A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.

EDITED BY
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PART I.
ORIGINAL COMMUNICATIONS.

ARTICLE I.

Remarkable case of Biliary Calculi.

The following communication was addressed to Dr. Paul F. Eve by Dr. S. B. Cunningham, a highly distinguished physician of East Tennessee:

JONESBORO', TENN., OCT. 18TH, 1837.

Dear Sir:—Accompanying this you will receive two hundred biliary Calculi, being a part of the number obtained on a post mortem inspection of an individual (namely, the late Judge E—,) of this place. We have retained about fifty as specimens of illustration for the use of private students. I trust that what I send may be added to your collection of mormid specimens, and with your superior talents and opportunities, subserve in some degree the philanthropic intention expressed in the dying request of him who fell a victim under their influence.

I am able to glean but a few prominent facts from his previ-
ous history which bear relation to the disease, so as to aid in illustrating its pathology.

First then I remark, he was by birth a Virginian, descended from a family of rank and influence, of but ordinary strength of physical constitution naturally, but endowed with uncommon strength and vivacity of intellectual powers, with devoted and untiring perseverance in literary pursuits. As a matter of course his habits were sedaneytry. Of a sanguine bilious temperament, and from his associations in life, he was tempted to partake liberally of the indulgence and luxury of the table, (a thing common in his day.) The evils to be apprehended to such an one, under such circumstances, have been too often experienced and explained to need comment. He had suffered several attacks of intermittent fever whilst a resident of Norfolk, which left him with disease, (probably enlarged or indurated spleen,) from which I am led to suppose he never entirely recovered. Some where between the years 1815 and '20, he removed to Tennessee. He was at that time from 45 to 50 years of age, and had become quite corpulent—rather oppressed with obesity, which rendered him the more sluggish and inert. His superior talents soon designated him as a fit character for the bench of the Supreme Court. Looking over the geographical boundaries of the State, and considering the arduous duties of the office, we can perceive at once that it must have been oppressive. Having to travel over a boundary of several hundred miles of mountainous country, alternating with the confinement of official duties, it must have broken down his already weakened powers. It was in one of these travels that he was seized with the first of a series of spasms of the stomach, as was then thought, which visited him at irregular intervals until the close of life. These attacks were supposed, by his medical attendants, to be gout in the stomach, and the treatment corresponded with that pathological view.—

The means employed were venesection, blisters, with a profusion of revulsives, anodynes, &c. &c., but all to little or no purpose—the pains and spasm still continued. The warm bath was the first application to afford relief, and this was his chief means of reliance for many years when the pains returned. The writer was first called to administer to his relief in 1830, some years after he had retired from office in hopes of regaining his health
on his farm. On this occasion he was seized with pains in the right hypochondrium and with general abdominal tension, at first supposed to be cholic—further characterized by costiveness, full tense pulse, furred tongue, and some thirst. To subdue these, I find, by reference to my book, I had recourse to repeated and copious bleeding; warm bath and purgatives. The last of which measures had to be administered in unusually large doses; about 30 or 40 grs. of calomel, with a large pill of opium, followed by repeated and full doses of jalap and oil before they produced any thing like full action of the bowels. This was usually the case when he had occasion to take medicine at all; but his dejections when procured were of a healthy aspect, presenting the appearance of a due admixture of bile; and of healthy consistence. This was their quality too, when not taking medicine, which he rarely needed. But little gastric disturbance was ever manifest: he could retain the most nauseous medicine without vomiting, and eat heartily (if allowed,) when relieved of the severity of the pain, at any time during his illness. Of these first attacks, he complained much of debilitating sweats, for which he took freely of vegetable and mineral acids, quinine, acet. plumbi, &c. without any advantage. About the first of Nov. 1836, he complained of dull and obtuse pain in the region of the liver, with no other uncommon symptom, which was attributed to hepatic derangement, superinduced by close confinement to writing, &c. When describing it, he thought the sensation referred more to the muscles of the abdomen, or side as the seat than to deep parts. Pressure produced little or no increase of the pain, a portion of equal parts of cal. rhei. and a'oes was administered, followed by oil, which brought away copious feculent stools, but afforded no relief. At this time, and for some time after, except when under the action of medicine or remedial agents, he was able to attend to the editorial duties of his paper which he was then conducting. Nov. 4th or 5th, he was bled and blistered, 5th, 6th, 7th,—no better. Ordered to dress with tat. emet. oint, but it became so painful as to occasion its abandonment after a few hours. A poultice was now applied, and pills of cal. and rhei, and oil ordered every 2nd day: diet light, bread and tea, gruel and roasted apples. 8th, 9th, 10th,—the ointment has produced extensive cuticular inflammation, and extended like ery-
sipelas over twice the original surface. The pain and irritation is almost insupportable. He cannot be persuaded that anything else now is the matter, as he can feel no deep seated pain in his side. 13th, 14th, and 15th,—The inflammation still extends, some pustules, but no mitigation of pain. Ordered to bathe with decoct. tan bark, and acet. plumb. two, three, or four times a day, and take a pill of ext. cicuta, and repeat if necessary in 3 hours. Next day no better, had no rest through the night. Thus it advanced for 2 or 3 weeks; presenting a most perplexing erysipelas, until in the remedial search, a solution of lunar caustic in the proportion of 2 or 3 gr. to the oz. suddenly healed it, to the great comfort of both physician and patient, (for he verily thought this alone was killing him.) But by and by, after it had gotten well, the old pain returned with increased action; he found out his mistake. We now had recourse to mercurials, in order to their full alterative effects on the system, stramonium, bella-donna, &c. &c. The only relief he now obtained, was from morphine. This article could not be substituted by opium, laudanum or black drop. So sensible of its superiority did the patient become, that he scarcely could be prevailed on at length, to make trial of other substitutes. December—He now underwent a variety of treatment suggested by different medical gentlemen. But as no regular journal was kept, and it was of the miscellaneous order of treatment, I think it unnecessary to detain you. Other organs within the circle of sympathy of the disease became involved. The tongue lost in part the thick mucous coat, and became tipped with red. The whole epigastric region was painful at times; but a prominent symptom was acute pain, extending to the back—in describing which, he said he could cover it with his thumb or finger if he could reach it; so much was this the case, that we were led to attribute all the symptoms to nuralgia of the spinal nerves. He could only lie on the back or inclining to the right side. About the last of December, there occurred acute pain in the region of the kidney, attended by strangury and micturation, for which camphor, mucilages, bu-chu tea muriated tinct. iron, &c. were used, and measurably relieved him of those symptoms. Dropsical swellings in the limbs, next followed, for which the bandages were applied which held that symptom at beyance. But it now became evident, that
nothing but a paliative treatment could avail any thing, and from henceforth it was nearly all that was attempted. He lingered on, greatly emaciated, until sometime in July following, when death came, a much desired messenger, to relieve his agony.

And now as to the post mortem appearances:

On opening the abdomen, the first thing that occurred to us worthy of remark, was the omentum highly injected with blood, a part of which was thickened and of a dusky red colour, shewing established inflammation, the missentary about the duodenum, and the bowel itself was much inflamed externally, the stomach and upper bowels were much distended with flatus. But on opening the stomach or inspecting its outward coats, there was but little perceptible derangement. Everything almost presented a healthful appearance, excepting at its contiguity with the liver and as it approximated the duodenum. The peritoneal coat of the smaller bowels was filled with small vessels, but may this not have been the remora of the blood from the atony of dissolution, their vascular capacity having been increased by previous excitement? The colon and rectum presented less ambiguous marks of positive inflammation, but was accounted for, from the circumstance of his having used to a great extent, stimulating enemata, such as spirits of turpentine; solution of salts and soap, and even tobacco. This was expected to be the case, as evidenced by slimy or mucous stools, tenesmus, &c. The left kidney was enlarged, and its capsule contained several ounces of whey colored lymph. The internal kidney was not farther examined, as our time was limited. The spleen was uneven, hard and tuberous; but is it not fair to conclude that this was only the legitimate offspring of his former intermittents. There was situated on the left crura of the diaphragm or abdominal surface, an abscess or collection of sero-purulent matter, containing about an ounce, but could not be traced by any morbid connection to the original disease of the gall bladder. The gall bladder was completely impacted with the calculi even to the ductus communis choledochus; several of the smaller size had made good their way near the opening into the bowel, and others were lodged part of the way; but the coats were so thickened, that the passage seemed almost totally obliterated. The coats of the bladder
itself, were about the thickness and density of the cutis vera of the hand, having rather a callous than vascular appearance. Adhesion had formed pretty extensively around the neck and bowel with thickening and increase of substance. The bowel was still more extensively inflamed, involving most of its mucous surface: part of which exhibited patches of ulceration. There may have been about a teaspoonful of dark viscid bile, as it were, percolating the stones which presented surfaces of such perfect coaptation as to afford but very small interstices between them. The volume of the liver was enlarged and filled with grumous blood, and on the under surface considerably indurated. The lungs and chest were normal so far as examined.

I have thus presented some of the prominent symptoms of this interesting case, and will now conclude with the following interrogations:—

1st. Is it possible that the first attack was produced by calculi, which have remained there ever since, harmless for the most part, except on extraordinary causes co-operating and arousing temporary inflammation? or did the first formation pass off, and a succession of them produce the different paroxysms under which he labored?

2nd. Is it fair to presume that originally, there was but one large one: and that it became broken and comminuted, and smoothed by attrition as we see them; or were they so many separate formations?

3rd. Could surgery afford any possible prospect of remedy in such cases, provided our diagnosis of them were perfect?

Remarks on the foregoing case, by P. F. E.

1st Remark. Assuredly the calculi were formed separately; each one, in all probability, having its own nucleus.

2nd. No surgeon would be justified in operating in such a case, though the diagnosis were clear. The gall bladder has truly been punctured, and hepatic abscesses are opened, without the loss of life; but to cut for stones in the gall bladder, is an operation certainly not recommended in the present state of medical science.

Known to Paracelsus among the first, preparations of this metal in his hands, we are assured, succeeded in curing some obstinate diseases, irremediable before his time. It procured for this great, but eccentric man, a wide spread reputation, anticipated him in the annals of his science a half century before his time; and gave early to the world, indubitable proofs of its great medicinal powers. No article of the Materia Medica, except the Peruvian bark, has been written on and discussed with so much fierceness, as the subject of our paper; and, on this account, our services may be deemed a superfluity. Climate, locality, whatever modifies constitution, must, however, modify the use of all remedies. In the middle country of Georgia, twenty years now we have been an eye-witness of the operations of this remedy on the economy, gathering up its history and value. And the justness and truth of many of the remarks about to be offered must, we think, meet the experience of many of our cotemporaries. We know, however, that prejudice and inability inseparable from us, prevent men from seeing the same thing alike, and that there must exist difference of opinion.

The fortunes of this medicine, have been various in the extreme. Its exploits in the field of disease, have caused it to be esteemed a Divinity, and procured homage. Again like Vulcan, it has been thrust down from heaven, and figured a tattered vagabond on earth;—and more respectable, it has been received at the court of kings, and refused at the beggar's hovel. Blasphemed by some, adored by others, its friends and enemies warring throughout the world, it became, at the same time the phantasimagoria of human folly, monument of human weakness, and the Boanerges of the Materia Medica. Its checkered fortunes and history show the powerlessness of our art, and infancy of its science. At the present day, by some parties in France, its use is too much contracted; in Italy, too much expanded by
the contra-stimulists, disciples of Professors Rasori and Tomasini;—lavished in Spain, England, and the United States, and their dependences; it languishes in Germany in the great shadow of the Imponderable Biotic of Professor Malthus; and assumes a spectors form in the airy nothing of the great, but deluded, infatuated Hahnemann, and his busy book-noisy homœopaths. A general discussion on this subject, is not our intention; we have limited our observations to only a few diseases, in which among us, its use is amazingly liberal and diffuse.

Since we have known the practice of the middle region of Georgia and South Carolina, and we believe it is pretty much the same in all the South Western States, in the form of calomel, it has been very bountifully employed in acute fevers.

The character and essence of these fevers are esteemed bilious; and calomel as a remedy against bile, has passed into a proverb. To this circumstance, in part, may be attributed the great and often imprudent use made of it. The people and patients expect calomel, and, at the peril of his popularity, should the case prove fatal, the Doctor must not refuse it. The people help to make Doctors.

In the first stage of the disease, it is used as a cathartic. But should death threaten, the deck is soon cleared, all hands at work, and its salivating powers invoked, and put in full and desperate operation.

The Doctor gives his last triumphant look;—"if the patient can now live until salivation take place, he is safe." "The Lord send it," respond the weeping friends; and the falling shower of tears is staunched.

With aching hearts, they watch around the bed;—the watch is set,—the Doctor, the busy Doctor, pours in the drug, and blacking the body with ointment, applies all his mighty art; sole dependence now, and pivot on which all hope turns.

Night after night you behold the taper burning;—stillness and silence reign, except a sob or a sigh unconsciously breaks. The ticking of the watch and beating of hearts are only heard, awaking awe and black forebodings of death. The faithful dogs seem to lie still, and participate in mourning.

By day, by night, on his cheek still burns this August's sun, the fever's dark red spot. Thirst torments him; he sleeps—
he dreams, frightful visions are passing before him—torment him; he half-wakes and mutters delirium, which is responded by a low, mournful groan. His virgin sister startles up, her beauty more tormenting by her flowing locks and neglected dress;—she gazes with all her touching force, upon his parched face and shrunken features,—and bursts away to weep. The next moment her mother follows, but soon they both return to the seat of action and sorrow. The father's firmness is in his manly soul; he feels, but remains as something firmly planted to the spot.

The Doctor, as a benefactor from the sky, again arrives, the air is again breathed; and joy springing, cramped by unsubdued despair, waves slightly through their features; and is seen through glistening tears. He examines very scientifically, and pronounces "the looked-for harbingers are present"—salivation has commenced,—his hope, his confidence, and safety; "the fever must now vanish." "He has conquered at last." With every sinew they exert confidence. "The Doctor knows." But alas! The words he pronounced with the lips of Satan, inspired by his own ignorance; the promises he has made to sinking sorrow, the hope he has excited and upheld by unworthy confidence, soon reveal their reality, and his unblushing shamelessness. It is putrefaction commenced; horrible putrefaction; where health and recovery were sacredly promised and insured. Blackness covers the teeth, the tongue is thrust far out, the mouth swollen; the eyes, sunk deep and dewy; the throat, tumid; the soul's fair expression, lost forever in palsy; the features twisted, distorted, demon-shaped. Horrible stenchfulness and dark cold night gather round him; and nothing remains now to distinguish the life, except the little dark red spot on the cheek, which is now growing paler for actual dissolution. The grave-clothes are finished—the lights are put out; and frittered, exhausted nature drops into long and protracted sleep.

In this last scene and struggle, the Doctor has not participated. His great work terminated in procuring salivation,—passed this, passed all hopes, except the grave. He meets, sees them again clad in the dark livery of their sorrow and misfortune. They press round him—shake his hands; their looks express kindness and gratitude. "He did his best." "It could not turn as he desired." "No one could have been more kind, assiduous, and
faithful;—all his looks, his language showed his concern. Providence* had ordered it so."

"Quomodo tacuisse Dii Immortales Possunt."

The truths of this picture should excite horror for medical stupidity and unworthiness. And we remark:—than physicians, no people on earth enjoy, for the services they render, an equal weight of love, kindness and gratitude—the flower, beauty and loveliness of the human heart.

To be ignorant and be a physician, none but souls fallen from Adam a second time, low, dastardly with the stain of a second sin, can submit. Their whole life of practice can be no other than a black tissue of hypocrisy, falsehood and deceit;—hypocrisy, to conceal their ignorance;—falsehood, for they most constantly speak of what they do not know the truth; and deceit, to keep up their trade. To be the means of ruin and death to their best confiding friends; and, in return, receive thanks, gratitude and fortune inverting nature;—to be the firm reliance of sacred hope at a holy hour between worlds, and, only its wicked mockery. The thing exists, for the people can never be correct judges of skill. O horrible!—Shocking!

"His warm blood the wolf shall lap,  
The eagle, her wing shall flap  
O'er the false-hearted "Doctor."

In the picture and case before us, the febrile excitement had reached its maximum under depletion by calomel, and, perhaps, some auxiliaries. The symptoms are unsubdued, the fever still rages, and loss of confidence ensues in the course pursued.

Suddenly all depletion is stopped, and calomel combined with opium, or some astringent is given with a different view—to effect salivation quick as possible. Often considerable quantities of opium are required, as the medicine is thrown in freely, to prevent its passing off. Here then, the whole system is suddenly locked up, and at the very moment, when sedative, cold sponging, local sanguine emission, cautious alvine depletion, free cooling diluent drinks, &c. are most loudly called for, and would do more to calm the raging malady, than at any other period before. But what ensues?

* Pardonable blasphemy to save the Doctor.
The liver is active from the disease, rendered infinitely more so by the constant stimulations of the previous calomel; the bile, which before had a free passage, now is clamorous for evacuation, and more opium must be given to save the salivatory from passing.

A sudden and violent shock is thus given to all the systems, inducing a new order of movements. The mucous alvine secretions being suppressed solicits to action—the organisms connected in dependence and subordination with this tissue—revolution. Shades of icterus tinge the skin; copious exhalation takes place from the serous membranes, as is proved by tension and soreness of the abdomen, fulness and tightness of the chest with some cough, of those who recover. Some effusion escapes from the arachnoid, one of these tissues, and the brain is slightly compressed, as is proved by these cases almost always manifesting and terminating in what are called typhus symptoms. The urinary secretion becomes scarce, thick and higher colored. The skin is more parched, dry and rough, all manifesting a decided diminution of secretory, excremental elimination.

Thus a new stimulus is offered to the circulating system. The blood arrives at the right side of the heart more heterogeneous, loaded with more highly stimulating matters, which added to the stimulations of calomel and opium so freely given, augments its velocity of motion. Nutrition, so important* to life, is nearly suspended. The powers of the cerebro-spinal functions, must participate in the exhaustion now inevitable—death horrible, or nature pitying; snatches her tortured offspring from the barbarous hands of its persecutors, and saves by her own matchless skill. But to follow this practice out:

By a law of diseased action, all the alvine secretions suppressed, the serous membranes are excited to secretion. The malaise of the chest and abdomen, are not noticed; that of the brain, or slight compression of the arachnoid, engrosses all attention. It is considered an actual inflammation of the brain itself, the disease is changed into typhus, proved to be so by the lesion of the mind's faculties thus assiduously procured by myopia, strabismus, &c. The head is shaved, and a powerful

* Physiologie Comparé, Tiedemann.
blister applied; if action be sluggish, blisters over the body. The patient rises from this typhus made and cured, as from the fangs of a hyena, or grasp of a vampyre, to a long and tedious convalescence; or disfigured, dilacerated, exhausted through accumulated ills, sinks to the "long rest of Osian's narrow house."

In the first case, the patient is rescued from the new disease, typhus, unwittingly brought about by this hot, stimulating, incendiary treatment, exhausting all forces, producing derangement and congestion, calling forth secretions and compressions, which would have remained quiescent under different management, or nature left to herself undisturbed. But unfortunately for humanity, this typhus is considered only as a stage, and natural part of the primitive fever, and never once is dreamed of, as the offspring of art. This is the fearful delusion!

Since the antiphlogistic and sedative treatment of fevers has increased in popularity, the annals of our science share and prove, that this sort of typhus is fast banishing the world; and, as much warring as has been published on this subject, it has not had its weight, where it has been our lot to live and observe.

Among us it seems to have been more or less confounded with the typhus of European writers; and their stimulating plans have been employed. Yet nothing can be more distinct, than our typhus or cerebro-spinal exhaustion of our pleurisies and autumnal fevers, and the typhus or jail fevers of Europe, propagated perhaps, by a peculiar infecting principle, of which all the phenomena are the particular offspring.

But to resume:—In the last case of our patient, he sinks through nature outdone,—the total subversion of the subordination of his living functions. Let us now attempt our explanation of the mechanism of recoveries, in similar circumstances, from this mode of modification, which, to some extent, may explain the prevalency of its continuance in use.

Salivation is the ultraism of medicine in the geographical limits of our paper, and almost universally resorted to in all diseases grown desperate, after other remedies have failed of success. I believe we are very well established in this assertion, although there may be exceptions. It has been so now for twenty years, and how much longer before, is not known.
Since, however, the introduction of quinine, many more cases are cut short; and much fever, we may suppose, fail to challenge its employment. Continued fevers chance the oftenest.

It is the last, solemn, farewell ceremony the Doctor performs for his patient,—something that can be done always, when nothing else is known;—a forlorn hope, to which ignorance, black ignorance, holds the torch;—in repute three fourths of a century ago, whence our fathers came; that long-since eradicated and driven hence, now in the New World, puts forth its autumnal bloom.

Among us, however, as it is not taught in our schools, and has not the sanction of teaching, it is highly probable, it is born of false experience—the "experientia falax" of Celsus, who calls it the Demon of medicine.

1st. Resorted to, as it commonly is, in the latter stages of attacks; and, often at the very moment when nature is preparing the crisis and sweet repose of the patient, being a stimulus of pretty high powers, its stimulations were sometimes not unwelcome, if of the right sort; and the only material effect it will have, is to make the recovery long and painful, and upon future health.

Here, unfortunately, the recovery is attributed to salivation, the only services of which, if any, were to stimulate at a pressing and necessitous hour; to entail afterwards, sorrow and a long catalogue of evils, especially if pushed in extenso.

Flushed by supposed success, the deluded physician tries it again; and, thus this idolatry—this Juggernaut of medicine is kept alive in the nineteenth century, against all the lights that burn.

2d. It is administered when the case becomes desperate at an earlier period, and, before prostration. Now it has the opportunity of exerting its most deadly mischief, the prospect being still fair and possible, by proper treatment, or powers of nature, for a favorable termination.

It commences its work by the improper stimulation of its own means; by the opium combined with them; by suppressing the secretions, source of new stimulations, before its own can take place; by exciting, as we have said, revulsive secretions, which, without its interference, would not have existed in the natural
order of the disease; by consequent arachnoidal secretion and compression, bringing about by the aid of hyperexcitation thus procured. Cardiaco-cerebro-spinal exhaustion, or which is the same thing, this Georgia Typhus, and death, or something like a spectral resurrection from it.

But it is never supposed, this salivation, deep, thrice deep, killed. Death is always attributed to the typhus, inflammation, compression, mortification, to any but the true cause, or the Doctor's trade and reputation would be spoiled.—Horrabile dictu—O luctum veritatis!!

3. Salivation is resolved upon, when the disease has maintained apparently its energy until a late period; just before the forces are about giving way; the vital unity of action growing weak; and the system beginning badly to obey the helm of life. Under any circumstances or treatment now, the case is desperate. Salivation here must cut off all hope, and procure death.

In this case the oxydizers or lungs are spending—hæmatosis, imperfect, the circulatory enginery, exhausted, the tendency to capillary stasis, universal, nervous irradiation, partial, natural chemistry, on the incipient failure of the vital, beginning to affect the whole fluids and solids:—life soon must flutter, struggle, salutary secretions from any quarter, impossible.

The only effect mercury, as we have said, can have in such a case, is mortification, to which there is an universal proclivity and death. But it is given—lavished in proportion to the case; its wonted secretions eliminating its force, impossible; the tissues wont to elect and appropriate its action, ramolesce and blacken,—hideous putrefaction and stench threaten away from the couch, weeping sorrow, tenderness and love; the pious spirit pure—clean—loathes the binding fetter, which breaks,—and it rises fair—the body sinking into a scathing mercurial Hell.

I write no fable;—again and again with the most pained sensibilities, have I been compelled to witness such cases, which I have said among us are common; and a great number of which, from much and long experience, and practice, would have yielded readily to a different treatment. Our reasoning, and the coloring given to these cases, may be doubted; but the facts must challenge experience and belief.
Mercurial Preparations in Acute Fevers.

We remark on the first of the three cases: Employed under these circumstances, we have often known the patient to recover, and get on his feet before the salivation came on. Now confined to his bed again by the medicine, he struggles long through suffering and horror more severe than his first attacks, to die from exhaustion at last, when the stimulations of the salivant begin to abate; or rises from his bed exsanguinated, shrunken-eyed, hollow-featured, with a troublesome cough, to recover finally next year, or never regain completely his former health.

In the 2nd case: To salivate the antiphlogistic and sedative treatment is abandoned, at a most precious time, when it could do its greatest work, and turn the doubtful scale on the right side. When the whole system has arrived at the greatest excitement, hot, stimulating salivation is employed, helping out disorganizing inflammation already existing, dematurizing all action; producing ut supra, typhus and death; or—salivation and the fever run on together, as we have often seen. Nature triumphs over opposition at last, or mercureal exhaustion and death come apiece.

In the 3rd case: Salivation is open murder and death, as has been seen—tolerated homicide almost in the presence of natural death. But does this palliate the crime? a high offence, against which there is no law, as if it were right to kill a man likely to die.

If the patients die in China, the law puts all the Doctors* to death; if they kill in Georgia, the law protects. Which is the most reasonable—rather absurd and abominable?

In conclusion: In all acute fevers, salivation should never be employed. This practice has ever been absurd, wrong; arose from false facts and false experience at first; and sustained afterwards by prejudice and ignorance. Its apparent good with a long train of evils, is most always, by its stimulations. But these, in a very superior degree can be promptly procured by opium, camphor, brandy. Could it be known and believed, the good of salivation arises from its excitements, the delusion would vanish forever; and those of the opium, camphor, &c. substituted in its place.

* Staunton's Embassy to China.
What a renovation of good and comfort would it be to the present practice, so much and so extensively pursued; a practice which has prostrated our art, and brought the whole of our Materia Medica into disrepute among a great portion of the illiterate world, which has mainly set up a new species of quackery, and given it the most convincing and revengeful argument against us, in the minds of the people. What but mercury and its odious, hateful salivations, have given rise to so much talk and noise about medicines purely vegetable? and emboldened its makers and venders? It is mercurial vengeance—the sin of its unholy use revisited upon us?

In final conclusion, we would consider mercureal purging, and the secondary effects of this drug in its alternative use.

Take now, especially about the approach of Autumn, the healthiest man, and give him daily purgative portions of calomel. Soon he will become quite bilious, throw it up of the natural color, and pass it copiously by stool; and soon, deranging the natural healthy state, it will become turpid and black. Fever will be declared; still purge him as before. It grows desperate; now touch him; salivate him deeply; typhus ut sapra is declared: shave his head and blister him freely, and he recovers. But he labors under the slight cough, feels the pectoral and abdominal malaise. After some time he is attacked with bilious colic. His liver is hypertrophied.

Again: The patient has some fever; is sick; his physician carries him through as above. At length, he is troubled with excessive bile; suffers from abdominal pains. His physician comes again, touches him now slightly to cure this bilious colic: and recommends him occasionally to take a dose of calomel when he feels it coming on; and the more and the oftener it is taken, the more it will be needed.

The drunkard wears his shame in the eflorescence of his face; but the intemperate in mercury, his scar deep hidden in the liver, the glands, the mucous and serous tissues. Thus, he who was once free, has made a thorough bilious constitution thus procured. His liver, &c., is hypertrophied; he tends to dropsy and wasting death. Nothing but a change of climate and country, and abandonment of the medicine which brought it on,
can redeem and save him from his own unconscious imprudence, and his Doctor's folly.

A great number of cases purely of this character now actually exist within our knowledge, and some under our care.

Again: The patient has fever, but not bilious. Calomel is lavished; the quiescent liver becomes irritated; its irritations may now operate with the original cause to aggravation, or supplant it entirely, and become itself, the focus of universal irritation or fever, which will run on to destroy the patient; or he recovers exhausted, making this of what would have been a very light and mild case, a mortal or desperate and frightful one.

Again: The patient has fever, is bilious and of the bilious temperament. A large dose of calomel might be of great service and the best remedy; but keep it up, and it is sure, like the rest, to become a bad one, but with a little more certainty.

In any of the cases above, calomel might be admissible, nay, the very best for the patient, but must not be repeated or persisted in. But in the following, a single dose might ruin all hope and the brightest prospects. The patient, with great depression has repeated spontaneous bilious dejections; his gastrointestinal mucous tissues, highly phlogosed, the valvulae conniventes developed, closing up greatly the passage.

Now touch him with a good dose, (common practice,) and you may touch a magazine to blow him up; or he escapes, a tattered relic of what he was, or of what, under other treatment he might have been.

I will mention here a great truth: Calomel as well as the bile, is very apt, very commonly excites the development of these valvulae closing or narrowing up the passage; which, now it is lavished to force, urging on ruin by ruin.

We know from Moseley, Hillary, Jackson, Cleghorn, Johnson, Bancroft, from a host of such—from French and Spanish writers, from our own experience, that in tropical and citratropical climates, the liver figures and reigns the most conspicuously—tyrannizes in this great theatre of disease. It is the same in our country.

Why, then, in our treatment, have we considered, do we provoke wantonly and unmercifully the anger, and rage, and
opposition of the liver,—the lion, by universal consent, of this great austral hemisphere of sickness and death? Rather let us quiet it when it can be quieted, and as soon as possible; when quiet and in its proper place of action, not provoke; when out of place, torpid and the economy in need, arouse it to effort. As soon as possible—for it is true as we have said, by improperly exciting it, for it is generally and almost always too active under our autumnal sky, it can easily supplant the primitive febrile irritation, and become itself the burning focus of the fever leading on unquenchably to the tomb. Not to provoke it when its function is straight with the economy; because we get rid of great perplexities, difficulties, and prospective danger. To arouse it, because its influence is natural.

But we are not writing on practice. We avow it: we have no interest but the profession to serve. You ask for proof. We must refer you to the symptoms while living; and the truth as it is recorded in the dead man's body, and we will not fear. We ask pardon of our cotemporaries; and by those who are making up their opinions, we would be heard.

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**ARTICLE III.**

*Remarks on Debilitants and Sedatives. By Dr. Joseph A. Eve. [Continued.]*

*Cold.* The abstraction of Caloric is the next subject that demands attention under the head of Debilitants.

Of the stimuli that are essential to the production and maintenance of vital phenomena, caloric is one of the most active, universal and constant in its operation; hence its abstraction must be attended by a correspondent depression or diminution in the manifestation of those phenomena, or in other words it must necessarily lessen organic action and cause debility.

Caloric is essential to organic action, the former appearing to stand with respect to the other, mutually, in the relation of
cause and effect, and of effect and cause: for we observe increase of action is always followed with augmentation of heat, and depression of action with diminution, and on the other hand we invariably find elevation of temperature increases action, and reduction depresses it. It would certainly be superfluous to advance arguments to prove that cold or the privation of caloric, in its direct effects, is most decidedly and eminently debilitating—its depressing and torpifying influence, on man and the whole animate creation, is too obvious to require proof—the actions both of animal and vegetable life are suspended without an adequate supply of caloric. Abstract caloric from the system, and immediately "this sensible warm motion becomes a kneaded clod."

It is true persons feel stronger and are not so soon fatigued in moderately cold, than in warm weather; hence some physicians consider a moderate degree of cold, as exciting and strengthening; but this is unphilosophical, cold being nothing in itself, but simply the absence or privation of heat, cannot possess any stimulating property. The reason that we feel weaker during a hot day, is because the excess of caloric stimulates too much, and induces indirect debility—it is because a moderate degree of caloric, not a moderate degree of cold, is more congenial to strength and muscular exertion, than the excessive degree of the former, which constitutes what we term a hot day.

The temperature most conducive to strength, and compatible with active exercise, is altogether relative, depending greatly on the circumstances, habits, &c. of individuals; those recently accustomed to severe cold, feel oppressed and overcome by heat in weather which is at the same time distressingly cold to those accustomed to intense heat.

"The effects of cold, (says Begin,) have been the theme of endless discussions, on which a proper study of the laws of the organism has alone been able to shed some light. According to the state of vigor or debility of the patient, and the extent, intensity, and duration of its action, cold is either an useful tonic, a powerful irritant, or a great debilitant. Its impression may even cause death, by checking all motions in the organs."

The action of cold as a tonic or irritant depends on the principle of reaction. When the body or any part of it has been
exposed for a length of time to a very low temperature, the excitability accumulates to such a degree, during the privation of the accustomed stimulus of caloric, that on its sudden restoration reaction takes place with such violence, that intense irritation and not unfrequently disorganizing inflammation is the result, as exemplified in frost-bitten limbs, &c.

Reaction is always proportionate to the degree of subsequent depression. If the system be subjected to a moderate degree of cold, and restored to the natural or ordinary temperature as soon as reaction commences, the tonic effect will be evinced, as displayed in the employment of the cold bath for its tonic influence on the system. As the patient enters the bath he shivers and continues benumbed and torpified until reaction is established, when he experiences a sensation of warmth as though the water around him had suddenly become warm, and feels a genial excitement pervading his whole system: if at this moment he should leave the bath, he will feel excited and invigorated, and enjoy in the greatest degree the tonic effect; but should he remain in it longer, this pleasant excitement will subside, and the depressing effect of cold be again realized without any farther alternation of reaction.

Cold depresses excitement by abstracting caloric, which as an excitant produces and maintains it: it is upon this principle that it is employed so extensively, and with such beneficial results, both in medical and surgical practice, for subduing action, allaying pain and restraining hemorrhage. The operation of cold water, ice, and other cold applications in abstracting caloric depends on the disposition this subtle fluid has to diffuse itself equally through all bodies in contact or proximity—the warmer or those that have more caloric imparting to the colder or those that have less, until an equalization of temperature is established between them. When in the treatment of disease the abstraction of caloric is indicated, availing ourselves of a knowledge of this principle, we fulfil the indication by means of cold applications to the part or organ whose excitement we wish to reduce. For this purpose we usually employ water, ice or snow, because they are generally most convenient, but a great number and variety of means are practised for the abstraction of caloric: exposure to cool air, cold cataplasms, mud, clay, cold metal,
evaporating lotions, &c. Nor are we confined to the external surface, in the administration of means to reduce excitement by the abstraction of caloric, the stomach and intestinal canal may with equal convenience be treated on this principle, through the medium of cold drinks and cold enemata, which often prove very efficacious resources, in high grades of gastric and intestinal phlogosis.

The following paragraph from M. Begin’s work on Therapeutics, is most graphically descriptive of the effects and lucidly explanatory of the principles involved in the operation of cold applications.

“The primary object, (or rather effect) of cold is to condense the tissues, draw their elements closer, and increase their thickness and solidity. The skin is clutched and covered with asperities occasioned by the projections of the bulbs of the hairs and that of the sebaceous follicles. The parts covered with cold topics turn pale, owing to the contraction of the vessels which cease to admit as many red particles of blood, and in which the circulation becomes less active. Accompanying these phenomena, the local nervous action is diminished, sensibility lessened, and a notable numbness felt in the parts that have grown cold. We must not think however, that this state is continued, during the whole time of the application; for soon after the first impression has been received, and though it may still continue to act with equal force, a reaction always takes place in all the parts submitted to the operation of cold, the blood is propelled toward them with renewed and increased vigor, the parts become more or less red and painful, and experience a sensation of intense and even burning heat.” “But these sensations are not of long duration; they disappear gradually and the debilitating action is soon reproduced. Then the tissues remain pale, cold, and hardly sensible; the action of the capillaries is diminished, the irritation is suspended and soon disappears entirely.” “To the action of cold is then subjoined the emollient and relaxing effect of water which serves as a vehicle to the former. These changes produced by cold applied to the tissues or to the skin which covers them, appear diametrically opposed to those determined by stimulants. In this respect, cold applications constitute one of the most efficacious debilitants we possess. They are employed in two opposite circumstances; the one where there exists no tumefaction nor irritation in the parts, and when it is only necessary to prevent those accidents, as in contusions, sprains, &c.; the other, when the irritation and the phlegmasia have already made their appearance. In either case, we may
cover the parts with pounded ice wrapped in a bladder, piece of parchement or oiled cloth—or rather plunge them into a vehicle filled with cold water, if the shape, function or situation of the parts will permit."

From not properly understanding the principles concerned in the operation of cold as a therapeutic agent, there is much diversity of opinion on the subject, and much contrariety of report upon its efficacy. Some regard it simply as a debilitant, whilst others look upon it as a stimulant or tonic, and others again view it in the light of an energetic astringent; whereas when we properly comprehend the true principles involved, all difficulties immediately disappear or admit of easy explication.

We have already seen that the modus operandi of cold is that of a direct debilitant, acting on the principle of abstracting stimulus, and that its action as a stimulant or tonic is only secondary and temporary, depending on the principle of reaction: little reflection will convince us that its effect in condensing the tissues is not attributable to any astringent property possessed by water, or by cold, which is nothing but the absence or privation of caloric; the condensation produced by the application of cold water is the result of depressed action, the excitement being reduced in the part, less blood is attracted to and retained in it, in consequence of which the capillaries collapse which renders the tissues more solid. Let us for a moment contemplate the modus operandi of cold water in arresting hemorrhage, which is generally, though erroneously, ascribed to its astringent power. Under the influence of irritation, an afflux of blood is determined to the organ from which the hemorrhage proceeds, cold water by withdrawing the stimulus of caloric reduces the excitement; the blood therefore is no longer attracted to it in undue quantity, the vessels contract and the effusion ceases.

We have the administration of cold so much under control, and can regulate its action with so much precision, the conjoint exhibition of sedatives is not so essentially necessary, as in the employment of bloodletting; for reaction being always in correspondence to the degree of depression produced, it can always be regulated, by commencing with a moderate degree of cold and by making, after reaction has subsided, applications of more intense degrees which may be continued as long, or repeated as
frequently, as the case may require, without any of the remote dangers consequent on blood-letting. But the combined administration of sedatives is often productive of very marked benefit, as exemplified in the superior efficacy of cold saturnine lotions, solutions ofmorphine, of prussic acid. &c. to that of simple cold water, in subduing inflammation and allaying irritation.

Bloodletting and the application of cold, both act upon the same principle, the reduction of excitement, by the abstraction of stimulus; their comparative advantages may be thus explained: In a violent fever or inflammatory affection, when there is redundancy of blood in the system, and the strength of the patient previously unimpaired, nothing can prove a substitute for copious sanguine depletion; the lancet stands unrivalled in efficacy; it is our chief reliance, the anchor of hope, the talisman of safety: until blood has been freely abstracted, the relief afforded by the employment of cold applications must be temporary and ineffectual, somewhat comparable to the temporary smothering of a flame by heaping fresh fuel upon it, which soon bursts forth and blazes more furiously than before; thus the excitement allayed, not subdued, will reappear and rage with increased violence. But when, notwithstanding copious sanguine depletion, there is still violent action and intense pain, with determination to some part, especially if it be to the head, and the case do not justify farther loss of blood, cold may often be employed with signal benefit. It reduces excitement without expense of the vital fluid, the debilitation produced is consequently less permanent, though it may be continued long enough for a suffering organ to recover its normal state. Bloodletting and cold act both on the same principle:—the difference in their effects depends on the difference there is in the nature of the excitants they abstract, both of which are equally essential to life and the maintenance of excitement. When blood is taken away, it is replaced slowly by assimilation, which process is often interrupted by the disease for which the bloodletting has been practised or by the debility consequent on the loss of blood, or it may be restored by transfusion which operation is attended with much difficulty and uncertainty; whereas, when caloric is abstracted, it is soon renewed by the system itself, or by external means if necessary.
Inflammation acts as a stimulus, exciting the action of the heart and arteries, but excessive action always exhausts the vital powers, and induces indirect debility, so that when it subsides or is subdued, the energies of the system are greatly depressed. Now it is certain, if we can reduce inflammation and prevent the inordinate, exhausting action consequent upon it, by cold applications or the conjoint administration of sedatives, with the expenditure of less blood; in the same ratio will the powers of the patient be preserved, and the typhoid type less likely to ensue, and the patient sooner recover his accustomed strength.

When it is deemed expedient to employ a very intense degree of cold, it will be proper to avoid a sudden and vigorous reaction, by commencing with an application of moderate temperature, and gradually reducing it down, even to ice itself if desirable.

The necessity of keeping cold steadily applied, or of renewing cold applications as often as may be required to keep them from becoming warm, is too obvious to need even an allusion to it; were it not that a neglect of this caution too often obviates entirely the good effects of this valuable remedy. It will of course be necessary that the application of cold be continued long enough, not only to extinguish the irritation in the parts to which it is applied, but to destroy their disposition to react against its impression, otherwise the consequent reaction will very probably increase the irritation and congestion intended to be removed. Snow, ice, or a degree of cold as low as zero, which if general would soon extinguish life, may be applied to parts of more or less extent, constantly for days and even weeks, not only without danger, but with the happiest effects.

Thus have I endeavored to explain the modus operandi of cold as a therapeutic mean, and to set forth the most important principles that appertain to its employment; it would be an agreeable task to elucidate and illustrate those principles more fully by a practical application to the treatment of disease, but that would be incompatible with the limits I have prescribed myself in my remarks on debilitants and sedatives.

[to be continued.]
Medical Statistics.

PART II.

REVIEWS AND EXTRACTS.

Medical Statistics.

The following paper, by M. Double, on the question of the inapplicability of statistics to the practice of medicine, contains much good sense and fair reasoning. The results at which he arrives are true and unavoidable, and it is most unfortunate in medicine that so few can come to realize these truths, and adopt "the only methods admissible in practical medicine, analysis, logic, and induction" in each particular case under all its present circumstances.

We give the essay in full, as extracted from the London Medical Gazette by the American Journal, with the editorial of the latter.

This question has been recently brought before the Royal Academy of Medicine at Paris, and been very elaborately and fully examined. The following paper read by M. Double, in the discussion, excited considerable attention, and we shall lay it before our readers, as the subject is one of great importance. For ourselves, we have already expressed our opinions on the subject, (see our No. for August 1836, p. 489,) and need only add that it is our continued conviction that until some new problem in transcendental mathematics shall be devised, the numerical method can never serve to guide us to a positive method of treating individual cases of disease. At the same time we disclaim all wish to invalidate the general usefulness of statistics in medicine. But we will not detain our readers further from the observations of M. Double.

"The science of statistics, is in these days, one of the most fashionable; and in the ardor of their zeal, its disciples have applied it indiscriminately to medicine. They have attempted to substitute mathematical for logical analysis—to make arithmetic take the place of induction—and calculation that of reason. Let us, then, consider what some expect from statistics
applied to medical practice. In mathematical analysis, the probability of future events is calculated from the observation of preceding facts, but always under the rules of the universal laws of large numbers, and without any individual application.

"In medical statistics, on the other hand, the numerical method is expected to determine from the observation of preceding facts, and according to their number, the best method of treatment in each individual case which may occur. This, however, is quite impossible; and I may remark, that were it ever affected, medicine would cease to be either a science, an art, or even a profession; it would become as mechanical as the employment of the shoemaker.

"What is called in geometry the universal law of large numbers, is the rule and the foundation of all calculations of probabilities. One of the conditions of this law is, that the causes of the events calculated, though some are constant and others variable, yet can in no sense be said to vary progressively. From this law it results, that all the differences and irregularities which balance each other disappear in the quotient; and in this way the calculations of lotteries, of maritime insurances, &c. are made.

"But this is evidently not applicable to medicine: neither our successes nor our failures balance themselves in large numbers, as in the case of marine insurances. Each of our problems embraces but one individual; and besides, diseases always have their prevailing character, varying progressively according to an infinite variety of causes.

"M. Poisson, in his new work on the Calculation of Verdicts given by Juries, writes thus—"In most questions of eventuality, the à priori determination of the chances of events is impossible, and it is only from observed results that we are able to calculate them. Thus we cannot à priori, calculate the chance of a vessel being lost in a long voyage, but we must compare the number of losses with that of voyages when the number is large, the result is pretty constant, at least in each sea and in each nation; but if the calculation be founded on a small number of facts, there can be no certainty in the reckoner's results, if it be founded on a large number, the results are almost sure."

"Besides this, it must be remarked that mathematicians themselves are not all agreed as to the value of mathematical analysis applied to the calculation of probabilities.

"The calculation of probabilities, from its very nature and professed scope, only makes approaches to the truth; yet its results have often some degree of apparent certainty. Nevertheless, the facts on which such calculations are founded, are so vague, uncertain, and variable, that the results are not to be
Medical Statistics.

 depended on, and sometimes the most inconceivable mistakes take place.

"The numerical method at once supposes and sanctions one of the greatest errors in therapeutics—namely, the adoption of absolute and exclusive measures. The celebrated problem of Pickairn—"For a given disease to find the remedy"—is only reasonable when understood in this way—"For a given indication, to find the best method of fulfilling it." Each individual malady is not a simple phenomenon that can be represented by unity; it is not certain and fixed, but constantly varying. Thus the pneumony of to-day is not the pneumony of yesterday, and the pneumony of Peter is not that of Paul.

As an illustration, consider how disappointed the young physician is in passing from a lecture or a didactic work to the bedside of the patient; and this because he is transferred from disease in the abstract to its reality. Take any large collection of cases: consider the epidemics of Hippocrates, the constitutions of Baillou, the letters of Morgagni; the consultations of Hoffmann, the ratio medendi of Stork, &c.—how many cases will you find alike? The universally admitted law of idiosyncrasy and of individuality, so infinitely variable, cannot be included in any calculation of probabilities. Let us first examine how the numerical method applies to a man in a state of health. Let us take two hundred healthy adults, of the same sex, age, profession, and condition: how many shall we find in exactly the same condition, so that we may say, "this health and that health make two?" Or let us take their powers of intellect or of digestion: how many are alike in their intellect? how many have identical digestive powers? When the different series of uniform intellects and digestive powers have been made out, a separate and universal method of treatment for each series has to be invented; and how will you succeed in this?

"Let us again suppose that there are in childbirth, under the same circumstances, say a thousand women, and that the news of some grievous calamity is brought them; five of them may become deranged, and the other 995 not have their reason affected. In calculating probabilities, it is an easy matter to determine this. But will any physician be therefore satisfied that he may announce a piece of bad news to a lying-in woman without danger? Or let a thousand men, in a state of violent perspiration, drink a given quantity of ice-cold water: ten are seized with pneumony, five with gastritis, and five with dysentary, while all the rest remain in perfect health.

"But from theoretical grounds let us come to facts, and take the typhoid fever, of which term, by the by, I do not at all ap-
prove; for, under it, gastric affections, bilious fever, entero-mesenteric fever, mucous fever, catarrhal fever, &c. are confounded. It was this that led to that inextricable chaos of difficulties in your late discussion on that subject. The mistake was, that by the name of typhoid fever was designated a certain peculiar morbid state, which may be a dangerous termination, or a troublesome complication, of almost all other diseases. Thus pneumonia, apoplexy, peritonitis, uterine phlebitis, phthisis in adults, surgical operations, &c. occasionally terminate with typhoid symptoms.

"Still more so is this the case with bilious, catarrhal, and inflammatory fevers, which, according to my experience, all commence the typhoid fevers; and, though I have seen a great many cases, I have never seen typhus come on primarily, but always preceded by nervous or febrile reaction, such as biliousness, an affection of the stomach, &c.

"And here I may remark, that I think it one evil of the present state of medicine, that our experience is too exclusively that of hospitals. We thus only see one condition of life, and the disease already established, and can seldom retain the patient long enough to see all the steps by which health is gradually re-established. It is in these patients, in whom we never see the commencement of the disease, that we meet with the most marked cases of typhoid fever.

"Well, then, in this same typhoid fever, can any unique, absolute, and exclusive treatment be assigned? If the practice of medicine did not already do so, sound logic would give a negative reply. When we consider the infinite modifications of circumstances, the degree of strength, the state of the nervous system, the moral condition, the idiosyncrasy, the age, the sex, the country of the patient, the nature, period, and prevailing character of the disease, &c. &c., we see how impossible it is that any employment of figures, any calculation, however nicely balanced, should lead to any uniform method of treatment. I have in another place shewn, that, in the opinion of Lacroux, Laplace, and Condorcet, reasoning, logic, and induction, are in medicine not less useful, or less certain, than numerical calculations: even in geometry, in almost all points, calculation has hitherto only proved what reasoning has already suspected.

"Theory," said Laplace, "is only common sense applied to calculation." The different influences modifying disease, to some of which I have alluded, are no less numerous, for example, than the letters of the alphabet. Yet, consider the richness and variety of language formed out of these letters: by that you may form an idea of the variety of the circumstances attending disease; or, to push the analogy still farther, there are in the
alphabet certain elements of more importance than the rest; in like manner disease has, so to speak, its vowels and its conso-
nants.

"For myself I must say, that the more I see of disease, the more does each case appear to me a new and a separate prob-
lem. When they see a new case, how many physicians can put down in figures the number of cases exactly similar which they have treated? I therefore think, that the useful results to be obtained from statistical calculations, in the treatment of ty-
phoid fever, must be reduced to this: that we may usefully reg-
ister the relative indications in cases within our own practice,
and under given circumstances, of blood-letting, evacuants, ton-
ics, &c. But the numerical method can never point out the
treatment to be adopted in any one given case.

"But the numericalists, finding the subject of typhoid fever
difficult ground on which to fight, have taken the case of inter-
mittents. With regard to intermittent fevers, however, we must
not judge by those of the capital: first, because cases are rare
in this country; and, secondly, because they yield easily under
almost any means that are employed. It is in countries to the
south that they are violent; and I may remark, in passing, that
this is another instance of the complexity of disease in general.

"But even in this country I have cured intermittents by the
most different modes of treatment!—by local and general bleed-
ing, by emetics, by purgatives, &c.: and if we examine the his-
tory of medicine, which, when well understood, is the best
instruction that a physician can receive, we shall find that in-
termittent fevers, whatever may be their type, vary constantly
in nature and in character, and yield to many different modes of
treatment.

"From all this it by no means follows that there are not in
medicine certain general views, and fixed principles; on the
contrary, in the treatment of every case we act upon them.
They are precisely the views taught by the beautiful doctrine
of indications, (indications?) which can alone guide us in the treat-
ment of fevers, and of diseases in general. The doctrine, then,
to which I have been led by my own experience, and by the
history of medicine, and which I have always held and advoc-
cated, is that of eclectism.

"Its methods are analysis and induction; its aim, the wide
and complete interpretation of facts, its result, the understanding
of indications, with the knowledge of the best modes of fulfill-
ing them. In short, it is the logic of facts, enlightened by the
logic of thought. Yet to many this method is unpalatable: some are too impatient, some too indifferent; while others are
incapable of pursuing continued trains of reflection. I am led,
then, by my long and unwearied labors on this subject, to the following results:

1. Individuality is an invariable element in pathology. A disease is not a simple, fixed, and uniform entity; it is a series of varied and changing actions; therefore every exclusive theory is absurd in pathology, and every absolute method repugnant to therapeutics.

2. Numerical and statistical calculations, open to many sources of fallacy, are in no degree applicable to therapeutics.

3. The only methods admissible in practical medicine are those of analysis, logic, and induction.” — Gazette Médicale, & American Journal.

Imperforate state of the Uterus.—Pregnancy at full period.—Delivery.—Cure. By Mr. Tweedie.

Eliza P***, aged from 23 to 24, in the ninth month of her first pregnancy, entered Guy's Hospital the 14th November 1836. Mr. Roe, the physician of the ward, saw her at 7 o'clock A. M. The preceding evening the pains of parturition had manifested themselves with great force, and remained very violent at the moment of the visit. After waiting some hours, Mr. Roe touched the woman but was unable to discover the neck of the uterus. Mr. Tweedie was called at 2 o'clock P. M. Upon examination he found in the vagina a solid, uniform, globular mass, pushing this canal before it at each pain. No irregularity could be perceived upon the surface of this tumor, every attempt to reach the neck of the uterus was useless. The woman having been constipated for some days, a dose of oleum ricini was prescribed, and some hours suffered to elapse.

In the evening the expulsatory pains were of extraordinary force; the purgative had operated. Touching per vaginam was again practised, but without any result. At each pain, however, could be felt before the tumor above indicated, a globular body forming a prominence like the head of a child in an imperforate uterus. By touching with great attention, a small point thinner than the surrounding parts, but smooth, uniform and without any orifice could be felt at the place which the neck of the womb should have occupied. By pushing the mass towards the abdomen, the head of the child was distinctly felt, by its movements in the liquor amnii.

The previous history of the case furnishes the following details. The woman was married the 4th February 1836: from the age of 14 she had menstruated every three or four weeks;
the blood was always pale, in small quantity, and continued only two or three days. The menstruation had never been painful. From the period of her marriage, the catamenia had disappeared. The woman had always enjoyed robust health both before and after marriage, but coition had always been painful to her. Two or three days before the commencement of labor, she had experienced hemorrhages from the vulva by which she had been frightened.

The following diagnosis was made:—pregnancy of nine months shewn by hypogastric auscultation, (the pulsations of the foetal heart doubly as frequent as those of the mother's,) complete absence of the neck of the uterus; very violent expulsive pains.

In this state of things, Mr. Ashwell was called in. He confirmed the preceding diagnosis, and thought it was necessary to practise immediately an artificial opening in the thinnest part of the tumor. The pulse was from 120 to 130 per minute and very irritable; the pains violent; the skin alternately hot and cold; the countenance expressive of anxiety and despair.

Mr. Ashwell operated in the following manner. The woman having been suitably placed and the bladder emptied, the accoucheur introduced the index finger of the left hand into the vagina, along this finger a curve pointed bistoury was glided. The tumor was first punctured at its thinnest and most prominent part, and then incised from below upwards, and next from above downwards, or from the rectum towards the bladder, and vice versa. After the latter incision, some drachms of fluid and black blood escaped, followed by the liquor amnii. The head was instantaneously presented to the opening that had just been made; this opening presented one and a half to two inches in diameter, and about one line in thickness.

Mr. Ashwell was unwilling to incise transversely, from the fear of wounding the branches of the uterine arteries. After the operation, the pains were somewhat appeased, but soon returned; the head, however, did not advance. Three or four hours afterwards a laceration of the opening occurred, and the woman fell into a syncope. (Ether, ammonia, opium, prescribed.) In two hours the pains resumed their former vigor. By touching, it was ascertained that the laceration was confined to the uterus, that it did not affect the vagina; the head engaged more and more in the opening, and the woman was delivered happily at 11 A.M., 24 hours after the operation. The child was of the male sex, and in a state of asphyxia, but was soon resuscitated. Abundant uterine hemorrhage, extraction of the placenta, contraction of the uterus, cure.

By touching subsequently it was ascertained that the neck of the uterus was entirely absent. At the superior extremity of
the vagina existed after the operation, an orifice puckered and irregular at its circumference, soft, with thick margins, irregularly circular, denticulated; it might be compared to the base of an apple, or rather to the summit of a pear, represented by the uterus itself. By passing the finger around the circumference of the orifice, three rays or seams like the lines of adhesion, could be felt, one directed anteriorly, toward the right ilio-pubic articulation, and reflected upon the vagina—the second directed posteriorly toward the left sacro-iliac articulation, and reflected also toward the vagina, and the third shorter than the preceding, presenting only an inch in length, was directed to the right and posteriorly.

This case though not unique, is nevertheless rare and interesting. The author remarks with propriety, that the artificial opening should be practised soon before the spontaneous laceration of the womb occurs. By art we make an orifice in the most suitable place without invading either the vagina or the peritoneum, and the accouchment takes place successfully, both for the mother and child, while every thing is uncertain and dangerous if the formation of the new passage be left to the blind efforts of the pains, the woman would then be placed in the same perilous condition as in lacerations of the uterus in general. It would be curious to know what was positively the state of the womb before conception, and how the woman could have been impregnated without an uterine orifice. Whence came the menstrual fluid? Was not the os uteri obliterated probably after conception? These are doubts which the author has not sought to dissipate.—Gazette Médicale.

Not having received the English announcement of the above case, we have extracted it from the Gazette Médicale. Although from the highest British authority in obstetrics—Roe, Tweedie, and Ashwell, we give it only as a possible case, as regards the actual occlusion of the os tincæ; but it may be useful in demonstrating, in connexion with other similar operations, as well as those which have been frequently employed for dilating the natural orifice of the uterus in cases of extreme and fixed ridgity, the safety of delivery by incision of the os, or cervix uteri.

The editor of the Gazette Médicale seems to "be curious to know what was positively the state of the womb before conception, and how the woman could have been impregnated without an uterine orifice? Whence came the menstrual fluid? and if the os uteri was not probably obliterated after conception?
It is evident from the first of these inquiries, that the flimsy, irrational, sympathetic doctrine of conception, as well as that of the absorption of seminal matter from the vagina by absorbent vessels, which anatomy cannot demonstrate, are alike and justly without a footing in Paris.

We cannot take to ourselves the right to deny things which rest on such human testimony as we would receive freely in other matters, however strange the alleged facts, merely because they were not presented to our own senses. Such an assumption, would, if adopted by men, always clog the wheels of science, so as at least to make it stationary if not retrogressive. But whilst experience and observation may in many cases prove fallacious, sound reasoning from well established premises is productive of mathematical certainty. We repeat, that we give this case as one which we will not deny as possible because we did not witness it, and if we had, we might have been deceived perhaps, more easily than the surgeon-accoucheurs of St. Guy's. But we have many reasons for doubting the correctness of the diagnosis so far as relates to the occlusion of the os uteri, in any such case, and particularly in that which is before us. Amongst them are the following, which we deem sufficient to justify the view we have taken:—

1. We consider the doctrine of conception now settled, at least so far as to establish the fact of the admission of the male element into the uterine cavity. This being the case, conception could not have taken place without a competent opening from the vagina into that cavity: but conception did take place, therefore the existence of the os uteri at the time of conception is established.

2. If the os uteri existed at the time of conception, and did not at the completion of gestation, it must have closed itself sometime during the pregnant state. But every one who is familiar with the diseases of the uterus must be aware, not only of the want of tendency in the os uteri to adhere and close its opening; but of its exhibiting, on healing, after wounds and ulcerations, something of a formative propensity, whereby it seems inclined, like the lips of the mouth, and indeed, like most parts, to re-develop itself more or less in its original character. This is a physiological fact, arising out of the office of the ap-
propriating powers. It is however, an office sometimes overruled by certain peculiar circumstances, such as great extent of injury peculiarity of location, &c. &c., an example of which we have in burns, &c. But the propensity tends to unite severed parts which were naturally in contact, when well disposed, as in incised wounds; and by the assistance of art, parts originally separate may be brought to unite, as in the harelip operation—the Rhinoplastic operation, &c. And we should not doubt the practicability of uniting the denuded edges of the os uteri by the twisted suture if the percolation of secretions should not prevent, nor the practicability of joining two individuals together as effectually as the Siamese brothers, by the intervension of art. This indeed was formerly the plan of making Talliacotian noses. But parts originally and properly separate, unless influenced by some of those peculiar circumstances tend to reinstate themselves more or less perfectly to their pristine formation, and to heal separately. We have occasionally treated and cured ulcerations occupying a part, or the whole of the os uteri, both in the unimpregnated state, and that of pregnancy wherein there is always a supernormal, and in a certain sense, morbid degree of excitement: in no instance of which has there been the least manifestation of a disposition to unite and obliterate the natural cavity. Indeed the great difficulty with these ulcerations is that, either in consequence of the peculiarity of structure, or the irritation common to the pregnant state, or undue irritation of the uterine substance from other causes, as prolapsus, &c., or from some or all of these jointly, there is a tendency to loss of substance during the continuance of disease. We have now in our notes, a drawing, taken from a speculum view of the cicatrix at the upper part of the vagina, where at least the lower half of the uterus had been lost by ulceration caused by prolapsus, before it could be healed. Even with this destruction of the labiated part and cervix, the lower extremity of the remaining fragment of the uterus healed even with the plane of the vagina at that part, leaving a round hole in the otherwise smooth vagina, corresponding with the cavity of the neck, and about the size of a large swan quill—conforming itself very well to the natural opening at this part of the uterus.

We have the drawing of another speculum view of a case in which the posterior wall of the uterus was destroyed nearly to
the fundus, and the anterior, to about the middle of the neck; thus leaving an eschar in an oblique longitudinal direction, from above posteriorly and near the fundus, downward and forward to the fore and middle part of the neck, exposing all the remaining portion of the uterine cavity. The fragment of the uterus healed over in this shape; leaving the inner face of the uterine parietes a little excavated, and assimilated to the adjoining healed edges of the parietes. It is therefore not in the least probable that the orifice was obliterated after conception and during gestation. The conclusion therefore appears to us very evident from the weight of these facts, that the occlusion declared, did not exist.

3. The anterior obliquity of the uterus, in some degree, by which the axis of this organ is thrown at an angle more or less considerable in that direction, with the axis of the superior strait of the pelvis, is one of the most common circumstances met with in the practice of midwifery. This is often in a very small degree; but in most cases sufficient to retard more or less, the second stage of labor, and to render the correction of this obliquity by drawing the os uteri forward, necessary to the most prompt and favorable result. But we often meet with cases in which the os uteri cannot be found by manual examination, because it is too high in the posterior region of the pelvis,—rendered so by an extreme anterior obliquity; and the head of the child, having descended low in the cavity of the pelvis, carrying before it the anterior paries of the cervix, greatly extended and attenuated by the powerful impress of the expulsive parturient efforts—giving to the touch a very good resemblance of a large pouch of the waters, or membranes covering the fetal head in a complete delatation of the os uteri. In such cases we have sometimes been utterly unable to find the os uteri until the protruding part of the uterus, and of the fetus were returned sufficiently through the superior strait, to enable us to find the os uteri about the sacro-vertebral junction. In this case, all the expulsive efforts are expended against the wall of the uterus which is presented to the cavity of the pelvis, instead of the os uteri which is turned towards, and against the upper and posterior part of the bony pelvis. This, in various degrees, is one of the most common causes of tardy labor, and of the loss of pains;
and the correction of which will render almost any labor more expeditious, and preserve the energies of the patient from more or less unnecessary exhaustion. But with a proper understanding of its nature, and the condition of the parts it is susceptible of almost instant correction even in most of those cases in which it exists in an eminent degree, by drawing forward the anterior part of the os uteri and retaining it so with the finger until the bag of waters so protrudes as to supply the place of the finger, which is generally soon the case.

4. The appearances of the part after recovery, such as the absence of the neck, &c., afford pretty conclusive evidence that the part incised in the operation was that part of the parietes of the uterus which is so often protruded into the cavity, and even to the perineal strait by the head of the child in anterior obliquities.

Much more might be said on this subject, but we trust the present will suffice to guard practitioners against the hasty performance of a dangerous section of the substance of the uterus, when both safety and expedition are better secured without it. This is another of those cases, but too common in hospital practice which tend to assure us of the great inhumanity attending that hasty and generalizing practice commonly pursued in extensive infirmaries.

Since preparing the above article for our pages, the November No. of the American Journal has come to hand, detailing the same case from Guy's Hospital Reports. We cannot repeat the article, although it may possibly be more correct in some particulars. But we give below an extract from the London Medical Gazette, subjoined to the above case in the American Journal, which is valuable and interesting.

JOHN NORTH, Esq., in an interesting article in the London Medical Gazette of the 10th of June, 1837, expresses some doubts of the real nature of the above case, as there are so many cases on record in which the uterus has been supposed to be imperforate at the time of labor, but, upon subsequent examination, it has been ascertained that the os and cervix uteri, had escaped detection, in consequence of their mal-position. In some of those cases after delivery had been effected by incisions into the uterus, upon the presumption that there was no os uteri, both the os and cervix uteri have been found in their natural
situation, and naturally constructed. Mr. North observes, "that there are some circumstances connected with this case, which I confess I cannot comprehend, and which seems to render the assumed fact of the uterus being imperforate scarcely conceivable. The complete closure of the os uteri must of course have taken place after conception, and as far as I know could only result from some disease, some active inflammation of the os or cervix uteri at some period of pregnancy, which in this instance could not have existed, inasmuch as it is stated that the patient "both before and subsequent to her marriage has had robust health." The doubts that have been expressed by the highest obstetrical authorities as to the fact of the absence of the os uteri in many of the cases in which this rare anomaly had been presumed to exist, apply exactly to this case, as far as can be judged from the report given of it. For example, Bau-
deLocque asks,* "A quoi pourroit-on l'attribuer, (l'obturation de l'orifice de la matrice) chez lez femmes ou l'on a cru la rencontrer au moment de l'accouchement? à l'inflammation, sans doute, et à l'altération du col de la matrice. Mais rien ne fait pr:sumer que chez elles de telles affections aient lieu pendant la grossesse." Desormeau† says, "Pour que l'orifice de l'ute-" rus s'oblite re et s'efface pendant la grossesse, il faudrait qu'il se fut développé une inflammation assez vive, ce qui ne peut arriver que très rarement; or dans la plupart des cas on ne parle pas d'inflammation." Lastly, Velpeau‡ thus states his opinion upon the subject: "Il n'y a evidemment qu'une maladie grave, une inflammation aiguë, qui puisse fermer ainsi le sommet de la matrice entre la f'condation et le terme de l'accouchement. Dans ce cas, les parties sont necessairement le siège d'alterations concomitantes propres à lever tous les doutes. Les signes anamn:stiques auraient d'avance eveillé l'attention." In these quotations, I have taken the liberty of italicising the opinions of the distinguished writers which are directly opposed to the closure of the os uteri at the time of labor in a patient who "had not had a day's ill health," and who was always fit for an "unusual degree of laborious exertion." The report of the case states, that "for two or three days before labor came on, she noticed a rather copious discharge that continually drained from her." From whence, if not from the uterus, and through its natural opening, the os uteri, is it probable that this "rather copious discharge" proceeded?

"The whole description of the case," he adds, "is exactly similar to many I have seen, and to still more described by vari-

* Journal General de Med. t. 25, p. 42.
† Dict. de Med. t. 15, p. 190.
‡ Accouchemens, 2nde edit. t. 2, p. 216.
ous writers, where the os uteri could not be detected by any ordinary examination, or even by the introduction of the hand, until after many hours' duration of severe labor pains, in consequence of there being so great a degree of anterior obliquity of the uterus as to throw the cervix and os uteri back towards the sacrum, or even above the sacro-vertebral angle. I confess that more than twenty years ago I was much perplexed by two of these cases that occurred to me. In the words of Velpeau, "I dreamt of anomalies, and knew not what to think." In several such cases I have subsequently known other practitioners at fault, and who fancied from "the firm, uniform, globular mass forcing down into the vagina" upon which no orifice could be detected, that there really was no os uteri. By patience, however, and proper management, the efforts of nature, and sometimes, though very rarely, manual assistance, which in such cases is seldom required, the os uteri has been brought into a more favorable position, and the delivery has been safely, though very slowly terminated.

"If the pelvis is large, the uterus is in such cases forced into its cavity by repeated and violent pains, which have little or no effect in dilating the os uteri, in consequence of its being out of the line of direction of the expulsive force. The anterior and inferior part of the body of the uterus may even approach the os externum; the head of the child, or any other part that presents, being distinctly felt through the thin and distended uterine parieties. In such instances, either of two mistakes have often been committed. In the first place, it has often been thought that there was no os uteri, because it could not be detected by any ordinary examination with the fingers, however carefully conducted. Secondly, it has as frequently been supposed that the labor would be speedily terminated when it had scarcely commenced, for the head of the child is felt so distinctly, although still covered by the thinly expanded uterus, as to lead to the belief that the os uteri was entirely obliterated, although it was little, if at all dilated. I will refer to a few authorities for the purpose of corroborating the opinions I have given; of showing how cautious we should be in presuming the uterus is imperforate, and also of showing how completely the most experienced practitioners have been deceived in their diagnosis of such cases. Denman* says, "Cases have been recorded, in which it was said that the os uteri was perfectly closed, and in which it has not only been proposed with a pair of scissors to make an artificial opening instead of the closed natural one, but the operation has been actually performed." "I am persuaded there has been an error in some of these cases, and that what

* Midwifery, 7th edit. by Waller, p. 241.
has been called a perfect closure of the os uteri has not been such, but that the practitioner has, at perhaps an advanced period of the labor, been unable to discover it by reason of its obliquity." Dewees* thus strongly expresses himself: "Within our own knowledge, this case (anterior obliquity of the uterus) has been mistaken for an occlusion of the os uteri, and where, upon consultation, it was determined that the uterus should be cut to make an artificial opening for the fetus to pass through. They thought themselves justified in this opinion, first, by no os uteri being discoverable by the most diligent search for it; and secondly, by the head being about to engage under the arch of the pubes, covered by the womb. Accordingly, the labia were separated, and the uterine tumor brought into view: an incision was now made by a scalpel through the whole length of the exposed tumor, down to the head of the child. In due course of time the artificial opening was sufficiently dilated to give passage to the child. The woman recovered, and to the disgrace of the accoucheurs who attended her, was delivered per vias naturales of several children afterwards, a damning proof that the operation was most wantonly performed." Desormeaux† gives evidence to the same effect. Kilián‡ remarks, that in cases of supposed closure of the os uteri, the practitioner must be very much upon his guard, and very mistrustful of himself, for the diagnosis is by no means easy. Jorg§ in commenting upon "der schief heit des gebarenden uterus," obliquity of the pregnant uterus, observes, that it often causes great perplexity to the practitioner, who, in consequence of not being able to feel the os uteri after many hours' duration of severe labor pains, commonly believes that the uterus is imperforate. Baudeloche‖ in a very instructive paper on the subject, gives several cases in which mistakes were committed, and needless operations performed by experienced practitioners. Velpae‡‡ says, that he has so frequently known tolerably experienced practitioners affirm that there was no os uteri, when it was merely raised towards the sacro-vertebral angle, that he has no difficulty in referring to this mistake the majority of cases of supposed obliteration, and that for beginners the anterior obliquity of the uterus is very embarrassing; "ne trouvant pas de col, ils r·vent des anomalies, ou ne savent que penser." He mentions the following case, which is quite in point. It happened to one of his

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* System of Midwifery, p. 90.
† Dict. de Medecine, t. 15, p. 189.
‡ Die Operative Geburtshülfe. Erstes Band, 259.
§ Krankheiten des Weibes, Zweyte Auflage, 690.
‖ Journ. Gen. de Med. t. 52, p. 34, et seq.
‡‡ Loc. cit. 216 and 329.
friends, who had practised three years, "avec distiction dans la capitale." The account was transmitted by letter to Velpeau. I do not presume to offer this as the counterpart of any other case, although, no doubt, its fellow might be found. I will not spoil it by translation. "J'ai passé la nuit près Madame de S.; le travail paraît marcher régulièrement; mais je ne trouve point l'orifice; j'ai porté le doigt vers le promontoire, puis du côté des fosses iliaques, puis en avant derrière le pubis; partout je suis arrivé jusqu'au cul-de-sac formé par l'extremité supérieure du vagin; mais je n'ai point trouvé le col; qu'ai-je à faire, qu'est-ce que cela veut dire?" Velpeau thus clears up the mystery: "C'est qu'en effet l'orifice était tellement porté en arrière et en haut sur la tumeur, que pour l'attendre, il fallait recourber le doigt en crochet tout-à-fait en avant."

"The patient whose case is related in the Guy's Hospital Reports was in labor with her first child. It is true that so great a degree of anterior obliquity of the uterus, as to lead to an erroneous diagnosis at the time of labor, occurs much more frequently in women who have borne many children, in consequence of the abdominal pariety having lost their power by frequent distension, of supporting the gravid uterus. But it may and does happen occasionally in first labors, either from a natural flaccidity of the abdominal pariety, from the brim of the pelvis being inclined more forward than usual, or from an unusual convexity of the lumbar portion of the spinal column. It is stated in the case I refer to that a careful investigation was made about a month after delivery, and that there was no cervix uteri. In a case related by Lauverjat, * in which he and many other practitioners fancied there was no os uteri, and in which, consequently, an incision was made into the uterus, neither the os nor cervix uteri could be detected for two months after the operation. "L'un et l'autre alors étoient dans l'état le plus naturel."

The doubts expressed by Mr. North, concerning the nature of Mr. Tweedie's case, may be unfounded; but at all events, the facts mentioned by the former, may tend to guard young practitioners against hastily assuming that the uterus is imperforate at the time of labor, and to impose upon their minds the difficulty of the diagnosis in a description of cases which are generally not sufficiently dwelt on by medical teachers.

* Neue Methode den Kayserchnitt zu machen, 188. Quoted by Baudelocque, loc. cit. p. 45.
Cancer of the Lung. By M. Heidelfer.

Cancer of the lung is a very uncommon disease in comparison with other afflictions of this organ. But of all the cases of this disease, none present more indubitable characters than the following. We believe that a tuberculous infiltration, may be, and has been more than once mistaken for cancer of the lung; in this case a similar error could not have existed.

A peasant aged 24, strong and robust, who, except the diseases of infancy, had never been affected by any others except the itch, was attacked towards the autumn of 1834 by pleurisy, which yielded to an antiphlogistic treatment. In the month of December a similar attack occurred, of which he was not so completely relieved by the same means.

A new exposure to cold and improper diet aggravated his condition. The left side of the chest became the seat of very intense and apparently electric pains, which the patient felt from the shoulder to the false ribs, and from the sternum to the vertebral column. Sanguine depletion, both local and general, revulsives and soothing means were once more employed. The following was his state at this period: decubitus upon the back; the left side of the chest somewhat elevated; frequent, dry and short cough—accompanied with dyspnœa; the left side of the chest immovable in inspiration and expiration. The sternum was elevated and pushed towards the right side, a very observable difference existed between the right and the left side of the thorax, the latter presented a considerable dilatation immediately above the mammilla; sound upon percussion, dull on the left, and very clear on the right-side, no respiratory sound on the left side, where the pulsations of the heart were also inaudible, but were heard with great distinctness but unequally on the right side. The face of a livid color, with an expression of agony, the breath pure, or at least without any bad odor, the emaciation inconsiderable.

A month later the state of the patient was greatly changed; the anterior part of the left side of the thorax presented a considerable tumour, of the volume of two fists; it was hard and tuberculated. The patient could not repose upon the right side; the left was immovable during inspiration; the color of the face still more livid, leaden, and the expression of agony more pronounced.

Two months before death, the axillary glands of the left side began to enlarge and be indurated; at the same time two tuberculated tumours were formed above the left clavicle; the symptoms of general dropsy supervened and the patient died, having to the last a cough with a glairy expectoration.
Autopsy, externally, a considerable arched prominence of the left side anteriorly, and containing several tumours soft and hard; the mammilla was engorged and inflated.

Nothing remarkable in the Encephalon.

The right side filled with water; the right lung adherent to the diaphragm and pericardium contained no tubercules. The heart rather small than large, was adherent to the pericardium in all its dimensions, was flaccid, softened, and almost gelatinous. The left lung adhered to the ribs, presented no distinct lobes, but formed a single mass which filled entirely the left side and even a part of the right side of the thorax. The pleura could not be distinguished. This lung was transformed entirely into a compact, lardaceous mass, of a dirty white color, in which could be perceived no trace of bronchea or of vessels. Near the center this mass was softened, encephaloid, of a greyish white color, and within it was seen an opening arising from the non-consolidation of a large broncheal tube. The arteries and veins were obliterated and transformed into ligaments as they proceeded from the heart. An incision in the external prominence of the left side presented besides the skin and a thin layer of cellular tissue, a compact and lardaceous mass, softened near the centre and converted into a soft and encephaloid matter, which communicated with the interior of the lung through the intercostal spaces, the ribs having been pushed from above downwards. Here existed no trace of pectoral or intercostal muscles and the ribs of the left side were in a state of complete atrophy.

The liver, spleen, pancreas, kidneys and bladder were in a normal state, the mesenteric glands engorged, and through the digestive mucous membrane were disseminated red and softened spots, but without any ulceration.

The left testicle and epididymis presented an incipient schirrous induration.

The author informs us that in the cases recorded by M. M. Andral, Velpeau, and Begin, the disease was not detected until after death. However, it seems to us, that the prominence of only one side with dullness of sound, the lancinating pains, the livid and leaden color of the skin, and the presence of two tumours above the clavicle should at least have directed the attention to the possibility of a cancerous affection of the lung. The author informs us that the schirrous state of the testicle and epididymis was not ascertained until after death. Is it necessary to say with him that the etiology and treatment of this kind of degeneration are at the present day beyond the power of the art? Ed. of Gazette Médicale de Paris.—Gazette Médicale.—Archives de Médicine.
What are the causes and nature of Rheumatism, and the best mode of treatment to be employed therein?

It is not a little strange that the credulity of men, and of physicians particularly, should manifest itself in believing little evidence, or partial testimony, where the facts of multiplied and long continued observation are also in review. We are induced to attribute this result however, more to the present unprecedented reign of novelty mania, than to the operations of credulity itself; for this alone, we think would, from the very nature of things, although readily captivated by small or weak, be still more easily, by greater or stronger evidence. But the operations of the rage for novelty, for we can call it nothing less, is most unaccountable, if we set out on the investigation, with a due contemplation of the natural organization, if we may so speak, of the human mind; for here we find such an ill proportionate relation between the perception and the judgement that, when sufficiently removed from the intellectual process of ratiocination to contemplate it abstractly from the interest we take in the result, we are forced to consider it within the proper scope of the term mania.

We see this strange evidence of ill-balanced intellect exhibited in a thousand ways; and in some way, by almost every body. We see it in the most common concerns of life, as in the servile following of fashion in the destruction of the beautiful symmetry of the female form, and the more valuable possession of the ruddy glow of fine health, by the criminal (if slow suicide be criminal,) use of corsettes—in the imbibition of wine and other forms of alcoholic drinks into the human stomach without necessity imposed by disease; and all this, with the perpetual observation of the injurious effects of the former and the latter, and the ruinous—almost certain demoralizing tendencies of the latter. And when we witness these things, and reflect on the eventful and important nature of those legitimate
inductions to which the human mind is by nature entitled—the happy consequences of correct, and the ruinous tendency of incorrect or unfair ones from the whole promises, we are led to conclude that, in a science like that of medicine, every step in the correct theory, as well as the practical operations of which must, in order to be profitable, be at the expense of a fair and proportionable deduction from the whole of the real promises, there is no branch of study so essentially collateral, or perhaps we should say adjuvant or auxiliary as logic, or the correct use of the reasoning faculties. There is as due a proportion between effect and cause in the science of medicine, as in any thing else which comes within the perview of mental operations. But it is alleged that we may not know all the premises. To this we reply that we should see a due proportion, which always exists between one set of phenomena and another which we have reason to believe stand in the relation of cause and effect, before we draw our deductions; and if we do not see this proportion, search for it alone, or with assistance until we find it. And again: if in some matters, the whole elements of a process of reasoning cannot be precisely determined, still it is no less the duty of the physician, under the necessity of the case, when human powers ultimately fail, to use in his ratiocinations, all that are known, than it is not to neglect any part of the whole which may be well ascertained.

It is not so strange that men should reason widely, or rather put induction entirely out of their catalogue of mental operations when they undertake to tamper with those sciences of which they know nothing from which to reason, as is unavoidably the case with impostors who attempt the practice of medicine without a knowledge of the anatomy, the principles of life, and the healthy and diseased functions; for there is no true reasoning but from true and well ascertained premises; and "what can they reason from but what they know?" And this, we may remark is constantly done by the impostors of the day, who measure well the intellects of those whom they mean to gull, and calculate the success of the imposition as accurately as did the London Quack, who upon the same ground explained his own success. They know well that when men are drawn out to make actual conclusions on a topic with whose elements they
are perfectly ignorant, that the reasoning must result in error proportionate to the ignorance of the premises—then may they clearly determine their own chance of success, twenty, forty, or one hundred to one, according to the true intellectual character of the community with whom they seek favor. But with men of science, it is passing strange that a solitary, fallible man should make a declaration in the very face of the best experience and most enlightened observations of thousands—not of one age but of a hundred ages, and still this solitary declaration will be seized and tried. And not only so, but all must try; and instead of reasoning fairly beforehand to determine what is right, they reason, if at all, afterwards to ascertain why the results were not according to desire.

We have been led to these reflections by our deliberate contemplation of the Fisk fund prize dissertation on the nature and treatment of rheumatism, by Thomas H. Webb, M. D. This is a well written essay, and we have no possible objection to the manner in which it has been got up. We therefore pass over the whole of it until we come to the mode of treatment which is advocated by the author, the discovery of which stands to the credit of Dr. Cazenave.

It is true that in all times, opium has been more or less used by practitioners in the form of opium pills, laudanum, Dover's powder, &c., and by the common people in the form of Bateman's drop, &c. &c.; but it has remained for Dr. Cazenave to recommend to the world the use of pure opium hourly in large doses, and these persisted in to the end for the cure of rheumatism. It will be recollected by those who have read this essay, that the author adopts, in extenso, the bold, eclectic practice of Dr. Cazenave who, knowing well the physical effects on the system in small doses, presses its use to the production of those immoderate effects which have long been, to other men, beacons of danger from the exciting powers of opium—that is to say, doses which produce nausea, giddiness, headache, palpitation, &c. But "these effects," said Dr. C. "are of course but momentary, and should form no solid objection to the remedy if it be found beneficial in other respects, besides relieving pain." And he proceeds, "To the above effects of opium, (if it be continued,) succeed others:—the patient does not sleep, but he expe-
riences a kind of delightful ecstasy,* forgets his sufferings, &c. The action is then excitant like wine. In some cases an abundant perspiration is the result—but in both events, that is, with or without the sweating process, the radical cure of rheumatism is effected." It is obvious here that the exciting powers of opium are carried beyond the sleeping point—even to the ecstasy—the stupor of intoxication, and the bold prescription persevered with until the rheumatic form of disease disappears.

Electism, as well as system in medicine has its extremes, and consequently its dangers; and we should be ever watchful of that disposition in man whereby he tends to extremes—to ultraism in whatsoever he embraces. These ultraisms in electism, generally arise from a process of reasoning instituted on partial premises; a fact which is finely illustrated in the case before us. We need not deny that Dr. Cazenave cured every case of rheumatism which came under his care at the foot of the Pyrenees, where no other form of disease is known—a location disposing to nothing but good—perfect health, but where temperature, nevertheless, has its effects, which are that assemblage of symptoms we call rheumatism. And we will venture this opinion, that under the circumstances inseparable from this location, the cases of this disease are much more alike, in male and female, old and young, sanguine, phlegmatic, or nervous temperaments, &c. than in any other less favored place. Nor need we deny that Dr. Webb and his medical friends may have met with a like success in Rhode Island; notwithstanding we should think it somewhat strange if none of the injurious chronic effects of opium, at least, were subsequently exhibited in those cases; or if a mere metastasis instead of a cure were not the result. But we may contend that the best observation of all ages, has been long since brought to bear on the too promiscuous use of opium, to which some practitioners have in all ages been inclined; and that, more especially since the days of Dr. Brown it has been necessarily a great point of duty with the profession, to bring the practice of medicine down to the point of prudence in the prescription of this drug. The principle will hold good as long as opium continues to be an excitant, that its safe and

* Dr. C. should have known that so far from this being a uniform result from opium, it is only an occasional one in certain temperaments, states of systems, &c.
prudent prescription must always be subject to the various modifying influences which cannot be left out of the estimate. These modifying influences must then not be neglected, but taken into the calculation if found existing, in every individual case. The most essential of these are the temperament of body and mind; the kind and degree of morbid action present, the organs most tending, or liable to congestion, the operation of predisposing causation as found in occupation, age, sex, climate, particular location, &c. &c. Nothing, therefore, can be more obvious than that a general formula, consisting of opium, one grain every hour until the tendency to hilarity is produced, and the still farther exciting effects have carried the patient to the calm which follows this excess of excitement, and which is caused by still farther stimulation, must be extremely unsuited to certain many cases, according to the influence of these modifiers—causes of effects which must and will have their influence in the result. It should be recollected that it is not alone the secrecy of quack medicines and practices that is objectionable. This alone might probably be gotten over by practitioners when they come to see the result of the physical agent—what medicinal operation it is its power to effect on the system: but the worst part of quack medicines and practices, as far as they have safe and efficient physical powers at all, is the universality of application, regardless of the particular circumstances of the cases. Now the same objection is unavoidable in the case before us. Hepatic derangements, impaired digestion, torpid bowels, fatal congestions, apoplexy, &c. &c. must result in a large proportion of such cases as ours in southern climates. Nor does it seem less evident to us, that upon the common acknowledged principles of excitement alone, this valuable medicine cannot be alike applicable to the extremely different states of acute and chronic rheumatism. Here it will not be denied by the impartial, that the states of excitent are extremely different. This is too plainly evinced by the whole assemblage of symptoms present. Nor is it less evident from another source of truth available in pathology, which is a posteriori reasoning. No one will deny but that in one case of rheumatism the most powerfully stimulating diaphoretics will prove beneficial, whilst in another these will prove injurious, and nothing short of depletion, local
or general, will meet the demands of the case. If, therefore, there be any truth in the principles of excitent, it follows that the general excitement at least is extremely different in these two cases.

But when we come to consider, and allow due weight in the reasoning process to the complicating influences of other modifiers, as occupation, temperament, &c. &c. we find still additional physiological, as well as pathological phenomena which necessarily influence the deductions. Let us take for example, a climate not only as well calculated as that of the Pyrenees, or of New-England to cause simple rheumatism, but which also affords a long and hot summer with a moist atmosphere. Here is an influence calculated to torpify the general energies of the body, and of the liver particularly. This is a truth of constant observation. If we reason from cause to effect, or from observation of the facts generally presented, we shall find that, (in whatever way,) there is a greater or less predisposition to bilious disease, and consequently, when an occasional cause is applied, as cold, instead of a simple inflammatory fever or rheumatism, an inflammatory bilious fever or rheumatism is the result. And why, but that another cause has operated in the production of the phenomena; and to which, as well as to the other causation, the resulting phenomena must bear a reasonable proportion.

Now although the same causes must, under like circumstances, always produce the same results, still it does not follow that causes differing in name may produce phenomena not unlike each other. This is a fact of observation relative to the influence of alcoholic drinks as brandy, wine and opium, as also of opium and heat on the biliary apparatus—that is to say, that opium readily induces, in a southern climate that state which the southern heat itself ordinarily produces. Under these facts then it would be as absurd to think of curing a rheumatism which is most commonly, (though not always,) what southerners would call a bilious rheumatism, by a free use of opium, as it would be to remove a patient from Augusta to Mobile, or New-Orleans with the expectation of lessening the tendency to bilious diseases.

Not willing to condemn with undue precipitation a practice
so respectfully and so ably advocated, we determined, on reading the essay, to adopt the practice urged by it in the first case of rheumatism in which, as in not a few heretofore, we should be foiled in our ordinary course of treatment according to the best judgement on the true pathological condition. But before just such a case came to hand, we found a patient so severely affected with the excruciating pains incident to this disease that, in our absence, and over the head of our prescription, he was forced to resort to doses of laudanum to lull his sensibilities and lessen his pain. With the manifestation of this disposition, and with the hope of regulating the use of opium to a safer course than might be adopted at the impulse of his distress, we laid down the course in all respects according to Cazenave's plan. It was pursued until forty pills were taken. By this time we found great tendency to cerebral congestion from the direct action of the opium, with hepatic obstruction, evinced by sallow skin, brownish yellow tongue, with hard, frequent, contracted pulse, &c. amounting to a very complete and highly bilious rheumatism, had resulted. Unwilling to press further a plan which reason, as well as the experiment thus far condemned, we discontinued the course, and in its stead adopted the use of a pill of six grains of calomel, one grain of aloes, and half a grain of kermes every six hours. This restored the wonted hepatic secretion, preserved a steady perspiration, and the patient was speedily restored to health.

With these experiments then, and the reasonings which we have had on the subject, we have been brought to the language which Dr. Cullen applied to the use of cinchona, that we "hold it to be manifestly hurtful, especially in the beginning, and in the truly inflammatory state" at least; and probably generally in southern climates and bilious temperaments.

We will observe, in the conclusion of this article, already greatly extended beyond the intended limits, that depletion was liberally used, and in the early part of the case; and that great spinal irritation existed in all the extent of the dorsal and lumbar spine, and most severe in the dorsal. This received the counter-excitation treatment usually enforced for this symptom, but without being corrected. It disappeared with the rheumatic symptoms.
Clinical Observations on opening Abscesses. [Nov.

Clinical Observations on opening Abscesses, delivered at La Pitie.—By M. Lisfranc.

If you consult those books which treat of abscess, you will find it laid down as a general rule, that where the abscess is of small size, it ought to be left to nature to effect an opening, because this, it is said, will be small, and consequently leave but an inconsiderable cicatrix. According to this view, small abscesses are to be left to themselves, provided they be not too indolent, and do not advance too rapidly. But I reject this method; for if the aperture made by nature be small, why should not that made by art be made small likewise? It is only necessary for this purpose that we use an instrument with a narrow blade, and that we make a simple puncture.

Again, before opening an abscess, it has been thought that we must wait till the matter be well formed, or in other words, till the abscess be ripe, although to this some exceptions have been made, as with regard to abscesses in the abdominal and thoracic parietes, and those situated in the neighborhood of tendons and joints. I have opened such abscesses before they were well formed, and what has happened? As long as I confined myself to the method recommended in books, I did not reach the root of the malady. Convinced of its insufficiency, I attempted to combat the inflammation excited by the pressure of the pus on the surrounding soft parts, by fomentations and local bleeding. Immediately after opening the abscess, I applied leeches, which were more efficacious in proportion as the swelling was recent.

This first satisfactory result soon led me to another; sometimes the leeches partly failed, and the induration passed into a chronic state. In conformity with the principles which I laid down in treating of white swelling, I allowed this state to remain undisturbed three or four days, after which I successfully attacked it by means of frictions with ointment of hydriodate of potass and ioduret of lead, as well as by compression, when necessary.

One objection only remains to be refuted—that of the pain, which was supposed to be greater in this than in the ordinary method. It is true that the pain of the incision is a little more acute when an abscess is thus prematurely opened, but it only continues a few moments, and accordingly I hold that abscesses ought to be opened as soon as the existence of pus can be detected. I have followed this practice for fifteen years, and I need not remind you that you have yourselves been witnesses of its success.

If you have to open an abscess of small size, as for instance
that of an egg; and if the skin be thinner at the centre than any
where else, you must make your opening there for two reasons;
first, because the integuments being thinner, the instrument
passes through a smaller extent of integument, and consequently
gives less pain, and also because the incision gives to the integ-
uments a slight degree of stimulus which facilitates their cica-
trization: it is also very easy to prevent the pus from stagnating
in the abscess by making pressure on its parieties. For larger
abscesses it has become an established rule to open them at the
most dependent part, unless there be some important blood-ves-
sel or nerve in that situation.

If, in order to arrive at the abscess, you have to pass through
a muscle, the incision ought to be made in a direction perpen-
dicular to the action of its fibres—that is to say, that when the
muscle is broad, you must cut across; but if, on the contrary, it
be narrow, your incision must be parallel to the fibres, to avoid
the risk of dividing it altogether. If in the case of a broad
muscle, such as I first supposed, your incision were parallel to
the fibres, it would almost always happen that the aperture
would be completely closed by their contraction. You have
lately witnessed a remarkable case, which I may quote here. A
patient, in the ward of St. Louis, had a large tumor on the
thigh, which not only afforded the ordinary signs of fluctuation,
but evinced a distinct gurgling. I practised an incision parallel
to the axis of the thigh, at the most dependent part: nothing
was evacuated. I introduced a hollow sound into the wound,
but still nothing came out. I then made another incision, at a
point where the fluctuation was still more evident, but with the
same negative result. The patient was very nervous, and his
muscles contracted with force. Astonished at the circumstance,
I next introduced a grooved sound along the blade of the bis-
toury, which yet remained in the wound; but still no pus made
its appearance. My next proceeding was to make a movement
with the two instruments, in such a manner as to separate them
and prevent the contractile action of the muscular fibres: then,
at length, the pus found an exit. I request your attention to
this point, which is a very important one, for I am persuaded
that it happens very often, particularly when the fluctuation is
not very evident, that the surgeon, after having made his inci-
sion, erroneously supposes there is no pus, merely because the
opening having been made parallel to the direction of the mus-
cular fibres, their contraction again closes up the aperture.

Abscesses of the neck ought to be opened by means of a sim-
ple puncture. I do not now allude merely to small abscesses: I
have opened, in this manner, purulent depôts of considerable
size, and, although the extent of the incision was not in propor-
tion to the collection of matter, yet was all the pus evacuated,
while the cicatrix which remained did not exceed that of a leech bite. This precept is of great importance, not only to the welfare of the patient, but to the reputation of the surgeon, and, in this double view, merits your attention. The following is an illustration in point:—I was called, three years ago, to Belle-ville, to open an abscess on the neck of a young lady, which I effected in the manner above recommended. In the same house was a child, having an abscess similar to the other in situation and nature. A practitioner there opened it by an incision of an inch in length, and had reason to repent having done so; for the comparison of the two children, after the healing of the wounds, was very disadvantageous to him; the wound in his patient having healed slowly, and left a large cicatrix.

In abscesses of the neck, owing to the smallness of the aperture, the want of freedom with which the pus flows, and its remaining about the cellular tissue, there may be a little lodgment at the lower part, forming a kind of cul de sac, whence compression is insufficient entirely to dislodge the matter. In such case it is necessary to make a small counter opening, cutting upon the grooved canula, so as to make a second incision, no larger than the first, and thus the two look like leech bites. The same precepts apply to those parts generally which are habitually exposed. In the neck, as on the forehead, the incision ought to be transverse,—that is, in the direction which the folds of the skin naturally assume in those situations.

In those parts, however, where the appearance of the cicatrix is not an object, modern surgeons make incisions of several inches where the abscess is large; and experience has proved the advantage of this practice. The bistoury is to be held in the first position: the two last fingers, separated from each other, and extended, are to be placed, if possible, beyond the tumor, as a point d'appui: the tissues which are penetrated must be divided in a perpendicular direction: the middle finger, placed on the blade of the instrument, serves to regulate the depth of the incision. This is very important, for if the instrument cuts too, or if the texture be hard, we are under the necessity of pressing more strongly on the parts to be divided; and without the precaution of having the finger as I have described, we should incur the risk of plunging in the instrument too far. Besides, it is easy to push the bistoury farther in if necessary, by drawing back the finger on the blade of the instrument. We must do all gently: thus, when the blade arrives in the collection of pus, the hand will perceive the fact, because the knife is now passing through a less resistance than before. The only exception to this is where there are muscular contractions of a nature to interfere with the resistance. I cannot well give you a measure of the slowness necessary in this proceeding; but always
Clinical Observations on opening Abscesses.

remember this fundamental principle in operative surgery—
tutè is better than cito.

I have advised you to make the instrument penetrate the integuments perpendicularly: this rule applies to all such punctures, and it is proper that I should point out its importance. If the bistoury traverses the textures obliquely, it will have to pass through a greater extent of them, and hence, consequently, there is more pain; hence, also, the exit of the matter is less free, and probably we may have infiltration of the surrounding parts in consequence. Besides, in abscess on the parietes of the abdomen, there may be a hernia without any indication directing our attention to it. I was called by Dr. PRIORRY to a woman who had received a kick on the belly, in consequence of which an abscess had formed there. The patient was carefully interrogated, and assured us that she had never suffered from any symptom connected with the digestive organs,—there had never been any thing indicative of hernia. However, I opened the abscess cautiously, when a gush of purulent matter escaped, and I then saw that there was a knuckle of intestine floating in the tumor. What would have happened had I thrust the instrument into the tumor with that degree of brusquerie which some affect on all occasions?

An abscess deep in the parietes of the chest or abdomen may be actually in contact with the pleura or peritoneum, while that in the neighborhood of a joint may reach to the capsular liga-

If, then, you open abscesses of this nature with no more precaution than what is generally adopted—and especially if the muscular contraction prevents you from judging when you have passed from the more into the less resisting part—or, if the abscess be not entirely filled, I repeat, that under such circum-

stances you incur the risk of penetrating the pleura or peritoneum. It is therefore imperiously necessary to open the abscess as carefully as if it were a hernial sac.

I must not forget to add, that in proportion as the incision is made, the fore-finger being introduced into it, enables us the better to appreciate the depth at which the collection of matter is situated. I know that this is painful to the patient, but the suffering is not of a nature to have any effect upon his health, and we must above all attend to his safety.

If the abscess be in the course of a large nerve or artery, you are told to make the incision so as to avoid it. But the tume-

faction and induration of the parts are such, that you cannot recognise their relative situation; and although anatomy tells us the natural situation of the vessels, yet the development of an abscess often changes the relative position of the surrounding parts. If the artery and nerve in question always retained their wonted place, there would be no difficulty; but, as I have said,
they are frequently displaced, and if you cannot ascertain their new position, what are you to do? Certainly, not to imitate those practitioners who, in order to conceal their embarrassment, declare the abscess to be not yet mature, and so postpone opening it. This delay may be attended with the worst consequences. If, for instance, an abscess be situated in the neck, near the carotid artery, the jugular vein, or the eight pair of nerves, or great sympathetic, in the midst of the fine loose tissue of that region, the matter may find its way into the chest, or, according to Desault, even into the abdomen. It is, therefore, urgently necessary to open all such abscesses very promptly, and it is now twenty years since I have adopted this method. Take the neck as an example: I there make an incision parallel to its axis, and which divides layer by layer successively the skin, the cellular membrane, and, if necessary, the superficial aponeurosis. I next take a blunt probe, and limit the extent to which it is to penetrate the textures, by holding it between the thumb and fore-finger. I then introduce this to the bottom of my incision, and make it pass on by separating or rather pushing aside, the fibres of the parts beneath. Whenever the instrument has entered the abscess, there is a cessation of resistance, besides which I perceive drops of pus oozing along the sides of the instrument. I then push it upwards and downwards, so as to enlarge the opening, and thus the matter finds a ready exit. Such is the result of twenty years' experience, and I have never yet met with any accident from hemorrhage; I am therefore inclined to believe that those surgeons, otherwise very able, in whose hands such occurrences have taken place, have either been ignorant of, or neglected, the precautions here laid down.—American Journal, from Gazette des Hôpitaux.

Cure for Drunkenness.

A native of Norway, aged forty, who had from his youth been accustomed to dram-drinking, was attacked with delirium tremens. His medical attendant, to cure him of his dangerous propensity, prescribed the daily use of a mixture of two drachms, of sulphuric acid and twenty-four ounces of whiskey. The result was remarkable: in three months' time he got such a dislike to all kinds of spirituous liquors, that he could not bear to swallow a drop of any thing stronger than beer. The dose of the above mixture taken was four wine-glasses daily, and the cure had been of a year's standing at the time of the communication of the case.—Eyr. Tiende Bind. andet Hefte.—Eclectic Journal.
We have, on former occasions noticed some of the important uses of Belladonna. Its safety and benefits continue to be more and more developed by the enterprising practitioners of the present age; and important and extended as they now are, it is still difficult for the mind to contemplate a limit to its application to disease. Nor is its worth to be estimated by considering it merely as a convenient substitute for other things, or as a general prescription, or one ordinarily resorted to in cases wherein other articles of less power or less danger under circumstances of abuse or misuse in any way, would answer the demands of the case; but is most signally displayed when brought into use as a kind of forlorn hope—a dernier resort. It is in those cases wherein other medicinals fail of the desired end—wherein they have been used ineffectually; or for purposes wherein their use is precluded by the circumstances of the case—it is in short, in the earnest demand of the otherwise hopeless necessity of the case, that its signal virtues are brought to the aid of humanity.

A few instances amongst many such, are many rheumatic and neuralgic pains, constriction of the urethra and of the rectum, obstinate resistance of the os uteri in labor, inflammation of the iris threatening obliteration of the pupil, &c. with its use in the operation for cataract.

The preparations in which this medicine is used are various, and afford great facilities in prescribing it. Indeed, the practitioner has little to be watchful of in its use, but to avoid excessive doses in internal use. Those mostly in use are the extract. (Extractum Belladonnae, U. S.) The leaves, however, are retained by most of the Colleges, and the root also by the Dublin. It is given in infusion, substance, and extract. The leaves are
generally used when it is given in substance; the leaves or root, when used in infusion, and the extract is given internally in substance or solution, and applied externally in solution, plaster, and ointment. This extract, *Succus inspissatus Belladonnae, Dub.*) is a variable preparation, owing probably to the different proportional results of the preparation in different hands and perhaps at different seasons; as in Brandle obtaining four to six pounds of extract from one cwt. of fresh Belladonna, whilst M. Recluz obtained nearly ten parts from one hundred. It is probable that the difference consists, not so much in the quantity of extract afforded, as in the other substances extracted with it from the Belladonna, making the increased result of the latter: consequently, until the particular preparation used is well known, it becomes prudent to begin with under doses, as one quarter to one half grain three times a day, and increase to decided effect. The infusion is made of 21 or the leaves to 3x of boiling water. The ointment, as first directed by Chaussier, and which has continued in use, is made of 3ij of the extract to 3i of simple ointment, (for summer, or 3j prepared lard, for winter.)

The plaster, (Emplastrum Belladonnæ) is made of 1 part extract, and two parts of soap plaster.

We have again turned our attention to this valuable article, in consequence of noticing in the last No. of Dr. Bell's invaluable Electric Journal of Medicine, a work which should be in the hands of every medical man, an interesting account of the use of Balladonna in Ileus, with cases illustrative, reported by Dr. Wagner, district physician at Schlieben. We will give the substance of the cases, as they alone can best illustrate the decided power of the medicinal agent under consideration.

"**Case 1.** On the 21st April, Dr. Lohrenz of Schönewolfde visited a man aged 23, who had been complaining, since the 19th, of violent pains in the umbilical region. Pains came on periodically, and were so excruciating on pressure that the patient screamed out when touched. Incessant retchings, belly hard and tense, and had been several days without an alvine evacuation. Venesection, leeches, enemata and various other external and internal remedies were employed without any effect. Symptoms increased in intensity, and on the 22d, had subsultus, syncope, and vomiting of feculent matter. Belly tympani-
tic, hard and painful; bowels obstinately costive, pulse scarcely to be felt, anxiety intolerable, and body covered with a clammy sweat.

Under these circumstances, Dr. Lohrenz had recourse to a clyster of Belladonna. One half of this lavement was first injected; and unlike the other enemata which were almost instantly rejected, this was retained, with a marked effect in calming the violence of the symptoms. The countenance became more cheerful, and the abdomen softer, but the pupils became greatly dilated. Half an hour afterwards the second half was injected, and produced a most decided improvement. It was speedily followed by copious evacuations from the bowels, the pulse rose, pain and vomiting ceased, and next morning the patient felt quite restored, and had no return of symptoms."

Case 2d. On the 14th June, Dr. Wagner visited a laborer's wife, aged 40, spare habit, but otherwise robust and healthy. She complained of a violent cutting sensation in the bowels, with obstinate costiveness, and incessant vomiting. She had had repeated attacks of the same description before, but much milder, and of brief duration. On examination there was found a hernial tumour in the right groin about the size of a walnut, and so excessively tender on pressure, that she could not bear the slightest touch. Belly tympanitic and tender, pulse small and rapid, face pale, body moderately warm. A large venesection, and all the usual internal remedies, (except quicksilver,) tried without any effect; as well as clysters of all kinds. Patient refused to submit to a second venesection or the application of leeches, and rejected altogether the proposal of an operation. On the 5th all her symptoms were increased, thirst excessive, fecal vomiting; and suppression of urine. In this state of things Dr. Wagner had recourse to Belladonna clysters. He infused 3i of the root of Belladonna and 3i chamomile flowers, (he does not say how long;*) in 3xij of water, and divided the infusion into three parts. The first part was administered by himself as soon as it was sufficiently cold, and produced very remarkable effects. Nausea and vomiting instantly ceased, and half an hour afterwards the belly was soft, and without much tenderness or pressure, hernial tumour much less tender, though still painful. No secondary bad effects were observed. At noon she was found quite easy and contented, but with dilatation of pupils. She told him that she had been threatened with a repetition of the attack about half an hour before, but that she had stopped it by drinking a few spoonfuls of the clystic mixture. In the evening Dr. W. found her complaining of a return of the

* We consider this instruction sufficient; an infusion was made, and of course, according to the ordinary rules for making infusions.
abdominal pain and tension; and as there was no indication of the secondary effects of the Belladonna, except some dilatation of the pupil, he administered the remainder of the infusion.

The patient passed a quiet night with the exception of some troublesome dreams, and, on the following morning the abdominal symptoms were mild and inconsiderable, except that the hernial sac remained extremely tender on pressure, and the incarcerated portion of intestine could not be replaced. At noon, the soreness and tension of the belly increased again, and as no alvine evacuation had as yet taken place, and there were no apparent bad consequences from the belladonna, Dr. Wagner, repeated the infusion as before. The first dose produced the usual tranquilizing effect, but no farther change; and as the constitutional effects were limited to some increase in the dilatation of the pupils, with unpleasant dreams, he administered the second portion, and towards the evening the third and last. On the morning of the 7th, the hernial sac had disappeared—loud borborigmi were heard in the abdomen. But the patient after having been annoyed the whole night by frightful dreams, was suddenly seized with such furious delirium that several strong men were required to hold her. Her eyes were fixed and sparkling, pupils excessively dilated, conjunctiva injected, cheeks of fiery red, pulse small and rapid and scarcely to be felt—\textit{deglutition impeded.} She saw nothing but strange phantoms, which she sought to drive away by abuse and threats, and searched for concealed enemies under her bedding, cloathes, and furniture—believed herself perfectly well, wished to resume her labors, pulled on her clothes with furious violence, and would have rushed out of the house but for restraint by force. Dr. Wagner ordered enemata of vinegar, (which were followed by copious evacuations,) and gave vinegar with strong coffee internally, of which she drank large quantities with much desire. Cold lotions applied to the head, and the limbs washed with vinegar, an operation which the patient herself performed with much apparent satisfaction, washing herself with vinegar from head to foot.

This state of things continued until the morning of the 8th, when the patient became rational and composed, but complained of flashes of light, and various other optical phantasms, with a sense of great weight and pressure in the head, and a general feeling of soreness and exhaustion particularly in the feet. She recollected distinctly every thing she had done during the preceding day and night, and said the horrible phantoms around her, compelled her to act as she had done. On the 9th, she complained only of weakness, which soon disappeared, and she recovered rapidly without any further unpleasant symptoms.”

“Case 3rd. On the third of July a smith, aged 59, was at-
tacked with enterodynia, vomiting, tympanitic swelling of abdomen, and constipation. Dr. Wagner found an incarcerated hernia of the left groin, about the size of a hen's egg, and extremely sore to the touch. All external and internal remedies—repeated local and general bleeding and frictions over the abdomen with extract. Belladonnae and ext. hyosciami, proved wholly ineffectual. Every thing was instantly vomited up, and the clysters immediately returned. Patient would not submit to an operation. Dr. Wagner threw up an enema compound of a scruple of belladonna herb, and half an ounce of chamomile flowers in four ounces of water, which arrested the vomiting immediately, and produced such a diminution of pain, that the patient was able to enjoy several hours sleep. The abdominal symptoms, however, returned every six or eight hours, and were four times allayed by the use of the same enema. On the 5th, relieved of the pain and tenderness. Dr. Wagner was afraid to have recourse to the belladonna, as in addition to great dilatation of the pupils, frightful dreams, sinking and an alteration of pulse, and dryness of the tongue had taken place, and he prevailed on the patient to submit to the operation. This was performed on the sixth, and in fourteen days the patient was perfectly well.

"Case 4th. July 5th—Dr. Wagner saw a woman, aged 47, who had labored for two days, under violent pains in the abdomen, obstinate constipation and excessive vomiting. On examination he found an incarcerated hernia of the right side, about the size of a small walnut, which was excessively tender to the touch; diffused abdominal tenderness, and tympanitic distension. Bleeding, leeching, frictions on the abdomen with belladonna and hyosciamus were employed without any effect. Patient refusing the operation, Dr. W. had recourse to belladonna clysters, which produced the usual tranquilizing effects; but the hernia remained considerable. Patient exhibited some of the symptoms of the poisoning, as dilatation of pupils, &c. Blood was drawn from the arm, small doses of calomel and laxative salts given internally, and the belladonna clysters continued until six lavements, (each composed of 3i belladonna and ʒiv water) were used. Hernia continuing irreducible, Dr. W. discontinued his visits on the eighth. On the ninth, however, the greater part of the hernial tumor had disappeared, the patient had several copious stools, and in the course of two days found herself quite well.
Ergot administered in anticipation of Uterine Hemorrhage.

The Lancet of the 15th of April last, contains some observations from Dr. Bradley, on his successful administration of ergot of rye in a case of uterine hemorrhage, immediately succeeding the expulsion of the child, which he concludes by asking whether, when such an event is apprehended, it might not be prevented altogether by giving the ergot immediately before the birth of the child?

In the subsequent No. of the same journal, (April 22nd,) T. Abraham, Esq. bears testimony to the successful administration of the remedy under the circumstances indicated, in six cases, and I. Kisch, Esq. states that he has been accustomed for some time past, to administer the ergot in similar cases, and with the most happy results. So satisfied is this last practitioner of the powers of ergot in preventing uterine hemorrhage, that he invariably enquires, he states, whether the patient has been in the habit of flooding after delivery, and if so, of using the ergot as suggested by Mr. Bradley.

The utility of this practice is unquestionable, but if it has any novelty on the other side of the Atlantic, as we suppose it has from the stress laid upon it in the communications just noticed, it certainly possesses no claim to such distinction here. The practice is pointed out by Dr. Stearns of New-York, in his pamphlet on the ergot, published upwards of fifteen years ago, and as employed many years since by our venerable and esteemed friend, Dr. Dewees, and is distinctly and strongly recommended by him in his valuable system of midwifery.—American Journal.

We refer the reader to the first volume of the Southern Medical and Surgical Journal, page 68, for our former notice of this article as a mean of controlling and preventing uterine hemorrhage. We should have been more full on this subject, had we not been writing especially with another view, that is, to give our experience with this article in opposition to some opinions published about that time, impeaching the powers, and the safe use of ergot. In addition to what we then stated, we now say that for twenty-five years we have been in the constant practice of using ergot for the suppression of uterine hemorrhage, when
it occurred consequent to delivery in such a degree as to need internal administrations; and in all instances in which we have had charge of causes on account of the reasonable fear of hemorrhage, or cases in which there was any reason to apprehend this unpleasant occurrence. We have diligently adhered to the practice of administering ergot during the labor, even when not demanded on account of deficient parturient action, in order to secure safety from hemorrhage, and with the most satisfactory results, constantly confirming the propriety of the practice. We have used it in two of those cases of dangerous hemorrhage from attachment of the placenta to the os uteri. In one, the patient being twelve miles in the country, was in *articulo mortis*. On our arrival—cold and pulseless, neither the ergot nor any stimulant power could produce reaction, and she expired immediately on the delivery of the child by extracting force, which was done as soon as it was found that she was inexcitable. The other case was attended with happier results. Although the loss of blood had been very great before the administration, yet the system was susceptible of the action of the ergot—the hemorrhage promptly restrained, and the child turned and delivered by the feet. It was a birth at eight months—the woman recovered. Our experience with the article in this relation, justifies the assertion that we have no anti-hemorrhagic power for internal use, combining more uniform efficacy and safety than ergot.

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**Vaccine and Variola existing concurrently.**

The following circumstances detailed to the Editor during the last summer, by Mr. S. B. Parkman of Savannah, seemed to afford such conclusive evidence of the fact of the concurrent existence of these two diseases, that the Editor was induced to request of Mr. P. a written statement of the particulars which evince this truth. Mr. Parkman's well-known character for veracity, intelligence, and minute and strict accuracy of observation is sufficient to insure the fullest confidence in all the facts detailed. The following is the statement which Mr. P. politely furnished.
Dear Sir:

The facts of the case I mentioned to you yesterday were, to the best of my recollection, as follows:—

In the summer of 1830, we left with our friends in Savannah, three young servants who had all been vaccinated some years before at the same time. On our return about the first of November, we found the small pox prevailing to a considerable extent, and that our three servants had been again vaccinated. On two of them the vaccine matter produced no effect—but one, a girl about fourteen years old, named Peggy, had a full vaccine pustule on her arm. On the second day after our return, two negroes came to our yard from my sister’s plantation on May River, and we had them both inoculated from Peggy’s arm, though they had both been formerly vaccinated.

On the third day after our return, Peggy, who had been very sick from the day we returned, broke out with an eruption, which the health officer* pronounced to be small pox, and she was removed to the public hospital at Cattle Park, where she remained until she recovered.

On her return, I found a number of deep scars from the small pox—I think the number did not exceed twenty—a considerable portion of the pustules having disappeared without filling. Her symptomatic fever, and the progress of the disease, so far as I could learn at the time, were all very similar to the ordinary progress of small pox by inoculation. There seemed to be no doubt in the mind of the health officer but that Peggy had the genuine small pox, although much modified; for the general character of the disease was very severe, many cases confluent, and several deaths.

Of the two negroes who were vaccinated from Peggy’s arm,—on one, the matter produced no effect; on the other a full vaccine pustule from which all the negroes on the plantation were vaccinated; and from which nearly all those who had not been previously vaccinated received the genuine vaccine disease. The small pox was on the plantation adjoining my sister’s—but none of her negroes took the disease.

I think the vaccine pustule on Peggy’s arm was full when the symptomatic fever commenced, and the eruption appeared as soon as the pustule began to dry. I have always believed the girl had the two diseases concurrently.

An infant also had been vaccinated in Augusta, which failed. It was again vaccinated in Savannah on the arrival of the family, which took effect. Peggy was with the family four days before she was sent to the pest house—the small pox pustules not mature. The infant had kine pox, and not the small pox.

* Dr. Habersham.
This history goes to establish, as far as one set of incidents can,
1st. That kine and small pox existed concurrently in the same individual.
2nd. Small pox was taken in the natural way by Peggy, after kine pox had taken locally, but before the constitutional effects were developed.
3rd. That when taken in this way the vaccine modified the virulence of small pox, &c.
4th. That (as evinced in the case of the infant,) the small pox is not communicable before the maturation of the pustules. These points tend to remove much of the doubt attached to the preventive efficacy of the vaccine disease.

MEDICAL INTELLIGENCE.

We are often pleased by the evidences of the sound practice of our professional brethren throughout the interior of South Carolina and Georgia, and particularly in the latter, as our personal acquaintance is more extensive. Little of the fashionable fancies which float on the superflcies of the profession finds its way to the bed-side in retired country practice, and the destructive waves of ultraism, raised and kept up by counter-currents and adverse winds in science, are not fostered by the safe moorings of country life. Here the mischievous ultraism into which he may have run, and the errors of some ephemeral theory he may have been taught, soon succomb to the facts of demonstration; and the controlling power of his only master, Reason, governs him henceforth in the even tenor of successful practice. Thus it is, that with a good stock of medical science, he soon comes to that maturity of judgement which renders him a prize of high value to his community.

Previous to the year 1825, that, in which the license law, or medical bill of Georgia was passed, it was a rare thing to meet with a medical practitioner of real science in the interior. It is true that one of great merit was occasionally found in some of the more prominent towns; but by the wholesome operation of this law during a short life of only ten years, quackery was scouted out from the whole country, and true science so pursued, that on the repeal of that law, (which was effectually done by the last Legislature by legalizing at one "fell swoop", a legion of imposters*) that in no section of the country where there was any considerable

* An instance of retrograde legislation perhaps never equalled in the United States.
population, was there a distance of more than a few miles, without a practitioner of true science.

Every experienced and judicious Southern practitioner will see, in the comparison of the following formula of scientific practitioners in different sections, the harmonizing and regulating influence of deliberate observation and reason on the Southern country practitioners. A pill will be found to have become in general use in certain bilious disorders, in different sections of the country, between which there is no professional communication—no consultation by which these results would be communicated from one to the other. Nor is there much disposition amongst our practitioners to follow the prescriptions of one another; but rather to go forward on deductions from their own facts of observation, or those facts of others in whose impartial observation they can confide.

We noticed in our last No. the cholegogue pill in use by Dr. Délony, and formerly by Dr. Lucas. It is a pill, the good adaptation of which to the general demand of chronic bilious cases, every Southern practitioner of much experience, and unbiased by erratic theories will at once perceive. We now give an extract from a letter from Dr. Holloway of Warrenton, as follows, on the treatment of intermittents:

"R. Comp. ext. colocynth. gr. xxxvi
Calomel
Pulv. gum gaubouq. aa. gr. xvii
Ipecac.
gr. vj
Anise oil
gtt ij
Spanish soap
gr. xxiv"

Syrup q. s. Make twelve pills—dose two or three at night; or one every night as occasion may require.

R. Precipitated ext. of bark
Piperine
Sulph. quinine, of each equal parts.

Make a mass, of which a pill of three grains is to be given every two hours. If the ague should return add one quarter of a grain sulph. of copper to each pill."

With this course of cholegogue and tonic treatment, Dr. H. informs us that he rarely fails to cure the most obstinate intermittents; and that they are "particularly beneficial on chronic, habitual cases." The formula for cholegogue pills, he has used for the last twelve years with great success. It is not a little remarkable that we find the cholegogue pill of both these gentlemen almost identical, not only in the ingredients, but the quantity to the dose.

Dr. Hull of Athens has for many years, when in full practice depended for his cholegogue, mainly on a pill almost identical with these, and with the most satisfactory success. The following is his formula:

"R. Ext. of colocynth
Calomel aa
Tart. antim. one eighth to one quarter gr.
Mix and make twenty four pills. Dose three to four pills."

From another source we have received another formula for a cholegogue pill, differing from this last only in the tartrate of antimony being three grains, instead of one eighth to one quarter, and the dose two to four pills.