A TRULY VIRTUOUS WILL IS ALMOST OMNIPOTENT.

EDITED BY

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A case of Aneurism, successfully treated by the Needle. Read before the Medical Society of Georgia. By C. P. Richardson, M. D. of Savannah, Geo.

In submitting the following case, as illustrative of the treatment of aneurism, to the consideration of the Medical Society, I do so as much from its novelty, as a hope that its successful termination may induce others, when the opportunity occurs, to resort to a similar practice. On one or two occasions I had met in the periodicals of the day, with cases of aneurisms treated successfully with the needle, and as the reasons advanced in support of the plan appeared to me fair and specious, I determined, should a case of the kind come under my care, that I should give it a trial. When the following case came under my observation, I put my resolve in practice, and feel gratified in saying, that its issue was as happy as I could have wished.

Aneurism is a disease of so peculiar and dangerous a character, that its treatment in modern times has necessarily engaged much of the attention of surgeons; consequently, we find, that various methods have been devised and promulgated for their allevi-
Aneurism successfully treated by the Needle. [July,

...but all approved modern authority appears to have settled down into the belief that the knife is the only remedy on which they can rely. That aneurism can be successfully treated with the needle, I have every confidence, and if so, certainly the facility of the modus medendi—the small amount of suffering—the rapidity with which the cure is effected—the absence of all danger—all taken together—and this superseding a painful, and to say the least, not always successful operation, is an achievement in the cause of suffering humanity, and certainly worthy of the consideration of the accomplished surgeon. In all lesions of parts, nature establishes a process of reparation of her own. The successful surgeon is he, who narrowly watches her indications, and acts as an auxilliary to her. We all know that the knife is the opprobrium of our art; if then, by sedulously consulting the hints that nature throws out, we can substitute means by which the knife may be set aside, humanity and science alike call on us to do it. It is particularly worthy of attention, that in aneurism, as in other diseases, nature is known, sometimes, to perfect a natural or spontaneous cure, and that this cure is achieved by no less than five ways—though in all, the principle which nature employs for the cure is identical. The first of these is accomplished by the aneurismal sac being so strengthened and filled with coagulable lymph, that no fluid can pass into it, and of course all danger of rupture is prevented, whilst at the same time the original canal of the vessel remains pervious, and transmits the blood. 2nd. An aneurism may undergo a spontaneous cure, by not only the sac being filled with coagulable lymph, but by the arterial canal being obliterated. 3rd. An aneurism may be closed by the tumor acquiring such a size and position that by pressing on the trunk of the artery above or below, the sides of the aneurism are thus brought into contact and adhere. 4th. A spontaneous cure of aneurism has also been known to take place, where the whole periphery of the vessel has been dilated, the sac being filled up with coagulum, but leaving a canal in the midst of the tumor, through which blood continued to pass. And fifth, an aneurism may be cured by a process of suppuration taking place in the sac, after both it and the artery above and below the tumor have been filled with coagulum. In such a case, of course, the integument ulcerates, and a portion of coagulum is discharged through the external
opening, which cannot be removed by the process of absorption. It will be at once perceived, that in all these modes by which nature effects a natural or spontaneous cure, that the coagulum is the 
\[\textit{sine qua non}.\] Now, any method by which this natural or spontaneous process can be imitated, and brought about, namely, the formation of the coagulum is the great end we ought to have in view. I believe that the needle will accomplish this—and if my opinion is correct, together with the opinions of others who have successfully treated aneurism according to this plan, one branch of surgery will, at least, have become much simplified, and the sufferings of humanity much ameliorated. The mode by which I believe the needle acts, is at once simple and plain—a coagulum is formed around the needle, so soon as it is introduced, by its low temperature, depriving a portion of the blood contained in the sac of its vitality—this forms a nucleus, which goes on rapidly augmenting, until the sac is filled with coagulum and terminates in the obliteration of the tumor by one of the modes above indicated.

With these views I enter into the detail of the case.

A. B. an Irish laborer, called at my office on the 27th of January last, with a tumor, the size of a pigeon's egg, two inches above the wrist; the arm was much swollen and tense; its temperature greatly elevated, and as may be supposed, was laboring under great constitutional disturbance. The tumor was aneurismal: produced by a wound of the radial artery, an inch below the aneurism. The history which he gave me of the case was, that in some fight, three weeks before, he had been stabbed. At the time, the wound bled considerably, but was stopped without surgical aid, and as the wound readily healed, no more was thought about it. In about a week afterwards, his arm became swollen from the elbow to the wrist, and very painful. The tumor then became obvious at the place I have mentioned. Its gradual increase, with the pain and tumefaction of his arm, induced him, two weeks afterwards, to seek advice. When I first saw him, his arm was much swollen, with the blood that had infiltrated throughout its whole cellular tissue; the heat and redness intense; his whole system participating in the irritation; and the aneurism tense and pulsating. It was at this time that I passed the needle horizontally through the tumor—using the
precaution to arm the extremities of the needle with pieces of cork, that it might not escape or be caught by the roller with which I encircled the arm. Directions were then given to keep the arm constantly flexed—the bandage to be saturated with cold water—to take a large dose of salts, and to refrain from food. Previous to the passing of the needle, the pulsation of the tumor and the radial artery below the tumor, was distinctly felt. But shortly afterwards (ten minutes) the diastole of the artery was barely perceptible, whilst the pulsating of the tumor had altogether ceased. On the 30th, three days after the first dressing, the tumor was hard, and no impression could be made by pressure—the pulsation of the artery below the tumor was very plain—the pain, heat, and tumefaction of the arm had subsided, with no appearance of suppuration at the point at which the needle was introduced.

2nd of March. The tumor was still hard, and there was no pulsation of the radial artery; round the place of entrance and exit of the needle were appearances of suppuration. In one week from the time I passed the needle, the coagula had sloughed out, and the artery above the tumor, as far as could be ascertained, obliterated. Two weeks perfected the cure, and the man was able to go to work. Had the needle been withdrawn three days after its introduction, or before any signs of suppuration had made their appearance, I believe that the coagula would not have sloughed, but would have been absorbed, and the parieties of the sac gradually coalesced. I further believe that whenever conglutination of the blood in an aneurismal tumor does take place, that the cure of the aneurism may be considered as accomplished, for, as I before said, the sac will contract, the coagulum will be absorbed, some portions in continuity with the sac will become engorged, and consolidate, others will escape by the process of ulceration through the integuments, and ultimately a progressive coalescence of the tumor will thus take place.

There were circumstances in the case just detailed, that were far from being favorable to a fair trial of the plan of cure by the needle. The arm was very much swollen, and inflamed, and the constitutional disturbance greatly in excess, all of which admonished me, that any additional irritation would probably end in ulceration of the parts. If then, a cure can be effected of an
aneurism, under such untoward circumstances, what might we not expect, where the aneurism was slowly progressive—where the system was not much implicated—and where the contiguous parts did not participate in the abnormal action?

ARTICLE II.

Extirpation of an Aneurismal Tumor on the Os Humeri—cure.

By C. B. Barrett, M. D. of Monticello, Jefferson County, Middle Florida.

Mrs. Elizabeth Phillips, æt. thirty two, of nervous temperament, and the mother of nine children, in the year 1828, whilst engaged in her domestic duties, received a severe kick from a cow, on the right arm, almost immediately on the summit of the os humeri. The blow at the time gave her excessive pain, so much so, as to prevent for three days afterwards, her using it. Ten or twelve days after receiving the injury, "a small lump," to use her own words, "as big as a nutmeg, and as hard, made its appearance."

Her friends tried the medicinal virtues of herbs, &c. &c., but finding it gradually increasing, she applied, whilst in Savannah, in the summer of '29, to a physician, who recommended its removal, whilst in its incipient stage. She did not like the idea of the knife, but said " she would let it take its chance." Year after year passed on, and the tumor gradually increased in size, until it totally incapacitated her from the performance of her domestic duties. On the 16th December, 1838, I was requested by my friend and colleague, Dr. Pettiss, to visit my patient—the Doctor requesting me to give my opinion relative to the possibility and safety of the operation; as two physicians had said that if a knife was ever put on her arm it would kill her.

On visiting my patient for the first time, I found her in possession of a large aneurismal tumour, (I distinctly felt the pulsation of the brachial artery) extending from the base to the anterior
superior part of the os humeri, and covering the whole of the
deltoides, biceps flexor cubiti and triceps extensor muscles.

I made a small incision with my lancet, at its extreme lower
point, from its feeling very soft, and readily giving place to the
slightest pressure, as well as with a view of ascertaining its con-
tents. The incision was one inch in length, and from it exuded
a clear fatty substance, extremely vascular, and of a peculiar
odour. The incision gave no pain—my patient was not sensi-
ble of its having been done. She informed me that she always
experienced the most exquisite suffering, whenever muscular
force was required. She observed to me that the tumour had,
on the different phases of the moon, and also on changes of the
weather, “made her feel as though her shoulder was going to
jump out of its place.”

From a careful and attentive examination, as well as from the
satisfactory replies of my patient to my enquiries, I declared
the possibility of extirpating the tumour—assuring her of
safety by adopting a judicious course of regimen, and other
sequent dietetic measures. I could not foresee any possible
danger. Ten days after this, her husband called upon me and
said that “his wife had concluded to have the operation per-
formed.”

I appointed Thursday the 21st day of February last, for the
operation. It may probably seem strange, that I should defer
the operation for so long a period as two months, but my rea-
sons for so doing arose from the following circumstances:

1st. In my first interview with my patient she was suckling a
fine hearty robust girl eighteen months of age. I therefore,
deemed its removal necessary for the mother’s future safety.

2nd. My patient was of a very full plethoric habit, weighing
about 170 pounds; the subject also of much constitutional irri-
tation—and believing, from personal observation, that many
causes of failure, with American surgeons, after the performance
of surgical operations, to be in consequence of their not having
sufficiently prepared the system, by putting their patients under a
a proper dietetic treatment before operating—I was anxious,
and indeed determined, if possible, not to fall into a similar
error.

I performed the operation in the presence of my valued and
esteemed friend, Dr. J. G. Pettiss, and several other friends.
I commenced by making two elliptical incisions of nine inches in length, including also a portion of the skin. On proceeding with the operation, I found the tumor intimately connected with the supra-capsular, musculo-cutaneous, radial and ulnar nerves, and attached to the biceps flexor cubiti, and part of the triceps extensor muscles. I removed the tumor, after carefully and cautiously dissecting it from its numerous attachments, and from its original formation, to the deltoid process of the os humeri. Its weight, on dissection, was seven pounds, or 112 ounces—its circumference at its extreme breadth 32½ inches—height from base to apex 18½ inches. Two vessels were secured, and the flaps brought together by six stitches and adhesive strips. Adhesion was perfected by first intention. The cicatrix was reduced on the 10th day to four and one third inches; and on the 15th day from the operation, my patient was discharged. The arm has now, up to this date, the appearance of a cicatrised wound—but no inconvenience from fever, swelling, or lancinating pains has been felt from the moment of its extirpation; neither has it diminished in size, or altered its appearance with the other. The only complaint my patient has ever made to me, and I give it in her own words, is, "that her arm seems mighty long." The tumour has a conical appearance, and is composed of a fatty, stringy, or ropy substance, enveloped in an hypertrophied cellular tissue. I had nearly forgotten to say that the tumor had been eleven years on her arm. I cannot conclude without a slight comment on the intrepidity and bravery of my patient—she even refused the necessary preliminary of securing the arm, bidding me "do my duty and she would do hers." It is a source of much grateful feeling to the friends of my patient, that she is once more restored to the bosom of her family, from attention to the duties or the performance of the offices of which she has been withheld for four years past.

April 28th, 1839.
ARTICLE III.
Successful treatment of Erysipelas, by Raw Cotton. The following is extracted from a letter to the Editor, by F. M. Robertson, M. D. Augusta, Ga.

Having noticed in the first volume of the Medical Examiner, that the external application of raw cotton had been successfully employed in erysipelas, by M. Raynaud, I resolved to try the efficacy of the remedy in the first cases that should come under my notice. About two months since, I was called to a case in which the disease had invaded the forehead, face, and a part of the back. The patient was suffering extreme distress from the tension and burning heat of the parts, and the system labored under a state of general excitement. I had the inflamed parts of the surface entirely covered with finely carded bats of raw cotton, which were suffered to extend over on the sound skin. At the same time an ordinary dose of calomel was administered, and followed in two hours by a moderate saline cathartic. On visiting my patient in the afternoon, I found the local symptoms entirely relieved; she stated that the pungent heat and pricking had ceased soon after the application of the cotton. The medicine had operated well, and the general excitement was considerably moderated. The bats of cotton were renewed for the night. On visiting her the next morning, I found that the disease had not spread; the local symptoms were entirely relieved, and the inflammation had nearly subsided. The cotton was continued through the day and the following night, after which it was thrown aside, and the patient recovered, with no desquamation whatever of the cuticle.

A few days afterwards, I was called to a little girl who had, a week previous, accidentally received a small wound, which penetrated through the scalp to the cranium. The wound had suppurated, and, on close examination, I found that it had taken on erysipelatous inflammation, which had extended to the right ear, and, on the forehead, as far as the nose and appeared to be progressing over the entire scalp and face. It was in the afternoon when I saw her: during the morning, the febrile excitement was
high, and she had been, occasionally, delirious. I immediately had the hair cut as close as it could be, with a pair of scissors, and a cold bread and milk poultice applied to the wound, and the entire scalp and forehead covered with the bats of cotton, as in the former case; at the same time, a dose of calomel, to be followed by epsom salts, was administered. The relief from the cotton was immediate; all the bad symptoms were relieved, and, after the operation of the medicine, the general excitement was moderated and the delirium did not return again. In this case the inflammation progressed as far as the cheeks, and to the left ear. The cotton could not be applied over the eyes and nose, as the patient was too young to understand the importance of submitting to such a cumbersome application; it, however, arrested its further progress from the cheeks and scalp. All the local symptoms were relieved as soon as the cotton was applied; no blisters formed on the forehead or cheeks, and the desquamation of the cuticle was very slight: much less than I have ever seen it in the mildest case of this disease, when treated without cotton. During the progress of this case, which lasted for seven days, the only internal medicine administered, except the first cathartic, was an occasional saline aperient and cold lemonade or soda water, made by dissolving the common soda powders of the shops.

I have simply presented these cases for the purpose of drawing the attention of practitioners to this very simple application, without attempting to account for the modus operandi of the remedy. Its use appears to have been suggested to M. Raynaud, by the analogy between the disease and burns, and the well known efficacy of cotton as a local application in the latter. Those who had to contend with the disease, when it prevailed in our city in 1837, as an epidemic, will feel the importance of any remedy which promises to arrest the frightful progress of this, apparently, incontrollable affection, which, in many instances, during the prevalence of that epidemic, from the slightest scratch, spread with terrific rapidity to the whole surface, and carried off its victim amid the most excruciating tortures.

May, 1839.
ARTICLE IV.

Mortality of Hooping Cough, in the City of Charleston. Read before the Medical Society of the State of South Carolina.

By H. W. DeSaussure, Jr. M. D. 1839.

<table>
<thead>
<tr>
<th>Month</th>
<th>Mortality of Hooping Cough in Charleston from first January, 1836, to first of January, 1838.</th>
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<tr>
<td>December</td>
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<td>November</td>
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<td>January</td>
<td>16</td>
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<td>Total</td>
<td>120</td>
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From 12 to 13 yrs. | 120
From 11 to 12 yrs. | 100
From 10 to 11 yrs. | 100
From 9 to 10 yrs. | 100
From 8 to 9 yrs. | 100
From 7 to 8 yrs. | 100
From 6 to 7 yrs. | 100
From 5 to 6 yrs. | 100
From 4 to 5 yrs. | 100
From 3 to 4 yrs. | 100
From 2 to 3 yrs. | 100
From 1 to 2 yrs. | 100
Under one year... | 100
Under one month. | 100

Black | 7
White | 10
Female | 15
Male | 25
Years: | 69
Total | 350

Being unable to ascertain the number of children affected with Hooping Cough, during any one period of the ten years allotted to me as my portion of duty, I cannot offer any table of the proportional mortality of this disease. Nor, have I been able to obtain any account of the varying characters of the affection in different years, if it varied at all. All that I have been able to
ascertain is, the absolute mortality, the age of the patients, and
the months in which they died. This may be found in the ta-
ble on the opposite page, which comprises a period of twelve
years, viz: from January, 1826, to January, 1838. The hori-
zontal line marked total, shows the number of deaths for the
whole period, according to sex, color, age, and the season of the
year in which they died. The perpendicular line marked total,
shows the mortality for each year.

By referring to the above table it will be seen, that the mor-
tality varies much in different years. In 1827, there being but
one death, while in the next year (1828,) the number rises to 61;
and in 1832, there are no deaths reported. Upon what circum-
stances this great variation depends, I am unable to ascertain.
It may, perhaps, be attributed to the difference in the numbers
affected in these years.

It will be seen that the whole mortality for the twelve years,
was 166, giving an average of 13 5-6 for each year. Sex appa-
rently exercised very little influence on the fatality of the dis-
ease: a few more females than males dying. Color appears to
exercise far more influence, nearly 4-5ths of the whole mortality
being among the colored population; this may in some measure
be attributed to their habitual carelessness and greater exposure,
in some measure perhaps to the prevalence of a scrofulous dia-
thesis—pertusses, when neglected in such constitutions, tending
to the developement of tubercles. Age also exercises conside-
rable influence on the fatality of the disease: more than one third
of all the fatal cases occurring in children under one year—near-
ly one fourth in those under two years—and one fifth in those
under three years—while, after this period the mortality rapidly
decreases. Between the ages of ten and thirteen only one death
is reported, and none of children over thirteen. In children un-
der one month, the mortality is also very small, depending, I
think, on the small number affected at that age. Season exer-
cises considerable influence on the disease. July, August, Sep-
tember, and October, shewing nearly two thirds of all the fatal
cases, while December, January, and February, present the least
mortality, indicating that the heats of summer and alternations
of autumn are less favorable to the disease than the steady cold
of winter—and this remark is constant for each year of twelve.

In conclusion, I can only regret that I have been unable from
want of documents, to hand in any details of more value; and that my want of familiarity with statistical details, should have rendered what I have obtained of less value than it would have been made by abler hands.

With respect it is submitted to the Chairman.

ARTICLE V.


The specimen was submitted for examination by Dr. Bennet. In color and general appearance it resembles milk—scarcely differing from that fluid in sensible properties, except in possessing a faint tinge of red and a weak unsavory odor.

Its specific gravity is 1.0086, in which respect it differs essentially from healthy urine, which on an average is as high as 1.02. (The ratio between the two is as 10.086 to 10.200.)

Its red colour is owing to the presence of hematosine, or the coloring matter of the blood, as appears from the effect of hydrochloric acid in first deepening its tint, and subsequently in precipitating it from the solution; no less than from its disappearance on simply boiling the urine, in consequence of which it is coagulated along with the albumen. The fluid thus cleared of this matter resembles milk more closely than before.

A few ounces of the urine were exposed to the air in an evaporating basin for a couple of weeks. A thick, creamy ring surrounded the edges of the dish, the fluid being reduced to less than half its original bulk by evaporation, but without having remarkably altered in its appearance, or having acquired a particularly disgusting odor or any decided acid or alkaline properties. The fluid was poured out, and the cream-like ring allowed to desiccate. In the course of a few days, it turned yellow, shrunk up, and finally resembled gum.
A portion of the fresh urine was boiled. As the fluid approached the point of ebullition, a thin film spread over its surface, which was so tenacious as to prevent the steam from breaking freely through it; consequently it became inflated like a thick solution of soap in water, when blown into with a tube: and although the basin was at first less than one third filled, the liquid rose into a frothy mop, projecting far above the top of the dish, and required to be removed from the fire to prevent its overflowing. The appearance it presented under the circumstances described was obviously similar to milk. After having been reduced by slow evaporation to about one half its original bulk, it was permitted to cool. The froth subsided into a tough, wrinkled, but thin pellicle, which overspread the surface of the fluid, and also lined its bottom. The contained liquid on being poured off had lost its redish tinge, and had assumed a shade of yellow in its place. It now readily passed the filter, (which it would not do prior to boiling,) but without relinquishing in the smallest degree its milkiness or opacity. The film was regarded as albumen, mingled no doubt with hematosine and mucus, particularly in the heavier portion, which subsided to the bottom of the fluid, inasmuch as it is a property of both mucus and hematosine to become inspissated by heat, and to exhibit a higher specific gravity than coagulated albumen.

Concentrated, pure acetic acid was added to a portion of the boiled urine, and heat applied until the fluid entered into ebullition. The urine hereby became much clearer, and nearly lost its milky aspect, while numerous globules of yellow oil swam upon its surface, which, on the cooling of the fluid assumed the consistence and color of pale butter. From this experiment I am led to conclude that an animal principle analogous to fibrin is present in the urine, similar perhaps to what has been called incipient fibrin in chyle, which principle is dissolved, when treated with acetic acid, and hence the fatty matter with which it was previously combined (after the manner of an emulsion,) became isolated and rose to the surface.

A portion of the unboiled urine was treated with one third its volume of purified sulphuric ether, and the two fluids thoroughly agitated together, and corked up in a phial for twenty-four hours, at the expiration of which time, the ether had assumed a deep yellow color, and the urine had nearly lost its milkiness.
The ether was withdrawn from the phial by a sucker, and slowly evaporated on the sand bath. An abundant oily residuum remained, whose consistency was intermediate between olive oil and butter. Its color is yellow and its odour peculiar—both which properties are no doubt owing to the presence of some odorant, resinous body. Farther to show the presence of oily matter in the urine, it may be remarked that in treating it with potassa, we obtain an abundant soap, which collects in a soft cake at the top of the fluid.

The urine becomes clear and transparent on being boiled with potassa, with the exception of a few flocs of phosphate of lime; an effect we should naturally anticipate, inasmuch as fibrin and albumen are both dissolved by potassa, while the fatty matter present becomes converted into a soluble soap. On adding a few drops of acid, however, to the clear fluid, it instantly becomes clouded, but does not recover its milky aspect; the acid operating to precipitate the albumen and the fibrin, the latter of which, however, it immediately re-dissolves. The acid added, also throws down the animal acids into which the oil had been converted during the process of saponification. Whether these acids are identical with the stearic, the margaric and oleic, or whether a nice research would prove them to be new, it is difficult to conjecture; though the latter idea will not be regarded as impossible, when it is recollected that the source of the oily matter which is concerned in the formation of a soap, effects the nature of the acid or acids, produced. Hence butter gives rise under these circumstances, to butyric, caproic and capric acids—the oil of the porpoise to the phocenic acid; and that of the goat and the sheep to the hircic acid.

The urine was next tested for urea, by treating a portion of the concentrated fluid with pure nitric acid.

No precipitate of nitrate of urea appeared, although the mixed fluids were allowed to stand for several days. This experiment would not be conclusive in proving the deficiency of urea, inasmuch as the milky consistence of the fluid might operate to prevent the crystallization of the nitrate; but when considered along with the want of urinous odor in the fluid, and the slight tendency to putrefaction it possesses, the non-production of carbonate of ammonia, and the diminished specific gravity of the
urine, leaves no doubt of the almost entire absence of this most conspicuous ingredient of normal urine.

Uric acid, the parent substance of urea (as Liebig, from late researches proves, inasmuch as he converts uric acid by the action of per oxide of lead into urea, oxalic acid, and allantoin*) is equally wanting in the fluid under consideration. This we prove also by the action of nitric acid, which fails to develope that rich rose-red hue in the fluid which would occur if uric acid or even urate of ammonia were present—it being an infallible trait of uric acid to suffer such a modification from the action of nitric acid as to give rise to the rosacic acid of Proust, the purpurate of ammonia of Prout, or in the opinion of Berzelius, simply to an union of extractiform matter with uric acid.

The fresh urine, instead of exerting an acid, produces only a feeble alkaline reaction. This I am inclined to attribute to the presence of uncombined (or free) soda, as potassa when heated with the fluid emits no traces of ammonia. The absence of carbonic acid is obvious on the addition of nitric acid to the fresh fluid which causes no sensible effervescence. A second specimen of urine, however, furnished me within a few days, has on being exposed to the recent warm weather, become carbonated to such a degree as to effervesce very freely, but the alkaline carbonate generated is chiefly that of soda, and not ammoniacal.

The urine is very nearly rendered clear by being allowed to stand for some time after being mingled with either of the following re-agents : viz. corrosive sublimate, alum, infusion of nut galls, ferro-cyanide of potassium, as well as the mineral acids.

A portion of the urine was evaporated to dryness, and the carbon burnt off in an open platinum-capsule. One part of the residium was fused with anhydrous carbonate of soda, and afterwards supersaturated with acetic acid, and tested with acetate of lead for phosphoric acid, which ingredient was detected.

Another portion of the above residium was tested for chlorine, and still another for sulphuric acid, both of which were ascertained to be present.

It was, however, extremely obvious, that a marked deficiency

* See Report seventh Meeting Brit. Association for the Advancement of Science.
of saline ingredients existed in the urine; and the sulphates and phosphates in particular were much below the usual proportion, while the chlorides approached more nearly to their standard ratio in healthy urine.

It will be seen, therefore, as a result from the following, that the urine under examination differs in the first place from healthy urine in the deficiency of uric acid and urea, and in the low proportion it contains of saline matters generally; and secondly, in the presence of an unusual amount of fatty or oleaginous matter, mingled with albumen, incipient fibrin and mucus, to which we must add traces of the coloring matter of blood.

It may be interesting merely to add, from one or two authors, a few allusions to certain diseased urines, which in many respects would appear to resemble that which we have examined.

Berzelius says, that in the species of dropsy called anasarca, and which results from a general debility of the animal economy, serosity prevails throughout the urinary passages, and consequently the urine becomes albuminous. It may then be precipitated by the bichloride of mercury, although it still possesses an acid reaction. When the disease has proceeded still farther, the kidneys secrete an albuminous liquid. 'This liquid is precipitated by alum, and in a still more advanced period of the case by nitric acid: and finally, it coagulates by ebullition. The more the proportion of albumen augments, the more the urea diminishes; and at last, it disappears altogether.* The presence of albumen in urine is observed in cases of dyspepsia, as well as towards the end of hectic fevers.

Berzelius likewise speaks of milky urine, which he says deposits a cream and coagulates on ebullition—the clot having the properties of caseum and ether, withdrawing from it fatty matter. I suspect that here, allusion is had to a fluid nearly identical with that under consideration, though I venture to express my dissent from Berzelius in considering the clot as pos-

* The liver, according to Thenard, sometimes affords a bile, highly albuminous and charged with fatty matter. In a particular instance, this organ was converted into a fatty mass, which yielded 1-16th part its weight of oil. Signor Bizio analyzed bile of a patient who died in the Hospital at Venice of a diseased liver, which contained fibrin, a peculiar insoluble fatty matter, albumen, yellowish oil, a green resin, gummy extract, sugar, chloride of sodium, phosphate of soda, phosphate of magnesia and oxide of iron.
sessed of a caseous nature, inasmuch as it does not suffer the aceto-
tous fermentation on being exposed to the air, and a mild tempe-
trature even for a long time. I rather prefer to regard it as con-
sisting of albumen, and what has been called incipient fibrin.

Berzelius goes on to say that this sort of urine has been ob-
served equally among males and females; and that it originates
in causes not understood, and is unattended by any serious de-
rangement of the general health.

Dr. Elliotson (in the Lancet for 1830,) believes that if the
kidney be organically affected, if it have a congestion of blood in
it, or be in an inflammatory state, the urine will generally be al-
uminous. But on the other hand, he does not think, that the
circumstance of the urine being albuminous is a proof that the
kidney is in this state—at least in a state of organic disease; be-
cause he has seen many persons cured of dropsy and restored to
perfect health, who had labored under albuminous urine; and if
the kidneys had been originally diseased, he thinks it hardly pos-
sible that a recovery would have ensued. He is, therefore, of
opinion, that although it is possible that in diseases of the kidney
and in congestion of that organ, the urine may generally be al-
uminous, the converse cannot be asserted, viz. that if the urine
be albuminous we must necessarily conclude that the kidney is in
these diseased conditions.

ARTICLE VI.

Treatment of Scarlet Fever—contained in a letter to the Editor.

By Edward C. Keckley, M. D. Charleston, S. C.

Believing it to be the duty of every physician to add all he
can to the stock of medical facts, I send the plan of practice
which has been pursued by me in Scarlet Fever. When first
called to prescribe for a case, I candidly confess, that I obeyed
the call with reluctance. I had been induced to consider the
disease as almost an opprobium medicorum. I determined to at-
tempt a track which was not altogether beaten smooth. I found
it so pleasant, that I now travel it without the slightest fear of not arriving at the full consummation of my fondest hopes—the speedy relief of my patient.

The division of Scarlet Fever which has been made by Dr. Dewees, answers all practical purposes. The "scarlatina simplex, or simple constitutional disease, without any morbid affection of the throat," requires very little medical treatment. It will run its course, and the patient get well without any thing being done. I have seen several cases terminate in this way, without the least attention being paid to them. This was the case in my own family. When medicine is necessary the bowels should be gently operated on with small doses of calomel, and epsom salts, and magnesia. The diet should be antiphlogistic. In the anginose state of the disease, the treatment must be commenced with the full emetic operation of ipecac. The emetic may be repeated daily, or even twice in a day. This is the anchor of our hopes. I have seen the disease put a stop to after one full emetic operation. The bowels should be operated on daily by small doses of calomel: two grains to be given every hour until the object is accomplished. So much for the constitutional treatment. Not the least important part of the treatment is the faithful use of suitable gargles. When ulceration has not taken place, I have derived the greatest advantage from the Capsicum. It may be made into a tea with hot water. It, I think, effects more when digested for a time in vinegar. After ulceration has taken place, no mixture as a gargle is superior to the following: 8 oz. solution Gum Arab. 3 j Spts. Turpentine, m. I have used this, instead of the Capsicum, with the happiest effects. The medicinal virtues of the Turpentine are not known, and will probably long remain so, in consequence of its being an article of home production. Medical men too generally undervalue our vegetable productions. In addition to the preceding, external stimulant applications to the throat should not be forgotten. For this purpose, the throat should be rubbed frequently through the day with the following liniment: to 3 j Olive Oil, add 3 j Tinct. Capsicum. m. At night a light woollen bag filled with warm ashes should be applied around the neck; and through the day, a piece of flannel. I have seen much benefit derived from the use of the foot bath at bed time. In the malignant form, the same treatment is to be pursued as in the preceding variety.
Should any untoward symptom arise, the physician must apply the proper remedy. For the dropsical affection which sometimes supervenes, I generally use small doses of Capsicum, combined with the Sup. Carb. Soda. No peculiarity of treatment is necessary. In the management of Scarlet Fever, the greatest attention must be paid by the physician and nurse. From the trouble attendant upon every case, the nurse requires to be closely watched. A good rule to be strictly observed is, whatever is done, let it be done quickly and faithfully. I have not the least doubt that nearly all of the cases which terminate fatally, are the result either of improper practice, too long delay, or gross neglect on the part of the nurse. I hold Scarlet Fever to be one among the most easily managed diseases, with which the physician has to contend; but neither of the above three faults must be present. For the above plan, I claim unlimited success—out of about twenty cases one died, and this one was the result of neglect by the nurse, until it became too late for anything to be done. I forgot to mention that cold drinks are to be strictly forbidden. Avoid the external application of water, as you would the sting of the poisonous serpent.

ARTICLE VII.


Of all the diseases which, of late, have claimed the attention of the profession, we know of none that has done so in a more eminent degree, than that species of fever usually denominat d "congestive." In proceeding to a treatise on this subject, let us first inquire whether this is a disease of recent origin, or only an aggravated form of some disease? From all we have been able to ascertain, we are inclined to the latter opinion—that it is an aggravated form of bilious fever. Although we have every symptom of congestive fever, in its most malignant form, present from the very beginning of the disease, still we are inclined to
view this disease, as it is considered, as an aggravated form of bilious fever. This term then seems to qualify the fever; and as far back as 1814, we recollect to have heard physicians speak of "Congestive Fever," then prevailing, and having prevailed in New Hampshire, as far back as 1811; in Massachusetts in 1812; in New York and Connecticut in 1813: in New Jersey, Pennsylvania, Maryland, and Virginia, in 1814. What progress it made south we know not; but from the foregoing account it would appear that it was not very rapid.†

In some sections of Virginia it appeared to rage with much more violence than in others; and its most frequent appearance was in its most aggravated form, where there is a congested of the internal, with a constriction of the external capillary vessels, accompanied with sudorific exhalation. At that time scarcely any two of the faculty agreed as to the proper course of treatment. There seemed, however, to be three different plans of treatment adopted—one, essentially Brunonian; another, antiphlogistic; and a third, a medium course, carefully avoiding either extreme. The last named, or medium course, seemed to be the most correct and successful. At the time of that observation, we were not connected with the profession; but from the prescription we then saw, we now know that some of the faculty took similar views of the disease to those now taken by the most eminent of the profession: nor were they those who depended solely on a stimulating or depleting plan of treatment.

This type of fever continued to prevail in Virginia with more or less frequency of occurrence, until the time we left the "Old Dominion," which was in 1820; and as we came southwardly, we found the same disease, wearing all its frightful forms, ravaging whole neighbourhoods, and laying waste whole families.

Having located in Sumter district, South Carolina, in April, 1826, we observed it prevailing with great severity in the lower part of that district. From that time, we have given much of our attention to it; for, being engaged in country practice, we

* Dr. Benjamin Rush is said to have died of this disease in April, 1813.
† We have observed this disease in Georgia for thirty years. The reason why the writer thinks it has made slow progress, southwardly, is, that the culpable negligence of southern practitioners has prevented the publication of its history. Editor.
were thrown on our own resources, and although young in the profession, we were consequently compelled to use no small degree of discretion, as we were aware that we were compelled to differ materially from some other members of the profession, as to the nature of the disease, as well as the plans to be pursued in the treatment. The correctness of the opinions then formed, and the remedial means used has been confirmed by upwards of ten years experience, in a practice, for the most part, not very limited.

We then adopted the opinion that it was a disease of a highly malignant character, caused by a congestion of the internal capillary vessels of some of the mucous tissues of the alimentary canal, and that these tissues were disordered in proportion to the length and severity of the disease. We came to the conclusion that the stomach and small intestines were the principal seats of the disease, thereby making a case of "gastro enterite," if we may be allowed the term. This local congestion tends, as do all local congestions, to destroy the equilibrium of the circulation, and the sanguineous system comes into, or rather, has a tendency to take on disease; but its action is centripetal, and the blood is consequently propelled to the disordered mucous coat of the intestines by the impetus given to it; especially in all forms of an inflammatory nature; and we would, in some instances, but not in all, look upon and treat this disease accordingly. The consequence of this centripetal action is, the production of a new set of phenomena clearly and satisfactorily indicating the existence of internal irritation, which continues to increase until a centrifugal action is established. Nor can we limit our remarks to saying, that the morbosity is confined to the mucous membrane of the intestines; for we know that all the mucous membranes soon partake, more or less, of the congestion and irritation; but that of the lungs more frequently than others. And when this is the case, we generally consider the prognosis more unfavorable.

Symptoms. These are very various in different individuals, and in the time and length of the attack, and its intensity; but in general, the patient feels some ennui, loathsomeness to food, disinclination to action; food, if taken, digested imperfectly; bowels irregular, sometimes even obstinate constipation, and at others, serous or bilious diarrhœa will manifest itself. There is also
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cephalalgia and drowsiness in the after part of the day, with some chilliness, followed by febrile excitement; but the chilliness is not an invariable attendant. After the continuance of these symptoms for an indefinite period, the person is attacked, most generally, with a distinct chill or ague, which is of indefinite duration, but generally abates gradually and fever supervenes. We have, however, known this chill continue for eight or nine hours in many instances, and in a few, we have known the patient die in it. Again, we have known the attack so very mild, as to pass unnoticed; so that the patient considered himself only a little indisposed. These various forms and grades of attack will be seen, when we come to state our cases as they occurred.

On the next paroxysm, however, the symptoms are generally more pointed, or the characters of the disease more fully developed, and the sufferer is then given fairly to understand that he is suffering a regular attack of this fever; but of its danger, he is, both happily and unfortunately, not aware—happily in not knowing the danger to which he is exposed, and unfortunate in not calling medical aid in due time. The pulse is, sometimes, though not always, increased in fullness, and rather so in frequency—say 85 to 90 in the minute, and somewhat chorded. The surface of the body is cool, dry, and somewhat shrunk or hipocratic, except about the upper part of the chest, neck, forehead, and back of the hands, which, so far as our observation has extended, are always and universally in a state of moisture, which continues throughout the disease. We have seen a most profuse sudorific exudation cover the whole surface, in which it was next to impossible to dry the skin by the most powerful astringent and corrugating remedies. The patient considers himself free from pain, but if pressure be made below the umbilicus, he experiences an obtuse pain, or rather, soreness in the intestines at that part. We have known the pain, however, in some cases, so very acute, as to occasion the patient to cry out with distress from it.

In the first stage, the tongue is generally, though not invariably, of a slight or pale red, on the tip and edges, and sometimes, it cannot be very easily protruded out of the mouth, but has a kind of tremulous motion, and is usually covered in the middle, with a dirty white, or pale brownish fur. No appetite at all, or
if any, very dainty, except in a very small proportion of cases. We have known it to be excessive, in which cases the middle of the tongue is very black.

There is, almost always, a very great thirst, and nothing is craved so much as cold water; yet when he is promised to be indulged, he is often indifferent to it; neither is he, then very choice as to the temperature of his drink. His urine is generally of a rosy tint; yet we have seen it perfectly limpid; and then again, we have seen it as high colored as cogniac brandy. We have also known it passed easily, and then again, with all the distress of severe strangury, and passing only in stillicidium, as if these symptoms had been produced by the exhibition of cantharides, or the application of blisters, or some other article calculated to produce extreme irritation of the urinary passages. When this is the case, the patient has a constant desire to be stripping the preputium penis through his fingers and thumb.

His bowels are irregular, diarrhoea easily induced, either by drastic, or saline, or hydragogue cathartics. The vis vitæ is readily exhausted, the extremities having an unusual tendency to become cold, particularly in the latter part of the night. The abdomen, after a few days, is filled with flatus, or becomes tympanic, especially when purgation has been freely resorted to which should now be done.

In the mild form of the disease, when judicious treatment has been employed, a favorable prognosis may be entertained, and recovery expedited by the end of 3, 4, or 5 weeks; still, however, the disease is sometimes arrested as early as the fifteenth day from the attack. So much for the disease. In the more intense or malignant form, the attack is much more insidious, and is truly to be dreaded as a most inveterate and formidable disease. In this form, all the symptoms are greatly aggravated—the pulse more full and incompressible—nausea most constant and distressing, with vomiting of a thin, glairy fluid, burning and sometimes sour, with an occasional emesis of thick, yellowish brown, bilious matter. In fact, most of the signs of gastric irritation are present—the breathing short, hurried, stentorous and laborious—the eyes of a fiery red, easily suffused with tears, and of quick movement—chest uneasy and oppressed—dry tickling cough, especially when the lungs are involved in the disease—increased thirst, desire of cold drinks—tongue red and of
a glassy smoothness. Extreme restlessness, and disposition to change beds, almost constant. The bowels are, sometimes, obstinately costive, resisting, wonderfully, the power of cathartic medicines; whilst, in other cases, the very reverse obtains. In the former case, when cathartics does take place, it seems as if all the feculent contents of the first passages are passed at once, and the dejection is generally full of dark grey, fetid sciballistic matter; after which, a serous diarrhoea, which is always to be dreaded, occurs. The urine is more scant and high colored, and always passes with pain, accompanied with a burning intolerance of light, pain in the eyes, fullness of the head, throbbing of the temporal and carotid arteries—the tympanitic symptoms are increased, the abdomen somewhat sore under pressure, deglutition difficult, low muttering delirium, tinnitus aurium, singultus, picking the bed clothes, the sphincters give way, and the secretions are discharged sua sponte. The sputa secreted, is white, frothy, and extremely tenacious; the extremities soon become alarmingly cold; the countenance becomes deadly pale and cadaverous; the entire body is covered with a cold clammy sweat, the pulse begins to intermit, and cease to be perceptible, and the tragick scene is closed by the suffocation of the patient, from the bronchial secretion. Such are the general characteristics which mark this form of the disease, although they are somewhat modified in a few instances. And although it may appear paradoxical, it is nevertheless a fact, that the malignant form of the disease runs its course in a shorter period of time than when the attack is of a more mild type. The continuance, or rather the crisis, may be anticipated at from fifteen to twenty one days. When death occurs it generally takes place before the tenth day; not that it has any apparent cause for so doing; but owing entirely to this almost unmanageable form of fever.

Causes. The causes which are most calculated to produce this fever are, as in all other fevers, numerous. To look for a proximate cause, we cannot: for, as yet, the proximate cause of no disease is known, unless we adopt the opinions of Gaubius and Rush, and consider the proximate cause, the "ipse morbus." But as to the remote causes, they are of easy enumeration; such as the sudden suppression of perspiration, or of any cutaneous eruption, or of the catamenia, and thereby producing a centripetal circulation. Copious draughts of cold drinks when
much excited and heated, produce the same effects by causing a morbid state of the gastric nerves which is transmitted to the exhalents of the skin, and the small blood vessels and capillaries, thereby causing a constriction of these vessels, and consequently, a retention of perspirable matter, and the accumulation of large quantities of blood in the capillaries of the internal organs. It may not be improper to state here, that as there are three distinct sets of circulation, each performed in a different manner, and dependent on their own peculiar laws, that, as the one is affected, no matter from what cause, there must be more or less impairment of the others; or, as Mr. Abernethy said, "if there is a disturbance in the garret, there will be one in the kitchen." To the above, as causes, may be added, exposure to intense heat of the sun, and to night air, especially if damp-standing in the wet—sleeping in damp sheets—wearing wet clothes—setting up late—debauches of all kinds—free indulgence in butcher's meats in hot wether—free use of alcoholic liquors—and all unwholesome and indigestible food.

As the doctrine of malaria is not perfectly established, or very well understood, as to the manner of its producing its deleterious effects on the constitution, we shall pass it over by classing it as one of the most fruitful causes of fever; and to all we have set down as causes of fever, may be added, all agents whose tendency is to obstruct the natural passages, and derange the natural functions of the body, by inducing an abnormal state of the internal system, but more especially the mucous membranes.

**Treatment.** The first object in the treatment of this disease is, to equalize the circulation, and reduce the inordinate action; which accomplished, we turn our attention to the cleansing of the first passages, so as to remove all impediments to the return of the natural functions of the secreting and excreting organs; and if there be prospect of inflammation, to arrest it by suitable antiphlogistic remedies. But if, on the other hand, typhoid symptoms or debility be threatened, to be prepared to meet the emergency. We cannot adopt the views of many, so as to consider this disease as one of entirely an inflammatory diathesis; for we are positively confident that in cases which have not exceeded three weeks in duration, and sometimes of a much less period, we have seen symptoms of a thoroughly typhoid character, which required a practice corresponding with this nature.
Nor is it less our duty to see that the skin and temperature of the body are both alike natural.

In treating this disease, the remedial agents which we employ must be in accordance with the violence of the attack. So far as we are capable of judging, venesection should in most, if not in all cases, be resorted to in the very first stage of the disease. When the pulse is moderately full, somewhat tense, and if the effect produced should indicate debility, we should lose no time in counteracting the injurious tendencies of the disease. Indeed we have heard from very high authority, that we should be justifiable in using the lancet and brandy at one and the same time; but a more proper procedure would be always to bleed by the pulse, and so soon as we discover the least flagging of the pulse, to stop the blood. As to the changes of color the blood may undergo, it is a most fallacious sign, and not to be, in the least, depended on; for there is no one of the profession who has had even an ordinary share of experience, but who must have noticed its fallacy. A question may now present itself—at what time is it most prudent to institute depletion and the use of a cathartic? As to the first, we unhesitatingly say, at the onset of the attack, and on the exacerbation of fever, because the patient will, in that event, be stimulated by the increase of excitement attending the exacerbation; which will, however, be of shorter duration. Now as to the proper time to exhibit a purgative to produce the most salutary effect, we would certainly not give it on the rise of fever, because it might, possibly, increase the violence of the exacerbation, which is always too great. Nor would we give it when the fever is at its height; for we well know that then we should only tend to increase the engorgement of the hepatic system to which the congestion tends. The most that we can do in the paroxysm will be, to endeavor to moderate its violence; for it will, despite of our efforts, run its course; but we should neglect no means calculated to prevent recurrence. We are then left to select the decline of the fever as the most suitable period to exhibit our purgative; and this is the more preferable, as it then appears that nature seems disposed to relieve herself of the blood with which she was but just now oppressed. The surface of the body begins to loose its intense heat, the skin becomes more moist, the arteries cease to throb, the head ache relents, and the patient begins to be somewhat refreshed, the
enemitories take on their wonted but heretofore depressed energy—the liver disburthens itself of the redundant bile collected in it, and all the secretions and excretions are performed more in accordance with nature. In this disease, the vis vitae is soon exhausted, and the efforts at restoration are often in a great measure ineffectual—at any rate, they are feeble; therefore, we must again caution those who wish to employ the lancet, to deliberate well on the effect which may be induced by its use, and not be unnecessarily led into error, from the fact, *that venesection renders the pulse more voluminous, whilst at the same time it diminishes its force and frequency.* Having bled the patient according to the exigency of the case, we proceed to open the bowels by some mild purgative, assisted by warm bath, sinapisms, and enemata, which, having been accomplished, we proceed with small doses of calomel and ipecacuanha; and if the stomach be irritable, we may add a small portion of Acet. Morph. &c. as by the following:

B Calomel, gr. xij.
Pulv. Ipecac. gr. iiij.
Acet. Morph. gr. ij.
Refined Sugar. 3j.

Make into twelve powders, and give one every three hours. As drinks, we allow soda water, rice water, Irish moss, slippery elm, gum water, either plain or as lemonade, and every other simple drink that may be desired by the patient, such as toast or apple water, good buttermilk, and such like. And we must here say, that much depends on what we may select as our remedies; for in no case should drastic, saline, or hydragogue cathartics be used, except with great caution, as from their exhibition the most serious consequences are to be apprehended—they invariably produce irritability of the stomach and bowels, and excessive catharsis, to which, rapidly follow all their evil consequences. To the powders above, we add at night, about ten grains of calomel and one of ipecac, or if we dare, ten grains of Dover's powder. In all cases, purgatives of the most bland kind should be selected. If the calomel prove inefficient by the morning, we employ an enema, and give castor oil, or the following—

B Pulv. Rheub. gr. xij.
Calc. Magnesia, (best) 3ij.
Oil Anise, gt. ij.
Spanish Soap, gr. viij.

Mix and divide into two papers, one of which is to be given every three hours, until the bowels are open. We again begin on the calomel and ipecac powders, to procure and keep up, if possible, a moisture on the skin. To assist in this purpose some of the herb teas, or a weak infusion of Serpentaria or Seneka, may often be advantageously brought into use. If, from opening the bowels, there should be any gastric irritation, calomel combined with morphone in doses of one or two grains, or the blue bill in two or three grain doses every three hours, with the occasional use of an effervescing draught. Should this effervescent draught tend to pass off by the bowels, it may generally be prevented by the use of lime water or new milk.

From the foregoing remarks it must not be inferred, that we are opposed to purgatives; on the contrary, we deem them of essential importance—because, if the alimentary canal be not free from obstructions, we would not be able to treat this case judiciously. All faecal matter must be kept cleansed away, to prevent the irritation it is calculated to produce. But if, in the pursuit of this purpose diarrhoea be induced, it must be corrected by the use of appropriate means; as the following—

Powder of Ipecac. and Opium gr. xij.
Acet. of Morphia gr. iij.

Made into twelve powders, and one given every hour. Or if the diarrhoea be excessive, and accompanied with great sudorific exudation—

Acet. of Lead, 5 j.
Tart. Antim.
Sulph. Morph. a a gr. j.

Make eight powders—dose, one every two hours.

Should typhus symptoms appear, we may then add to the above, 5 ss. Sulphate of Quinine. In the former stage, however, revulsion, or suppuration may be advantageously promoted by leeches, cups, stupes, poultices, blisters, to the surface.

Diet. This should, by no means, be neglected. It should be bland, light, simple, easy of digestion, nourishing, and as antiphlogistic as may be, consistently. Mucilaginous and farinaceous articles, as slippery elm, arrow root, Irish moss jelly; or when
needed, calf's foot, isinglass or hartshorn jelly, &c. These may, when prudent, be rendered more nourishing.

Very frequently it will be found that the extremities suddenly become alarmingly cold, and the patient is found in collapse. Here rubefacients, sinapisms, blisters, &c. must be liberally resorted to in order to restore the equilibrium. The colliquative sweats which attend this state should be arrested, if possible, by rubbing the skin with red pepper, brandy and alum; and if necessary, with spirits of turpentine, red pepper, and Spanish flies; or indeed any thing which may be thought useful in arresting this fatal condition. We would suggest in this state, the trial of Jenning's patent steam bath; but our experience does not supply us with any facts relative to its use.

Emetics. We look on these, in congestive fever, as certainly fatal.

We will now illustrate the doctrine and treatment we have advanced, by stating a few cases, with their treatment and results.

Case. 1. J. M. K. 28 years of age, good constitution, robust and healthy, when heated by exercise, drank freely of very cold water, which gave slight uneasiness in the stomach and head. During the afternoon was somewhat feverish, and rested badly that night. The next day he rode 20 miles under a very hot sun. We were then called to him, and found his face greatly flushed, pain in the head, eyes wild and injected with blood, bowels had been for several days constipated; pulse full, tense, laborious; breathing laborious; tongue pale red on tip and edges, and a dirty whitish brown colour in the middle.

He was bled to the extent of ⅓ xvj. on which the pulse became more soft and voluminous. Ordered warm bath and injections of tepid water—also, 20 grs. of calomel and 2 grs. Ipecac. to be assisted, if necessary, after three hours, by ⅓j. of castor oil. After six hours had elapsed without dejection, the calomel and ipecac. were repeated, and a table spoon full of oil directed every two hours, to be assisted by injections until the bowels were opened. Under these directions the patient took nearly a pint of oil, in addition to ⅔j. of calomel, without moving the bowels. We next ordered a very large sinapism to the whole of the abdomen, to be kept on until the skin was permanently red. This had not been in application more than five
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minutes, before the patient became very uneasy—on continuing it a little longer, however, he manifested a desire to get up, on doing which, he had one of the most copious dejections we have ever seen. This dejection was full of scyballistic matter, was of dark bilious color, and very fetid. This afforded very great relief. Having no other passage that day, the calomel, ipecac, and injections were repeated, and followed by other purgatives, as rhubarb, soap, magnesia, &c. In the afternoon of the third day from the attack, a sinapism was again applied to the abdomen, with the same happy result as before. The state of the system now became tolerable, and under a simple treatment he appeared to be so convalescent, that we were induced to say that we should discontinue our visits after the tenth day: but urged the necessity of great prudence and caution, as to drinks, diets, and the regularity of the bowels; recommending oil for this last purpose, should a purgative be needed.

On the twelfth day we were again summoned to this patient, who was supposed to be dying. We found him in a colloquative sweat, and diarrhoea, apparently in articulo mortis—pulse barely perceptible; tongue covered with a dirty, slimy mucus, and pointed. On enquiry, we found, that after leaving him on the tenth, he partook largely of water melon, which brought on a cholera morbus. After using a variety of domestic remedies for the correction of this unfortunate state of things, he, next morning, took a large dose of salts, which was soon followed by the collapse in which we found him. A consultation was called on the case, but he died on the fifteenth day from that on which he indulged in the too liberal use of cold water when overheated.

It may not be amiss to state in this place, that whenever the tongue is flat and pointed, or round and pointed, be it moist or dry, but more especially if dry, or if dry in any shape, with a dark crust on it, it is a most certain sign that the patient will bear depletion no farther, especially by purging.

Case 2. This was in the person of the son of a minister of the gospel, who, presuming much on his own superior medical skill, bled him, during the chill, and administered a portion of salts and tartar as an emetic; and on the following morning, repeated the dose. The consequence of this was death, on the second day, before one o'clock, P. M. We arrived only in time
to witness the last moments of life. Soon after death the body of this most interesting youth was found covered with gangrenous spots, and vesicles filled with dark fluid, evidently the effect of rapid putrescence. The body soon swelled to six times its usual size. Another case occurred in the family of the next neighbour, who also used emetics and the lancet, with the same results. These two cases sufficed to stop these errors of domestic practice, and no other death occurred in the neighborhood during the season afterwards.

Case 3. J. B. about 26 years of age, of melancholic tempera-
ment, and good, but not robust constitution, was suddenly taken very ill of this disease, and sent for a practitioner who bled him copiously, and put him on the use of salts and tartar, in small and frequently repeated doses, so as to keep up a constant nausea. The consequence of this course was, an aggravation of all the symptoms, such as an increased burning at the stomach, oppression at the precordia, laborious breathing, haggard countenance, pulse quick, intermitting, and threaded, jactitation, with violent desire for cold water. The patient said he was on fire within. A consultation was called, and it was agreed to give salts both by the mouth and anus, whereon they injected into the patient a pound and a quarter of salts, which of course only tended to increase the heat, whilst the patient continued to sink rapidly. On the seventh day of this case, we were called to it in the afternoon, when we found him laboring under all the distressing symptoms above enumerated, with colloquative diarrhœa and sweat, passing large, serous, coffee ground-coloured stools. We at once said that recovery was not to be expected. Our first purpose, however, was to arrest the diarrhœa, in which we succeeded by giving at once, a full dose of laudanum, as the best and only hope. We used stimulants, rubefacients, blisters, &c. washed him in brandy, pepper, and alum, and left nothing undone to arrest the onward course of the fatal symptoms: notwithstanding all, however, he succumbed on the second day after our first seeing him.

Case 4. This was a young girl of about sixteen, who, as we were informed, was attended in the usual manner, and whose case had evidently been neglected and maltreated. She had been very ill for about sixteen days before we saw her. Her pulse was soft and voluminous, bowels soluble, skin dry and hot, ex-
cept about the upper part of the chest, back of the hands and forehead, all of which were moist. Her tongue was inclined to be dry, and of a dark brown colour, with sordes about the teeth and gums; respiration natural, but great anxiety about the countenance, with occasional subsultus tendinum; abdomen free from pain on pressure, but there was a decided tendency to typhoid symptoms. We began the treatment of this case by the prescription of small doses of calomel and Dover's powder, and keeping the bowels open when necessary, by injections, supporting the system with stimulants and tonics, such as weak sanguree, mint julep, red pepper tea, &c. It was a very troublesome, obstinate, and difficult case to manage; for it assumed different grades of violence, and so soon as we had overcome one evil, another of more aggravated character supervened. From the first of our seeing her on the fifteenth day, there was a constant tendency of the extremities to become cold about 2 o'clock in the morning; but as the coldness was not sufficient in the first part of our observation to demand particular attention, we omitted the use of revulsives until the patient had arrived at what we thought the blistering point; and when that crisis presented itself, we used the remedies with the happiest effect, and the disease terminated according to our wishes. On the forty second day after the attack, the fever seemed to leave the sufferer suddenly, and the patient acknowledged that she was perfectly unconscious of any thing that transpired during the last four weeks. This fact seemed strange to us, for we had asked no question without obtaining from her a rational and correct answer. Her recovery was very slow. About a fortnight after we had taken leave of the patient, we were again called to examine a tumor immediately over the parotid gland, which, on inspection, we found to be an abscess, which we, at once, opened, when a large quantity of perfectly pure, healthy, straw coloured matter was discharged, and with it, the entire parotid gland, (?) in a state of partial decomposition. This gland we examined with great care. Besides the evidence arising from the inspection of this gland itself, we examined the fauces of the same side, and found it always devoid of the usual moisture. Thus have we one instance, at least, of the parotid gland sloughing out; nor are we conscious of the like having occurred either before or since. So
far as we are aware, no untoward circumstance has occurred, and the girl is still in the enjoyment of good health.

In case of resorting to venesection, we should keep it up until we make a decided impression on the pulse, or until we are convinced of the impropriety of the practice. But one good bleeding from a large orifice will be productive of more good than two or three small bleedings from small orifices; and when there is much pain in the head, cold cloths, or what is preferable, bladders of cold water, will be found very refreshing to the patient. By such means we hope to arrest the malignity of the symptoms, and prepare the patient for the exhibition of proper remedies, such as we have already mentioned. In no case, however, can we admit of the use of saline or any hydragogue purgatives; as they invariably tend to the production of colliquative sweats and diarrhoea. When we have reason to believe there is mucous inflammation, we have found the following peculiarly beneficial:

- Hals. Copaiba. 3 ss.
- Ol. Tart. per delig gtt. ii j.
- Pulv. Gum Arabic. 3 j.
- Sacc. Alb. 3 j.
- Aqua Ment. pip 3 vj.
- M. et f. emulsion.

Of this, a table spoon full may be taken every hour or two, as occasion may require.

This preparation of oil almost invariably sets well on the stomach, and is very pleasant to the taste. In its use we run no risk of producing hypercatharsis, or thin watery passages; but if they should ever come on, they are at once to be arrested, by the timely exhibition of full doses of the tincture of denarcotized opium, or the black drop. Nor should we lose sight of the fact, that a great deal depends on a careful attention to drinks and diets.

In the course of the disease, it is not unfrequent, in extreme cases for hiccough to supervene. In such an event, we expect more benefit from the use of tincture of castor in doses of about forty drops every hour, than from all other antispasmodics. On observing the approach of prostration, we order volatile or cam-
phorated julep, or both combined; but in milder cases we prescribe the spiritus mindereri.

The following cases are intended to illustrate this latter course of practice.

Case 5. Several cases occurred on the border of a mill pond, which proved quickly fatal. One however, a young lady, whom we saw, evidently labored under congestion of the lungs, with great oppression of the chest, and difficulty of breathing; pulse very soft and compressible, and not voluminous, and so strong a tendency to prostration, that we deemed venesection impracticable; edges and tip of tongue pale red, and the middle covered with a dirty white fur. In this case we opened the bowels with an enema and a simple dose of castor oil. Slight pains in the bowels, on pressure, below the umbilicus. We then treated the case with small doses of turpentine, calomel, and Dover's powder; with expectorants, such as calomel and squills, brown mixture and infusion of seneka. Under this treatment, all things seemed to progress according to our wish, and as convalescence advanced, we gave tincture of iodine in a little ginger tea.

The following was our formula.

₄ Iodine, g. x.
Hydriodate Potass, gr. xx.
Aq. Font. 5j.
Spt. Gall. Vini. 5vj. m.

Dose, ten drops every three hours, in a wineglass of seneka tea. Under the use of this the pulse moderately improved, and the patient said she felt better; the tongue began to cleanse, the skin to become moist, and every thing progressed favorably. On the next morning we found our patient quite cheerful, and free from fever. On her manifesting a desire to eat, we gave our consent to the use of some simple articles of diet, as panada, &c. Instead of this, however, the preparation given her was a mixture of molasses, vinegar and water, very sour, and in it, some tough, half baked biscuit. Of this she partook very freely; the consequence of which was, a sudden suppression of the perspiration and of the catamenia, which happened to be present at the time, and the production of violent pain in the bowels, colloquative diarrhoea and sweat. Late in the afternoon we were called, and arrived only to witness the fatal result of this error in diet; for although warm bath, laudanum, epispastics and sina-
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pisms were liberally used, the catharsis continued, and the patient sank into her final sleep at sunrise the following morning, which was on the eleventh day. This was a case which ought to have had a favorable termination, and doubtless, would, but for the impropriety above alluded to. It is astonishing in these cases to see how quickly the tongue will change its aspect, shape and color.

Case 6. This was the case of another young lady who was attacked a few hours after the death of the last named. She was seventeen years of age—great depression of spirits; hysteria; quick and moderately full pulse, and so easily compressible, that we omitted the use of the lancet; bowels constipated for several days; tongue pale red, &c. as in the above case. The bowels were opened by calomel and ipecac. assisted by castor oil, injections, and warm bath. On the operation of these means, a very large discharge of sciballistic matter was evacuated, to the relief of the tenderness, pain, and burning sensation in the bowels and stomach. Pain in the chest and head, dyspnoea and considerable restlessness, with strong inclination to run into a typhus state even now manifested. We then applied large blisters to the chest and epigastrium, cupped the spine, used hip bath every night, applied bottles of warm water to her feet, and ordered sinapisms in the event of their becoming cold, which was the case. Not being pleased with the progress of the case, we advised a consultation, which was had on the seventh day, and by which it was determined to persevere in the use of calomel and Dover's powder, to be assisted with small doses of castor oil. The mucous coat of the bronchia evinced inflammation, small streaks of blood were occasionally observable in the sputa, but this was most commonly a frothy, white, tenacious substance. By accident, the young lady, in attempting to spit, did spit directly into our eye; and if we had had as much soap, salt, or spirit in our eye, it could not have smarted worse. The consequence of this was, a violent ophthalmia, of several weeks duration.

We gave also emulsions, expectorants, and warm teas, and paid particular attention to the secretions and excretions. The sweat had a peculiar kind of sour, disagreeable scent, and the skin was generally cool and clammy, bowels irregular, sometimes confused and sometimes the reverse. From the whole aspect of the case, the prognosis was now unfavorable, and it was
considered that the case must terminate fatally. Tinct. of Iodo-
dine, and infusion of Seneka, and stimulants and tonics, were
tried in vain. On the eleventh day the case took a most unfa-
vorable turn; violent diarrhœa, with cold, clammy sweat super-
vened. These could not be controlled, and she sunk into col-
lapse, and expired on the fifteenth day at sunset.

This case made the fourth death which had occurred in this
family, on the border of the mill pond, in less than one month.

Case 7. This was the case of an interesting little boy, who
was attacked with the usual symptoms of congestive fever—had
been treated with antimonials, purges, &c.; diarrhœa superven-
ed. The first physician failing to attend, we were called, and
found the little sufferer in a state of collapse, with clammy sweat,
coldness of surface, and literally covered with petechia and vi-
bices, which filled with a semi-transparent fluid. So extensive
was this state of the surface, that there was scarcely a place
where the skin would not slip. Ordered sinapisms, and milk
punch: but death occurred three hours after our arrival. We
were astonished, when we came to shroud the child, (for this
melancholy duty devolved on us, in consequence of the illness of
the rest of the family,) at the extent of the desquamation effect-
ed in so short a time, in this case. We consider the fatal ter-
minalion of this case arose from the error of treating it with "cool-
ing powders," as they are called—Kush's Antimonial Powders,
instead of calomel and Dover's Powders.

Case 8. This case was somewhat anomalous in its charac-
ter. The subject was a mulatto boy eleven years of age. We
had, in the same family, a negro man under treatment, accord-
ing to our usual practice in such cases. He had been sinapised,
blistered, &c. and was, to all appearance, doing well, when he
was suddenly seized with a profuse diarrhœa, which could not
be arrested, and he died on the eleventh day. His owner be-
came violent, and accused us of neglect, and of killing the ne-
gro, although we had carefully avoided all purgatives which
could have occasioned a diarrhœa. But the diarrhœa was, and
came on as a natural consequence, in the case; or, more proper-
ly speaking, such cases have a strong tendency to run into such
a diarrhœa. But to the case of the boy. He was very un-
governable, and it was with difficulty that he could be made to
take the most simple and tasteless medicines. In his case there
was this peculiarity: he had very frequent spasms of the lower and upper extremities, and occasionally great tormina of the intestines. The tongue was as usual, and there was tenderness of the abdomen, evinced on pressure, with burning in the stomach. With the violence of the disease, and the obstinacy of the patient, it was found no easy matter to please both him and his master; consequently, another physician was unceremoniously called, and as unceremoniously took charge of the case. From all we could learn, he adopted the same views of treatment which we had: differing only in the manner of carrying out. The patient recovered.

Case 9. We were called to see a negro boy about sixteen years old, and found him perfectly comatose; skin dry and cold, and his pulse barely perceptible; and bowels constipated. We put him into a warm bath, and gave him an injection of strong turpentine soapuds, with a table spoon full of spirits of turpentine, and two of castor oil. We then sinapised and blistered extensively, and ordered that, so soon as he could be aroused, to give calomel and ipecac powders. During the night he had a good and copious passage, which was said to have afforded considerable relief. In the morning we found him much warmer, and with less stupor. We continued the powders, and ordered half a table spoon full of castor oil at night. The tongue was, as usual, red on the edges and tip, and covered in the middle with a dirty whitish fur; great burning at the stomach; some pain in the bowels and chest; some congestion of the liver. The oil purged freely, and next day, the tongue was very pointed and dry, and the skin yet dry and somewhat cool. We gave infusion of seneka, and calomel and Dover's powder in small doses. From the pointed state of the tongue, we were convinced that purging should be most carefully avoided. By pursuing the above practice, and giving a small opiate at night, in the course of a fortnight he recovered, without any untoward symptom; but his convalescence was tardy.

Case 10. We were called in consultation to Mrs. W. E. and found her in a cold clammy sweat, hurried respiration, anxiety and restlessness great, soreness of the bowels on pressure, burning in stomach, and sense of oppression in the chest. The bowels were moderately open that day, though she had been freely purged the day before. We advised extensive blistering, and
small doses of calomel and the comp. powder of ipecac. and opium, with instructions that, if the bowels were not open by ten o'clock, A. M. next day, to give a tea spoon full of castor oil; but unfortunately a colliquative diarrhœa came on during the night, and the next morning we found her passed all hope of recovery. She died that day. We have very little hesitation in attributing her death mainly to the use of antimonials and Seidlitz powders, early in the spell; for she was young, strong, healthy, robust, and of excellent constitution.

Case 11. Mrs. B. had been several days confined to bed with morbilli, but treated herself by domestic remedies. We were called to her in the month of August, during the warmest weather we have ever experienced. We found her in a small close room, with all the doors shut, and covered in bed with no less than six large blankets and two or three bed covers. So dense and confined was the atmosphere in the room, that we were almost suffocated when we entered it. Her pulse was very much hurried, breathing laborious, and bowels constipated,* not having been open for the last three days. There was some cough, great pain in the head, chest, liver, side, and bowels, with great tenderness on pressure, just below the umbilicus. The tongue was red at the tip and edges, and covered in the middle with a dirty white fur, and attended with great restlessness.

From the history of the case, we were induced to conclude that the whole of the mucous tissues and surfaces were in a high state of inflammation and congestion. We commenced our treatment by gradually ridding our patient of the many bed clothes with which she was covered, and admitting fresh air by opening one window and a door at a time, and recommending the patient to a more comfortable apartment. So soon as the excitement produced by the circumstances above mentioned, and the hot teas taken for the eruptive disease, had somewhat subsided, and the patient become relieved by these means, we proceeded to bleed her, as she had enjoyed excellent health, and a fine constitution. We took about 3 xvj. of blood, which exhibited appearances of very high inflammation. This bleeding gave very great relief. We then ordered fifteen grains of calomel, and six of ipecac, which, during the night, produced only one

* The patient had used two bottles of Bateman's drops.
evacuation, and that one, by no means large. The next morn-
ing we found our patient a good deal better, and all the symp-
toms improved. As the bowels had not been sufficiently open-
ed, and were somewhat painful, we ventured to give a dose of
Seidlitz powders. Being detained by other professional engage-
ments, we did not arrive until about four o'clock the next after-
noon. During this absence a colliquiative diarrhœa had superv-
ened, and another practitioner was called, who was said to
have given a volatile julep. When we arrived we found our pa-
tient in a state of most perfect collapse, covered with a cold
clammy sweat, and so profuse that it was impossible to wipe
the skin dry. Every five or ten minutes large serous dark bil-
ious stools were passed. Nothing had been done to arrest the
diarrhœa. The pulse was then almost imperceptible. The
tongue was pointed and dry. We stopped the purging by a
large dose of laudanum; but neither blisters nor sinapisms could
effect revulsion to the surface, and the patient died that night.*

This case affords us another instance of the injurious and ru-
ingous effects of using, in congestive fever, saline purgatives,
without giving very strict attention to the effect produced. The
tongue at four P. M. was very pointed and dry—a certain sign
of excessive purgation.

We cannot blame ourself for giving the Seidlitz powder in
this case, because this was not, strictly speaking, a case of what
may be termed congestive fever; and yet, very many of the
symptoms were the same. It was, as will be recollected, a case
of morbilli, and in all cases of this disease, so far as we have
known, saline purgatives are considered admissible.

Case 12. O. W. A. aged twenty three, of fine lively disposi-
tion and excellent constitution, and who enjoyed an uncommon
share of good health, was attacked in the night with violent pain
in the head, back, side, chest, and bowels; pain on pressure be-
low the umbilicus, and also in the hepatic region; pulse mode-
rately full, and somewhat tense; skin hot and dry; oppression
in chest, and breathing somewhat laborious: a little moisture on
the upper part of the chest, about the neck, on the back of the
hands and on the forehead; great burning at stomach, sour eruc-

* The morbillous eruption was completely suppressed during our attend-
ance; but when this suppression took place we know not.
tations, and excessive thirst. This attack was ushered in with a
distinct chill.

We ordered venesection to 3 xvj. and gave calomel and ipe-
cac and oil, and injections of warm water to open the bowels
which were constipated. These purgative means produced a
very large stool, which gave great relief. Having now a very
fair way opened, we began our treatment by giving small doses
of calomel and Dover's powders, alternated with calomel and
ipeca in small and frequent doses. The urine being passed
with great pain, and also being very high coloured, we used a
suppository of opium and camphor in the rectum, to allay the
irritation or strangury, sooner than could be effected by means
taken by the mouth. In order, at the same time, to purge the
kidneys, we gave Spt. Nitri Duct. in an infusion of Seneka, with
very happy effect—the urine soon assuming its natural color
and being voided without pain. Under this treatment the skin
also became moist, and pleasant to the feel: all the symptoms
readily gave way, and on the thirteenth day we left the patient,
free from fever, and from all disease, except a slight uneasiness
in the liver, for the relief of which we left blue pills, to be taken
every night and morning, until the gums manifested slight mer-
curial action. Knowing him to be very volatile and thoughtless,
we were very particular in urging prudence in the use of diets,
drinks, and exposure. But no sooner was he out of our imme-
diate care, than he began to exercise a perfect contempt for our
parting advice. In short, after all imprudencies in diet, exercise,
&c. he sat on the cold damp ground, and drank copiously
of cold water, when extremely heated by a long fatiguing walk,
by which his perspiration was suddenly suppressed, and a chill
consequently produced, with great pain in the bowels, and great
swelling and hardness and pain of the liver. A dose of salts,
which he was induced to take, produced a profuse diarrhoea, at-
tended with all its evil consequences, and he died on the second
day.

Case 13. This is the last case we shall give. The subject of
it was a little girl of about six years, and was the patient of an-
other physician who, in consequence of illness at the time was
compelled to omit his visits. We found the child laboring un-
der congestive fever, with the usual symptoms. When about to
make our prescription, the former physician arrived; and not
desiring a conference on the cure, we retired, leaving it in his hands, and remained silent spectator. Antimonial powers were, as we anticipated, administered—giving at the same time the opinion, that the child would soon be well. We then left, not without the opinion that the antimonial powders should be avoided, and catamous revulsives, with calomel and Dover's powder used in their stead. Our worst fears were fully verified by the death of the little sufferer the next day. We are decidedly of the opinion that this child should, and would have recovered, had it been treated on the plan which we suggested above.

From the above observations and cases, it is apparent, that congestive fever, as it is called, is a disease of a most obstinate character, and dangerous nature, and difficult to manage—that it is, in its first stage, evidently inflammatory, and therefore, requires great skill, prudence, judgment and caution, to treat it successfully—and that medicines of the most simple nature only are required to effect that purpose. It appears also in these observations of cases, evident, that the mucous membrane of the intestines is the chief seat of this disease; but that other mucous membranes, as well as other internal organs are also sometimes involved. We could have given many other cases, but their great similarity renders it unnecessary. Being engaged in country practice, we have had no opportunity for making autopsie examinations; we hope, however, that those who have such opportunities, will thoroughly investigate the subject, and favor the public with their views, thence derived, of this formidable disease.

We do not presume that we have, in this communication, presented any novelties, or shed new light on the subject of congestive fever. Our only motive has been to give a view of the practical facts as they have occurred under our observation, and those views of treatment which we have found beneficial, or injurious. Should this prove serviceable to humanity, even in a very limited degree, we will feel amply rewarded for our trouble.

We would not be understood to inculcate the idea, that all saline purgatives are to be uniformly proscribed as ruinous; for we could adduce cases in which they were useful, and some in which these alone afford any relief. Why it is that in congestive fever, emetics should be so signally prejudicial, whilst in
other congestions they are so beneficial, we are not prepared to say. We wish to remark, relative to a very common practice, that of giving a large dose of calomel, followed by a drastic or a saline purgative, that in no case of congestive fever can we justify it—as we have, to the extent of our experience, observed: the very uniform inefficacy, or immediately injurious tendencies of such a course in congestive fever.

PART II.—REVIEWS AND EXTRACTS.


We trust that no apology will be deemed necessary for occupying so large a portion of our pages, with the following extracts from Dr. Randolph’s biographical sketch of the Father of American Surgery. He was an honor to his country, and a benefactor of his kind—and the history of the life of such a man can never fail to afford rich materials for profitable reflection. It never fails to teach those who are entering upon a scientific or professional career, that talent, even of a high order, always finds it necessary to call to its aid untiring industry, and unwavering perseverance, to enable it to secure lasting and deserved fame. We regret, with Dr. R., that the extreme modesty of feeling which Dr. Physick possessed, prevented him from furnishing many facts which would have rendered his biography as complete as the world would desire. Notwithstanding these difficulties, the biographer from his long intercourse and intimacy with Dr. P. has been enabled to furnish a most interesting sketch—extracts from which, we proceed to lay before our readers.

Philip Syng Physick was born in Philadelphia on the 7th of July, 1768. His father, Mr. Edmund Physick was an Englishman, and was characterised for possessing strong mental powers, with which were united strict integrity and considerable knowledge of the world. Previously to the separation of the United States from Great Britain, he held the office of Keeper of the Great Seal of the Colony of Pennsylvania; and subsequently to the Revolution he took charge of the estates belonging to the Penn family, and served as their confidential agent. Doctor Physick’s mother was a most estimable, pious woman, who was blessed with a strong intellect, and
evinced throughout her life, great judgment and decision of character.—The Doctor never ceased to feel and express, the greatest filial love and reverence for these honoured parents. He frequently declared, that he was convinced that whatever was most useful and excellent in his character, was attributed to the early lessons and impressions which he imbibed from them.

By such parents as these the greatest care and attention would naturally be bestowed upon the education of their children. Fortunately his father had succeeded by great industry and attention to business, in accumulating a property which, in those days, was looked upon as considerable; and being thus in possession of ample means, he was enabled to carry out fully the plan of education which he designed for his son.

In doing so Dr. Physick informed me that his father was influenced by a degree of liberality very unusual in that, or indeed in any age. Double fees which he uniformly transmitted to the teacher testified the great importance which he attached to a liberal education, and the value which he thought should be set upon the sources from which it emanated. This was not only intended for an encouragement to the instructor to use his best endeavours on behalf of his pupil, but because the donor believed the charges for tuition at that day were not a fair equivalent for the services rendered.

Mr. Physick placed his son, when eleven years of age, in the academy belonging to the Society of Friends, in south Fourth street, under the tuition of Robert Proud. At this period Mr. Physick resided in the country, on the banks of the Schuylkill, several miles from the city, at an estate belonging to the Penn family. To facilitate the education of his son, he boarded him in the city, in the family of the late Mr. John Todd, the father-in-law of the present venerable Mrs. Madison. Even at that early age the subject of our memoir exhibited strong indication of those well regulated habits, order and method which adhered to him so closely throughout his life. Every Saturday after school broke up, he was allowed to go to his father’s residence in the country, where he remained until the following Monday morning.—He then not unfrequently was obliged to walk into town, and sometimes through most inclement weather. Notwithstanding this, he always presented himself at school exactly at the opening. His teacher was so much gratified with this extraordinary punctuality, that he took pleasure in holding him up as an example to other boys, who though living in the vicinity of the school, were too apt to be remiss in making their appearance at the proper hour.

Young Mr. Physick remained at this academy until he entered the collegiate department of the University of Pennsylvania. He then passed through the usual course of studies prescribed in that institution, and took the degree of Bachelor of arts in May, 1785. I am not aware that any thing remarkable occurred during the period of his collegiate studies.—That he was a diligent and exemplary student cannot for a moment be questioned. It is well known that he was particularly successful in acquiring a thorough and intimate knowledge of the classics, of which he retained sufficient, amid all his engagements, to be able to translate them with facility, to the time of his death.

In June, 1785, he commenced the study of Medicine, under the superintendence of the late Dr. Adam Kuhn, well known as the pupil of Linnaeus, and a most distinguished and successful practitioner, and then Professor of the Theory and Practice of Medicine in the university of Pennsylvania. Of the particular motives which influenced young Mr. Physick in the choice of this profession I am unable to speak. It does not appear that he at that period evinced any strong predilection for this department of science. Probably he was in a great degree governed by the wishes of his father; and so strong were his feelings of filial obedience that I am very certain that he would at any time readily have yielded his own wishes to those of his parents. The following anecdote is traditumory in the family. His father, whilst handling a knife, had the misfortune to cut one of his fingers; and the
Dr. Physick was remarkable through life for feelings of the most acute and susceptible nature. It may be truly said of him that he possessed a soul feelingly alive to the miseries and sufferings of others. He could not himself support pain with an ordinary degree of fortitude, and it is undeniable, that he was extremely unwilling to inflict it upon others. This tenderness of feeling, which existed strongly in the days of his youth, continued in full force as long as he lived, as I shall have occasion to show during the progress of this memoir. He used frequently to declare at this period of his life, that he never could be a surgeon. Little was he aware, that he was destined to afford, a complete illustration of the position, that the practice of medicine and surgery, so far from hardening and rendering callous the feelings, has a direct contrary tendency, and serves pre-eminently to soften and refine them. His example, as well as the result of our whole experience upon this subject, demands rates that for a man to become a great and good surgeon, it is absolutely necessary for him to possess to the utmost extent, the best and kindest feelings of our nature.

The following incident, which occurred to Dr. Physick, and which was in fact characteristic, may not be deemed uninteresting. Soon after he commenced the study of medicine, it was announced that an amputation would be performed upon a certain day at the Pennsylvania Hospital. His preceptor, Professor Kuhn, wished him to witness this operation, but understanding perfectly well the peculiar temperament of his pupil, he advised his father to accompany him; and fortunately too, inasmuch as Dr. Physick became so sick during the operation that it was necessary that he should be led from the amphitheatre before it was concluded.

Dr. Physick continued his medical studies under the superintendence of Professor Kuhn, for three years. In those days it was customary for the student of medicine, previously to obtaining the honours of the doctorate, to go through a much more extensive course of reading than is now deemed necessary. By the direction of his preceptor, Dr. Physick read through most diligently and faithfully, many voluminous works of the older medical writers, some of which, if not absolutely obsolete at the present day, are only used as works of reference. We have abundance of evidence, that even at that early period of his life, Dr. Physick evinced the most resolute determination to qualify himself by every possible means, for assuming a most useful and honourable standing in his profession; and there cannot be a question but that he must have gleaned from amidst this great mass of laboursious reading, much valuable information, which he subsequently applied to an excellent purpose.

Dr. Physick's whole deportment during his pupillage was so perfectly correct and satisfactory, as to merit the entire approbation of Professor Kuhn; and it is well known, that Dr. Physick always cherished feelings of the warmest affection and regard for his venerable preceptor.

In addition to the instruction which Dr. Physick received from Professor Kuhn, he attended at this period the medical lectures delivered in the University of Pennsylvania. He did not, however, graduate in medicine in that institution. The opportunities for the acquisition of medical knowledge offered by the schools and hospitals of this country, then in its infancy, were too limited to satisfy either his conscience or his ambition. He could not convince his mind that his knowledge of medicine was sufficiently enlarged to warrant him in assuming the deep and important responsibilities attendant upon the practice of a profession which involved
the lives and happiness of his fellow creatures. For the completion of his education, he entertained an ardent desire to visit Great Britain, and to avail himself of the advantages which were afforded by the great schools and hospitals of London and Edinburgh. His father happily coincided with these views, and determined upon accompanying his son to Europe. Accordingly they embarked in November, 1788, and arrived in London in January, 1789.

Dr. Physick's sole object in going abroad was to acquire medical information. He had no desire to partake of the gaieties and amusements of an European capital. Repeat, with him the grand consideration was the acquisition of knowledge: to this he applied himself with the most ardent devotion, and never permitted amusements of any kind to turn him aside from its pursuit.

Fortunately for Dr. Physick, his father's connections in London were such, that he was enabled to introduce his son to some of the most learned and polished society, of that great metropolis. An intercourse of this kind created for him an influence and gave him opportunities by means of which his cherished views were considerably promoted. All who ever saw Dr. Physick must have been struck with the exceeding dignity and courteousness of this manner. For this no doubt he was principally indebted to nature, though it must have been improved and confirmed by his association with the elevated society which he enjoyed whilst abroad. By means of this same influence Mr. Physick succeeded in securing the consent of Mr. John Hunter, then one of the most celebrated anatomists and surgeons of the age, to receive the subject of our memoir under his immediate care and tuition.

Dr. Physick considered this as the most important era in his professional life. He early became convinced of the extraordinary advantages which he might derive from this connection with Mr. Hunter, and proceeded accordingly to devote himself with the most ardent zeal to the study of practical anatomy and surgery. By dint of constant and unwearied application to his studies, aided also by a course of unceasing and uniting dissections, he soon made rapid advancement in the attainment of his objects, and what was also of much consequence, secured to himself the approbation and esteem of his great master. Mr. Hunter, in fact, was so well pleased with the zeal, industry, and correct deportment, of Dr. Physick, that the took pleasure in acknowledging him as a favourite pupil, and bestowed upon him, with the most unreserved confidence, the full benefit of his advice and experience. During this period Dr. Physick attended regularly the lectures delivered by Mr. John Clark and Dr. Wm. Osborne on Midwifery.

Dr. Physick continued to prosecute his studies with the most exemplary perseverance and industry, under the immediate superintendence of Mr. Hunter, throughout the year 1789. On the first of January, 1790, he was appointed House Surgeon to St. George's Hospital for one year, the usual period of that service in the institution. This appointment he owed exclusively to the patronage and influence of Mr. Hunter. The advantages of such a situation to the student of medicine, in facilitating his acquisition of practical knowledge and skill, were of the most important character; and were so well known as to cause the place to be sought after by numerous applicants, most of whom, from the circumstance of their English birth alone, it might be supposed, could have had an influence which would have rendered them successful competitors against a foreigner for the place. Here were exemplified in the most happy manner, the important advantages which Dr. Physick derived from the favorable impressions which Mr. Hunter had imbued respecting his general worth, his talents, and his acquirements. These considerations induced Mr. Hunter unhesitatingly to exert the whole of his influence in behalf of Dr. Physick, with what effect has been stated.

A few months after this period, Dr. Physick had so severe an indisposition, that Mr. Hunter became alarmed about him, and was on the eve of insisting upon his return to America. This attack, no doubt, was principal-
ly owing to the laborious life which he led, and the close confinement to which he subjected himself. Providence, however, for its own wise and benevolent purposes, thought proper to restore him to health, to the great delight and gratitude of his parents and friends.

It was during the period of his remaining at St. George's Hospital, that Dr. Physick acquired a vast deal of that surgical skill and dexterity which laid the foundation of his subsequent greatness. Having his whole time occupied in administering to the wants of such unhappy objects as were suffering from the effects of accidents or disease; being constantly engaged in applying the necessary bandages and dressings to fractured bones, dislocations, wounds, and injuries of every description, and seizing hold, as was his invariable custom, of every such opportunity of making himself minutely acquainted with the most perfect manner of performing these services, he soon became remarkably expert in all his manipulations, and acquired a degree of experience which increased greatly his stock of practical knowledge. He indeed exhibited a degree of neatness and dexterity in the application of bandages and dressings never excelled probably by any other surgeon.

During the period of his services in this institution, he learned also the manner of constructing and contriving several kinds of instruments and apparatus, which he, subsequently, was the first to introduce into this country, to the great benefit of our art.

An anecdote frequently related to me by Dr. Physick, connected with his early appointment to St. George's Hospital, I may be pardoned for mentioning here, notwithstanding it has already been promuligated from another source. His success in obtaining this situation caused some slight degree of dissatisfaction on the part of some of the disappointed applicants, who conceived that their claims for this situation were stronger than his. In consequence of this, Dr. Physick perceived that they evinced uncommon curiosity respecting his manner of discharging his duties, and were disposed to scrutinise his actions with the greatest strictness. A short period after commencing his services, a patient was admitted into the hospital with dislocation of his shou'der; the head of the humerus being lodged in the axilla. Fortunately the accident was quite recent. It so happened that at the time the man was admitted, the whole class were in attendance at the house. They, of course, were exceedingly anxious to witness the manner in which the reduction would be effected, and Dr. Physick was well aware that his method of restoring the bone to its natural position would be severely criticised. He directed the patient to be seated upon a high chair, and then proceeded to examine the injured shoulder, questioning the man as to the manner in which the accident had happened. Whilst making these enquiries, he placed his left hand in the axilla, and taking hold of the lower end of the humerus with his right hand, he made all the extension in his power, then suddenly depressing the elbow of the patient, he dislodged the head of the bone, which glided instantaneously into the glenoid cavity.

In relating this incident, Dr. Physick never assumed to himself much merit for his success, but rather ascribed it, in a great degree at least, to the favorable nature of the case. His characteristic modesty, however, induced him to underrate his services; his success was doubtless principally owing to that unrivalled address and dexterity of which he subsequently proved himself to be so complete a master. The treatment of this case produced the most happy influence in promoting the interest and comfort of the doctor during the remainder of his stay in the hospital. He stated that from that time forward he always enjoyed the uninterrupted regard and respect of the medical class.

In January, 1791, the period for which he had been elected to St. George's Hospital having expired, he quitted the institution, carrying with him the warmest testimonials, from its proper authorities, of his medical qualifications, and also of his general good conduct. They went so far as
to declare, that instead of considering him to lie under any obligations to the institution, they considered the institution indebted to him for the many benefits he had conferred upon its unhappy inmates, and for the useful results which had been produced by his singular zeal and abilities. He now received his diploma from the Royal College of Surgeons in London.

Soon after leaving St. George's Hospital, Dr. Physick received from Mr. Hunter a mark of respect and esteem, which was in the highest degree gratifying to him, and more particularly so as it furnished conclusive evidence of Mr. Hunter's entire confidence in his professional skill and attainments. Mr. Hunter invited him to take up his residence with him, to become an inmate of his house, and to assist him in his professional business; he also held out inducements to him to establish himself permanently in London.

Notwithstanding the tempting nature of these offers, and the great advantages which Dr. Physick might have derived from accepting them, it did not comport with either his own designs, or those of his father, that he should exile himself from his native country. In accordance with the plan previously laid down for the completion of his medical education, he was to visit Edinburgh, in order to graduate in medicine in the University of that city. He, however, gratefully accepted Mr. Hunter's invitation to reside with him until this period should arrive; and accordingly he remained with Mr. Hunter, and assisted him, not only in his professional business, but also in the prosecution of his physiological experiments, and the making of anatomical preparations, until May, 1791, when he took his final leave of London. I may notice that his father had, previously to this period, returned to America.

Immediately after his arrival in Edinburgh, Dr. Physick entered with his usual ardour upon the prosecution of his studies. He attended very diligently the medical lectures delivered in the University, visited constantly the Royal Infirmary, was a careful observer of the practice pursued in that institution, and witnessed all the operations there performed. In May, 1792, having complied with all the requisitions demanded by the University, he obtained the degree of M. D. The subject of his thesis was apoplexy; and in compliance with the established regulations, it was written in the Latin language. The original manuscript of this essay, which he first wrote in English, is now in my possession, and bears the most satisfactory evidence of having been prepared with a vast deal of careful attention.

To show the familiar knowledge of the Latin language which Dr. Physick possessed, I may relate the following anecdote. It is well known that the examinations for a medical degree in Edinburgh are conducted in Latin; and that there are many applicants for the honor, who, from not possessing a sufficient knowledge of that language, are compelled to have recourse to the aid of a class of men termed grinders, whose occupation consisted in preparing students, by a system of drilling, which should render them competent to reply to such questions as were likely to be put to them. It so happened that, a short time previous to the examinations, Dr. Physick was in company with a fellow student from this city, and in reply to some allusion made by his companion to these grinders, the Doctor stated that he should not seek their aid, but that he was determined to rely upon his own knowledge of the language to carry him safely through. His companion expressed much surprise at this statement, seeming to consider it as a vain boast on the part of Dr. Physick; and he intimated his doubts of the Doctor's capabilities, inquiring whether he meant to say that he possessed a sufficient knowledge of the Latin to enable him to carry on a conversation in that language. Dr. Physick satisfied him completely, by instantly addressing him in Latin, and continuing for some time to converse with him in that tongue.

Dr. Physick returned to his native country in September, 1792; and commenced the practice of his profession in Philadelphia. His office was situ-
ated in Mulberry street near Third. That Dr. Physick entered upon his practical career under the most favorable circumstances, will, I think, be readily admitted. I have already shown that, in addition to his own extra-
cordinary qualifications, he had enjoyed the most ample opportunities of ac-
quiring knowledge from sources distinguished alike for their exalted cha-
acter and superior excellence. Nature also rendered her best aid for fit-
ting him pre-eminently, by all external advantages, for the successful ac-
complishment of his objects. His personal appearance was commanding in
the extreme. He was of a medium height; his countenance was noble and
expressive; he had a large Roman nose; a mouth beautifully formed, the
lips somewhat thin; a high forehead, and a fine penetrating hazel eye. The
expression of his countenance was grave and dignified, yet often inclined to
melancholy, more especially when he was engaged in deep thought, or in
performing an important and critical operation. Dr. Physick rarely indul-
ged in excessive mirth; he was, however, far from being insensible to playful
humor, and on such occasions his countenance would be lighted up by a be-
nign smile, which altered entirely the whole expression of his features. His
manners and address were exceedingly dignified, yet polished and affable in
the extreme; and when he was engaged in attendance upon a critical case,
or in a surgical operation, there was a degree of tenderness, and at the same
time a confidence, in his manner, which could not fail to soothe the feelings
and allay the fears of the most timid and sensitive.

The introduction of a young practitioner of medicine to the notice of the
community, is proverbially slow; and, not unfrequently, before he can in-
spire sufficient degree of confidence to lead to his employment, a length of
time is requisite which, in some instances, produces bitter disappointment,
and occasionally, even utter hopelessness and despair. As might have been
anticipated, there were but few professional calls made upon Dr. Physick du-
dering the period of the first year after he had established himself in this city;
and it is highly probable that, notwithstanding all the advantages of which
he could boast, he would have been obliged to exercise an enduring degree
of patience for a considerably longer period, were it not that in the summer of
1793, Philadelphia had the misfortune to be visited by that awful calamity,
the yellow fever. It is not necessary in this place to give an account of the
destructive ravages caused by this epidemic. The most ample and detail-
ed description of its origin and progress, with all its concomitant circumstan-
ces, has been furnished by one of the brightest luminaries of the age; one
who was a most prominent and efficient actor in the tragical scene; whose
disinterested patriotism, brilliant imagination, and splendid acquirements,
edearmed him to the hearts of his countrymen, and who invariably evinced
himself to be the warm friend of Dr. Physick. Need I add the name of Dr.
Benjamin Rush?

The occurrence of the yellow fever afforded to Dr. Physick his first op-
portunity of proving to his fellow citizens, his entire devotion to his profes-
sional pursuits, his utter disregard of all personal considerations which
might interfere with the discharge of his duties, and the fearless intrepidity
with which he exposed himself to danger, in order to contribute to the safety
of others. As a means of preventing an extension of the disorder by remov-
ing, as far as possible, from overcrowded situations those who were attack-
ed by it, and also to afford an asylum and the most efficient treatment to
such as were destitute, the Board of Health, in August, 1793, established the
yellow fever hospital at Bush Hill, and Dr. Physick, having offered his ser-
tices, was elected by them physician to the institution. He immediately
proceeded to the performance of his duties with singular ardor and ability;
and during the time he remained in the hospital, rendered services which
were acknowledged to be of the most important character, and which serv-
ed to secure to him the approbation and esteem of the community at large.
Dr. Physick himself did not escape an attack of the fever. It however yield-
ed to treatment, although I heard him declare, but a short time previous to his death, that he did not think his constitution had ever completely recovered from the shock which it then received.

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After leaving the hospital he removed to the city, and gave his undivided attention to his professional engagements. In the year 1791, Dr. Physick was elected, by the managers of the Pennsylvania Hospital, one of the surgeons to that institution. This period was the dawn of his great surgical fame and usefulness. The reputation sustained by the Pennsylvania Hospital for a long series of years, not only for the amount of benefits which it has conferred, but also on account of its excellent administration, are so well known as to render superfluous any encomiastic notice of it on my part. That Dr. Physick contributed largely to the support of its character and reputation, can be readily shown by a record of his services. It must be admitted, however, that his appointment to the hospital had a considerable influence in promoting his success, and leading to an extension of his business. The situation enabled him to add greatly to his stock of experience, and afforded him ample opportunities of perfecting himself in the operative department of his profession. I have already stated that in his manual procedures he exhibited the utmost degree of neatness and dexterity. Dr. Physick possessed, pre-eminently, all the qualifications requisite for a bold and successful operator. His sight was remarkably good; his nerves, when braced for an operation, were firm and immovable; his judgment was clear and comprehensive, and his resolutions once formed, were rarely swerved from. In addition to these he owed much to his thoughtful and contemplative cast of character, which induced him to deliberate and reflect intensely upon all the circumstances of his case, and to make elaborately, beforehand, every preparation which might become needful in the performance of his task.

In order to appreciate fully and correctly the amount of contribution made by Dr. Physick to the department of Surgery, it is important to call to mind the imperfect condition of the art in this country, at the period of his commencing his professional career. It is well known that the principles of science which should govern the treatment of many disorders were at that day very imperfectly understood. It is true that there were some members of the profession, possessed of great merits and learning, who devoted themselves especially to the cultivation of surgery. These gentlemen were quite competent to the performance of what were then considered the capital operations in surgery; still it must be confessed that none of them ever acquired the necessary degree of skill and pre-eminence to create an unlimited confidence in his abilities. In consequence of this there was no head, no rallying point in surgery, an appeal to which, when once made, would be regarded as decisive. We cannot feel surprised at the comparatively insignificant position which the science of surgery then held, when we reflect that, prior to the appointment of Dr. Physick, surgery was not taught in this city as a separate and distinct department. The professorships of anatomy and surgery were combined in the University of Pennsylvania, and the duty of teaching both branches devolved upon one individual. Under these circumstances, it would have been extremely unreasonable to expect an efficient course of instruction when it is well known that the usual period allotted to a course of lectures upon either department, as now separated, is confessedly too limited.

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In the year 1791, Dr. Physick was elected one of the physicians to the Philadelphia Dispensary; and during the period he held this appointment, he performed his duties with the strictest fidelity. He subsequently was appointed one of the consulting surgeons to this institution, and retained the situation till the time of his death.

From a reference to Dr. Physick's papers, it appears, that his profession—
eral engagements increased very considerably in the year 1795. About this period, his prospects of establishing himself in practice became exceedingly flattering. During the year 1795, he commenced keeping a journal of the most remarkable and interesting cases which occurred in his practice, more especially of a surgical character. This journal is continued up to the year 1810, although in consequence of the multiplicity of his engagements about this period, we have to regret, the number of cases inserted is very considerably lessened. The first case recorded in the note book, is that of a lady affected with blindness from cataract. In this case, he performed the operation of extraction of the opaque crystalline lens, with complete success, and restored his patient to sight.

The year 1800, formed a most eventful one in the life of Dr. Physick. During this year he formed a matrimonial alliance with Miss Elizabeth Emlen, a highly gifted and talented lady, and daughter of one of the most distinguished ministers of the Society of Friends. By this marriage he had four children, two sons and two daughters, all of whom are now living.

In the year 1800, a request was made to Dr. Physick in writing, by a number of gentlemen engaged in attending the medical lectures delivered in the University of Pennsylvania, that he would lecture to them on Surgery. Among these gentlemen, who so fully appreciated his extraordinary qualifications, was included our present pre-eminently distinguished Professor of the Theory and Practice of Medicine, Dr. Chapman.

No man could feel more deeply the solemn responsibilities attendant upon such an enterprise than Dr. Physick. After mature deliberation, however, he determined to accede to their request, and this may he considered as the commencement of his labors as a lecturer.

The following anecdote, related to me by the doctor himself, will exemplify the ardor and zeal with which he entered upon the performance of his duties, and it illustrates also most happily the great advantages which may be derived from a word of encouragement and approbation, coming from a source in which entire confidence is reposed.

After preparing the lecture introductory to its course, he committed it to memory. Among the persons invited to be present at its delivery, was his valued friend, Dr. Rush. The scene was a trying one to Dr. Physick. It was the first time he had ever publicly addressed an audience. I have been informed, however, that he acquitted himself extremely well. At the close of the lecture, Dr. Rush stepped up to him, gave him his hand, and congratulated him upon his success, saying to him very emphatically, "Doctor, that will do—that will do—you need not be apprehensive of the result of your lecturing—I am sure you will succeed." Dr. Physick never forgot Dr. Rush's kind manner to him on this occasion. He assured me that it exerted a considerable influence in strengthening and confirming his resolutions to persevere. It is needless for me to say that Dr. Rush's predictions respecting Dr. Physick's ultimate success in lecturing were fulfilled to the utmost. Five years subsequently to that period, the Professorship of Surgery was created in the University of Pennsylvania, and Dr. Physick was elected to the chair.

In the year 1801, Dr. Physick was appointed "Surgeon Extraordinary," and also one of the physicians to the Philadelphia Alms-house Infirmary. I am not aware that any appointment similar to the former has been since made in that institution.

About this period, it may be said that the talents and acquirements of Dr. Physick began to be extensively known and appreciated, not only by the members of his own profession, but also by others. I may mention, that in this same year, (1802,) he was elected a member of the American Philosophical Society: a well merited tribute due to his rising greatness.
This year Dr. Physick devised and executed an operation which forms one of the most beneficial results to suffering humanity. On the 18th of December, he performed, in the Pennsylvania Hospital, his celebrated operation of passing a seton between the ends of an ununited fractured humerus, for the purpose of causing a deposition of callus, and thereby producing the consolidation of the broken bone. The patient was a seaman, who had the misfortune to fracture his left arm, eighteen months previously, whilst at sea; and in consequence of the bones not having united, the limb was rendered nearly useless. At the expiration of five months after the performance of the operation he was discharged from the Hospital perfectly cured. Dr. Physick published an account of this case in the Medical Repository of New York, vol. i. 1804; and it was republished entire in the Medico-Chirurgical Transactions of London, vol. v. 1819.

It so happened, that, in the year 1830, I was requested to visit a patient who was lying dangerously ill with remitting fever. A few days after my first visit, in riding past his door in company with Dr. Physick, feeling very uneasy about the condition of my patient, I requested the Doctor to step into the house and give me the benefit of his advice. He complied, and upon entering the sick man's chamber he immediately recognised him as the individual upon whom he had performed the operation which I have just described, twenty-eight years previously. Upon questioning the patient he informed us that the arm which had been broken was quite as strong as his other arm, and that he had never sustained any inconvenience from the operation. The man died; and having obtained permission to make a post mortem examination, I procured his humerus, which I still have in my possession, and regard it as one of the most interesting and valuable pathological specimens extant. At the place of fracture, the two ends of the bone are perfectly consolidated by a mass of osseous matter, in the centre of which there is a hole, through which the seton had passed.

Since the performance of Dr. Physick's first operation, this method has been resorted to with entire success in numerous instances by himself and other surgeons, for the cure of ununited fractures, not only of the humerus, but also of some other bones. That this operation, like all others, occasionally fails, must be admitted: it is, however, generally conceded that it possesses many advantages over the method not unfrequently resorted to, of cutting down to the ends of the bone and sawing them off, recommended by Mr. Charles White, of Manchester.

In describing that process M. Boyer declares it to be "painful, terrifying, and of dubious event." He once performed it on account of a preternatural joint, situated in the middle of the humerus; the limb mortified, and the patient died on the sixth day. Independently of the greater hazard attending this method of operating, it is unquestionably much more painful than Dr. Physick's; and although occasionally it succeeds perfectly, in many instances it has entirely failed.

It is a matter of much surprise and regret, that Mr. Wm. Lawrence, of London, a gentleman distinguished for brilliant talents and extensive learning, in speaking, in his surgical lectures, of the different methods of operating for the cure of ununited fractures, should greatly undervalue the importance of Dr. Physick's operation, and limit exceedingly its successful results. To correct the false impressions which this statement might create, and as an act of justice due to the distinguished inventor of the operation, my friend Dr. Hays gave in his valuable periodical, the American Journal of the Medical Sciences, vol. vii, p 267, a brief summary of numerous cases of ununited fracture successfully treated by means of the seton, collected from various sources. Dr. Physick was extremely gratified at the able manner in which Dr. Hays vindicated the merits of his operation, for the cure of artificial joint by means of the seton.

Dr. Physick's private journal, and also a book of cases, kept by his ne-
pew, Dr. Dorsey, clearly evince that at this period Dr. Physick was occupied in attending to a most extensive and laborious practice. In Dr. Dorsey's note book are recorded the most interesting cases and operations occurring in the practice of Dr. Physick, to which he was a witness. It is exceedingly probable, that during that period there were but few operations performed by Dr. Physick, at which Dr. Dorsey was not present; for in some places he gives an account of important and capital operations performed almost daily by his uncle.

"It has always been a subject of deep regret with the profession, that Dr. Physick should have evinced throughout his whole life such an extreme reluctance to the publication of the results of valuable observations and experience. What a fund of knowledge has in this manner been permitted to pass away, which might have been happily applied to ameliorating the miseries of humanity! Strange as it may appear, I unhesitatingly assert, that posthumous fame was not sought after by Dr. Physick. I am well convinced, however, that in the latter years of his life, he regretted very much himself that he had not published more for the benefit of his fellow beings; but at this period his disinclination and habits had become so confirmed that it was impossible for him to change them.

1 * have already stated, that at the period when Dr. Physick commenced his professional career, the organization of the medical department in the University of Pennsylvania was so imperfect, that the chairs of Anatomy and Surgery were combined. To remedy this acknowledged deficiency, in the year 1805, the chair of Surgery was made distinct from that of Anatomy, and Dr. Physick was elected, I believe unanimously, Professor of Surgery.

It should be borne in mind, that he had previously, in the year 1800, complied with a request, made to him by a number of gentlemen engaged in the study of medicine, to deliver lectures on surgery. Those lectures were in the Pennsylvania Hospital; and he exhibited such positive and satisfactory evidence of his entire competency to the task which he had assumed, that he very soon became exceedingly popular as a teacher, and added greatly to his fame.

It is more than probable that the position which he now held as a lecturer on surgery, exerted no little influence in producing the change which was made in the medical faculty.

I presume it will not be denied that, however great the advantages may have been which accrued to Dr. Physick in consequence of his being appointed Professor of Surgery in the University of Pennsylvania, the institution itself derived equal advantages from his connection with its medical faculty.

It is certain that soon after his appointment, the number of students who resorted to this city to attend the medical lectures, greatly increased; and although I freely admit that there were many co-operating circumstances, his efforts in behalf of the school being seconded by colleagues who possessed talents of so refulgent a character that the light shed from them has not yet passed away, still it is worthy of record, that the zenith of Dr. Physick's fame and usefulness was the period at which the University of Pennsylvania attained the acme of its reputation.

Having shown that Dr. Physick's efforts as a private lecturer were attended with the most entire success, we can readily believe that he was quite prepared to enter upon the duties of his new appointment. Inasmuch, however, as this situation opened to him a more extensive field of action than he had previously cultivated, he felt himself called upon to make renewed exertions.

It is almost impossible to conceive of the great amount of labour which he was in the habit of performing daily, during this period of his life. He has frequently told me that it was his custom, throughout the winter months, to rise at four o'clock in the morning. This hour being too early to disturb a
servant, he was obliged to arrange his own fire. He would then sit down to his desk and prepare his lecture for the day; after which he would dress himself, and then take his breakfast, and leave his house between eight and nine o'clock, to attend to an extensive and laborious practice. In addition to all this, he discharged his duties as surgeon to the Pennsylvania Hospital, and to the Alms House Infirmary. He used often to remark, that in order to obtain entire success as a practitioner of medicine, it was necessary to work hard. He told me that in London this idea was conveyed by the emphatic expres-
sion "Doctor or Mr.—— is working his way into business." It will be conceded that no portion of his success ever came to him gratuitously; on the contrary, he made laborious exertions to obtain it.

Dr. Physick's manner as a public lecturer was extremely grave, dignified and impressive. His style was clear, simple and chaste. He was uniformly careful never to say too much. His choice of language was remarkably good, and he possessed the happy faculty of communicating knowledge agreeably and clearly to a degree which I have never known surpassed. Perhaps one great reason for this was, that he never undertook to instruct others upon subjects which he did not clearly comprehend himself. He attempted no display of oratory; neither did he permit his reason and imagination to run wild in the regions of theory and fancy. He found much better employment for his mind in constantly studying the realities of life, and in reflecting upon the best methods of promoting the welfare of his fellow creatures. His lectures were carefully prepared and written out. He did not at all approve of extemporaneous lecturing; as he thought that in lecturing upon scientific subjects, and more especially such as involved the lives and happiness of our fellow beings, no man had a right to place so much confidence in the strength of his memory as is implied in that practice.

Dr. Physick's course of lectures on surgery was eminently valuable, from being founded principally upon his own practical knowledge and experience, and also from his discarding all mere hypotheses; besides which his lectures derived an additional attraction and importance from the circumstance that his reputation for stern integrity and strict veracity was so well known and established, that whenever he asserted facts to be true, they were implicitly believed.

As a letter writer he was exceedingly exemplary and pithy. I regret very much not having the privilege of inserting a few of his letters in this memoir. In general they were remarkably brief and pithy. He was excessively annoyed at receiving, and being obliged to read letters of an unmeaning and unnecessary length. It was the same with respect to books. I have often heard him complain of the hardship of being obliged to read through a volume of two or three hundred pages, to get at ideas which might have been embodied in ten or twenty.

In the winter of 1813-14, Dr. Physick suffered from a severe attack of typhus fever. On this occasion his illness was so extreme, that his medical friends despaired of his life for some time. He gradually convalesced, but his constitution did not entirely recover from the shock which it then received. From this period he never enjoyed what might be called uninterrupted health. His powers of digestion became exceedingly impaired, whence ensued a train of most unpleasant dyspeptic symptoms. He became subject also to frequent attacks of catarrh, and his susceptibility to this condition increased to such an extent that he was obliged to observe the most rigid precautions in order to guard against it. His method of treatment when laboring under a severe cold, required confinement to a warm room; and in fact he accustomed himself to a degree of heat in his apartments which to many others was almost insupportable. In addition to this he always employed the strictest antiphlogistic treatment, as regarded his diet and remedial agents. I think that he injured himself, and in a measure pro-
duced the very enfeebled and prostrated condition of his system which attended him during the latter years of his life, by the excessively reducing system of treatment to which he had recourse.

The small amount of food of which he would sometimes permit himself to partake, is almost inconceivable; and this for many days together. I frequently expressed to him my regrets respecting the meagre diet he was using; and upon one occasion I dissented soundly from the propriety of such a course of dieting. He replied that he regretted it very much himself, and that he wished he could indulge in a more generous living, but that he had accustomed his stomach for so long a time to abstaining from rich food, that it was impossible now to make any change.

About the period to which we are alluding, he began to experience certain unpleasant symptoms, indicative of a diseased condition of the heart, and which, eventually, terminated in organic affection of that organ, and doubtless laid the foundation for the hydroptic complaint of which he died.

Among the complicated forms of disease to which he was subjected, must also be enumerated a nephritic disorder, with calculous concretions in the kidneys. It is impossible for language to describe the pain and agony which he frequently endured from the passing of the small calculi through the ureters into his bladder. Upon one occasion, about ten years previous to his death, I knew him to be for near two hours without any pulse perceptible at the wrist, in consequence of intense suffering, caused by the lodgment of a small calculus in the ureter. It remained fixed in this situation for some days, and grew to the size of a small pea; it finally passed into the bladder, and was discharged a few minutes subsequently through the ureter.

The practical knowledge and experience which Dr. Physick derived from the careful and minute attention which he bestowed not only upon every department of his profession, but also, I may say, upon each separate and individual case of disease which came under his notice, enabled him to suggest numerous modifications and improvements which have exerted the happiest influence in elevating the condition of our science. It would be impossible, in a communication of this nature, which has already exceeded the limits originally proposed, to give even a brief outline of the many invaluable inventions for which we are indebted to him. In order to do this, it appears to me, that it would be necessary to review almost every professional act of his life; because there was no form of disease of which he undertook the management, in which he did not exercise a tact and treatment peculiarly his own. I do not mean to say that in every case he prescribed a new remedy, and one original with himself—my meaning is, that he invariably modified either the dose, or the preparation, or the time of its administration, or the method of its application, according to his own proper and peculiar views.

I have already shown that his health was considerably impaired; and it is probable, that about this period he must have been deeply sensible of his increasing infirmities, inasmuch as he thought proper, in 1816, to resign his situation as Surgeon to the Pennsylvania Hospital. He had received his appointment in 1794; consequently, he served the institution twenty two years. Some time previous to this he had resigned his situations in the Philadelphia Dispensary, and in the Alms-house Infirmary.

In the year 1819, Dr. Physick resigned his chair of Surgery in the University of Pennsylvania, and was transferred to that of Anatomy, which had become vacant the preceding session by the death of his nephew, Dr. John Syng Dorsey.

The premature death of the lamented Dorsey, plunged Dr. Physick into the deepest affliction, and had the effect of creating a melancholy gloom, which overshadowed the remainder of his existence. Dorsey, of all others, was fitted to cheer and solace the declining years of his uncle. He had been regularly educated under the immediate inspection and superintendence
of Dr. Physick—had imbibed from him his early lessons of wisdom and knowledge, and at a more matured period of his life, fully adopted the principles and doctrines of his preceptor. Advantages like these, aided by talents of a brilliant and comprehensive order, enabled Dorsey at an unusually early period of his life, to assume a most elevated and distinguished rank in his profession. Relentless death, however, seized upon his prey, whilst in the midst of his honors and his usefulness.

It was always a source of deep regret with Dr. Physick's immediate family and friends, that his comforts in the evening of his days, and whilst labouring under physical infirmities, should be so greatly interrupted by translating him from the chair of Surgery to that of Anatomy. We had positive assurances from himself, that the change was contrary to his own wishes and inclination; how far the interests of the institution to which he belonged may have been promoted by it, I do not mean to inquire. My own impression is, however, and I believe I am not singular in the opinion, that if he had continued in the chair of Surgery up to the period when he retired from the University, it would have numbered in its catalogue of students many more than it has ever shown.

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In the year 1821, Dr. Physick was appointed Consulting Surgeon to the Institution for the Blind.

In 1822, the Phrenological Society of Philadelphia elected him its President.

In 1824, he was chosen President of the Philadelphia Medical Society. He held this situation until the time of his death.

In 1825, January 6, he was appointed a Member of the Royal Academy of Medicine of France; so far as I know, the first American who ever received that honour.

In 1831, in consequence of his declining health, he felt it incumbent on him to retire from the active duties of the University; and accordingly he resigned his situation as Professor of Anatomy. In acknowledgment of the extraordinary services which he had rendered, in elevating the character of the school, and in promoting the advancement of medical science, the institution, upon accepting his resignation, conferred upon him the highest honor in its power, by electing him unanimously "Emeritus Professor of Surgery and Anatomy."

* * * * * * * * * * * *

In October, 1831, Dr. Physick performed the operation of lithotomy on Chief Justice Marshall. This case was attended with singular interest, in consequence of the exalted position of the patient, his advanced age, and the circumstance of there being upwards of one thousand calculi taken from his bladder. It is well known that for several years previous to this period, Dr. Physick had declined performing extensive surgical operations. He felt somewhat reluctant to operate upon Chief Justice Marshall, and offered to place the case in my hands. Taking all the circumstances into consideration, and knowing well that this would be the last time he would ever perform a similar operation, I felt desirous that he should finish with so distinguished an individual; and accordingly urged him to do it himself. Upon the day appointed, the Doctor performed the operation with his usual skill and dexterity. I do not think I ever saw him display greater neatness than on that occasion. The result of the operation was complete success.

It will be readily admitted that, in consequence of Judge Marshall's very advanced age, the hazard attending the operation, however skilfully performed, was considerably increased. I consider it but an act of justice due to the memory of that great and good man to state, that in my opinion, his recovery was in a great degree owing to his extraordinary self-possession, and to the calm and philosophical views which he took of his case, and the various circumstances attending it.
It fell to my lot to make the necessary preparations. In the discharge of this duty, I visited him on the morning of the day fixed on for the operation, two hours previously to that at which it was to be performed. Upon enter-
ing his room I found him eating his breakfast. He received me with a plea-
sant smile upon his countenance, and said, "Well, doctor, you find me tak-
ing breakfast, and I assure you I have had a good one. I thought it very probable that this might be my last chance, and therefore I was determined to enjoy it and eat heartily." I expressed the great pleasure which I felt at seeing him so cheerful, and said that I hoped all would soon be happily over. He replied to this, that he did not feel the least anxiety or uneasiness re-
respecting the operation or its result. He said that he had not the slightest desire to live, labouring under the sufferings to which he was then subject-
ed; that he was perfectly ready to take all the chances of an operation, and he knew there were many against him; and that if he could be relieved by it he was willing to live out his appointed time, but if no, would rather die than hold existence accompanied with the pain and misery which he then en-
dured.

After he had finished his breakfast, I administered to him some medicine: he then enquired at what hour the operation would be performed. I men-
tioned the hour of eleven. He said, "Very well; do you wish me now for any other purpose, or may I lay down and go to sleep?" I was a good deal surprised at this question, but told him that if he could sleep it would be very desirable. He immediately placed himself upon the bed and fell into a pro-
found sleep, and continued so until I was obliged to rouse him for the ope-
ration.

He exhibited the same fortitude, scarcely uttering a murmur throughout the whole procedure, which, from the peculiar nature of his complaint, was necessarily tedious.

Chief Justice Marshall survived this operation some years, and finally died of a disease of an entirely different character.

In November, 1833, he was elected an honorary fellow of the Royal Med-
ical and Chirurgical Society of London. The conferring of this honour was a full acknowledgment of his exalted merits, and justly acquired reputation, and he did not affect to conceal the high gratification he derived from it.

I have mentioned in the former part of this memoir that the first case re-
corded in his private journal is one in which he performed the extraction of the crystalline lens. By a singular coincidence, it happened that the last operation everperformed by Dr. Physick was for cataract, and took place but a few months previously to his death. He, however, never, saw his patient after completing the process; the attack which terminated his ex-
istence occurring on the afternoon of the same day.

I ought to mention, by way of apology for his engaging in any surgical ope-
ration whilst labouring under such feeble health, that the circumstances at-
tending this case were exceedingly peculiar. The applicant was a foreigner, Dr. Physick had operated upon his eye a year previously, and the gentleman had remained in this city during a whole year for the purpose of having it re-
peated by him. He consequently felt it incumbent upon him not to disap-
point his patient; and he was not the man to shrink from the performance of what he believed to be his duty, notwithstanding, as he informed me, he was well aware that death was impatiently waiting for his victim.

This operation was performed on the 13th of August, 1837. I was pre-
sent and watched him with the most intense anxiety. He was quite collec-
ted and firm, and his hand was steady, though he was labouring under great mental and physical suffering. Whilst witnessing this effort in the cause of afflicted humanity, I felt a melancholy conviction that it would be the final act of his professional life.
From this period his complaint went on increasing in intensity and violence. The symptoms of hydrotorax became developed to a most painful extent, and he suffered extreme agony from oppression at his chest and difficulty of breathing; so much so, that sometimes he became unable to lie down in his bed for whole nights together, but was obliged to stand upon the floor, supported by assistants. In consequence of his increasing illness, his old and well tried friend and associate, Professor Chapman, was requested to visit him in consultation with myself. His malady, however, had become uncontrollable, and it resisted the most strenuous efforts that professional skill and affectionate attention could exert.

Some time previously to his death, anasarca took place; and in consequence of his remaining so much in the erect position, his lower extremities became enormously swollen and distended with serum. The integuments at length gave way, and openings formed, which finally ulcerated and became gangrenous.

The Father of American Surgery expired without a struggle, on the morning of the 15th of December, 1837, at twenty minutes past 8 o'clock.

"He gave his honours to the world again, His blessed part to heaven, and slept in peace."

It must be admitted that, by the community at large, Dr. Physick's private character was but imperfectly understood. This was owing to the habits of perfect seclusion which he contracted, and to the slight intercourse, other than professional, which he permitted himself to enjoy with his fellow citizens. It must not be supposed, however, that this isolation arose from moroseness of character or want of inclination to mingle with society. A satisfactory explanation may be afforded by the entire self-abandonment with which he devoted himself to his professional engagements. This formed one of the most striking and remarkable points in Dr. Physick's character. History probably cannot show an example of a more pure and absolute devotion to professional pursuits than he exhibited.

For the reasons just mentioned, he was supposed by some to be stern and unfeeling, and wanting in the kinder sympathies of our nature. There could not be a greater misapprehension. His feelings were tender and susceptible in the extreme; and could those persons who entertained an opposite opinion have been admitted to closer and more intimate relations with him, they would have acknowledged the great injustice they had done him in such a surmise. Many instances might be cited, were it expedient to occupy the necessary time, to illustrate Dr. Physick's extreme tenderness of feeling. At an early stage of his professional career, he performed a few experiments upon living animals, with the view of determining some physiological points. This formed a subject of regret to him as long as he lived; and he could not divest his mind of the idea that he had been guilty of useless as well as wicked acts of cruelty.

Previously to his performing important surgical operations, his feelings were so harrowed up, and he experienced so much anxiety, that it was the custom of his family to endeavor to prevail upon him to execute such operations as speedily as possible, in order to relieve his mind.

To those who only saw Dr. Physick as the bold and unflinching operator in surgery, his character might have appeared cold and unfeeling, and they might have thought him,

"Unlike to other men, A snow-crown'd peak of science, towering high;"

but to the few who knew him in his private circle the veil was withdrawn. It was in the gentle charities of domestic life, as the tender and affectionate parent, or the sympathizing friend, that his true character became revealed,
and his heart was felt to be keenly alive to the kindest and softest emotions of which human nature is susceptible. He never appeared so happy as when surrounded by his children and his family; and indeed I feel assured that this formed one of the greatest consolations to him in the midst of his protracted sufferings.

In his intercourse with his professional brethren Dr. Physick's conduct was regulated by the strictest principles of honour and integrity. Whenever he was called in consultation with other physicians, without inquiring how exalted or humble their positions might be, he was scrupulously careful to avoid saying or doing anything which could wound their feelings, or prejudice them in the least in the estimation of their patients. He invariably stated his own opinions in a frank and manly manner, and was ever willing to pay due deference to the opinions of others. Upon all occasions he was happy and ready to confer upon his fellow practitioners the benefit of his advice and experience, whether the information desired had special relation to themselves, or to those under their charge. He was far removed above the meanness of interfering with the patients of others; and whenever he had in his power to render a service to a younger member of the profession, by a word of encouragement or commendation, it was cheerfully bestowed.

It was impossible that a man possessed of a mind so reflective and contemplative a character as his, should not turn with anxious solicitude to the doctrines of religion, and the contemplation of a future state. Religion constituted, in fact, the most engrossing subject of attention during the latter years of his life. How far he derived comfort and consolation from his religious studies, it is not for me to say. I am very certain, however, that a more pure and ardent seeker after divine truth I never knew. As an observer of the principles of strict integrity and morality, I believe it will be conceded that he was exemplary to a remarkable degree. He, however, arrogated nothing to himself from this source. He expressed to me but a short period previous to his death, that he possessed no merits of his own to give him a claim to salvation. His humility and self abasement upon the subject of religion were extreme; and he was always willing and ready to apply to any source, however humble it might be, provided he thought he could be enlightened and instructed by it.

His course of reading upon theology was very extensive; and unfortunately for him he read many works of a conflicting and contradictory nature. The effect of this upon one who had, during all his life, been in search of indispensible evidences, was to create at times gloomy and desponding views. Yet for very many years of his life he was in the uniform habit of perusing, every morning, a portion of the New Testament; and when, in consequence of his illness and increasing infirmities, he was incapable of so doing, his children were constantly employed in reading this and other works of devotion to him. During his last illness he derived great pleasure and satisfaction from the visits of his friend and pastor, Dr. Delancy; whose kind attentions towards him were unremitting. I feel assured that the hopes and promises of the Christian religion were the greatest sources of consolation to him in the closing hours of his life, and smoothed his passage to the tomb.
PART III. MONTHLY PERISCOPE.

The following case of irritable uterus, we extract from the Eclectic Journal. It is full of interest. It affords demonstration of the very general error in practice, of neglecting the thorough investigation of the true cause and nature of the affliction. In such cases, we venture the belief, that in the present state of the profession, where one practitioner would thoroughly investigate and determine the true etiology and pathology of such a case, and treat it accordingly, as John Brown, C. M. of Her Majesty's Victualling Yard at Deptford has done, one hundred would be content to theorise and speculate on a superficial observation of symptoms, and determine on the existence of some local inflammation or irritation, and medicate the patient for months and years, should she live so long. Cases of the same general character have not unfrequently occurred under our observation; and we have at present under care, a case, of which, the following would be a very accurate description. Such indeed we have almost always found those cases, which are denominated "irritable uterus." We have rarely, if ever, found it the case that the irritability of the uterus was not correctible by treatment on the same views as those taken in this case.

IRRITABLE UTERUS.

To the Editor of the Medical Gazette.

SIR.—I forward for publication in your valuable journal the following case, which appeals to me to be an important one, inasmuch as it shows that in the female sex the uterus is sometimes the source of those painful, local, nervous affections that simulate structural diseases in different parts of the body; or that at least that remedies which had the effect of restoring that organ to a healthy state, were, in one severe case of the above description, the means by which a cure was accomplished, after every other plan of treatment had been tried in vain.—I am, sir, Your most obedient servant,

JOHN BROWN, C. M.

Her Majesty's Victualling Yard, Deptford, Dec. 24, 1838.

A young lady, who had suffered for a great length of time from pain in her back and partial paralysis of the lower extremities, was brought to London, in the summer of 1837, for the benefit of medical advice. While she was in the country, various plans of treatment were tried for her relief, but without the least benefit; and at the time I first saw her, which was immediately on her arrival here, and about two years and a half after the commencement of her illness she said that her complaint began with a throbbing in her left foot, which gradually extended up the leg as far as the back, and was followed by severe pain in her stomach and right side, which continued for several hours, and then went off, leaving her in a very languid state; that paroxysms of this kind succeeded each other, at short and irregular intervals, for the
space of eighteen months; that she had often, during the above period, hyste-
rical fits of the usual descriptions; that she often suffered much from pain in the abdomens, particularly around the umbilicus, that a great many reme-
dies had been tried for her relief, but without any good effect;—on the con-
trary, that the pain in her back at length became so constant and severe as
to lead her medical attendants to conclude that she was labouring under a
disease of the spine, and that she was accordingly cupped, blistered, and kept in
the horizontal position for a great many months, but without any benefit
whatever.

At the time this patient came to town she could not walk, nor even stand, in
consequence of the pain in her back and weakness of her limbs. I therefore
carefully examined the spine, but could perceive no mark of structural dis-
ease there; indeed the poor girl complained just as much when the skin was
merely touched as when very forcible preessure was made upon the vertebral. Hysterical fits at that time, she said, came on
twice or thrice every day. She also stated that when she attempted to sit
up, she felt an unpleasant weight in the lower part of her belly, with a sensa-
tion of bearing down, and that she had always pain and difficulty in passing the
faeces and urine. On examination per vaginam, which I considered to be
necessary, in order to enable me to ascertain the real nature of the case, I
found that the uterus was very low down; and upon mentioning this circum-
stance to the patient, she admitted that organ had several time partially pro-
truded beyond the external parts. It was also in a highly irritable state; in-
deed the mere touch of the finger gave great uneasiness, and brought on one of the most violent paroxysms of hyste-
ria I ever witnessed. There were oc-
casionally, too, a profuse leucorrhoeal discharge; but as the displacement appeared to me to be the point which required to be first attended to, in or-
der to remedy that, I put a piece of sponge into the vagina, but so great was
the irritability of the parts that its presence there could not be borne, and I
was consequently obliged instantly to remove it. Under these circum-
stances, conceiving that the affection of the back and paralysis of the limbs were,
in some way or other, connected with the irritable state of the womb—a
state which the patient said had existed from the commencement of her ill-
ness—I directed strong anodyne injections to be frequently thrown into the
vagina, which, in time, produced an excellent effect. Astringent injections
were next employed with advantage; and, at last, a solution of the nitrate
of silver was in this way used, which, by degrees, diminished both the leuco-
rhoeal discharge and the irritability of the uterus, and in the end entirely re-
moved them. As soon as this change in the state of the parts was effected, the
usual treatment for the prolapsus was had recourse to, and the girl then began rapidly to improve.

But during the time that this local treatment was being followed, the con-
stitution was not neglected. The physical powers of the system in this case
were very low. The patient had a weak pulse; her appetite was small; her
muscles soft, flabby, and relaxed. She suffered much from coldness of her hands and feet; and, as hysterical paroxysms at the commencement of the local treatment were very frequent, anti-spasmodic medicines were pre-
scribed, particularly the tincture of aßafoetida, to which, however, she at
first strongly objected, on account of the nauseousness of its flavour, but, after
having taken it for a short time she either acquired a taste for it or ex-
perienced so much relief from it use, that always, upon the least symptom of the
approach of a paroxysm, she flew to the loathsome draught with avidity, and drank it off without any apparent reluctance. Tonics, too, were from
the first prescribed. The compound infusion of gentian, the disulphate of quinine, the sulphate of copper, and the tincture of muriate of iron, were all by turns, taken in proper doses, with benefit. The cold shower-bath was al-
so had recourse to; and, although the patient's constitution was certainly
very weak, the shock was followed by no unpleasant effects; on the contra-
ry, she always experienced, after using the bath, a comfortable glow of heat over her whole body, with a considerable increase both of bodily and mental energy.

Under the above treatment the patient gradually recovered; indeed as soon as the irritable state of the womb was removed, she began to walk about, and in the course of a few months she could accomplish a distance of three or four miles with but very little fatigue. She, however, remained about a year under my care, and in July last returned to her parents, who reside at Plymouth; from whence she now writes to me, and informs me that her health is good, and that, notwithstanding the season of the year, she frequently takes a cold salt-water bath with decided benefit.

### MEDICAL INTELLIGENCE.

We give the following interesting extracts from a letter to the editor, from Dr. P. F. Eve, Professor of Surgery in the Medical College of Georgia, who is now in Europe, revisiting some of the most celebrated hospitals. We are happy to learn that he has made a safe and remarkably short passage. Prof. Eve is expected to return in time for his professorial duties, at the ensuing session.

PARIS, 13th May, 1839.

**Dear Doctor—** Providence has again thrown me in the midst of another French revolution. I arrived on Friday last; just four weeks from our Medical College; and on yesterday most serious disturbances commenced in the city between the populace and the civil and military authorities. About sixty of the wounded have already arrived at the Hôtel Dieu. I have had the pleasure of meeting several of the graduates of the Medical College of Georgia.

I visited La Charité, went around the wards, and attended the lecture of M. Velpeau, who, afterwards, operated on a cataract. M. Velpeau is now about forty years of age; of ordinary French stature; has a fine head, and great command of words with good enunciation. It is told of him that he was originally a blacksmith, and at the age of twenty one could neither read nor write; he is now a striking example of what may be effected by industry and perseverance. At present, no one stands higher in these head quarters of medical science, for surgery, for general medical lore, and for his brilliant concourse, than M. Velpeau.

The most interesting case in the Clinique this morning was, that of a woman who, in lifting a mattrass on a beadstead, fractured the ulna. M. Velpeau said he could not positively assert this was a genuine case of fracture.
produced by muscular action alone; for the woman may have been diseased. He then entered into the cases of fracture produced by muscular contraction, which he properly arranged under two orders. 1st. Those in which the bones or the patients were diseased; and 2nd. Those whose osseous system was not only unaltered by disease, but whose constitutions were robust and healthy at the time.

Notwithstanding several surgeons had denied the possibility of fractures under such circumstances, M. Velpeau stated that he had, himself, seen several, besides the many previously recorded. If the case under consideration be one of fracture of the ulna from muscular effort, it will be the first one recorded.

I am informed that M. Velpeau is very successful in the application of his apparatus, (a needle or pin under the diseased vein, and a twisted ligature upon its two extremities, so as forcibly to compress the vessel between the two,) for varicose veins: a case of which I had the pleasure of witnessing this morning.

There is nothing very novel in surgery at present in Paris; and still less in medicine. More are, I understand, now engaged in illustrating old facts, and establishing those already advanced, than in searching for new ones. The club foot is still the fashionable topic of the day, in the way of operations. M. Brechet is, I believe, the only one that has any thing new, and which, by the bye, is sufficiently novel to merit attention. He is engaged in marking the results of a uniform temperature upon the healing of wounds, as amputations, &c. His apparatus is a spirit lamp, enclosed with the limb, and a thermometer indicates the degree of heat, &c. to which the part is subjected.

14th May. I have just returned from visiting La Pitié and Hôtel Dieu this morning. At the former Lisfranc did not appear. It is said he is so much of a republican, that whenever he can aid his fellow citizens, he neglects his wards in the Hospital. I saw here M. Serre only.

At the Hôtel Dieu, there was a great crowd. Thirty of the wounded have already died, and there are about sixty who are now dressed in this Hospital, upon whom amputations and other operations have been performed.

I had the pleasure of seeing in operation one of M. Brechet's apparatus already described. Instead of a spirit lamp to keep up an uniform temperature, around the amputated stump, a syphon and tepid water were employed, instead of cold, which, as you are aware, has been for some years recommended.

I had the pleasure of meeting here Dr. Harlan, of Philadelphia, and also of seeing Louis, Roux, &c.
MEDICAL INSTITUTION OF YALE COLLEGE.

We have received the annual Circular of the Medical Institution of Yale College, for the term of 1839-40.

At its last commencement, this Institution conferred the Doctorate on seventeen young gentlemen, and the Licentiate on two.

The whole number of graduates since 1813 is 439: that of licentiates 293.

According to the statutes of the state, candidates for license to practise physic and surgery, are required to have the same qualifications as those for the doctorate. The licenses are granted by the President of the Connecticut Medical Society, on the recommendation of the Board of Examiners, who is, ex officio, President of the Board. The only difference in eligibility to the doctorate and the licentiate is, that the latter may be granted after one course of lectures only, whilst the former requires two. This arrangement, whereby time and not talent is made to constitute the only difference between these benefits, is a wholesome one; for it is only suited to young men of merit, without pecuniary means; but prevents effectually that delicacy of feeling which must shrink from conferring all the rights of a practitioner on the individual in granting a license, whilst he is unworthy of the doctorate; and for the refusal of which he may be called on at a future day to exercise the prescriptive power of the black ball. Here, in the first place, the faculty constitute but one half of the Board of Examiners; and even if they alone constituted the Board, their work before them is perfectly plain; they have to determine the same qualifications in the candidate for license, as they have in that for the doctorate; and to be fully prepared to approve of the capacities of the candidate; the difference of the time engaged in the study of medicine alone, being the sole ground on which the doctorate is withheld.

The course in this Institution commences with October, and terminates on the 22nd of January.

The faculty consists of the following gentlemen.


Benjamin Silliman, M. D. L. L. D. Professor of Chemistry, Pharmacy, Mineralogy, and Geology.

Eli Ives, M. D. Professor of the Theory and Practice of Physic.

Wm. Tully, M. D. Professor of Materia Medica and Therapeutics.

Jonathan Wright, M. D. Professor of Principles and Practice of Surgery.

Timothy P. Beers, M. D. Professor of Obstetrics.

Charles Hooker, M. D. Professor of Anatomy and Physiology.

We recognize a good proportion of fine talent in this faculty, particularly, in the names of Silliman, Tully, and Hooker, with whose characters alone we have acquaintance.
MEDICAL DEPARTMENT OF TRANSYLVANIA UNIVERSITY.

The Annual Circular for this Institution.

The following is the organization for the present year.

B. W. Dudley, M. D. Professor of Anatomy and Surgery.
J. C. Cross, M. D. Professor of the Institutes of Medicine and Medical Jurisprudence.
N. R. Smith, M. D. Professor of the Theory and Practice of Medicine.
W. H. Richardson, M. D. Professor of Obstetrics and Diseases of Women and Children.
T. D. Mitchell, M. D. Professor Materia Medica and Therapeutics.
R. Peter, M. D. Professor of Chemistry and Pharmacy.

A highly commendable liberality on the part of the City Council of Lexington, in bestowing on this Institution the sum of forty five thousand dollars, enables it to promise a splendid medical hall for the future accommodation of the Class. The total number of the Class, during the last course was 211: of whom 106 were from Kentucky, 25 from Tennessee, 19 from Alabama, 10 from Mississippi, 8 from Virginia, and 7 from Georgia. The numbers from several other States were from one to five.

At its last commencement, this institution conferred the degree of Doctor of Medicine on fifty one candidates, and honorary degrees on three other practitioners of Kentucky.

It is pleasing to see a state and a city in which a medical institution is located, take the interest in its success which has been manifested by Kentucky and Lexington. Such institutions are generally left too much to struggle on their slow route to success, under every difficulty, which the extraordinary efforts and sacrifices of the individuals who project them cannot obviate, or lapse into insignificance.