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EDITED BY

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"Je prends le bien où je le trouve."

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INTRODUCTION.

The want of some convenient repository for the results of the observation and experience of Southern Physicians—some medium through which they can communicate with each other, and with the profession at large, has long been felt and deplored. In all the broad region occupied by the Southern and Southwestern states, there exists but one periodical devoted to the Medical Sciences, and that of recent origin, though in this section are to be found hundreds of intelligent and experienced practitioners, who are thoroughly conversant with the diseases peculiar to it, and with all those modifications which climate, physical constitution, and other causes produce in those maladies which are common to our whole country. It is true that there are already established in the Northern cities several Medical Journals which are conducted with distinguished ability. But these cannot supply our peculiar wants—Of necessity, a large portion of the correspondents of these periodicals reside where many of our most common and serious diseases are but little known—Moreover the field of labor of the Southern physician is so distant, that he does not feel that incitement to prepare the results of his observation for the public eye, which he would experience if there were published in his vicinity, a Journal in which his competitors and his friends were earning distinction for themselves and extending the boundaries of the Science. From the want of such facilities for communication, a vast amount of valuable knowledge is lost to the profession, and its honor and usefulness seriously impaired.

In view of these, and other cogent reasons, the Faculty of the Medical College of Georgia began the publication of the Southern Medical and Surgical Journal in the year 1836, under the editorial management of the late Prof. Antony. The work was continued with constantly increasing usefulness and success, until the lamented death of the Editor led to its suspension at the close of the third volume. Since that time, they have received from various quarters urgent appeals to revive the Journal, and in accordance with these requests several attempts have been made to re-establish it, heretofore however, without success.
INTRODUCTION.

But arrangements have now been made which justify the revival of the work, and render certain its future continuance.

The Journal has been placed under the editorial management of two members of the Faculty. They would distrust their own ability to carry on so laborious, and responsible an undertaking, but they are led to make the effort by the promise of the valuable aid of their colleagues, and of other distinguished members of the profession in this and the adjoining States. They have entire confidence in the ability of Southern physicians, to furnish matter which will do honor to themselves, and prove highly useful to the profession. We therefore cordially solicit them to furnish us with their communications, not only upon medical subjects, but also upon any of the collateral sciences.

It is proposed to devote a portion of the Journal to Reviews of new works, and to such Extracts from these, and from other periodicals, as may be useful and interesting. Another part of the Journal will be appropriated to a general Summary of the improvements and discoveries in medicine, which are being made throughout the world. The facilities of the Editors for this part of their task are ample, as they are now regularly receiving all of the most valuable European and American Medical Journals.

The first number of the new series of the Southern Medical and Surgical Journal will be sent to the former subscribers to the work, and also to many other professional gentlemen, in the confident expectation that they will aid the undertaking with their patronage. No selfish feeling prompts this solicitation— for no pecuniary benefit is expected to accrue, unless it should be to the publisher. An anxious desire to do something to advance the usefulness and respectability of Southern medicine, prompts the effort. The harvest is great, the laborers are few, and the Editors enter upon it, trusting that with the blessing of God, and the aid of other professional brethren, they may be in some degree instrumental in the improvement of a Science whose sole, unselfish aim, is to benefit the human race.

The Journal will be issued punctually on the first of every month—and will be forwarded to subscribers by mail, unless some other mode of delivery is specified.

Letters containing remittances should be directed (free of postage) to the publisher, P. C. Guieu.

Communications intended for publication, must be accompanied by the name of the writer, and should be addressed to the Editors.

*Augusta, January, 1845.*
PART I.—ORIGINAL COMMUNICATIONS.

ARTICLE I.

Pathology of Intermittent Fever—By Lewis D. Ford, M. D., Professor of the Institutes and Practice of Medicine, in the Medical College of Georgia.

The writer offers no apology for an article on the common and trite subject of Intermittent Fever; for after all that has been written upon it and all that is known of it, it still remains a subject of the deepest interest, and one worthy the most thorough study. The philosophy of that physician is not to be envied, who rests satisfied with his knowledge of Intermittent fever, when he has learned to distinguish it from all other diseases, and to treat it after the commonly received rules. That its pathology is still unknown, continues to stimulate the inquiries of those, whose ultimate object of research, in every disease, is to ascertain its primary location and the very nature of the physical changes in which it consists. The very act of tracing out the relations of its open phenomena with the hidden parts of the organization is interesting, if only for the gratification of a scientific curiosity—"Felix, qui potuit rerum cognoscere causas."

But the study of the intimate nature of a disease, which is well marked by external symptoms, and which has a specific and well known treatment, has a higher aim than this; for however well known the physiognomy of Intermittent fever in its simple forms, and however certain its cure, yet, in its complicated forms it becomes most formidable and fatal; and he who understands best the pathology of the simpler form, will be best prepared to trace it in all its complications, and to vary his treatment according to its ever-changing accidents. Again, if the opinion entertained by Dr. Cullen be true, that this is the fundamental or model type of all fevers—that even the most continued fever consists of a repetition of paroxysms, then the true mode of studying all fevers must be to begin with the simple form; and he who passes by this form, without getting a definite knowledge of its intimate nature, will scarcely be able to comprehend fever in its more complex forms. We have no intention now, to examine the question whether there really does exist any form of
fever, which is truly continued, but only assert the fact, the result of our own observation of many years, that the fevers of this climate, do almost invariably, in their commencement and through the greater part of their course, present a decided paroxysmal character; and that it is not until after the occurrence of those fixed, structural changes, which inflammation produces, that they lose this character. To the physician of the Southern States then, whose great business is the treatment of periodical fever of various forms, an effort to illustrate the nature of simple Intermittent fever, may not be unacceptable.

It is unnecessary to enter into a detail of the symptoms of Intermittent fever, these being so familiar to all. The problem with which the writer proposes to occupy himself is this: the symptoms of Intermittent fever being given, to determine the organic alterations upon which these depend—in other words, the diseased acts being given, to ascertain the diseased state; for, as already intimated, he fully recognizes that sound principle of medical philosophy, that the ultimate object in the study of disease is the knowledge of the diseased state—the physical state of the organ or organs suffering.

If organic medicine had done nothing more than establish this cardinal principle, it had rendered an inestimable benefit to our Science; for although it must be candidly declared, that this high degree of knowledge, even in the most palpable diseases, is very imperfect, yet its pursuit is not chimerical; in proposing to gain it, we are not in search of the unattainable. This great principle of organic medicine teaches the physician to study his Science with the same inductive method, that has so beautifully illustrated the physical Sciences, in the assured hope, that new modes of investigation shall make definite, that knowledge which is now so imperfect. It is a great polar star, which will keep him in the right way, and that which he does not reach himself, after-generations, beginning where he left off, shall not fail to discover. Even at the present day, this principle steadily kept in view will lead to the coarser, but by no means unimportant knowledge of the organ affected, in any given disease.

The physical changes in the organization, upon which simple intermittent fever depends, have not as yet been satisfactorily determined; because, in the few cases, in which after a prolonged course, it proves fatal, it can scarcely admit a doubt, that the appearances of inflammation in the stomach and bowels, and enlargement of the
liver and spleen, are the consequences rather than the causes of the disease. These morbid states are by no means, uniformly discovered after death or manifested during the disease; these enlargements, often do not exist nor any evidence of these inflammations; and moreover, nothing is more common than their continuance long after the fever has disappeared. Besides this uncertainty, we believe another reason why these physical changes have not been discovered is, that they have not been generally sought for in the right direction nor with sufficient patience and minuteness. And although autopsic examinations of cases of complicated malignant Intermittents shew physical changes to have taken place in the central organs of the nervous system, very uniformly, yet the inference is not allowable, that it is upon this kind of organic disease, that simple Intermittent fever depends. So that simple Intermittent never proving fatal, pathological anatomy can furnish us no aid in determining its organic lesions; and we are left to reason out its pathology, under the guidance of general principles.

In considering the various functions of the body, during a paroxysm of fever, we find almost every one of them disordered—functional disease is absolutely omnipresent; and as we can conceive of no functional derangement independent of organic changes, we infer that organic disease is as universally present. Upon this state of universal disease of the organs, we are obliged to conclude, that they did not contain within themselves an independent cause of irritation, acting simultaneously to produce their disordered action—this were an absurdity. We are compelled to regard this universal disorder as consequent upon disturbance in the action of those systems universally distributed throughout the body, and therefore universal in their influence upon its organs—namely, the circulating and nervous systems. Each of these has its great central organ, whose varying degrees and kinds of action are quickly manifested by corresponding changes throughout the entire economy. And again, when, in a paroxysm, we observe the whole circulating system disordered in its action, this becoming either increased or diminished or irregular, we are equally compelled to attribute this disturbance, not to irritation or disease developed simultaneously, in the various parts of this system, but to the increased, diminished or irregular action of its central impelling muscle—the heart. This is true of every part of the arterial system depending directly for its action, upon that of the heart—and to a considerable degree of the capillary system also; for
although it possesses an independent action of its own, still that is undoubtedly modified to some extent by that of the heart, as illustrated by the opposite states of the capillary system in the extremes of high and low general action. Seeing then, that a vast number of the phenomena of a paroxysm may be dependent upon disordered action of the heart, it becomes an important enquiry—how, in fever, is the disordered action of the heart produced? To aid in the solution of this question, let us first determine the various modes in which an organ may be disordered in its functions. Inflammation present in an organ does most signally disorder its actions; and this is a state, discoverable by palpable characteristic changes—structural changes in its organization. Besides this state of inflammation, the functions of an organ may be deranged by the state and quality of the blood circulating within it; thus too much blood or too little, or blood of a depraved quality produces deranged action. Again, besides these two, there is a third cause of disordered function of an organ—viz: the influence of other diseased organs upon it, through the medium of the nervous system—sympathetically disordered.

Does this disordered action of the heart, manifested during the paroxysm of fever, depend upon inflammation?—Is the primary seat of fever in the heart itself? This question may safely be decided upon the testimony of morbid anatomy alone: which does not discover the evidences of inflammation of the heart, or any of its tissues, even in cases of fatal malignant Intermittents. Further, its inflammation is characterized by well marked symptoms, not present during the paroxysm;—and, again, this disordered action of the heart is secondary to other affections previously developed. As to the second source of disorder—too much or too little or depraved blood; although this class of causes must necessarily exert a powerful influence over its action, at various stages of the paroxysm, yet the diminution of the natural quantity, or its increase, belongs to a secondary series of phenomena—the effect of pathological states previously existing; and this varying quantity of blood in the heart is probably dependent upon the peculiar action of the heart itself. We are led therefore to conclude that the action of the heart is disturbed by the influence of other organs antecedently diseased.

In determining which of the organs exerts this influence over the heart's action, we remark, that the inflammatory state of each and every tissue in the body and of each organ, has this power of disturbing the action of the heart, and thus of inducing fever. We have
ample proof of this in the great number of the Phlegmasiae—such as, Gastritis, Enteritis, Pleuritis, Pneumonia, Phrenitis, &c. But this pathological principle will not enable us to illustrate the nature of Intermittent fever—it cannot be called a phlegmasia of any of the organs; because these local inflammations consist in radical alterations of the tissues, which cannot be promptly changed, and which therefore manifest themselves by continuous symptoms; accordingly, these fevers of the phlegmasiae are not marked by intermission—they are nearly continuous.—So that the pathology, which would regard Intermittent fever as a phlegmasia simply, of some of the organs, leaves unexplained its most characteristic feature—its periodicity. Indeed, so far is this opinion from being correct, that on the contrary, the occurrence of positive inflammation in any one of the organs is sure to destroy the periodicity of Intermittent fever.—Moreover, after a paroxysm, the organs all return to their healthy functions, so that the symptoms of the paroxysm must have depended upon some pathological state of the organs less permanent than that of inflammation—a state capable of being cured by the very commotions of the paroxysm.

This, however, only settles the opinion, that Intermittent fever is not a phlegmasia; and the question returns, what are the organs primitively affected? The recollection of the symptoms and the order of their occurrence will suggest, that it must be some part or the whole of the central organs of the nervous system; for among the very first, or premonitory symptoms, are those indicating disorder of their functions; for they are symptoms of disordered sensation, of disorders in the muscular system, and of disorders of the intellect. Before interpreting these symptoms, however, it is proposed to establish the general principle, that a diseased state of the brain and spinal marrow may produce a vast variety of functional derangements in distinct organs; and to specify the various kinds of derangement known to be thus produced. To commence with those affections of the spinal marrow, about which there can be no doubt—affections that are accompanied with and leave behind them, structural disorganization, we take Myelitis or inflammation of the spinal marrow. It is sometimes general—at others, confined to particular portions of the spinal chord. When it exists in the cervical region, there is local pain; which, however, is so obscure as not to command, forcibly, the attention of the patient, until after pressure upon the spinous processes; which is generally followed by continuous pain—the more
urgent symptoms, to which the patient himself refers, are pain in
the upper extremities, with spasms of the muscles, numbness of these
limbs, permanent rigidity of some of the muscles, followed by para-
lysis; the respiration is notably injured, becoming laborious and
asthmatic; and it is remarkable that death comes by asphyxia, from
embarrassment of the respiratory function. When in the dorsal
region, besides the local symptoms already mentioned, the most obvi-
ous symptoms are those of disordered respiration and especially of
disordered functions of the abdominal viscera, cramps of the stomach,
cholic, constipation, contraction of the abdominal muscles. When
seated in the lumbar region, its characteristic symptoms are mani-
fested in the lower abdominal and pelvic viscera and in the lower ex-
tremities—obstinate retention of feces and urine, or incontinence of
both, convulsions, rigidity and paralysis of the muscles of the lower
extremities. Allusion is here made to acute Myeletis, with fever
finishing its course in a few days, leaving marks of unequivocal
inflammation, which it is needless here to specify. Nor is it neces-
sary to do more than merely refer to the acute diseases of the brain,
as exemplifying the principle, that primary disease of the brain or
spinal marrow is manifested by symptoms in distinct organs. Physi-
ological experiments upon living animals establish it equally. If a
nerve be irritated at its origin in the spinal marrow, this irritation
will be manifested by pain and muscular contractions in the parts to
which that nerve is distributed; and if this connection between the
irritated portion of the marrow and the distant parts be broken, by
dividing the trunk of the nerve, these effects do not appear.

But let us look at this principle, more closely, in reference to the
common symptom of pain. If the finger be pricked by a pin, we
feel pain. We are apt, without reflection, and even in the face of
our positive knowledge, to conclude that this pain is produced by
injury done to the nerves of the part, and to rest in this explanation;
but surely the sensation of pain depends essentially upon the action
of a particular part of the nervous centre, with which the tissue
injured is in connection; for, do but cut off the part injured from
communication with the nervous centre, by dividing its nerve, and
no pain will be felt, from the severest violence. The action, then,
of some particular portion of the central nervous organ, is indispensa-
ibly necessary to the production of this pain; and this action is the
result of a peculiar modification of this nervous substance. Now it
is fair to infer, that if from any idiopathic affection of this portion of
the nervous centre, the same modification should be produced, the same kind and degree of pain would be felt in the finger, as was produced by the pin. We may safely adopt the same explanation of pain from disease; and yet there is the same stopping short at the part itself, instead of looking to the more far-off source.

In pleurisy, for example, no doubt that if the communication with the nervous centres were cut off, no pain would be felt; and on the other hand, if from any cause, the portion of the nervous centres be similarly modified, the same kind of pain would be felt in the pleura, as is felt when it is inflamed. Now, we are not left to conjecture on this point, for this state of things actually occurs, in that disease, closely resembling pleurisy, in its violent and pungent pain, though unaccompanied by its inflammation, its characteristic effusion or its fever—pleuralgia; dependent on spinal irritation, as we believe, both from the fact that it is accompanied with tenderness on pressing some of the spinous processes of the dorsal vertebrae, and that it is promptly relieved by revulsive applications to the spine—relieved as by a charm. We have proof of the dependence of pain in an organ upon the diseased state of the spinal marrow, in the almost instantaneous relief of false pains in the uterus, by revulsive applications to the loins;—indeed, so certain is this mode of relief, that the writer has long been in the habit of using a sinapism to the sacrum and loins, as a test of the nature of these pains, instead of a manual examination of the os tineæ.

But irritation in some portion of the spinal marrow not only determines pain in distant parts, but we think it may be shewn to determine those physical alterations in the tissues, in which inflammation itself consists. These physical derangements in inflammation, take place in the capillary system—its beginning is there; suppuration in which it often terminates, is evidently a secretory process carried on by its vessels. If we enquire into the mode in which these vessels perform their action in health—the mechanism of their action—it will aid in determining this question. There are two circumstances indispensably necessary to the production of the actions of these vessels, as of every other vital action—1st. the living organized surface, endowed with the capability of feeling the impression of excitants, and 2nd. the agents to make this impression. Now, without going into the question in physiology, whether the actions of the organs are independent of nervous influence, we remark that this susceptibility of the tissues to impressions is dependent on their
organization, and the nerves are indispensable to this organization—and it is according to our knowledge at the present day, to say that the power of feeling impressions is dependent upon the nervous system. In determining what are the agents and stimulants, which making their impressions upon the susceptible capillaries, excite them to action, the remembrance that their functions—nutrition, absorption, secretion, &c. are incessant, never interrupted, not even in sleep, suggests that these stimulants must be always in contact with them—that this agent is the blood within them: in this we recognize a beautiful provision, inasmuch as the fluid, which is to furnish the materials for the nutrition and secretion of the organs, is itself the stimulus to the actions, which separate these materials. If this be a correct account of the mechanism of the capillary action, then a change in the quality of the stimulus, the sensibility remaining in the natural state, will derange their action; but, a change in their sensibility—an increase of this sensibility, the blood remaining of its natural quantity and quality, will also derange their action. Let us apply these principles to explain how inflammation may be induced by idiopathic disease of some portion of the nervous centre. Let us take the pleura: in its sound state, it is exercising all its capillary functions with regularity; these capillaries, constantly supplied with their stimulus, the blood, by the action of the heart; their susceptibility to this stimulus as constantly kept up, by the incessant action of that portion of the central nervous system, with which it is in communication, by intercurrent nerves. But suppose that this portion of the nervous centre becomes diseased, its healthy action disordered, then this susceptibility of the capillaries must become changed also; and if increased, their ordinary stimulus will excite its capillaries to higher action—the first step in every simple inflammation. The writer would not be understood as affirming, that pleurisy and other inflammations have their beginning in the central nervous system; he is only explaining how a particular modification of some portion of this system may determine the first beginnings of inflammation.

It must be acknowledged, that a physiological argument to prove the possibility of the dependence of inflammation upon a diseased state of the nervous centres would be nothing worth, if observation did not discover the fact. Acute Rheumatism, with its local heat, swelling, redness, and excessive pain in the joints may be considered, at the present day, as proved to be dependent on a diseased condition of some portion of the spinal marrow—proved by the evidence of
uniformly co-existing and antecedent disease there, and by the fact of the great success of revulsive applications to the spine. We assert the fact, that absolute mucous gastritis is uniformly attended with spinal tenderness, in some portion of the upper dorsal vertebrae, and that of all the means for relieving this most distressing affection, none can compare, in promptness and efficiency, with leeches, cups, sinapisms, and blisters to the spinal column. Again, we have for many years, recognized the same connection, in acute peritonitis—it exists with great uniformity, even in puerperal peritonitis, and these topical applications to the lower dorsal and lumbar region of the spinal column, we have been accustomed to use as most important auxiliaries, in that affection, which so often taxes all the resources of the physician. The writer regrets that he cannot, here, illustrate these pathological facts, by carefully observed and recorded cases, of which he has an abundance at his command.

There is another pathological state, strictly dependent on original disease in some portion of the spinal marrow—spasm or convulsions of the muscles of organic life, such as the heart, the muscles of respiration, the muscles of the stomach and intestines, &c.; and if these, we are authorized to conclude the muscular tissue of the capillaries also:—thus, upon some diseased state of the spinal marrow are dependent nervous palpitations of the heart, some of the varieties of asthma, hysteria, colic, and cramp of the stomach. The writer could adduce many instances of predisposition to this last mentioned disease entirely destroyed by a seton between the shoulders. The recent records of medicine abound with facts, shewing the dependence of almost every variety of disordered sensation, as also of disordered secretion, upon original disease in the spinal marrow. Thus has it been shewn that acute pain and almost every variety of disordered sensation, throughout the body, spasms of the muscular tissue, and those disordered actions in the capillaries which are manifested in inflammation, and disordered secretions may depend on a diseased condition of some parts of the brain or spinal marrow—that is every variety of functional disorder which is observed during a paroxysm of Intermittent fever.

We now proceed to an interpretation of the symptoms, with the aid of these principles—to show that they depend on lesions of the central nervous organs. Consider the premonitory symptoms of a chill; which certainly form a very important part of the disease. These are pain in the back, in the knees and other joints, together
with a feeling of general weariness in the muscular system, prompting the patient to move his muscles, and an unwonted degree of fatigue, upon slight exertion; so that the patient is tormented between two opposite states, the desire to move the muscles and to keep them at rest. For days, there is a loss of appetite and disordered digestion, with nausea and even vomiting. Pain in the back—On remarking pain in the region of any important organ, we hesitate not to attribute some disease to that organ; why not in this instance, especially as this symptom is so invariable? These pains in the joints are without the usual signs of local inflammation; and those accustomed to treat chronic rheumatism of the joints, by applications to the spinal column, will confidently refer them to the state of the spine.

The healthy sensations of the muscles are well known to depend upon a good condition of those portions of the nervous centres from which they derive their nerves, and of course disease in those portions must disorder them. And when we remember that the muscular tissue is not readily diseased, we have another argument that the disorders already mentioned in their sensations and motions originate in the spinal marrow.

As for the heaviness of the epigastrium, and the uneasiness there, with loss of appetite—they are symptoms clearly referable to spinal irritation, in other cases where they are not attended with fever—indispepsia, for example—where repeated blisters to the spine often prove an effectual relief. So much for the precursory symptoms.

The chill itself is marked by irregular action of the whole muscular system; producing rigors of the limbs, chattering of the teeth; universal pallidness and constriction of the skin, and suspension of the secretions, that is disordered actions of the capillary system. We do not hesitate to account for these symptoms, with Dr. Cullen, by saying that they proceed from spasmodic constriction of the capillaries. If now, we consider how closely the muscular and capillary systems depend on the central organs of the nervous system, we shall find in a diseased condition of the latter, a sufficient explanation of all these symptoms; but as these are manifested in all parts of the body, we must suppose the whole extent of the central organs to be in a pathological state. These general disorders of the capillaries become in their turn, causes which modify the action and condition of all the other organs, particularly of the circulating system, by accumulating the blood unduly in the large vessels, as explained by
Dr. Cullen, and thus, by exciting strongly, the action of the heart becomes the procuring cause, of the succeeding hot stage.

But there are more positive reasons for assigning the proximate cause of Intermittent fever to some lesion of the nervous centres. The first we shall mention is, the uniformity of the evidence of a diseased state of some portion of the spinal marrow. This evidence we find in the fact, that pressure upon some of the spinous processes of the vertebrae is accompanied with pain. Upon this point the writer begs leave to refer to an article on this subject in the 1st vol. Southern Medical & Surgical Journal, in which this symptom is shewn to have existed, in nearly every case of Intermittent and Remittent fever, occurring under his notice, for one reason. His own subsequent observations, as well as those of others, have satisfied him, that this is one of the most constant of its symptoms. And, again, that this diseased point of the spinal marrow exerts a decided influence in producing the phenomena of fever, we may infer from the prompt relief afforded to many distressing symptoms of the paroxysm, through revulsive applications to the spinal column; in proof of which many of the same cases may be cited. Another good reason is the fact, that Intermittent fever may be cured, by repeatedly cupping over the tender points of the spinal column, without medicine, and even without dieting—a fact which the writer has repeatedly verified. We may infer the nature of a malady, from the medical treatment, by which it is best combatted. That ordinary treatment, which experience has sanctioned as the best for Intermittent fever, harmonizes with this pathology. This theory enables us to account satisfactorily for the success of Emetics, Cathartics, Narcotics, Stimulants, such as alcoholic tinctures of aromatics, and the great specific quinine. Emetics are revulsives applied to the surface of the stomach, and operate by relieving the nervous centres—Cathartics, in like manner. Alcoholic Stimulants heighten the normal functions of the nervous centres and thus prevent the recurrence of those physical states which constitute the basis of the disease. With regard to the great remedy, quinine, there are good reasons for thinking that its action upon the nervous system is a specific one—such at least is the fair inference, when we see decided doses of it producing blindness, deafness and roaring in the ears; that is, phenomena of disordered sensation; and if so, its power as a febrifuge is best explained by supposing that the causes of fever are lodged in that system where its effects are most strongly produced.
The opinion of many distinguished pathologists, that the mucous membrane of the stomach is the true seat of the disease, and that this affection is inflammation of that membrane, is disproved by the very different effects of the same remedies in Gastritis and Intermittent fever. What physician would administer emetics, or narcotics, or alcoholic tinctures in the former?—all which, yet, have their measure of success in the latter. Quinine, the grand remedy in Intermittent fever, is perfectly inadmissible in simple inflammation of the stomach. It is no answer to these objections to say, that gastritis is modified by being intermittent; for this is not a modification, but an essential and distinctive difference.

This opinion of the primitive location of intermittent in the mucous membrane of the stomach, seems, at first sight, countenanced by the general acknowledgment of the profession, that marsh miasma is the exciting cause of the disease. For if this be the cause, it must be a physical cause borne to the body, by the air, and therefore makes its first impression upon the skin and mucous membranes of the lungs and stomach. And, indeed, this objection has been made to the pathology proposed in this article. But, passing by the very obvious remark, that if this exciting cause must produce disease in the first tissues, to which it is applied, we would find the mucous membrane of the lungs to be the seat of the disease, seeing that this is the most accessible; let us look at some analogies.—Strychnine and Cantharides taken into the stomach, tell, the one upon the spinal marrow, the other on the organs of generations; the latter will exert its specific effects, even when applied to the skin. Alcohol in the stomach affects the brain—Ipecac injected into the veins tells upon the stomach. So, miasma, though applied first to the skin or lungs or stomach, may very well give rise to effects in a remote part of the system—and the specific action of morbific causes strongly persuades us that it does so. That miasma involves the nervous centres, is further shewn by the fact, that where it abounds, we find a great variety of neuralgic affections, all having the intermittent character, prevailing simultaneously with Intermittent and Remittent fevers.

The writer remembers with great pleasure, that the observation of this fact, first led him to a critical study of the pathology of Intermittent fever. It was a case of neuralgia of the knee, of the regular tertian form, occurring in a boy, whom he had cured of a simple tertian intermittent fever. The patient had suffered three paroxysms of neuralgia; on the day following the last, he was cupped, twice on
the sacrum and loins, and twice on the day of the expected accession, and local applications to the knee as well as medicine, were most studiously avoided; the paroxysm was arrested and returned no more.

In conclusion—if we find gastritis, determining such a number of sympathetic effects that, in the opinion of the physiological school, it is sufficient to account for all the phenomena of fever, how much more may we attribute them to idopathic affections of the spinal marrow, seeing its connection with the organs and tissues is vastly more extensive than that of the stomach, and that the diseased stomach itself can operate only through its medium.

It was the intention of the writer to have noticed some of the most dangerous complications of Intermittent fever, and to have shewn how the pathology herein proposed points to their most successful treatment; but this article has been already extended beyond its proper limits, and he reserves this subject for a future number of this journal. He will feel that he has not multiplied words in vain, if he fixes in the mind, more especially of the young practitioner, a principle, which will guide him to success, in that class of cases, which make up so large a part of his practice.

ARTICLE II.

The Abortive and Curative Treatment of Gonorrhæa by the Nitrate of Silver, with cases—By H. F. Campbell, M. D., Demonstrator in the Medical College of Georgia.

In the October number of the Medico-Chirurgical Review, for 1843, and also in a late number of the American Journal of the Medical Sciences, is an article on the abortive treatment of Gonorrhæa, by Lunar Caustic. In the two communications, the reporters have applied it differently—Mr. Childs recommending its application in substance, while M. Debenev prefers it injected in a solution of strength, from viii. to xv. grs. to the ounce of water.
Having in the treatment of Gonorrhæa, used Nitrate of Silver after both these modes of application, my experience goes to corroborate their testimony as to its efficacy under either form, though of the two, I prefer its application by injection.

I have found that the strength of the injection prescribed by M. Derenex, is not, generally, sufficient to relieve by the first or second application, and that it was necessary, in most cases, to increase it to from xx. to xxx. grs. to the ounce of water, and I have applied it in even a more concentrated solution. This I find to be a good modification of the two plans, inasmuch as that, while we secure its application minutely to the whole extent of the diseased surface, we, by this increase in the strength of the injection, provide a sufficiency of the agent to produce more effectual cauterization. I have had but one case, as will be hereafter seen, wherein the application has been followed by a high degree of inflammation, and in that one, I have reason to suppose it to have commenced, before this means of treatment had been resorted to. Generally, I have found the patient recovering speedily from both the disease and the effects of the cautery.

Case 1. A carpenter, aged 30 years, general health, good; was exposed to the disease, and on third day experienced pain in urinating, and a continued burning for some time after. He was relieved by one injection of Lunar Caustic, xxx. grs. to the ounce of water.

Case 2. A young man aged 17. The discharge in this case had began to show itself. Treated by one injection of Lunar Caustic, xl. grs. to the ounce of water; there was a discharge of blood afterwards in small quantity, but in a few days he was entirely well.

Case 3. A recent case wherein the patient complained of tenderness of the chord before treatment. One injection was made of nearly xxx. grs. to the ounce of water. The application was followed by pain in the testicle and orchitis. The patient was from that time treated by another physician; of the result I have not as yet been advised. This is the only case wherein the Nitrate of Silver, applied by myself in this disease, was followed by unpleasant symptoms.


Case 5. A mulatto boy aged 20 years; of a Strumous Diathesis: first treated by another physician, and afterwards by myself, unsuccessfully, with various balsamic mixtures and astringent injections,
was cured by one injection of the Nitrate of Silver, xxv. grs. to the ounce of water. In this case a whitish membranous eschar was voided while urinating a few days after the application.

Case 6. A negro man aged about 23 years: a boat hand, had had the disease about ten days. One injection was applied of from xx. to xxx. grs. to the ounce of water. The balsamic treatment, before used without making any impression on the disease, was continued: the patient was well in less than a week’s time.

Case 7. A white man aged 30, a team driver, a recent case, cured by one injection, xx. grs. to the ounce of water.

Case 8. A male aged 33 years, a recent attack: discharge, abundant, commenced the day before—no pain. I applied one injection of Lunar Caustic, xl. grs. to the ounce of water. That day there was an increase in the discharge and much pain in urinating, with some blood at that time. On the second day, the discharge ceased altogether, though the pain and bloody urine continued for some days. In this case I combined, during their treatment, a few doses of balsamic emulsion each day.

Case 9. A male aged 20 years, treated on the third day after the discharge had commenced with one injection of Lunar Caustic, xxx. grs. to the ounce of water, together with balsamic emulsion. On the fourth day the patient was entirely cured.

Case 10. Prof. P. F. Eve here kindly furnishes me with a case wherein the balsamic and astringent treatment had proved entirely inert, though persevered in for some weeks, till combined with injections of the Nitrate of Silver of from viii. to xv. grs. to the ounce of water.

Of the application of the Nitrate of Silver in substance, I can adduce but three cases; one of which occurred in the practice of Dr. Edward A. Eve, near this city—the other two came under my own observation.

Case 11. A young man aged 26 years: sanguine temperament—treated unsuccessfully with balsamic emulsion and injections of sulphate of zinc, and sulph. of morphine. Dr. E. applied the Nitrate of Silver in substance, by paring the end of a cylinder, and introducing it for about a half inch or more, within the orifice of the urethra. This was done repeatedly, and the patient was relieved in a short time after this plan of treatment was adopted.

Case 12. A male aged 30 years, a mechanic: bilious temperament—general health good. In this case the Gonorrhœa was complicated by a stricture, the result of previous disease, at the dis-
tance of about an inch from the orifice of the urethra; it was at a point somewhat beyond this, that the urethritis appeared to obtain, the patient experiencing pain at that place, during manipulation, and the matter confined behind the stricture, on pressure would appear at the orifice. After dilating the stricture by bougies, I freely applied the Nitrate of Silver in substance, by means of a style and canula somewhat similar to those of Mr. Childs. The pain was not felt after the burning of the caustic had subsided, the discharge ceased, and in a few days the patient was well.

In the female, I have found the application of the Nitrate of Silver in substance, preferable to the form of injection: it is more practicable, the locality of the inflammation not being invariable. Of this class is the following:—

Case 13. A white woman aged 26 years: general health good, habits regular. Treated for some weeks with the usual balsamic remedies, using at the same time very strong astringent injections of sulph. cup. and sulph. zmc. a a viii. grs. and sulph. morphine 1 gr. to the ounce of water, applied once a day. Finding this treatment unsuccessful, I applied with a speculum uteri, the Nitrate of Silver, by means of a port-caustic, freely to the orifice of the urethra, mouth of the womb, and interruptedly to the sides of the vagina. The application was made but once; it caused much pain and there started a few drops of blood from the posterior lip of the os tincæ, which seemed very much congested. In this case I continued the balsamic mixture together with the above injection, diluted. The discharge, though undiminished before the cauterization, soon entirely ceased, and she was well on the fourth day.

From the consideration of the thirteen cases given above, together with the well attested experience of Mr. Childs and M. Debeney, I think we may safely conclude with regard to this mode of treatment: Firstly, that the treatment of Gonorrhæa with Lunar Caustic, as proposed by them, is preferable to any other mode of treatment; Secondly, that the form of injection is preferable, to its application in substance; Thirdly, that in cases not relieved by the injection as prescribed by M. Debeney, of strength from viii. to xv. grs. to the ounce of water, it being perfectly safe, it is advisable to increase it, even far beyond that strength. And further, that in those cases, wherein of itself it does not wholly relieve, we should by no means reject it, but continue its use as a very valuable adjunct to any other plan of treatment we can adopt.
ARTICLE III.

The Bilateral Operation of Lithotomy—another successful case: By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.

Since the publication in the April number, of the American Journal of the Medical Sciences, of four cases of the bilateral operation, I have had another opportunity of removing a stone from the bladder, by the use of the double Lithotome cache.

The first and leading article in the last No. of the Journal referred to (Oct. 1844) is, "On the Bilateral Operation of Lithotomy; and on Lithotrity in the Female: By John C. Warren, M. D., Professor of Anatomy and Operative Surgery, in Harvard University, Boston." In presenting to the profession the four cases successfully operated upon by my friend, Dr. Ogieb, of Charleston, and myself, I stated my belief that they were the first, at least in this section of the country, wherein the double Lithotome of Dupuytren, had been employed; and I also ventured to recommend this mode of operating as superior to the one in general practice. It is no small gratification to find this opinion defended by so distinguished a Surgeon as Professor Warren, of Boston—the very head of the profession in New-England.

Dr. W. states that in the course of 40 years practice, he has been called upon to perform all the operations of Lithotomy in Boston. These amount only to 25 cases, 3 of which alone were natives of that city or its vicinity—of this number 2 died, one from suppuration in the pelvis. This was a patient of bad constitution, with stone adherent to the bladder; in the other case, death occurred the fifth day from general peritonitis, after the patient had indulged in eating heartily. This brief report furnishes two interesting facts—the success of the operation, especially as no selection was made of cases; and secondly, the exemption from urinary calculi in the city of Boston.

In explaining the immunity thus enjoyed by the inhabitants in and about the capital of New-England, Professor Warren is inclined to attribute it to the circumstance, that there exists no calcareous rocks
or soils near that city—an explanation, which, although it will not be admitted as satisfactory on the other side of the Atlantic, is correct so far as my observation extends in the Southern States of our Union. In a biographical sketch of the professional career of Joseph Glover, M. D., of Charleston, prepared by Drs. Bellinger, Whitridge, and Porcher, for the Medical Society of South Carolina, and published in the American Journal of Medical Sciences, we find the following sentences:—"Calculus diseases are so rare in this locality, that to have cut for stone in the bladder constitutes an era in the professional career of our Surgeons. As late as 1808, only three operations of the kind could be distinctly and certainly recollected as having been performed' in Charleston. * * * * * Up to the present time, (Dec. 1840,) continues the Committee, only seven operations for stone in the bladder have been performed upon persons who were natives, or who had been for many years residents of Charleston."

The following extract from a letter of my friend, Dr. Kollock, an estimable physician of several years practice, gives a report on this subject from Savannah:

"In compliance with your request, I have endeavored to obtain for you all the information which we possess on the subject of urinary calculi, and the operation of Lithotomy, in Savannah and its vicinity. I have enquired of our oldest practitioners, in regard to their observations on this point, and all, without an exception, state that they have never met with a single case in their own practice, nor ever heard of one in the practice of any other physician or surgeon who has lived here.

"The advocates of the theory of the influence of miasmata in its production, will find it difficult to maintain their position in this region, and will probably be under the necessity of acknowledging that, if a residence in a calcareous district is not absolutely necessary, and the sine qua non to the production of stone in the bladder, it is a very important link in the chain of morbid causes."

From Norfolk, in Virginia, to New-Orleans, along the whole sea coast, so far as I have been able to obtain information, the occurrence of urinary calculus is quite rare; and it is only as we approach the mountainous regions that we find the number increasing. But two cases, so far as ascertained, have originated in Augusta—one was operated upon in New-York, some years ago; and the other is the one now about to be submitted to the reader's attention. My other cases already reported, were from abroad—that is from the upper calcare-
ous parts of the country. So far, they corroborate the opinion of Dr. W. in relation to the origin of stones in the bladder—that they are rather the product of calcareous waters than of atmospheric vicissitudes.

Professor Warren says—"The particular object which I have in view, in this communication, is to direct the attention of the profession to the best mode of doing the operation of Lithotomy. I have till recently performed the lateral operation, formerly with the gorget, and latterly with the knife. In the two cases alluded to above, which terminated unfavorably, the gorget was employed. Accident led me, a year or two since, to examine the merits of the bilateral operation more exactly than I had ever done before. In this investigation, I many times dissected the organs concerned in this operation, both before and after having been done on the dead body. The result was so satisfactory, that, in a case particularly adapted for this mode of operating, I ventured to do it on the living body, and found it to be comparatively so easy in the performance, and so successful in the result, that, in the next case which presented itself, I was induced to repeat it. These cases I ask leave to bring before the profession in this country, in order to invite their examination into the merits of this mode of extracting stone from the bladder."

It is right to state that this distinguished Surgeon objects to the Lithotome, and makes the incisions in the Prostate gland, with a straight, short, narrow, probe pointed knife. He also states that the bilateral operation, called Dupuytren's, was originally proposed by the late Professor Ribes, of the School of Medicine in Paris; the former giving it character and stability by his descriptions and engravings. Dr. Warren concludes by remarking, that, although he should not feel justified in recommending the bilateral operation for general use, from his limited experience with it, yet, from the lights before him and his views on the subject, he feels disposed to employ it in most cases where Lithotomy is required, in preference to the lateral operation.

In the October No. (1842) of the American Journal of Medical Sciences, will be found an article by Dr. Josiah C. Nott, of Mobile, Ala., on the subject of Lithotomy; in which the following paragraph occurs:—"It should be remembered that Dupuytren saved, by the bilateral operation in the foul air of the Hotel Dieu, (the largest Hospital in Paris,) twenty-six patients in succession; a success perhaps, even more astonishing than that of Professor Dudley, when all
the circumstances are considered." Doubtless my medical friend in Mobile believed, when he published this article, that his data for the above successful report was reliable; but since then facts have been revealed, by which it is now ascertained, that the late celebrated Surgeon in chief of the Hotel Dieu, lost, at least, one in every six cases he operated upon for stone. This much is due to truth.

Case. Lewis, a mulatto boy, 3 years old, had been laboring under the symptoms of stone for several months. Having satisfied myself of its presence, by sounding, and with the finger in the rectum, and having prepared the patient for the operation, it was performed on the 8th of June last. The patient being secured in the usual way, the semi-lunar incision was made between the bulb of the urethra and anus, with its convexity to the scrotum, and down to the staff in the membranous portion of the urinary canal, through which it had been previously introduced into the bladder. To the groove of the staff thus exposed, was adapted the beak of a double Lithotome, of a small size, which had just been received from Charriere, of Paris. This instrument was introduced into the bladder, the one in the urethra withdrawn, the Lithotome turned upon its own axis, so that its concavity was towards the rectum, and its blades being expanded it was drawn out in lowering the handle. A gush of urine indicated the opening made in the bladder, through which the finger introduced felt the stone, which was extracted by a small pair of forceps. From some little delay in the seizing the calculus, and the alarm of the patient, the operation lasted twelve minutes.

This little patient, like the others upon whom I had operated for stone by this mode, had a remarkably rapid recovery. The urine in a few hours passed per urethram, and all the dressing applied was a small strip of plaster over the wound in the perineum. No catheter was introduced during the treatment. He had a little fever for the first forty-eight hours after the operation. He sat up in bed on the fourth day, and on the eighth was considered well. He did not, however, recover the full tone and control of the bladder for some days afterward. The calculus weighed about 3 iss., and was of the mulberry variety.
The present number of this quarterly, although not heavily freighted with such original matter as should be expected in a work of its pretensions, brings us the details of several cases of interest. Its first article is from the pen of the venerable Professor Warren, of Boston, who has recently become satisfied of the superiority of the Bi-lateral over the lateral operations of Lithotomy. We are happy to find such high authority corroborating an opinion we have long since entertained, and feel surprised that this able surgeon should have been so tardy in testing a method long since adopted by many; and possessing such obvious advantages. We cannot agree with him in the preference he gives to the knife over Dupuytren's Lithotome cache, nor can we perceive any force whatever in his objections to this instrument. It must certainly be by far the safest instrument with which the bladder can be opened, independently of the facility and simplicity it imparts to the operation.

The article contributed by John Watson, M. D., of New-York, on organic obstruction of the Æsophagus, contains the particulars of his case of Æsophagotomy, and the history of the operation, which has been very rarely performed. Dr. W.'s case in itself (independently of the skill and ingenuity displayed in prolonging the life of the patient,) is calculated to throw but little light on the subject, and its result is not such as to encourage others to penetrate the Æsophagus, except as a dernier resort in cases of impending death. The Doctor suggests the propriety of making an opening into the stomach itself, in cases of insurmountable stricture of the Æsophagus with progressing inanition, and cites the repeated instances in which perforations of that viscus have terminated favorably. It may be apprehended, however, that the operation performed under the only circumstances that could justify it, namely, impending death from inanition, would not be so apt to terminate favorably as when it has been the result of
accident, and in a system not previously enfeebled by long suffering and insufficient nutrition.

The article on Isopathia or the Paralleli-sm of Diseases, by Dr. John M. B. Harden, of Liberty county, Georgia, is highly creditable, and evinces much research and correct views on one of the most important classes of maladies. The more we study the effects of the cause of Intermittent fever, the more convinced will we become of its power to give rise to phenomena the most discordant in appearance, yet all traceable by the enlightened physician to the same deleterious agency, and controled by the same class of remedial means. The stamp of intermittency, either complete or partial, is the grand characteristic of all the morbid phenomena, however varied in other respects they may be, that owe their development to this unknown and widely pervading cause.

Dr. Tabb's Statistics of Deaths in the Philadelphia Hospital during a period of twelve years, possess much interest, as must do all such papers when judiciously and accurately drawn up. As illustrative of the value of such documents, we will cite a few of the results obtained by Dr. Tabb. The treatment of Mania a potu has, it is well known, been generally by opiates, and during the first six years, included in these tables, when this plan was used, the deaths averaged 1 in 10, whereas during the latter six years, when alcoholic drinks were substituted for opiates, there occurred but one death out of 223 cases. Again, in the Women's Asylum, in which neither opiates nor alcoholic drinks were resorted to in the treatment of this disease, there was also but one death in 128 cases. Such facts need no comment. We have long since entertained strong doubts of the advantage of opiates, and relied principally on the cold shower bath as the most powerful and prompt means of allaying the ravings of delirium tremens. The table of diseases of the Respiratory organs, shews that one fourth of the fatal cases of Pneumonia occurred in children under the fifth year of age, and of Bronchitis more than one third. Although these proportions are undoubtedly much greater in the latitude of Philadelphia than in Georgia, they are certainly much greater here than is usually believed, a fact of which the profession will become more aware as the use of the stethoscope becomes more general with our practitioners. On the subject of the Exanthemata, it is found that the number of deaths from Measles is much greater than from Scarlatina. It is to be regretted that the proportion of deaths to cases admitted of the same disease, is not included in these tables, with the exceptions given in relation to Mania a potu.
ARTICLE V.


The periodical, the title of which is given above, is published every two months, and has now reached its ninth number, having fully realized and sustained the anticipations of all acquainted with the merits of its very able Editor. We are not of those who regard a multiplicity of medical journals or of medical schools as having an injurious effect on either medical literature or medical instruction. Indeed there is no proposition, the fallacy of which has been more fully established by experience. It is notorious that the number of contributors has uniformly increased in a direct ratio with that of periodicals; and able observers who had never before lent their aid to the advancement of science, by publishing the results of their labors, have been incited to do so by the establishment in their vicinity of a medium of easy access. Nor is the case dissimilar with regard to new medical schools. The very appointment of individuals to Professorial Chairs acts as the most powerful incentive to exertion, not only on the part of those who must prepare themselves to teach, but also on the part of all who come under the reach of their influence and who possess sufficient professional pride not to permit themselves to be distanced in the race for scientific distinction. We therefore hail every new journal and new school as the sure precursor of a better state of things within the whole range of their respective influence.

The profession in New-York are justly entitled to an organ of communication with our extensive country, and we sincerely wish the fullest success to the work now before us. Among the contributors to the 9th number, we remark the name of a distinguished physician of a sister city, all of whose articles that have come under our observation, evince a mind well stored with professional as well as literary lore, and a ready pen to communicate the deductions of sound judgment. The article of J. Le Conte, M. D., of Savannah, is entitled, "Extraordinary Effects of a Stroke of Lightning;" but, not confining himself to the mere narration of the circumstances
attending the case, the writer takes occasion to touch upon various subjects of much interest. The function of menstruation having been singularly affected in two of the individuals who received the electric stroke, the writer reviews the present state of our knowledge of this interesting peculiarity of the human female—the age of its occurrence and final cessation—its connection with the state of the ovaries and impregnation, &c. He then passes to the consideration of the general and local effects of electricity on the human body, and its use as a remedial agent; and concludes with many valuable remarks on meteorology. The whole article is highly creditable to the writer.

Article II. is from the pen of the Editor, Dr. Forry, and is on the "Nature and History of Vital Statistics," than which no subject possesses more intrinsic value to society. Dr. F.'s attention has been for some time strongly directed to this kind of research—his contributions are therefore always interesting. With the following remark, the writer furnishes a few tables, which we cannot refrain from transferring to our pages.

"All the phenomena of the human frame, but more especially the physiological acts connected with reproduction, the development of man's faculties, and mortality, when examined and measured in a great number of individuals, it has been proved by observation, furnish a mean result equally correct with that of any other physical phenomena."

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

"As regards diseases, it will suffice to give a few instances from the Fifth Registration of Births, Deaths, and Marriages in England, as presented in the following table:

<table>
<thead>
<tr>
<th></th>
<th>1838.</th>
<th>1839.</th>
<th>1840.</th>
<th>1841.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pneumonia:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total deaths,</td>
<td>17,999</td>
<td>18,151</td>
<td>18,582</td>
<td>17,997</td>
</tr>
<tr>
<td>Deaths to a million living,</td>
<td>1,219</td>
<td>1,200</td>
<td>1,209</td>
<td>1,154</td>
</tr>
<tr>
<td><strong>Phthisis:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total deaths,</td>
<td>59,025</td>
<td>59,559</td>
<td>59,923</td>
<td>59,592</td>
</tr>
<tr>
<td>Deaths to a million living,</td>
<td>3,996</td>
<td>3,939</td>
<td>3,897</td>
<td>3,822</td>
</tr>
<tr>
<td><strong>Child-birth:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total deaths,</td>
<td>2,811</td>
<td>2,915</td>
<td>2,989</td>
<td>3,007</td>
</tr>
<tr>
<td>Deaths to a million living,</td>
<td>193</td>
<td>193</td>
<td>193</td>
<td>193</td>
</tr>
<tr>
<td><strong>Violent Deaths:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Deaths,</td>
<td>11,727</td>
<td>11,632</td>
<td>11,594</td>
<td>11,100</td>
</tr>
<tr>
<td>Deaths to a million living,</td>
<td>794</td>
<td>769</td>
<td>754</td>
<td>712</td>
</tr>
</tbody>
</table>
But even the conditions which seem to depend wholly on accidental causes, have the same constant recurrence, as is shown in the following table in reference to the recruitment of the French army.

NUMBER OF YOUNG MEN IN FRANCE WHO HAVE BEEN EXCUSED MILITARY SERVICE ON ACCOUNT OF BODILY INFIRMITIES.*

<table>
<thead>
<tr>
<th>Causes of Unfitness</th>
<th>1831.</th>
<th>1832.</th>
<th>1833.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanting fingers</td>
<td>752</td>
<td>647</td>
<td>743</td>
</tr>
<tr>
<td>&quot; teeth</td>
<td>1,304</td>
<td>1,233</td>
<td>1,302</td>
</tr>
<tr>
<td>Deafness and dumbness</td>
<td>630</td>
<td>736</td>
<td>725</td>
</tr>
<tr>
<td>Loss of other limbs or organs</td>
<td>1,605</td>
<td>1,530</td>
<td>1,589</td>
</tr>
<tr>
<td>Goitres</td>
<td>1,125</td>
<td>1,231</td>
<td>1,298</td>
</tr>
<tr>
<td>Lameness</td>
<td>949</td>
<td>913</td>
<td>1,049</td>
</tr>
<tr>
<td>Other deformities</td>
<td>8,607</td>
<td>7,630</td>
<td>6,494</td>
</tr>
<tr>
<td>Diseases of bones</td>
<td>782</td>
<td>617</td>
<td>667</td>
</tr>
<tr>
<td>Short-sighted</td>
<td>948</td>
<td>891</td>
<td>920</td>
</tr>
<tr>
<td>Other affections of the eyes</td>
<td>1,726</td>
<td>1,714</td>
<td>1,830</td>
</tr>
<tr>
<td>Itch, (?)</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Scald head</td>
<td>749</td>
<td>800</td>
<td>794</td>
</tr>
<tr>
<td>Leprony</td>
<td>57</td>
<td>19</td>
<td>29</td>
</tr>
<tr>
<td>Other cutaneous diseases</td>
<td>937</td>
<td>983</td>
<td>695</td>
</tr>
<tr>
<td>Scrofulous affections</td>
<td>1,730</td>
<td>1,539</td>
<td>1,272</td>
</tr>
<tr>
<td>Affections of chest</td>
<td>561</td>
<td>423</td>
<td>330</td>
</tr>
<tr>
<td>Hernia</td>
<td>4,044</td>
<td>3,379</td>
<td>4,222</td>
</tr>
<tr>
<td>Epilepsy, (falling sickness)</td>
<td>463</td>
<td>367</td>
<td>342</td>
</tr>
<tr>
<td>Different other diseases</td>
<td>9,168</td>
<td>9,058</td>
<td>10,286</td>
</tr>
<tr>
<td>Weakness of constitution</td>
<td>11,783</td>
<td>9,979</td>
<td>11,259</td>
</tr>
<tr>
<td>Insufficient size of body</td>
<td>15,935</td>
<td>14,962</td>
<td>15,078</td>
</tr>
<tr>
<td>Amount of whole class of certain age</td>
<td>295,978</td>
<td>277,477</td>
<td>255,805</td>
</tr>
</tbody>
</table>

The reports of criminal justice in France show the same remarkable constancy as regards the annual perpetration of crimes, and their punishments, as appears from the subjoined table†:

<table>
<thead>
<tr>
<th>Year</th>
<th>Murders in general</th>
<th>Gun and pistol</th>
<th>Sabre, sword, stiletto, poniard, dagger, &amp;c.</th>
<th>Knife</th>
<th>Cudgels, cane, &amp;c.</th>
<th>Stones</th>
<th>Cutting, stabbing, and bruising instruments</th>
<th>Strangulations</th>
<th>By precipitating and drowning</th>
<th>Kicks and blows with the fist</th>
<th>Fire</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1826</td>
<td>241</td>
<td>231</td>
<td>237</td>
<td>231</td>
<td>265</td>
<td>265</td>
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These results assuredly merit the attention of the philosopher; for it is here seen that even moral phenomena, apparently the most acci-

† Ibid., p. 6.
dental or fortuitous, are produced annually in the same numbers. Aye, even murders, which are generally committed at the close of quarrels, without any premeditation, do not only present very nearly the same annual numbers, but experience further shows that the instruments used to accomplish the object bear like proportions in each year."

These extracts are sufficient to show the importance of vital statistics to science and to society at large. Facts are always valuable, but especially so when their bearing is on the social system of the human family. We would earnestly entreat all who have it in their power to contribute to this fund, to neglect no opportunity to do so. Europe is far in advance of us on this subject, and it is much to be regretted that the only attempt of our National Legislature to assist in the matter, has proven so complete a failure in many respects.

Article III. is "On the Pathological Effects of Alcohol, by John C. Peters, M. D." It contains a summary of post-mortem appearances of the bodies of seventy persons who died from intemperance. The most interesting facts are the following:—The substance of the Brain was unusually white and firm.

"The Lungs were generally healthy, except that congestion of them was frequently met with. Where large quantities of spirits had been taken shortly before death, the lungs were often found in a state of extensive splenization; they appeared perfectly saturated with dark blood, which soon changed to a florid red on exposure to the air, except that which flowed from the large, severed blood-vessels, for this remained thick, dark, and tar-like. The parenchyma was heavy and semi-solid to the feel, but softened; for the finger could be easily forced through it. We must make particular mention of the infrequency of phthisis in drunkards; never have we met a tubercular abscess in them, even of the smallest size, while a small number of chalky tubercles was frequently noticed; and cicatrices also were often met with, and were marked by presence of puckering of the surface of the lungs, of solid bodies which were readily felt before the lungs was cut into, and when this was done, they were found to consist of lumps or stripes of callous fibrous tissue, around which we rarely discovered a few discrete, grey, crude, small, tubercular granulations; in every instance these appearances were strictly confined to the upper third of the superior lobes, and the rest of the lungs was entirely free from either old or recent tubercular disease. The bronchi were almost always found reddened, somewhat dilated, and more or less filled with catarrhal secretions. The readers of the London Lancet will remember that Marshall Hall has lately recommended the constant application to the chest of folds of linen or
flannel soaked in alcohol, as a cure for incipient plithisis; we should judge that this might prove serviceable.

"The Liver, in moderate drinkers, was found a little larger than natural, somewhat softened, and its external surface spotted with patches of fatty infiltration, which extended but two or three lines into the parenchyma; the color of the rest of the organ was nearly natural, and the edges retained their normal sharpness. In higher degrees it was considerably larger, the edges more obtuse, and the patches of fat larger and more numerous. In old drunkards the liver was very large, weighing at least six to eight pounds, often ten to twelve; the edges were very thick and much rounded; the parenchyma almost white with fat, soft, fragile, and the peritoneal covering could be torn off in very large pieces with ease. Granular liver was found in four or five cases only. The gall bladder was always large and filled with bile; gall-stones were found in two cases only, and singularly enough, both on the same day; none were found either before or after.

"The appearance of the omentum is very peculiar; it is loaded with an ashey-grey slushy fat. Our attention was called to this sign in Vienna; it is there regarded as so characteristic, that a man is often judged to have been a drunkard, from a glance at the omentum, when the abdomen is first laid open.

"According to Rokitansky, Andral and Engel, the blood in tubercular cachexia is arterial and rich in fibrin; while in the cancerous cachexia and typhus fever, it is more venous, it abounds in albumen, and is deficient in fibrin; hence alcohol would seem to produce a state of the blood opposite to that which occurs in tubercular disease, and is somewhat similar to that which obtains in cancer; therefore, it may prevent the development of the former, and hasten that of the latter."

Article VII. is from the pen of Dr. James Stewart, who furnishes valuable hints on the diet of infants in affections of the bowels—and specially insists on the advantages of animal food in such cases. Dr. S. recommends the substitution of calves-foot jelly, or isinglass jelly, in lieu of the preparations of arrow-root, sago, flour, &c. in common use. Dr. S.’s experience in the treatment of infantile diseases entitles his views to much weight. They coincide very fully with those of the writer of this notice.
ARTICLE VI.

We extract the following article from the Medico-Chirurgical Review. We regret that its length renders its division necessary. The remainder will be published in our next number.


This is really a very useful and instructive work. It contains the results of our author's experience, over a period of nearly thirty years, in a variety of those chronic diseases which are of most frequent occurrence. Dr. Debreyne is evidently a shrewd and practical observer; he has learned to think and reason for himself; and seems to have had, throughout his professional life, a marked aversion for all the nosological theories which have occupied so largely the attention of most of his countrymen during the present century. See, how he treats the chiefs of philosophical (!) medicine.

"The Pinelists, the organicians, the anatomo-pathologists, the Broussais-ians, the statisticians, the numerists, have all, by the exclusiveness of their particular doctrines and views, stood in the way of, and materially retarded the advance of sound therapeutic knowledge. Now, however, that the system of universal irritation and of a materialist physiologism has fallen to pieces, a new era has happily opened up to our view, and Hippocratic vitalism has reappeared amongst us in all its primitive splendour. . . . The reign of anatomy, that is to say, of necropsies and facts and figures, has nearly come to an end; and medical men now long for something more tangible and more applicable to the every-day duties of a professional life; in other words, they wish to have pointed out to them useful rules of treatment and rational means of cure, instead of endless catalogues of statistic tables and of post-mortem examinations."

Dr. D. is professor of practical medicine to the establishment of Grande-Trappe (Orne), and seems to have reared a number of pupils, who have contributed, for some years past, not a little to disseminate his peculiar doctrines and modes of treatment in different districts of France. He is, moreover, the author of several treatises—on Physiology, Hygiene, Moral Theology in its relations with Medicine, of which we gave a short notice in the last number of this Review. However much we may feel inclined to dissent from him on several points of practice, we have been decidedly pleased with the general tone of the present work, which appears to be a faithful record of discriminating observation of disease at the bedside of his patients. There is nowhere any parade of learned phrases; no darkening of knowledge with a multitude of words; no wearisome and
most profitless description of very common cases; no heaping togeth
other of other men’s opinions and doings, with a hesitating announce
ment of his own. Instead of this, we have a plain unvarnished tale of
what the author has seen and found in practice; and all this explained in as few words as possible. In fine, this book is thoro
roughly and essentially a practical one—a somewhat uncommon feature, by the by, of a French medical work in the present day. Its
motto is experire: our readers cannot do better than accept the challenge and judge for themselves.

The diseases which pass under review, are arranged in three divisions—Neuroses or Neuropathies; Chronic Phlegmasia; and Asthenia. We begin with a short notice of

Epilepsy.—The remedy, which Dr. D. has found by far the most successful in the treatment of this disease when it is idiopathic, and there are no symptoms of existing cerebral congestion, is the extract of Belladonna. He gives it in the form of pill; beginning with about one or two grains per diem at first, and gradually raising the dose to four or five grains, provided no affection of the sight or any other intoxicating symptom is induced. In some cases, he conjoins with advantage the use of a decoction or infusion of Valerian. But neither this latter remedy, nor yet the oxyde of Zinc, nor the nitrate of Silver—although all of them have been found occasionally useful—can be trusted to alone. In general, the more frequent the paroxysms are, the more hopeful we may be of making an impres
sion on the disease: it is when two or more months intervene between each attack, that this Neurosis is usually most obstinate and intractable. In such cases, the Belladonna should be administered for a week or two before the expected invasion. When this is preceded by a distinct aura Epileptica, a strong dose of Ammonia will sometimes serve to ward off the attack: the patient therefore will do well to carry a small phial of the volatile alkali in his pocket. In some cases, the paroxysms of Epilepsy may be arrested for several months by the use of the Belladonna; but nevertheless they ultimately return almost as frequently as ever, in spite of the prolonged continuance of the remedy. It is under such circumstances as these that the decoction of Valerian root, or of Orange leaves, should be exhi
bited at the same time.

Dr. Debrexne does not conceal the fact that several writers have recorded their opinion that his favourite remedy has utterly failed in their practice. He mentions particularly a report by M. Picard of 22 cases that were treated with it by M. Ferrus, in the Bicetre Hospital, in 1837. He attributes its failure in these cases—in part at least—to the injudicious manner in which the extract was given; the doses being far too large, and carried to such an extent as to prove rather poisonous than sanative. This is certainly not the way to give a fair trial to the remedy.

Our author remarks that, “if in symptomatic Epilepsy, after the
removal of the exciting cause, the paroxysms continue from a sort of nervous habitue, they will be best obviated by the Belladonna; and, in the event of this failing, by the use of Quinine and Valerian."

**Hysteria.**—The following formula is very highly lauded by Dr. D. in the treatment of this too common disorder.

\[ R \text{ P. Camphoræ} \quad \frac{3}{4} \text{ss.} \\
R \text{ P. Assaefodidae} \quad \frac{3}{4} \text{ss.} \\
R \text{ Extr. Belladonnae} \quad \frac{3}{4} \text{iv.} \\
R \text{ Extr. aquos. Opii} \quad \frac{3}{4} \text{j.} \\
\]

Mix and divide into 120 pills; commence with two at first per diem, and gradually increase the dose to six in the 24 hours; they should always be taken before food. Occasionally a wine glassful of the infusion of Valerian or Orange leaves may be given with much advantage along with each dose of the pills.

Dr. D. is in the habit of administering them also for the cure of general or partial nervous Trembling, and of Chorea. Sometimes he exhibits in the latter disease, the Belladonna by itself; and, he says, very generally with success. When it fails, he has recourse to cold bathing. No allusion is made to the use of Steel in the treatment of this complaint by our author; an omission that seems the more strange, as we shall afterwards find that he is so partial to ferruginous medicines in the treatment of many diseases of debility. According to our opinion, the remedy for Chorea is the carbonate or sesqui-oxyde of Iron, especially when administered in any bitter infusion.

**Neuralgia.**—"For the last fifteen years, we have been in the habit of using with the greatest success, in all the forms of neuralgia,—Sciatica excepted—the Belladonna as an external application. Our favorite formula is this:

\[ R \text{ Extr. Belladonnae} \quad \frac{3}{4} \text{ss.} \\
O\text{pium pulveriz.} \quad \frac{3}{4} \text{j.} \\
A\text{dipis suis} \quad \frac{3}{4} \text{ss.} \\
O\text{leth thymi} \quad \frac{3}{4} \text{v.} \\
M.\]

A portion of this ointment, as big as a hazel-nut, is to be well rubbed upon the affected part two or three times a day, or whenever the paroxysms of pain are severe. The rubbing should be continued for eight or ten minutes at a time, until the ointment is quite absorbed by the skin: a little saliva may be added every now and then to promote the absorption. Let it be remembered that the use of this ointment should be at once suspended, if the sight becomes very sensibly affected, or any unpleasant cephalic symptoms supervene. In very obstinate cases, Dr. D. conjoins the internal administration of the extract of Belladonna or Opium with the use of the above pomade; but in the majority of instances, this is unnecessary, as the pain will very generally yield to the outward application. We employ it, he says, specially against facial neuralgias and other local painful affections of a nervous character, the Megrim, &c.
very severe case of Neuralgia, which had lasted for nearly twenty years, and which had resisted our author's quasi-specific pommade, as well as a score or two of other approved remedies, the pain which was seated in the skin, over the lower left ribs, at length yielded to the application of the Vienna Caustic paste, so as to produce a pretty large eschar upon the affected part.* With respect to the treatment of Sciatica—which, as we have seen, Dr. D. separates, in a therapeuetic point of view, from the other forms of Neuralgia—his usual plan is first of all to order the application of several volante blisters along the course of the affected nerve; and if these do not quickly succeed in relieving the pain, to have recourse to his terebinthinate mixture, which is only a modification of that recommended first by Professor Recamier, and subsequently by Dr. Martinet. The formula is this:

R. Aque lactueae . . . . § viij.
Olei volat. terebinth. . . . . § 3 j.
Gummi Arabic . . . . . . . . § 5 v.
Syrupi simpl. . . . . . . . . . § 3 iiss. M.

The dose, a large table-spoonful in a glassful of rice-water, three times a day, upon an empty stomach. Dr. Debreyne recommends at the same time the external application of an embrocation—composed of Spirits of Turpentine, Ammonia, Camphorated Spirits of Wine, and melted lard,—with which the affected parts are to be vigorously rubbed night and morning. In still more intractable cases, he has recourse to the use of moxas, applied over the seat of the chief pain; the best point generally for their application is immediately behind the great trochanter. In conclusion, he frankly admits that the use of his favorite Belladonna ointment is seldom efficacious for the relief of Sciatica.

Paraplegia and Local Palsy.—"Before we were acquainted," says Dr. Debreyne, "with the special action of Nux Vomica on the spinal-marrow, we were in the habit of trusting almost entirely to the use of moxas, applied over the lumbar or sacral vertebrae, for the cure of Paraplegia. But, for the last twenty years, we have invariably commenced our treatment of this disease with the alcoholic extract of the Nux Vomica, exhibited in the form of pills, each containing one grain of the extract." He begins with one, and gradually increases the dose until six—two at three different times—be taken in the course of the twenty-four hours. Whenever the patient experiences cramps and spasmodic twitches or tetaniform rigidity in the limbs, the action of the medicine must be narrowly watched; and it will be prudent either to diminish the dose, or even to suspend its use altogether, if these symptoms become excessive. The object should be to keep up the nervous excitation in a moderate and safe degree,

* Vienna Caustic.—Equal parts of vegetable caustic and quick lime, moistened with alcohol. Edts.
for a considerable space of time. If after a month or two's use of the Vomica, no decided benefit is obtained, Dr. D. advises the application of one or more moxas over the lumbar region.

He very properly cautions his readers not to expect the same benefit from the use of the Nux Vomica in the Hemiplegic, as in the Paraplegic, forms of Palsy. It may, indeed, prove serviceable in some cases of the latter, where there is every reason to suppose that the sanguineous coagulum within the cerebral substance has been nearly or altogether absorbed; but in no case of this description should we be sanguine of doing much good.

For the cure of Amaurosis, our author relies chiefly on the repeated application of small blisters in the neighborhood of the affected eye, first on the temple and then over the eyebrow. In obstinate cases, the blistered surface should be sprinkled with a powder composed of starch and strychnine—about a fifth of a grain may be used at first, to be gradually increased. When this treatment fails, a seton should be tried. Dr. D. has used with very decided success a collyrium, containing some extract of Belladonna, in a good many cases of day blindness or Nyctalopia.

He also mentions a simple remedy for nervous Deafness, which may deserve notice. Let the patient fill his mouth with the smoke of Tobacco, or of any other dry aromatic plant—Sage, for example—and then make a forced expiration, while the mouth and nostrils are closed: this should be done several times in the course of the day. The smoke enters the Eustachian tube, and thus produces a slight stimulant effect upon the internal ear. The remedy can do no harm; and this is saying a good deal in its favor, considering the nature of many of the means of acoustic medication. It is best suited to those cases where the deafness has supervened on some catarrhal complaint, and whenever we have reason to believe that the pharyngeal end of the Eustachian tube has become thickened or obstructed.

Asthma.—"For the last twenty-five years we have seldom prescribed any other formula but the following:—

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<td>B. P. Inulae Elecam.</td>
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<tr>
<td>Flor. Sulphuris</td>
<td>2 ss.</td>
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<tr>
<td>P. rad. Belladonnae</td>
<td>3 iv.</td>
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<tr>
<td>P. rad. Scilla</td>
<td>3 j.</td>
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<tr>
<td>Kermes min.</td>
<td>3 j. M.</td>
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To be divided into 90 powders, of which one is to be taken three times a day.

Our author assures us that he has witnessed excellent effects from this remedy, not only in asthma, but also in a variety of chronic pectoral affections, when they are unaccompanied with fever or inflammatory irritation; as, for example, in what has been called Catarrhal Phthisis, and so forth. To allay the cough in such complaints, he combines the use of the Iceland moss jelly with the anti-asthmatic powders. When these fail—which, according to his report, is not often the case—he advises a trial of the Stramonium inhalation, and also of a strong infusion of the Camphree of Montpelier (Camphor-
Debreyne on Chronic Diseases.

Asima Monspeliaca)—with the medicinal virtues of which our author was first made acquainted by a writer in the Revue Medicale for March, 1821. During the paroxysms of asthmatic dyspnoea, he recommends a mixture containing the extract of Belladonna, Oxymel of Squills, Kerines Mineral and Orange-flower Water.

In Hooping-cough also he again mainly trusts to the internal use of the Belladonna, in the form of its powdered root. This remedy was employed with very marked success by Wetzler during a severe epidemic of this disease that prevailed at Augsburg in 1810; and it was about seven years afterwards that our author first gave an extensive trial to it. The dose of the powder must, as a matter of course, depend upon the age of the child, its constitution, the character of the existing symptoms, and so forth: but, if we state that a third of a grain should be given to a child twelve months old, twice or thrice a day, it will not be difficult to apportion the doses to other ages. When the fits of coughing are usually followed by vomiting, the powder should be given very soon after this has ceased. We need scarcely say that, if symptoms of inflammatory irritation be present, these must be subdued by the appropriate remedies, before recourse is had to the use of the Belladonna powder.

In accounting for the failure of his favourite remedy in the hands of several medical men, who have recently published the results of their experience with it, Dr. D. alludes with much judgment, to some of those causes or influences which should always be attended to, in estimating the virtues of a medicine in any epidemic disease; and the neglect of which, in the present day, has induced such striking discrepancy of opinion on various practical points among different writers, as is any thing but creditable to the sagacity of professional men.

"Before," says he, "any one can fairly and satisfactorily determine the med-icative virtues of Belladonna, or indeed of any other remedy, in Hooping-cough, by the effects which it may produce in any particular epidemic, it is absolutely necessary that he should imitate the example of such observers as Sydenham and Sroll, and have first carefully noted the type and genus of the epidemic itself, in order that he may know in limine whether it be inflammatory, or catarrhal, or bilious, &c. in its nature. He should moreover have attentively ascertained the character not only of the medical constitution of the season, but also of the prevailing diseases of the preceding as well as of the current year, so that he may be able to determine, if possible, their cor-relations and mutual dependencies. If the existing epidemic proves to have an inflammatory character, it is scarcely necessary to say that the use of antiphlogistic measures is an indispensable preliminary in the treatment: whereas, if it has a bilious type, we must trust more to the use of cemicics and purgatives, before having recourse to the exhibition of the Belladonna."

Before dismissing the subject of Coughs, we may state that Dr. Debreyne very strongly recommends the internal use of the extract of Belladonna, in the form of mixture, in most coughs of a nervous nature occurring in adults. He mentions the case of a woman, who had been afflicted with a violent convulsive cough for upwards of twelve years, that was speedily relieved by this remedy—dose, one
Debreyne on Chronic Diseases. [January,

grain two or three times a day. It is equally serviceable in the cure of obstinate Hiccup, and of any spasmodic constriction of the throat and larynx.

An ointment, composed of four parts of the extract and twelve or fifteen of spermaceti ointment, may be most advantageously used with much benefit in many cases of contraction of the anus, and painful affections of the cervix uteri: also in various neuralgic complaints of the bladder and urethra.

We now proceed to notice some of the most common gastric and intestinal affections, for the purpose of explaining our author's therapeutical views; and first of all we take the subject of

Vomiting.—In the vomiting that may be considered to be nervous or spasmodic in its nature—i.e. when it is not connected either with inflammation or any bilious disturbance of the stomach—he recommends very highly the use of Columba powder: it possesses, he says, a sort of specific virtue in such cases nearly as great as Bark does in Agues. He gives it in doses of from 15 to 20 grains in two or three spoonfuls of red (French) wine, before meals. The addition of a few grains of magnesia, or of a minute dose of opium, may be necessary, if much acidity or gastralgia be present; and, should the patient be feeble, and anemic, the subcarbonate of iron may be very advantageously combined with it. Opium is freely used by Dr. D. in various abdominal affections, after the state of the intestinal secretions has been ascertained to be tolerably healthy. The following quotation will show how highly he rates its value.

"We treat all internal pains whatsoever, and more especially those of the abdomen, with some preparation of opium—provided always they are not connected either with acute fever, or with inflammation, or gout. We may, indeed, make a still more general assertion, and say that it is to the use of opium—which is the antidote of pain—that we mainly trust for the relief of all painful chronic diseases. If along with the element of pain, there should happen to be co-existing a rheumatic principle—whether this show itself externally or in some internal organ—we associate the use of rubefacient and other appropriate medicines along with that of opium. Without this most valuable drug, there could be no possible medication for a multitude of chronic diseases. If we were deprived of it, we should ourselves instantly abandon the practice of the healing art. Sydenham thanked God for His gift of opium to mankind for the cure of so many of the ills to which we are liable; and we can safely affirm, as far as relates to our own practice, that never a day passes over that we have not occasion to exhibit opium in some form or another. How admirably it acts, almost as a specific, in most cases of Dysentery, not to enumerate a host of other maladies."
PART III.—MONTHLY PERISCOPE.

Process of Secretion.—The greater number of the fluids, which constitute the basis of the different secretions—such as the gastric and intestinal juices, the saliva, tears, milk, mucus, wax of the ears, fat, &c.—proceed from a gradual dissolution of the substance of the very glands which are generally supposed to eliminate them. The blood, no doubt, furnishes certain elements for each secreted fluid; but that which constitutes the characteristic constituent of each secretion, is the fluid contained in the microscopic cells, which enter into the formation of every gland:—this fluid is poured out in consequence of either the bursting, or the dissolution, of the cellular envelopes. The cells, which along with the blastema constitute the parenchymatous substance of glands, are developed within the minute secreting canaliculi. When they have attained to a certain degree of maturity, they detach themselves from the interior, and are carried along in the secreted fluid.—Mandl’s Manual of Gen. Anat. applied to Physiology and Pathology—from Am. Jour.

Case of Malformation of the Heart of a Child, who expired on the fifth day after Birth.—The child was well developed, and appeared to be in perfect health. On the third day it became soporose, sighed and had hurried respiration. The skin became dusky, breathing increased in rapidity, no fever, respiratory murmur puerile, with moist crepitus behind; the child died on the fifth day.

Autopsy.—There was only one large artery given off from the heart, and from this the pulmonary artery sprang. The thus united aorta and pulmonary artery was considerably larger than the aorta of so young a child. It proceeded from a large ventricle, which appeared at first sight to constitute the whole of the ventricular portion of the heart. The systemo-pulmonic artery was separated from the ventricle by semilunar valve, and from a very large auricle by tricuspid valve. Into this auricle entered by three openings, three pulmonary veins. The large auricle communicated by a small opening with another auricle, about the size of a small horse-bean, into which entered the two venae cavae, each not above two lines in diameter. This small auricle communicated with a cavity of the size of a swan-shot, in a fatty muscular mass upon the side of the large ventricle, constituting with it the whole ventricular mass, and evidently being the representative of the right ventricle. The right ventricle and the right auricle were separated from each other by small cobweb-like membranes, representing the ventricular valve.

The circulation of, in all other respects, an apparently well developed child, was thus reduced to that of a reptile of the lowest order,
very nearly resembling that of a frog. The very small size of the *venae cavae* would lead to the supposition, that the circulation of the blood, enabling a child to live in the air, for five days with so slight derangement for two days at least, could not be carried on with the adequate return of blood from the system which such veins would indicate, and that one of the three orifices by which the blood returned into the large auricle was that of a systemic vein. The auricle is of much greater capacity than that of the united auricles of a child of that age ought to be. It cannot even be conceived that extra-uterine life could continue with such an inadequate return of venous blood, as is indicated by the small proportion of the two *venae cavae* to the pulmonic systemic artery.—Dr. Carson in the Report of the Liverpool Pathological Society. Dublin Journ., for Sept. 1844.

*Period at which the foramen ovale, the ductus arteriosus and ductus venosus become obliterated.*—It results from the investigations of M. Elsesser, made on 144 children, that the obliteration of these temporary circulatory channels, does not take place until a month or six weeks after birth.—*L'Experience, Aug. 24th, 1843, from Heke's Zeitschrift, t. 42—from Am. Jour.

Open Foramen Ovale—no cyanosis—Dr. Woodhouse exhibited to the Reading Pathological Society, a heart taken from a woman aged 71, who died of apoplexy. The foramen ovale was patent to a considerable extent—about half an inch; the valvular portion of the septum auriculorum unusually large. There were no symptoms during life, as lividity of countenance, deficient nutrition, &c to indicate such a condition.—*Prov. Med. & Surg. Journ., July 24, 1844.*

It was but recently that the doctrine was taught in the Schools, that impregnation generally took place just after menstruation. It will be seen that a different theory is now advocated, and said to be sustained by facts, in the following Report, copied from the British and Foreign Medical Review:

*Escape of ova independent of fecundation, and the connection of this with menstruation.*—Each act of menstruation is connected with the maturation and discharge of an ovum. Numerous cases in proof of this are related (in addition to those formerly recorded by him, and by M. Gendrin, Negrier, and others,) by Dr. Robert Lee; others by Mr. Girwood. M. Raciborski has four times found that ova have been recently discharged from the ovaries of virgins who died at or near the period of menstruation; and Bischoff has also four times found Graafian vesicles, containing effused blood, in girls who have recently menstruated.

This menstrual discharge of an ovum is said by Raciborski and Bischoff to be followed by the formation of a corpus inteum, similar to that which is formed when the ovum is impregnated and developed.
[But in this I have no doubt they are mistaken. If it were so, one or more corpora lutea should be found in the ovaries of all who die while the habit of menstruation continues; for the corpus luteum which forms when impregnation has taken place, is distinct not only through the pregnancy, but for more—often much more—than a month after delivery. Neither are the cavities which are left after the menstrual discharge of ova, or the processes by which they are closed, at all similar to those found when impregnation has taken place. In many examinations of ovaries I have not yet seen a case in which, without impregnation, any thing has been found which could be mistaken for a corpus luteum formed after an ovum has been discharged and impregnated.] Mr. GIRDWOOD believes that the cicatrices left after the discharge of menstrual ova may be counted, so as to indicate the number of ova discharged and the number of times of menstruation. [But recently I have examined a case in which a girl of seventeen had not menstruated for four months before her death, but previously had menstruated regularly: the ovaries showed no cases of cicatrices. Probably, therefore, the cicatrices remain for a time distinct, but are gradually obliterated, as they are in the nearly analogous case of the discharge of the Peyer's and solitary glands of the intestines.]

3. The menstruation of women, in so far as the periodical maturations and discharge of ova is concerned, is analogous to the heat or rut of animals. The phenomena, according to RACIBORSKI may be most distinctly seen in the sow; but in all the domestic mammalia at their period of heat one or more follicles attain their highest degree of development, project upon the surface of the ovary, and at length burst with hemorrhage into their containing cavities, and this whether copulation have taken place or not. Bischoff also has repeatedly found the same things occur in bitches and rabbits whose uterus and tubes have been extirpated: they have heat, the ova mature and detach themselves and pass into the remaining portion of the tube, but of course cannot be impregnated.

4. The discharge of the ova and their passage along the tubes are independent of impregnation and the passage of the seminal corpuscles. This is evident from the facts already mentioned; and others are furnished by Bischoff. In one experiment he kept a bitch carefully secluded till the period of heat ensued. She then copulated once, and immediately after he extirpated the left uterine horn, ovary and oviduct. The copulation had lasted a quarter of an hour; and he found that the semen had penetrated to the upper angle of the uterine horn, but not into the tube. He found also five ova in the oviduct more than two inches from its abdominal orifice; a distance sufficiently great to prove that they had not been detached in the copulation. Next day he killed the bitch, and found that spermatozoa had reached about a quarter of an inch in the right tube; he found also five ova in the same tube, and as many corpora lutea in the right ovary, but none of the spermatozoa had come in contact
with the ova. These cases proved the detachment of ova before copulation. In some others Bisciorff found that they were not detected till long after the act. In some he found that they were undetached twenty-four hours after copulation, and that the seminal corpuscles had passed on towards them. In others also he found the independence of the passages of the ova and the semen still more marked; for example, several days after copulation, ova were found fecundated in one tube, but in the other spermatozoa alone, none of the Graafian vesicles in the corresponding ovary being either enlarged or fully developed.*

5. Thus, according to the period of heat at which copulation takes place, will be the place at which the semen meets the ovum. If it be early, the ovum may not escape before the semen reaches the ovary; if late, the ovum may have arrived at the uterus; and probably if it have arrived at the lower or uterine third of the tube before it comes in contact with the semen, impregnation is impossible on account of the changes which the vitellus has already undergone. In women it is in like manner near the period of menstruation that impregnation is most likely to occur. It may take place just before menstruation if the ovum be just mature when the semen reaches the ovary; or some days, the ovum after its discharge remaining impregnable till the semen reaches it. Or, again, as many analogous circumstances in lower animals prove, an ovum may by the sexual excitement be hurried on to its maturity and discharged; and so, in unusual cases, impregnation may take place at a greater than usual distance from the menstrual period. Still the most common time must be, as common observation shows it is, either during or very near the menstrual period. M. Raciororski has found that in one hundred women there are not more than six or seven in whom this is not the constant rule.

6. All these circumstances prove a closer analogy than was supposed to exist between the discharge of the ova of mammalia and those of the fish, batrachia, and others in which the ova are discharged from the body and impregnated external to it. In all alike the discharge of the ova is an independent act; the differences are in the distances from the ovaries at which the semen is usually brought into contact with it.

* These facts bear on the question of the possibility of a woman conceiving by two different men; and I find a recent notice of a case, often referred to, of a negress who having, as it was believed by herself and others, conceived twice in the same night, first by a negro and afterwards by a European, bore twins, of which one was a pure negress, the other a mulatto. Dr. Hiller, a Dutch military surgeon in Surinam, where the delivery occurred, adds that the children were living in 1841, that they were eight years old, that the black child, which was at first the strongest of the two, remained so, and that the mother had died some time previously, and on examination was found to have normally formed genital organs. (Casper's Wochenschrift, Jan. 23, 1812.)
Age of Puberty in Girls.—Mr. Roberton,* of Manchester, in continuation of some former papers, the object of which was to prove that the age of puberty is as early in the cold as in the tropical regions of the earth, and that the early fecundity in Hindostan and other warm countries is only the consequence of early marriages, proceeds now to show, that in all countries alike, early marriages (and early fecundity) are always connected with moral and political degradation, as exhibited in bad laws and customs, the enslavement more or less of the women, ignorance of letters, impure and debasing systems of religion; and that they bear no relation to the climate of the country.

His evidence is extensive and very interesting; and the conclusions he arrives at are, 1. That in England, Germany, and Protestant Europe in general, early marriage, i.e. marriage about the age of puberty, is comparatively rare. 2. That early marriage prevails among the uncivilized tribes within the arctic circle, as it likewise does in all cold countries, the inhabitants of which are in a state of ignorance and moral degradation. 3. That throughout European Russia, which is confessedly low in civilization, extremely premature marriage was the universal custom at no distant date. 4. That at the present day, in the most southerly countries of Europe, where the people are immersed in superstition and ignorance, marriage is early. 5. That in Ireland, which as to its moral condition somewhat resembles the last mentioned countries, the marriage union takes place among the Roman Catholic population almost as early. 6. That in England, about two centuries ago, when debasing political and social circumstances combined to favor the practice, early marriages were general, at all events in the upper ranks. 7. That in all the countries to which reference has been made, juvenile marriage is invariably seen as an attendant upon ignorance and moral debasement, and this without reference to climate. 8. That consequently it is allowable to infer that early marriage in oriental countries (which has generally, but without any proof, been ascribed to precocious puberty,) depends solely on the same moral and political causes as produce it elsewhere; more especially as those very causes are well known to exist at present in an aggravated degree in all oriental and intertropical countries.

These conclusions are probably in a great measure true; yet that the commencement of menstruation and of fecundity does bear some relation to the latitude and average temperature, appears to be proved by the following table, in which M. Raciborski gives his results as to the average age at which menstruation commences in different countries and towns:

*Edinburgh Medical and Surgical Journal, October, 1832, and July, 1842.
In general, therefore, the period of puberty is later in nearly the same ratio as the latitude is higher; for each degree of the one the other is retarded about a month and a few days. And the lower the latitude, the more frequent are the examples of precocious appearance of menstruation.

A still more exact relation is between the date of first menstruation and the mean year's temperature; as may be seen by comparing Warsaw and Gottingen, Gottingen and Manchester, &c. M. Raciborski adds that race often determines the period of first menstruation. The children of negroes born in England menstruate as early as their parents; those of Europeans born in India as late as their parents. To determine how far circumstances of climate could counteract the influence of race, M. Raciborski obtained information respecting the period of menstruation in Jewesses in Poland, from M. Lebrun, medecin-en-chef of a hospital in Warsaw, and found the mean period in Catholics 15·83, in Jewesses 15·89; (100 observations of each race;) showing that the influence of race remained after ten or more centuries. And in like manner the menstruation ceases sooner in Polish Jewesses than in Sclavonian women, lasting in the former on an average 29·23·83 years, and in the latter, 31·6·33 years.

There is a difference also, dependent, probably, on numerous causes, between the women of Paris and those of villages a league and a half or two leagues from Paris, though both have a similar soil, temperature, &c. In the villages the average age at first menstruating is 15·029 years, in Paris 14·405,||

M. Raciborski has also published an account of the age at which menstruation ceases. At Lyons the average age is between 45 and 50; at the Salpetriere, in 100 women, the average was 46·03: at Warsaw, 47·05: at Christiana, 48·07. As a general rule, the great-

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§ Eighteen years is only a general statement, it should probably be less.
II A. Raciborski, "De l'Epoque de la Puberte," &c., L'Experiencee, Juillet 26, 1813, and many subsequent numbers. Numerous facts bearing on this and similar questions may be found in Briere de Boismont, "De la Menstruation," &c., Paris, 1842. "J Medical Gazette, Dec. 9, 1842.
er the number of children born, the longer is the continuation of menstruation; the earlier the commencement of menstruation, the greater the number of children and the later the cessation.

**On the Epidemic Intermittance of Intermittent Fever.**—The development of Agues in marshy countries is by no means uniform or constant: it is itself subject to intermittences. Thus, at Antwerp and its environs, in 1822 and 1823, these fevers began to become more common and severe than they had been observed to be for some years before. Their intensity increased during the following seasons.

"The periodical genius or type," says M. Gouze, "arrived at its acme in 1826, the period of the memorable epidemic of Groningen. During the three summer months of that year, which were remarkable for an almost constant dry heat of from 20° to 28° Reaumur, the number of insidious and malignant remittent fevers was considerable at Antwerp, among all classes of the population. During the month of July, twenty-five, thirty, and even forty fever cases entered the military hospital daily. In 1827, this epidemic constitution, although very decided, was nevertheless not of so great violence; after having suffered a little remission in the following years, it reappeared, and prevailed again with considerable intensity in 1831, 1835, and 1836.

"During this long succession of years, more particularly in the first eight or ten, nothing was so common as marsh cachexias, leucophaegmatic inflammations and engorgements of the spleen. It was not uncommon to meet with invalids in whom the hypertrophied spleen occupied the entire left side down to the pubis. The frequency of malignant fevers at that time obliged the medical men to be constantly on the watch. In 1837, a rapid change took place all at once: the intermittent fevers ceased, and their sudden disappearance coincided with the appearance of a severe epidemic of Influenza, which prevailed from the middle of January to the end of the following month. During the entire prevalence of this new epidemic, we did not meet with a single case of intermittent fever—a circumstance well worthy of notice.

"From 1837 to 1841, that is to say, during an interval of five years, the paroxysmal fevers were so rare, and so slight, that the sulphate of Quinine, formerly the anchor of safety in the majority of cases, had then in a manner fallen into neglect. The malignant remittent fevers, the obstructions of the spleen and the marsh cachexias had also almost entirely disappeared. At last the periodic fevers reappeared in 1842; and, during the following year, in our localities, they returned to such an extent and often with such gravity as could not fail to arrest the attention of all our practitioners. During the months of August and September of this year, the appearance of a good many cases of pernicious fevers was noted at Antwerp; a circumstance which, for more than six years before, had not been met with in practice."
These variations proceeded, according to our author, from dry pro-
longed heats, without great agitations of the air, and cold nights.
"In our low and marshy countries," he observes, "it is not, as
many physicians believe, the humidity of the atmosphere that occa-
sions the development of intermittent fevers. There is no situation
in which fewer paroxysmal fevers are met with when the seasons, in
which they generally show themselves, are rainy and damp. If the
humidity of the air is necessary to their development, it is in districts
not so low as ours, in order to prepare the work of miasmatic decom-
position, which it requires other conditions of the atmosphere to com-
plete."—Jour. Belge.

Remark.—From the tone of the preceding observations, our read-
ers will perceive that medical men on the Continent are beginning to
pay attention to a subject, connected with the history of diseases,
which has been far too much neglected in the present century—we
mean the nosological influences of seasons, atmospheric changes and
so forth. We need not say that the writings of HIPPOCRATES, SY-
DENHAN, BAGLIVI, &c. are pregnant with allusions to this matter.—

Treatment of the Itch in Belgium.—The following circular has been
directed to military surgeons by the Inspector General of the Bel-
gian army.

"Each patient is supplied with an ounce or an ounce and a half of liquid
sulphuret of lime in a small pot; this quantity he is to rub carefully and slowly
with his hands on every part that is covered with papule. If there be any papu-
les on the back, another patient is to rub the liquid upon that part. The opera-
tion is to be repeated three times in the twenty-four hours, so that each patient
consumes three or four ounces of the sulphuret daily. A bath is to be taken
every alternate day; the frictions are to be suspended on that day. Fifteen fric-
tions (or ten days use) are usually sufficient for the cure of the disease, if the
medical officer in charge sees that the remedy is properly used."

The sulphuret is prepared thus: take of sublimed sulphur 16
pounds, and of quick lime 32 pounds; boil in 80 pounds of water
for three-quarters of an hour. Let the mixture rest for some time
until it settle, and then let the clear fluid be decanted off. Boil the
residue afresh in about the same quantity of water, treat it in a sim-
ilar manner, and add this decoction to the first. Usually 140 pounds
of the sulphuret, at 12° by the areometer, are thus obtained. If the
liquid be more dense, it should be lowered to this standard by the ad-
Chir. Review.

We give also Dr. GIBERT's, (one of the Physicians to the St. Louis
Hospital, Paris,) prescription for the Itch:—"Two parts of sulphur to
eight of lard, to which is added twelve grains of the carbonate of
potassa for each ounce.—Edits.
Malaria.—A Reviewer of Dr. M·WILLIAM's "Medical History of the Niger Expedition," in the Athenæum, having doubted the existence of Malaria, attributing what are called malarious diseases to other causes, as the "ordinary accidents of climate, heat, and humidity," Dr. M·W. combats the Reviewer's scepticism by a paper in the same journal, for 21st September, 1844.

We suspect that the reviewer had never practised in a tropical or in any malarious climate, else he would not have considered miasmata, malaria, marsh effluvia, or whatever name we may give the poison, as a creature of the imagination. The following quotation from Dr. M·WILLIAM's "reclamation," must be satisfactory to most of our readers, though ten thousand other instances and facts equally stringent might be adduced in proof of a morbific emanation from certain soils, exclusive of heat and moisture.—*Medico-Chirurg. Rev.*

"Heat and moisture are conditions of the atmosphere which readily admit of minute quantitative determination, by methods in common use: and if fever were caused by them alone, in Europeans within the tropics, it should prevail wherever their amount is the same. Now, by reference to the meteorological tables in my work, the temperature and dew point outside the Niger, where no fever occurred, and while in the rivers, were as follows:

<table>
<thead>
<tr>
<th>Temp. 3, p.m.</th>
<th>Dew point, 3, p.m.</th>
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<tbody>
<tr>
<td>Passage from Sierra Leone to Accra</td>
<td>81.13</td>
</tr>
<tr>
<td>Outside Niger from 9th to 12th August</td>
<td>79.00</td>
</tr>
<tr>
<td>In the Nun and descending to Aboh</td>
<td>80.60</td>
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<tr>
<td>At Aboh, Idahu, and the confluence of the Niger and Tehadda to Sept. 21</td>
<td>84.60</td>
</tr>
<tr>
<td>Confluence of Niger and Tehadda to Egga</td>
<td>86.60</td>
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</tbody>
</table>

"Thus, though the expedition was exposed from the 1st of July to the beginning of August, to air containing more moisture, and but little inferior in temperature at the hottest part of the day, to any experienced within the river, not a case of fever made its appearance until the 4th of September, three weeks after it had entered the river, and had been exposed to the emanations from the ordinarily recognised sources of malaria. Similar results have been observed elsewhere; in Barbadoes, for instance, no fever occurred among the troops in the garrison, during August, September, or October, 1841, and although in November a very violent description of yellow fever broke out, the temperature of the air was lower than in August, and the dew point lower than in September; their means were as follows:—

<table>
<thead>
<tr>
<th>Temp. 3, p.m.</th>
<th>Dew point, 3, p.m.</th>
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<tbody>
<tr>
<td>August</td>
<td>83.77</td>
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<tr>
<td>September</td>
<td>82.13</td>
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<tr>
<td>October</td>
<td>82.31</td>
</tr>
<tr>
<td>November</td>
<td>82.53</td>
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"Hence the connection between 'heat and humidity' of the atmosphere and severe remittent, or yellow fever, is by no means so clear as the reviewer would have us suppose. It is, in fact, one of those hasty conclusions which will not stand the test of comparison with observed facts, and could only have been made with a limited view of the history of disease in warm climates.

"At Barbadoes the fever was almost completely confined to one of the regiments composing the garrison, while the other, the men of which were equally exposed to 'heat and humidity,' and performed the same duties with their neighbours, was almost wholly exempt. The cause of the disease in this instance, was very obviously the effluvia arising from a pool of water, immediately to windward of the building occupied by the regiment that suffered.

"But to return to the west coast of Africa. In 1835, H. M. S. *Scout,* under the command of Capt. ROBERT CRAIGIE, proceeded to the west coast; and by a care-
ful observance of the stringent 'General Orders' of the senior officer on the station, 'that no ship was ever to remain in port more than forty-eight hours at any one time,' and that officers were so far as was practicable to avoid entering any of the rivers on the coast, only two cases of fever occurred in her during the first year, and these were traced to two days' stay at Sierra Leone. In the month of April, 1837, Capt. Craige was obliged to ascend the Bonny river, in the Scourt, as far as King Peppel's town, for the protection of the British mercantile interests there. On this occasion he also took the Dolphine, a brigantine, with him, and left the Lynx, another brigantine, anchored at the river's mouth. The Scourt and Dolphine were detained nearly a week at Bonny town, and on leaving the river, fever broke out in both vessels, and their united loss by death amounted to five officers and seventeen men and boys, while on board the Lynx not one was even attacked. Bonny town is only about six miles from where the Lynx was lying, consequently there could have been very little, if any, difference as to the 'heat and humidity' of the atmosphere in the positions of the vessels that suffered and that which escaped.

"Capt. Brunswick Popham commanded the Pelican, with a complement of 101 white men, for four years and a half, on the east and west coasts of Africa. During this time, his loss by death amounted to three Europeans. He made it a rule to avoid rivers, his boats having on one occasion only been in the Bonny, and that for a very short time. Capt. Popham was on the station during 1835-6-7-8, and part of '39, during which the mortality on the coast is but too well known. In short, it seems to me perfectly clear, from the evidence of many old African cruisers, non-professional as well as professional, and from my own experience, that, as a general rule, a ship will continue healthy on the west coast of Africa, if she is clean internally, and keeps at sea, and that disease will appear if she remains much nearer the shore, or has intercourse with the rivers. If we admit the immunity in the one case, and the occurrence of disease and death in the other, surely the destructive agency must have been owing to something connected with the land, which is acted upon by the same meteoric agencies as the sea, with this difference, that the land and sea breezes become more feeble as we advance into the interior. The sun is mainly effective from below in heating the atmosphere on land and water, both of which absorb its rays and communicate them to the air above. Theoretically, we would expect nothing pernicious to be evolved from the sea, the surface of which is always in a state of greater or lesser agitation; and practically we find the conclusion to be just. On shore, on the contrary, we have all varieties of soil, in many conditions of which we have a right to infer, that gaseous evolutions will take place by the action of heat; and experience but too plainly tells us, that wherever certain conditions are present within the tropics, there, in general, disease is most rife. It will no doubt be said that we have, as yet, no chemical evidence of the existence of malaria. But because its precise nature is unknown to us, are we, in the face of such destructive results, to deny its being? We may just as well say, small-pox and other exanthemata cannot be propagated through the medium of the atmosphere, although the constitution of their poisons has not as yet been recognised by any 'chemist or physiologist.'

"Provided that men have not been for a considerable time exposed to the noxious exhalations within rivers, it seems abundantly evident that their effects are in a great measure counteracted by the air of the open sea.

"In November, 1838, H. M. S. Pilades, (a ship remarkable for her general salubrity,) under the command of Captain William L. Castle, had occasion to be in the Bonny about forty-eight hours; several of her crew were attacked with fever, soon after leaving the river, but they speedily recovered on the passage to Saint Helena, to which island the ship was ordered. Capt. Castle has observed similar results in other ships during a long period of service on the west coast."

"From these and numerous other instances, it would appear that the action of miasma is quite analogous to that of other poisons, inasmuch as its injurious effects is in proportion to the amount taken into the system. By remaining long in rivers, the quantity imbibed will be very commonly sufficient to destroy life, while a short stay in such localities will only produce a temporary disorder of the functions."
MEDICAL INTELLIGENCE.

Death of Dr. Forry, Editor of the New-York Journal of Medicine.—It is with deep regret, that we are thus early in the discharge of our Editorial duties, called upon to record the death of one, who had promised so much to our Profession. Dr. Samuel Forry, the editor of one of the Journals reviewed in another part of this No., was no ordinary man. His position in our Army, and particularly his station at Washington City, though but for a brief period, gave him opportunities, which he industriously improved, and subsequently enabled him to publish in quick succession, a work on the Climate of the United States, Statistical Reports, and many other articles. His last labors with the pen, were crowned by the Prize of the Boylston Medical Committee of Harvard University, on the subject of vaccination and re-vaccination. At the early age of thirty-three, he has been called away from the busy scenes of life and usefulness.

A meeting of the Profession, we see by the papers, was held in the city of New-York, and after the passage of Resolutions appropriate to the melancholy occasion, a committee was appointed to superintend the erection of a monument to his memory, and a gentleman of the profession selected to deliver a public Eulogy on the deceased.

We offer no apology to our readers, for inserting the following interesting letter, from our young and talented friend, Dr. Cumming, now of Amoy, (China.) This is an answer to a request to contribute to the pages of the Medical Journals of our country; and we hope in a few months, to be in the regular receipt of valuable articles and information directly from abroad.

"In your letter, you request me to send home accounts of our medical operations. Up to this time there has been so little of order and method in my practice, that I have had few opportunities of observing cases long enough and well enough for description. Of the history of the cases, there is often little or nothing known by the patients. They seem to forget the dates and peculiarities of their disorders with the greatest facility. But as we learn more of the language, this difficulty will be diminished, as we may do much towards refreshing their memories by pertinent questions. As yet, all description must be most general. The most common of all the disorders is Gastralgia (generally complicated with Pyrosis) of 388 new cases received during February and March, there were 63 of this disease, 13 of simple Indigestion, 9 of simple Pyrosis, making 90 affections of the stomach. Of Coughs (principally Bronchitis) 50, Asthma 15, Rheumatism 17, Pains (from falls, &c.) 18, of affections of the skin 20, and miscellaneous medical cases 23. Of Keratitis 32, Conjunctivitis 25, Blepharitis 18, Opacity of Cornea, 14, Trichiasis 6, Iritis 3, Staphyloma of Iris 3, miscellaneous affections of the Eye 7, (of which one of melanosis)—Eye cases 108; Syphilis 17, other affections of the genital organs 5, Otitis 3, Ulcers 8, miscellaneous medical cases 8. Of all these diseases, the acute inflammations of the eye and the affections of the stomach are most frequently cured. For the former we cup, purge, blister and anoint. I have recently been much pleased with an ointment of Sulphate of copper—I use from 8 gr. to 16 gr. per ounce of lard. For Gastralgias, &c. we have almost a specific in a preparation of pepper 5 parts, and rhubarb 6 parts; we make 133 pills of an ounce of this mixture, and give six pills daily, 3 an hour before each meal; it has done admirably thus far, (nearly two years.) For the Cough, we use Ipecac or Tartar emetic pills, with some success (12 gr.
of the former or 3 of the latter, in twelve doses daily.) Many cases of Asthma are much relieved by Belladonna and Ipecac pills. For Rheumatism we blister and give Dover's powders. For Syphilis, corrosive sublimate pills 1-6 gr. each, beginning with two a day and going on to ten. In cases of Opacity of Cornea, we blow into the eye a mixture of sugar candy and red precipitate, finely pow-dered—this is done from two to six times daily. In these we are quite successful. Of Hydroceles, we see a great many—I punctured two to-day, but our patients are generally satisfied with having it emptied, go away very much rejoiced and never come back. We have quite a number of miscellaneous surgical cases, such as whitlows, abscesses, wounds (especially among the sailors) bruises, &c. &c.

"I suppose that you have heard that Dr. Herburn, of the Presbyterian Board, came here in November. He is fast picking up the language, and is a good deal interested in medical matters. We rented two houses in Amoy about the end of the year, and I came over the 13th January. Since the opening of our Dispensary here, we have many more patients than before. Since the beginning of February, Dr. H. and I have had more than 560 new cases, averaging 10 daily—they are also of a more interesting kind than formerly, there being a far larger proportion of acute cases. Our Dispensary consists of a front room 42 by 21, in which the patients are seated, and a back room 18 by 21, in which are our medicines and in which we carry on our operations. We have two Assistants (Chinese servants) who can cup, spread blisters, &c., make pills and help us in many ways. I am desirous of getting three or four youths trained as regular Assistants; with these, we could accomplish far more than at present. My teacher thinks of learning the business of medicines we have had a pretty good supply, and we expect that Mr. Boone will make permanent arrangements on this point. We are even now looking out for a stock just arrived from the United States. We have opened a Hospital also, principally for cases of Cataract. We have room for 50 patients, but have now only eight. If we succeed in our first operations for cataract, I think that we shall have multitudes of cases. What we need is skill, and if we acquire that, we may do a great deal of good. In time, I have no doubt that we shall be able to send home some interesting articles, but it will take considerable additions to my knowledge both of medicine and Chinese, before such memoirs can have much value.

"Our Missionary Medical body in China is increasing in number—a Dr. McCarter, of New-York, has recently arrived, sent out by the Presbyterian Board, with a Printer. We learn from home, that Mr. Boone hopes to bring out a number of new Missionaries—they will be welcome, for they are much needed. Dr. McGowan, of the Baptist Board, expects to settle at Ningpo—he was there during the winter, and had many patients. As soon as we can have access to the neighboring cities, we shall have an immense field for medical practice; and I think it likely that we should be tolerated where no one else would. Within forty miles from Amoy, there are probably more than three millions of people—How fine a field for medical enterprise! Amoy might be made the central station, from which medicines, &c. could be forwarded from other places. In a few years there will be ample employment for scores of physicians. And if we hope to raise up men among the Chinese to practice the healing art, we cannot expect that three or four teachers, having their hands full of work, will be able to do much. If those Christians who complain that they can find nothing to do as physicians at home, would come hither, their complaints would soon cease. And for men anxious to learn, here is a fine opportunity. If we had the funds for a large hospital, we could easily keep it full. By feeding the patients, we could keep them as long as we desired, and by judicious selection we could soon beat any hospital in Europe, for we have a population around us, and an absence of competition which would draw hither all, of medical importance for many leagues in the interior, so that La Charite and L'Hotel Dieu of Paris, would be completely eclipsed. May that day come."

Subscribers to the Southern Medical and Surgical Journal, will recognise in this, (with the old series) the commencement of the 4th Vol. and of the whole Nos. the 37th.