have, more than others, withstood the withering blasts of reason and demonstration so as still to retain a place in the schools at the present day. As such, we shall take for our review the doctrines taught by the highly accomplished and justly celebrated late professor of midwifery in the university of Pennsylvania, and which, so far as there is reason to believe, yet obtain in that respectable institution. And I would here state once for all, that I know of no professor or author of the day, in whose statements of facts I have more, whilst there are many in whose I have not equal confidence. But however unequal the contest may seem, I feel bound to oppose his reasonings from those facts, and the conclusions to which he comes;—resting confident in the power of truth, and trusting to the end of the contest for my justification. In all ages, from the time of Hippocrates and Galen, down to the present, the idea that the menstrual is a genuine sanguineous, (or in its less perfect state, a serous) discharge has found abundant advocates in the ablest physiologists of the day. And now it is plainly observable that all the most celebrated writers of France seem to receive this as a settled fact beyond controversy; and on this point, I would observe that when we consider the advanced state of medical sciences, and the habits of familiar intercourse the enquiring disposition and the facilities for anatomical and physiological investigations which Paris affords, all of which combined give opportunities for the acquisition of truth never before equalled; these physiologists are entitled
to the highest respect. So much for long standing and high privileged authority.

Still, however, the idea that the menstrual discharge is a peculiar secretion, has been taught by Haller, Hunter, Saunders, and others of former ages, and advocated by Dr. Dewees of the present age.

In his preparation for the support of the opinion that the menstrual discharge is the result of a secretory process, Dr. Dewees attempts in the first place to draw preparatory support from the "structure and diseases" of the uterus, thus: independently of considerations derived from the structure and diseases of the uterus, &c. To this assumption, or rather supposition, it must, in honest faithfulness be replied that the anatomical facts in point not only forbid such an idea by completely demonstrating the want of appropriate structure, but actually display every necessary construction and arrangement for a periodical discharge of just such blood as the menstrual flux exhibits.

From his expression which we have just quoted, one would suppose that a regular glandular arrangement of the uterus was demonstrable, and that, so curiously supplied with sensibility, as to be competent, once in a lunar month, to take on suddenly its secreting action, and eliminate from the system from 3 to 6 or 12 ounces of secretion within a few days, then close its operation for a month, and so on; and this too, to have its secreting energies increased by a relaxed and debilitated habit,—for it is a notable fact that delicate habits generally afford 3 to 4 fold more menstrual discharge than those of robust, strong and energetic habits. But no such "structure" will be found.

The Doctor next proceeds to derive "confirmatory suggestions from the appearance of the fluid itself. One of these two propositions he feels bound to receive: This discharge," he says "must be either a portion of the common mass of blood as it circulates in the system; or it must have undergone some change during its separation from the uterus."—If the former" he continues, "it should exhibit the appearance of blood detracted from any other part of the body by opening a vein for the purpose;

*See his systems of Midwifery page 50.
which it does not do. If the latter, it is probable that it has been eliminated by that process termed secretion.” This last proposition or avowed probability, he then considers strengthened by the following considerations of the physical properties of the fluid itself.

1st. Its colour is between that of arterial and of venous blood; being less brilliant than the former and more so than the latter.

2d. It never separates into parts as blood drawn from any other part.

3d. It never coagulates,* though kept for years whilst other blood, when free from disease and exposed to the air quickly does this.

4th. Its odour is remarkably distinct from that of the circulating mass; and it is less disposed to putrefaction.”

Here I would meet the doctor at the very foundation of his two propositions, and shew that by them he has only spoiled the truth by dividing it—that his probability which he assumes in the 2d proposition is but a petitio principii and which, when assumed, instead of deriving substantiation therefrom, it only tends to a false explanation of the four several physical properties of the fluid. By only exchanging his distributive or for the copulative, and, we shall have a new proposition declaring the truth thus: This discharge must be a portion of the common mass of blood as it circulates in the system, and it must have undergone some change during the separation from the uterus. This is, as a whole thus connected, a proposition, the substantiation of which cannot fail to refute that adopted by him and explain the phenomena of the “fluid itself” (by which he attempts in vain to strengthen his opinion,) in another and more rational manner.

In the substantiation of this proposition which I have thus compounded, I draw all desirable evidence, from the “structure”

* “We too often see it escape in clots from women when they get up to walk about, after having been long in a sitting position, to be able to say with Dionis, that menstrual blood never coagulates. According to all appearance, it contains less fibrin than that from other parts of the body, but is not entirely without it. Being mixed with the mucous and serous matters naturally furnished by the internal surface of the genital organs, the menstrual blood is thus rendered more viscidous, and ought not to exhibit the same characters as that which escapes from a wound.—Velpeaus Midwifery p. 86.
of the uterus. It will not be forgotten that the various arteries which enter the uterus are very intimately connected with the ovaries, so that the removal of these by excision or their destruction by disease, (which is said by the Doctor to destroy menstruation,) must necessarily injure, and that to a great extent, if indeed it do not entirely destroy some of the most important branches: therefore nothing can be fairly inferred from the removal or other destruction of these organs. But the arteries which do go to the uterus terminate variously—as by anastomoses, by exhalent extremeties opening on the inner surface; and "other branches," &c. "pass to the uterine sinuses," which, as I have before said in speaking of the lining membrane of the cavity of the uterus, open into the cavity by the most considerable openings which appear in the reticulated membrane. Here, then, is abundant anatomical structure to indicate plainly its purpose.

I next come to explain, from the facts presented, the whole proposition which I have offered. The first member of the proposition considers the discharge as being a portion of the common mass of blood. Hippocrates, the most respectable authority in ancient medicine, whose close and correct observation has been constantly before the world—the most worthy example for imitation, and which has established so many truths which have withstood the relentless hand of time and the revolutions of centuries, says, "this blood is like to that of a victim, and coagulates promptly if the woman be well."* The most perfectly healthy animals only were chosen for the ancient sacrifices; hence this comparison.

Mauriceau, when Prevost of the company of Master Surgeon Jurors of the city of Paris in 1672 had, and embraced the opportunity of examining the body of a woman who was hung for a crime, at the time of actual menstruation. All that portion of the cavity of the uterus about the fundus was plaistered over with coagulated blood, and the vessels here were much larger than those of the neck. He distinctly saw these coagula connected

*"Procedit autumn sanguis velut à victimâ, et citó congelatur, si sana fuerit mulier." Vid. Oeuvre de Mauriceau, Tome 2me, Descrip. Anatomique, &c., chap. x, page 47.
with those vessels about the fundus, which disgorged themselves of the blood.*

Madame Boivin, to whose excellent opportunities and capabilities I have before alluded, says she has had occasion to see the uterus of many young females who died during the menstrual epoch, in whom the internal face of the uterus was covered with a coat of bright red blood;† and this fluid she caused to pass out of the vessels which afforded it, in small drops, by simple compression, or plunging them into warm water. These absolute facts should be considered highly satisfactory evidence of the truth that the discharge, as it passes from the vessels, which yield it into the cavity of the uterus, is but a portion of the "common mass of blood as it circulates in the system." It is caused to coagulate by the circumstances of the body in death, before it undergoes those mixtures which will be presently described.

It has been observed in describing the vagina, as well as the neck and body of the uterus, that all these parts are generally moistened by a mucous secretion for the purpose of lubrication and the ordinary good condition of the parts for their functions. This mucous is not coagulable by any ordinary temperature, or atmospheric exposure. Nor is it readily susceptible of putrefaction. It is in considerable quantity—so much so that I have several times observed it passing after death, from the vulva even of girls, but a few years old, in consequence, as I presume, of the contractions of the uterus in death, from the cessation of arterial action.

In the sinuses into which the blood is poured by the arteries, those changes commence, which cause it to approach "more nearly to the color of venous blood." In this state it is poured during menstruation, into the cavity of the uterus, where it enters into immediate and complete mixture with the mucus of the part. This mucus is so viscid that on an even mixture with the blood, the latter will thereby be prevented from separating into parts. It is rendered incoagulable in like manner, by being

* Oeuvre de Mauriccau.
† "Couvert d'une couche de sang d'un rouge vif." Memorial de l'art des accoucheurs.
in even mixture with this mucus, as it is in the usual healthy menstrual flux. But should the discharge of blood exceed the usual quantity in proportion to the mucus, it then becomes coagulable because the proportion of mucus is not sufficient to preserve this quantity from coagulation.

This mucus is coagulable by astringents, as alum, tannin, &c. So also is the menstrual fluid. The peculiar odour which the mucous secretion possesses is combined with the blood, and this, added to the natural scent of blood gives the odour so "remarkably distinct from the common blood."

Here then are found unavoidable and competent causes for all the phenomena of colour, of inseparability, noncoagulability and odour; the principal grounds on which the advocates of peculiar secretion have relied. Here is found an explanation of all the phenomena presented, in perfect and happy accordance with that simplicity and economy in which nature ever delights: and here, too, do we behold the kindness of Providence in the happy arrangement so well calculated to preserve from pain in ordinary menstruation, which would otherwise exist in consequence of constant coagulation. Believing this error needs no farther arguments for its final refutation to settle the true physiology of the function, I shall next proceed to the consideration of the causes of the beginning, the continuance, and final cessation of menstruation.

Of the causes of the rise, progress, and final cessation of the menses. From the view we have taken of the nature of the menstrual discharge, we may well consider it as a periodical hemorrhage—the chief difference between hemorrhage and menstruation being that the latter is natural—there being an organization especially constructed for this purpose, and for which, when we consider the end for which woman was created, and that state of the system necessary to that end, there is from the beginning, a necessity: whilst hemorrhage is unnatural and not from structure organized for that purpose. The latter is the effect of accidents which temporary causes create—the former the effect of wise design.

There are, at least in the earlier part of human life, certain

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* These facts are constantly observed in the application of vaginal injections containing alum or tannin.
periodical changes which take place, the precise cause of which it would be difficult to explain, unless it be merely a part of the order of development established to suit the being to the different relationships in life, to other beings of the species, and the other circumstances and periods of that life. These periods have been called septennial, as they have been observed every seven years. In man these epochs are marked,

1st., By the dropping of the milk teeth at about seven years, and their replacement with new and more substantial ones.—During the first epoch, that of infancy, he has the roundness of form, softness of flesh, of voice, &c., which may be considered as belonging to this epoch. Both sexes run very much together in the marks of this epoch.

2nd. During the second epoch, the roundness and thickness of childhood decrease, and the length of parts increases, and the whole stature becomes more spare.

In early infancy, the head is much larger in proportion to the other parts—partaking still much of that extreme disproportion which in the early foetal state, gave to the head nearly half the weight of the whole; and the proportion continues to decrease until fullest maturity. During the progress of the first epoch the body expands in greater proportion; but in this, the second, the extremities, particularly the lower, extend in a much greater ratio than the rest of the system; and by the termination of this epoch, become, by their more rapid proportionate growth, in very good proportion to the other earlier developments; and, indeed, rather transcend, as those of some quadrupeds, the proportionate extent, and soonest acquire the proportion of the adult. By the end of this epoch, in consequence of the determination of growth to the lower parts, and the rapid accomplishment of the adult proportion of the lower extremities, the genital organs of each sex become sufficiently developed to enable them to perform their functions; although so far from that maturity of strength and hardihood as to render them, as yet, unfit for the exercise of function.

3rd. The third epoch begins with signal changes. The sexes now begin to wander from each other. The voice of the male begins to become more coarse and grave, whilst that of the female changes but little. The pilous system now begins to be
developed on the pubis of the male and female, and the downy beginning beard on the former. The menstrual discharge of the female, and the growth of mammae go on. In man, too, the upper parts of the body—the thorax and shoulders begin to expand in greater proportion; whilst the female growth is peculiarly directed to the lower parts of the body—the pelvis and thighs; and these proceed on to that fixed difference of proportion which ever marks the two sexes during the period of maturity. The genital organs likewise go on improving in strength and full development, the mammae increase in size, the pubis becomes well covered with hair, and the finest proportions of which the individual is susceptible are developed by the end of this epoch. The appropriating powers seem to continue their offices in the hips and mammae whilst they are mostly discontinued elsewhere, especially in the shoulders and the other standard masculine developments. Those parts grow and extend, as if for a much larger stature than the woman will ever arrive at—particularly the hips; so that her pelvis, nates and thighs are much larger in proportion than those of the male. Her cellular tissue becomes more filled with adipose matter, which gives to her the roundness and softness which perfect the beauty of her sex. The cessation of the developments peculiar to the male seems thus to leave the surplusage necessary to menstruation—to child bearing.

"During this epoch the amusements of childhood yield to maturer enjoyments—rational inquiry begins to be developed. Capricious attachments give place to sincere, unaffected and permanent friendship;"* all of which changes are making gradual progress to that maturity at which they are found at the end of this epoch, or twenty-one years of age, the earliest period at which Providence seems to have designed the union of the sexes, or at which that union seems rationally commendable. *Then, and not until then is woman that creature whose development of mind, and perfection and strength of organic construction combine to capacitate her for the efficient performance of the purposes, and the rational and prudent enjoyment of the pleasures of conjugal life.

* Cuvier.
Thus we observe the fact in human nature, that different parts are *successively developed*. We might have said that this is oped in like manner to the close of the second epoch, at which the developeing powers of the two sexes are differently directed; those of the male to prepare him for that superiority of stature, that greater size and strength of muscle, that larger brain, stronger bone, stronger and deeper voice, coarseness and thickness of skin, and more full pilous developement, and that greater harshness, firmness, and independence which both characterize his sex, and fit him for the various purposes of *his* life; whilst those of the female leave her skin, and muscles, and bones, and organs of voice, and hair, &c. &c., in all the delicacy, and softness, and roundness, and flexibility of childhood; being weak in body, comparatively feeble in mind and nervous energies, being variable, credulous, subject to the influence of the imagination, and to nervous diseases; whilst in disposition she is left soft, gentle, gaining by *address* rather than by *violence*; all of which mark the peculiar sex. But in this we have only told that the developeing powers have failed to continue the developement of some parts to that extent observable in the male. Still, however, the developing energies are not discontinued. They go on lastly to enlarge and perfect the organization necessary for pro-creation and the support of the race. The organs of generation are perfected. This done, the mammae, the organs for future support are developed, and the hips and lower parts of the body are brought out to that proportion which best suits her offices in life. This done, and the same power which effected the progressive developement of parts which we have noticed, still, *by a rule of action peculiar to female nature*, continues to bring appropriations, which constitute a *surplussage*, which is now held in reserve, ready to be applied to farther developements whenever conception shall render it necessary.—

But such is the ratio of increase in the female system, as continued after the full accomplishment of her personal perfections, that without conception, some kind of hypetrophy, or other form of constantly increasing disease would be the consequence of the retention of this surplussage beyond a certain accumulation. This we see threatened in the evidences of the near approach of the menstrual flux, which is indicated by head-ache, dullness of
most obvious from the earliest formation of the embryo. This continues until the whole body is formed, and both sexes develop eyes, pain in the pelvic region, lassitude, whimsical appetite, &c., with or without a variety of nervous symptoms, as ringing in the ears, a sense of suffocation, palpitation, startings from slight and sudden noise, convulsive twitches, chorea, &c., and mournfully demonstrated in those organic diseases which seat themselves in the liver, lungs, brain, spinal marrow, &c., which we see constantly resulting from retained or suppressed menses without pregnancy; and in those diseases, the full developement of which we witness at the critical period of female life.

These then must, in the wise economy of nature, be prevented, which could alone be done by a timely elimination of this surplusage from the female system. If then this be not gradually and steadily done, by passing into the fetal growth before its birth, or into the mammae afterwards, it so fills, gradually, the uterine vessels that they are at length obliged to yield it up from the outlets of the uterine sinuses constructed for its reservation for the nutrition of the offspring whilst in utero.*

Thus flows the menstrual blood from the uterus until the evacuation is sufficient to relieve that local congestion which requires it, and which, without it, would go on to the production of disease in some other part, or the general system.

A brief view of the manner in which the developement of the body is effected, may assist in exhibiting the rise, progress and decline of this curious function in a fairer light.

The vital fluid, it is truely said, is contained in corresponding vessels called arteries and veins; but the former only are active powers. In the veins, the blood is propelled by the adventitious aid of other muscular powers, assisted and secured at each step by valves. It is evident, therefore, that for the necessary support of the body, the action must bear a certain proportion to the resistance—otherwise, infarction would take place, or the arteries would be emptied. It appears to be a fact of observation, that the proportion of arterial action to venous resistance differs in different periods of life. Sir Clifton Wintringham has

* The fact of menstruation in the human female is an evidence of the design of Providence that mankind should not be admitted to promiscuous intercourse as quadrupeds, &c.
shown by actual experiment, that the density of the coats of the veins is greater in proportion to that of the arteries in young than in old persons. This proportion which these bear to each other is gradually changing, and after the acme of life, they are more equal; or the resistance of the veins is little, in proportion to the action of the arteries. Now if we look to this curious fact, we shall find the true philosophy of the progressive growth of man for a certain portion of his life; his stationary condition, during the continuance of the full perfection of manhood, and finally, his decline when the arterial power greatly preponderates over the venous resistance.

This proportionate increase of power of the arterial system is to be accounted for on the principle of the increased development of muscular and fibrous parts by use—as in the muscles of laboring men. The moderate and prudent exercise of organs or parts, gives strength and energy of construction and function; but the part or organ passively acted on suffers the overcoming of its resistance, and a loss of power and even substance. This is evinced in the increased powers of the muscles by their use, whilst the frequent pressure of their bellies during their action on the subjacent bone, flattens and attenuates the firm substance of the latter; even to the production of apertures sometimes in the flat bones. The arterial is the principally active organization in the circulation—the venous, passive—hence by action and use, the former enjoys a perpetual increase of power and development, whilst the latter suffers a decrease of its resistance.

Nutrition is distributed to the general system—to each part by the arteries. The veins in early life are small and contracted. The resistance which they afford is sufficient to preserve the fullness of the arteries, and thus forces these to the continued elongation of their extremities, and the successive application of nutriment to the development of parts. This predominating venous resistances is no longer useful in man than during the increase of the body, and maturation of its powers: and in the wise economy of nature, it lasts until the whole formative propensity, or the outlines of the design for manhood are filled, and no longer. Arterial plethora, and venous resistance have thus far prevailed; these now become equal. This done, or when
the venous resistance ceases to excel the arterial action, the parts cease to be developed, because the action and resistance are in equipoise. What takes place beyond this in the way of enlargement, is only from the yielding of venous, and other soft and containing parts, as the cellular tissue, &c. Now however, arterial plethora no more exists, nor has venous plethora yet commenced. This balance of power and resistance continues for a time, during the prime of life, until at length the arterial power, by continuance of exercise, increasing, whilst the venous resistance, from being long acted on, gradually declines and yields to the former, and the venous plethora prevails, as is plainly evinced by the fullness and elevation of the superficial veins, &c. Such appears to be the philosophy of the development of the bodily proportions and phenomena of mankind, without regard to sexual peculiarity of arrangement and function. But had such alone been the provisions of the human female, the race had never been perpetuated. Man's proportion of increase had only to be so arranged that his arterial plethora should effect his development to the full stature of manhood and maintain it there. But to answer the functions so important to the perpetuation of her race, woman needed a provision not only for her own full development to perfect womanhood, as displayed at the end of her third epoch, or 21 years; but for a farther surplussage similar to that which prevails during the arterial plethora of early life, which should still exist for the support of the offspring. Instead, therefore, of that fullness of appropriation which, in man, goes to the support of his greater stature and other peculiarities, so expensive to the nutrition, and which I have before pointed out, it is withheld from these appropriations and kept as a reserve surplussage ready for use in her peculiar functions as a mother. This surplussage, ceasing to continue farther the developments of parts in woman, leaves her genital system with all those peculiarities which we have named as belonging to her sex, and is directed to the uterus, the place where it is destined to be appropriated. Such is the structure of the vessels and sinuses of the uterus, that they readily yield to delution for a time, and a tropical plethora is the consequence; which, when so great as to excite uterine resistance, is relieved by a gradual discharge from the uterine senuses, of that
blood which caused the topical plethora, and thus is menstruation commenced. ("The idea of a topical congestion or plethora was suggested as far back as the days of Stahl, and had loosely floated in the minds of physiologists before the time of Cullen; but to him are we indebted for its expansion into a system at once elegant and correct.")

Thus has nature wisely provided for and effected a union of the delicacy and softness—the roundness and flexibility—the confiding credulity and gentle yieldings of childhood, with the full development of female perfection and beauty, as displayed in adult virginity: when, animated by the passions, emotions and sympathies which belong to her nature, and crowned with the sacred blush of modesty, woman is presented, full of charms and graces, which unite to render her a being the most enchanting—prepared by infinite wisdom to wear the golden chain of love, kneel at the hymenial altar, and become the mother of mankind.

PART II.
REVIEWS AND EXTRACTS.

ARTICLE I.

Rhinoplastic Operation, communicated to the Boston Medical and Surgical Journal, by J. Mason Warren, M. D.

The history of the patient who was the subject of this operation, we shall give very briefly, as follows:

J. T. 28 years of age. Three years ago last spring, while playing very roughly with one of his companions, he received a violent blow on the nose, which dislocated the cartilage, driv-
ing it at the same time over to the left side. Some inflammation came on in the nose at the time of the accident, which very shortly subsided; and as he was out of town, and at a distance from medical advice, nothing was done to replace the cartilage, which remained in the situation into which it had been driven by the blow.

In the following spring, while pursuing his ordinary occupations, a small red spot appeared on the right cheek just below the eye; this very soon increased in size, the inflammation gradually spread, first attacking the lip, and from thence extending to the nose, which became red, swollen, and finally ulcerated.

It will be unnecessary to go further into the details of the case; suffice it to say, that in the course of eighteen months the whole nose, cartilages, septum, bones, &c. were successively attacked, and finally completely destroyed. The ulceration had also extended to the cheek of the opposite side. Subsequently to this, cicatization gradually took place, leaving the patient in the state in which I saw him, six months after his recovery from the disease.

At this period, having accidentally come across a description of the Taliacotian operation in an old magazine, he applied to know whether anything of a similar kind could be done to remedy his frightful deformity. The following was his state as he appeared on the first examination.

The nose, as described above, had entirely disappeared, leaving in the place it originally occupied an opening about an inch in diameter, bordered by a firm cicatrice; the septum of the nostrils was destroyed, and the two nasal cavities thus thrown into one; externally a small cicatrix descended from the lower and left edge of this opening to the angle of the mouth. In the course of the disease the four front teeth had been lost, and this, together with the absorption of the alveolar processes, had caused a sinking of the upper lip, which had fallen an inch below the level of the lower one. An opening also existed between the lip and upper jaw, through which a probe might be passed from the mouth into the nasal cavity. The sense of smell was quite lost, and he was subject to an occasional running of the tears over the face, arising undoubtedly from the too sudden contact of the air with the lacrimal ducts.

A thorough examination of his case having been made, and finding there was no positive obstacle against the possibility of the success of an operation, the difficulties of such an operation as would be required were distinctly stated to him, the improbability of its succeeding so as to restore the organ in such a manner that the deformity should not be known, that the new nose might become very much flattened, and perhaps on the appearance of cold weather gangrene might take place, and
finally, that even his life might be endangered by it. I felt it my duty to state the case plainly, having seen all these accidents occur from the operation, and death in two cases being the consequence, from severe erysipelasiferous inflammation of the scalp.

Notwithstanding all these objections, he said that he was ready to incur any risk which would give him the least chance of having the deformity under which he labored obviated, as life in his present state was hardly desirable.

His case was certainly a hard one. A young man in the prime of life, in other respects of a good face and appearance, was, by this frightful calamity, not only entirely cut off from society, but prevented from gaining the means of subsistence.

Having determined to submit himself to an operation, it was thought expedient to delay it a few weeks, in order to watch the case a little, and prepare him for it by a course of diet and regimen.

At the end of six weeks his health had materially improved, and as he still persisted in the determination of having an operation performed, preparations were made to do it as soon as possible, as on account of the approach of cold weather, no time was to be spared. At this period he was seen by my friend Dr. Peace, of Philadelphia, who was present with me at one or two operations of the kind practised by Dieffenbach in Paris, and he declared, as his opinion, that the appearance of the patient offered every chance of success. The favorable circumstances were—the healthy state of the integuments surrounding the opening of the nasal fossa, the great height of the forehead, the whiteness and delicacy of the skin, and, added to this, the good state of his health. All the preparations having been made, the operation was performed on the seventh of September.

A piece of pasteboard, cut in the shape of the letter V, that is, of a triangular form, and with a projection from its base, corresponding to the column of the nose, was placed upon the forehead, and a trace made around it with the nitrate of silver; this being used in preference to ink, as recommended by Lisfranc, in order that it might not be liable to become effaced by the blood. A trace was also made around the opening of the nasal fossa, at the points where it would be necessary to remove the integuments for planting the new skin taken from the forehead. This was done the night previous, in order to prevent any undue delay on the day of the operation.

All unnecessary articles of clothing being removed, the patient was placed on a table in a recumbent position, his feet towards the window, and the operator behind so as to have the full command of the head. The traces made by the nitrate of silver were about two thirds of an inch apart between the eyebrows, each side of the triangular portion of skin was three inches
and a quarter in length, with a base of three and a half inches, and the projection for the columna of the nose, which was to be taken entirely from the scalp, previously shaved, was an inch and a half long and two thirds of an inch wide.

The head being firmly supported by two assistants, the incision was commenced between the eyebrows, and the flap of skin dissected up so as entirely to isolate it from the skin of the forehead, except where, for the purpose of nutrition, it was left adherent at the root of the nose. The incision on the left side between the eyebrows was extended a little farther down than on the right, the better to facilitate the twisting of the flap. This incision included the skin, subcutaneous cellular tissue, and a portion of the occipito-frontalis muscle, care being taken not to raise the periosteum, from fear of necrosis.

The flap thus dissected and twisted round to the left side, was carefully wrapped in a compress of linen cloth, and before the operation was proceeded farther in, attention was given to diminish the large wound made in the scalp. Little hemorrhage had taken place, and the temporal arteries which had been cut, very soon retracted and ceased bleeding. The angles of the wound were first brought together by the twisted suture, two pins being employed on either side. Its edges between the eyebrows were also approximated in a similar manner; by this means the wound in the forehead was diminished at once to less than half its original size; it was still farther reduced by the use of a few strips of adhesive plaister, and a little scraped lint filled up the remainder of the wound. Some lint spread with eurate was spread over the whole surface, a pledget, and the whole secured by a bandage round the head.

The next object was to fix the borrowed skin in its place. In order to do this, it was necessary to freshen the borders around the opening of the nasal fossa, the traces of which, as stated above, had been previously made with nitrate of silver. For this purpose a short narrow knife, somewhat similar to a cata-

The knife was also passed between the lip and upper jaw, in which existed, as before stated, an opening large enough to pass a probe, and the adhesions between the two, for the space of an inch, entirely cut away. This was done for the double purpose of giving the columna of the nose a more deep and firm adhe-

The flap was now brought down into its place, its angles a little rounded with the scissors, the better to simulate the alae of
the nose, and the whole secured in its place by pins and points of the interrupted suture. From that portion of the skin which was to form the columna of the nose, the epidermic side was pared a little, so that it might form an adhesion not only underneath to the jaw, but on its sides to the quadrangular wound made for it in the upper lip.

A little scraped lint was now placed under the ends of the pins, and a strip of oiled lint introduced into each nostril to prevent adhesion; another strip was placed upon the nose to preserve its temperature. The dressings were secured by a band of adhesive plaister fixed to the forehead above, and partially divided in the middle, so that it might descend on each side of the nose to the lip.

During the whole of this long and painful operation the patient kept up his courage, and not a cry was uttered, nor the least struggle made that could at all impede the motions of the operator. Not much blood was lost, and his strength was so little exhausted that he was able to run up stairs to his chamber. He was ordered to go to bed immediately, to keep perfectly quiet, and a watcher left with him, who had directions, in case of his falling to sleep, to prevent him from either rolling over on his side, or raising his hand to the nose so as to derange the dressings; also to wake him immediately should he breathe through the nose. To have arrow-root or gruel and lemonade, for nourishment.

On visiting him in the afternoon he was found comfortable; the new nose was warm, and had bled a little from the edges which formed the nostrils, both showing the circulation was not at all impeded.

Sept. 10. Passed a good night, slept well, pulse seventy-nine, complains of no pain, the nose of about the natural temperature. The gentleman who watched with him thinks that the lint on the right side of the nose was occasionally raised a little during expiration, when the patient slept soundly; he awoke him once or twice on this account. A purgative was ordered of the sol. sulph. Magnes. and liquid farinaceous diet. A piece of cork was confined between the teeth, so as to keep the mouth open, it being hoped that this might prevent him from closing his lips during sleep and breathing through the nose.

11th. Quite as well, passed a quiet night, has a good appetite, pulse eighty. Watcher says that he occasionally made a motion to raise his hand to the nose, but, as if instinctively aware of the impropriety of it, withdrew it again without touching the dressings. The introduction of the cork into the mouth had entirely reflected its object, by preventing the passage of air through the nose.
12th. The first dressing took place four days after the operation, and the following was found to be the state of the parts.

The dressings on the forehead, after being well soaked, were first removed. The angles of the wound were found to have united throughout, so that two of the pins were at once dispensed with. Union had also taken place in its lower part, just above and between the eyebrows; the remainder of the wound, that is, its central part, in which union by the first intention could not take place, was suppurating well, and filled with healthy granulations.

The nose was next attended to. Upon the lint being removed, which had become very much hardened and caked in by the coagulated blood, it was found that entire union had taken place on both sides. The alæ of the nose and lower edges could not easily be seen without making use of too much violence in removing the dressings, which at present was not thought necessary. The columna was curved inwards, and the sutures concealed. The nose was of the natural color and temperature, and the circulation through it seemed uninterrupted.

Two strips of lint dipped in oil were laid over the cicatrix on each side of the nose, and no other dressings used. The patient was allowed to sit up a little, and to take any article of food of the liquid kind he might fancy.

On the 13th he was quite as well, with the exception of a little oedema of the upper eyelids, arising, undoubtedly, from the pressure of the bandages and other dressings on the forehead. One of the pins was removed from the forehead on the 13th, and another, the only remaining one, on the following day. The dossils of lint which had been placed in the nostrils still remained there, firmly caked in by the drying of the pus, blood, &c.—These were not removed until the 16th, when their places were supplied by two pieces of hollow sound. Some difficulty was found in the introduction of the tube into the right nostril, which had become partially filled with granulations.

On the 14th a quantity of hair began to appear on that portion of the skin forming the columna of the nose, which, as will be remembered, was taken from the scalp; this hair, from time to time, required to be removed with the scissors. He was put upon a nourishing diet, with the caution to use the jaws as little as possible. He stated that occasionally, when he swallowed, he had a sensation as though he would "swallow his nose."

15th. The remaining pins were removed from the side of the nose, and the two sutures which confined the alæ; and on the 17th, ten days after the operation, the two ligatures, which confined the columna in its place, were also removed.

At this period, the following was the state of the parts. The wound in the forehead, from the adhesion by the first intention
which had taken place, and subsequent contraction, had diminished to a third of its original size, and the small triangular space which remained, together with that portion of the scalp from which the columna of the nose had been taken, was filled with healthy granulations. From the wound to the root of the nose was a linear cicatrix two inches in length, and continuous with the cicatrix on the left side. Adhesion of the integuments had taken place on both sides of the nose; at the right alæ, however, the union was not quite so perfect as at the left; that is to say, the whole thickness of the skin did not appear to have united.— To assist the union, the skin of the face which lay under it was slightly scarified with the point of a lancet.

The columna of the nose was a little curved backward, and its edges had retracted inwards upon themselves. The inside of the nose was suppurating well, and at its upper part adhesion seemed to have taken place between the two bleeding surfaces which had been opposed to each other. The tip of the nose was well defined, and its edges were curved inwards so as well to simulate the natural appearance of the alæ, and just above the alæ, apparently from atmospheric pressure, a depression was taking place, forming their superior boundary. This was assisted by the patient making an occasional pressure with his fingers at these points. He feels well, has a good appetite, and sits up all day. He breathes freely through the tubes placed in the nostrils, which require to be daily removed in order to clear out any obstructions which may collect in them.

At the end of a month the wound in the forehead had contracted to about a quarter of its original size. Adhesion of the nose was perfect at all its points. The openings of the nostrils were regularly rounded, and simulated well the natural appearance. The tip of the nose is well preserved, and a regular curve takes place from its root to the end of the organ.

At the end of six weeks he was able to go out and walk about during the evening, but as the weather became cold he was advised to confine himself to the house, as cold evidently had a very great effect in retarding the cicatrization of the wound in the forehead. By reference to the second figure on the plate which accompanies this paper, a pretty correct idea will be formed of the state of things six weeks after the operation.

At the end of two months it was thought time to proceed to the second operation, which was required to remove the twist existing at the root of the nose. It will be easily conceived by referring to the plate, that underneath the pedicle which connected the nose with the forehead, a small portion of sound skin existed, and that of course no adhesion had taken place between this portion and the pedicle lying over it. The method usually adopted by operators has been to cut the pedicle, after sufficient
union of the nose has taken place below to justify the separation of it from its source of nutrition, and to fix it down at the root of the nose, in a transverse incision made for it at that point.

To this method there are some serious objections. First, the danger of inflammation in separating the pedicle; second, of sloughing of the organ on the vessels being cut which have hitherto supplied it with blood; and lastly, the very perceptible transverse cicatrix left after the operation. The method resorted to in the present case is liable to none of these objections, except, perhaps, in the first one, in which the danger is much diminished.

This operation was as follows. An incision was made, commencing at the internal angle of the eye, and extending to that part of the base of the nose where adhesion had not been able to take place; a corresponding incision was also practised on the pedicle. The skin being well dissected up from its adhesion, a small portion of integument was removed from the upper angle of the wound, where it had become wrinkled from the twist in the pedicle. The edges were brought together by three points of the interrupted suture. The same operation was to be performed at a future day on the other side, where, however, the opening was of about half the size, and not so perceptible. Union took place, throughout, by the first intention. Some trouble was experienced, however, by the formation of a small abscess in the new cicatrix, which suppurred and discharged itself.

The third drawing, executed four months after the operation, when the cicatization had become complete at all points, gives a very good idea of his present appearance. He now declares himself entirely well, no secretion takes place from the nostrils, and on looking into those cavities a new skin is found to line them throughout. The nose itself has contracted gradually, so that by the first contraction of the integuments, and the subsequent contraction from suppuration, it has decreased to almost two thirds the size of the flap which was taken from the forehead. Contraction also seems to be going on in its longitudinal axis, so that the distance between the tip of the nose and the mouth, daily increases. This will be much more perceptible, and the whole physiognomy of the nose much improved, when the four front teeth, which have been lost, are replaced. This will bring out the under lip, and at the same time raise the tip of the nose. The cicatrix in the forehead has become very small, and is gradually assuming the color of the surrounding integuments. The scalp from which the columna was taken is lost in the hair. The nose is quite firm, of a good form, and the cicatrix on each side hardly perceptible; at the root of the nose on the left side, and at that portion which formed the pedicle, a
small fissure still remains, which is for the present, concealed by a strip of court plaster.

The health of the patient has never been better, his sense of smell is returning, and the tears no longer run over the face, and he, as well his friends, congratulate themselves both on the moral and physical effects of the operation. He is now able to make his appearance during the daytime, which he has not done before during the last two years, and no person would observe anything remarkable in the nose, without a minute examination, when it would be difficult to explain the remarkable anatomical changes which have taken place.

Remarks.—In an operation like the present, of comparative rarity in this country, it will not perhaps be considered amiss, if a few remarks are offered on some of the most interesting points connected with its history, and of the chief difficulties which may occur to prevent its success.

The operation of Rhinoplastic is originally of very ancient date. For various reasons, however, it had fallen into most unmerited disrepute until of late years, when it has been again revived in Europe by the brilliant successes of GRAEFE, DIEFFENBACH, and LABAT on the Continent, and LISTON in Great Britain. DIEFFENBACH, in his late visit to Paris, where, with the accustomed liberality of the French, all the hospitals were thrown open to him for practising his celebrated operations for the restoration of parts, has, perhaps, done more than any other operator towards giving it its proper standing in surgery.

In the most ancient operations of this kind, the lost organ was restored at the expense of the integuments in its immediate neighborhood; advantage being taken of the extensibility of the skin of the cheeks, the integuments were dissected up on both sides of the nasal fossa, brought forward, and united in the centre by points of the interrupted suture. In case of the extensibility of the integuments not being sufficiently great, incisions were made on both sides in front of the ears, so as to diminish the tension of the skin at these parts, the wounds thus made being afterwards allowed to fill up by granulation. This operation, however, did not, as will be easily perceived, restore the form of the lost organ, and the only advantage gained was a flap of skin to cover the existing deformity.

The operation which was afterwards adopted, and which at present bears the name of the author, was that of Taliaecotius, which consisted in taking the skin required, from the arm, or, in some cases, from the body of another person. The given shape of the nose being marked out on the place determined upon, the flap was dissected up, except at its base, and the integument thus taken was confined in a place prepared for it around the nasal fossa. In this operation, it was required that the arm,
in case it was taken from that part, should be confined in contact with the face, for the space of ten or fifteen days, or until union had taken place; and it was not until then that the arm was released from its situation. The disadvantages of this method are at once manifest; the length of time required to keep the limb in this painful situation, so as in some cases to produce partial paralysis, and the danger that ensued in the too early separation of the transplanted skin from its source of nutrition, were, of themselves, reasons of sufficient weight to cause this method to fall into disuse.

The operation which has attained the most celebrity, is that which goes by the name of the Indian Method, in which the flap is taken from the forehead. This has been most frequently practised in France and England, and it is this method, which, it will be perceived, has been adopted, with some modifications, in the present case.

Having thus briefly referred to the history of the operation, some remarks will now be made on the chief difficulties which occur in the course of it, and the means taken to obviate them.

No operation, perhaps, requires more attention to the nice points of detail, than that now under consideration; and it is on these that the ultimate success of the operation, in a great measure, depends. For information on this subject, we cannot do better, than by referring to the work of M. Labat, one of the most valuable monographs on rhinoplastie for reference yet published. The author, after having referred to the occasional trouble which he experienced from hemorrhage while dissecting up the flap of skin from the forehead, goes on to state, "But an inconvenience much more embarrassing, and to which it was necessary to be resigned, from the impossibility of remedying it, was occasioned by the great quantity of blood, which, entering the throat, was violently expelled from the mouth every time that the pain of the operation forced the patient to cry out. But what was much more troublesome still, was its being repeatedly received in my eyes, so as once or twice to oblige me to discontinue the operation for the space of some seconds."

The difficulty which the author here complains of, was remedied in the present instance by a very simple means. Instead of placing the patient in an upright position, he was made to lie upon his back on a table, the operator behind him; the blood was thus conducted off on each side of the face, instead of passing over the nasal fossa and mouth, and entering the throat.—To guard against any possibility of this accident taking place, plugs were confined in the opening of the nasal cavities, during the dissection of the flap, and the time occupied in closing up the wound on the forehead. When the operation was commenced
around this opening, and the entrance of the blood was unavoidable, the patient, who maintained sufficient coolness throughout, was requested to keep the blood as long as possible in the mouth, and an assistant directed to clear out, with a small sponge, what had collected, as occasion required.

We give the account of another trouble, in the author's own lively description, which, fortunately, was avoided in the present instance.

"But an accident of much more gravity, and which placed me in a very critical position, presented itself at a moment, when, after having detached from the forehead the flap of integument, I was about to bring it down into the place it was destined to occupy. Previous to making this twist of the new flap, it was thought necessary, as I have before stated, to prolong the incision on the left side as far as the medium line of the root of the nose, in order to facilitate the torsion of the pedicle; the patient experienced, at this moment, such a violent pain by the inevitable division which it was necessary to make of some of the ramifications of the frontal branch of the ophthalmic nerve of Willis, that he escaped from the hands of the assistants, rushed towards the door, and was determined not to undergo the remaining part of the operation. At this moment, the physiognomy of L. presented a most frightful aspect; his forehead covered by a large wound, the borders of which, retracted by pain, had greatly augmented its extent, and all the rest of the face, his neck, and garments, inundated with blood. But a sight which was much more horrible to behold was the flap of palpitating integuments, which at every moment were jerked from one side of the face to the other."

In the present instance, no particular suffering was observed by the extension of the incision down between the eyebrows; and in case of any difficulty of this kind, the complete command in which the patient was held, from the position adopted, would have prevented any of the evils complained of by M. Labat.

One of the greatest difficulties of the operation, and that which, in its consummation, occupied the most time, was the passing of the pins which were to close the wound in the forehead, and to confine the new nose in its situation. To remedy this as much as possible, the pins to be employed, which were the long pins, generally used by naturalists, were previously sharpened; and for introducing them, a little instrument was constructed, somewhat similar to the aneurismal forceps of Dr. Physick, made with a small groove to receive the head and upper third of the shaft of the pin. With this instrument the pins were readily seized, and pushed through the skin, and the ligature being applied, their ends were cut off by the scissors or cutting pliers.

At that part of the flap which was to simulate the alæ of the
Rhinoplastic Operation.

nose, as it was necessary that the integuments should be directed inwards, the pins, of course, could not be used, and here a plan recommended by M. Labat was adopted, which was followed by partial success. A thread being passed first through the integument of the face, and then through the flap, at about two lines distant from the edges, the ligature was so tied as to produce, as it were, a fold at that point; and the better to effect this object, a small piece of adhesive plaister, rolled up into the form of a cylender, was confined under the threads, so as to make a strong compression on the wound and to force the edges into their places. This succeeded completely on one side; on the other, however, the union, at first, was not so entire, the skin adhering only by about half its thickness.

During the whole of the treatment, it was necessary to keep the openings of the nostrils distended by small tubes. The substance which seemed to answer the best for this purpose, was a portion of the barrel of a quill; the end which was to remain in the nose, being stopped up with a little melted sealing wax, and a small aperture cut in the side through which the air could freely pass. These were ingeniously constructed by the patient himself, who, after a time, was able to manage them without difficulty. The tendency to contraction at these points was very great, so that at one period, the tubes being left out during the night, it required considerable force to replace them.

From the new nose being formed entirely of skin, it will perhaps be supposed, that the integuments composing it are flaccid, and the form of it easily destroyed. This, however, from reasons easily appreciable, is not the case. The integuments of the scalp being naturally of great thickness, by the suppuration which took place from the inner side were made to assume a firmness almost similar to fibro-cartilage; and at the root of the nose, the internal surfaces coming in contact, contracted adhesions so as to make the nose perfectly solid at that part. The size, also, of the columna, which doubled upon itself and contracting deep adhesions during the inflammation which took place, forms a round and solid pillar to support the tip of the nose.

Great precautions had been taken to guard against exposure to the cold, which, by stopping the circulation, might at once defeat the whole object of the operation. As soon, however, as adhesion had taken place, it was perceived that no danger from this source was to be apprehended; and although during the winter he has slept in a room in which water has frequently frozen, and has been since repeatedly exposed during some of the coldest days, he finds that the temperature of the organ is never greatly diminished.

The cicatrization of the wound in the forehead was greatly retarded by the cold weather, and less than half the time would
have been required, had the operation been performed during a warm season; when it had diminished to a small size, and cicatrization, as frequently is the case in the filling up of large wounds, seemed to have been arrested, great benefit was found from the use of an ointment composed of six drops of creosote to an oz. of simple ointment. On the application of this to the wound, the effects were at once apparent. A small pellicle formed over its whole surface, which was shortly replaced by a firm, consistent cicatrix.

In one or two cases operated upon by Dieffenbach, much swelling took place in the new formed nose the day after the operation, arising from the difficulty of the blood, which had entered by the arteries, being conducted off by the veins. In one case the nose became so enormously distended, that it was feared the adhesions would be entirely destroyed, and it was only by the repeated application of leeches, 70 or 80 being employed in the course of 48 hours, that this danger was finally avoided. In the present case, from the extension given to the incision on the left side, care being taken that traction should not be made too forcibly on the part, so as to compress the pedicle at its base, the circulation was, from the first, unobstructed.

In the account of the foregoing case, it has been attempted to bring forward some of the most important points which might be of service as a guide to future operators; and if the author has been so fortunate as to throw any new light, however small, on the operation, he will feel that he has rendered a service to science and to humanity.

Boston, March, 1837.

ARTICLE II.

BRONCHOTOMY.

This operation was successfully performed in December last by Dr. Calvin Jewett, of St. Johnsbury, Vt.* The necessity for the operation was caused by the lodgement of an eight-pen-
ny cut nail in the right bronchia, below the bifurcation of the trachea. The subject was a child three years old.

The symptoms manifested by the patient from the time of the accident had been frequent irritative cough; sometimes, though seldom, approaching to suffocation. He continued to run about the house and out at the door for two or three days; his cough and difficulty of breathing becoming now more urgent, it was concluded he had taken cold. His appetite failed him from the day of the accident; and though he could now and at all times swallow either fluids or solids without the least difficulty, his principal diet was milk. Once, and once only, he had puked."

This accident occurred on the evening of the 10th December. "Now," says Dr. Jewett, "full nine days since the accident, he is cheerful, though unable or unwilling to walk; pulse one hundred in a minute, breathing a little hurried, tongue clean, has frequent paroxysms of coughing, which last from a few seconds to one or two minutes. Breathing, or disposition to cough, not affected by posture, yet he chooses to have his head elevated, and to recline only on the right side. Sleep is frequently interrupted by coughing. Cathartics, expectorants and anodynes had been presented by Dr. Brown, the attending physician. Though very intelligent for his years, he complains of no pain, and when definitely inquired of, he acknowledges no pain or disagreeable sensation in any point you refer him to. Placing the hand over the region of the right lung, either anterior or posterior, it gives a sensation like crepitus; to the ear it communicates a peculiar hissing sound, neither of which can be heard or felt over the left lung. These sensations were communicated both sleeping and waking, yet more distinctly when coughing."

Drs. Jewett, Brown, Newell, and Spaulding, the whole consultation, concurred in the opinion that the nail had passed into the trachea, and not into the œsophagus; and that it was below the bifurcation of the right bronchia.

December 21 (continues Dr. Jewett,) I was again called to Mr. B.'s, where I met Drs. Brown, Spaulding, Alexander and Densmore. The little boy's strength fails: he has become restless, and much more irritable than when I saw him before, not willing to have his pulse taken or to submit to any examination. All the physicians agreeing in opinion, the parents decided to have the child submitted to the operation.
Being provided with a pair of long and very small forceps, made expressly for the purpose, of soft iron that could be bent to any desired curve, silver wire in loops, and all the variety of instruments which it was thought possible might be needed, we proceeded to the operation. On a table of convenient height, suitably covered, we placed the boy, his head being bent over a fold of cloth, and projecting beyond the table. From the bloated state of the neck, the smallness of the trachea, and the enlarged veins, the direction of some being such that they could neither be avoided or pushed to one side, some two or three ounces of blood was lost, and one ligature had to be applied. A long time was occupied in making the dissection and opening the trachea, of which three or four rings were divided down as low as possible.

Should I say we were near one hour from the time of placing our patient on the table, until I cut through the trachea, I should not be far from the truth. Let those who think it a very easy matter, and quickly to be done, once have the trial on the little living subject, who has been breathing with difficulty, and coughing nearly to suffocation for ten or twelve days, and after such a trial they may speak with more certainty.

Not expecting the nail would be forcibly ejected, as may be the case with light substances, a blunt probe was introduced down into the right bronchia, and the nail distinctly felt at the depth of about four and a half or five inches below the top of the sternum. I now tried the forceps, but before I could fix on the nail, the spasmodic action was so severe as to threaten immediate suffocation, and I was compelled to desist and withdraw the forceps. Again and again I tried the long forceps, other forceps, the wire loop, &c. but tried in vain. Drs. Alexander and Spaulding ably seconded my efforts, and more than once and again tried with various forceps and instruments, and with the like result.

Near two hours had now passed since the little boy was placed on the table, having been raised up frequently to take his drinks. During the whole process he made no resistance, and never cried, though often threatening to tell pa if we would not let him alone.

Our patient now appeared much exhausted, and we desisted from any further attempts to remove the nail, for one hour, during which time he rested quietly and slept some. We again made repeated trials to remove the nail, but without effecting our purpose, and were compelled, most reluctantly, to say we could not remove it; painful and humiliating as was this avowal, make it we must.

When the opening was made into the trachea, considerable viscid mucus was thrown out through the wound; and the night following, I tarried with him and found his breathing much freer than before; he coughed less, and rested better than usual. The dressings applied were simply strips of adhesive plaister.
I now leave the history of this case, December 24th, expecting to learn, in the course of a few days, of his death, and the dissec-
tion, which will show the exact situation of the nail.

Sequel to Bronchotomy.

Under date of Feb. 6th, I received from Esquire Belden the history of his son's case from the time of the operation down to date.

He says, "The air ceased to escape through the incision in thirty hours, and his breathing continued better than before the operation. About the 20th of January he had the appearance of having taken a cold; his cough became more troublesome, with much phlegm. On the morning of January 23d, about 6 o'clock, his cough was still more severe, giving a different sound from that of any time previous; it was harsher, sharper, and re-
sembled the barking of a fox. I hastened to light a candle, but before I could do this and return to the bed, William says, 'Pa I have coughed the nail up.' I stepped to the bed with my light, and in a streak of phlegm and blood lay the nail, directly be-
fore his mouth on the pillow, the head from him. I viewed it attentively before touching to see if I could discover any matter (pus,) but saw none."

Since the above date of February I have seen both father and son; the boy appears well and hearty, his cough has entirely subsided, unless when he is much irritated, he coughs a little. Contrary to what was the fact before, he now, since raising the nail, lays on either side, or on his back, with equal ease, and his head low; whereas, before, he could lay only on his right side, his head very high, or occasionally for a short time he would lay directly on his face.

That there is not a similar case, as it regards form, weight, &c., of a child so young, having received such a weight into his lungs, and thrown it up by coughing, I will not venture to assert, but if such a case has occurred, it has escaped my notice if reported.

A few practical inferences may perhaps be drawn from the foregoing case, and its, thus far, result.

Various instruments may, again and again, and repeatedly, for the space of one whole hour, be introduced through an arti-
ficial opening in the trachea, into the lungs, or rather into the bronchial tube, without taking life.

It shows that a substance of most unpromising form, and great weight (in reference to its bulk) may be thrown up by coughing.

It further confirms the safety, and expediency (because of its safety,) of the operation when light substances are received into the trachea, which being easily moved by air, would more likely produce immediate suffocation if remaining, and are almost cer-
tain to be removed directly, when the operation is performed.
ARTICLE III.

Caesarian Operations, followed by success both for the Mother and Child.

The following cases are of great interest, as they are fairly calculated to assure us of a degree of safety not generally accorded to this operation in England and America. They also cite our attention to the cause of the frequent ill success which has attended them, and consequently enable us to avoid that cause, if we have the tact and decision which should belong to every surgeon-acoucheur. The compiler of these cases, Venderfuhr, has shewn us that in these cases of signal success, the operation has been performed early in the case, whilst the greater fatality of this operation in England he very reasonably ascribes to the delay of several days, during which the powers of the patients have been "exhausted by useless parturient efforts." This promptness cannot, however, be safely used without that thorough knowledge which is necessary to enable the operator to decide absolutely and correctly too, on the necessity of this operation by the facts which render it necessary, without awaiting the result of a long and unsuccessful labor to prove its necessity. We are, however, thus far, fortunate in the less frequency of its necessity in America than in England, or on the continent. And this good fortune Americans will continue to have, until the American race is still farther deteriorated by luxury and vice.

1st. Case by Venderfuhr.—This is the third time, says the author, that in a practice of 18 years, I have had occasion to perform the Caesarian Operation, and each time with success. The two first cases are contained in the Magasin de Rust of 1823.—In this, as in the other two cases, the operation was indicated by the narrowness of the pelvis, and was performed at the instance of the mother. As in the other cases also I selected for the mode of the operation, the incision on the linea Alba, which I consider the easiest and most advantageous.

GERTUDE HOLZAPFEL, aged 24, born of healthy parents, was raised in extreme poverty. Affected with scrophula and rachitis she did not begin to walk until the age of nine. Her general health, however, was tolerably good, and the catamenia appeared when she was 18 years of age. She became pregnant for the first
time in her 24th year. Her pregnancy passed pretty well, and even during the last days she walked about seeking charity.—

On the night of the 20th April, pains commenced, and I was called on the 21st, near noon. I found the unfortunate patient in a miserable hut, clothed in rags and reposing upon straw. She was small, her limbs but little developed, the legs much curved. She presented all the signs of the rachitis that had existed. By external measurement, I found eleven and a half inches between the great trochanters, and the antero-posterior diameter to be six inches. By the touch, the index finger soon discovered at the left a projection which the midwife had at first taken for the head of the child, and which in reality had with the latter a deceptive analogy. This projection was formed by the promontory. The distance between the latter and the internal face of the symphysis pubis could be easily filled by the index and middle fingers; so that the antero-posterior diameter which, according to the external measurement would be three inches, was reduced to two and a half in consequence of the projection of the promontory.—

The right side of the pelvis presented a greater width, but not however sufficient to admit the foetal head. The deformity was increased because the horizontal rami of the pubis were more elevated than the promontory. The head reposed upon the latter, the neck of the uterus was dilated, the membranes were ruptured. Sanguinolent mucosity existed in the vagina. The pains were intense, and the violent motions of the foetus established its vitality. These circumstances induced me to propose the Caesarian operation, which received the sanction of some professional brethren.

After having first emptied the bladder and rectum, I made an incision of five inches upon the linea alba, and soon perceived at the bottom of the wound the reddish blue colour of the uterus. A small incision was made in this organ at the place which seemed most suitable, and enlarged by cutting upon the index finger until it was four and a half inches in length. The placenta was not touched, so that the effusion of blood was inconsiderable. The child, which presented its back towards the wound, was easily withdrawn, and by its cries proved its vitality. The after birth was delivered with difficulty, as the introduction of the hand and the separation of the placenta were embarrassed by the contractions of the uterus. I prevented the escape of the blood into the abdomen by applying the abdominal parities accurately against the surface of the womb, and thereby prevented also the protusion of the intestines, but not that of the omentum; a portion of which escaped during a convulsive paroxysm of cough. Having reduced this part, I united the wound by the twisted suture and strips of diachylum plaster in the intervals. The operation was protracted by vomiting which occurred seve-
The wound was covered with dry charpie and compresses, and the whole kept in place by a bandage around the body. The night passed without sleep, but without any other accident except vomiting, which recurred several times during the first hours after the operation. The next morning the abdomen was neither swollen nor painful; the lochial discharges flowed regularly. The patient urinated twice without pain; the pulse had but little frequency; thirst moderate, tongue clean and humid; the skin moist. Towards evening some fever and pains in the abdomen supervened, but these accidents subsided and were followed by some hours of repose. The following days the fever was only of moderate intensity, no sanguine depletion was necessary, although the abdomen was slightly swollen and painful. The fifth day some diarrhoea supervened, and required the administration of opiates. The same day I removed the dressing and detached the point of the suture. The wound had united in its superior third; it was slightly open at its inferior part, from which a considerable quantity of fetid secretion escaped. This secretion continued for some time; the wound cicatrised slowly; a circumstance which I believe to be advantageous, because it prevents the accumulation of the secreted matter. The lochial discharge, so important in cases of this kind, continued more than a month. Fifteen days after the operation the fever had entirely disappeared. From this period the patient began to recover rapidly. Sleep and appetite returned, and at the end of two months, the mother and child were enjoying perfect health. With regard to the latter, I may remark that for fifteen days we entertained serious apprehensions of its safety. Born in perfect health, it took the breast the second day as soon as the secretion of milk was established; but the milk of the sick mother, though of good aspect and taste, did not agree with it. It was troubled by vomiting and diarrhoea, the mouth was filled with apthae, a great part of its body was covered by excoriations, and a frightful emaciation ensued. We were obliged to have recourse to artificial lactation. As the diarrhoea persisted, we employed broth with yolk of eggs, and some mucilaginous remedies. These means succeeded—the child recovered its strength, and at the end of three weeks was again put to the breast of its convalescent mother.

2d. Case by Meyer. To the above case we add another of Cæsarian operation, remarkable for its success, in a woman debilitated by previous disease, and whose case seemed desperate.—We regret that the author has left us in doubt, which diminishes the interest of the case, as he only remarks that the child was alive when taken from the womb, without informing us whether it continued to live.
The wife of a shoemaker, aged 38, who had been healthy in her youth, had suffered for two years with rheumatic pains, and for the last year had scarcely left her bed, and could walk only when supported by crutches. She became pregnant, and in the evening of June 19 was seized with the first pains of parturition. The deformity of the pelvis, in consequence of the rheumatism, appeared to require the Caesarian operation, and the author being called in, visited the patient in company with two surgeons.

The patient was in the most unfavorable circumstances; her abdomen much developed, was covered by an eruption; the inferior extremities were swollen up to the genital organs, and a painful cough, nausea and vomiting existed. The pubic and ischiatic bones were so much curved inwardly, that the finger could with difficulty reach the promontory advancing to the symphysis pubis.

The 20th June the operation was proposed and accepted as the only means of safety. The patient was placed upon a table covered with cushions; the thighs could scarcely be separated sufficiently to leave a free passage to the hand, and in consequence of an ankylosis between the lumbar vertebrae and between these bones and the sacrum, the trunk could not be extended. In this semi-sitting position the abdomen was in near proximity with the thighs. Notwithstanding this unfavorable circumstance, Meyer preferred the incision of the linea alba, because he had made it successfully in three other cases, because the latter incision is accompanied by loss of blood which it is important to avoid in a debilitated patient, and finally because in the incision of the linea alba the wound in the uterus always corresponds better with that in the abdominal parieties. The patient having been arranged for the operation, and assistants suitably placed, the surgeon made an incision through the skin from the umbilicus to the symphysis pubis, embracing an extent of four inches, the linea alba and peritoneum were incised to the same extent, a great quantity of serosity, the result of an ascites escaped. The uterine parieties which the author had found thin in the proceeding cases, were firm, three lines in thickness and opposed some resistance to the instrument. The incision fell exactly upon the placenta, which caused an abundant sanguine effusion, and also diminished the space for the extraction of the child. The placenta was rapidly detached without producing hemorrhage, the child was found placed upon its back and presenting the right knee, the two feet were withdrawn, then the body; the arms, and finally the head, which offered some resistance. During all this time the uterus was kept fixed by an assistant. The blood and serosity were removed from the abdomen, and the uterus was seen to contract to twice the volume of the fist. The lips of the wound were brought
together by the twisted suture. It was kept open in the space of an inch above the pubis. Compresses were applied and maintained in place by a bandage. In half an hour the patient laid tranquilly in her bed. The child was alive, cried continually, but was feeble. Soon after the departure of the physicians, half an ell of intestine escaped through the wound, but was easily reduced, and the opening was closed by compresses and adhesive strips. The consequences of the operation presented no peculiarities. The inflammatory phenomena which supervened were only of moderate intensity, and were easily subdued, the lochial discharge was regular, and the wound suppured but little. The patient soon took food and entered upon convalescence. The 15th July an inflammatory tumour appeared at the inferior part of the wound, an abscess was formed, and the wound which gave issue to pus, remained fistulous for some time. The 10th of August it was entirely cicatrized, and the patient completely cured.—Repertorium de Kleinert, 1836.

3d. Case by M. Duchateau d'Arras. Stephanie Brassart aged twenty-two and a half, and forty-three inches in height.—All her extremities present the marks of rachitis. The vertebral column is very convex at its anterior part. The scapulae, especially the right one, in near proximity with the pelvis.

This woman whose menstruation commenced at the age of 18, and continued regularly presented herself at the Hospice de la Maternité d'Arras to be bled in the 8th month of her first pregnancy. M. Duchateau ascertained that the crests of the iliac bones were placed in the same line, and that the distance from one anterior superior spinous process to the other was eight inches nine lines; that the sacro-vertebral angle inclined towards the symphysis and a little to the right; that the superior strait had only two inches in its antero-posterior diameter. The 20th of April, 1836, this woman having arrived at the full period of natural gestation, returned to the hospital complaining of pain in the kidneys. No other phenomenon appeared until 24th, five o'clock, A. M. Then she began to experience more severe pains which succeeded each other, however, slowly. At six o'clock, the orifice of the womb presented itself turned to the right, and anteriorly with a dilatation of from ten to twelve lines. The membranes began to protrude, but no part of the child could be felt by the finger. (An enema and a general bath.) At nine o'clock she was in the same state. M. Duchateau and his colleagues perceived the necessity of an immediate operation. A sound was introduced into the bladder, and this organ found to be empty. An assistant placed between the inferior extremities kept the womb fixed, while others exerted tension upon the abdomen. The operator, with a convex bistoury, made in the
skin an incision, which, commencing at two inches above the pubes, was directed in the course of the linea alba, passing a little to the left of the umbilicus, and terminating two and a half inches from this part. The different aponeurotic layers were incised in succession. The peritoneum was raised by the dissecting forceps and opened cautiously, and then divided in the length of the primitive incision with a straight probe pointed bistoury, directed by the index finger. The omentum which covered the uterus and intestines was raised and kept above the womb, as well as some coils of intestine, which the efforts of the patient had driven to the superior part of the wound. The uterus was found in the middle of the incision in the abdominal parieties. It was still kept fixed by an assistant, and an incision made in it with a slightly convex bistoury. The internal face of the womb being divided, a jet of black blood disclosed that the placenta existed at the place of the incision, which was dilated with a probe-pointed bistoury. The membranes of the ovum being exposed to view were then divided like the peritoneum, using, however, the necessary caution to prevent the liquor amnii from escaping into the abdominal cavity. The placenta was then detached to a small extent, and the child seen in the first position of the head. The legs were seized by the right, and the trunk by the left, hand of the operator. It was extracted from the womb and uttered its first cry. It weighed six pounds and four ounces. In three minutes the uterus began to contract.—The umbilical cord and the membranes, the coagula and the fluids contained in the womb were removed. The index finger was introduced through the wound into the neck of the uterus, which was soft and dilated to the size of a five franc piece. The finger of an assistant introduced through the vagina, touched that of M. DUCHATEAU, proving that the fluids could escape, but that the promontory presented the projection which had led to the operation.

The uterus having contracted, the lips of the wound were united by three points of the quilled suture, the parts were washed with a decoction of mallows. Strips of Diachylum plaster were placed in the intervals between the sutures, and only a section smeared with cerate was placed at the inferior angle of the wound. Charpie, compresses and a bandage completed the dressing. The operation lasted 20 minutes and was well borne. The patient was at first troubled by acute pain in the right iliac region, vomiting, and cough which were relieved by venesection, leeches, Cataplasms and mucilaginous drinks and enemata. The ninety-second day after the operation she had entirely recovered and the child was well.—Presse Medicale 1837, No. 7.

A case analogous to the preceding, by Professor STOLZ of
Strasbourg, is contained in the Memoires de l'Academic Royale de Medicine, vol. 5, p. 91.

Caesarian Operation repeated 4 times with success upon the same woman. By M. E. Charlton, President of the Medical Society of Edinburgh. This case, which occurred in Germany, was seen by the author, who vouches for its truth. Cases have been cited in which the Caesarian operation has been repeated six or seven times on the same woman, but these cases want the necessary authenticity and details to ensure entire confidence. The subject of the case in question was a small rachitic woman, whose pelvis was greatly deformed. The operation was performed for the first time June 18th, 1826; the second time 21st January, 1830; the third time 28th March, 1832; and the fourth time 24th June, 1836. All these operations were performed in public, and by different modes. The patient was well with the exception of some fistula at the place of the cicatrices.

The author gives the details of these different operations, and concludes by remarking that the Caesarian operation has very often succeeded on the Continent, while it is almost always fatal in England; the English, says he, do not operate till late, when the strength of the patient has been already exhausted by useless parturient efforts for several days.—Gazette Medicale, No. 25, extracted into, from the Edinburgh Med. and Surg. Jour.

ARTICLE IV.

Almost complete division of the Arm by a sabre cut, re-union, cure. By M. Stevenson.

The following is the most remarkable authentic case of re-union found in the annals of surgery:

An Arab, Abdoo Braheem, received a violent sabre cut in the arm, immediately below the external margin of the deltoid muscle, dividing obliquely all the tissues, the humerus and the entire body of the biceps muscle. The blood was projected forcibly to the distance of several feet. The assistants arrested the hemorrhage by exerting compression on the wound by means of a turban. Upon examination, M. Stevenson ascertained that the arm was attached to the rest of the body only by a single strip of skin at the internal part; the brachial artery had been divided at the same time with the biceps muscle; the pulse at the wrist had disappeared entirely. His first idea was to complete the amputation; but this was opposed by the patient, and it became necessary to attempt the re-union, although but small pro
bability of success existed. Assisted by M. Stevenson, M. Pearson first desired to ascertain if the bracheal artery could be tied; this attempt was useless. A tourniquet was applied, left loose above the wound, and confided to an assistant with the injunction to tighten it if the hemorrhage reappeared. The wound was cleansed, the parts brought in apposition, and an appropriate apparatus with splints applied.

No hemorrhage—the pulsation at the fist imperceptible until the third day. At this period the pulse began to reappear very slightly, and became more and more sensible. The wound was perfectly cicatrised the 26th day, but the fracture had not yet united. The arm was kept in the apparatus until the 45th day; then the cure had been completed. The extremity, however, remained paralysed.

This case is worthy of interest; it leads to practical consequences of the highest importance. The reunion of a voluminous limb, like the arm, may then take place after the division of its principal arteries and nerves. The contrary, however, has been laid down as a principle a priori. Dupuytren had declared, (v. plaies d'armes de guerre,) that in the members whose vitality is confined to an unique source, (artery and nerve,) as in the arm and thigh for example, the reunion was impossible when this source was concerned in the injury. Besides, added he, what would become of the divided artery without a ligature? Thus he thought that the completion of the amputation was indispensable in this case. Reunion had, it is true, been attempted and obtained in an analogous case by Lamartiniere, but the bracheal artery and plexus had not been injured, which changes entirely the conditions of the lesion. The fact in question then proves the contrary of what had been presumed: reunion of the large members may take place notwithstanding the division of the principal vessels. The circulation may be re-established as after the operation of aneurism. Besides we can easily conceive how a large artery may be entirely obliterated.—Gazette Médicale, No. 25.

Retroversion of the Tongue.

M. Crossé, in a speech at the fourth anniversary session of the assembly of English physicians, at Manchester, mentioned that he had known a young boy who could swallow his tongue without any inconvenience, and that he frequently repeated it with the greatest facility. A very curious case of retroversion of the tongue has been recently published. A physician was called to visit a young infant that had been suddenly taken with
alarming symptoms of suffocation. Upon examining the mouth, he discovered a retroversion of the tongue, whose point was engaged in the pharynx. It was easily returned to its proper place, but the accident recurred several times.—La Presse Médicale, No. 49.

PART II.

MONTHLY PERISCOPE.

Case of Triplets and of Locked Heads.

A case of this kind occurred in the practice of Dr. Joseph A. Eve, of Augusta, on the 24th of September last.

The woman was a delicate negress, aged about 35 or 40 years. Her health had been bad during the whole period of gestation, and particularly about the time of parturition.

The first birth was very easy and rapid; the child having passed, before the Doctor’s arrival. He found the woman on her knees on the floor, leaning upon a chair, and the child suspended by the cord. As soon as he had made the ligature on and cut the cord, she was put to bed, and he found, upon examination, the feet of another child presenting. The labor progressed with the second child in this presentation until the body had passed as far as the armpits, when, in consequence of the pains becoming weak, and the fear of strangulation of the cord, the ergot was administered, with the effect of increasing the force of the pains. The next phenomenon worthy of remark was the indication of undue pressure on the brain of the second child, by convulsive contractions of its legs. At the same time the woman complained of severe pain and numbness in her right leg—the same side at which the head of the upper child presented. A farther examination was then instituted to discover the cause of compression, and of the arrest; for the pelvis was unu-
Superfætation.

Superfætation in the Mare.—Horse and Mule Issue.

Although superfætation is a thing of constant occurrence in the lower animals, and several well authenticated cases are given of women producing both white and mulatto children at the
same time, we do not recollect an instance before the following, reported to the Farmer’s Reporter, by Gen. Thomas Emory, of Maryland, wherein both a mule and a horse colt were produced at the same time.

Near Salem, N. J., June 6, 1837.

I hereby certify that I have a mare, which, this spring; produced twin colts—one of which was a mule, and the other a horse colt, both having attained, before parturition, the ordinary size. The mule is still living, and the colt died without getting up; having been strangled by the caul or suck, from which the colt was not able to extricate itself. The mule is brown, of the ordinary appearance. The colt was a fine sorrel, with blaze face and white feet. This circumstance is regarded in this neighborhood as one of a very singular character in natural history, and was seen after the death of the colt by several persons, to wit: my son Joseph, and Charles Slade.

The mare ran in my stable yard to foal by herself; and it was next to impossible that the colt could have been brought into the yard by any other means than by the mare which foaled the mule. It was known last spring, that soon after the mare was served by the jack, that a two year old colt of my son’s got to and served the same mare; and as a further proof that this colt was the fruit of this act of coition, the colt was of the same color, and marked with white in the same manner as the supposed sire.

Jonathan Bilderback.

Test: Thomas Emory,
Robert C. Johnson.

Salem, June 10, 1837.

I hereby certify that Jonathan Bilderback is a respectable farmer in my neighborhood, and that I believe him to be fully entitled to credit as a man of veracity.

Robert Y. Johnson.

Thomsonianism and the LeRoy Physic.

In the fate of the LeRoy Physic of France, we may see that of Thomsonianism in prospective. The LeRoy Physic has been but little known in America; perhaps not much more than Thomsonianism has been in France. It was that of which Thomsonianism is, as near as may be well imagined, a true counterpart. We will give a brief view of its history.

This LeRoy Physic, tolerated as it was by the state, had an un-
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paralleled run in France. It consisted of two books, and three different medicines, instead of six numbers; one, an emetic, another a cathartic, and the third, we believe, was for a tonic.—Thousands and thousands of these sets of books and physic were sold off under state patronage, amongst the dense population of France. Its praises reverberated from the Pyrenees to the Netherlands, and from the banks of the Rhine to the Bay of Biscay. That was the day of its glory. It was exalted to the sky; but it was for a brief season. "Murder will out." Reasoning from the facts of observation, will prevail. This noble faculty will be exercised when the force of novelty passes away. France was made up of a high minded and affectionate people, whose sensibilities rebelled against the insult offered to their understanding, and the injuries humanity was made to suffer.—She was a belligerent nation, and needed all her materials. She had a Napoleon, whose espionage reached every where and embraced everything; and who himself had decision, always to the purpose. Novelty passed away, and the sober, undisguised facts were returned and accumulated at the Capitol, which proved its course was, like the retreat from Moscow, marked out by human victims on every side. The first step (without parley, without compromise at the expense of humanity, without the wretched policy of legalizing manslaughter for a time, for the purpose of drawing decision from the voice of the ignorant populace,) was the instant prohibition of its sale and use within the realm.

The next manoeuvre of its proprietor was to try the imposition in other countries; and it was consequently shipped in large quantities to America. It caught the eye of one in this place, who deemed the chance of making himself a notorious doctor too tempting to be unembraced. Its use was traced out by its multiplied, sudden and unexpected deaths. But fortunately, it had no friends more interested in its success than commission merchants, and consequently its false praises were not sung.—The books too were in the French language, and, unlike Thomson's, were a little too voluminous for the gulls and shallow-pated knaves to read, and it could not get a footing here.

So let it be—so will it be with Thomsonianism. It is now at the zenith of its glory—sounding its own false praises from
Thomsonianism and the LeRoy Physic.

Texas to Maine, and from the Atlantic to Missouri—the most stupendous system of quackery, and the most insulting offering ever tendered to the understandings of a free and enlightened people—uttering its own banterings for proof of facts which nobody doubts, not even themselves; for such facts are too familiar to them.

Now should Thomsonians look out, and spread the parachute preparatory to the fall. We have no Napoleon; but we have schoolboys in great abundance who know well the ridiculous falsehood of their fundamental doctrine of the four elements.—We have women who know that the knowledge of midwifery, which could be obtained "in only a few minutes conversation with an old woman,"* will not answer the demands of humanity. And we have men too who know death when they see it—men who know very well when the tall, lean, long-necked man, is taken from his feet and subjected to a steaming heat of great degree, with a perpetual drink of African pepper, &c., and dies immediately in an apoplectic fit, what it was that killed.

It is true that Americans are wonderfully fond of novelties; but they only need a little time for reflection on the observed truths. No sooner will this be had, than the steamers will be left as lonely as Sam Patch now is. This done, and they will know most clearly the cause of death when they see the ruinous effects of such a poison as lobelia, which, like arsenic, owes its safety only to its almost instantaneous rejection from the stomach.

People who enjoy freedom of opinion and the right of action, will not have so gross an insult offered to their understanding—such injuries to weeping humanity. Reason and prudence lead to the same results everywhere under like circumstances; consequently, the rational and prudent course of the Connecticut Legislature will be speedily adopted by other States, until the degrading stain of Thomsonianism shall no longer disgrace the character of Americans.

* See Thomson's Narrative and Guide.
N. B. Pickett writes to the editor of the Boston Medical and Surgical Journal to say that a plant in the vicinity of Great Barrington, Mass. is held in high repute as a *specific* for the erythematic inflammation produced by Rhus Toxicodendron, Rhus Radicans &c. An infusion of the bruised leaves and twigs is applied. The writer also understands that it is used in calculous affections, and is known by the popular name of Bush Honeysuckle, and is the Diervilla Canadensis of Eaton.

We should be pleased to learn the sentiments of Professor Tully and Dr. Hooker, to whom reference is made for information. At the same time we feel it a duty to say, not only from our own observation, but more confidently on the abundant observation and experience of a judicious medical friend, that there is perhaps no disease, the small pox itself, which is in its periods one of the most uniform of all diseases, not excepted, whose course is more certain to be run, despite of all remedies, than the erythematic or eruptive inflammation which arises from the different species of Rhus—that it is uniformly stated in its periods, exacerbating for the three first days, and being well by the termination of the seventh. The fact of its regular termination, as well as its regular period for decline not being generally observed, renders it probable that many articles have, from time to time, been named as remedies, only from the fact of their having been resorted to during the spontaneous decline, or termination of the disease.

We have often observed, and for a long time believed that a lotion of strong salt and water, or an alkaline lixive, seemed to possess the power of gradually modifying, and promptly dispelling the inflammation with its attendant distressing itching, burning and swelling. But the character of the disease being considered, we are left in doubt whether the improvements observed, instead of being in the relation of effect, to the application as cause, it is not a mere coincidence.

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* See Boston Medical and Surgical Journal, vol. xv, p. 380.

† This is entirely different from the Azalea, or Honeysuckle, a shrub very common in our forests, and spoken of in a former No. as a diuretic.
In order then to deduce the truth as to the remedial virtues of *Diervilla Canadensis*, or any other supposed remedy for this disease, the *period*, and peculiar character of the disease should be carefully marked in connexion with the administration of the remedy.

As to "specific" virtues, as understood in medicine—an infallible curative power, we have long doubted whether the term had properly a place in regular medicine.

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**Tic Douloureux cured by the external application of Tartrate of Antimony.**

We are indebted to the valuable Electric Journal of Dr. Bell, (from Medicinisch Zeitung of 6th January 1836,) for the following interesting result, obtained by Dr. Hausbrandt:

A woman, more than sixty years of age, had suffered many years from face-ache, the severity and long continuance of which almost reduced her to despair. As soon as the pain of the face ceased, the patient felt comparatively well; when the pain came on, which was always suddenly and without ostensible cause, the muscles of the face twitched, and the eye of the affected side was closed; the whole face became remarkably pale, and the features indicated severe suffering. As no particular circumstance capable of inducing the attack, excepting perhaps taking cold, could be discovered, the treatment was altogether empirical. A considerable number of remedies, such as are usually employed for this complaint, were tried,—especially frictions, vesicatories, narcotics, carbonate of iron,—but the paroxysms returned with greater frequency, and the patient not only lost flesh, but her condition seemed desperate. Dr. H. prescribed the following plaster, which was applied over the whole of the affected side of the face:

*R. Emplast. Resinæ flavæ, ʒi.*

*Resinæ flavæ, ʒss.*

*Terebinthinae venetae, ʒij. Liquat. adm.*

*Tart. Antimonii, ʒjss. fiat Emplast.*

When this had remained on the face twenty-four hours, the patient experienced an itching, burning sensation throughout the spot covered by it, but the face-ache was relieved. At the end of several days the plaster was taken off, when the entire half of the face was found covered with pustules, which gave a good deal of pain, but which were very bearable in comparison to the former pains. The sores gradually healed by the application of simple
dressing, and up to this time (three and a quarter years,) there has been no recurrence of the complaint.

On Sulphuret of Lime in Diseases of the Skin, by Dr. Savardan.

Dr. Savardan has employed the following ointment in chronic diseases of the skin, for the last twelve years, with very great success: eight parts of lard are intimately mixed with one part of sulphuret of lime; and one drachm is directed to be rubbed into the palms of the hands for one quarter of an hour night and morning. Dr. S. has given short notes of thirty cases of chronic diseases of the skin of various kinds affecting different parts of the body, all of which gave way to this ointment, used in the manner specified. All were cases of long continuance, and the treatment was of course protracted; one or two yielding in rather more than a month, others in three, four and seven months; whilst in others the frictions were persevered in for one or two years.—Journal des Connaissances Medico-chirurgicales, Janvier, 1836. Eclectic Journal.

Leuchorrhœa and Menorrhagia.

In a late communication to the Boston Medical and Surgical Journal, Dr. Thomas Close bears testimony to the use of nitrate of patassa, sulph. alum. and kino in Leuchorrhœa and Menorrhagia. The basis of his prescription, taken from Dewees and Eberle, consists of ten grs. of nit. of patassa, and five of alum, to which he has been induced by successes therewith, in cases of failure of the above alone, to add a grain and a half of kino. This dose is given three times a day, dissolved in a sufficient quantity of water. He asserts, that for several years he has "not met with a single case of Menorrhagia or Leuchorrhœa which did not yield promptly to this remedy."

As these two diseases usually alternate with each other, Dr. C. thinks that there is little difference in their nature—leucorrhœa being commonly the mere sequel of menorrhagia—"the serous discharge escaping after the vessels have so far contracted as no longer to give passage to red blood." With this pathological view, he thinks it "not strange," (nor would it be, if
the view were correct,) "that the same remedy should be found to possess an equal control over them both."

But the interest of this prescription is not limited in his practice to ordinary cases of these diseases; but extends with equal advantage to leucorrhœa accompanying gestation; cases of transparent discharge occurring before puberty; to the most aggravated cases of profuse menstruation, and great flooding in child-bearing, &c. One case is given of overwhelming hæmorrhage recurring once in two or three weeks, afterwards with a serous discharge so profuse, that the patient believed that more than a pint a day escaped her, and sometimes, after a few hours retention, that quantity was discharged at a gush." "So great had become the morbid determination of fluids to the pelvic region" (in this particular case,) "that a serous discharge took place several times a day from the rectum, while the sufferer was constantly harrassed with a sense of weight, distension, and bearing down, and often with great pain—fullness in the lower part of the abdomen, alarming prostration, skin leaden color and countenance expressive of such great suffering and imminent danger, that he became fearful of carcinoma, and proposed examination per vaginam." During some delay, however, this prescription was ordered, but with little confidence in its adequacy to the demands of the case. In this he was agreeably disappointed, and in a few weeks these profuse discharges were brought "within the limits of moderation and safety—the leucorrhœa in two months ceasing altogether." "It is proper here to remark," continues Dr. C. "that the morbid current which has been so long determined to the pelvic region, continued still to flow that way, after its outlet had become obstructed; causing at first such a sudden and violent distension of the uterus, as to produce intense pain and soreness, and requiring the loss of a considerable quantity of blood from the arm, with frequent fomentations to relieve it. Before the recurrence of the next menstrual period, however, the equilibrium of the circulation had been so far restored that no farther difficulty arose, and the patient was at length restored to firm health."

"It is difficult for me to believe that success so uniformly can have been accidental; and although others may not be equally fortunate with myself in prescribing this formula, yet I think that, upon a thorough trial, it will be found to possess a greater
control over morbid uterine discharges than any other means now in use.”

We have long used, with very good success in suitable cases, a kindred preparation—the Pulvis Stypticus, or compound powder of alum and kino—in uterine haemorrhage. This we have found succeed many times, when taken dry, after the acetate of lead had failed, but we have never added the nitrate of potash.

We should be pleased to learn that Dr. Close’s practice succeeds as well in other hands as in his own; and we hope the successes will be returned to us in connexion with exact histories of the cases.

MEDICAL INTELLIGENCE.

DEATH BY THOMSONIAN PRACTICE. Indictment founded on evidence before the Coroner’s Inquest.—We learn by the Journal of Commerce, the Evening Star of New York, and other papers, that T. G. French, a young man 18 years old, and teacher in the grammar school of Columbia College, being afflicted with a slight cold, went to the Infirmary and put himself under the treatment of Richard K. Frost, a Thomsonian, or Steam Doctor in New-York.

It appeared in evidence that he was then provided with an apartment, and a dose of “composition tea;” and on the following day, “a regular course” of Thomsonian practice, commencing with lobelia and steam baths, which, on the 5th day resulted in the death of the unfortunate and deluded young man. The body was disinterred, and a Coroner’s Inquest empannelled. Drs. Cheese Man and Rodgers made a post mortem examination. Dr. Chilton, an eminent chemist in Broadway, analyzed the contents of the stomach, and one yard of the intestines, where he found two teaspoonfuls of powdered lobelia; and from a number of experiments made with it, it was found to have the same active principle with tobacco. A vast deal of testimony was adduced to shew the mode of treatment, and description of medicines used, which, in a few words, consisted of vapor baths, washing the patient with cold water immediately before he came out of them—administering to him large and repeated doses of lobelia in pills, emetics, and injections; and covering up the patient in bed with a great number of blankets, to keep up the perspiration caused by the medicines. Physicians who were examined, testified that the powers of lobelia are similar to those of tobacco—tending to create great prostration of both mental and bodily faculties; and in large quantities, most likely to pro-
duc'd death. All the physicians on evidence concurred in the opinion that the deceased had been most improperly used.

At the end of a tedious and deliberate examination of the abundant evidence in the case, the Jury returned the following verdict:

"It is the opinion of the Jury, that the death of the deceased was occasioned by a general congestion of the internal organs—a complete prostration of his natural functions and nervous system, produced by the administration of deleterious medicines and other improper treatment, while in the infirmary and under the medical charge of Richard K. Frost."

Frost was then arrested under a coroner’s warrant, and held in a recognizance of $5000 to answer an indictment against him for murder.

It appeared on farther acquaintance, while detained in the police office for giving bail, that this great Thomsonian doctor, was, by apprenticeship, a lock smith, but had become manager of a Thomsonian Infirmary.

A circumstantial account of the death of Sylvanus B. S. Rhodes, which was briefly alluded to in the last No. of this Journal.

About the 20th of July last, Sylvanus B. S. Rhodes came to my office desiring to be bled, on account of headache, which he thought it would relieve. He had no fever, but a pulse of healthy fulness and frequency. I advised him to take in preference, a dose of calomel in divided portions; but he said he would be bled, and do that afterwards if he did not get better. I opened a vein in his arm. He had said he dreaded the operation very much, and immediately after opening the vein, he appeared somewhat faint, and was reclined on a chair a few minutes, until he felt better. He then went away, having lost not exceeding 6 or 7 ounces of blood. The next day I saw him about his boarding house door, and was informed that he went out to the workshops at the Rail Road Depot. I heard no more of his case until I was requested to visit him at his lodgings, on Monday the 24th, when I found him complaining of some headache, with a slight fever. His pulse was about 90 to 95. Believing he was suffering the effects of a slight cold only, I prescribed him a few portions of febrifuge mixture of acet. ammon. spt. nit. and ant. wine in diaphoretic doses; with a warm foot bath at night if the headache and dry skin continued. Next day I saw Mr. R. passing the piazza of the Hotel, considered him relieved, and paid him no further attention.

On Saturday, the 29th of the same month, at about 2 o'clock P. M. I was told that Rhodes was dying, and my attendance demanded. I immediately attended the call, and on arriving at the bedside where the unfortunate victim laid, and finding him in the last moments of life which was evidently being terminated by a profound apoplexy, I enquired of those present, what had the patient taken, or what had caused the present state of things? On this enquiry, the person who seemed to be endeavoring to serve him with care and assistance, and who was to me a stranger, replied, "I have given him nothing, sir, but a little warm tea, and a foot bath." "You have given," said I—"are you a steamer, sir?" "I own the patent," he replied.

Knowing that this treatment alone was not sufficient cause of the phenomenon which was before me, (for Rhodes was the extreme opposite in all his habits and bodily conformation to those things which dispose to apoplexy,) I pressed the enquiry. I knew that with steamers, when a patient, who had taken lobelia recovered, it was No. 1 which he had taken, which is lobelia; but when the powers of
life were irrecoverably destroyed by this dangerous article, it was only "a very gentle emetic" that had been given; and in like manner, composition tea is composition tea, if the patient recovered; but "a little warm tea" when he is killed, and that a steaming process, is in like manner a "steaming" or "a simple foot bath." On pressing my inquiry, I was informed by Mr. J. M. Moody, who by this time I observed at my side, and who was then serving as Bar-Keeper in the Hotel, that, in the morning, Mr. Rhodes had been about the house—that the steam doctor had been telling Mr. R. of some of his great success in the steam practice, which had induced Rhodes to conclude that, as he was not very sick, and the steamer had cured himself of "just the same kind of troubles" very quickly, he would submit himself to his treatment—that he had consequently had R. under his treatment for some two or three days previous; and that on that day he had taken him up to his room, (which was a small, close, well-ceiled room, about 8 or 10 feet square,) and put him on the use of composition tea, and No. 6,* and applied a number of hot rocks to him, and covered him well with 4 blankets.—That on lying a while under this treatment, the patient sprang up from his bed and exclaimed, "I am shot through my head—that the external heat and internal stimulation were then increased on account of the aggravation of symptoms. The room was closed; and fearing that Rhodes might suffer from the want of something, he attempted to enter his room; but on opening the door, found the heat so intense that he was unable to enter. That soon thereafter, it became known that Rhodes was laboring under a fit, and he (Moody) was dispatched for another steamer—that on his return, he found him in the large adjoining room where I saw him, whither he had been brought for the benefit of fresh, cool air.

Mr. Moody made this statement openly, and in the presence of several persons who had collected around; and again subsequently and fully at the house of Mr. Dever, the nearest friend of Mr. Rhodes, and who had indeed brought him from his friends in Baltimore, to this place.

Mr. Dever entered the room a few moments after me, with feelings of ardent friendship, and a sense of responsibility to his friends at home; and finding his friend a livid, lifeless corpse, vented his distracting grief by alternately throwing himself on the dead body, and shrouding it in his embrace; and briskly pacing the room with all the extravagant manner of strongest grief: so that at this time, Mr. Dever was incapable of attending to the circumstances above detailed.

I felt it a duty I owed to my fellow beings, to remark to the man who had conducted the treatment above described, (and who still stood by the corpse vainly endeavoring to make the dead arm retain its position on the side of the corpse as if alive,) that before him laid the lifeless body of one of the most estimable young men in this community—deprived of life by his ignorance and cruel temerity—but that I need say no more, as the Legislature of the state had placed him at liberty to go forth in the commission of such deeds as often as he could find subjects. I then left the scene.

During the afternoon, Messrs. Deaves and Dever came to my office manifesting great dissatisfaction with the management and result of the case, and asking

* Composition tea is made of composition powder; and composition powder is made of Bay-berry root bark, inner bark of hemlock, ginger, cayenne and cloves, all finely powdered and well mixed. No. 6 is made of fourth proof brandy, or mostly of alcohol, myrrh, and No. 2 which is cayenne. Thomson directs them to be given during the steaming process, and previously to raise the inward heat. (See Thomson’s guide, p. 26.) This cayenne is an African pepper of peculiar powers.
advice as to what they, as the friends of Rhodes, should do; desiring at the same time that I should open the body and see if the injurious effects of the treatment were not so obvious as to sustain a prosecution against the man who had conducted the treatment. I replied that the case was, in my estimation, sufficiently plain, from the facts already well known—that there could be but one opinion on the subject; but that if they insisted, I would request some half dozen medical gentlemen to meet me, and make an anatomical examination if they should think it necessary to their judgment—stating, however, that a prosecution would avail nothing, since the Legislature had passed an act sanctioning that kind of practice; and that as yet the community had not learned enough of its ruinous tendencies, to enable them to get a special jury who would give a verdict of "guilty," however plain the facts might be in a particular case. They insisted, however, that I should call the gentlemen's attention to the case. I then sent a written request of the attendance of Drs. Ford, Dugas, P. F. & J. A. Eve, and Robertson—only the two last of whom however attended. These gentlemen visited the hotel, and made for themselves the necessary enquiries into the facts of the case; and felt bound, from the facts ascertained, without dissection, to fully confirm the opinion I had given. These gentlemen will not swerve from the opinion there deliberately made upon the abundant evidence which was present.

It may be well to state in conclusion, some facts of Mr. Rhodes' person and character, to which all who knew him will testify; and which tend to show that there was nothing in his habits, disposition, or personal conformation, in the least calculated to favor the production of apoplexy: and that such an event could only have come from extraneous influences. Mr. Rhodes was a modest, pliant, intelligent and interesting young man, of unimpeachable moral character, and habits of the strictest temperance. His person was tall and slender, but very genteel and well proportioned; his eyes and hair were very black, and his complexion brown.

Augusta, 4th Nov., 1837.

I hereby certify, that on the 29th day of July last, (the time of the death of Sylvanus B. S. Rhodes,) I was living in the Western Hotel as bar keeper—that the said Rhodes had been complaining for some days of slight indisposition—that on his being told, by a steam doctor who was also boarding at that time in the Hotel, of the great cures he had made of himself and others, Rhodes was induced to tell him that he might take him through a course of his treatment, as he was so successful and expeditious—that the steam doctor then commenced with Rhodes such treatment from day to day as he thought proper—that on the forenoon of the day of his death, he was, as usual, about the house, and was taken up stairs by the steam doctor to undergo the treatment for this day. That a number of hot rocks and bricks, and four blankets were provided, and Rhodes put in bed and the rocks and bricks placed about him, and all covered with the blankets; whilst the composition tea and No. 6 were administered internally—that the room wherein he was placed was a small one, not exceeding, as I should suppose, eight or ten feet square—that the door and window were closed, which, with the close ceiling of the apartment, rendered it as close as possible, and that the day was one of the warmest in the month of July—that after having been subjected to this treatment for some time, I attempted to go into the room, to see if he needed any thing, and found on opening the door for this purpose, the heat so intense, that I was unable to enter the room.

Not long after this, Rhodes sprang up in his bed, and exclaimed, "I am shot
through the head." Whereupon some alarm for him arose, and I was dispatched for another steam doctor. On my return, I found him removed to a bed in the large adjoining room, pulseless, and apparently dying. A half barrel of water was then provided and placed in the small room from which he had been brought, and Rhodes taken back and placed therein: after a few breaths he seemed to die in the bath—was then removed again to the large room, after which he gasped a time or two, and breathed no more.

The above is the substance of the facts I related to Dr. Antony, who had just been called in, and was enquiring what had been done to Rhodes. All of which is substantially correct, as I attended to the administrations of the steam doctor whenever he needed assistance.

Dr. A. had visited Rhodes only once, which was on the Monday previous to the Saturday on the afternoon of which he died. On Tuesday, the day following Dr. A.'s visit, Mr. Rhodes was better, and went out to the Rail Road Depot. Dr. A.'s prescription on the above visit was a viol of fever mixture, which I administered in broken doses, according to directions; and a warm foot bath at bed time, in the event of his head ache continuing with dry skin; but the circumstances not demanding it, the foot bath was not used. The next and only treatment which Rhodes ever received after, was that of the steam doctor as described above. His death was on a Saturday, which was the 29th of July last.

JAMES M. MOODY.

AUGUSTA, 4th Nov. 1837.

I hereby certify, that on the day of Sylvanus Rhodes' decease, which I think was on the 29th day of July last, on hearing that said Rhodes was dying, I went to the Western Hotel to see him, and found him dead. This was a little after 2 o'clock P. M. On looking into the room in which he had been lying, I saw a large vessel, being a half hogshead, containing water. There were rocks and wet blankets lying about the place, which as I was informed by those present, had been used in carrying him through the steaming process; during which he had complained suddenly, whilst in bed with the hot rocks and under the blankets, that he was shot through the head. That on thus getting worse under this treatment, and the internal use of composition tea and No. 6, these means had been increased—that the room had been closed as well as possible; and that whilst under this treatment he had taken the apoplectic fit of which he died.

These statements were subsequently made several times to me, and in my presence, by Mr. Madison Moody, who was at that time Bar-Keeper in the Western Hotel, and who attended with the Steam Doctor to afford him occasional assistance on his administrations.

A few days previous to this, the said Sylvanus had been to our house, and observed that he had a notion to put himself under the steam treatment, as he did not feel very well; and asked me what I thought of it. I told him I feared for him to do so, lest he might be killed by the violence of that course.

CAROLINE JANE DEVER.

AUGUSTA, 4th Nov., 1837.

I hereby certify to the truth of what I state below, relative to the death of the late Sylvanus B. S. Rhodes, to the best of my knowledge and belief.

I was called upon to visit Sylvanus B. S. Rhodes on the afternoon of Saturday, the 29th July last at two o'clock P. M., and on doing so, found him in the most extreme distress, and to all appearance dying; and I expressed to Mr. Black, the man
who attended him; my belief that he was dying. From my knowledge of facts relative to his indisposition, I unhesitatingly declare the opinion that he had been too much steamed; for death was manifest in his countenance when Mr. Black remanded him back into his room to the bath. I expressed a wish to have Dr. Antony immediately sent for; to which Mr. Black objected; saying there was no necessity for my doing so. He seemed almost lifeless, as I thought, from the effects of steaming and other treatment; but I assisted Mr. B. in placing him in a bath, in which he died. Mr. B. then agreed that I should call Dr. Antony, who instantly came, and at once pronounced the man dead.

I farther state that his body retained such a degree of heat, that it was painful to bear the hand on it three hours after life was extinct. It became putrid before interment on Sunday morning.

I farther state that Mr. Black seemed to have great reluctance to my calling any physician in to see the said Rhodes; but said he had sent "for a doctor himself." Rhodes was a young man of great worth, and unexceptionable habits and principles.

Witness my hand. EDWARD F. DEAVES.

A CHOLEGOGUE PILL. The following formula for the preparation of a cholegogue pill has been sent us by Dr. E. Delony of Tulbotton, for our opinion of its merit. His uncle and preceptor, the late Dr. John R. Lucas, and since, Dr. Delony himself have long used it, with the greatest success in chronic visceral derangements, particularly of the liver, spleen, and uterus; also in bilious rheumatisms, and all that train of indescribable afflictions so perplexing to the practitioner, which arise out of those derangements of function; such as dyspepsia, nervousness or superscentiousness, &c. &c.

r. Extract. Colocynth. comp. 3i
Hydr. Sub-mur. 3ij
Tart. Antim. gr. iii
Ol. Carui. gtt. j
Sapon. Hisp. 5iss

Make a mass and divide into 24 pills, common dose, 2 to 4 every night, or every other night, at bed-time in chronic cases, continued as prudence may direct.

We have not used this formula precisely in any case, but have for the last twenty years used one very analogous in the essential medicinal powers, with results which have constantly tended to heighten more and more our confidence in its peculiar suitableness for the correction of such derangements as are alluded to above. We are, therefore, of opinion, that the formula is worthy the attention of practitioners, as we think, not only from the extensive experience of Drs. Lucas and Delony, two of our most respectable practitioners, but from the powers and proportions of the formula itself, that it would be found peculiarly valuable in such cases. We feel it a duty, however, to say, that the two leading ingredients, are of those which should ever be prescribed by practitioners capable of comparing the medicinal powers with the derangements of the functions to be corrected; and should never become articles of common-place prescription.