A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.

EDITED BY
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ARTICLE I.

Surgical Cases. By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.

Case 1st. Successful removal of a large Schirrous Tumour from the Neck, attached to the left Tonsil. This operation was performed upon a negro man, named Middleton, brought to me by Dr. Joseph Wardlaw, a very intelligent and promising young physician of Abbeville village, S. C. A small tumour was observed on the left side of the neck several years ago, and which had resisted all kinds of treatment. Within the last few months, it had rapidly increased in size. When removed, I suppose it would have weighed nearly half a pound, the largest size schirrous tumours attain. The operation was performed in the Augusta hospital on the 1st December, 1837, in the presence of the medical students, and assisted by Drs. Wardlaw, Antony &c. The incision in the skin extended from about an inch below the left ear, and was continued for four inches obliquely downwards and forwards towards the thyroid gland.
By careful dissection, aided much by the light reflected from a mirror into the bottom of the wound, the tumour was finally detached from its connections to the surrounding tissues, the last divided being a fatty prolongation to the left tonsil. The left carotid and internal maxillary arteries, as well as the thyroid gland, were each exposed. The ligature was applied to but two arteries, one being the superior thyroideal. The lips of the wound were brought together by sutures, adhesive plasters and bandage. No untoward symptom occurred, the sutures were removed on the 7th, the sixth day after the operation, and the patient left the hospital on the 11th.

The following is an extract from a letter of Dr. Wardlaw, dated Abbeville C. H., Jan. 20th, 1838: "The boy Middleton, has entirely recovered, the wound healed very kindly, and has left a smooth and regular cicatrix. He is now in fine health, and greatly rejoices that he has gotten rid of 'the lump' as he terms it."

Remarks. The ligature I employ is animal, made at the suggestion of Dr. John Bellinger of Charleston, of deer's sinew. I only employ them for sutures when I expect union by the first intention—applying in all cases silk ligatures for this purpose, when suppuration is apprehended, and for a very obvious reason.

Case 2d. Extensive Injury of the Scalp, with compound and comminuted Fracture of both bones of the Fore-Arm—Amputation of the Arm—Recovery. Henry, a boy about ten years old, and belonging to Dr. Reid, of Abbeville district, So. Ca., while descending a very steep hill in the neighborhood of Augusta, was thrown from the driver's saddle of the left wheel horse, upon the ground which was gravelly, and by the upsetting of the wagon, was very seriously injured. His right forearm was fractured just below the elbow-joint, attended with laceration of the soft parts, both radius and ulna being broken comminutedly, and the hemorrhage which occurred produced fainting. The scalp was also lacerated at three points, the temples and occiput, the cranium being exposed at these places.

This accident occurred about two miles from the city on the afternoon of the 10th November, 1837, and there was no perceptible re-action of the system until the next morning. In fact, expecting the injury would prove fatal, the hemorrhage from the
wounds was simply arrested by compression, and the case left
pretty much in the hands of nature, assisting her only by a little
wine and water. By careful watching, it was perceived that
the system was reacting; and at 10 o'clock, it having been deci-
ded in consultation that it would be imprudent to attempt to
save the right fore-arm, the arm just above the elbow was ampu-
tated in the presence of the medical class. The wounds of the
scalp were cleansed of gravel, dirt, &c. and simple dressings
applied to them. They all entirely healed, and on the 23d, the
twelfth day after the amputation and dressing the injuries,
Henry left for home.

Case 3d. Piece of Percussion cap in the eye for two years—
Sympathetic affection of the other eye—Evacuation of the hu-
mours of the diseased eye.

Case 4th. Piece of percussion cap in the eye, of recent occurr-
ence—Section of cornea, obliterated pupil.

These two cases produced by similar accidents, were each
presented during the winter to the medical class of our College.
The first occurred in a brother to a physician while gunning in
Elbert County, in this State, and the patient never saw even the
light from the moment of the injury. The piece of copper entered,
or at least struck the sclerotica directly above the superior edge of
the cornea and was never extracted. All ordinary means having
failed to relieve the sufferings of the patient, and the other eye
becoming affected sympathetically, he came to Augusta to consult
me. A section of the cornea was proposed, to evacuate the humours,
and with them probably the foreign irritating body, though the pa-
tient thought the piece of copper had not entered the eye, but
simply struck it. On account of the great disorganization of the
membranes and humours of the diseased organ, the operation
was found very difficult of accomplishment, and exceeding painful.
The humours were evacuated very slowly, encouraged secondly
by poultices. It is believed the operation will secure the integ-
ritvity of the left eye and relieve the patient of his sufferings in
the right, which is all that was promised by it.

The second case was produced by a boy picking up a per-
cussion cap in a store of the city, placing it upon an anvil and
then striking it with a hammer. A piece of it penetrated the
cornea, of the left eye just below the point where the knife is intro-
duced in making a section for the extraction of the lens in cases
of cataract, and passed thence through the iris into the globe. The day after the accident, a section was made in the cornea as in the ordinary operation for opacity of the lens, with the view of extracting the foreign substance, and on completing it the lens immediately escaped. Whether this latter body or its capsule was injured by the piece of cap, it is impossible to say, it came however, through the pupil and section of the cornea, without any undue pressure upon the globe of the eye. Since the operation, the pupil has become obliterated, the iris being puckered up where the foreign body entered it, and has become adherent to the cornea. I know not if the piece of copper was extracted, it was not seen at any time. The other eye remains entire; the patient suffers now no pain whatever, and attends to his ordinary business.

Case 5th. Gun-shot wound of the wrist-joint—Limb preserved.—On the 20th of January last, a gentleman of this city while out gunning, in stepping over a fence with a double barrel gun, (percussion locks,) accidentally received a discharge in his left wrist-joint. As the thumb, fore-finger and middle finger, were uninjured, while the other two with the ulnar side (nearly the one half,) of the hand and wrist joint were dreadfully lacerated, it was determined in consultation, to attempt to save the limb, even with the risk of tetanus, and the certainty of articular inflammation. The ring and little fingers, with their metacarpal bones, and about one half of the two carpal rows, the pisiforme, the pisiforme, cuneiforme, and one half of the os magnum, were removed, (in presence of many of the students,) and the wound covered as far as it could be with the remaining integuments. The hand was placed upon a splint and first dressed with adhesive strips and simple cerae, and afterwards with chloride of lime. The inflammation in the joint ran its course without much suppuration, but it was not until the 29th of March that the case was dismissed. This I attributed to the constitution of the patient not being very good, and to the very cold and unpleasant weather during the time of his confinement.

I saw Mr. M. a few days since: he is fast recovering the use of his thumb and fore-finger, but the middle one is still very stiff. The patient is well pleased that the whole hand was not sacrificed.

Case 6th. Aneurism from Anastomosis on the head—Successful excision of it.—Peter, aged about 45 years, belonging
to Mr. Angus Martin, received three years ago, a blow over the left posterior inferior angle of the parietal bone of the cranium. Soon after this he discovered a small tumour which gradually increased to the size of a turkey egg, there being also a second one attached to it, about as large as a pigeon’s egg. They were situated in the course of the occipital branch of the temporal artery. Being well covered by the scalp, no extraordinary pulsation was remarked in them. I was requested to remove them on account of their inconvenience and continual growth. In a hasty dissection of them in the anatomical theatre of the College, the patient having arrived after the hour appointed, the knife penetrated the largest tumour, when the blood gushed forth in a large stream. The finger of an assistant immediately controlled the hemorrhage, and the tumours were hastily removed, without of course cutting into them again. But two arteries required the ligature, and the wound healed rapidly. The tumours appeared to be made up of a congeries of dilated blood-vessels—emptied of blood, the two were scarcely larger than the end of the thumb.

ARTICLE II.

Operations on the Eye by Professor Dugas. Reported by W. H. Robert, M. D. late Demonstrator of Anatomy in the Medical College of Georgia.

Affections of the eye may be either confined in their effects to the organ of vision, or extended by sympathy so as to implicate the general health. It therefore becomes necessary in the treatment of affections of this important organ to direct our attention not only to the eye itself, but also to the influence of the local disease, on parts more remote. By so doing, instances will occasionally be presented in which it will become the duty of Surgeon to remove the organ already incapacitated for vision, and even to destroy one not yet entirely lost, in order to render life
comfortable. These reflections are induced by recalling several operations I witnessed performed by Professor Dugas, during the past year, and whose history I will briefly narrate.

Case 1. Destruction of the Eye by Hooping-Cough.—In April 1837, the daughter of Col. H. G. L., of Macon, about six years of age, was brought to this city and placed under the care of Dr. D. She had some years previously, when affected with the hooping-cough, and in a violent paroxism, ruptured some of the blood-vessels within one eye, by which vision was entirely destroyed. From that time the eye gradually increased to double its natural size, became highly painful, protruded to such a degree as to prevent the closing of the eyelids, and was frequently attacked with intense inflammations, requiring the most energetic treatment for its subjection. The other eye, sympathizing strongly with it, was also occasionally affected with symptoms of ophthalmia, and the child’s general health was continually kept delicate. There being no other alternative than the removal of the diseased organ, either in totality or in part, Dr. D. determined to evacuate its contents by excising its anterior surface. He accordingly passed a tenaculum through the cornea, the whole of which was then removed with a straight bistouri, without touching the schlerotica. Dr. D. prefers the use of the tenaculum to either of the methods usually recommended. The aqueous humour was found very abundant, the lens reduced to a soft pulp, and the vitriour humous amalgamated with a dark bloody matter. About one half of the contents immediately flowed out; the balance gradually escaped in the course of a few days, and in a few weeks the case was discharged. The coats of the eye had contracted and cicatrized, leaving a small tubercle, to which may be appended an artificial eye. No unpleasant effects supervened, and, save the first and second nights, the patient had but little pain.

Case 2nd. Destruction of the Eye by Purulent Ophthalmia.—A negro child about four years of age, belonging to Col. J. McK. had in her infancy suffered a severe attack of purulent ophthalmia, which terminated in opacity of the cornea, and consequent loss of sight. The eye increased in volume enormously, and presented a similar appearance to that in the above case. The child was brought to town in August 1837, and was subjected by Dr. D. to excision of the cornea, and evacuation of the
humour. No unpleasant symptoms supervened, and the patient was sent home in a few weeks perfectly well.

Case 3d. Staphyloma following acute Ophthalmia.—In this individual, (Susan, a colored woman about thirty years of age, belonging to S. H., Esq.) after a violent and obstinate attack of acute ophthalmia, occurring without evident cause, was presented to Dr. D., who found vision entirely destroyed, the body of the eye about the natural size, but the cornea protruding like a nipple between the eyelids. The patient suffered almost continual pain in the eye, which frequently extended to the divisions of the fifth pain of nerves, at their exit from the supra and infra orbital foramina. Inflammation would frequently be developed in the conjunctiva of the affected eye, and implicate by sympathy, that of the other.

On the 20th of November 1837, Dr. D. operated in like manner as in the two above case, and with similar and complete success.

Case 4th. Ossification of the Capsule of the Lens, Chronic Iritis, &c. Nace, a field hand, about twenty-five years of age, the property of J. M., Esq. was sent to Dr. D. in January 1838. He had been incapacitated for work during the last three or four years by pain in one eye, as well as above and below the orbit, which occasionally became excruciating; light was utterly insupportable, and the conjunctiva was frequently much inflamed and infiltrated, at which times the other eye would become more or less red and watry. Dr. D. found him in the following condition: size of the globe normal; cornea perfectly transparent and very slightly flattened when compared with the other; conjunctiva much injected; lens opaque and white; pupil extremely contracted and unchanged by alternate exposure to light and darkness, although light was extremely painful; secretion of tears profuse whenever the lids were separated; the pain such as scarcely to permit sleep at night.

Leeches, general bleeding, blisters, poultices, mercurials, iodine, &c. had been used without relief. Dr. D. now applied belladonna to the eye, in order to ascertain whether the iris was attached to the capsule of the lens. It was repeatedly applied without occasioning the slightest dilatation of the pupil. What was to be done in such a case? To persist in the use of medicinal preparations promised nothing; to operate for cataract, either
by depression or extraction, when the iris was adherent, and the fifth nerve as well as the delicate tissues to which it was distributed, had been affected several years, was equally unadvisable. Yet the patient was unwilling to endure his suffering any longer, if possible to avoid it, and, moreover, there was some danger of the other eye becoming impaired by further delay. The only alternative was the destruction of the eye. Dr. D. accordingly, on the 20th January, removed the cornea. The aqueous humour escaped, but the lens still remaining, a cataract needle was introduced to break up its attachments. The iris adhered firmly to the capsule of the lens, the anterior portion of which was completely ossified, and the posterior considerably thickened and opaque. The lens itself was of a pulpy consistence. The vitreous humours escaped, the eye sunk, and cicatization readily took place without further trouble. The servant in a few weeks returned to his usual labour, and has not since experienced any uneasiness in either eye.

It will be remembered that in this case, vision was not entirely lost, for light was always perceived and attended with pain; yet the operation was determined on as the only means which promised comfort to the patient, and the removal the danger of losing the other eye. It is true the ossification of the capsule of the lens had not been recognized, nor are there any indications by which such a state can be distinguished from ordinary opacity of this membrane. The existence of the ossification served however, to confirm the correctness of the practice. It cannot be denied that much circumspection should be exercised in determining on the destruction of so important an organ, yet the case before us is unquestionably one in which such practice was the legitimate deduction of sound principles, and the result has been the restoration of ease to one who had led a wretched existence during the several preceding years.

Before closing this paper, I will take occasion to relate the history of a case of "Congenital Cataract," in which Dr. D. operated successfully on both eyes. The subject was a negro child about three years of age, (the property of Maj. W. P. D.,) who was born with a cataract in each eye, and consequently had never seen. The pupils contracted readily when exposed to a strong light, and the child was in fine health. A mild cathartic and the application of belladonna as usual, were the only prepa-
Operations on the Eye.—By Prof. Dugas.

The cataract was found fluid, the capsule was thoroughly broken up, and the needle withdrawn. With the exception of a slight conjunctivitis, which readily yielded to laxatives, saturnine lotions, &c. there were no unpleasant effects. Belladonna was occasionally applied in order to prevent the possibility of adhesion of the iris.

The right eye was operated on, on the 21st of the same month; the lens was found soft, and was readily crushed with its capsule, and portions pressed into the anterior chamber of the eye. On the 5th day no inflammation had supervened. Absorption was still proceeding rapidly in the left eye, and the child was sent back to the country. Her vision continued to improve as absorption advanced, she was soon enabled to run about without a guide, and to amuse herself with playthings. She now can readily see and pick up a pin thrown to her; thus evincing as complete a restoration of vision as is ever obtained under similar circumstances.

One of the most inveterate obstacles to the use of the new function, was a spasmodic and incessant agitation or vascillation of the eyes, which prevented the child from directing or fixing them on any object. Never having been before subjected to the influence of the will, the muscles of the eye had assumed this kind of involuntary action, and it was not without the utmost difficulty, and the lapse of many months, that volition assumed its empire over them. Even to this day, (two years after the operation,) it has to contend with the spasmodic action, although it more readily vanquishes it than formerly. It is presumed that the ascendancy of volition will ultimately be complete.
PART II.

REVIEWS AND EXTRACTS.

Inductive Medicine.

We regret that Dr. Craigie's "Elements of the Practice of Physic, presenting a view of the present state of special Pathology and Therapeutics," a large and valuable octavo volume has not yet come to hand. From the reviews of the work, Dr. Craigie appears to be a talented and independant writer, and, so far as his subject allows, original. We extract from the Medico-Chirurgical, the following definitions, which seem clear and explicit, and calculated to subserve the purpose of Inductive Medicine, and prove its handmaids in the detection of the elements of sound reasoning, and in leading to clear and accurate conclusions.

MEDICINE he defines to be "the art of distinguishing, preventing, and curing diseases."

DISEASE, he makes "to consist in that change in the properties, or structure of any tissue or organ, which renders it unfit for the performance of its actions or functions, according to the laws of the healthy frame."

ETIOLOGY, is "the doctrine of causes." The formation of diseases is understood to depend on the presence, or previous operation of certain circumstance which are classed together under the general name of causes. The department which undertakes to investigate the nature and operation of these agents is denominated Etiology."

REMOTE CAUSES are "all those circumstances which are observed to produce in animal bodies, sickness or morbid action. These are distinguished into predisposing causes, or those which induce a disposition to disease; and exciting, or occasional causes, or those which, when the disposition is already established, rouse it into action and give rise to actual disease." The former, Dr.
JOHNSON observes, include what are denominated internal causes, and the diatheses morbose of the schools. The latter comprise "all those circumstances or accidents, the operation of which upon the frame is followed, more or less directly, by the establishment of definite morbid action." Every occasional or external cause, may, by habitual, continued or repeated operation, give rise to effects which constitute morbid predisposition, and hence may become at once an occasional, exciting or external cause, and a predisposing or internal one. The best examples of the combination are presented by the effects of terrestrial or miasmatic emanations of marshy, insalubrious and malarial districts, the effects of residence in tropical and hot climates, whilst the solar heat is intense; and the effects of the habitual use of spirituous, vinous and fermented liquors." Dr. C. thinks it would be best to banish the term "proximate cause of disease" from the usage of physicians, and to substitute in its place the term "pathological cause, or simply pathological character of the disease, which would have been a definite signification." To this Dr. JOHNSON objects.—"If," says Dr. J. "causes are divided into remote and proximate, the change of terms by the banishment of one and the substitution of another, does not render the signification one whit less vague and erroneous, &c." But it appears to us that Dr. J. begs the question in saying "if causes are divided into remote and proximate." Dr. C. distinctly proposes to banish the term proximate from the usages of physicians, and does not divide into remote and proximate, and doubtless for very good reasons. Dr. J. asks "if there are no proximate causes of disease then?" certainly there are proximate causes of all events. That which is without the intervention of any other phenomenon between it and the effect is, in truth, the proximate cause, and there should never have been any other difficulty in settling this matter, but that of ascertaining the fact of causation; nor would there ever have been, but for the folly of going into the facts of those changes of properties, or structure of organs or tissues which render them unfit for the performance of their functions according to the laws of health. It is true that the whole train of causation and of morbid phenomena, is but a concatenation of cause and effect; and in the phenomena of disease, whilst one phenomenon is the effect of a
cause of disease, it may itself also be a cause of another link in
the chain of morbid phenomena. But it is true, that the moment
that structure or function deviates from the true physiological
state or kind, that moment is disorder or disease produced, and
is not to be considered, in distinguishing the proximate cause of
an event called disease, as the cause, but as the primary effect
of the cause. Let us illustrate this idea a little farther. A man
resides for a sufficient time in a malarial district, and becomes
predisposed to fever. The predisposition alone is not apt to
produce fever. But if, with this predisposition, he be exposed to
cold, fever is produced, and of that type to which the predispo-
sing cause disposed him. In this case, the cold is the occasio-
nal, exciting, or if Dr. Johnson please, the proximate cause of
the disease, or whole train of morbid phenomena which follow
under the name of bilious fever, without the intervention of any
other cause, or even obvious phenomenon. The spasm of the
capillaries, if such be the first obvious morbid phenomenon or
effect, is not therefore the proximate cause, as has been said, but
is in truth the primary effect—the first known link in the chain
of actual morbid phenomena. The cold, is, in this case, actually
proxime, and therefore is the cause of the next, and through
it the succeeding phenomena which are the disease itself,
consisting of the various derangements of functions, &c. in
the system. But the character of these derangements will be
modified by the peculiarities of the existing predisposition. If
there be a bilious predisposition, bilious will be the character of
the succeeding disease, unless there be other modifiers concern-
ed, in which case, these will also share influence in the effects.
Thus if the man be greatly predisposed to bilious disease, with
a slight cold as an occasional cause, he has a fever decidedly, or
entirely of bilious type, and more or less malignant or benign,
according to the circumstances of the predisposition, because
effects are proportionate to causation. But if, labouring more or
less under this predisposition, he suffer violent effects from cold
as an occasional cause of disease, he will probably suffer an in-
flammatory attack, and if slightly, or not at all predisposed to
bilious disease, the occasional cause, cold, will be found to have
produced the inflammatory fever unmodified, or not materially
modified by any other predisposition than that which belongs to
the true physiological state. Hence the difference in the prevailing diseases of summer, autumn, winter and spring. The same may be said of those epidemics which often prevail, as scarlatina, influenza, &c.

But Dr. J. as well as Dr. CRAIGIE and all others of old observation, must have witnessed the perplexities and the disputations amongst the profession, in endeavouring to determine and distinguish the proximate cause of disease, and must well know in order to retain some where in use this pretty anglicised latin word it has been changed from place to place, and from one meaning to another, until, in order to avoid the possibility of contesting its proximity by the interposition of some other between it and the effect, disease, it was at length, as it yet continues to be defined, the disease itself; thus actually translating it altogether from the whole catalogue of causes contradistinctly considered, and making it the primary effect of noxious causes, or the actual disease, the cause of which was the object of pursuit. Thus it became nothing but a perplexity. There is probably no small matter, or rather, definition in medicine, more certain to be enquired about by the pupil, than the meaning of "proximate cause." And when this enquiry comes, what can the preceptor reply that conveys intelligence? If he answer according to the present acceptation of the term, he must say 'it is the disease itself;' which leaves the pupil with words surely, but with no more ideas of causation, than does the definition of life in the language of a certain author:—that "life is the totality of those function which resist death," We think therefore Dr. C. has acted most wisely in dropping its use, for it had become a most nonsensical encumbrance, as it is in use. We see no objection to Dr. CRAIGIE's devision of causes: perhaps a little difference of nomenclature might have been more agreeable to the common usage in reasoning process; as predisposing and exciting, or passive and active, &c.

NOSOGENY, or the formation of diseases, ΝΟΌΣΕΥ τευτεύτ. "The only legitimate mode of forming a correct theory of the formation of diseases, is to study the operation of remote causes generally—to observe their effects on the human body and its organs, and to endeavour to trace the connexion between the operation of these causes and the morbid changes induced in the course of various disease."
This remark of Dr Craigie is very correct and important, as the remote predisposing cause is generally, as before observed, the modifier of the type of fever.

Nosology.—"With the view of communicating just ideas of the resemblances and affinities, as well as the differences of disease, and exhibiting correct views of their mutual relations, it is usual to distribute diseases in a certain method or order. The general principle of pathological distinction, is to arrange diseases into certain tribes or assemblages, according to their resemblances and their dissimilitudes, in imitation of the arrangements of natural history, &c. In distributing diseases in this manner, it is necessary to distinguish each class, order, family genus, and species, by a certain number of characters by which it may be known from those which most closely resemble it, and to designate each, thus distinguished, by an appropriate character or appellation. Nosology may therefore be distinguished into two divisions:

"Nosotaxy, or the distribution and classification of diseases; and

Nosonomy, or the nomenclature of diseases."

Dr. Craigie adopts for himself, as the basis of classific distinction, the pathological nature of the different morbid processes, and subdivides these as nearly as may be, according to the anatomical arrangement of the textures and organs of the animal body. These bear a very close analogy with Dr. Goon's arrangement, and less liable than any other arrangement, to overrule the rights of induction, or the true philosophy of each individual disease—rights which belong to every practitioner, and which should be freely exercised in determining the diagnosis, the pathology and the prognosis, as well as the general and special therapeutics of every individual case, no matter to what class, order, genus, or species it may have been said to belong.

"Nosograph, or Semeiography, the department of practical medicine which describes diseases according to their symptoms—these being divided into essential, pathognomonic, or diagnostic,—general, and accessory, but not necessary,—and secondary or supervening, the symptomata symptomatum and symptomata supervenientia of authors." "It is of the utmost importance for the physician to observe carefully, and distin-
guish accurately the different classes of symptoms; and as this cannot be accomplished without very just and accurate ideas on pathology, general and special, it becomes impossible in practical application to disjoin the knowledge of morbid processes from that of their characteristic symptoms; and the whole subject of the study of symptoms is to connect them with their appropriate morbid or pathological causes, &c. If we could repose confidence in the accuracy of our observation, and in the constancy of the relation established between these diagnostic signs and the pathological state of the organs, that part of medicine which consists in recognizing and distinguishing diseases would then be a perfect art." Though pathological researches have tended greatly to diminish the number of uncertainties and obscurities between symptoms and other causes, still Dr. C. acknowledges that perfection in this department is still remote; and that "the physician has still daily occasion to remark the fallaciousness of some of his most usual diagnostic means; and the progress of various diseases affords examples of complication and obscurity which make him feel forcibly the conjectural nature of his art, until symptoms so unequivocal have taken place, that diagnosis is no longer practically useful."

"Pathology—The science which enables the practitioner, in any given case, or number of cases of disease to form, from the attentive consideration of the external signs and symptoms, an idea as accurate as possible, of the nature and extent of the morbid action or actions in the tissues and organs of the living body—a science of great extent, and embracing several sub divisions. These are,

Pathological Physiology, or the assemblage of facts obtained by the study and comparison of the actions and functions observable in the healthy body, and their variations in the different morbid states of particular organs, or of the system at large." And "Pathological Chemistry, which from the knowledge possessed of the natural conditions and chemical constitution of the different fluids of the animal body, and of the changes which take place during disease, enables the physician to determine the nature of those changes. And

Pathological Anatomy, a third species of information, derived from the careful inspection of the organs of the bodies of those
cut off by disease; regarding the effects, and occasionally regarding the nature of the morbid action."

"Pathology and symptomatology are so closely and necessarily allied, that neither can properly exist alone, or be cultivated apart. Every fact and principle of pathology derives its value from the explanation which it affords of any symptom or set of symptoms; and it is totally impossible to establish a rational symptomatology, without a collection of such facts and principles. Hence the great object of pathological inquiry is to enable the physician to distinguish between essential, or pathognomonic, and general, or common, or accessory symptoms; and above all, to determine from the presence of each, the stage, degree, intensity and effect of the morbid process, with the view of treatment."

Therapeutics, comprehends two great divisions. One, Prophylactics, relating to the means of maintaining health and preventing disease; the other, therapeutics, properly so called: each embracing

The prophylactic, or preventive department, containing
a. Hygiene.
b. Medical Police.

The Therapeutic, or curative department, including
a. General Therapeutics.
b. Special Therapeutics.

Hygiene, relating to the general rules established by physiology, etiology and pathology, for the preservation of health.

Medical Police, referring to those measures either of precaution, prevention, or rectification, which are adopted, to counteract the operation of deleterious principles or morbific agents generally on the human frame.

General Therapeutics, the mode of applying these general principles to the treatment of individual diseases.

If, in all instances, the pathological cause or causes were perfectly known, and if, at the same time, we were perfectly acquainted with agents which could operate on these causes directly, and efficiently, and remove them entirely, the principles of therapeutics would rest on a sure and immutable foundation, the curative indications would be simply to remove the pathological cause, or causes of the disease, and the healing art would be reduced to great certainty and precision. This perfection, however, pathology has not yet attained; and the principal lesson
which it has taught, is that which is named cure, consists not in the positive removal or extinction of a morbid process by direct means, but in the gradual subsidence of the morbid action under a favorable combination of circumstances, and the restoration of the actions of health. The cure of disease by direct means is indeed very rarely practicable; and though pathological causes are known, our means do not operate on them; while in the diseases in which the causes are unknown, curative indications must be derived from symptoms. While healthy properties are impaired, we know no agent by which they can be directly restored; when vital action is perverted or deranged, we possess no means of immediately rectifying it, but must be satisfied with using those means under which it is most likely to rectify itself; and when morbid processes are established, they pursue a certain course, and tend to a particular termination, and all that the physician can do, is to moderate and restrain the violence of the process so much, as to prevent it from injuring important and essential organs."

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**Cases of Laceration of the Iris.**

Dr. Davenport has favoured the pages of the *Boston Med. & Surg. Journal*, with some interesting cases of laceration of the iris; the first of which is beautifully illustrated by a coloured engraving. He offers this case "as an illustration of laceration and prolapse of the iris," whilst at the same time, it presents a remarkable instance of the power of nature in restoring the eye from the effects of a severe injury. This accident was occasioned by a severe blow upon the left eye, from a fragment of stone. Dr. D. "saw him soon after the accident occurred, and found an oblique and irregular wound about four lines in extent, of the inferior and inner part of the cornea; a considerable portion of the inferior and nasal part of the iris torn from the ciliary ligament which protruded through the wound and hung down upon the eye ball; the anterior and posterior chambers of the eye filled with blood, so as entirely to conceal from view the pupil and remainder of the iris. The cornea was prominent, from the contents of the globe, particularly at the wounded part.
The conjunctiva was somewhat injected, great pain in the eye ball; vision in this eye, extinct, at least for the present."

The protruding portion of the iris was removed with forceps and curved scissors, in order to prevent additional irritation from exposure and friction. Some bloody serrum escaped from the anterior chamber, after which, the edges of the wound were carefully adjusted, and compresses wet with cold water secured by a light bandage. Venesection, a brisk cathartic and antiphlogistic regimen were adopted. This operation was performed on Tuesday, the 25th September. Dr. D. did not see him again until Saturday, during which time he had been visited by an irregular practitioner who had treated the eye with belladonna, and the frequent application of a powder of calomel and white sugar, blown into the eye through a quill, (perhaps as the farmers do their horses, to "cut the film," from the eye.) When seen on Saturday, the inflammation had of course, considerably increased, with evidences of deep scated ophthalmia—pain severe, but not constant; and was confined chiefly to the brow, temple, and cheek bone. The intolerance of light, and the lachrymation were moderate. Notwithstanding the severity of inflammation which had supervened, the absorption of the effused blood in the chambers of the eye had gone on so extensively that the superior point of the iris, and a small portion of the dilated pupil could be seen, and the patient could distinguish the outline of large objects. On Monday, two days after, the absorption was found to have brought to view nearly all the superior half of the iris and pupil, and the iris was found of a light greenish instead of its natural blue colour. The circum-orbital pain had diminished and the power of vision improved. The use of purgatives and cold wet pledgets was continued. On Wednesday, shreds and patches, of blood were visible in the pupil, and also red spots on the surface of the iris, and a portion of coagulated blood remained above and below the corneal wound, and the accidental pupil had become visible at the lower part of the anterior chamber, though somewhat obscured by a coagulum of blood. On Friday, the 9th day after the accident, "scarcely a trace of blood remained in the anterior chamber. The false, accidental pupil, (as illustrated by the accompanying plate,) presented the appearance of being a continuation or enlarge-
ment of the natural pupil, forming with that, a large and irregular aperture, by the separation of one half of the circumference or external margin of the iris from the ciliary ligament. A point of the pupillary margin of the iris, of a triangular shape had become engaged in, and adhered firmly to the opaque cicatrix, left by the wound of the cornea. The cicatrix formed a point of attachment for this part of the iris, by which the inferior boundary of the natural pupil was in some measure preserved. This cicatrix is shown in the plate by a white opaque line, crossing the cornea obliquely just below the axis of vision, and peeping through the substance of that tunic. On Saturday, the entire pupil was found black and transparent, or nearly so; the iris however, not manifesting any contraction or dilatation on changes of light. The patient could distinguish large print with the injured eye, but not without a misty appearance. There had not appeared at any time, muscae volitantes, nor luminous spectra. In a few days he returned to his work, guarding the eye with a pasteboard shade.

On the 12th of November, the wound of the cornea had become firmly cicatrised, the cornea retaining its natural size and convexity. The superior half of the iris dilated and contracted well; the inferior being attached to the cornea, was of course, without motion. By contracting the lids very slightly, vision was equally as perfect as in the sound eye."

Dr. Davenport has had three other well-marked cases of laceration of the iris, the result of injury; the first of which was complicated with opacity of the lens and may be seen in a former number of the Boston Med. & Surg. Journal. The second, when first seen was accompanied with complete amaurosis, and the iris had nearly disappeared. The third was that of a young blacksmith, who was struck by a piece of iron upon the right eye with such violence, that the cornea was ruptured transversely, with a loss of part of the contents of the globe. On recovery, "the greater part of the cornea was found opaque, with closure of the natural pupil and obliteration of the anterior chamber, except at the upper margin of the cornea, where a false pupil had been formed by the detachment of the iris from the ligament. Through the pupil, he can see large objects pretty distinctly. Luminous bodies, as the flame of a candle, to this eye
appeared to be greatly multiplied; so that he could at any time amuse himself with an illumination by the aid of three or four common lights. The central image was, however, the most distinct; those extending horizontally on either side becoming more faint until they ceased to make any impression on the retina. It is worthy of remark, that, within a few months after the above mentioned accident, the left eye, without any other assignable cause, was attacked with aquo-capsulitis, or inflammation of the lining membrane of the anterior chamber, involving finally the iris. This eye recovered chiefly under the use of depletory remedies, followed by an active course of calomel and opium."

**Nature of Inflammation.**

In writing on this very interesting subject, Dr. M. Hall, in his book on the principles of Theory and Practice of Medicine, "institutes an inquiry into the condition of the true capillary, the secretory, absorbent and newly-formed vessels, the minute arteries and veins, the large vessels, the heart, and blood." The result of these inquiries is his conclusion "that each cause of inflammation induces such a physical effect upon the internal surface of the capillaries as leads to the adherence of the globules of the blood to it, and to its ultimate secretion. This stagnation augments as the inflammation increases and becomes more diffused; and seems to constitute the essential character of the disease. Any augmented or diminished action, on the application of stimuli, he has never been able to detect.

"Obstructed capillary circulation leads to enlargement of the minute arteries—arteries being muscular organs, and muscular organs always augmenting in the ratio of the opposition to be overcome by them in the performance of those functions. The condition of the minute veins is not ascertained.

The secreting vessels are variously affected by the various degrees of inflammatory action—an effusion of serum, marking the lower; a secretion of albumino-phibrine, the higher degrees; and pus, the highest of all.

The functions of the absorbent vessels are not less modified than those of the secreting vessels.

After lymph has been long poured out, it becomes organized, and numerous vessels carrying blood, are observed in it, pur-
suing a various course: these have been delineated by Monro, Hunter, and Lobstein, as seen in cicatrix, in portions of pendulous coagulable lymph, in layers of lymph, and in coagula of blood.

The enlargement of the blood-vessels is not confined to the minute arteries—the larger arteries, in the immediate vicinity of the inflamed part, also enlarge. It is not certainly known how far this enlarged condition of the arteries extends from the seat of inflammation, but that the inflammation of a part affects, not only the arteries and veins in its vicinity, but also the heart, is gathered from facts like these:—The pulse of the radial artery, leading to an inflamed hand, is more forcible than that of the other arm; the veins leading from the inflamed hand, yield their blood more freely than the similar veins of the other arm; the heart also beats with an augmented impulse and greater frequency.

The blood is well known to undergo considerable changes in inflammation: the appearances of cupping and of buff, of the blood drawn from a vein, are sufficient evidence of this fact; if the same appearances have not been observed so familiarly upon arterial blood, it is probably because arteriotomy is much less frequently performed than vensection.—Hall.

In Dr. Hall’s chapter on this very interesting part of the subject before us, he has equally aimed to preserve facts and to discard conjectures, rightly observing, that—The condition of medical science still requires this separation of what is ascertained from what is only imagined—of the true from the false: to discover the former, and to detect the latter, are equal benefits conferred upon our profession.—A sentence, which it would be well for every medical student to carry with him throughout his curriculum—and one, which every medical author would do well to set before his eyes whenever he takes the pen into his hand. Medicine, perhaps, more than any other science, if we except at the present time political economy and divinity, is inundated with conjectures and vain imaginations, and crude and undigested fancies, the abortions of prolific but feeble minds—and facts, comparatively few, come to be disregarded because of the superfluities of fiction, than which, there is nothing more evil, more dangerous, or more destructive of true science.—Medico-Chirurgical Review.

The changes in the condition of Inflammation.—According to Dr. Hall, these are eight:

1. Resolution is the mere subsidence of inflammatory action, and the only proper termination of the process. It is effected by the absorbent power of the minute veins, and the contractile power of the capillaries.
2. Edema. "The interstitial effusion of limpid albumen or serum, viewed distinctly from the repletion and enlarged size of the capillary and minute vessels constitutes edema, the white swelling of inflated parts, sometimes accompanying, sometimes following, the actual inflammation. It frequently remains in the form of a pale and colourless swelling, after the vascular repletion and the consequent redness having disappeared. In one case—inflammation of the larynx—it is frequently the cause of death, obstructing the upper orifice of the trachea and suspending respiration.

3. Adhesion is affected by an intervening deposite of coagulable lymph, or albumino-fibrine. When this takes place, uninterrupted by other processes, it is what surgeons designate union by the first intention. When other processes intervene, the effect is slower and modified, and cicatrization takes place. Both these occur in all the tissues of the body alike, whether internal or external, whether canals or cavities.

4. In softening, or ramollissement, the opposite adhesion takes place—the natural cohesion of the inflamed part is destroyed; it, likewise, occurs in all the tissues; most, in the parenchymatous substance and mucous membranes; least, in serous membranes. In certain tissues, as that of the lung, it is analogous to mortification of other tissues. In others, the brain, for instance, it corresponds to suppuration.

5. Induration belongs to chronic, softening to acute inflammation, and depends upon the interstitial deposit, probably of coagulable lymph, or albumino-fibrine."

6. Ulceration. "Interstitial absorption, whereby the surfaces of a part is removed, produces ulceration, which is simple, or healthy; spreading, or phagedænic; and destructive, or sloughing. In the external cutaneous, internal mucous, and synovial membranes, it is common; in the serous membranes, rare;—and it obtains the name of suppuration when it takes place in parenchymatous substances; and caries, in bony textures. It may proceed from, or it may yield to an opposite process, as cicatrization. And, as an ulcerating is always an absorbing surface, it may give rise to enlargement of neighbouring glands, and to inflammation of the absorbent vessels. The affection of the inguinal glands in chancre, and also in gonorrhœa, is a fact familiar to us all. Is there ulceration in all cases of the latter malady thus complicated with bubo?—Hall.

7. Suppuration. The observations of Burgmann, Hunter, &c. prove that purulent fluid may be formed without any breach of surface. This is suppuration, and one of the most frequent results of inflammation—exhibiting itself in the four varieties of abscess, where the pus is enclosed in an orbicular cavity; fistula, where it hurrows between the adjacent textures; and infil-
tration and diffusion when it gets into the meshes of the cellular membrane, or is spread over the surface upon which it is formed.

8. Gangrene. Inflammation sometimes leads to gangrene, and to sphaeclus; terms, conventionally employed to designate—the former, the condition of the part when on the point of losing its vitality—the latter, that of a part absolutely dead, and ready to pass into a state of decomposition.

"Nothing can illustrate the varied phenomena of inflammation, on a minute scale, better than the variolous pustule; at first, we have simple inflammation—inflammation of a sebaceous gland—redness and tumor; on the third and fourth days we have the effusion of serum, a vesicle, the duct of the gland tying down its centre; on the fifth day, we observe the effusion of pus around this central point, and within the external margin of the vesicle, the intervening space being occupied by transparent serum, and appearing of a red, flesh-colour, well contrasted with the opaque pus, and there is a surrounding areola of deep inflammation; on the seventh or eighth day, the serum is entirely replaced by pus; and on the eighth or ninth, the central duct has been absorbed or has sloughed, and the pustule is orbicular. There is also the early effusion of lymph; and, at a subsequent period, it is found that a portion of the cutis vera has sloughed. The whole of this series of the phenomena of inflammation is followed by cicatrization, again implying the effusion of lymph."—Hall.

"The Modifications of Inflammation, are most important and interesting, as these arise out of the varieties of texture, or are produced by differences in the conditions of the system.

Inflammation of the serous membranes is marked by redness, and found to consist in points, stars, and arborescent forms, arising; 1st, from enlarged vessels, and, 2d, from extravasated portions of blood. Dryness, from cheeked secretion, is rare; augmented effusion from the surface of the membrane, more general. This effusion consists of serum, coagulable lymph, albumino-fibrine in layers; or adhesions, pus or puriform fluid; sanguineous serum. An important, although negative character of inflammation of the serous membrane is, that it seldom leads to ulceration.

In inflammation of the mucous membrane there is redness, injection, enlarged blood vessels, increased secretion of mucus, at first transparent, afterwards opaque and puriform, re-assuming its transparence as the inflammation subsides. The exudation of coagulable lymph is rarely seen, although we have instances of it in the trachea in croup; and in the uterus, in dysmenorrhœa, when it forms, in each case, a false membrane.

Corresponding as inflammation of the mucous membranes does in these respects to that of the serous membranes, it is, in
others, as diametrically opposed. Inflamed mucous membranes soften and ulcerate,—events happily uncommon in inflamed serous membranes."

"Suppose an abscess in the liver. It enlarges; it proceeds to evacuate itself; this may be effected externally, in the hypochondrium; internally, into the intestines, or through the lungs into the bronchia. In the first case, adhesive inflammation unites the two contiguous portions of peritonæum, and the subsequent ulcerative process pierces through these two folds of membrane with the intervening layer of albumino-fibrine—and then through the external integuments. The cavity of the abdomen is protected and preserved from an effusion of pus, which would immediately induce a terrible and fatal peritonitis! In the second case, similar phenomena occur, and the abscess finds an issue into the intestine, the abdomen being still protected and preserved as before. In the third case, the two contiguous peritoneal surfaces first, and then the two adjacent pleural surfaces, unite by albumino-fibrous adhesions; and, lastly, the ulcerative process proceeds to open a way for the pus through these adherent membranes, the intervening diaphragm, the cellular tissue, and the bronchial parietes, and the pus is eventually expectorated, the cavity of the abdomen and that of the pleura being equally preserved!"—Hall.

Mr. Travers tied the duodenum of a dog, so as completely to obstruct the passage. On the two following days the animal was sick, and his respiration hurried. On the fifth day he passed a copious stool of the same appearance as the fluid discharged by vomiting. From this time the sickness ceased, the breathing became natural, he fed and digested his food—the cure was established by the fifteenth day, and he was then killed. On examination, the lacteal system was well displayed. The folds of a portion of omentum contiguous to the strictured intestine adhered to it. A slight depression was observed in the circumference of the gut—which was then carefully laid open—the villi were turgid with chyle—the villous surface more vascular and deeper-coloured than usual. A transverse fissure marked the seat of the ligature. The edges of the section were distinctly everted, and the appearance corresponded with that of the union by suture.

In another dog, a fold of ileum was strangulated, a little above the angle. The strangulated piece below it was then cut off, and the cut extremities joined by ligature. The wound was sewed up, the animal not appearing to suffer materially—the second and third days he was sick and vomited bile, but drank a little milk and water. On the fourth day, passed a solid stool. In a month, was perfectly well, and shot. The exter-
nal wound was healed. There was no appearance of disease in the abdomen—and but few adhesions of the peritoneum. The ileon lay thus upon the vertebrae. At the internal angles the sides adhered to each other. The opposite was closed by adhesions to the omentum and neighbouring intestine. Upon laying open the tube, it appeared that the ligature at the ends of the gut had been discharged through the canal. At one point, the line of union was scarcely completed; and there appeared a little cyst, like an abscess, communicating with the tube, in which the tied ends of the gut had been lodged previously to their being voided.

"In all these cases," and in the similar ones of hernia, and of intussusception, "the contiguous points of serous membrane unite by the effusion of albumino-fibrine; the interior tissues, with the mucous membrane, are served by the ulcerative process. The cavity of the peritoneum is guarded from the irruption of the faecal matters by adhesive inflammation; whilst the canal of the intestine is preserved entire by the ulcerative! Now let us suppose these properties of the serous and mucous membranes reserved! Every inflammation of the former would tend to ulceration and abscess; every inflammation of the latter, to close a canal!"—Hall.

Inflammation is also modified by the different conditions of the system. In rubeola, for instance, the phlogistic diathesis prevails. In scarlatina, the character of the local inflammation and its attendant fever, is frequently typhoid. And changes take place corresponding to these differences. The changes which take place in inflammation occurring in the phlogistic diathesis, as has already been shown from Dr. Hall’s work, are aptly illustrated by the varioloid inflammation, in the distinct form; that which takes place when the typhoid type is present, receives a similar illustration from the pen of our author in the confluent variety—the papulae are less hard and and elevated; the serum and pus are less distinctly characterized, and resemble an undefined, and sometimes bloody, sanies; the progress, the circular and orbicular forms, the periods, the termination of the eruption, are less marked, less distinct; and there is a great disposition to slough, and consequently, to scars.

We have been led into so full an analysis of this subject, as treated by Drs. Hall and Craigie, that we have little space left for considering the chapters devoted by the former to "the distinctions between inflammation and irritation and congestion"—"the influence of inflammation"—and "the diffusion of inflammation"—and must very briefly notice that which treats of inflammation as a curative means. Without it, the art of surgery could not exist. Every operation implies the resources of Nature in
healing divided parts. As a curative measure it is employed by Nature and Art. By the former, in apoplexy, in the formation of an artificial anus, and in conducting pus from an hepatic abscess to the surface;—by the latter, in the cure of artificial anus as devised by Dupuytren, in the cure of hydrocele by injection—in that of prolapsus uteri—and in the treatment of nevus, &c.—the two latter applications of it are claimed by Dr. H. as inventions of his own.

*On Blood-letting.*

The following observations of Dr. Hall, as affording a rule for blood-letting in all cases in which it requires to be fully instituted, a rule for guarding at once against inefficient and undue blood-letting, and a source of correct diagnosis, are worthy of the close attention of every practitioner. We give them, with Dr. Johnson's remarks which accompany them in the Review.

It is a remarkable fact, that "if several patients of similar strength and constitution, but affected by dissimilar diseases, be respectively placed in the erect position and bled to deliquium, they will be found to lose very various quantities of blood," one will bear the loss of 50, 60, or even 70 ounces, without syncope—another will not endure to lose four ounces.

The rationale appears to be, that "different diseases induce in the constitution different powers or susceptibilities in regard to the effects of loss of blood. Each disease seems to have its own virtue in this respect: this is determined by placing the patient perfectly erect, and bleeding to incipient syncope: the quantity of blood which flows is the measure of the protective influence of the disease in one class of cases, and of its influence in super-inducing a susceptibility to the effects of loss of blood on the other. In cases in which it is doubtful whether the pain or other local affections be the effect of inflammation or of irritation, the question is immediately determined by placing the patient upright and looking upwards, and bleeding to incipient syncope: in inflammation much blood flows; in irritation very little. The violence of the disease, the powers of the system, and the due measure of the remedy, are determined at the same time. There is, in my opinion, no single fact in physic of equal importance and value, in the diagnosis of acute diseases, and in the use of a powerful remedy."—Hall.

An interesting scale of diseases may be formed representing these properties. Persons in health, of moderate strength, will generally faint if bled in the erect posture, on taking fifteen ounces of blood. Dr. H. has known 70 ozs. to be taken in a sitting posture, in the
tendency to apoplexy without syncope! but the case is an extreme one. Patients with meningitis, encephalitis, pleuritis, or pneumonia, frequently lose 35 ounces of blood without fainting. In bronchitis, little more is borne to be lost than in health. A stout person in fever will frequently faint on losing 10, 12, or 14 ounces of blood. In intestinal irritation, with urgent symptoms, even the abstraction of nine or ten ounces will generally induce delirium. In delirium tremens or puerperal delirium, the patient soon faints. And the same thing is observed in cases of violent reaction, arising from loss of blood. In dyspepsia, hysteria, and chlorosis, the susceptibility to syncope is very great, and Dr. H. has known a patient of good strength, affected with cholera, faint on taking four ounces of blood, who had previously lost, under the influence of inflamed mamma, 20 ounces without faintness: Paralysis from laceration of the brain and apoplexy from concussion, before reaction takes place, or inflammation is established, are cases also of diminished tolerance. It must also be carefully noticed that cases of accident do not bear the loss of blood like those of inflammation.

These facts afford:—1. A rule for blood-letting, in all cases in which it requires to be fully instituted. 2. A guard at once against inefficient and undue blood-letting. And 3. A source of diagnosis.

The rule is suited to the degree as well as the duration of the disease; and is not less adapted to those most frequent of all events, mixed cases—inflammation and irritation conjoined.

"It is difficult to say whether more injury has been done by an undue or by an inefficient use of the lancet. In inflammation we must bleed fully—in irritation we must bleed cautiously. Inefficient blood-letting in the former, and undue blood-letting in the latter, are alike dangerous or even fatal to the patient; from both extremities we are guarded by the rule which I propose. By directing the patient to be placed in the erect position, and bled to incipient delirium, we shall often take much more blood than we should have ventured to prescribe to be taken in inflammation, and very much less than we might be supposed to direct in irritation; and in both these cases the rule conducts to the only safe mode of treatment. And, if much blood has flowed before the occurrence of syncope, inflammation must be suspected; if little, we must suspect that, however similar the symptoms, the case is in fact of a different nature—perhaps irritation—perhaps exhaustion."—Hall.

He has also found that, in every case in which early syncope occurs from blood-letting, the more remote effects of loss of blood, as reaction, or sinking, are also very liable to occur; and it is in these cases that sudden dissolution has always followed the use of the lancet. There is, in every point of view, intolerance
of loss of blood. The reverse of all this obtains in inflammation, which seems to be incompatible, to a certain degree, with the effects of loss of blood; these are, on the other hand, very apt to supervene as the inflammatory action subsides.

Dr. Hall very wisely solicits the co-operation of the profession in the further investigation of this subject, not imagining his "rules" to be without exceptions, and rightly deeming it "as important that these should be pointed out, as that the rule itself should be established." He makes mention, himself, of two such. In some cases of fever requiring blood-letting, the patient cannot support the erect position; in such a case the arm must be first prepared; the vein should then be promptly opened; and then the patient should be gently raised and supported in the upright position, carefully avoiding all muscular effort. On the other hand, in the case of congestion of the brain from exhaustion, there is not such early syncope from blood-letting as might be expected; and yet it is obvious that the system cannot bear the loss of blood.

"Two objections have been made in reference to this rule for the administration of blood-letting: the first is, that in some cases not inflammatory, more blood might be taken than the patient could bear to lose in order to institute the test; my reply is, that such cases are not included in my proposition, which only relates to cases in which blood-letting is required to be fully instituted." The second is, that in some cases more blood ought to be taken than would flow before syncope is induced. I greatly doubt this assertion; I think it replete with peril; but if it be true, let the patient be replaced in the recumbent posture, wait a few minutes, and again let the blood flow; we have at least ascertained the state of tolerance of loss of blood, and this fact will guide us in determining how much more blood may be withdrawn; it is a fact added; it is knowledge substituted for what must otherwise be ignorance."

The results of Dr. Hall's investigations appear in a table, which we shall add to the pages of this review, fully agreeing with its very able author, that—No one can pass the eye over it without being impressed with the value and importance of the facts it displays, with the diagnostic, the guide, the guard, which it affords.

I. **Augmented Tolerance.**—Represented by the mean quantity of blood which flows before incipient syncope.

   1. Tendency to apoplexy ............... $\frac{3}{4}x-\ell$
   2. Apoplexy from congestion ...........

II. **Inflammation of the serous membranes.**
Retraction of the Leg cured by an Operation.

We are happy in having it in our power to remark, that a few days previous to that on which the Gazette Médicale came to hand, which contained the following case and operation of M. Latens, a case of similar nature was presented for the inspection of the professor of Surgery in the Medical College of Georgia, Dr. P. F. Eve, who at once decided on the operation for extirpating the diseased and disorganized muscle, and his patient is now under preparation for the operation. The muscle affected in this case is the adductor longus femoris, causing an inconvenient and distressing adduction of the left lower extremity. The particulars of this case we hope to afford our readers in a future No. of this Journal. Dr. Eve has not yet seen the March No. of the Gazette Médicale.

Brilat (Gerard,) a sailor fell from the top of the mast and lodged with the posterior part of the right thigh on the yard arm. For sixteen days he was treated on board the ship for a contusion of the soft parts, and sent to the Hospital of Antwerp the 29th July, 1836. For three months, warm baths and camphora-
ted frictions were employed. In the month of October, the patient was confided to the care of M. Lutens, surgeon of the same hospital. On examination he found that the right thigh presented no traces of ecchymosis or of inflammatory swelling; it was more meagre than the left, pressure on it occasioned very acute pain, and extending from the ischium to the knee, were felt a resistance and hardness analogous to the tension of a large hempen cord. The leg was flexed upon the thigh and could not be extended. In endeavouring to extend two bridles would be developed which passed evidently to the lateral parts of the knee and were incorporated with the tendon of the semitendinosus to which they communicated a great degree of tension. In whatever position the extremity was placed, and notwithstanding all the care to divert the attention of the patient, the slightest relaxation of the muscles could not be obtained. The patient was able to raise the limb in totality and flex it upon the pelvis; in order to march he was obliged to make use of a cane or a crutch, to carry the point of the right foot outwards, the heel inwards and flex the leg on the right foot.

The coxo-femoral and femoro-tibial articulations were exempt from lesion.

The patient declared that the flexion of his leg supervened slowly and insensibly.

M. Lutens endeavoured first, but unsuccessfully, to straighten the leg by means of Dessaut's apparatus and afterwards by the application of a straight splint with padding in the hollow of the ham.

Cupping, emollient cataplasms, warm baths, solution of hydrochlorate of ammonia, handling of the muscles, blisters, moxas, repeated tractions by the hands of assistants were tried, but without success.

"I had not, up to that moment," says the author, "formed a precise idea of the nature of the disease. I thought, however, that by making two lateral incisions upon the sides of the knee and incising the most tense parts, it would be possible to extend the leg.

Two months elapsed without making any farther attempts, when M. Lutens determined to carry his idea of making the incisions on the sides of the knee into execution.

Operation. A straight bistoury was slipped under the tendon of the semi-tendinosus, two fingers breadth above its inferior attachment, and with a single cut I incised the tendon, the femoral aponeurosis and the skin.

Externally, I made a horizontal incision above the external condyle opposite to the direction of the fibres of the biceps muscle, the aponeurosis which envelopes this muscle and forms a sheath for it, was divided, and the muscle exposed extensively to view.
The operation was performed in a few moments and gave rise to no accidents; the tendon of the semi-tendinosus was forcibly retracted upwards, and the patient requested to make efforts to extend the leg. The next day no hardness was felt in the thigh, pressure no longer occasioned the slightest pain, and the leg could be placed with the greatest facility in a state of perfect extension. The patient passed a good day; not the slightest tendency to retraction recurred, and no injurious consequences resulted from the application of the bandage to retain the limb in an extended position.

From that moment he was enabled to walk in the wards without support. The bandage was removed the 30th day after its application. Three months subsequently the patient walked with sufficient regularity and without a cane; he had some difficulty in flexing the leg on the thigh in which he succeeded only by contracting the muscles slowly. Every hope may be indulged that exercise and a few baths will restore to the soft parts their usual pliency.

No doubt can exist respecting the cause of disease in this case; the patient having experienced a violent contusion on the posterior surface of the thigh, the flexor muscles of the leg were by degrees contracted in a permanent manner so as to keep the leg constantly extended.

The medication employed was based upon the true indications of the disease. We have, however one capital observation to make respecting the mode of its accomplishment. The elongation of the tendons of the biceps, semi-membranosus and semi-tendinosus muscles presenting in this case the same conditions as that of the tendo achilles in club-foot, the operation should have been performed in the manner employed by Stromayer for the section of the latter tendon. In this way the section would have been simplified, and the operator would avoid the serious reaction which is always to be apprehended when the operation is performed in the manner followed by M. Lutens. The same operation has been performed recently at Paris, by M. Duval, with success, and in the mode we have just indicated, but that of M. Lutens has the merit of priority and is worthy of fixing attention.
New mode of operating for the radical cure of Cirsocele by Dr. Rainand.

It would be too tedious to describe all the modes which the ancients and moderns have employed in the treatment of Cirsocele, we proceed to mention only the principal ones by grouping them according to their resemblance with each other.

The most recent operations that have been employed for the radical cure of this disease may be referred to the two following methods. In the first which may be called the method by puncture, are included the modes of operating by the seton and by acupuncture proposed by M. M. Friehle and Davat. They have the inconvenience of being of difficult application and of exposing to phlebitis by acting at once on the internal surface of the vessels.

The second method or that by compression is preferable and includes the plan which Delpech employed with agglutinative strips after the previous incision of the integuments, the twisted suture of M. Velpeau and the pincers of M. Breschet. Of these the two former modes labour still under the disadvantage of requiring the application of surgical means to several vessels at one time. The pincers of M. Breschet, which are intended to embrace only the dilated vessels seem to him to have succeeded miraculously. To these methods which do not yet possess the guaranty of complete success Mr. Raynauld has proposed a third from which he has just obtained a complete success. He practised it in the following manner. He seized with both hands the spermatic cord of the diseased side, pushing externally the vas deferens which can be easily recognised by its hardness, then pinching up the scrotum with the index finger and scrotum of the left hand so as to embrace the spermatic vessels and nerves he passed a curved needle threaded with a waxed thread through the base of the fold thus formed. The scrotum abandoned to itself left a space of about an inch between the point of entrance and of escape of the needle. The parts thus comprised are then tied with the thread upon a thick cylinder of linen of inconsiderable length placed previously between the thread and skin. The ligature should be tied over the cylinder with such a knot as to be able to augment or diminish the compression according to the indications. Small pledgets smeared with cerate for the punctures and a simple compress complete the dressing. The patient should remain in bed, the testicles being supported by a cushion and a diet as infeculent as possible and emollient enemata prescribed.

The inflammation which results is very slight and after two or three days the thread may be drawn more tightly over a new
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Tubercular Affections of the Cylinder. If a too intense inflammation supervene the ligature should be loosened and again tightened after having employed emollient cataplasms for two or three days. In proportion as the parts situated before the ligature are divided and those situated behind it cicatrize, it should be drawn tighter by degrees. On the fourteenth or fifteenth day nothing remains except the skin, which M. Raynauld divides with a bistoury passed along a director. The patients are generally cured in about twenty-five days.

The vessels obliterated are transformed into a fibrous impermeable cord. The circulation is interrupted by the obliteration of the two branches of the spermatic artery, but we know that the epigastric artery furnishes always a branch which passes along the inferior face of the vas deferens and which adhering to its fibrous envelop has followed it in its displacement. This branch anastomoses with those of the spermatic artery below the point where this artery is ordinarily tied at its divisions, on the other hand the artery of the septum furnished by the internal pudic may also concur in the re-establishment of the circulation. However this may be, the atrophy of the testicle has not taken place in any of the cases cited by the author. The venous circulation takes place chiefly by the communication of the spermatic veins with the vesical plexus and by the dorsal vein of the penis. The author thinks that the nervous influence is reestablished through the same nerves, cicatrisation immediately succeeding their section.

M. Jules Roux cites two important cases of cure. In one of the patients whom he saw six months after the cure, the testicle was in a normal state and the veins formerly dilated were converted into cords sensible to the touch. As to ourselves we think these facts are encouraging but they are not sufficient to authorize us to pronounce upon the excellence of this method, or upon its complete harmlessness.—Journal des conn. Med-Chir.

Some considerations on the Tubercular Affections to the Lungs by Louis Delaberge, Agrégé of the Faculty of Medicine of Paris.

(2d article.)

We pass now to other considerations, for the subject of the case not being the same, gives rise to different observations. A woman aged 32, a native of Savoy and a pamphlet stitcher by...
profession, was admitted into the Hopital des cliniques 13th of last November. She had black hair, black and sparkling eyes, long eyelashes, meagre face, cheeks coloured, especially towards evening, the nails well formed and her body obviously emaciated. The patient had a child presenting all the appearances of good health; she belonged to a family which though numerous had never presented in any of its members the marks of a serophulous disposition. She had been affected eight months previously with a catarrh, without any appreciable cause.

From this period the patient coughed habitually, the cough being more frequent at night and occurred sometimes with such intensity, (the paroxysms then succeeding each other so promptly as to resemble the whooping-cough), that the contents of the stomach would be, rejected by vomiting: A pain somewhat intense existed under the sternum and extended on the right to the sub-clavicular region— the patient did not complain of dyspnoea, but it was evident that she did not correctly appreciate her own condition, for the respiratory movements were rapid, the sputa were thick, yellowish, some of them striated with opaque matter and some slightly transparent, the latter well defined at their margins, the former slightly viscid, and running together into a common mass: the patient has never had haemoptysis.

The chest seemed to be well formed, except that it presented a slight depression in the sub-clavicular region on the right and left. Percussion revealed an evident dullness in the right sub-clavicular region. When the patient was requested to open her mouth and a brisk percussion performed on the thoracic wall, the sound of the cracked pot (bruist de pot féle) was manifestly produced. On auscultation were heard the gurgling sound, the cavernous respiration and pectoriliquy when the patient spoke. She complained of palpitations which took place at intervals in the precordial region: the pulsations were 108, equal, small regular and but little resistent, she was much debilitated, complained of some cephalalgia, and towards evening of a burning heat of the skin, when the cheeks were coloured of a vivid red. In the morning a slight cutaneous transpiration, the perspiration not abundant, urine flowed easily, and the catamenia had been suppressed for two months. The tongue thin, pointed, without fur, tolerably intense thirst, appetite weak, digestion difficult, abdomen slightly prominent and somewhat painful in the epigastric region and towards the sides, diarrhoea occurred at intervals and caused a remarkable emaciation.

Gum water, a julep with a grain of opium, enemata with the addition of a grain of thoriae, (confectio opii) reposes in bed, rice cream, constituted the prescription ordered for the patient.

For several days the symptoms remained stationary, but in the month of December, an apthous eruption occurred in the mouth,
vomiting recurred with considerable frequency, the diarrhoea increased, the patient in an extreme state of marasmus and debility and died 6th December. The autopsy was made thirty-six hours after death. The body presented the most marked emaciation, no rigidity of the members; percussion still developed a dull sound in the right sub-clavicular region. The superior lobe of the lung was hollowed into a large, anfractuous, multilocular cavern, anteriorly the excavation was limited only by a thin condensed, firm, resistant portion of the pulmonary tissue which adhered strongly to the pleura costalis; the viscus was infiltrated with tubercles more or less voluminous and thus presented an unusual volume. The left lung was less seriously affected although it was the seat of tubercles agglomerated at the root of the bronchi and in the thickness of the interlobular fissure. The liver was voluminous, and depressed by a large sulcus on a level with the costal cartilages, it descended on the right side, its tissue was yellowish and it greased the scalpel which penetrated into it.

The mucus membrane of the great extremity of the stomach was soft and thin without any trace of the diphtheritic inflammation of the mouth. The intestines presented ulcerations with elevated margins in different points and particularly towards the lower end of the ilium.—Such were the chief alterations which we observed in the cadaver of this woman.

This case cannot excite curiosity to the same degree as that which we have previously reported: it belongs evidently to the category of facts which have been so well studied, so well analysed in modern times by M. M. Louis and Andral. We have reported it here only to serve as a text for a few considerations. In the circumstances just related we find some facts which deserve to arrest the attention of the physician. This obstinate, paroxysmal cough, which, by the frequent concussions that characterised it, determined vomiting, the dyspnoea, which, though pronounced, was not perceived by the patient, the sound of the cracked pot in the sub-clavicular region, an abnormal sound which for a long time we considered as the pathognomonic sign of a pulmonary excavation, the eruption of the buccal mucous membrane which denotes a great period of the disease, and lastly, the amenorrhoea which requires some consideration in the treatment of the tubercular affection of the lungs. Such are the interesting facts which we desire to analyse and to which it appears to us useful that the attention of observers should be directed.

There is no physician who does not feel the necessity of knowing some signs by whose aid the first manifestations of pulmonary tubercles may be detected.

It is indeed generally believed that by opposing the disease in its incipiency we will triumph more easily over the accidents
which it develops and have more power in arresting a lesion which must inevitably produce death. It was with the view of elucidating science upon this subject that Mr. Pierry has perfected the means employed in the percussion of the chest—that M. M. Andral, Louis and Jackson have specified a singular alteration in the sound of the pulmonary expansion, an alteration which gives some rudeness to this sound and which is particularly characterised by a sound more marked at expiration than at inspiration; while the contrary takes place in a normal state. It was with the same object that M. Hirtz has specified a contraction of the ossaceous case of the thorax, a contraction which had been before indicated by M. Hopeins—Ramadge and on which the English physician, has founded the most singular, therapeutic indications. Can we admit at the present day that these different data are capable of leading to a precise diagnosis of the tubercular affection in its nascent state? When we attend the visits of M. Louis we are astonished at the precision of his diagnosis, and each person is tempted to believe that he may arrive at the same result of astonishing exactness. But unfortunately this is not the case with the great majority of physicians, who want the vast experience which results from a scrupulous attention directed for a long time to the same phenomena; and we would willingly believe ourselves more skilful if we possessed some new light in diagnosticating the tubercular affections of the lungs.

It is upon a fact of this nature that we believe it necessary to insist in these remarks.—The paroxysmal cough, with convulsive concussions characterised by numerous expirations, interrupted like those of whooping-cough; this cough causing an expulsion of the gastric contents seems to us to possess some value in the diagnosis of the tubercular affection at its origin especially when it has persisted for a considerable time. * * *

* * * Such a cough is found in most of the subjects attacked with pulmonary tubercles as revealing the first manifestation of their disease. Physicians are frequently astonished to see patients having the tubercular affection in a high degree of development, and labouring under great difficulty of respiration, who do not however complain of dyspnœa. It is difficult for them to conceive how the pulmonary parenchyma can experience a disorganisation so profound as to cause great difficulty of respiration, without painfully affecting the patients, and yet it would not be impossible to account for the difficulty they have in appreciating their own condition.

When a modification of our health supervenes progressively, we are but little qualified to appreciate its danger and importance. It is doubtless to the slow progress of the tubercular affection that we must attribute the calm state enjoyed by phthisi-
cal patients who have arrived at the most advanced period of their disease, and that disposition to hope which we observe in most subjects suffering with pulmonary tubercules.

We have for a long time considered the sound of the cracked pot as the pathognomonic sign of the tubercular affection. We heard once in a young child the gurgling sound, the cavernous respiration and pectoriliquor, we supposed the existence of a cavern in the pulmonary parenchyma; the results of our investigation were confirmed by a man whose skill could not be questioned, by Dr. Constant who has just died in the flower of his age leaving many precious labours unfinished: every thing induced us to believe that our diagnosis was correct, the child died, no tubercle was found in the lungs or in the bronchial glands—but a chronic bronchitis and a dilation of the bronchi. We re-perused attentively the works of M. M. Louis and Andral and ascertained that they had seen cases analogous to the one which had deceived us. Since that period we have performed percussion with great attention upon all the phthisical patients submitted to our observation, and we have remarked that in all of them the sound of the cracked pot is manifested when a cavern of some volume exists, when it is situated superficially in the sub-clavicular region, when the percussion is strong and brisk and when the patient keeps his mouth open. This sound may be perfectly compared to that which is produced by bringing the hands forcibly together, so that their palmar faces look towards each other and then pressing a sudden movement upon one of them; the air imprisoned between the two faces which constitute a cavity and being expelled produces, while passing through the narrow openings, a slight metallic sound. This sign we repeat appeared to us to be constant and we experienced a satisfaction in believing that we possessed a pathognomonic sign by which to detect the presence of excavations in the sub-clavicular region. Recently we have discovered that this sign may lead to error.

A patient was admitted into the Hopital des cliniques, with a delicate deteriorated constitution; he was affected very severely with rubeola and with the special bronchitis which complicates almost always the rubeolic affection. The exanthematic disease ran regularly through its periods, the cough remained obstinate and painful—the matter expectorated was opaque, whitish swimming in a transparent serosity the respiration was frequent and the fever continued presenting exacerbations towards the evening—Some purgatives were administered but nothing relieved this serious pathological state. Mucous rales existed throughout the entire chest, the patient was much oppressed, the skin was warm, burning, a copious diarrhoea supervened and the marasmus became extreme. A new exploration of the chest was made by auscultation and percussion. The mucous rale
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existed in the left sub-clavicular region; this rale was displaced by cough and the the effort of respiration, the respiration was somewhat tubular or blowing at this place, percussion gave rise to no dulness of sound but very evidently to the sound of the cracked pot. The frail constitution of the patient, the pathological disorders which existed, the important commemorative circumstance of the rubella whose traces still remained, and which has the singular property of hastening the progress of the tubercular affection, and especially the sound of the cracked pot, induced us to diagnosticate in this patient a cavern situated in the left sub-clavicular region. The disease advanced and the patient succumbed in a state approaching asphyxia. The autopsy was carefully made, the lungs were very much engorged the principal divisions of the bronchi red and their capillary divisions inflamed; no appearance of tubercles or of bronchial dilatations or of a cavern was found. The error is here evident, the pathognomonic sign has deceived, the sound of the cracked pot can no longer be regarded as the unerring index of a tubercular excavaion and henceforth it is indispensable to invoke another proof. We should not however reject too hastily the value of the sign in question if we reflect that percussion denoted only a very slight obscurity of sound in the left sub-clavicular region, and if we agree with M. Louis that this circumstance ought to prevent the supposition of a tubercular agglomeration or cavern, we will perceive the necessity of associating the results of a gentle percussion with those of a strong percussion, before pronouncing upon the semieologic value of the sound of the cracked pot. This phenomenon then cannot be of any value to us unless when it coincides with an obscurity of sound developed by a gentle percussion, and already we have had occasion to verify the correctness of this sign.

The diphtheritic modification of the mucous membrane of the mouth is a serious accident in the tubercular affection of the lungs, it is manifested generally in young subjects, when the debility is pronounced and is almost always accompanied with a continual febrile movement tolerably intense. The cause which presides over the development of this alteration has not yet been much insisted upon—it has been omitted in the descriptions of many observers. Would it not be important to know the exact condition of the patients who are affected with it? Would it not be useful to study the sympathetic derangements which occur under its influence, the lesions which accompany it, the prognostic value which it may have, and the means suitable to arrest its progress? Should we not establish the particular indications which its treatment demands? We would be well pleased to undertake this task, but as we possess only a few facts upon this subject we defer its consideration to another moment.
Amenorrhoea often gives rise to particular indications in the treatment of the tubercular affections of the lungs. Certain practitioners believe that in order to arrest the progress of pulmonary consumption it is important to recall the menstrual flux. This therapeutic rule should be discussed: if, at the commence-
ment of phthisis when the signs of the malady are yet but little marked, a suppression of the menses occurs suddenly from some external modification or from any other cause; if, in consequence of this suppression the phenomena of pulmonary plethora are suddenly developed, if the dyspnoea become more evident, the cough more frequent, if pain arise in different parts of the chest, we should not hesitate in the treatment, it is necessary to repro-
duce the menstrual evacuation. Do we not know that by caus-
ing a habitual congestion in the pelvic organs we afford great relief to phthisical patients?

It is not known that M. Trousseau by provoking the formation of hæmorrhoidal tumours and flux has obtained an obvious amelioration in the accidents and arrested sometimes the pro-
gress of the malady? But at an advanced period of the disease, when diarrhœa, colliquative sweats and an abundant expector-
ation prostrate and debilitate the patient, would we still desire the production of the menstrual flux? He who attempts to ameliorate the condition of a patient in an advanced stage of pulmonary consumption by recalling the menstrual flux which had been suspended will most frequently accelerate the progress of the disease. The amenorrhoea is in such a case truly benefi-
cial, at the moment when so many morbid evacuations exhaust the unfortunate patient it is useful that the normal flux should be suppressed; and although this doctrine does not conform with the opinions of some practitioners, we nevertheless persist in repeating it.

To terminate these considerations by giving them some prac-
tical interest, we ask permission to relate the facts upon whose faith Professor Rostan advises the employment of the seton in the treatment of the tubercular affection of the lungs. We have frequently heard this rigorous observer describe the history of five patients in whom the application of the seton produced an obvious amelioration and sometimes even retarded definitively the accidents of phthisis. As these important facts remain yet unpublished we believe it will be useful to give a summary of them.

1st Fact.—A lady was taken with intense pains in the right side of the chest. After a violent chill and a high fever, dyspnoea and cough soon supervened—M. Rostan detected the existence of pleurisy with effusion. An antiphlogistic treatment suited to the strength of the patient was employed, and, after six weeks an obvious amendment had taken place; the re-establishment
of the patient was complete. Some months passed without the occurrence of any pathological disturbance. Subsequently, however, some painful points were manifested anew in the right side of the chest: cough, expectoration which became every day more abundant and thicker; a fatiguing dyspnoea and general debility with emaciation supervened. M. Rostan being again called in—discovered by auscultation and percussion all the signs of a pulmonary excavation. He proposed a seton in the right sub-clavicular region—the advice was adopted. The dyspnoea yielding, the cough partly disappeared; the expectoration was less frequent, the spu7a lost their opacity, the physical signs themselves became less distinct and hope was entertained for several years that the patient was advancing towards a perfect recovery. The amelioration however was not sufficient to lead to a perfect cure, and the patient perished in consequence of the progress of the tubercular affection.

2nd Fact.—A young physician of Paris was taken with hæmoptysis at periods more or less distant, he was troubled also by a cough; he came to consult M. Rostan. The chest was explored with the greatest care and no evidence of the tubercular alteration found. Demulcent drinks—freedom from fatigue and an antiphlogistic alimentation were recommended. However, the hæmoptysis, and the cough became more frequent, an habitual dyspnoea excited anew the apprehensions of the patient and he presented himself again to M. Rostan, desiring another examination. Auscultation denoted a slight diminution in the sound of the vesicular expansion in the left sub-clavicular region. A consultation of experienced physicians was called who diagnosticated the existence of tubercles in a state of agglomeration in the region indicated. The patient then suspended all labor went to Saint-Mande near Paris and a seton was put in the vicinity of the diseased part. In 1834 M. Rostan met the young man who had resumed his professional occupations and who no longer presented any pulmonary symptoms. Since that period his respiration has remained perfectly normal and physiological: the patient is affected at the present time with a white swelling of the knee joint.

3rd Fact.—The wife of a person employed in the Royal Library had for a long time experienced attacks of a pulmonary affection which threatened her life. Many physicians saw her and agreed in recognising the existence of the cavern in the superior part of one of the lungs; hectic fever and an abundant diarrhoea exhausted the patient and it was only thought necessary to employ those palliative means which are generally used when the patient seems devoted to certain death. M. Rostan was called in consultation, he ascertained also the desperate condition of the patient; he proposed however the application of
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a seton—the remedy was not accepted without some hesitation, the progress of the disease was at first suspended, and—in a short time hope of care could be indulged.

4th Fact.—A labourer of tolerable robust constitution was admitted into Hôtel Dieu about the year 1832. He had been troubled for some time with cough, expectoration, and haemoptysis and complained frequently of pains in the left sub-clavicular region. The exploration of his chest was made with great care, and it was not difficult to ascertain the existence of a tolerable vast excavation in the left sub-clavicular region and whose presence was recognised by the following signs: dullness of sound, cavernous respiration, cavernous cough, gurgling sound during the cough, pectorilliqy. This man appreciated the danger of his condition and repeated frequently that his disease was incurable. Diarrhoea, however, took place only at intervals and the emaciation was not extreme. M. Rostan advised a seton which was accordingly applied in the left sub-clavicular region. After a residence of a month and a half in the hospital, the patient left without any obvious amelioration. A year ago he presented himself again before M. Rostan to ask some relief for a periodical dyspnoea (pulmonary emphysema) with which he had been affected for several years. We explored his chest attentively. We observed the cicatrix which resulted from the application of the seton in the left sub-clavicular region which seemed to have experienced a slight depression; the sound appeared less distinct towards this region, but was augmented on the opposite side; the respiratory murmur of the affected side not very distinct, but we perceived none of the signs which had previously revealed the existence of a tubercular affection. Except the periodical dyspnoea he seemed to enjoy excellent health. His embonpoint was considerable—his colour fresh, the muscular system well developed—no fever, appetite good, and his strength sufficient to perform his labour without difficulty; we believe with M. Rostan, that this patient was cured by the seton of a tubercular affection which had already reached its third period.

5th Fact.—A woman in the Passage Choiseul, was in the most advanced stage of pulmonary tubercles without having derived any benefit from medical assistance. M. Rostau recognised a considerable cavern in one of the sub-clavicular regions. A seton was applied in the vicinity. All the accidents disappeared as if by enchantment. M. Rostau has not seen the patient subsequently and therefore is ignorant whether the amelioration persisted or the tubercles were developed.

Correction.—Compression of Arteries. [June,

PART III.

MONTHLY PERISCOPE.

Correction.

We are truly grateful to the editors of the Medical Examiner for promptly informing us of our having failed to give credit to that excellent and useful periodical, for the first publication of the lectures of Drs. Jackson and Gerherd, on Epilepsy and Acute Articular Rheumatism which were reprinted in our two last numbers. It was undesigned of course, as those courteous and talented editors must at once suppose; but care should have prevented such a circumstance. Our printer has general instructions to credit every work from which we extract, and all others through which the extract may have come. Trusting to his attention to this duty, which has generally been pretty well attended to, we have failed to give that attention to the revise, which we should have done. We embrace this occasion to renew the expression of our approbation of the Medical Examiner, and our gratification in the opportunity it is so well calculated to afford, of many valuable extracts, for a Journal intended chiefly for practical benefits, as the Southern Medical & Surgical Journal is.

Editor.

Compression of Arteries. Letter from A. Petel M. D. to A. Trousseau.

I request you Sir to insert in the next number of your journal this letter in which the compression of the carotids which you have recently proposed, will receive confirmation by two facts, one of which occurred about 5 years since; the other is recent and subsequent to the publication of the article of which you are author, in the last October number of your journal.

1st Fact.—While a student of medicine at the Hospital St. Louis, I was induced after serious reflections upon apoplexy
and cerebral congestions, to investigate the practicability of the compression of the carotids as a direct therapeutic mean. I re-examined carefully the anatomy of the artery on the cadaver and found no place more suitable for the purpose, than the narrow space situated between the os hyoides and the thyroid cartilage. Here, indeed the internal jugular vein which it is so important to avoid, the pneumo-gastric nerves and the great lymphatics are more separated than at any other spot, from the carotid artery. The experiment upon myself confirmed the possibility of its accomplishment. I ran immediately to my honorable instructor, M. Biett, to inform him of the plan and enquire if it had ever been proposed. "The English, said he, have, I think, proposed, but have not adopted it in consequence of its difficulty if not impossible application. It was with an uncertain recollection that M. Biett seemed to give this response. I observed that as to the obstacles I could remove them all, and if I recollect correctly immediately compressed both the carotids. M. Biett requested me to make the necessary experiments for the publication of a memoir upon the subject, or at least to embody them in my thesis. I formed the latter resolution.

During the year 1832, while I was at Salpetrière a favourable opportunity permitted me, for the first time, to compress the carotids. The case was that of a woman under the influence of a cerebral congestion with loss of consciousness which had continued about half an hour, accompanied with lesion of sensation and motion, unequal on both sides of the body. M. Boissy my colleague being present, I exposed my plan to him which he found new and rational. The compression had scarcely lasted a minute when consciousness began to return and was soon re-established. Sensibility and motion returned in less than an hour, but the side on which the lesion was most appreciable did not regain its primitive state till some time later. I immediately bled the patient, and the next day a new attack was arrested immediately by compression of the carotids, which was followed by a second venesection, and six months afterwards the patient was discharged without having had any subsequent attacks. This case you will find in my thesis defended in 1825, 17th March.

I will add that it is important to make a fold of the skin by pinching it up before the place where we design to make the compression, in order that at the moment when the fingers compress, the relaxation of this fold may enable the larynx to remain free.

2nd Facts.—The 13th of last October I was called to visit the young daughter of M. Facon Elie. This child aged 3 years is of a lymphatic temperament, the colour of the hair however being brown. After the occurrence of several sudden vomitions
she had been taken with frightful convulsions, the two arms twisted upon their axis from without inwardly, the eyes rolled in their orbits, the pulpils very contracted, the pulse quick. Sinapisms to the legs—ætherial potion. The next day, in the morning new convulsions supervened in consequence of which the child remained in a comatose state.

Two leeches behind each ear. If the coma persist, two more leeches will be applied in the evening. In the mean time I compressed one of the carotids; no effect was produced. I compressed both carotids and in less than a minute the pupils dilated and consciousness returned. This effect continued only during the time of the compression which was not persisted in for want of assistants sufficiently intelligent. Another application of leeches produced no obvious amelioration. No more convulsions; on the contrary the coma and contraction of the pupils persist, the eye-lids half closed, the eyes turned upwards, the pulse remains quick.

On the morning of the 15th I withdrew the patient from her insensibility by compressing the carotids, but it returned however several times. I endeavoured to instruct the father and other assistants in the proper mode of making the compression. They succeeded in dissipating the coma several times during the day. I arrived in the evening and found the child in the dangerous condition described above. Attempts badly made having deceived the expectations of the parents, they abandoned themselves to despair and inaction, persuaded that nothing could rescue their child from the doom that awaited her. However, I again compressed both carotids with exactness, and hope was again excited, for the pupils which were always extremely contract, dilated in less than a minute, the eyes regained their usual expression, the child raised herself briskly in her cradle, sat down and asked for her toys. Compression was made from time to time, coma returned no more, and at the present moment, after the lapse of a month, the child is healthy.—Journal des Conn. Med. Chir.

Academy of Sciences—Compression of Arteries by M. Melapert.

M. Melapert has derived great advantage from this means applied to the carotid arteries in inflammations of the brain. He believes also, that it may be employed to prevent epilepsy when announced by precursory signs. By this plan also, may be diminished the volume of an hypertrophied organ; and even a scirrhous degenerescence may be arrested. This means has
the advantage of removing the organ from the influence of the blood, without exhausting the strength of the patient. He concluded by exhibiting a carotid compressor and announced also compressors for all the principal arteries which are accessible by the therapeutic plan.—Ibid.

A young woman of Douai was recently delivered, says Le Libéral du Nord, of a child, who, like the Torpedo Electricus, gave a kind of electrical commotion to the accoucheur. This electrical child is of the male sex, and of a robust constitution. He was placed immediately after birth in a wicker-cradle supported on an isolating stool with glass legs, and then gave indubitable signs of electricity. He preserved this remarkable property for the space of twenty-four hours, and to such a degree that the physician was enabled to charge a Leyden jar, obtain sparks, and perform many physical experiments.—La Presse Médicale.

Case of complete occlusion of the Vagina during Parturition, by Dr. Steinbrenner.

Catherine * * * aged 27, of sanguine temperament and good constitution, had menstruated regularly from the age of sixteen, and was delivered of her first child two years ago. This delivery, according to her own account, was very laborious, but terminated naturally without the assistance of art. She declares, however, that the midwife who assisted her, produced, by means of her nails, some erosions upon the vaginal parietes. At the time of her first delivery the woman was unmarried; she married about eleven months ago: her catamenia continued every month until the period of the second conception. Her husband confesses to us that he has not been able to approach his wife completely, and that the act was always painful to her. She conceived however a second time and no accident occurred during her pregnancy. The 28th February, 1838, she began to experience the first pains of labor. The midwife who was called in, attempted to touch, but her finger was arrested in a cul-de-sac near the middle of the vagina, and she could not find the os tincæ. This was attributed to an anteversion of the womb, and the patient placed in a suitable position to remedy the supposed displacement. But the pains becoming stronger and more frequent without producing any change in the state of the parts, I was sent for at nine o’clock, P. M. At my arrival I found the woman very restless, complaining of intolerable pains at the lower part of the abdomen, the contractions of the uterus strong and frequent, the face animated, the pulse very much
developed, hard and frequent. The finger when introduced into the vagina was arrested about two and a half inches from the entrance of the vulva, by a kind of cul-de-sac without any opening, at the bottom of which was distinguished by the touch a kind of raphe or linear cicatrix directed from before posteriorly, and which was evidently the result of the adhesion of the vaginal parietes. The adhesion of these parietes was complete, for a female catheter could not be made to penetrate beyond the cicatrix. By pressing the cul-de-sac posteriorly in the direction of the axis of the inferior strait, I could feel a fluctuating mass owing to the liquor amnii which could not escape externally, and to the head of the foetus which was free at the superior strait. The thickness of the posterior wall of the cul-de-sac was perhaps two or three lines. During the pains the head engaged in the strait, but ascended after each pain to the place which it previously occupied. The woman was much agitated and the pains being strong and frequent, I only bled her to the extent of twelve or sixteen ounces, ordered an injection for the purpose of evacuating the rectum and waited for a certain time, hoping that the efforts of nature would be sufficient to overcome the obstacle by lacerating the adhesion. Two hours after I re-visited the patient, she appeared to be much fatigued, but no remarkable change had supervened. The thickness of the cicatrix was perhaps slightly diminished. I believed delay to be useless and even injurious both to mother and child, and determined to make an incision of the cicatrix. I was preparing to perform the operation when a very strong pain supervened and produced at the superior extremity of the cicatrix, a rupture sufficiently great to enable me to introduce the extremity of the little finger; the liquor amnii escaped immediately through this opening, and the head descended. I enlarged the opening with my index finger; and, aided by the pains which succeeded each other rapidly, I destroyed easily all the unnatural adhesion of the vaginal parietes, and, after a few moments, the woman was delivered without further difficulty of a healthy child. No inflammatory symptom of the vagina supervened. For fear of obstructing the locheal discharge, I did not introduce sharpie into the vagina for the purpose of preventing new adhesions between the parieties of the canal. But by touching from time to time, I ascertained that the adhesion was not reproduced. The woman was delivered a few months since of a third child without the slightest obstacle.
A robust woman, aged 49, the mother of five children, and whose menstruation has been regular, having experienced a sudden fright during her menstrual period, her catamenia disappeared entirely for the space of five years, without affecting her health in any appreciable manner. Two months after, she had a considerable discharge of blood from the anus. Two or three months from this occurrence she experienced for the first time, at the inferior part of the left mamma, a pricking pain, which soon terminated in a sensation of heat, manifested externally by the redness of the integuments. These local phenomena terminated finally by an evacuation in the same place, of a serous, colourless fluid, which resembled the menstrual secretion only by its odour. The discharge continued twenty-four hours, when the surface of the mamma became dry gradually, desquamation ensued, and in a few days the skin had resumed its natural appearance. A series of similar phenomena took place immediately after at the corresponding point of the opposite side, and for four years this double evacuation has constantly appeared at the menstrual periods, without any sensible alteration. The nipple is soft, but no fluid has escaped from it. The woman complains only of the itching and of the odour, sometimes intolerable, of this singular evacuation.—Ibid.

A curious case of Gonorrhoea, with Malformation of the Urethra.

A man aged 36 years, the father of four children, was admitted into one of the Infirmarys of London for a urethral blennorrhagia which he had contracted by an impure coition. On examination the urethral canal was found to open inferiorly two and a half inches behind the gland. A kind of gutter existed from this point to the gland. The prepuce was entirely deficient posteriorly, the penis destitute of the fraenum, but in its place existed a small cutaneous band, extending to the place of the meatus urinarius; the gland well formed, except that it did not present the orificium urethrae, a kind of depression indicating the point where the urethra usually opens. The patient was cured of his blennorrhagia, but the details he furnished respecting his generative power are not without some importance in legal medicine.

On first view of this malformation, it might have been said that this individual was unfit for generation. The semen could
be deposited only at the inferior and posterior part of the vagina, instead of being forced into the womb. It was certain, however, that the four children were his, the perfect resemblance between them and him, leaving no doubt upon this subject.—Ibid.

Thymic Asthma by M. William Hughes.

A child of eight or nine months, affected with whooping-cough, experienced frequently sudden and alarming paroxysms of suffocation, but which continued only a few minutes. When I arrived at the place, the child seemed to have recovered. I supposed that the asthma was owing to some viscid mucus which adhered to the opening of the glottis, and that it was the disappearance of this mucus which had afforded the sudden relief. The child continued to improve, the cough diminished greatly, when a new attack supervened and carried off the little patient. On opening the body I found a hypertrophy of the thymus gland which filled the anterior mediastinum entirely, and compressed the bronchial tubes. The inferior part of the gland covered the summit of the heart and adhered strongly to the pericardium, the latter contained more fluid than ordinary. The mucous membrane of the trachea was slightly infiltrated. The gland weighed eight drachms and five grains; its colour was natural.—Ibid.

Secale Cornutum in Amenorrhoea. By D. Enriotti, Physician of Biella.

Secale cornutum is not only useful in parturition by stimulating the uterus when in a state of inertia, but is equally efficacious in amenorrhoea when caused also, and maintained by, a debility of the same organ. In proof the author reports four cases drawn from his practice; we shall be content to give the first one.

A. B., aged 25 years, of a lymphatic temperament and delicate complexion, married at the age of 17, was delivered favourably four times, during the three first years of her marriage; four years after her last delivery, she was tormented with violent pains, with regular intermissions about her menstrual periods, the menstrual discharge being very scanty. This state of suffering continued six or seven days, after which her health would be good for the rest of the month. Recourse was had frequently to leeches, purgatives, baths, &c. but always without success. The Italian physician tired by the inutility of all these means,
prescribed two drachms of secale cornutum, mixed with sugar, to be divided into eight equal doses and taken in two days; it was necessary to renew this prescription only once. The following month the menses appeared spontaneously and without pain. Since that period she has been free from all embarrassment in menstruation. The use of the secale cornutum is innocuous, and only produces slight nausea, but the author cautions that the remedy would not succeed, if the slightest phlogosis of the uterus existed, and other physicians, among whom are Spajrani, Marshall, and Hall, disapprove of it in the membraneous or parenchymatous inflammation of that organ.

Dr. Euriotti has also twice cured leucorrhoea, by means of secale cornutum, and he observes that the disease was inveterate. This success is by no means astonishing. We know that certain chronic phlogoses, particularly ophthalmia, yield to the employment of tonic remedies.—Journal des Conn. Med. Chir.

Congenital division of the Iris by Dr. Mesnel.

The author relates three cases of this kind of malformation described by writers under the name of Iridoschima, and by Walther, under that of Coloboma Iridis. It may be complete or incomplete, single or double; it may also be hereditary. Most frequently vision remains at first in a normal state, but in some cases it is finally deranged, because the luminous rays are too strongly reflected on the retina.

Professor Walther attributes this malformation to an arrest of development, and to a retardation experienced in the closing of the anterior opening of the choroid coat.—Journal des Conn. Med. Chir.

Academy of Sciences—Centripetal development of the Osseous System; Applications to Pathology by M. Serres.

According to the new theory of centripetal development, the appearance of osseous nuclei, instead of occurring from centre to circumference, always takes place on the contrary at the lateral parts whence the ossification proceeds progressively towards the central parts of the bone.

From this principle results—

1st. The law of symmetry or the primitive quality of the central, and impar pieces of the skeleton.
Indeed, if like all modern anatomists, we consider a vertebra as the osteogenic type of the osseous system, we observe that ossification commences at first in the lateral masses and does not appear until some time afterwards in the vertebral body by two corresponding points of ossification, the one on the right, the other on the left side.

According to the most recent labours, the head and the face are considered as a repetition of the vertebral type. If we consider the cranium as a single vertebra, we observe that all the lateral parts are ossified, while the central part or the body of the sphenoid remains cartilaginous. If we regard, and with more reason, the cranium as composed of several vertebrae, we see on each of them the repetition of the same centripetal labour. Thus on the os occipitis the basilar portion is cartilaginous, while the lateral parts are already ossified. The same reasoning may be applied to the bones of the face.

2d. From the same principle results the law of conjunction, or the invariable rules which the primitive osseous nuclei obey in their coalescence.

3d. Hence results also the explanation of the diseases of which the osseous system may become the seat, if the general rule of ossification be arrested or disturbed in its progress.

Indeed, the central parts being formed from without inwardly there are at first two halves which advance to join each other, and before the junction takes place they are separated from each other by an interval the greater, the younger the embryo may be.

But if these two halves be arrested in their course by any cause whatsoever, the impar bone will not assume its normal form, and in its stead will be found an unusual opening, through which may escape the organs which the osseous system was destined to contain. It is in this manner that anterior and posterior spina bifida are formed, and also hernæ of the encephalon. By applying the same principle to the face, we explain the formation of the different kinds of hare-lip, and to the pelvis, the changes of situation which the bladder experiences.—Journal des Cours. Med. Chir.

Manner of detecting Pus in the Blood.

M. Mandl read a memoir on this subject to the Academy of Sciences. He remarks in the first place, that ammonia, which, according to the experiments of several Physiologists, transforms pus into a thick transparent jelly, cannot furnish a means of detecting it in the blood, because it acts on the latter in about the same
manner. The jelly, according to M. Mandl, results from a combination of the ammonia with the fibrine, for it is formed when this test is applied to the fibrine isolated, whereas it is not formed when the ammonia is brought to act on an isolated coagulum. Ammonia is not therefore more useful in detecting pus in coagulated, than in uncoagulated blood, especially as it acts upon the serum of blood mixed with pus after the separation of the coagulum in the same manner that it does upon the serum of pure blood. M. Mandl did not obtain more satisfactory results in keeping the fibrine dissolved in the serum by means of a solution of subcarbonate of potash.

The process by which M. Mandl succeeded was by beating the blood with a glass rod to separate its fibrine. If the blood which is about to be submitted to the test, upon being drawn from the vein and before it has coagulated, be pure and not mixed with pus, there will form in a few minutes upon the rod a long elastic membrane, without filaments or ragged edges, causing when pressed between the fingers the same sensation as moist gum elastic, and whose colour, though red, becomes yellowish by washing. If, on the contrary, there exist but a small quantity of pus, say 1-60, instead of a membrane, there will be formed a filamentous, ragged accumulation, devoid of elasticity, and whose softness will be proportioned to the quantity of pus mixed with the blood. These filamentous flakes are red, but by washing become whiter than pure fibrine. If the quantity of pus mixed with the blood be greater, there will be formed neither membrane nor filamentous flakes, and if the blood be left to itself no coagulum will be formed. M. Mandl regards the membrane formed by beating blood which contains a small quantity of pus, as a combination of pus and fibrine. The transformations that the globules of blood undergo when the quantity of pus is superabundant in it, or when the globules are separated from the fibrine by agitation and they are in contact with pus, are equally useful in detecting the presence of pus.—_La Presse Médicale T. 1._—P. 128.

Comparative View of the effects of different Diets on Infants.

We have thought that the mercy and wisdom of Providence were never more conspicuous than in the manner of nourishing the infant. We have always observed that as a general rule, there was no diet, nor plan of nourishment calculated to impart to the child under ten or twelve months old, so much safety as that afforded by the female breast. We do not say that of the
mother of the child, although it is an ascertained fact that in general the milk of the mother is better suited than that of any other.

The following statistics of two extensive foundling hospitals; (i.e.) one in which the infants are nourished by the breast, and the other, in which they are sustained by the hand, confirm, in the most satisfactory manner our observations of many years, and exhibit fairly the difference in the chances of life. In the former, in which nurses milk is always secured, the deaths were thirty-five out of one hundred; and in the latter, eighty out of one hundred. Nothing can be more important to those having the care of infants than these facts. They are constantly needful—not for foundling hospitals in this country, but in every family; for the practice is almost universal, of stuffing the stomachs of infants with much of various compounds, as well as simples which are perfectly unsuited to their appetite and developments, as they can contain; and often much more. This custom, so prevalent, may be looked to as the most fruitful source of infantile distresses and dangers. There are more ways than one, by which non-naturals—(for such we may call the spoon diets of infants) tend to produce disease and death. Truly it is often the case—perhaps most commonly, that, sooner or later the diet thus introduced into the child’s stomach fails to be properly digested, and a diarrhoea—a fatal diarrhoea is too often the early consequence. This is, however, often correctable, by the prescription of the physician, if obtained early. He changes the contents of the bowels by suitable correctives, and by change of diet. But this is a less danger than another course this custom results in, which though not so common, is insidious, unsuspected, and the cause of the most sudden and irremediable danger. I allude to those cases in which the infant is found to digest promptly, and appropriate to its rapid development, a full diet of gross non-naturals, (for the infant at least.) The child appears well, grows rapidly, and is thought to afford a fine evidence of the superior excellence of hand nursing. Such a case is often held up as a conclusive argument against the rigid exactions of breast milk, by the physician. These are cases of great danger. They sometimes pass the critical periods of infancy and childhood—dentition and the usual time for worms—with safety, and all is well. But when they do, they should rather
be looked on as those who have escaped with life from a wreck, far at sea, than the boast of prudence and correct management. The general health of such is good; but there is a state of repletion and of high irritability, predisposing to the most violent acute attacks. Under this, the excitement of dentition, worms, cold, or indigestibles, (if perchance the digestive powers should become a little impaired,) presses up the action to convulsions, ending in apoplexy and death. Hence we often see such children most suddenly and unexpectedly lost in a few hours.

But the table is useful in other respects, and we therefore insert it entire, from the Boston Med. & Surg. Jour.—from the "Recherches sur les Enfans trouves, par M. L'Abbé Gaillard.

High mortality of Foundlings brought up by the hand, compared with the mortality of those suckled.

Number of foundlings at Parthenay, 153; died in one year, 54; deaths out of 100 born, 35.

Number of foundlings at X——, 244; died in one year, 197; deaths out of 100 born, 80.

Of 655 children received at X——, only 66 lived 12 years.

Struck with the enormous mortality at X——, the Abbé Gaillard ascertained that the children were equally well attended at the two places, but that at X—— the children were brought up by hand, instead of being suckled, as at Pathenay. The greater number of deaths at X—— took place in the first month after birth; and the mortality was at a maximum in autumn, a fact confirmed by many years observation at X——, and other establishments, where children are not supplied with natural food.

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<th>Months</th>
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From this table it appears that of 244 children brought to the hospice in five years, 116 died in the course of the first month.
—48 per cent.; that of 123 children born between January and June, 33 died in the first month; while 83 died out of 121, born between July and December. In the first months of the year the mortality was 27, in the last six months 62 per cent.; of 106 children born between January and June, 73 survived the first month; between July and December only 31 survived.

The mortality is raised by extreme cold; in November and December, 1829, out of 29 children admitted, 19 died in the first month after admission; in July and August of the same year, 11 died in the first month out of 25 admitted.

These facts show very decidedly the evil consequences of denying infants their natural food, and furnish another argument against the fatal practices of those heartless mothers who abandon, or refuse to suckle their own offspring.

Erysipelas.

Every fact relative to erysipelas is important, and whilst its pathology is not properly understood, and its etiology but little known, and consequently its treatment of little more curative value than its entire neglect, a greater value is attached to every thing relative to its prevention. The last Boston Medical and Surgical Journal contains the following observations relative to the occurrence and perpetuation of this disease in hospitals:

Hospital Erysipelas.

In nearly all the hospitals in which the law of cleanliness requires that the floors of the wards, occupied by the sick, shall be frequently washed, erysipelas seems not only to have been speedily generated, but also, after its first development, to be always present, and continually showing itself on patient after patient where it was least expected. As its origin has been generally referred to the period when frequent floor-washings were considered necessary, or, rather, when the greatest amount of surface had been thus habitually wetted for a considerable time, why would it not be well to cover the floors of hospitals with painted carpets, such as are manufactured at Roxbury, of any size, which might be taken out daily to be washed, and when thoroughly dried, returned again and re-spread over the floor? The experiment seems to promise well in two respects, viz. the annoyance of floor cleansing would be done away with, and the now supposed cause of erysipelas, from the evaporation of water, holding filth of some kind, perhaps, in solution, would certainly be obviated.—Boston Medical and Surgical Journal.
The writer of the above article intimates that in these cases the water which evaporates from the floor after or during the washing, holds in it filth of some kind, a cause of erysipelas. This idea is not only a superficial one, but if received is calculated to dampen the spirit of research for the true causes of the disease. When we labor under ignorance, on any subject, if we would have that ignorance corrected, it is best that it should be well defined and treated. It is reasonable to conclude that in erysipelas, as in most other diseases, there are at least two sources of causation, a remote which is predisposing, and an exciting cause. The latter is very plainly taught in the above observation in private practice. It is cold, and more especially, this with moisture, which is always calculated to enhance the deleterious influences of the temperature. But it is evident that this only introduces disease of some kind, the peculiar character of which is determined by the peculiarity of the predisposition produced by the remote cause; and this peculiarity of predisposition is the radical point of ignorance; knowledge of which would, without doubt, add greatly to the means of determining an effectual treatment. Of a number of cases of erysipelas which fell into our hands during the last year, during an epidemical prevalence of this disease, two died; and both of these were persons recently from a residence in a much more bilious location than that of Augusta. These cases were perfectly unyielding to any mode of treatment which could be adopted; whilst others yielded more or less readily to an alterative treatment calculated to act on the various secretions, with or without topical means as dressings for wounds when they existed, &c. Here it was evident that the difference of predisposing climate was followed by a corresponding effect, as manifested in the additional violence and inveteracy of the disease. Such views as this enable us to approach somewhat more nearly to the nature of the predisposing cause, and perhaps as near to a precise knowledge of it as we possess of the predisposing cause of a bilious fever. But still, reasoning from effect, under the law, that peculiarity of cause must produce peculiarity of effect, we are still obliged to conclude that there must be some modifying influence differing from that which the general conclusion might declare, which determines the case to be one of Erysipelas and not of bilious fever.
But these difficulties exist alike in all the various forms and species of eruptive diseases.

Universality of Fever.

In his Principles of Pathology and Practice of Physic, Dr. Jno. Mackintosh, of Edinburg gives the following six propositions as embodying his own opinions, and as containing general views which are admitted by all writers whose opinions are of any value; although some facts have been called by different names.

"1st. That the functions of almost all organs are embarrassed in fever from the very beginning, and often for days before the sense of coldness is felt by the affected person.

2d. That the blood leaves the surface of the body, and accumulates in internal organs, and that, unless they are overwhelmed, the system makes an effort to relieve herself; and certain combined phenomena take place, which are designated by the terms reaction, fever.

3d. That inflammation of all parts of the body will give rise to fever.

4th. The inflammation may supervene during fever, without being the primary cause of the febrile commotion.

5th. That the nervous system is involved as well as the vascular; and,

6th. It follows as a consequence, if all these things be true, that the blood itself must be in a diseased condition."

Quinine in Fever.

Perhaps there is no article in the materia medica of equally uniform powers, and of whose physical operation on the human system there is as little room for variety of opinion, that has been as variously used as quinine. Except those differences which good reason and fair experience enforce, as from peculiarity of climate, or location; or the various nature of different cases, we consider this great difference as indicating the texture of mind of the different practitioners. We know of those practitioners who, in like cases, are in the habit of giving but half a grain
doses; and of others, who give ten to twenty as an ordinary portion. We think much is yet to be understood by practitioners relative to the use of this article; and that as more strict reasoning is exercised on the subject of its use—its physical powers and the pathological and therapeutical principles which make up the elements of the rigid reasoning, less of the article will be found in use. We would not be understood to object to quinine as one of the finest tonics we have at command, and more especially for the control of the paroxysmal nature of diseases; but we do believe that great carelessness and mental laziness have been indulged in the prescription of this tonic, whereby it has become a kind of routine prescription. A fair patient of ours, who, when 45 drops of laudanum were prescribed, concluded very arithmetically that if 45 drops would render a given benefit, 90 would afford a double product. We believe that many practitioners have acted on this arithmetical kind of proportion in the administration of quinine. In the days of mathematical medicine we should not have been surprised at such views; but when in these bright days of physiology, of pathology and of therapeutics, we confess that such things lead to a depreciation in the estimate of mind concerned. We think practitioners should settle in their minds the knowledge of first principles which form the basis of correct reasoning, before they prescribe even quinine; for however much it may be thought a simple, innocent thing, which will do no harm if it does no good; the fact is, it is often injurious by its own operation, and still oftener so, by being used to the exclusion of agents which would be dictated by sounder reasoning.

Something of this wandering we think is observable with men of the first rank. For example, Dr. Mackintosh, lecturer on the practice of Physic in Edinburgh, has his rule of giving three doses of five grains each, with half an hour interval, immediately before the expected paroxysm, or three grains every half hour, beginning about three hours before the expected paroxysm. Dr. Morton, the American Editor of Dr. Mackintosh's work, would not be understood as "according with the practice of administering quinine in the large and frequently repeated doses advocated by his author, (Dr. Mackintosh.) He (Dr. Morton,) considers it seldom requisite to administer more than
twelve grains during the first interval, and half that quantity during the following interval, for the cure of nearly all the cases which occur. Instances however, he considers, frequently present themselves in which a larger quantity than is necessary to obtain the end, would be positively injurious; so that practitioners have adopted the safer plan of giving a grain each hour, and limiting the amount to the number of grains specified, (that is, twelve in the first interval, and six in the second.) And Drs. Forbes and Conolly of England, the experienced and talented editors of the Cyclopedia of Practical Medicine, and of the British and Foreign Medical Review, say that their own experience leads them to recommend the practice of American Editors, rather than that of Dr. Mackintosh; a practice which they have scarcely ever found fail, even with patients continuing to reside in the malarial locality which produced the disease; and that they find that half the quantity above stated, is quite sufficient in the majority of cases, to cure the endemic agues of England.

Some allowance may perhaps be made for their differences, on account of the differences of climate and locality.

Bleeding in the cold stage of Fever.

"The peculiar practice of bleeding in the cold stage of intermittent fever, introduced by Dr. Mackintosh a good many years since, is well known to most of our readers. This practice naturally takes a prominent place in the chapter treating of ague, and is illustrated and supported by many new cases. Without admitting that such treatment is necessary in the great majority of cures of ague, as we know from considerable experience that the disease is perfectly and safely and speedily curable without it, we cannot deny that the practice is in particular cases indispensable, and indeed affords the only means of saving life. We must therefore always consider medical science as under great obligation to Dr. Mackintosh for having introduced this practice, and for having advocated it with such praise-worthy zeal. We are far from wishing our younger brethren to have recourse to it in ordinary cases, much less habitually, in the treatment of ague; as we are of opinion that this would be not merely useless but highly injurious; but it is incumbent on every one to make himself acquainted with the mode of its application, the principles on which it is founded, and the safety of its adminis-
Bleeding in the cold stage of Fever.

1838.

tration. For our own parts, we do not hesitate to say that, had we been acquainted with this practice twenty years ago, we think we could have saved some lives which we allowed to be hopelessly lost beneath the overwhelming stupor of inter tropical ague.

The following brief extracts exhibit the pathological grounds on which Dr. Mackintosh was led to employ this remedy, and the general mode and limits of its application; but we earnestly recommend to the notice of our readers the whole chapter on this subject, and the numerous cases by which the practice is illustrated and confirmed.

'Cold Stage. The first circumstance which we distinctly perceive, is diminished circulation of blood in the extremities, then a sense of coldness, and with it a feeling of weakness. These are evidences of an irregular determination of blood, by whatever cause produced; and in proportion as blood accumulates in the vessels of internal organs, their functions become impeded. The lungs shew their gorged state, by the short, difficult, and anxious breathing; by the impossibility of inflating them beyond the least degree; and by the violent dry cough which occasionally takes place. The livid appearance of the cheeks, lips, and mucous membrane of the mouth, is an additional proof of the embarrassed state of the lungs, shewing that the blood is not properly decarbonized. The disordered functions of the brain in this stage, depend, I imagine, principally upon the gorged state of the lungs, and also upon the overloaded state of the right side of the heart, preventing the free return of blood from the head. The disordered functions of the brain may also be produced by a change in balance of the circulation of the vessels of the head, independently of the state of the lungs and heart. The tremors may probably be attributed to an accumulation of blood in the vessels of the brain and spinal marrow. The sense of cold seems to be owing partly to the state of the nervous system, and partly to the state of the lungs. The pain in the head and loins, and oppression at the praecordia, may be fairly attributed to the same causes. The muscular prostration, and feeling of sinking, are not owing to actual debility, but to obstructed action, in consequence of the above-mentioned condition of organs. The proof of all which circumstances is to be found in the fact, now well known, that abstracting blood in the cold stage; will immediately remove not only the difficulty of breathing, the pain in the head and loins, the disordered functions of the brain, (when these exist,) the oppression at the praecordia, &c. but will also stop the rigors, restore the strength of the pulse, increase the heat of the whole body, and cause the sensation of cold to vanish in an instant.'

'Bleeding, in the cold stage, will, in a great majority of in-
stances, cut it short; in fact, it will rarely fail in stopping the existing paroxysm, and, on many occasions, it has prevented a return of the disease to which the patients had been long subject, and by which they were nearly worn out. It is difficult to determine what quantity of blood it will be necessary to draw in any given case; sometimes it requires twenty-four ounces; I have known three ounces suffice, and, in one case, an ounce and a half produced the full effect. The larger the orifice in the vein, the greater is the chance of arresting the disease at a small expense of blood; but, in many cases, the operation is attended with considerable difficulty, from the convulsive tremors which affect the whole body. I was once successful in arresting the disease by bleeding, in a cold stage which had continued twenty-six hours; but I regard this as an extreme case. The blood sometimes only trickle down the arm, and, as the system is relieved, the stream becomes larger and stronger, till at last it springs from the orifice, and frequently before six ounces are taken, the patient will express relief from violent pain in the head and loins, and it will soon be observed that he breathes more freely. The tremors become slighter and slighter, and, by the time a few more ounces are abstracted, they will cease altogether, and with them vanish the painful sensation of cold. The pulse will be found stronger, and a gentle moisture will be observed on the body. If the patient be properly managed with respect to bed-clothes, neither the hot nor sweating stage will in general follow. Most of the patients who have been treated by myself, or by my pupils under my immediate inspection, have fallen asleep immediately after the operation; but some have even got up and dressed themselves.”—Brit. & For. Review.

Medical Publications in France.

There were in 1836 more than three hundred volumes published on the various branches of medical science in France alone. These three hundred vols. if added to the pamphlets, memoirs, and other small publications, would make a total of upwards of one hundred and fifteen thousand pages; and if to these be further added the periodicals and those published during the year, the number of pages would amount to one hundred and eighty thousand, thus requiring of the student wishing to review the whole, if one could be found so courageous, to read at least 16000 pages per month, or 500 per day.—La Presse Médicale, v. 1.—p. 24.
M ED I C A L  I N T E L L I G E N C E.

We have received the circular of the Medical College of Richmond, Virginia. The following is the arrangement of the Faculty:

H. Johnson, M. D. Professor of Anatomy and Physiology.
John Cullen, M. D. Professor of Theory and Practice.
S. W. Chamberlayne, M. D. Professor of Mat. Med. and Therapeutics.
R. L. Bohannon, M. D. Professor of Obstetrics and Diseases of women and children.

Aug. L. Warner, M. D. Professor of Surgery.
Socrates Maupin, M. D. Professor of Chemistry and Pharmacy.

This new Medical School is opened under the auspices of the Hampden Sidney College, whose Trustees have organized and located it in the city of Richmond. Its annual session is to commence on the 1st Monday in November, and continue until the last week in March, a period of five calendar months; and candidates for the Doctorate are required to have deposited, with the Dean, a suitable essay by the 1st day of January.

Although of sound political bearing, pointing the citizens of its own state to what it considers both their duty, and present and prospective interest, the circular, considering the usages of the day in such cases, enjoys an honourable exemption alike from the boring, and the invidious comparisons and electioneering manoeuvres which have too often disgraced the annual announcements of some of the American Medical Seminaries.

It is observed that the session of lectures is extended to five, instead of the usual term of four months. This is, of itself, correct. And it is very justly observed, that "the addition of another month to the ordinary session of medical lectures, (which is admitted by every physician to be entirely too short,) will enable the professors to complete the course which would otherwise be imperfect." But from experience in point, we are led to apprehend that the advantages thus offered, will not be duly appreciated by the medical student so long as there are other similar institutions which offer a shorter term; but on the contrary, could the majority of medical students be allowed to sway the colleges in this particular, the term would soon be reduced to two or three months. Students expect in the Inconsideration of their youth, to "combine pleasure with business, and gain the rewards of industry without suffering its fatigues," and reap to themselves the profits of a costly profession without paying the tribute money necessarily due to its procurement.

LOUISVILLE MEDICAL INSTITUTE.

This new institution has accomplished its first course of lectures. Twenty-four young gentlemen were admitted to the Doctorate. The session is from the last Monday in October, to the last of February,—a term of about four months.

The following are the present incumbents of the different chairs:—

Anatomy, Jebediah Cobb, M. D.
Institutes and Clinical Medicine, and Medical Jurisprudence, Charles Caldwell, M. D.
Medical Intelligence. [June.

' Theory and Practice of Medicine,
Surgery,
Obstetrics and Diseases of Women and Children.
Materia Medica,
Chemistry,

The price of the Tickets is $110.

The endowment made by the city of Louisville alone, for the buildings, apparatus, Library, &c. affords an example of high-minded munificence and of a proper regard of her citizens for the medical institution, worthy of the imitation of others. And when we come to recollect that Kentucky is comparatively a new state, and Louisville a new city, $90,000, the amount appropriated, is well calculated to put to shame the citizens of older states and cities, who have but too grudgingly appropriated a few thousand only, and left a struggling, enterprising and patriotic faculty to work out their days for future generations, or allow their institutions to lapse into ruins.

The building under contract is to be 130 feet by 66, which will afford the most ample accommodations.

Professor Flint has started for Europe with ample means for the purchase of all things necessary from abroad, for the successful operations of the medical institute. We know of no institution commencing with fairer prospects of success.

MEDICAL COLLEGE OF LOUISIANA.

We have received the annual circular of this new Institution, containing a prospectus for the session of 1838-'39. It is under the government of a President and twelve Trustees. The President is the Governor of the State, and the Trustees are all ex-professional gentlemen, many of whom we know to be of the greatest respectability.

The Faculty consists of six individuals, filling seven professorships as follows:—

W. R. Stone, M. D. Professor of Anatomy.
Edward H. Barton, M. D. Professor of the Theory and Practice of Medicine.
John Harrison, M. D. Professor of Physiology and Pathology.
James Jones, M. D. Professor of Obstetrics and Diseases of Women and Children.

J. Monro Mackie, M. D. Professor of Materia Medica and Therapeutics.
John L. Riddell, M. D. Professor of Chemistry and Pharmacy.

W. R. Stone, M. D. Professor of Surgery.

This "was founded," (like all other Southern Institutions of the kind,) "with the express view of educating Southern Physicians." The session for 1838-'39 will open at the Charity Hospital, on the 1st Monday in December, and close on the 4th Saturday in March. The commencement for conferring the Degrees will be held on the Wednesday following the close of the Lectures.

The following are its requisites for graduation:—

1. The candidate must have attained the age of twenty-one years.
2. He must have been a student of medicine at least three years.
3. He must have attended two full courses of medical lectures, the last of which must have been in the Medical College of Louisiana.
He must present to the Dean a respectable thesis, on a subject connected with medicine, or some collateral science, by the first day of March, and exhibit satisfactory testimonials of moral character and preliminary education.

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TRANSYLVANIA JOURNAL.

According to a note addressed to subscribers, this quarterly journal is to be enlarged fifty pages, without increase of subscription price, which still stands at $5 in advance. The ability of the Editors and Publishers to do this without a corresponding increase of subscription, stands as evidence of the fact, that the good citizens west of the Alleghany are much more liberal in the support of medical science than they are in the Southern Atlantic states.

When enlarged, as it will be forthwith, by a supplement to the first No. of the present year, the annual volume will amount to 1000 pages.

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TRANSYLVANIA UNIVERSITY.

MEDICAL DEPARTMENT.—The Trustees of this institution have lately elected Dr. N. R. Smith of Baltimore, to the chair of the Theory and Practice.

The Faculty for the next season is as follows:

Anatomy and Surgery, by B. W. Dudley, M. D. Professor, and James M. Bush, M. D. Adjunct Professor.

Institutes of Medicine and Medical Jurisprudence, by James C. Cross, M. D. Theory and Practice of Medicine, by Nathan R. Smith, M. D.

Obstetrics and Diseases of Women and Children, by Wm. H. Richardson, M. D.

Materia Medica, and Therapeutics, by Thomas D. Mitchell, M. D.

Chemistry and Pharmacy, by Robert Peter M. D.

The lectures will commence on the 1st Monday in November next, and each teacher will lecture daily—Sabbath excepted.

Fees of the course, including matriculation and access to the Library, will be $110. Graduation fee $20.

It will be observed by the above, that there is scarcely a relict of the old faculty in this Institution. 'Tempora mutant.'

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DEATH BY STEAM.—In a letter to the Editor of the Boston Medical and Surgical Journal from one of his correspondents, we have an account of a most palpable death by steam and Thomsonian Practice.

The victim in this case was a female who had been confined to childbed about three weeks previous to the operation which caused her death; but had so nearly recovered, that she went from room to room and dined with the family. The only difficulty was, that she had rather a poor appetite, and was, at times, troubled with costiveness. To the advice of some of her friends whose opinions she had always regarded, to adopt the Thomsonian method of treatment, and take a 'patent sweat,'—she consented; and accordingly began by the use of internal and external stimulants, gradually increasing the heat till she was in the most severe distress. And notwithstanding her groans, which could be heard in the road, the course was
blindly persisted in, until she breathed her last. A few moments before she died, the regularly attending physician called at the house, expecting to find her comfor-
table and doing well, as when he saw her last. But when he entered the room, (which he was not allowed to do till her attendants saw that she had gone,) there he beheld her a lifeless corpse. He did every thing in his power to restore life, but it was too late. The body was so heated that the hand could scarcely be borne upon it a few moments after death.

The woman was one of the highest respectability, and strongly indeared to her friends who now have to lament and mourn over her sudden and most deplorable death. Not the least shadow of doubt is entertained as to the cause of her death. It is acknowledged by the friends as well as foes of this method of treatment, that she died in consequence of the operation,—in fact she died before they had completed the process.

This unfortunate affair reminds us of the case of Rhodes, which was mentioned in this Journal some time ago. The circumstances are very similar, as they are also to many others which are almost daily reported verbally. But we cannot afford room for them all. Let a word to the wise suffice; the foolish have to learn at the end of severe experience.

In conclusion the reporter of this case writes as follows:

"And now, in reflecting on this melancholy accident, which from the fact that it took place within my own knowledge, has particularly awakened my feelings, I cannot but be filled with astonishment that in this enlightened age, any one can be so deluded. But such is the case, and many there are, who suffer themselves to be blinded and duped by the boasting and absurd pretensions of modern quackery. But such ignorance and absurdity cannot long conceal itself; and we may hope and believe the day is not far distant when this system, which originated in ignorance, and which is disseminated generally among the ignorant, will be buried deep and forever, and the true principles, those that have been the result of labor, investigation and research, will be adopted and maintained by every individual."

This affair needs no comments.