A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.

EDITED BY
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A paper on diseases mistaken for Hernia, with cases. Reported for the "Southern Medical and Surgical Journal". By Heber Chase, M. D. of Philadelphia, Member of the Academy of Natural Sciences—of the Franklin Institute of the State of Pennsylvania, for the promotion of the Mechanic Arts—Honorary Member of the Philadelphia Medical Society, &c. &c.

Among those diseases most frequently met with and often mistaken for hernia, are varicocele, or a varicose state of the veins of the cord. Buboes, or glandular swellings in the groin from any cause. Hydrocele, or dropsy of the tunica vaginalis. Hydrocele of the Cord. Enlargement of the Cord from any cause, and Fatty Tumours.

Varicocele or Circocele. Within the last three years I have been consulted in several hundred cases of hernia,* and by

* A tabular statement of two hundred cases of hernia will shortly be laid before the profession.
many patients, who, upon examination, were laboring under varicocele, and frequently wearing trusses applied by truss-makers and druggists. Patients of this description are constantly falling under my observation. It has heretofore been almost universally the custom for practitioners to send their patients to instrument-makers for trusses, and it is by no means uncommon to hear some of those gentlemen boast of the number of trusses they have "put on." Should they be able to distinguish an enlarged vein, a firm tumour, or a bag of water, from a bowel, the knowledge appears of little moment to them, provided they effect their object, the sale of a truss, even at the risk of the health and life of the patient.*

It is not unusual for surgical writers to censure the profession for mistaking varicocele for hernia; and there can be no doubt that such mistakes do sometimes happen; but it may safely be said that in those cases where trusses are thus improperly employed, there is seldom ground for believing that they were applied by those whose extent of surgical knowledge and acumen have equalled their desire for such acquirements.

Glandular Swelling in the Groin.

Tumour in the Groin mistaken for Hernia—age of patient, 6 years—application of poultice to the part; discharge of contents—cured.

Case 1st. April 24th, 1837.—A lady called at my office accompanied by her little son, aged six years, whom I had cured of an inguinal hernia of the right side. She informed me that she thought "the disease had returned." Upon examination I found a tumour about the size of a hen's egg located near the seat of the internal ring, but a little outward and upward therefrom; and upon further examination, I was convinced that it was not a return of the bowel. The mother fearing there might still be something wrong in the case, I requested Dr. R. Coates to see the patient, who coincided with me in opinion. I ordered the parts to be poul ticcd. In five days the abscess opened spontaneously: the contents were discharged, leaving a smooth cav-

* Truss. This is an instrument employed by Surgeons.—Surg. Die. article Truss.
ity, the edges of which were drawn together by adhesive strips, and in ten days the patient was well.

Not unfrequently, fatty tumours are found to occupy the seat of crural herniae, which should not be mistaken for this disease.

**Femoral Hernia mistaken for an inguinal gland—age of patient about 45 years—operation for Strangulated Hernia—death of the Patient.**

Case 2nd.—A few months ago I was requested to visit a public institution near this city, to apply a truss in a case of hernia. On examination, I found the patient laboring under irreducible femoral hernia. The tumour was of the size of a filbert, and could not be returned into the abdomen. The surgeon and attending physician of the house thought the existing tumour to be a lymphatic gland; that the bowel had been returned, and wished the instrument to be applied. Satisfied that such was not the case, I refused to comply with their request.*

On the third day following, the symptoms of strangulation came on. An operation was performed for his relief, but the patient died a few hours after.†

**Hydrocele, or Dropsy of the Tunica Vaginalis.**

Case 3rd. In the early part of the year 1837, I was called to visit the son of a clergyman of this city, who was supposed to be laboring under double inguinal hernia. He was wearing a single truss. On examination, I found that whatever might have been his former condition, he had at this time no protru-

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* I employed *taxis* to considerable extent in endeavoring to reduce the bowel in this case; but had no opportunity for instituting other means. I could not learn how long the bowel had been protruded.

See an interesting, and instructive case of strangulated hernia with the employment of *taxis*; successfully treated by Drs. P. F. Eve and Dugas of Georgia, with remarks by Paul F. Eve, M. D. in the September No. of this Journal for 1837.

† This species of hernia is liable to strangulation, even before it can be felt externally. Hence it is obvious that we must establish our diagnosis principally on the preceding and concomitant symptoms of the case. Some fatal effects have resulted from mistaking strangulated crural hernia for inflammation of some of those lymphatic glands which lie in the vicinity of the crural ring. The deep situation of the hernia, together with its very small size, have contributed to render the mistake more frequent. In some instances the difficulty of discriminating is considerably increased by an enlarged lymphatic gland lying anterior to a very small hernia.—Colles' *Surgical Anatomy*. 
sion of the bowel; but he was laboring under hydrocele on both sides, which, by a superficial observer, might be mistaken for ruptures.

This watery effusion could be readily returned into the abdomen, showing that the necks of the sacs were not closed. Upon further examination, I found a general dropsy of the system, and that the patient had labored, not long before, under an attack of scarlatina, the dropsy being one of the sequelæ of this disease. I requested that the family physician might be called in attendance, which was done. The patient died, however, of hydrothorax, in a few days.

Hydrocele of the Cord.

Case 4th.—On the 11th of August, 1837, a gentleman and his wife, from the interior of this state, called on me (by the advice of their physician,) with their little son aged three years, to consult me in relation to an inguinal rupture, to which it was supposed their child had become recently subject.

After a careful examination, I found the disease to be dropsy of the cord. The fluid could not be returned within the ring; but the tumour presented at all times the appearance of a hernia. Under appropriate mild treatment, the affection disappeared in about a week. As the physician whose patient the child had been, thought there was at times a protrusion of the bowel, I furnished the parents with an instrument to be employed in case the bowel made its appearance, but under no other circumstances. The parents returned home with the child, and I have heard nothing further of the case. Dr. Warren of New-Orleans, has met with two similar cases.*

* From the connexion which inguinal hernia has with the spermatic cord, you must expect that those diseases to which the cord is subject, will bear a resemblance more or less strong, to this form of hernia. Thus, when water collects in a cyst on that part of the spermatic cord which lies in the inguinal canal, forming encysted hydrocele of the cord, the appearance and feel of the parts will not be such as to constitute a satisfactory distinction between these diseases. We must then depend a good deal upon the history of their origin and growth, and also upon their attendant symptoms.—Colles' Surgical Anatomy.

A sac of fluid formed upon the cord, or the cellular hydrocele of the cord, may be mistaken for this kind of hernia. If large, the tumour may be known from its transparency, its uniformity, and elasticity; it does not receive the impulse from coughing, as the hernia does.—Sir Charles Bell.
Enlargement of the Cord.

Case 5th. August 10th, 1837.—I was requested to see Master ——, aged five years, who had an inguinal hernia, which had passed only into the upper portion of the inguinal canal. This was easily reduced, leaving a tumour which resembled a bowel, and, on examination, was found to be attached to the whole length of the cord between the external ring and the testicle. Strong efforts were made to detach the tumours, but without effect. The hernia being reduced, I applied the Inguinal truss, which perfectly retained the bowel, the tumour remaining in the same situation.

12th.—I requested Dr. R. Coates to see this patient. On examination his opinion corroborated my own. We judged the tumour to result from a deposition within the substance of the cord.

13th.—The patient wears his truss without any inconvenience.

17th.—Since the application of the truss there appears to be an evident diminution of this tumour.

Sept. 15th.—On a careful examination of this case to-day, no appreciable difference could be observed between the two cords by the eye; and a very slight thickening could be felt between the testicle and abdominal ring.

Ventro-inguinal Hernia, which had passed into the scrotum; occurred while fox-hunting—mistaken for Hydrocele—patient objected to the operation for Hydrocele.

Case 6th. January, 1836.—H. S——, an English gentleman now resident in Philadelphia, has been subject to ventro-inguinal hernia of the left side for ten years. This accident occurred in fox-hunting.

This patient consulted Dr. Hartshorne, who referred him to me. The hernia was easily reduced, and was perfectly retained by the ventro-inguinal truss. He had never worn any instrument previous to this application. The tumour always retired at night, and reappeared during the day. About five years ago he consulted a Danish naval surgeon, then on the
West India station, and the case was pronounced hydrocele. Two different hours were appointed on different days, for the operation of tapping and stimulating injections; but fortunately the fears of the patient in both instances prevented the execution of the design! No attempt at reduction had been made by the surgeon, as there was not even a suspicion of hernia in the case; and the diagnosis was thought to be so perfectly plain that great offence was taken at the unwillingness of the patient to submit to advice! The reading of a medical work at length convinced the gentleman that he labored under hernia, which induced him to apply to Dr. Hartshorne.

Varicocele mistaken for Hernia—case of four years' standing—application of Dr. Hull's Truss—afterward of Mr. Stagner's instrument.

Case 7th.—A—— Y——, Esq., a gentleman of high standing, from one of the southern states, came to Philadelphia for the purpose of consulting me relative to a supposed "scrotal hernia," with which he had been induced to believe himself affected.

About five years ago he consulted a gentleman, not of the profession, who acted for the sale of a celebrated truss invented in New York; who, under the belief that the case was one of genuine hernia, applied the truss. The patient continued to wear it for some time; but finding the disease greatly aggravated under its use, he at length relinquished it.

His disease still continuing, he applied for relief to a gentleman in Washington, D. C., who furnished him with Mr. Stagner's truss. This instrument he continued to wear for several months, until the distress resulting from the complaint became altogether insupportable.

On examining the patient, I found that he labored under an unusually extensive enlargement of the veins of the spermatic cord! He had cirscecel, and there were no signs whatever that hernia had existed in the case at any time!

This information being communicated to the patient, his joy and gratitude were as great as could well be imagined under such circumstances; for he had been harrassed and annoyed
for years with even an exaggerated dread of strangulated hernia and the knife!*

Inflamed Inguinal Gland mistaken for Hernia—age of patient about 30 years—injury from the improper use of a Truss—Fistulæ—cure.

Case 8th. March 25th, 1837. I was requested to see Mr. ——, from Virginia, a gentleman of a corpulent habit, good constitution, and who had heretofore enjoyed general good health. This gentleman's attention was first called to a tumour in the right groin, near the seat of the internal ring, about two years ago, when he consulted a physician, who applied one of Dr. Hull's trusses. This instrument gave him no material inconvenience. He wore it about two months, when, the tumour not disappearing, he threw it aside. Shortly after, he applied a second instrument, with a stronger spring, but with no better success.

Soon after the trial of the last named truss, he met with the instrument called Semple's truss, (the late Dr. Hull's spring, with Price's leaden conoidal block.) This truss is now in my possession; he wore it for a few days with the leaden conoid placed directly on the site of the internal ring, but was confined to his bed by the pain produced by that instrument. His tumour not disappearing, and his groin having received great injury from the pressure, he threw aside all trusses.

I found him able to walk about, but with his right inguinal region very much swollen, of a bluish color, with two small suppurating orifices on a line with Poupart's ligament, and near the site of the internal ring. I ordered a large poultice to the groin, and left him in the recumbent position.

26th.—On the removal of the poultice to-day, two more orifices were observed: one, above those before mentioned, and about an inch nearer the anterior superior spinous process of the ilium: the other was situated a few lines nearer the os pubis than those first spoken of.

A communication could be traced between the first three mentioned, by which they were united from twelve to eighteen lines below the surface.

*I have more than once known a truss applied for this disease, (varicocele,) and in one instance, to the son of a medical man, by his father.—Cooper's Lectures.
The upper one communicated with still another orifice further to the right, and at the outer side of the thigh: while the lower one penetrated almost to the angle of the pubic bone.

27th.—Dr. R. Coates was called in consultation. Poultices were removed, but re-applied.

28th.—Poultices removed; matter of a greenish color escaped on pressure. Ordered injections of sulphate of copper grs. xxx. to the ounce of water; enjoined rest in the recumbent position.

30th.—The poultice re-applied.

April 1st.—Professor Gibson met us in consultation this day. On the removal of the poultice, a fifth abscess was discovered situated a little below that last mentioned, extending down the thigh the distance of four inches. Injections were also thrown into this extensive opening.

It was suggested that a seaton should be introduced from the upper orifice to that next adjoining, and that the remaining fistulous communications should be treated by the injection of sulphate of copper, reduced one half in strength.

2nd.—Professor Horner met me in consultation this day. I now applied graduated pressure over the abscesses indiscriminately by means of cloth of elastic webbing and compresses; attention was also paid to his diet, which was ordered to be mild and nutritious. Two grains of blue pill were directed to be taken every night; and mild laxative medicines when required.

Cold applications to the parts were also occasionally employed where the heat of the parts was increased.

12th.—Upon examination it was found that the abscesses were closing at the bottom; treatment continued.

15th.—No material change having taken place where the seaton was employed, it was removed, and the injection of sulphate of copper substituted.

20th.—No material change.

25th.—The abscess where the seaton was employed, is now uniting under the use of the copper.

29th.—The part of the abscess extending towards the os pubis is now perfectly closed.

May 9th.—The abscess which passed down the thigh is completely healed; the other fistulae admitting a probe to the depth of two or three lines only.
18th.—Fistulae entirely closed; patient permitted to rise and walk about the room.
20th.—Patient rode out for the first time.
25th.—Compresses removed.
30th.—Mr. —— left the city for Virginia.
We saw no indication that hernia had ever existed in this case.

Varicocele mistaken for Hernia, after cure of hernia—age of patient 28 years—test of cure, two and a half years discontinuance of the instrument.

Case 9th.—Common inguinal hernia of the right side. Mr. ——, a gentleman aged 28 years, accustomed to much exercise. Accident of more than two years standing. The patient had never worn a truss before he placed himself under my care.

In January 1835, my common inguinal truss was first applied. I saw the patient frequently for the two first months; after which he regulated the instrument for himself. He continued the use of the truss for two months longer, and then relinquished it without my advice.

June 10th.—I saw the patient again. There had been no protrusion in the interval, but he complained of slight pain and a sensation of weakness in the part, when he rode on horseback, or was driven rapidly over the pavement in a carriage.

May 20th, 1836. The patient came to me stating that he believed there was a relapse of the disease, and that the bowel was in the scrotum. I examined the parts very carefully, and found the cure complete. The rings were perfect, but he had labored under a slight cirsocele on the right side, which had been considerably aggravated by active exercise and the heat of the weather.

July 20th.—The patient continues well of the hernia, and the cirsocele has been diminished under the usual treatment. He has never been examined by any other surgeon, having steadily refused to submit to such an exposure.

* See on the 247 page of this volume, first paragraph, a case of abscess with hernia. The abscess was opened by M. Lisfranc before the hernial protrusion was detected.
Observations on the actual state of our Medical Epoch. By John B. Gorman, M. D., of Talbotton, Ga.

Error is natural and easy; but truth, hard and difficult. The former seems to move by the impetus which originates in itself; while the latter passes from age to age with a heavy, dragging, motion; its tendency is to be stationary, and its transport through time, accomplished only by the hard toil, the combined efforts of the real thinkers of our species. Error moves through time noisy as down an inclined plane, generating its own velocity; truth is pushed steep-upward, and disputes with obstinacy every inch of ground it is compelled to traverse. Its real friends in all times have been few, its false patrons, all our race; and its travelling place, far out of sight in the rear of error.

In Egypt, Phaenessia, and Greece, the infant sciences wept over this unequal struggle between the two. To turn the scale of victory on the right side, they built temples to truth, called Hermes in bodily shape from Heaven, invoked Apollo and brought Minerva out of Jupiter's brain. But these temples are in dust, the tomb of Jupiter is in Thrace, Hermes is forgotten, and our sciences, in their old age, still mourn this unequal struggle against them.

In no department of knowledge has this state of things been so deeply felt in all times, as in medicine. Religion has its teachings from the sky to guide and govern; its fundamental principles, the ideas of another world. On a few infallible, self-evident propositions, mathematics has reared the edifice of her stupendous science. For the other sciences, we may say, the five senses labor with facility, and furnish materials. But for medicine, in many respects, their operations are embarrassed; much that is essential lies beyond them; they yield not their full product, and the mind arriving at the ultimate boundary of their lights, reaches the truth now lying before it, by a route of thick and perplexing darkness. But how deplorably often it has failed, the history of our science, but too plainly shows. Its essential ideas are scattered throughout the universe. Vast time
more than has yet transpired is necessary to collect them; and, in the future history of our race, medicine must be the last to arrive at perfection. And we should think, if death be the greatest misfortune, and life and health the greatest blessings, all wise legislators ought to stimulate to its cultivation, supply the means; and, on our part, however difficult, the neglect of its profound study ought to be esteemed profanity and blasphemy offered to human nature. This has been attempted in many of the older states of Europe. Medicine under the patronage of government there, for the last twenty years, has far outstripped all its flights in former times; and, in the actual epoch, never before have arisen so many illustrious professors in every department, nor the world deluged with an equal number of false pretenders. Let us discuss a little this matter. The happy influence the modern sciences have exerted upon the arts in abridging labor, and arriving at the desired results by short and inexpensive routes, has contributed to it. The principal operation of this influence is upon vulgar, popular opinion, inducing the belief, that, since what was formerly accomplished by vast time, labor and expense, is now effected almost without any trouble at all; and, that since the world has become generally enlightened, all this mighty study about medicine, if not an imposition upon the good sense of mankind, is, at most, but little better than useless, idle stuff. Thus upon the purturbed face of modern society, has been erected a vast emporium for empiricism, whose turrets outtop all the former world. Misled by their ignorance, judging wrongly what they do not understand, the people have opened a market for doctors of their own taste and stamp, and patronized a medicine they can understand;—a medicine, which to nature, falls short even of the merit of a real mockery. Naturally enough physicians of this easy and spontaneous elaboration, inebriated by the mere warmth of popular breath have multiplied, of every shape and form, pleasing in the people’s eyes, and crowded full up to the public demand.*

In our own country, and otherwise happy epoch, men from all ranks and conditions of life, are clamorous to practice the divine art of healing; and, what few restraining laws existed

* A most faithful description of the Thomsonian cohorts.
among us are blown away before the popular breath. To the eager enterprizers of this art, the gates are thrown wide open, and liberty reigns again.*

When the laws banished all the physicians from Rome,† their art was entrusted to the hands of the Priests of Apollo. These Priests possessed the learning of their time, which places our medical nineteenth century behind the shadow of Rome, for our unlettered have become our Priests.

But the most deplorable feature in this state of things is, among those who would regularly cultivate the profession, slight and superficial attainments are encouraged. For, if the people, among whom our art is to be practised, believe that laborious study, profound research, have but little or no influence upon its success, the most powerful stimuli to support the student's painful toil—the hope of fame and reward are removed. And this must ever be the case, since nature forms but few to be delighted only with the pleasure which study and meditation impart. The impulse, therefore, among the vast majority who study medicine, must ever supply the place of the inborn love of study. And if the people believe that all learning is a humbug, and calculated only to give the profession an imposing air and aspect, and are willing, nay, prefer to patronize and support the illiterate, the short and the bye-ways to practice, must be the most frequented. Those who travel the route of study, will be the few, the scanty few, whom nature brings forth sparingly, and scatters through ages to think and speak of her, to whom she unbosoms herself, and whose thoughts she wings with fire to beat up, and grasps at the feet of her Creator. They are born in a sea of thought, and live only to think. On these hang all the hopes of medicine, and the other sciences.

It cannot be denied, in many parts of our country, the opinion prevails, that much study in medicine is useless: it is an

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* See Oeuvres complètes de Cabanis, tome 1. et Histoire de la Mèdecine par Spreugel, for a full account of this affair and the results of it.

† In some of the states of the German empire, in France, the laws are very binding on the physician. If the patient suspects he has not been treated correctly according to the regular rules of the art, and he has sustained injury thereby, he may sue his doctor and recover imprisonment and heavy damages. How different the government of Georgia and our country.
art which requires but little thought or preparation; nay, that learning mystifies the mind, makes a fool of its possessor, and disqualifies him for practice. Were such opinions and views entertained and cherished only by the weak and the vulgar, it would not be so deplorable. They infect and lay hold on strong natural minds, nay, many of the highest cultivation;* and have for their prosperity and support the sanctions of information, strong, good, common sense, respectability and high standing in society. And there are not wanting those, a busy, restless, artful band, who with all their strength and ingenuity, dress up these opinions with pleasing, winning contours, teach the unsuspecting and strive for universal proselytism; making of the world a vast work-shop, where their fortuues are to be manufactured.

"Flap on the skirt of night your raven wings,
Ye black, ye fetid, hungry death's I'll feed,
With entrails of a thousand living men,
Your crops, if I but two pence gain."

It is easy to believe what we desire; if we could arrive at the possession of goods and fortune without labor, it is the way we would prefer. The subject before us is in the same predicament. Thousands would make a livelihood of medicine, did they possess the knowledge. In the distance, we may say, they behold its vastness, and the mighty acquisitions which it has recently gained. They are deficient in its auxiliary sciences, may not possess courage or abilities for its prosecution; its boundaries appear frightful; the space to be travelled over, great; it is a world which must ever be concealed from them and their enjoyment. They despise what nature, by placing beyond, has refused to their acceptance. Without sagacity or qualification to understand, they proscribe; without reason, they condemn reasoning; without knowledge and experience, they condemn the knowledge and experience of all ages. All libraries, all colleges, institutions—all the most august and venerable labors and monuments of our species are insignificant rubbish. "Et simulacra 'magna,' temporum percussa, et statue veterum hominum dejecta sunt."

* In a conversation the writer once had with a professor of our University, he declared his belief that Quack Doctors frequently cured where the regular art failed; and had placed his sick under a root monger, who professed to salivate with roots. Every one knows I. I. Rosseau has noised his contempt through all ages.
Observations on the state of our Medical Epoch. [Dec.

They affect to despise all wisdom, all teaching—every thing of the kind which existed before they began to think; or rather a growth of mind without thought. But all this would avail nothing, if the people who are to pay them for their services have no faith. The next labor is to make the people, who trouble themselves with but little thinking, except in their own line. They apostleize;—every newspaper is their minister. They tell of their Arabian knight cures. If you doubt, they strike, and the rest cry out, "lay on Macbeth," shoot their porcupine quills, and make common cause. They are fond of trying their new-born skill on the old incurables—those mountain rocks that did not fall when the storms of other times were passing; which now, with a tremendous crush, are pretended to be swept away.

"Ruat coelum,—terra de his cat."

But is the world so weak, silly, credulous? In religion, morals, the science and art of government, the social, domestic and industrious arts, in civilization, argentation, or money-making, the public mind has attained to a knowledge unknown to all former times. But in medicine, as in astronomy and some others, the superstitious bigotry and the midnight darkness of the worst, of the most barbarous ages, tyrannise over it, and hold it in fetters. It has made no advancement, never can: the general interests of mind will never be attended to on our planet. The views of Barthez,* Goodwin,† Helvetius,‡ of the advocates of human perfectibility, are but lonely dreams. The elegant arts, argentation—whatever administers to the organic wants, and the passions, will still advance. The causes are forbid in our discussion. Scientific, popular medicine is among those which must remain nearly stationary for all ages. It is true the unlettered, the uninitiated man might calculate an eclipse, but would be sure of detection; while the same might prescribe a dose of medicine without detection; nay, with success and applause. Not that he has more knowledge and skill of the one than the other, for this he is supposed not to have; but because different

* Nouveaux elémens de la science de l'homme.
† Political Justice.
‡ Traité de l'homme.
laws govern in the two things. All the aethereo-dynamical movements arise from the operations of one great law or inexhaustible, changeless force, of whose modes of action he being ignorant, might calculate forever without hitting an eclipse. While in the dynamical system of living organology, where all nature conspires to modify not only the actions, but likewise the sources whence they arise, he might chance prescribe—that is, offer a modifier, which affecting some of the systems, might superinduce a new order of living movements, and tend to sanification. And were the laws which govern the two systems, the same, both straight onward, every sickness would be death; and nothing but sheer skill, as in the eclipse, could save the patient. Here, then, is the great fountain head of all empiricism, medical, irredeemable, popular ignorance. Here is what has cloaked the false pretenders of the art for all ages past from detection, and screened them from merited anathema and detestation; nay, in place, has enabled them to receive the good will and benedictions of those their wicked ignorance and audacity were stabbing to the heart. And, salutaris illuctabile scriptu! here will be forged chains strong enough to hold all our future race—a despotism where, unlike as in others, no rebellion will ever come to fling off the yoke. For mankind can never be enlightened generally on their health, disease and treatment. Our sublunary condition forbids it; these are topics of vast import, and demand great time and study to give but a moderate knowledge. The endless ramifications or departments of life—argentation with its thousand active streams must go on, must occupy the time, the thoughts, and industry of ninety-nine hundreds of our race, leaving no room for their study. These, therefore, and more who possess not the ability, must ever be at the mercy of the few who make, or pretend to make, a business of the art.

There is no hope that knowledge can ever become so general, that mankind in mass may judge correctly of the skill and abilities of medical practitioners, and detect the dupery and falsehood practised upon them. And the more so, since it is undoubtedly true, the torches, which the other sciences hold up of themselves, although so essential, fling but a dim light on medicine. To be understood it must be studied with them, and
by their lights. Ignorance, bigotry, medical superstition and credulity will continue to be associated, and the tales of marvelous medicines and cures, unknown to truth and to nature, will continue to be listened to, and read with interest and approbation. A reform, therefore, from the general diffusion of knowledge, can never be looked for; and as it always has been. Empiricism must exist onward, a most disastrous evil and monument of our common frailty. In proof:—While most of the other sciences have advanced, and a deeper and wider interest been felt for them, popular medicine has remained nearly stationary; in despite still, in the winter of barbarous times, standing alone in the solitary horizon, whence all other knowledge has emigrated. There it stands, in the forlornness of a dilapidated world, while among its cultivators, at the very moment we are recording this memoir of the actual epoch, it is shedding the most brilliant glories, that any part of its history has ever manifested. But this light falls only on the profession, in the people it meets a permanent barrier. And, at this period, even of its professional prosperity and brilliancy, public esteem and admiration for it seems rather to have retrograded than advanced. For, we know the Ancients created it into a Divinity, associated it with the worship of their Olympic gods,* paid their homage to its most illustrious professors, and, to their memories after death, erected statues. But for its gift we wise moderns thank not God nor Providence, believe it the growth of our own minds—may flourish by the side of stupidity—that wisdom comes not from thinking and thought's materials, and conclude

"Darkness enough to cover thrice
This double hemisphered world."

"Aevum miserable!" in which the majesty of reason and truth can never hush the noise of quackery. Public incurable ignorance, we see, is the vital air it breathes, in which it is engendered and kept alive as infused life. Of reptile vitality and prolific in the extreme, it deposits its germ in the shady places of men's minds, where it grows up to consume the orphan's substance, it has made an orphan. Its footsteps are seen

* Diodorus Siculus, Opera. Cudworth's Intellectual system.
about fresh graves; in its intercourse affected by modest, cautious and circumspect; and its voice is heard consoling amid the death screams of the unsuspecting, dying—a vampyre that clings fast to the revolving orb of generations, marking the whole clean web of time as it is unrolled with its filthy trail. It does not walk in the back-ways, in the bye-paths, in the shadow of night;—it does not ply its busy industry in the mean novel, on the dirty, honest peasant, stretched on his sick bed. Charity freezes its efforts. It flies from poverty as from sin, except it can use it to deceive and make its trade. It loves to decorate itself and walk in meridian light, conscious that its hideous form is concealed. It is fond of splendor and show and noise; loves high places, and the houses of the great and the rich. In its manners so affable, so accommodating, so subduing; it finds easy access, flatters vanity, and lulls suspicion. It is so artful, none but the medical learned are free from its attacks. Upon minds possessing all other sorts of science, it fastens as a deadly superstition; and reigns and tyrannises almost over the universal mind of our species, furnishing extra width and depth to the common natural grave.—Power Incubus—Upas-born! irradicable!! General scientific knowledge opposes to it but a feeble barrier, as experience shows; its only efficient obstacle is the learning and teaching of real medicine, which, as before, must ever be limited to the few. And the pressing occupations, wants of life, natural inabilities again, must always restrain within certain limitations this diffusion of general information to contract or expand a little with the accidents of ages and governments. Therefore, we repeat, quackery is an enduring, irradicable evil, flourishing in our age, hoarding up its millions which is its genius and instinct.

"Le charlatan, au contraire, a besoin de hors qui frappent le peuple et qui préviennent l' examen. Il," again says M. Biot, "y vante au contraire," meaning to the true physician; "haute- ment, il y fait vanter ses pretendues découvertes: il en parle continuellement avec assurance;" and then the delusion is sustained.

The lesson this fact should teach, the influence it should exert, ought to arouse honorable ambition, stir up to more vigorous effort those in the profession and those taking it on, that
they may raise higher the standard and character of its excellence. And although they must often honestly admit its insufficiency, and cannot promise to cure always, yet, with all the perfection of which it is susceptible by effort, endeavor to render it worthy and acceptable to the world. Excepting by government, in this way only can effectually be ameliorated the horrors of the empiric's art. While our people have erected a tribunal for even the most trifling crimes, even for insulting or speaking evil of a healthy man: yet by abusing, maltreating and killing a sick one, no legal offence is committed, and, as in Europe, no tribunal erected. It is then a most heinous crime to become sick: and does a man by so doing forfeit the protection, the right of law? These are great questions, and much time must pass, being too much in infancy, before they will meet with a correct solution among our people. But in evolving light, the day must come, when future legislators will erect in our country, an altar of justice, before which, the wrongs and abuses done to the sick and the dying; will be redressed.

"Osccula! currite, currite
'Nobis' regna referete ' medicinarum'
Saturnia.!

To this great end, and to suppress the evils of empiricims, we are called upon by every principle of honor, by all the virtues, by patriotism, by philanthropy, to make the effort. Quackery is the war of falsehood against truth, of dishonesty against honesty, of deceit and hypocrisy against sincerity; of audacious ignorance and stupidity, against truth and intelligence; of wickedness against uprightness; of inexperience against experience; of foolishness against wisdom. On the one side stand arrayed all the vices and the great inconscious world; on the other, the virtues and wisdom, born of time and experience weeping. Unhallowed warfare!

Remark it, empiricism is not one; it has its modifications to accommodate the assailable points of our nature; has a color for every eye, excites curiosity, originates novelty to please. It imports the name of its medicinal agents from afar. They come perfumed with oriental sweetness—cure prodigiously! The same remedy searches every avenue of the economy; disease is its game, and attacks any it may chance to perceive or meet. A thing not at all incredible!
It issues its proclamation. "Nature offers a vegetable remedy for every disease;" and the Grecian mother and mistress of flowers is profaned to give the report dignity and acceptance. It is believed. But how was it ascertained that nature has deposited all the proper curing agencies in plants. Who knows whether the eleven millions of species on the globe will cure "all flesh is heir to?" Why as well not believe she has entrusted these sacred powers to minerals exclusively? All dead men are mineral substance. Why can she not medicate with such? Because they are all poison; and are plants not poison par excellence? But do not the Japanese, the Kiagou, and many of the Asiatic tribes feed largely on mineral food? and are they all dead? Has not experience ascertained and reason approved it, that every agent in nature, may act medicinally? But reason and experience are proscribed, for they would tear off this incubus which sticks, hanging to the Jugulars of nations. The reason is obvious. The regular practitioners use remedies derived from all the kingdoms of nature. This fact is generally known. These remedies, therefore, must be condemned—will not answer the purpose. They are devoid of the charm of novelty; public opinion must be intrigued on this point: triggered up to suit the sale and employment of the article and its makers.

"If to her children, the mute earth could speak,
Through their crammed ears no sound would reach."

But what is a greater calamity, we have said, that among the practitioners called regular, slight study and superficial requirements, encouraged by the ignorance of the people, are the order of the day, constituting a species of quackery more full and destructive than the former. This may be considered in the light of a domestic enemy, the other a foreign foe. The one is supposed and trusted as going forth with all the panoply of the art, being regular; therefore more universal and mortific. The other labors under suspicion, and its mischief is trammelled. Our science, great in the transatlantic schools, among us has dwindled down to the little blind art of a few simple manual operations—that of knowing how to purge, bleed, blister, and above all, how to salivate a sick man in a fever. Many of our practitioners—far too many, popular too, without the ability to
write their prescriptions grammatically, seem to aspire no farther, than to be able to do this bit of druggery, as some machine, and possess only an ambition to do and receive, and not to know. They learn to pronounce a few hard names to distinguish them from other men, talk a word or two about mortification to explain consolingly inevitable death, and support their name for skill. They cannot read to grow wise, for they feel every proposition is an overmatch for their qualifications, and reading growing disgusting, is abandoned. With these, physic is a mere trade, and is followed only because it is the easiest sort of work in proportion to the gains.

Unfortunately for the interests of humanity, those who study and learn to bleed, blister, and salivate—this oligarchy of medicine—of all who make a business of the art, are far the most numerous class. Their services are in demand: for egotism causes men every where, to place a high value on their own opinions and judgments; and their medical ideas and views correspond exactly enough with those entertained by men generally, to be approved; and if there be outside crust enough to conceal the interior make of these mock doctors, patronage will be extended. Their services are always at hand, because of their cheap and easy manufacture and elaboration. A few days absence from any other trade less profitable, puts the aspirant in possession of all the craft, and there is a new doctor.

"Tridente, sic, pulsat Neptunus."

So with his mighty trident Neptune struck
The gellid earth, and from its bosom cleft,
Sprung up the war-horse,—down Numidia's plains
Thundered along.

But do you assert what is credible, and allow common sense to mankind? Exactly so. "Practice makes perfect;" and experience is esteemed every thing in medicine. Here is the spell, the fatal delusion and throat of death unwittingly procured. These venerable axioms so true in every thing besides, but in physic, as the good Zimmerman* long since remarked, exactly false. There is such a thing as "having ears, and hear not," "eyes, and see not." The eyes and ears of our science are the offspring of study and profound learning. Without

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* Treatise on Dysentery. See Jackson Prof. Inaugural Address, 1834.
them, experience is a dead power and can avail nothing. I assert it, from the nature of things, there can be no experience without theory. Behold him—the illiterate, unsanctified presence and audience of nature, gazes on his patient, as she unfolds to him the mysteries of the morbid operations she is carrying on; points out to him her remedies, beckons to him to look at her struggles. He listens, but hears not her consoling voice; he looks, but sees nothing tangible; or if he sees, he knows not what. He is a blind man; his mind is not informed, he cannot know and read the language of disease and nature. He is incapable of experience, can never grow wiser by practice, must end about where he began his career, in utter darkness. For there can be no experience without theory, nor theory without learning. But the world supposes he has gained experience and skill; thrice fatal delusion which fattens the sepulchre, but makes money and fame for the doctor.

Again: Has the illiterate lover of star-light, who may have gazed on the heavens until he is old—before whose eyes the same nature has been continually presenting the secrets, fair and fully, of her celestial motions, gained any thing; and who has witnessed a thousand times all the most skilful astronomer ever saw? Can he tread the zodiac round, walk with the stars, converse with them? Does he know, tell me, the great cycles of time, the parallaxes, the relative weights, distances and magnitudes of the sun's wandering train, their parabolic movements; Luna's loop-formed orbit; where Aquarius holds his court, where the head of Andromeda rests; where wanders Orian holding the lion's head, and the horn of Monoceros? Has he gained experience from what he has seen? Can he foreknow what he will see? He has been present, but unconcerned. He has eyes, and has seen nothing; his mind has not been fecundated; he has no theory, therefore, can have no experience. He does not understand the Divine language in which Urania records her history, that is, without theory. Therefore, he knows nothing, has been an idle spectator, and is where he began—in utter darkness!

I remark:—Nature makes only impressions on the senses; her doings, her ways, and her truth she reveals only to our longing, our eager immortality within. And could this truth be
generally felt, it would operate the moral redemption of the species from all tyrannies!! But let us resume in summary. This class of physicians is the most numerous, because of their cheapness; are the most dangerous and mischievous, and the degradation and dishonor of the real science and profession. The most dangerous, because no distrust or suspicion bars them, while the painted quack may be distrusted, and kept at arms length; and his attacks upon public health be restrained to certain limits. The most dangerous, because they can get practice: their views be thoroughly understood, and easily gain access to the common people, whose taste they suit, and who believe every where the lethal error, "practice makes perfect," and experience is all. The most dangerous, because they profess to be what the people believe regular, clothed with all the powers of the art, are welcome guests, and the most desperate, and all diseases are readily committed to their charge and treatment. To get along, at first, they have sometimes to make wise faces, and put on great looks; at last seem to fall dupes to their first deception and believe really, themselves, they are doctors. And considering that talents are generally cultivated for towns and large villages which possess the best physicians, the writer ventures the assertion, that these doctors do seven eights of the practice of the world. This holds pretty true as regards our states; and according to the calculations of city and rural population by Malt De Brun,* holds nearly true with the civilized world. Let us contemplate the real Physician.

What are the views, pretensions, and advantages, which distinguish him from these others? He beholds the constitution of man as an integral part of the great surrounding universe; not acting isolatedly, but participating in the actions, and general concern of universal existence. Beholds it under the government and dominion of laws especially adapted to it by its Divine Creator; and, at the same time, subjected to be modified and influenced by the general laws. He looks on it as an individual thing, and, at the same time, as only a part of a greater design. He pulls at the chords which tie it to surrounding existence, and discovers that they extend through and interknit with the whole starry frame; and, what he might have supposed to be

* Physical Geography.
one, is really a part of the whole. Now he invokes the aid, for he needs it, of the universal mind, thought and experience which have lived before him, the life and being of which are in books. Now he is on the vast arena of medicine; his tortured soul struggles by the dim taper of midnight; the field of interminable thoughts before him; and the turbid waves of half thought, half seen truth, or blackness of error dashing round him. Years pass, and he struggles up to the dawn of his Creator's truth— the truth of all science. His soul has acquired a new and a more excellent shape; the ideas he has felt, have created for him a new existence; he has lost his local habitation; and lives every where in the things he has seen. In this study, he examines first the actors or instruments of these special laws separately, then, as a whole; anatomy ascertains their mutual relations and adaptations; the sources whence movements spring; their universal subordination and dependence, forming the mysterious circle of vitality. This is the human economy which he is now to consider no longer as a whole, but as a part, an inconceivably small part of another greater economy, that of things. Again he studies the relations, the universal dependence and subordination of the two which constitutes another circle, that of all existing entities, general physiology. He sees the eye formed in relation, and acting in concert with the millions of torches that burn above. The eye is now a part of the starry frame participating, nay, an actor in its action. The gravity, which binds his body to the earth, operates in the sun and earth to sustain their relative positions. The same gravity which produces motion in all worlds, may produce frightful varicoceles and incurable dropsies, in the lower extremities of a man. Gravity, empiric, may be used as a successful remedy in asphyxia from too great loss of blood, and in other diseases where not all your vaunted vegetable stuffs, nor any other on earth could succeed, may be employed in various doses in the prevention and cure of disease.

Next come under his review, the heterogenous or abnormal movements. He scrutinizes their phenomena and their order; examines their effects on the tissues, indurescence, ramollescence— their propagation, irradiation and subsidence; and, as before, their universal subordination and dependence, constitut-
ing a circle, admitting the denomination mortality. This is pathology, born in France. Here he learns that disease is nothing but movements of no new actors, but of the same whose tendency being unsuitable to their make and subordination is to destroy. His mind frets up no spectral form from beneath, which he is called upon to combat. He sees what is, and learns to interpret the awful language in which our common mortality is exhibited and recorded by nature.

Lastly comes the application of the modifiers,—therapeutics, leading in its train natural history proper, or mineralogy, botany, chemistry. In his study of other beings, worlds, he saw in all their actions they did not exhaust their forces, which continued always changelessly the same. Hence no disorder* or derangement can ever take place in them; can be no disease or death but that they must ever act onward uniformly through space, in their own natural immortality. But, in the system of life, he has seen exactly the reverse is true. Living bodies in their actions, expend their force: they diminish, increase; there is no uniformity, they are never exactly the same. Here, then, is the natural function of all disease, death and the chances of life. Immortality is impossible and unnatural; and here originates the necessity of all medicine to keep out these chances. What then, I ask, can the real physician do? He can keep steady and regulate, to a certain extent, this ever tottering, vascellating scale of force, on which all life hangs, by properly removing, supplying, diminishing its accumulations; by diminishing, increasing, removing, varying its excitors. The ground allotted him by nature, it must be perceived, is extremely small, his interference vastly limited, yet of infinite value and importance to the human race. It is then entirely certain, if he know not these special laws, and the adaptations and relations of the modifiers to them, the chances of every interference he

* Before completing his great instrument of calculation, the differential calculus, we would remark, Newton made some slight blunder in estimating the apsides of the parabolic curve, and concluded the world would run into disorder every hundred years, and was preserved by Divine interference. With the same calculus afterwards, La Place proved the world to be self indestructible and corrected the error.

Vous, vous voyez le Système du monde.
makes, must tend equally to death as to life and health. But
deplorable! Mankind will remain forever incapable of this
thrust, rushing upon destiny and the winding sheet while aiming
for life; their physician's services, their funeral sermons, mistaken
by them for the banquet of health.

Officious
Man, death will be mad with thee,
For doing in his absence what
Was his own work to do.

This is written for the younger part of the profession; and
should it excite one to study, the dearest object we had in view
will have been accomplished.

PART II.
REVIEWS AND EXTRACTS.

Medical Magnetism.

Although mankind have availed themselves of the use of
magnetism for purposes deemed of capital importance, as in the
magnetic needle &c.; and notwithstanding we believe in the
discovery of a new faculty, or properly of that which we call
magnetism, that is to say, a meridional, as well as a polar attrac-
tion, which will become at some future day, subservient to the
purpose of determining longitude on any parts of the globe;*

*It is possible the reader may not be aware of the fact, that some thirty-five or forty
years ago, Dr. Joel Abbey, a highly scientific physician of Washington, Wilkes
County, Georgia, during a series of experiments in magnetism, relating to the dip of
the needle, &c., discovered a new law of magnetism, whereby it was found to exert
a Meridianal, as well as polar attraction. This discovery was so satisfactorily
demonstrated, that he felt himself fully entitled to the premium of forty thousand
pounds then offered by the Board of Admiralty, for the discovery of longitude, to
which purpose it was at once evident that this new law was as subservient as the
polar attraction before known was to the other purposes of navigation. But that
scientific gentleman, like most men of deep science, was more negligent of the hand-
still we venture the opinion that one of two results of first rate importance is yet to be arrived at relative to this agent. Either will it be discovered to be itself a non-entity, as to its own individuality as a thing of nature, and only a habitude, or mode of action, or the offspring or phenomenon of another principle of far greater universality;* or that, if it be found to be an independent principle or agent, its powers are yet to be applied successfully alike to purposes of humanity and convenience of even more importance than all its present uses. Of this we see evidence in the authentic truths below stated, displaying its remedial powers in some of the most intractible distresses to which the human body is subject. Tie Douloureux particularly, has never found a uniform remedy, unless it be in the magnet.

some pecuniary reward than of the purpose of discovering a new law in philosophy. In addition to this, he had great difficulty in procuring the mechanical construction of the simple little apparatus which was to subserve for the mariner the very important purpose of a constant index of longitude at every day and every moment. During the embassy of Mr. Crawford to France, that gentleman was commissioned to procure a part of the mechanical construction from the hands of some competent artist in Paris, which, I think, from some cause never came to hand. It was to consist of a perfect globe of steel equally hardened, and impressed in one particular position with magnetism, and graduated with 360 degrees on the equator, and inscribed with meridional lines; and which when floated in quicksilver, in which it was estimated there could be no impeding friction, would turn relatively to the quicksilver eastwardly in travelling to the west, and vice versa. Around this was to be floated an artificial horizon, with a meridian attached with an index to point out the precise degree and difference of longitude, or distance sailed from the point of departure to that of observation. I am not certain whether it was or not, alike calculated to point out the latitude with the same precision by turning relatively to the quicksilver southwardly in sailing northwardly, &c.

The globe of Dr. A. was subsequently substituted by a section of the globe containing its greatest diameter, or a wheel, alike impressed, with an index springing up from the frame which supported it. This was found to traverse well at sea for several days after leaving Savannah for England, under the management of a Capt. Stickney; and again on his return voyage, until he came in the neighborhood of the Banks of Newfoundland; and again on his arrival at Savannah and travelling to Washington in Wilkes, the index pointed out with great definiteness the difference of longitude. All these experiments proved the truth of the law of meridional attraction, for the wheel did traverse; but from some imperfection in the construction, it did not continue to do so through the whole of either voyage at sea. This however, the doctor attributed to the influence of the cargo on the metallic axis, in one, if not both instances, and which he suggested the correction of, by substituting non-corrosive axes as of glass or stone.

* Electricity.
These facts were published in the London Lancet some time ago, when we had not the opportunity of laying them before the public; but they are of such interest that we are unwilling they should be overlooked by the profession, at least until further experiments verify or condemn the power of the mineral magnet over such diseases.

"Some experiments which seem to promise results of considerable interest and practical importance in medicine, are at present being pursued in certain of the metropolitan hospitals on patients afflicted with neuralgic douloureux, tooth-ache, and other immediate affections of the nerves. We allude to the application of a magnet to the parts suffering pain from those diseases. We abstain from communicating to our readers at present, any thing more on the subject than we have had satisfactory means of ascertaining to be rigidly exact on the score of truth. Three instances only have, in fact, as yet occurred under circumstances which enable us to speak without hesitation of the power possessed by the instrument alluded to, over diseases of the human frame. These we shall give, observing, that the employment of the magnet has nothing to do with the art denominated "animal magnetism."

Our readers will remember the interesting case of neuralgia of the finger, at St. Thomas's Hospital, upon which Dr. Egleston stated in a clinical lecture, reported in our 48th No., that he had exhausted his store of remedial agents. A more severe case, probably, was never subjected to treatment. The man left the hospital for a time, totally unrelieved, but soon afterwards returned, when, in accordance with a suggestion, as Dr. Elliotson has since observed in one of his clinical lectures, of a correspondent of this Journal, the colchicum autumnale was tried in the case, without, however, the slightest benefit being derived therefrom. The sedative powers of the lobelia inflata then suggested to the Doctor the propriety of giving the patient the chance of that medicine. The grounds on which it was employed, proved to be in a great measure correctly founded. The man took the lobelia, in increasing doses, every hour, beginning with seven drops of the tincture, and adding a drop to each progressive dose; until as large a quantity had been reached as could be taken without deranging the functions of the stomach. Great amelioration of the affection followed this treatment. The patient who was before unable even to cross the yard, or bear the slightest cutting of his finger nails, and had become emaciated to the extremest degree from pain and sleeplessness, was soon enabled to walk out of doors, and enjoy many hours of rest, recovered his good looks, and became comparatively cheerful.
The relief, however, was very far from being either perfect or permanent. The continued exhibition of the medicine was demanded to secure any portion of rest.

A short time since, however, a new remedial agent presented itself, in the form of the magnet. The hospital was visited by (we believe) Dr. Kyle first, and subsequently by a physician of the name of Blundell, a friend of the former gentleman, who followed up the application of Dr. Kyle. The lobelia inflata was allowed by Dr. Elliotson to be suspended, and the effect of the magnetic tried. That effect was, we learn, a very decided one; the pain was on every application of the instrument, removed, and continued absent for several hours. The distance, however, at which the operator resided from the hospital, prevented, and still prevents, the daily use of the instrument, or, the impression on the patient's mind is that, it would perform a cure.

On Tuesday last, the Dr. Blundell already mentioned, re-attended the hospital at the hour of Dr. Elliotson's visit, when, in the presence of the pupils and our reporter, he drew forth the magnet, and commenced its application to the patient's finger.

The instrument is of the horse-shoe form, about ten inches in its long axis, and five in its short, composed of five layers of metal, the central being the longest, and the whole bound with stout riband. The patient was at the time apparently suffering considerable pain, and unable to use his hand. The north pole of the magnet was gently passed five or six times down the sides and back of the middle finger, and then rested on the central joint. The result was, such a cessation of suffering that he could gnash his fingers into the palm of his hand with ease and comfort, and he declared himself to be entirely relieved. The power of the instrument, however, did not cease here. Dr. Blundell showed that it possessed the means of re-producing the pain in the most intense form. The south pole of the magnet was directed along the finger. At the third pass, the patient began to bite his lip and close his eyes with an expression of pain. At a few passes more his chin was involuntarily buried in his breast, and his wrinkled features evinced the acutest suffering. This was allowed to continue for a few seconds, when the north pole was again presented to the finger, and the agony speedily subsided. The spectators then left the man with a countenance perfectly tranquil.

At the extremity of the ward lay an elderly lady, a martyr to tic-douloureux in the lower jaw, extending to the ear, and affecting a large portion of the head. The disease, she stated, was of more than nine years duration, and had never ceased to afflict her for a day during that period, up to her entrance into the
hospital. Her appearance was proportionally miserable. The magnet had also been applied in her case, and with similar advantage as she stated. On the present occasion, it was found on approaching her bed, that she was that morning free from pain, and the aid of the magnet was not needed. "But cannot you show its power by producing the pain?" inquired a bystander. The suggestion was acted on. The south pole of the magnet was passed from the centre of the chin along the lower jaw-bone up to the ear. At the third pass, the poor woman indicated that the tic was commencing, and in a few seconds more the affection was experienced intensely. The process was then stopped, as the experiment was carried far enough to satisfy all present of its consummation, and after a brief space the presentation of the north pole wholly freed the sufferer from pain. The operator subsequently stated that by continuing the passes, he could have carried the pain on to the production of delirium.

There is a female patient in another ward, who had suffered intense tooth-ache for three months, when, a fortnight since, according to her own evidence, which we have no reason to doubt, it was instantly cured by one application of the magnet, through the medium of a key, and had not returned in the slightest degree up to the period of the visit on Tuesday last.

These are very interesting facts. We present them to our readers unaccompanied by comment. The specific name given to this instrument by Dr. Blundell, is that of a "mineral magnet." How far its application to disease admits of extension, we are at present ignorant.—London Lancet.

Observations on the Treatment of Typhoid Fever by purgatives. By M. De Larroque.—Report to the Royal Academy of Medicine by the following committee: M. M. Louis, Bricheteau, Bouillaud, Double, Baily, and Andral, Reporter.

Gentlemen:—The committee charged by you with the examination of the work sent to the Academy, by Dr. De Larroque, upon the treatment of typhoid fever, by the evacuating method, make through me, the following report upon the researches of that physician, and the results to which he has been led. If, indeed, the pyrexia, called at the present day in France typhoid fever, be only a gastro-intestinal inflammation, if the numerous symptoms which occur during the course of the disease be only the sympathetic effects of a primitive irritation of the digestive passages, the therapeutic question is most simple;
the antiplogastic method is the only one which should be employed, more or less actively, according to circumstances which the experience and tact of the practitioner may enable him to appreciate.

If typhoid fever having still its point of departure in a phlegmasia of the digestive passages, nevertheless presents this particularity that the follicular apparatus of the intestines is the special seat of the inflammation,—if, in a certain time after the appearance of the lesion of the digestive tube, other symptoms supervene which are not exclusively, as supposed by the preceding theory, the sympathetic result of the intestinal phlogosis, but are attributable to the circumstance that putrid matter within the intestines absorbed, and, like septic poisons, infects the mass of the blood, and consequently the entire economy; then the therapeutic problem presents a greater complication. Independently of the therapeutic treatment which would be still indicated, we should endeavor either to evacuate the injurious matter contained in the intestines, and then the utility of purgatives will be admitted; or, to contend against the infection of the blood, and for this purpose the chlorides, or even tonics might be employed.

Lastly, if in typhoid fever, the intestinal lesion be considered only as one of the elements more or less indispensable, a disease which, differing from true typhus only by a less degree of intensity, attacks like it or like variola, the entire organism, then, the therapeutic questions occupies a new ground. Then, according to the time and the prevailing spirit, two sorts of problems will be formed. In one of these problems, they seek in the midst of the general disorder for some great modification from which they suppose that all the rest is derived; they admit that this modification is always identical, and they consequently employ always the same treatment. Thus, according to some, a superexcitation is the predominant fact, and the debilitating method the only one which should be employed; according to others, on the contrary, an asthenic state, primitive or consecutive, to use the language of Brown, is the chief pathological condition; the indication is to support the strength of the patient and the tonic medication the most powerful and certain. According to others, the disease consists chiefly in an alteration of the fluids, in the presence of a morbid principle in the alimentary canal, or even in the blood, and the most useful treatment is that by evacuants to expel this morbid principle.

Others form for themselves an entirely different problem; they do not seek to learn the intimate nature of the disease; but they ask if the symptoms which accompany it are not sufficiently distinct from each other to authorize us to unite them under different groups, to each of which, we may be led by experience to
oppose a different treatment. They admit, consequently, an inflammatory form, a bilious form, and an adynamic form, each of which they recognize by the admirable features by which Pinel has depicted them. In each of these forms they employ a special treatment; they declare that, according to age, temperament, constitution, according to the infinitely varying influences, whether physical or moral to which individuals have been exposed, or according to the epidemic character of different times, the one or the other of these forms may be more common than the others, and may require a special therapeutic plan. They observe also a certain number of cases in which from the absence of the symptoms that seem to require an active treatment, they have confined themselves with success to the simple method of expectation, and to the cases of cure thus obtained, they apply this fine passage of Sydenham, "Natura enim sibi permissa negotium suum suo tempore exsequitur ut nostrà ope, nostris arteficiis a que auxilitis, non indigeat; suis viribus op-tímè instructa, suis opibus locuples, suo denique in genio satis docta."

It is always by following one or the other of the routes which I have just indicated, that physicians belonging to different schools have treated the different forms of pyrexia designated at the present day under the name of typhoid fever. During the last fifteen years, the disease has been almost exclusively treated by the antiphlogistic method which varied only in the degree of activity. However, some practitioners during this period, protested against the universality of this practice, and they professed that there existed certain forms of the disease in which other modes of treatment could be employed with great probability of success, and in the first rank they placed the treatment by emetics and purgatives. One of the most prudent and learned practitioners of the capital, M. Lherminier, employed very frequently this plan at the Hôpital de la Charité. This was the commencement of a reaction which has since continued to increase, until returning to a truth whose abuse had obscured its importance, it was ascertained that the proscription of emeto-cathartics from the domain of therapeutics deprives the practitioner frequently of an immense resource, and that these agents may fulfill important indications which cannot be fulfilled by any other.

It is in the midst of this prevailing spirit to return to a certain kind of ideas too completely abandoned, that Dr. De Larrosse generalizing in his turn the evacuating method, and not restricting it only to certain cases, employing it during the continuance of the pyrexia; taking no account of the diversity of symptoms, or of lesions, or of the difference of individual pre-
dispositions, endeavors to establish as an invariable treatment in
every typhoid fever, the daily use of an evacuant, first of one
or two emetics, afterward purgatives administered every day
from the beginning of the disease to its termination. M. De
Larroque endeavors to explain the constant indication of evacu-
ants in typhoid fever, by attributing to the bile a great agency
in the production of this disease. Collected in the intestines it
becomes says he, a powerful cause of irritation to the mucous
membrane; and thus the latter experiences phlogosis and ulcer-
ations. If the most serious lesions ordinarily occur near the
end of the ileum and in the caecum, it is because the matter
accumulates especially in this part of the digestive tube, which
may be shewn by the sound or gargouillement that may be pro-
duced by exerting a certain degree of pressure on the ilio-caecal
region; if, at a more advanced period of the disease, those gen-
eral symptoms supervene which seem to denote on one hand an
alteration of the bowel, and on the other a profound derange-
ment of innervation, it is because the bile and the other matters
contained in the intestines have been absorbed, and like true
poisons have infected the mass of the fluids, and consequently
the entire economy.

These ideas were professed by Stoll in the last century,
ideas which he applied not only to the fevers which he called
bilious, but also to a great number of other diseases, and hence
he inferred the utility of vomits which he so frequently em-
ployed. This theory once admitted, would justify perfectly the
employment of evacuants as the general method of treatment
in typhoid fever. But against this theory, several objections
may be urged; and in the first place, it has not yet been suffi-
ciently demonstrated that the bile is so altered, and produces so
much irritation as to determine the serious lesions which are
revealed by anatomy. There are many diseases, during which
the patients remain for a long period without any alvine evacu-
ation, and in which although we observed some injurious conse-
quences, we perceive nothing analogous to what occurs in
 typhoid fever; it would be necessary then, to admit, that in the
latter, the bile and other secreted humours of the intestines pos-
 sess particular acrid qualities imparted to them by the disease;
but this requires demonstration. The intestinal follicles have
been found swollen and diseased as early as the fourth or fifth
day of typhoid fever. But at this early period of the infection,
especially when a more or less considerable diarrhoea had oc-
curred from the beginning, we cannot suppose that the bile has
remained in the intestine sufficiently long to be altered and pro-
duce the disorders. In cases which terminate unfavorably after
the daily administration of purgatives which do not permit the
bile to remain in the intestines, we find the same follicular lesions as in those cases which terminate fatally without the use of any means to procure evacuation.

Thus, then, the theory of Stoll which refers to the presence of the bile in the intestines and to the alteration which it there experiences, either the fever itself, or the most serious accidents which accompany it, is at least very contestable.

The cases contained in the different memorials which M. Dr Larroque has sent to the Academy, are more than one hundred. They have been collected under his eyes, by the pupils attached to the Hopétal Necker; they present almost all the possible forms which typhoid fevers can assume from that in which it resembles a simple gastric derangement or embarrassment, or a slight enteritis to that in which it is accompanied by the most serious ataxic, or adynamic symptoms. In all these cases, a uniform treatment was employed; at first he administered one or two grains of tartar emetic, which he prescribed in every form of the disease, and whether the tongue was moist or dry, red or pale, &c. The next day M. De Larroque gives a bottle of seidlitiz water, and repeats it as long as the febrile state continues. If the patients take a dislike to this kind of purgative, he gives cream of tartar, calomel or castor oil. Toward the end of the disease, when the febrile state has almost entirely disappeared, he gives tonics to support the strength, and is not very slow in allowing food to his patients. Barley-water or lemonade is the common beverage during the disease. No accident induces him to modify this treatment except it be pulmonary engorgement, when he employs kermes mineral. He declares that sanguine emissions should never be employed in typhoid fever, and that the cases which he has seen terminate fatally, notwithstanding the evacuant plan had been treated at first by more or less abundant venesection. The abstraction of blood according to M. De Larroque, places the patient in a condition the most unfavorable for a cure; he cannot, however, be ignorant that many typhoid fevers are combatted by sanguine emissions, with an energy justified by incontestable success.

As to the influence exerted by the evacuating plan repeated each day upon the mode of termination of the disease, it is indicated in a statistical table which he has annexed to his work. In one hundred cases, ninety were cured; ten only had died, and among the latter the treatment had been commenced in several only under desperate circumstances, while others had been bled more or less copiously. This mortality of patients with typhoid fever treated by the plan of M. De Larroque, is certainly smaller than that of patients treated by any other method. This result is confirmed by the testimony of M.
Beall. We may observe that in England, the majority of practitioners treat the continued fevers, which answer by their symptoms to our typhoid fever by the daily use of emetics, and particularly of purgatives. Lastly, M. Bretonneau, a few years ago advocated the use of saline purgatives frequently repeated as the best treatment of dothinenteritis. M. Piedagnel has treated by M. de Larroque's method, one hundred and thirty-four cases of typhoid fever; he has not however, employed this method in all its exclusiveness, thus sometimes he has practised venesection and has seldom provoked vomition. In these one hundred and thirty-four cases, he lost nineteen, or one seventh, a remarkable result, but not as satisfactory as that obtained by M. de Larroque. M. Louis has employed the same plan upon thirty-one patients manifestly laboring under typhoid fever; twenty-eight were cured and three died, or about one death in ten. The reporter of your committee has subjected forty-eight patients to the same mode of treatment within the last three years. In all those patients, without exception, who at the beginning of the treatment presented only slight symptoms, such as those which answer to the inflammatory bilious or mucous forms, the termination was favorable. The number of such patients was thirty; eleven others were subjected to the same treatment. When they had already reached a very serious state, nine were restored and two died. Upon seven other patients, the treatment was commenced when the ataxo-adyynamic symptoms had acquired a high degree of intensity, and six of them died. Thus, then, in forty-eight patients, eight died, which brings the mortality to one in ten.* If we unite the cases of M. M. de Larroque, Piedagnel, Louis, and those of your reporter, we have a total of two hundred and thirteen patients, of whom forty died, making the average mortality a little less than one seventh.

From the facts above exposed, we may say that many serious cases were benefited indubitably, while the evacuants were daily administered, and that in the light cases the disease did not get worse in consequence of the administration of the evacuants. And, indeed, thus treated, all the latter cases terminated favorably. We must therefore conclude, that if the evacuant method have not a well demonstrated efficacy in the cases which were already serious when the treatment was commenced, at least it does not most commonly transform the slight into serious cases. This would certainly not have been admitted a few years ago, when most physicians believed that the administration of an emetic or of a purgative in typhoid fever would necessarily aggravate the disease, and hasten the super-

* Nearly two in ten.

vention of the adynamic and ataxic symptoms. We have however, seen things occur differently under our eyes—we have seen during the daily administration of seidlitz water, the tongue preserve its moisture, to be cleansed, the bad taste of the mouth disappear, the thirst diminish rapidly, the epigastric pain cease, the frequency of the pulse diminish, the cutaneous transporation diminish, the cephalalgia and vertige lose suddenly their intensity, the expression of the countenance revive, &c.

We should therefore be indebted to M. De Larroque for having recalled attention to one of the most important therapeutic questions of which so many different solutions have been given. Your committee thinks that the work of this gentleman ought to be taken into serions consideration, but at the same time it believes that it would not be consistent either with the dignity of the Academy, or with the interests of the science to pronounce a definite opinion upon the treatment employed by him in every case of typhoid fever. Before this treatment can be thus adopted as the best in all cases, it will be necessary not only to have collected one or two hundred cases which testify in its favor, but to have observed such cases for several years, and under those different atmospheric influences which by succeeding each other produce such remarkable changes in the gravity of diseases, and consequently vary the statistics of our success in therapeutics. Who does not know that in certain years all the cases of pneumonia are mild, and recover, whatever may be done? While another year they have a singular character of gravity, and produce a frightful mortality. Who does not know that in some months all surgical operations succeed in our hospitals, while at another time they are all fatal? Hence the danger of solving therapeutic questions by the numerical method, if we do not weigh all the cases at the same time that we count them, if we do not analyze scrupulously and minutely the value of each of the facts to which we are to give the value of a unit.

To prove the necessity of precaution in applying statistics to therapeutics, permit me to cite another result published in London in 1780 by Clark, in a collection of cases of continued fever. From 1777 to 1779, he treated in the Dispensary of that city, two hundred and three cases of continued fever, with all the characters of our typhoid fever, mild and severe. In this number he lost only six patients, or one in about thirty-three, a greater success than occurs in our modern statistics.

How did he treat them? None were bled, except two of the three who had a complication of pulmonary phlegmasia. All took at first one or two emetics; they were afterwards subjected to the use of simple diluent drinks, and subsequently all without exception took quinine. If we regard only the statis-
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Some years ago we read some remarks in the Boston Medical and Surgical Journal, (perhaps before its name was changed,) on the use of digitalis, with which we were greatly interested; not less by the important information they contained as the results of experience, than by the noble ingenuity which dictated the plan of communicating that information. It is common enough for practitioners to tell of their brilliant successes with their plans of practice. Indeed, it is too often the case that the eye of observation is jaundiced—sees nothing but its own peculiar color; or sees no beauty in any other, if it
perceive it at all. And we know of no worse promise of success—no more certain presage of a career of ill success, or no success at all, for a time, than that which is found in an unwillingness to be taught by the truths of nature and of experience, and in its stead, a determination to adhere to a previous opinion with an unwillingness to see it tortured by a rigid rational analysis. This becomes no age nor individual even in his own private business; but is perfectly inexcusable in any business where the public weal is at stake; and in none more so than in medicine.

But in justice to the present day we must say that the spirit of eclectism now prevailing to some extent, if it go not to ridiculous ultraism as everything else seems prone to, has in its elements the power, and thus far promises well for arresting the wild vibrations of science at a proper equipoise between erroneous extremes, and settling it, at least upon many points, on the firm, honest basis of truth. The author to whom we have related above, (and we regret, for his honor's sake that we have forgotten his name,) came to the conclusion that science and humanity would be more benefited by his pointing out his ill successes, and candidly acknowledging their causes—thus serving the profession, as a wreck, or beacon, or a chart does the mariner, than by a narrative of the most brilliant successes. We see a similar spirit now manifested in some of the greatest men of the day, as Andral, &c. But to the point.

The writer to whom we have alluded, selected digitalis as the first article, on whose powers he should tell the tale of his misfortunes. At that time this article was lauded for its powers, (powers too, which every body wanted,) of depressing the pulse, directly (was the idea,) as a sedative power; and it had become not uncommon to prescribe it for this purpose alone, instead of real sedative and antiphlogistic powers. In this state of things, and if our memory serve us, when used with these views, those observations went to prove that it was, in general use, a most hazardous power—that sometimes sudden deaths occurred from the first dose of ten drops of the tincture; and that again, the dose might be increased to thirty or forty drops or more, without the least obvious effects of any kind, until, suddenly, and without any premonition, an accumulated power would be manifested
overwhelming with sudden death, as if a tenfold dose of the poison had been taken at one time—all proving at least, that its powers, the most desirable in some (uncertain) circumstances, nevertheless in others, (and equally uncertain why,) were those of a most deadly narcotic poison.

But gravitation, which precipitates the mighty cataract to the depths below, or the frozen avalanche, or the floods of burning lava from the mountains' top to the plains below; or the lighten-ing of the clouds, with power immeasurable, and which have produced so much destruction of human life—these have been tamed by the benign influences of science, and turned into life-preservers at the order of man. And who can tell but that lobelia, the present great slaughterer which, like a ruthless torrent, is now running its devastating course over the whole land, may, in the course of time, become, under the auspices of true scie-nce, a safe antidote for many ills. But we have been pleased to see the following observations by Dr. Sigmond, on the article of digitalis, which we insert below from the Boston Medical and Surgical Journal. A spirit of perfect candor and honesty of purpose pervades them which cannot fail to please, and to excite the confidence of the reader, whilst they at least afford a rational discrimination of the circumstances calculated to favor the safe, and even useful employment of this active medicinal agent. We hope Dr. Sigmond has at least opened the way to observa-tion, that its injurious effects may be prevented, if he has not rendered it a safe and useful article in the hands of the profes-sion.

"You must be made aware that dropsy is to be considered as the prominent symptom of some morbid condition of the body. It is not an idiopathic disease, but it is the result of some un-wonted action, into the nature of which, before you search for your remedy, you must carefully inquire. To obtain a relief from the discharge of the fluid is of course an object of anxious consideration, but beyond this you must ascertain what has been the predisposing, what the exciting cause, whether any other remedy may not be more effectual, whether the constitution of the individual is such that you may prescribe an agent which, when it does not produce good effects, may become the source of mischief, and, indeed, be more detrimental than the disease which you undertake to cure by it.

Nosologists have applied the name dropsy too indiscrimi-
nately; they have merely taken the striking symptom, and the locality in which the hydropic effusion has occurred, as the sole objects of their attention. The disease is, however, anything but uniform in its character, in the causes from which it arises, or in the effects which are consequent upon it. The states of the system in which it makes its inroads, the various diseased organs which produce it, the morbid conditions of which it is a sequela, the variations apparent in the urinary secretion, the diversities of tissues liable to its influence—all demand the most earnest attention, and must, in every individual case brought before you, be the subject of your inquiry before you can employ to advantage the remedies which have been placed in your hands.

Since the days of Aretæus, we have gained great experience; and we cannot, at the present hour, coincide altogether with the remark with which he commences his chapter on dropsy, that "very few recover from this disease, and those rather by good fortune, and the kindness of the gods, than by our science, for the gods alone watch over great events." We must attribute all we know to a supreme power; and it is by examining and availing ourselves of all by which we are surrounded, that we best show our gratitude, and we have been taught that there are conditions in which relief can be decidedly afforded by the art that we have studied.

To remove simple effusion, where no diseased viscus is present, is by no means a difficult task; but we have other objects in view. Sometimes we are called upon to alleviate the most acute suffering, which arises from water in the chest and in the abdomen, where we know that no effectual cure can be contemplated, and therefore we require to have in our possession varied means of action, to know when each is to be employed and when it is to be avoided. In some instances, a combination of medicines will materially assist us, and, as Dr. Ferriar has shown, a mixture of many liquid diuretis will be found eminently useful, and where digitalis is properly united, it is invaluable. It is one of those medicines which prove the fallacy of the homeopathic doctrine, for, prescribed with other drugs, its beneficial consequences are oftentimes more striking than when alone. Dr. Ferriar has upon this point somewhat a fanciful idea, but there appears, in the general principle, much soundness of judgment. He says, that he has been led by observation to suspect that there exists, in the relative effects of medicines, something similar to the harmony of colors and sounds, and that the impulse requisite to the living powers of the body, which cannot be produced by a single impression, may be effected by a concurrence or succession of impressions, in some measure dependent on each other. His "Observations on the Treatment of Dropsy," and his com-
parison of "The Remedies of Dropsy," two admirable papers, which are to be found in the three volumes which contain his medical reflections and histories, fully bear him out in his prac-
tice, if they do not in his theory. His prescriptions are well combined, and discriminatingly applied. They are not, as Cra-
shaw has very fairly termed some of those "farragos" which are occasionally seen in chemists' shops, "certain hard words
made into pills," but they are compositions which deserve attention and imitation.

With regard to the peculiar state of an individual who is labor-
ing under effusion, you will find that digitalis will not only, gen-
erally speaking, be useless, but occasionally injurious, when there is great natural strength and vigor, which have been unim-
paired by the ravages of disease, where the muscular fibre is
tense, the skin hard and dry, if the individual be inclined to
corpulence, if the countenance be at all indicative of determina-
tion to the head, or venous retardation, or if the habit of the
bowels be slow and difficult to be called into action."

This last sentence of Dr. Sigmond is invaluable. It should be written in capitals across every treatise on digitalis. It is the only rational approach we have seen to correct therapeutics in the prescription of digitalis, and being observed in prescrip-
tion is one great step in the first place, towards preventing the
injurious effects of the article in question, and in the second,
towards securing its valuable operation with great uniformity.
In the next sentence, on the other hand, we find, alike perspicu-
ously set forth, and again proving a clear discrimination, those
states of the system in which the happy effects of digitalis as a
diuretic, may be expected.

"Dr. Withering first drew the distinction of the cases of
hydropic effusion in which digitalis would be found unsuccess-
ful, and, I believe, the great majority of medical men who
have been in the habit of employing it, coincide with his view,
and the experience of the most acute and intelligent practition-
ers has, on the other hand, satisfactorily demonstrated that there
are states in which it is pre-eminently efficacious. In weak,
delicate, irritable constitutions, where they may be present much
laxity of fibre, a thin, soft, smooth, pale skin, which in the ana-
sareous limb seems to be transparent, when upon pressure by
the finger on the surface there appears to be no elasticity what-
ever, but the impression sinks in deep, and there is no evident
power of resistance; when the emaciation of the other parts of
the body is very striking, where the countenance is pale, where
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there is feeble or intermitting pulse, when the constitution has been much broken down, more particularly if it were originally strong, sound, and robust, where any indulgence in spirituous liquors, bad habits of life, the action of mercury, or any debilitating cause, has produced the mischief—in such states digitalis will be indicated in preference to most of the diuretics, of which I shall hereafter have to speak. You must remember, however, that it is merely the evacuation of the hydropic fluid that you will effect; but you have not advanced more than a step in the cure of disease, more particularly if that disease be connected with disordered state of the viscera, or if it be attended with paralysis. It, however, will do that which sometimes is of as much importance as any object you can have in view; it will alleviate the most distressing symptoms, and you will gain time, during which the system may be enabled to rally, and then sustain the impression of well-directed energetic remedies. Many have been the contradictory statements made of the diuretic effects of digitalis, in consequence of the want of attention to these principles, which you will find to be of vital impotence to you, and you will not fail in giving relief where you judiciously employ digitalis. You will frequently be astonished at the quickness with which the fluid is evacuated; but you must not be surprised at the rapid accumulation which may again take place, when you remember what I have told you, that you do not influence the disease which caused it.

The man whose name I scarcely ever venture to pronounce without expressing my admiration—SYDENHAM—gives, with that sincerity and love of truth which distinguishes every word that fell from him, a very happy illustration of prescribing for the name of a disease without inquiring into its causes. He was called on to attend MRS. SALT MASH, of Westminster, who had the dropsy in the greatest degree he had ever seen, her belly being swelled to an incredible size. He gave her an ounce of syrup of buckthorn before dinner, according to the custom of the time, and it brought away an almost inconceivable quantity of water, without causing any disturbance or faintness. Encouraged by this, he gave her, every day, interposing a day or two occasionally, a smaller dose until she recovered. He says, this was twenty-seven years before he wrote his treatise, and the lady was his first dropsical patient. Being young and inexperienced, he could not help thinking that he was possessed of an infallible medicine for the cure of any kind of dropsy; but in a few weeks he discovered his error, for, being soon after called on to attend another woman afflicted with the dropsy, which succeeded an inveterate quartan fever, he gave the syrup, and repeated it frequently, increasing the dose by degrees; but having
ineffectually attempted to evacuate the water; inasmuch as the medicine did not operate, and the swelling of the belly increased, she dismissed him; and he adds, "If my memory do not fail me, she recovered, by the assistance of another physician, who administered more powerful remedies."

It is upon the heart and arterial system that digitalis acts; it decreases the irritability of the constitution, it diminishes the frequency of action of the heart, and hence the circulation through the system is so slow, that the kidneys have more time to take from the blood the watery portion which they excrete, for we have no reason to believe that those organs are stimulated to any increased action by the herb. The physiological reasoning upon the action of digitalis has been considered to be obscure, from its having been supposed that it diminished action in one instance, and excited it in another; but I should attribute the apparently newly-acquired energy of the kidneys, not to any stimulus imparted to them, but to their having a longer period to act upon the fluid which is detained in the renal vessels.

Some authors have contended that digitalis is a powerful stimulant, that it produces flushed face, hot skin, restlessness, and all the symptoms of febrile action; and this you will find to be the case where, from a diseased state of the kidneys, the due separation of the fluid from the blood does not occur, or where, from pulmonary disease, the due transpiration does not take place; for the system of circulation is slowly carried on at first, but if no elimination from the blood occurs, the whole frame is thrown into disorder, and a febrile state is produced.

Some believe that digitalis only acts as an indirect sedative, and only when it accumulates in the system, and the experiments of Jorge, at Leipsic, are referred to; the herb was given to individuals in a state of health, in doses of a quarter of a grain of powder increased to three grains. It produced upon the alimentary canal marked effects, and this also occurred to Sandrart in his trials, when the digitalis was administered in powder; but I have before observed to you, that, in this form, it is liable to produce considerable irritation of the stomach: it likewise influenced the brain, a state resembling intoxication coming on. Upon the generative system its power was strongly marked, even to the excitement of seminal excretion in the male, and symptoms similar to the premonitory sensations which females experience at particular periods.

All these phenomena may depend upon the retardation, in the capillary vessels, of the blood; Dr. Mossman, in the year 1806, was the first who drew the conclusion, from its influence on the minute arteries, and the diminution of vascular action, that it was strictly a sedative; he went so far as to state that he could
obviate pneumonic inflammation with as much certainty by it as he could arrest the progress of an intermittent fever by means of the bark of cinchona. To his other observations I may, in my next lecture, draw your attention when we come to notice the effects of digitalis in inflammation and in phthisis.

I cannot, either with justice to myself or to this very important disease, detain you much longer upon the influence of this herb on dropsies, more especially as I shall hereafter have fuller opportunities of explaining to you the effects of diuretics, but I must observe that, in hydrothorax arising from any obstacle to the circulation, such as hypertrophy of the heart, when it is the termination of long protracted diseases of the thorax, if they be not accompanied by disordered conditions of the valves of the heart, digitalis may be employed. In ascites, in anasarca, dependent upon disordered states of the exhalent vessels, which throw out a larger quantity of fluid than can be absorbed, you produce good effect by diminishing the impulse with which the blood is directed to the capillaries, and you present that fluid to the kidneys for a greater length of time, in consequence of which they can take up more to excrete than would otherwise be the case. In ovarian dropsy it seldom is found that digitalis succeeds; in hydrocephalus, in infancy, it is highly noxious. Few states of the system have had more diligent inquirers. Amongst them, Wells, Blackall, Parry, Abercrombie, Ayre, Yeats, Bostock, Bright, Golis, Cheyne, have most indefatigably labored, and the analysis of the urinary fluid has been of late years looked to with the hope of obtaining a fresh source of information. Many prefer ample depletion before the exhibition of this remedy, but I think you will generally find that when you must lower the system previously, other diuretics will be more serviceable, and I would strongly urge upon your minds, as I think it a matter of deep importance, to avoid, if possible, the junction of these two means of cure. It is true that after venesection digitalis is more diuretic, but the most fatal effects have occurred from giving the herb, where blood-letting has taken place. To use an expression which I have somewhere seen—"It kills the heart."

During the action of digitalis for the cure of dropsy, the recumbent position is preferable, for, from the experiments of Dr. Baildon, detailed in the "Edinburgh Medical Journal," for the year 1807, we learn that it decreases the action of the heart most when an individual is lying down. He observed in his own case, and he repeated the experiment several times, that after digitalis had taken its effect, as long as he stood erect, his pulse, which was upwards of 100, had not lessened in frequency; when he sat down it became about 75; but when he lay
upon his back, it fell very considerably, and became as low even as 40. Dr. Baildon found that the same effect was produced upon all those patients to whom he had thought it proper to administer the herb. This effect is one of the most astonishing facts in our history of this sedative; it is very singular that it has not excited more attention, and led to some decisive experiments. Although Dr. Baildon’s trials of this interesting substance have been detailed by a vast number of authors, there does not seem to have been drawn from them that result which minute investigations would most probably afford to us in our practice.

There is almost always some degree of nausea, of hunger, of uneasiness, of general irritability present, whenever digitalis is given; indeed it would almost appear to be necessary for its salutary influence to be produced, and Dr. Paris has a very judicious and a very practical remark upon this point, which I think will be fully borne out by all those who use it, that every attempt to prevent these unpleasant effects, or to correct the operation of digitalis, by combining it with aromatic or stimulant medicines, seems to be fatal to the diuretic powers of the remedy: he has likewise quoted Dr. Blackall, who objects, in some cases, to the union of mercury, digitalis, and squill; to the combination of the two latter, however, I do not think the same objections arise as to the first.

In some individuals the miserable train of sensations that follow upon the employment of this remedy, precludes the possibility of persevering in it, even when we perceive that it has been successful; nausea, vomiting, excessive depression of spirits, and fainting, often prevent us from proceeding further with it, and as any attempt then to combine it with any drug that might be supposed to obviate its bad influence destroys its efficacy, we are obliged to abandon it altogether.

There is a point at which we can no longer administer digitalis; this is generally ascribed to its accumulation in the stomach, but it seems to be rather dependent upon the very low tone to which the vascular and muscular symptoms have been lowered, for neither by vomiting nor by purging has any portion of the digitalis been thrown off; and the same effects are visible if the endermic mode of acting upon the system have been pursued. It is generally at about the eighth dose that the baneful influence of the herb is visible, and this often happens whether the dose have been large or small, whether it have been diminished or increased, whether it have been given twice or three times in the course of the day; some curious examples have been quoted by Sandrat in two papers which appeared in the “Bulletin Général de Therapeutique,” in the year 1833. They present some very extraordinary results from its continued use; his
cases were principally diseases of the heart; out of 57, 31 had maladies of that organ, 13 being hypertrophy without dilatation, eight hypertrophy with dilatation, and eight dilatation without hypertrophy; they fully bear out the great necessity of caution which the wisest and most experienced men of our own country have so strongly inculcated; he seems, with Dr. Hal- loran, Dr. Hamilton, and others, to consider it as a narcotic, first stimulating, and afterwards acting as a sedative. When the poisonous effects are produced after the symptoms of disturb- ance of the alimentary canal (indicated by the vomiting and purging, then vertigo, drowsiness, and frequent faintings) come on, the skin is bedewed with a cold sweat, the tongue and lips swell, profuse salivation occurs, sometimes the action of the kidneys is totally suspended, at others it is increased, with frequent desire to expel the urine, or at others inability to retain it is felt; the pulse intermits and is slow, and delirium, hiccoughs, cold sweats, confused vision and frequent faintings follow, till death closes the scene.

Dr. Henry gives us an instructive example, in the eighth volume of the "Edinburgh Medical and Surgical Journal."—A female, laboring under dropsy, took an over dose of a decoction which had been made by boiling two handfuls of the leaves in a quart of water, then pressing the mass so as to express the whole of the liquor. At seven in the morning she drank two tea-cupfuls, amounting to not less than ten ounces by measure. In an hour's time she began to be sick, and vomited part of the contents of her stomach. Enough, however, was retained to excite vomiting and retching throughout that and the whole of the following day, during which everything that was taken was rejected. In the intervals of sickness she was exceedingly faint, and her skin was covered with a cold sweat, the tongue and lips swelled, and there was a constant flow of viscids saliva from the mouth; very little urine was voided on the day she took the digitalis, and on the following days the action of the kidneys was entirely suspended; when Dr. Henry saw her, which was 48 hours after she had taken the poison, the tongue was white, the ptalism continued, though in a less degree, and the breath was foetid; the pulse was low, irregular, not exceeding 40, and after every third or fourth pulsation an intermission occurred for some seconds; she complained also of general pains in the limbs, and cramps in the legs. By the use of effervescing draughts, and ether with ammonia, she gradually recovered from her imperfect health. Dr. Henry states that she had taken no mercury, and that the ptalism was the effect of the digitalis.

Professor Brande, in his "Elements of Pharmacy," gives an instance of that carelessness which is sometimes met with in
our public institutions, where those who order an important drug, forget to give the necessary caution, and the patient continues to take daily, without having any one to watch its effects, an energetic poison as a remedy. He says that he knew an instance of a person who suffered under anasarca of the legs, and who applied for relief to a dispensary, where he received a box of pills, one of which he was directed to take three times a day; on the evening of the third day, he complained of great debility and faintness, and in the course of the night vomiting and fainting came on; in the morning he died upon attempting to get out of bed. This sudden death, from the influence of digitalis, is by no means an unusual event; and hence, it is advisable, that when it has been administered for a short time, exertion should be avoided, and the patient kept in a recumbent position; the slightest movement may prove fatal, for the pulse instantaneously quickens, the heart throbs and labors excessively, and fainting occurs from which there is no recovery; not only have there been such instances of sudden death during the administration of the medicine, but even two or three days after it had been discontinued. It has been very properly described by my late valued friend, Professor Burnett, in one of the best works on botany that we possess, his "Outlines of Botany,"—"as one of our most beautiful native plants, and one of our most active indigenous medicines and insidious poisons. Its influence over the action of the heart, and its power of reducing the rate of the sanguineous circulation, would alone render it an important remedial agent, but when to the above are added the collateral effects on the kidneys and salivary glands, and its peculiar characteristic of lying, as it were, for a time, latent, and accumulating the power of repeated doses, so that by one fell swoop the heart is in a moment palsied, and life at once extinct, it must be acknowledged that it is a most fearful as well as useful drug."

Few medicines have been more fairly tried as an iatraplicative or cutaneous medicament in France, than this has been in the cure of dropsy, and it has answered the most sanguine expectations that had been formed of its efficacy. Dr. Chrestien, to whom we are much indebted for his experiments, has given us a fair narration of the cases in which he was successful, and those in which he failed. He is borne out in his practice by M. Cros Rogery, of St. Geniez; by Bernard, of Bezieres; by Blavet, of Monthozin; by Roucher, of Montpelier; and by Archibold Aspold. Under M. Rogery's treatment by the friction with digitalis, a case of dropsy of the abdomen, which followed upon a repelled eruption, was cured. Under Dr. Chrestien, dropsy, the sequela of scarlet fever disappeared; and dropsies consequent on vascular inflammation, and on splen-
Clinical Surgery.—New Doctrine of Erysipelas.—By M. Blandin, Surgeon at Hotel-Dieu, of Paris.

In reasoning upon the nature of this disease we must inquire into its cause for it does not commence in the wards of the physician in the same manner as in those of the surgeon. There exists then, an etiological nature. This may be internal, and then the disease exists in the entire economy before it acts locally—or may be external, and arises most commonly from a confusion, a wound or an operation. Here the affection is altogether local at its commencement. This cause is easily appreciable. It is not so with the other. We frequently see epidemics of erysipelas. These, for want of greater precision, have been referred to a miasmatic constitution. But we find also in the wards of the physician, isolated cases of erysipelas, which are truly sporadic, and for which no special cause can be assigned.

These two kinds of erysipelas pursue a course whose difference depends upon their etiological nature. The erysipelas which arises from an external cause, and which is at first local, has a tendency to become general. The fluids being altered by the disease, and having a concentric direction, are soon disseminated throughout the economy, and excite a violent reaction.

The erysipelas which arises from an internal cause, on the contrary, and which is at first general, tends to localise itself. It is a critical effort of nature which directs towards a single point, the disturbing element that had created a derangement at once in the entire system. Would it not result from this theory, that the febrile reaction should predominate from the commencement in the erysipelas of internal cause, and at a later period in the erysipelas of external cause? It must be confessed however, that as the latter occurs almost always in consequence of wounds, contusions, ulcers, operations, the traumatic fever must mask that which is excited by the erysipelatous complication.
Anatomical Nature.

Most pathologists admit that erysipelas is an inflammation; but this word, so vague in its nature, does not specify any thing with respect to the seat. It is a cutitis, say almost all authors. But there is much more than a cutitis; the pre-existing, dominant element is an inflammation of the lymphatic radicles of the skin.

Such is the opinion of M. Blandin. It had however, been surmised partly by other authors. Mr. Ribes had perceived in erysipelas something of a capillary nature. He was however, more inclined to believe in an inflammation of the venous, than of the lymphatic radicles.*

Dance has observed them in erysipelas of the head, nothing is more advantageous than the application of leeches over the lymphatic glands at the base of the maxilla. Was not this admitting in practice, that the inflammation affected more particularly the system of white vessels? M. Chomel is still more formal. Whenever, says he, an individual is affected with chills, nausea, horripulatio, red lines under the skin, and pain in the sub-maxillary glands, he will have erysipelas of the head. The lymphitis then, not only predominates but it pre-exists. Another proof of the lymphitis is that in patients convalescent from erysipelas, there often supervenes an oedema, which must be the consequence either of a venous or of a lymphatic inflammation, or of the obliteration of the vessels which carry the lymph. We have then in erysipelas, first a capillary lymphitis, and subsequently a cutaneous inflammation.

But these two elements are not in equal proportion. In erysipelas, which arises from an internal cause, it is the cutaneous, and in traumatic erysipelas, the lymphatic inflammation which predominates. It is this circumstance which determines the difference of their gravity. The former is most commonly produced by a miasm, which disturbs the entire economy, but an erysipelas like that of the face exhausts the morbid cause. Traumatic erysipelas, on the contrary, invades the organism instead of quittting it, and the lymphatic vessels convey to all the tissues, according to their course the fluids which have been altered by the influence of a violent phlegmasia, at first local, and afterwards concentric. These are positive facts, says the author, and how frequently do we see women die with the uterine, inguinal, and femoral lymphitis described under the name of phlegmasia alba dolens!

* M. Ribes declares that he has found pus in the venous radicles. But this fact is rarely met with in erysipelas, and besides may it not be attributed to imbibition.

Ed. of Journal des Connaissances.
It is for this reason that erysipelas is generally regarded as a much less serious affection by physicians than by surgeons.*

Erysipelas arising from an internal cause is most generally stationary; the other, on the contrary, extends almost always concentrically towards the trunk, and when situated on the trunk, is directed sometimes superiorly, sometimes inferiorly.

The phlegmasia extends in the lymphatic net work, following the direction of the vessels; thus we see red lines, before the redness and tumefaction of the skin.

There are however, some cases of traumatic erysipelas which pursue a course towards the extremities, and the wards of M. Blandin recently presented an example of this fact. It is because lymphitis does not always proceed concentrically. The same is true sometimes of phlebitis. But these cases are exceptions.

**Prognosis.**

This can be readily inferred from what we have already said. Thus traumatic erysipelas, or that arising from an external cause is much less serious than the other variety. There are some cases which are owing both to an internal and an external cause, as when the disease supervenes around the wound of an operation performed during an erysipelatous epidemic, the patient will most commonly feel the effects of the lymph conveyed to all the tissues, and also the effects of the atmospheric constitution. This is a most serious complication, and was most probably the case in a man who died recently in consequence of an erysipelas which supervened after the amputation of a toe.

**Treatment.**

The treatment employed by M. Blandin is peculiar to himself, and is based upon his theory. As to the erysipelas from an internal cause, little is to be done. We know not the nature of the miasm which has produced it. Every treatment directed against it is purely empirical.† But as we are acquainted with

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* May not erysipelas which arises from a simple internal cause, be considered as an eruptive fever and treated as such, by respecting the eruption, by favoring it by means of moderate perspiration, by recalling it to the surface when metastasis to an important organ exists, by observing the symptoms and employing venesection and baths to moderate them when too violent? *Ed. of Jour. Conn. Med. Chir.*

† It is perhaps gratuitous to assert this pretended benignity of erysipelas which arises from an internal cause; for according to his own avowal it occurs almost always at the face, and too often terminates fatally. Besides, the extension of erysipelas from the face toward the neck, that is to say, along the course of the glands, is much less serious than its extension to the scalp. *Ed of Journal des Connaissances Med, Chir.*
the nature of the erysipelas which arises from external causes, we should abstain from all compression of the wound, from all irritating applications, and especially from the use of adhesive strips which exert a tonic and exciting action; we should have recourse to the lightest and mildest dressing. So much for the local traumatic surface, and thus far all practitioners agree. But the same harmony of opinion does not exist with respect to the rest of the treatment.

Some have thought it advisable to act upon the altered fluids by means of tonics. But this is pure empiricism; for what proves that quinine, for example, corrects the alteration. Tonics seem much better calculated to increase the inflammation, and should be used only in cases of well marked adynamia. Others, and at their head are Cullen and Dessault, have advised emetics and purgatives. M. Blandin has not obtained much success from their administration. Blisters have been recommended. Dupuytren sometimes employed them in the centre or at the margins of the diseased surface; sometimes he used leeches, sometimes emetics. Expectation has also been advised, and chiefly by physicians. Such a practice may be justified in most of the cases which arise from an internal cause. But what surgeon would confine himself to simple expectation in an affection that would destroy three fourths of his patients. Uncisions protect the inflamed surface from the air, they lubricate the skin, make it pliant, permit its free extension, and thus prevent the kind of strangulation caused by the inflammatory fluxion; but they are only palliative. They cannot prevent the progress of erysipelas, and much less that of lymphitis, and never exert any considerable influence except in the simplest cases of erysipelas.

M. Ricord and some other practitioners have extolled mercurial ointment moderately employed. M. Serres D'Uzes thinks it should be carried as far as to cause salivation. M. Blanden has used mercurial frictions only in seven cases of traumatic erysipelas. Three of these patients died, of whom two were salivated, and the fatal termination was most probably thereby accelerated.

M. Velpeau has advised compression upon the erysipelatous surface. This practice might be useful in the very incipiency of the disease, if there existed certain precursory signs before the eruption, and the red lines. But the rapid propagation of the inflammation to the lymphatic glands, makes it almost impracticable. It is however, useful at the moment of the disappearance of the disease, when there is a tendency to oedema. Finally, cauterisation above the limits of the erysipelas has been proposed. This plan is powerless in arresting the cutaneous inflammation, and how then can we conceive it to have the power of arresting the lymphatic inflammation.
M. Blandin's Treatment. If the lymphitis be the pre-existing and predominating affection: if after its destruction only a simple phlegmasia of the integuments remains, it follows that the former of these affections should be first attacked, and as the disease is propagated to the lymphatic glands, it is here that we should first act. This mode of treatment is the more easy, as each gland is a point which serves to arrest the course of the inflammation, as well as that of the lymph, and we should profit by the sojourn of the fluid in this point, to attack it by leeches in order that it may be freed from all irritation when it resumes its course towards the visceral glands. If on the contrary, we apply the leeches to the erysipelatous surface, we debilitate the patient uselessly; this is demonstrated by practice as well as by theory. M. Blandin has employed his method two years, and has scarcely lost a patient; he has treated more than sixty cases during an erysipelatous epidemic, without losing a single case. He believes that this plan, though less imperiously demanded, is also useful in erysipelas, which arises from internal causes. It is also serviceable in erysipelas, both of the extremities and of the trunk, but more in the former than in the latter case. Because the glands of the extremities are more simple, more sparsely situated, while lymphitis of the trunk may affect at once the inguinal and the axillary glands, and those of the intercostal spaces. The employment of leeches is here more difficult. That this therapeutic may succeed, it must be instituted before the inflammation has passed higher than the superior glands of the extremity as those of the groin or axilla, for how can we act upon those of the viscera. It must be confessed that this method is much less efficacious in those cases which depend both upon an internal and an external cause, for here the miasm acts necessarily, and we know of nothing by which it may be opposed. But even here leeches applied over the lymphatic glands constitute the most rational remedy.—*Journal des Connaissances Med. Chir.*
PART III.

MONTHLY PERISCOPE.

Indigo.

This article, hitherto of interest only in the arts, has become a subject of investigation in a therapeutic point of view. To this end it has been subjected to physiological and therapeutical experiment, and to chemical analysis. It is pleasing to see a course of investigation in progress, bringing to view a portion of the fundamental elements on which a rational practice must be based, or from which it must be deduced. We give below, a brief notice of the chemical analysis, shewing the elementary principles this substance contains, its operation on the different functionaries of the human body, and its influence in a curative point of view in cases of epilepsy, chorea, &c. We have often heard of its utility in croup, pertussis, and other coughs; but the only scientific experience with which we have met, is of its use in epilepsy, and a few other spasmodic diseases.

M. Dumas presented to the institute a memoir, in which he states that he has repeated the analysis of Indigo, and has obtained exactly the same results as those obtained by him five years since:

\[
\begin{align*}
\text{Carbon} & \quad 73.0 \\
\text{Hydrogen} & \quad 4.0 \\
\text{Azote} & \quad 10.8 \\
\text{Oxygen} & \quad 12.2' \\
\end{align*}
\]

American Journal Pharmacy.—Jour. de Phar.

Physiological Operation of Indigo. In almost all patients, the use of indigo is succeeded first by squeamishness and vomiting, though the substance itself be tasteless and inodorous. The violence of the emetic efforts appear to be regulated by the individual irritability of the gastric nerves of the patients. Females vomit more readily than males. The vomiting is at first continuous, that is, during the continued use of the agent, and often so violent that the indigo must be given up; but after several days it ceases. It has otherwise the peculiarity that the
contraction of the abdominal muscles and the diaphragm is much less violent, and the debility is less considerable than after vomiting induced by other means. The contents of the stomach present nothing unusual, even in respect to taste, only they are of a very dark blue color, and the fluid is intimately mixed with the indigo, from which it may be inferred that the gastric juice contributes very much to the digestion of the indigo.

Diarrhoea, the second physiological effect of indigo, takes place in general first when the vomiting ceases; yet from this many patients remain altogether exempt. In general, diarrhoea, when once commenced, continues as long as the patients take the indigo, and increases in intensity during the continued use of the remedy. The motions are generally soft, semifluid, and of a dark blue-black color. The vomiting and diarrhoea are frequently accompanied with slight colicky pains in the stomach and bowels, which, however, may be so violent as to require the indigo to be given up. Those patients who are exempt from vomiting, appear to be attacked with more violent colicky symptoms. By the continued diarrhoea there is formed a species of gastrosis (irritation of the mucous membrane of the stomach and bowels,) with a loss of appetite, headache, and giddiness, and sometimes the sense of dazzling lights in the eyes.

The third physiological operation of indigo is seen in the urinary secretion. The urine assumes a dark violet color, deepest in the morning. On the quantity of the urine, the agent seems to exercise no influence.

Dr. Roth did not observe colouration of the sweat. But it is remarkable, that one patient, after the use of indigo for several weeks, fell often into slight convulsions, similar to those which ensue on the employment of the nitrate of strychnia.—Amer. Jour. Pharm.—Edinburg Med. and Surg. Jour., from Neue Wissenschôftliche Annalen.

Therapeutic Applications of Indigo. This substance was first employed as a therapeutic agent in the treatment of epilepsy, by LENHOSSEK, and afterwards by GROSSHEIM and others. Its efficacy was afterwards tried by IDELER, a Prussian physician; and among twenty-six patients, in whom indigo was experimentally tried, six individuals recovered completely; three were dismissed cured, who had after intervals of from eight to twelve months a relapse, under the operation of causes which might have induced epilepsy; of eleven patients, the condition underwent an essential improvement; and in six individuals no change took place. At first, the patients were wont frequently, though without effect, to vomit; after some days this ceased, and in its place diarrhoea occurred, which at first caused
from six to eight motions daily, and was occasionally accompanied with moderate colicky pain, but afterwards moved the bowels only two or three times daily, but with fluid motions, and continued so long as the indigo was used, but without impairing the appetite or digestion. The curative reaction of the nervous system upon the agent was principally indicated by this circumstance, that the epileptic symptoms in the first period returned more frequently, and attained a higher degree of intensity, but afterwards became less frequent, milder, and at length entirely disappeared.

Most usually the indigo was exhibited in the form of electuary, with a proportion of the aromatic powder; because, alone, it is very disagreeable to the patient. At first it was administered in the dose of one scruple; this was quickly increased to a drachm and more, so that daily from half an ounce to one ounce might be used for a series of months without difficulty.

In a paper in Graefe and Walthers Journal, entitled Contributions to Casuistics, by D. Moritz Strahl, of Berlin, are some observations on the operation of the same remedy in spasmodic diseases. In the trials made by Dr. Strahl with this agent, in ten cases of inveterate epilepsy, in which it was given in progressively increasing doses, of from one scruple three times a day, to half an ounce daily for the space of ten weeks, it produced not the smallest effect. During its employment the stools became blue, and the urine assumed a dark green colour. Excepting slight inconvenience of the stomach, no operation of the remedy upon the organism could in general be observed. On the other hand, indigo, in four hysterical females, one of whom was already in the age of decrepitude, evinced the presence of very remarkable phenomena. In all, after about two drachms daily had been taken, violent pain in the region of the kidneys, like colic, took place; the urine assumed a deeper intensity of colouring than in male patients, and at the bottom of the vessel was observed no trifling quantity of fine indigo powder. The intense renal pain continued for four days, and at length subsided under the continued employment of an oily emulsion. In one case only did there ensue a remission of the spasms, and the patient was not entirely well three months after the cure was completed. The operation of the indigo, further, on the womb, was very remarkable, since, in two cases, an amenorrhœa was radically cured, while the spasms were throughout undiminished. In two cases of St. Vitus's dance, in a boy of twelve and a girl of nine years, the indigo was throughout unavailing.

The different clinical trials made with indigo by Dr. Roth, furnished the following results. In epileptic cases, the remedy evinces almost always the same immediate operation; but its
subsequent consequences are regulated by the degree of vitality of the nervous system of the patients, and the kind and duration of the epilepsy. These effects are beneficial in all idiopathic epilepsies, curative in those of this class which have not been of long continuance; and in very chronic idiopathic epilepsies, only a few are alleviated by the use of indigo, none are cured.—Amer. Jour. Pharm.—Edinburg Med. and Surg. Jour. from Neue Wissenschaftliche Annalen.

It will be seen by the above that, thus far there is only an \textit{approximation towards} the elements of rational prescription of Indigo as a remedial power. For, however conclusive these investigations may be, and for aught we know, or suppose, the chemical analysis may be perfectly correct and conclusive; and the physiological actions, (so to call its operation on the stomach, intestines, kidneys and skin,) all the phenomena of its physical powers on the system; still, all these are, as we before said, but a small part of the elements of rational prescription. Indeed, successful practice may be had by only a knowledge of the medicinal powers of a remedy, without knowing how the chemist prepares it, or what are its constituents when prepared. (e. g.) Calomel, known by its power of purging; promoting secretions, salivating, &c. may be used as a simple, untested article, as cinchona, ipicacuanha, &c. before they were subjected to analysis, with as good effect ordinarily, as with a perfect knowledge of all its chemical nature, &c. Yet these items of knowledge are necessary to the scientific practitioner, both for the known power of the constituents, or the neutralization of these powers, and for avoiding the impairing effects of incompatibles given simultaneously, or found in the system, &c.* Whilst therefore, these have their importance, still the indispensible elements of rational prescription lie in the philosophy of the disease—the true pathology of the case to be subjected to prescription. Hence the importance of pathological anatomy. But in the prosecution of this study, great care and good unbiased judgment are necessary to discriminate between morbid phenomena which

* As lime water for example, an article whose affinity for the muriatic acid is greater than that of the mercury, the consequence of which would be the decomposition of the calomel and the formation of the muriate of lime, whilst the oxyde of mercury is left—a power materially different from calomel. So likewise, the carbonate of ammonia is found to decompose this muriate of mercury, and form muriate of ammonia, leaving again the oxyde of mercury, and so on.
are merely the effects of disease in its approximation to fatal termination, and those which are causes; the want of which dissemination has been of late, an error but too general.

Here then is a field of enquiry which we desire to see occupy the minds of medical philosophers. The inquiries are, what is the intrinsic nature of those spasmodic diseases for which indigo is desired to be found a remedy? What predisposition? What exciting, what perpetuating causes? Where seated? What functions are disordered, and in what do they differ from the healthy? What is the tendency of the pathological state? Does it tend to, and will it, with the powers of nature alone, return to health, and that as quickly and easily as with the assistance of science, and may therefore be entrusted to the médicine expectante? Or does it tend to idiocy, or other permanent impairment of the functions, or to death, and therefore imperiously demanding the aid of science? These are inquiries of paramount importance, and which must be answered before a radical treatment can be determined. We must know what causes are to be removed—the mode of operation of these causes—the extent of their effects. We must know the general physiological state of the system, as well as the physical powers of the medicinal agents, their adaptation to the removal of these certain causes—to the correcting of their remaining effects—the means for combining, or avoiding, (as need may be,) modifying influences, &c. &c. In short, the pathological, as well as physiological, chemical and therapeutic elements must all be known and duly appreciated in deducing, what many practitioners think a very little matter, à prescription.

It will be observed that the therapeutic researches herein noticed, seem to have partially determined one important point—the inutility of this article in other than idiopathic cases, or at most its only alleviating temporarily, some of those which are symptomatic, or attended with organic lesions. But here we are arrested by the want of pathology, for who can say that there are any such cases as epilepsy, chorea, &c. truly idiopathic—who say that they exert only as phenomena of organic lesions. Indigo may not therefore be expected to be used to greater or more uniform advantage than many other remedies which have had their day of praise and fallen into disuse; until
the pathological elements of the spasmodic diseases, particularly epilepsy, to which the medical mind seems to direct this prescription, is more successfully studied.

We should be pleased to see a generous premium offered for (not the best, but) an essay which should set forth the rational philosophy of this, too often, uncontrolable and mischievous disease.

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**Dr. Cooper's Observations on Chronic Bronchitis.**

We insert the following observations which are going the rounds of the newspapers, not with approbation of the manner in which Dr. C. has thought proper to allow his observations to come before the public; for such a plan is more calculated to do harm than good, by throwing into the hands of the public a valuable power to be ill-judged of, or rather, to be indiscriminately used, without any judgment at all. Nor have we arrested it in its flight in company with the nostrums and catholicons in the gazette curricle, on account of our estimate of value we place on the observations on consumption which fill up the first two paragraphs; but because "the course of treatment is evidently one which ought only to be adopted and pursued under the direction of a skilful medical adviser;" and because we know that the remedial power which is the leading article in the prescription is calculated, under such circumstances to deserve a better fate than consignment to popular and indiscriminate use. It will be recollected by the profession that the leading power in this treatment, the good success of which Dr. Cooper has said so much about, is also the leading article in the pill of Dr. Senter,* which at one time possessed great celebrity as a dry vomit

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*The following is the formula for making Dr. Senter's dry-vomit pill—

\[ \text{R. Sulphate of copper} \]

\[ \text{Ipicaunih, each 7 to 10 grs.} \]

Make into a pill to be taken into the stomach in the morning fasting, without drinking any thing after, until the operation is free. He also used a solution of 3 to 12 grains in 2 or 3 ounces of water. What has been called Senter's emetic, is the following:—

\[ \text{rf Sulph. cupr.} \]

\[ \text{Pulv. ipicac. rad. grs. x., vel xv.} \]

\[ \text{M.} \]

Dr. MARRYATT was probably the first individual who made extensive use of this
in the treatment of pulmonary affections. It is also a kindred power to the "emetic mixture," or "vitriolic solution" of mosely,* which is given in nauseating doses, or as a dry vomit; both of which we have occasionally used with decided success.

"The late lamented death of Dr. Bushe from that form of consumption known as chronic bronchitis, painfully reminds the subscriber of a duty he owes to his profession and to society, of making known a simple form of treatment that has never failed him in curing this form of consumption, so destructive to the clerical and literary professions. This treatment is of nearly equal efficacy in catarrhal phthisis, and is a valuable remedy for consumption in all its forms when in its chronic stages, and free from any inflammatory symptoms. It is based on the pathology of consumption as the generic name for the disease.

Under the name of consumption are included that variety of diseases of the lungs attended with expectoration of purulent matter from the breathing surface of the lungs, connected with emaciation, hectic fever, and its concomitants, night sweats, colliquative diarrhoea, &c. All the powers of consumption act on the general health from one common cause—the presence of matter acting upon absorbing surfaces, and thus producing those symptoms known as hectic fever. It is the presence and violence of this symptom of consumption that prostrates the patient, until it more or less slowly ends in death. It is the consequence of hectic fever, and not the immediate disease of the lungs, causing it that forms the source of fatality from consumption.

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* Dr. Moseley's emetic mixture, or vitriolic solution is made as follows:—and is also treated as a dry vomit when given as an emetic.

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<td>Pulv. cocc. cac. gr. iv.</td>
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M. Dose 5fs every hour to vomit, or every 3 hours to nauseate.
The treatment I now with reluctant diffidence submit, I have used successfully, and for more than twelve years; and during that period of medical practice, I am not aware of having lost more than four or five patients from all the various forms of consumption; and these were mostly passed to that stage of disease where the structure of the lungs had become so extensively diseased as to preclude the use of more than palliative treatment. Cases of chronic bronchitis were, in every instance, cured by it, even when the purulent expectoration amounted to pints daily, with hectic fever, diarrhoea, cold sweats, and intense physical prostration.

The treatment is the administration of sulphate of copper in nauseating doses combined with gum ammoniac, given so as to nauseate, but not ordinarily to produce full vomiting. The usual dose for this purpose is about half a grain, and five grains of the respective ingredients, in a teaspoonful of water, to be taken at first twice, and in the convalescent stages, once a day.

In cases of chronic bronchitis, a gargle of the sulphate of copper alone is superadded. In this latter form of consumption, this treatment almost invariably suspends the hectic symptoms in a few days, and the disease rapidly advances to its final cure.

In cases of the more proper forms of consumption, the treatment must be intermitted frequently, and again returned to; and whenever soreness of the chest, or other symptoms of inflammatory action exist, the treatment must be suspended; as it is in the chronic state alone that the remedy is indicated or useful—that state in which the condition of the general system, as sympathetically involved, becomes the more prominent symptom; and the success of the treatment depends chiefly on the breaking up of the sympathetic action of the diseased lung, on the more healthy tone of the stomach, increasing the digestive powers, and likewise causing, during nauseating action, a more active and healthy circulation through the lungs. Its curative powers are more immediately attributable to these effects of its action. But theory apart, the treatment prescribed is based on more than ten years experience of its curative advantages, in the proper treatment of muco-purulent, and purulent expectoration.

Having left a profession that more nearly than any other approaches the pure duties of humanity; but which has nearly ceased in this country to be honorable or profitable, I have little motive in exposing myself to that certain ridicule that follows the annunciation that consumption may be cured, but the assurance of practical experience, and the desire of making public, the means of saving life in one of its most frequent and unwelcome exits.

EDWARD C. COOPER.
Resolutive Effects of Carburet of Sulphur upon indolent Tumours.

Lampadius in 1826 extolled the employment of this compound, for rheumatism, chronic gout, paralysis, cutaneous eruptions and burns. Since this period, this liquid has been frequently made use of in the north of Europe. Dr. Krimer has employed it anew with happy results in divers affections, and principally in the treatment of indolent tumours which had resisted all kinds of medications. Under this plan of treatment he has administered internally 16 grains of animal charcoal, mixed with the extract of cicuta; whilst externally he has caused to fall from a certain height upon the tumour, from 40 to 50 drops of carburet of sulphur, repeating it three times daily. The effected part was enveloped during the interval in wool or swan's down, and twice a week warm baths slightly alkalized were directed. This method of employing the carburet of sulphur was completely successful in his hands. The external use of the same compound was equally successful with M. Krimer in the case of a young lady who labored under goitre.

Finally, in several cases of strangulated hernia, the author found that no application so much facilitated reduction as the carburet of sulphur. Some drops applied to the hernial tumor, reduced it promptly without any manipulation.

M. Otto, of Copenhagen, has also employed with success, in obstinate rheumatic and arthritic affections, the carburet of sulphur according to the following formula:

Take of Carburetted sulphur, 3 ii.
Spirit of wine, 3 l. M.

The patients are to take four drops every two hours, at the same time that frictions are made with the following liniment:

Take of Carburet of sulphur, 3 ij.
Olive oil, 3 l. M.

By these means a persistent rheumatic affection of the feet accompanied with swelling of the extremities and knees, was removed in a short time.—Amer. Jour. Phar., from Jour. de Pharmacie.

Cantharidin Plaster. Charles Ellis* & Co., druggists and chemists, No. 50, Chesnut street, Philadelphia, have prepared a new blistering plaster from cantharidin, or the active

* Secretary of the Philadelphia College of Pharmacy.
principle of Spanish flies. It is spread upon silk, or glazed cloth. Being ready prepared for use on silk cloth, it is said to be exceedingly convenient and easy of application, possessing the adhesive quality, as well as cleanly appearance of court-plaster—that it will excite a blister with equal certainty with the fly ointment, without the unpleasant consequence of a portion of it adhering to the blistered surface. It is also said to be free from the liability to cause strangury.

It is used by applying a piece of it, of proper size upon the skin, with sufficient pressure of the hand to make every part of it adhere closely to the surface. It must be allowed to remain in application the usual period of 10 or 12 hours, unless it should draw sufficiently in a shorter time.

For taking it off, a wet cloth or sponge is to be passed over the back of it, after which it may be removed without pain. The blister is then dressed in the usual manner.

In case of the plaster having become dry by age or exposure, a little sulphuric ether rubbed over the surface of the plaster, will cause it to act more speedily. In all instances of applying it, care should be taken to make the plaster stick closely to the skin. This article will be found particularly convenient for application in those cases of spinal irritation now so constantly observed, and to which it is very inconvenient to bind on the common blistering plaster with sufficient accuracy for its constant adjustment.

Glutin Capsules of Copaiva. M. Gueneau De Mussy read to the Royal Academy of Medicine the report of the committee appointed to investigate the merits of a new kind of copaiva capsules invented by M. Raquin, a pharmacist. The capsules were formed of a slight layer of pure gluten. The copaiva, before being made into pills, is incorporated with one twenty-fourth part of magnesia. The committee have seen them prepared, and tried them in many cases at the Venereal Hospital. They prefer them to the gelatine capsules of M. Motte, which have already acquired the approbation of the Academy. This preference is founded upon the following reasons:—The size of the copaiva pills enveloped in gluten may be varied, which is not the case with the gelatinous capsules. In a small volume, the glutinous contain more copaiva than the gelatinous capsules; and do not, like the latter, allow the copaiva
to exude. When immersed in fresh water, or in some odoriferous water, the odour is communicated to them, and they are also more easily swallowed. The capsules of gluten can be taken in larger doses than those of gelatine, and without the nauseous eructations which the latter cause when dissolved in the stomach. The small quantity of magnesia combined with the copaiva prevents this inconvenience, and facilitates the digestion.—Archives Générale de Méd., July.

Internal Strangulation of Intestine, taken for Puerperal Peritonitis. One year after marriage, Madame N. was delivered without accident, of a child which she did not suckle. The 10th day the mammae were not even swollen, but the lochial discharge existed. The 12th day she felt, suddenly in her right iliac fossa a severe pain—the next day she was pretty well. On the 14th, hiccough, vomiting, &c. The patient presented an umbilical hernia which was soft, and without pain. No tumour could be perceived in the abdominal rings. An active antiphlogistic treatment was commenced, but the patient died in eight days—the 20th after delivery. When the body was opened, the cæcum was found strangulated by the appendicula vermiformis which embraced the intestine. The uterus and peritoneum were in a normal state. "The error of diagnosis in this case," says M. Baffos, "was unimportant, as the same treatment must have been indicated.—Archives Général de Méd., July.

Urinary Calculi covered by a kind of gilding. M. Ségalos presented to the Academy three calculi, one as large as a bean; the two others, smaller, which resembled gilt porcelain. The large one was found in the kidney of an ox; the other two, in the bladder of a cow. By scraping with the nail, the gilding was removed from one point, and the calculus found to be white; but when the same point was rubbed with the pulp of the finger, it was again covered by a gilt coat. A chemical examination was to be made, in order to ascertain the principle to which this gilt envelope is owing.—Archives Général de Méd., July.

We presume it would not take much of what Dr. Johnson calls "strong, hard, round-about common sense" applied as a test to these calculi to determine, that the "gilt envelope," is no envelope at all, and is but the hue which is reflected by the polish which these calculi very easily receive. Let us see, when the chemical analysis is reported, what better will be determined thereby.
OBITUARY.

It is with feelings of filial sorrow that we are under the necessity of announcing the death of the venerable Father of American Surgery, Dr. PHILIP SYNG PHYSICK. There is no section of our happy land which is without those who mourn his loss. Thousands unite to praise his merits, reverence his memory, and ascribe to him the honor of our Father in Surgery.—But we are only his episodes; his higher praises are registered in the grateful hearts of tens of thousands who, during his long and useful life, have enjoyed the ameliorating influence of his superior surgical talents.

He was not of those who are driven up by the force of circumstances; but persevering zeal, and originality in many the most important respects were peculiarly his. Like his cotemporary Dupuytren, he justly possessed the credit of his own growth to fame and usefulness. When his hand was first applied, American Surgery had not even a name! Now, what is it! Behold a prolific tree which overspreads the whole land, and justly claims honors equal with the foremost! It was a plant, germinated at his feet, cultivated by his hand, guarded by his care, and nurtured, pruned and extended by his counsel.

But it is not our purpose to write an eulogy. With his own hand he has created an imperishable monument, and inscribed thereon, the unfading honor he has bestowed on his country, in giving dignity and true worth and usefulness to his profession.

Tribute to the Memory of Dr. Physick.

At a meeting of the Faculty and Students of the Medical College of Georgia, for manifesting their high respect for the late Dr. PHILIP SYNG PHYSICK, Dr. MILTON ANTONY was called to the Chair, and Dr. GEORGE M. NEWTON appointed Secretary.

On motion of Dr. PAUL F. EVE, the Chairman appointed DRS. PAUL F. EVE, ALEXANDER CUNNINGHAM, CHARLES DAVIS, GEORGE M. NEWTON, and WILLIAM L. ALFRIEND, a committee to draw up resolutions suitable for the occasion.

After a few moments the committee made through their chairman, Dr. P. F. EVE, the following report:
The Faculty and Students of the Medical College of Georgia having heard, with the deepest regret, of the death of the venerable Dr. PHILIP SYNG PHYSICK, feel themselves called upon to give public expression of their sorrow at this afflicting dispensation of Divine Providence.

Truly has a great man fallen in our profession. One who had, by his zeal, talents, and arduous devotion to our science, secured the entire confidence of the American public; and whose teachings and signal improvements in surgery can never be forgotten by his numerous pupils in every state and territory of our country.

He was associated with Rush, Shippen, and Wistar, in establishing the first medical school on this side of the Atlantic—himself a pupil of the celebrated John Hunter, and by his fame as a scientific and successful surgeon, he attracted patients from all parts of our Union.

If Dr. Rush was the father of American medicine, Dr. Physick is no less entitled to the appellation of the Father of American Surgery. Appreciating then the great loss which has been sustained in the death of our venerable Father, Dr. Philip Syng Physick, late of Philadelphia, be it therefore

Resolved:—That we deeply sympathize with the community at large, mingle our sorrow with our professional brethren throughout the United States, and offer our sincere condolence to his distressed family.

Resolved:—That as a tribute of respect for the worth and character of the deceased, we will wear the usual badge of mourning for the space of thirty days.

Resolved:—That we respectfully request that the next number of the Southern Medical and Surgical Journal be issued in mourning.

Resolved:—That the Secretary transmit a copy of the proceedings of this meeting, signed by himself and the Chairman, to the family of deceased; and to the editor of the Southern Medical and Surgical Journal, and the editors of each of our city papers.

On Motion of Dr. P. F. Eve, the report was unanimously adopted. On motion of Dr. Dugas, the meeting adjourned.

Milton Antony, Chairman.

George M. Newton, Secretary.