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"Je prends le bien où je le trouve."

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1845.
A Case exhibiting the good effects of Opiates in large doses in preventing Abortion. By Henry S. Levert, M. D., of Mobile, Alabama.

Mrs. ———, aged 24 years, was married early in April, 1842: she was of delicate constitution, subject to frequent attacks of syncope, and for several years previously had suffered from severe pulmonary hemorrhage, unattended with cough or other symptoms indicating disease of the lungs. Her habit was constipated, having a discharge from the bowels, upon an average, once in six days.

On the 20th May, next after her marriage, she aborted. This was attributed to a slight accident, the overturning of the chair upon which she was sitting. Eight or ten weeks from this time a similar accident occurred, and in both instances the effect was so prompt that no treatment was or could be resorted to, to prevent the miscarriage. It was now observed that her general health began to decline rapidly. The hemorrhages were more frequent and alarming—syncope of almost daily occurrence, and a slight cough added to her other symptoms, whenever she was exposed even in the slightest degree to dampness or the night air. About the expiration of the second month, after the last abortion, she supposed herself to be again pregnant, and fearing a similar accident, she consulted a medical gentleman, who advised her to watch her symptoms carefully, and, if possible, prevent a recurrence of the abortion. To do this, she was...
directed to take opium in some form, and in doses sufficiently large to allay all pain. The opium was prescribed for each and every paroxysm of pain. Up to this period she had never taken opium in any form. As in the former instances, a few weeks only had elapsed, when she was again threatened, having pain and hemorrhage—with this difference, however—in this instance she had received no injury or shock, as in the two former cases. The fourth of a gr. of the sulphate morph. was promptly administered, which gave immediate relief, checking the pain and hemorrhage at once. This occurred again and again at intervals of a few days, and always yielded to the same treatment; small doses of the sulph. morph. During one of these attacks, which was much more violent than usual, aggravated as it was supposed by mental suffering, she was attacked with convulsions for the first time; and so severe were these convulsions, that upon three different occasions, during one night, her shoulder was dislocated. This was each time reduced as soon as the paroxysm passed off. She took at intervals of one hour 60 drops of laudanum during the night, making in all 480 drops. Towards morning she grew better, and the attack finally passed off without abortion. As she advanced in her pregnancy, it was found necessary to increase the quantity of opium before the desired effect could be produced, each trifle causing an attack every two or three days. "When she was about six months gone," says her husband, "she had a severe fall upon her face—on the instant I did not hesitate to give her a much larger quantity of opium than she had ever before taken, for I knew that her pains would soon be very hard. I think I gave her 150 drops on this occasion, and repeated the laudanum in smaller quantities, say 75 drops, every hour for five successive hours: in addition to which I bled her." After a great deal of suffering the pains were moderated, but she was never entirely free from pain until after her accouchment; nor was she again able to leave her bed until after that period. Opium was given daily, in doses gradually increased during the whole period of her gestation. She had frequent attacks of convulsions, similar in every respect to those first mentioned, which, when violent, were always relieved by bleeding in conjunction with opiates. Her bowels, as may be supposed, were obstinately constipated during the whole of this time—never having an evacuation unless some artificial means were resorted to.

At the expiration of nine months she was delivered of a healthy, full grown son, after a protracted labour of 14 hours, during which
time she had several severe puerperal convulsions. No opium was given after it was ascertained that she was in labour, nor was she bled. Immediately after her delivery, she began to diminish the doses of opium, and at the end of five weeks abandoned its use altogether, although she suffered much from its discontinuance.

In October following she again aborted, and again in January, and so suddenly on each occasion that there was no time to put her on treatment.

In the spring following, (1844,) she again became pregnant. As soon as this was satisfactorily ascertained, every precaution was adopted to prevent abortion. But a short time elapsed before she complained of pain, &c., and recourse was had immediately to opium. The same success attended its administration in this, as in the former instance. The only difference observable in this and the former pregnancy, was the more frequent recurrence of the paroxysms of pain and their greater severity. It was not unfrequent for her pains to last 24 hours, returning at intervals of five minutes; and so violent were they as to induce her attendants to believe that abortion would certainly be the result. Twelve or fifteen grains of crude opium would be given during one of the paroxysms before relief could be obtained.

About the fifth month these attacks came on periodically each morning at the same hour, and again in the evening. They were always subdued, by giving grs. x. of opium at one dose as soon as they were felt, both in the morning and at night. The opium about or a little after this time was laid aside, and the sulph. morph. used in its stead. Of this latter article she took daily grs. iii. at two doses. It was soon ascertained that this dose did not suffice, and it was gradually increased, until she took the enormous quantity of grs. ix. twice a day regularly, and frequently three times a day, until her confinement.

At 4 o'clock on the morning of the 12th February, (1845,) she felt more pain than usual, or rather than it was usual for her to have at that period of the 24 hours, and she took her accustomed portion (grs. ix.) of morphine, although it was four hours in advance of the hour when she had been accustomed to take it. This procured no relief, but on the contrary seemed to increase her suffering. I was invited to visit her at 8 o'clock on the same morning, and found her suffering a good deal from inefficient uterine pains. An examination satisfied me that labour had commenced. The os uteri being
slightly dilated and yielding, but the pains were too inefficient to effect the delivery. I came to the conclusion that, in consequence of the large dose of morphine which she had taken four hours previously, the pains had been subdued, and that after its impression had passed off the uterine action would increase, the pains become more efficient, and that the labour would be terminated favorably. I left her, therefore, with directions to take no more morphine, but to wait patiently for the effect produced by that already taken to wear off. At 4 o'clock in the afternoon I called again: her condition was pretty much as it was at my first visit in the morning—pains, perhaps not quite so violent, and the pulse more feeble. The os uteri being soft and yielding, I determined to give the ergot, and accordingly gave her grs. x., and repeated it at intervals of 15 or 20 minutes, until she took 3jj. Not the slightest effect seemed to be produced by it. The pains were not increased, the pulse became more and more feeble, great jactitation, with sighing, &c., supervened, and I almost despaired of conducting the case to a favorable issue. Believing, however, that much of the restlessness, the feeble pulse, &c., resulted from the want of her accustomed stimulus, the morphine, and seeing that no good was to be expected from a continuance of the ergot, I determined to suspend the latter, and give her a decided dose of morphine. If it produced no good effect, it could only suspend the uterine pains for a few hours, and I should find her, after the impression of the anodyne had passed off, in the same situation that she now was. I accordingly gave her grs. vij. of morphine at one dose. She took the morph. at 7½ o'clock, P. M. In 20 minutes her pulse became fuller and firmer, the restlessness materially abated, and the pains much more decided in their character. She continued to have pretty good pains until 10½ o'clock, when they ceased almost altogether. At this time I gave her another, though smaller dose, of morphine; and in half an hour she was delivered, by a single pain, of a healthy, full-grown son.

Nothing unusual has occurred since. She is now quite as well as other women after parturition—nurses her child and enjoys more than her accustomed health.

Some four or five days after her delivery, I directed the morphine to be reduced ¼ gr. at each exhibition making a ½ gr. daily. It is now reduced to one grain daily, and in the course of a few days more, she will have abandoned its use altogether.

This case is interesting in more particulars than one—1st, the im.
mense doses of morphine which it became necessary to administer, to prevent abortion—2nd, the entire success with which it was given in this and her previous pregnancy—3d, the facility with which she has been enabled to abandon its use after each delivery—lastly, the non control which the morphine exercised over natural labour pains. In fact, its effects was indirectly that of the ergot of rye: by stimulating the system to that point which from long habit had become second nature, the uterus was enabled to perform its functions properly. My conviction is, that had not this remedy been employed, the labour, to say the least of it, would not have been terminated so soon; if indeed she could have been delivered at all.

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ARTICLE II.


Whether we regard spinal irritation as an idiopathic affection, or as a result from derangements in other organs exhibiting itself in this disorder, in the great nervous centre of reflex action, we must admit, that there are few diseases in which a proper appreciation of cause and effect is of more importance in a practical point of view.

The various and complicated symptoms of an irritation of the medulla spinalis, simulate in their character, so nearly inflammations of other important organs, that were we to omit a manual examination of the spinal column, in connection with the consideration of other symptoms, we would be subject to frequent error in diagnosis, and consequent injudicious application of our therapeutic agents. There are many affections, which were formerly regarded as inflammations or derangements of organs, remote from the spinal marrow, which, by more modern pathology, are clearly referable to an irritation in some portion of this organ; and notwithstanding, there are so many recorded facts, the result of careful investigation, which should impress upon us the importance of an examination of the spinal column in many diseases, yet there are a number of practitioners, who
either from an ignorance of the important pathological relations of the medulla spinalis, or from a tenacious adherence to some favorite doctrine, altogether reject such an examination, and regard it only, as "an empirical demonstration, or, at least, an insane manoeuvre." How they can satisfactorily and successfully treat many diseases which every one meets with, in a general practice, we are at a loss to divine. For ourselves, we should be subject to many frequent and perplexing difficulties, which otherwise are rendered comparatively clear. We do not contend, that a manual examination of the spinal column will in every instance give evidence of an irritation of that organ, when such irritation really exists, but we maintain, that in a large majority of cases, such a result will be found to follow. We do not wish to be classed among those, who without due consideration, are led off by every "wind of doctrine," for we deprecate the course of those who from an ardent zeal, or a morbid thirst for something new, precipitately adopt every new theory and doctrine, and generalize from isolated facts; yet, as is justly, and forcibly said by an able writer, "a too obstinate and inflexible adherence to doctrines because they bear the impress of age, would as certainly retard the progress of true philosophy, as that laxness of reason that would allow every induction of sense, to be counted of equal weight with the most obvious and practical truths."

Our attention was more particularly directed to the importance of this subject by the able Professor of the Theory and Practice of Medicine, in the Medical College of Georgia, who at that time seemed to have advanced further in his investigations of this subject, than any, with whose researches we were acquainted. His pathology of Intermittent and Remittent Fevers, as recorded in the Southern Medical and Surgical Journal, for 1836, as well as his more recent article on the Pathology of Intermittent Fever, to be found in the first No. of the New Series of the same Journal, are worthy of a careful perusal, as having an application of this important doctrine, which of late, has become one of increasing interest and investigation. We would also refer the reader to an interesting article contained in the fourteenth No., seventh volume, of the American Journal, by Austin Flint, M. D., of New-York, in which are collected a number of cases, exhibiting a diversity of distressing and alarming symptoms, all of which were referred to this common source, the treatment regulated accordingly, and the diagnosis fully and successfully sustained by the result.

Notwithstanding we have used the term "Spinal Irritation," which
in its common acceptation conveys the idea of the derangement to which we allude, yet it must be obvious that it is objectionable; for the true nature of the derangement, we must admit, in the present state of our knowledge, we cannot accurately determine. Various are the opinions respecting it; and perhaps the appellation which now distinguishes it, is the least objectionable, until future investigations shall have determined its true character. We are disposed to regard it, as a **local, venous congestion**. The peculiar anatomical arrangement of the vessels on the surface of the cord, as well as the fact which appears to have been demonstrated, that the spinal vessels are destitute of valves, and consequently have to perform their functions in opposition to the force of gravity, without the aid of these valuable auxiliaries, thereby rendering the blood exceedingly liable to be obstructed in its ascending course,—even by slight and trivial causes: the fact of the suddenness of its invasion in most cases, and also that the remedial agents that usually give speedy relief, are of a character calculated to relieve this state of things;—all combine to favor this conclusion. We can readily conceive, how such a congestion can produce neuralgia, together with all the evidences of a deranged inervation. Various other reasons might be adduced in support of this opinion; but as it is not our purpose in this place to discuss the nature of a disorder that is involved in so much doubt,—and as we have already extended this portion of the article to a greater length than originally designed,—we proceed to transcribe the following particulars of a case which we find recorded in our note book.

We were summoned to see Mrs. J. at 5 o'clock, A. M., on 29th April, 1844. She was aged 23, and her health generally good previous to her present indisposition. We received from her the following history of her case: Her digestive organs had been somewhat deranged for three weeks past; two weeks previously she was attacked with pain in left side, of an intermittent character; a few days subsequent there came on a harsh cough, unaccompanied with expectoration; the cough recurred during the day in paroxysms at irregular intervals, which aggravated the pain in the side; she thought she had taken cold, and used the ordinary domestic remedies with no permanent amendment. Some days previous to our visit, she was advised to apply a blister over the seat of pain, with which we furnished her, having made no examination of her condition. The blister gave but transient relief; the symptoms recurred, and
gradually increased until some time during the night previous to our visit they became suddenly greatly aggravated. We found her condition as follows:—Pain in the left side, constant and intolerable—cough recurring in paroxysms, at intervals of about an hour, which aggravated the pleuragia; dyspnœa very great; inability to keep the recumbent posture, which seemed to increase the dyspnœa, and favor the return of cough; pain aggravated by every deep inspiration; pulse one hundred, small and soft; skin of a natural temperature; tongue, coated with long white fur. We had no stethoscope at hand, and consequently made no auscultory exploration of the chest, nor did we deem such investigation necessary at the time; because, from the history of the case, as well as from the slight constitutional derangement, we were not disposed to regard it of an inflammatory character. We proposed an examination of the spinal column; when she informed us that she had no uneasiness whatever in that region, but she submitted to the examination. We proceeded to examine each separate vertebra in the usual manner, without giving any uneasiness, until we reached the last cervical, which was found exquisitely tender on slight pressure; and in proceeding downwards, we found the first five dorsal equally so; but there was no indication of derangement in any other portion. The result of this examination, together with the history of the case, afforded strong presumptive evidence that the present distressing symptoms were mainly, if not entirely referable to an irritation of the medulla spinalis. We immediately ordered half gr. of acet. morph. to be given immediately, and applied caustic ammonia to the diseased portion of the spine, which produced vesication in a few minutes. In half an hour she was somewhat easier. We gave another portion of morphine, placed her in a recumbent posture, and directed one-third of a grain of morphine to be given every half hour until relief should be obtained.

At 1 o'clock, P. M., she was much easier than when we left her; has taken during our absence two portions of morphine; can keep the recumbent posture without aggravating the symptoms: dyspnœa, greatly relieved, but still troublesome; intervals between the paroxysms of cough much longer, and the cough unaccompanied with the distress previously produced. We gave morphine one-third of a grain, and directed the vesicated portion of the spine to be rubbed with tart. ant. et pot. ointment, twice a day, until pustulation should take place.
At 7 o'clock, P. M., the pleurodynia was but slight, and of an intermittent character; the cough not very troublesome; the dyspnœa entirely relieved; the pulse ninety, rather fuller, but soft: she had a comfortable sleep of half an hour, since our last visit, and feels disposed to sleep. We gave the following pills, and left her for the night:

b. Ext. Colocynth, comp. . . . x ij. grs.
   Blue Mass . . . . . . . v "
   Ext. Hyoscyami, . . . . iiij. "

Mix, and divide into four pills.

On the 30th, at 8 o'clock, A. M., she was much better than last evening; had slept some during the night; had coughed several times since our last visit, which somewhat increased the pain in the side; pulse and skin natural; tongue cleaning. The pills had purged twice this morning. We left one-third of a grain of morphine, to be given in two hours.

At 5 o'clock, P. M., we found her entirely relieved of her primary symptoms, except an occasional cough, which was but slight; she complained of her back from the effects of the ointment. We left one-third of a grain of morphine, to be given should the pain in the side return, or the cough become troublesome.

May 1st, 8 o'clock, A. M. She expresses herself as entirely relieved. She had slept some during the night, and thinks she would have slept all night, had not the pain in her back been troublesome, though the morphine left yesterday was not taken. We found a fine crop of pustules on the part rubbed with the ointment. It was ordered to be discontinued, and an emolient poultice applied to the back, to be followed with dressings of olive oil. As there was no operation from the bowels since yesterday, we ordered a dose of the same pills as on 29th.

On the 2nd May, at 10 o'clock, A. M., we found her sitting up. She says she feels quite comfortable; had rested well during the night; the pills given on yesterday produced three evacuations by bed-time, and one this morning; the pustules discharging freely; no cough or pain, tongue cleaning, pulse and skin natural.

She was now placed upon a course of the Susq. Oxid. Ferri, to be continued regularly; the bowels to be kept soluble by mild laxatives, and her diet to be unirritating, but nutritious. This course she pursued with progressive amendment for three weeks; at the expiration of which time, she discontinued the use of all remedial agents, her health being entirely restored.
We were again called to see her July 4th, 10 o'clock, A. M., when we found her suffering from pleurodynia of an intermittent character in the left side. She stated that her digestive organs had again become deranged from an imprudence in diet. Upon examination, the four first dorsal vertebrae were found to be tender on pressure, and although we regarded the pain, &c., as purely neuralgic, yet, from an undue determination to the brain, a few ounces of blood were extracted before we ventured on the use of anodynes. The venesection gave little or no relief to the pain in the side. We applied sinapsisms to the spine—gave a dose of pills, the same as in the previous attack, only substituting ten grains of the submuriate of mercury for the mass.

We saw her again at 8 o'clock, P. M., when the pills had operated several times, entirely relieving the cerebral symptoms. The pain in the side still occurred at intervals. We gave a quarter of a grain of morphine, to be repeated every hour until relief was obtained.

On the next morning she had taken two portions of morphine, with entire relief; had rested well during the night, and now feels quite comfortable. The same general course was directed as before, and was attended with the same happy results. She has since continued in good health, with the exception of a slight attack of gastralgia in January last, which readily yielded to appropriate treatment.

The foregoing case has been selected from others before us, as possessing peculiar interest, from the exhibition of symptoms analogous to those usually presented in phlegmasia of the respiratory organs, but which have their origin, for the most part, if not entirely, in a lesion of the spinal marrow.

In the treatment of this case, we made liberal use of anodynes, although we believe they can exert no other than a temporary influence, while the derangement of the spine exists; still we always administer them in urgent cases of this character, when there is nothing to contra-indicate the employment. Although we believe that the pain, &c., may be relieved by applications to the spine alone, yet, when this lesion in the spinal marrow has existed for some time, the applications which produce vesication immediately, or even, the local abstraction of blood, will not always afford immediate and entire relief; and it is not until we establish a more decided and permanent revulsion, that the symptoms altogether subside: hence, the necessity of administering opiates in such cases, to give some relief to the
urgent symptoms, and allow time for the establishment of a decided revulsion. We have seen cases, that had existed for some time, which resisted all topical applications until a discharge of pus was established by tartar emetic ointment. It may be objected, that this is contrary to our reasoning in proof of its being a local congestion. But not so; for as in the case just related, we believe the derangement to have been primarily a simple congestion; but having existed for some time prior to our examination, it had assumed a new and more permanent character. Had we seen our patient in the onset of the derangement, doubtless the first application made to the spine would have proved adequate to the entire relief of the then existing symptoms. This fact we have verified in a number of cases; and when the neuralgic symptoms are not urgent, we always procure relief from topical applications to the spine.

It would appear from the history of this case, that the spinal irritation was symptomatic, from the fact that the pleurodynia, &c., did not occur, until after the digestive organs had become deranged. We, however, had no opportunity of examining the spinal column, prior to the development of the urgent symptoms. The derangement may have existed, and produced the indigestion, and subsequently, the cough and pleuralgia; but we are not disposed to think so, from the fact that the patient could trace the disorder of the digestive organs to improper ingesta. Yet we do not believe, that a correction of this disorder would have relieved the neuralgia, &c.; for there was a lesion in the spinal marrow, which required a distinct treatment.

My friend, Dr. E. Lamar, of Lincolnton, has kindly offered to furnish me with some interesting cases of spinal irritation, which manifested itself in painful affections of remote organs, and was relieved by treatment directed particularly to the spine. These, together with others that have come under our personal observation, we may report in some future number of this Journal.
ARTICLE III.

Remarks on a Lecture on Mesmerism, published in the 4th No. of the Southern Medical and Surgical Journal. By L. A. Dugas, M. D., Professor of Physiology, &c. in the Medical College of Georgia.

The Lecture on Mesmerism, by my esteemed friend and colleague, Prof. P. F. Eve, inserted in the last number of the Southern Medical and Surgical Journal, being evidently designed to lessen the value that may be attached to Mesmerism as a means of diminishing or preventing pain during the performance of surgical operations, and having a tendency to invalidate the testimony I have borne of its efficacy in the case published by myself in the 3d number of the same journal, I trust it will not be deemed inappropriate that I examine the grounds on which rests the defence of the positions assumed in the lecture. And, before going any farther, I must assure the reader, in the language of my colleague, that "in examining the subject, I hope to do so as a medical philosopher, to offend none who may not share my own opinions, to violate in no instance propriety or courtesy," and to ask nothing more than "a fair hearing and an impartial judgment." Differences of opinion in matters of scientific enquiry, when discussed in this spirit, can certainly lead to no unpleasantness, and must redound to the benefit of all parties.

Prof. Eve endeavors to establish the three following propositions:

"1st, That Mesmerism, or animal magnetism, was unanimously condemned by the commission appointed in 1784 by the King of France to examine and report upon it; and that it has never received any favor or approbation from any scientific or learned society whatever."

"2d, That Mesmerism is not a reality; but that the phenomena ascribed to it, are justly due to the imagination and excited feelings.

"3d, That the non-expression of pain, is no proof of its non-existence, and that there are conditions of the body and mind, in which no suffering is evinced, and moreover, that this state of the system is independent of Mesmerism."

Now let us see how these propositions are sustained. It is stated distinctly in the first proposition, that Mesmerism was unanimously condemned by the French committee; yet, as soon as the details
of the Report are given, we find the statement that "the report was confirmed by every member of the commission, except one, M. Jussieu." "He was however, but one, out of fourteen." Was the report then unanimously confirmed? The names of Franklin, Bailly and Lavoisier, also are heralded as "inseparable from the annals of science." Why omit that of Jussieu, who was confessedly one of the most distinguished naturalists of the age? Is it because he was so indiscreet as to differ in opinion with them on the subject of Mesmerism? In the paragraph, page 171, we find the following quotation from their Report: "We cannot prevent ourselves from recognizing in these constant effects a powerful agent, which acts upon patients, subdues them, and of which the person who magnetizes them seems to be the depositary." They recognize then the facts, as does Jussieu, and only differ with regard to their explanation. They refer them to an operation of the mind—whereas Jussieu thinks they may be attributed to some other agent. Admit the facts, and I care not a whit for the explanation.

But I am really at a loss to perceive what bearing the decision of that committee can have on Mesmerism, as at present understood and practiced. The following extract from the Report of the majority, will show the process and phenomena upon which they were called to decide:

"They saw in the centre of a large apartment, a circular box, made of oak, and raised a foot or a foot and a half from the floor, and called the tub, (bacquet.) The cover of this box is pierced with a number of holes, through which pass bent and movable bars of iron. The patients are placed in several rows around the tube, and to each is assigned one of the bars of iron, which may be applied directly to the region affected. A cord, passed around their bodies, connects them with one another; sometimes a second chain of communication is established by their hands, that is to say, by applying the thumb between the thumb and index finger of the next person, and compressing the thumb thus held. The impression received from the left, passes to the right, and thus round through the whole. In one corner of the chamber a piano is placed, upon which various airs are performed, and to which are added singing and other vocal sounds. All those who magnetize, hold in their hand an iron rod 10 or 12 inches long. This rod, which is the magnetic conductor, concentrates the fluid towards its point, by which the emanations are rendered stronger. The sound of the piano is also a conductor of magnetism. The patients, placed in very large numbers, and in several rows around the tub, therefore receive magnetism at the same time from all these sources; by the iron branches issuing from the
tub, by the cord encircling the body, by the union of thumbs, and by the sound of the piano. The patients are moreover directly magnetized by means of the finger and iron rod passed before the face, over or behind the head, and about the affected region; but they are especially magnetized by the application of hands and by pressure of the hypochondriac and hypogastric regions, frequently continued for a long time, and occasionally for several hours.”

The effects produced, are thus related by the Committee:

“In the experiments they (the committee) have witnessed, the patients, being thrown into various states, present quite a singular spectacle: some are calm, quiet, and experience nothing; others cough, spit, feel slight pains, a local or general warmth, and perspire; others are annoyed and agitated with convulsions. These convulsions are of extraordinary continuance and violence: as soon as convulsions occur in one, they are manifested in many others. The committee have seen them continue more than three hours: they are attended with the expectoration of a turbid and viscid fluid, forced up by the violence of contractions, and in which may sometimes be detected streaks of blood. They are characterized by rapid, involuntary movements of the limbs and whole body, by constriction of the throat, by tremors of the hypochondriac and epigastric regions, by confusion and wildness of the eyes, by piercing cries, weeping, hicough, and immoderate laughing; they are preceded or followed by a state of languor or of reverie, a kind of prostration, and even sleep. The slightest unexpected noise occasions trembling, and it was observed that any change in the tone or time of the airs played on the piano, affected the patients, so that a brisk air was attended with increased agitation and more violent convulsions. Nothing is more surprising than this scene of convulsions; one who has not seen it can form no idea of it, and, when witnessing it, one is equally astonished at the perfect tranquility of a portion of the patients, and at the agitation of the others, at the variety and repetition of the phenomena, at the sympathies established. Some of the patients seek each other, rush together, smile, converse affectionately, and endeavor to soothe each other’s feelings. All are under subjection to the magnetizer; however drowsy, a word, a look, or a sign from him, arouses them. We cannot but recognize in these constant effects a powerful influence which acts upon the patients, subdues them, and of which the person who magnetizes them seems to be the depository.”

How different are these procedures and effects from those of the present day! Instead of a charlatanical and ostentatious display of causes and effects, the philosophic inquirer proceeds, without extraneous paraphernalia, to the investigation of nature’s truths. With perfect quiet around him, and nothing calculated to strike the ima-
gination, he uses but his volition and a few passes of his hands along the person of his subject. Yet how much more astounding the effects thus simply produced, than even those related above! Even the production of mere somnambulism, now so common as to have been witnessed by every one who has taken the least trouble to investigate the matter, was entirely unknown at the date of the celebrated Report. With what point then can the authority of this committee be invoked in an argument to disprove that of which they could have had no idea whatever?

In the second division of the lecturer's first proposition it is asserted that Mesmerism "has never received any favor or approbation from any scientific or learned society whatever." My friend must have forgotten several facts rather adverse to such a conclusion. In 1815, the Emperor of Russia appointed a committee of able physicians to investigate the subject, who reported, that having ascertained that animal magnetism is a very important agent, they would recommend that its practice be restricted to enlightened physicians. An Imperial edict was accordingly promulgated to that effect. In 1816, a similar law was passed in Denmark, at the instance of the College of Health. In 1817, the King of Prussia, by Royal edict, prohibited the practice of animal magnetism by any other than physicians. And in 1818, the Academy of Sciences of Berlin, which is confessedly one of the ablest bodies in Europe, offered a prize of upwards of $600, for the best work on animal magnetism, thus showing their belief of its importance.

In 1825, a committee was appointed by the Royal Academy of Medicine, of Paris, to report on the expediency of appointing a standing committee for the investigation of facts relating to animal magnetism. The committee, consisting of Adelon, Marc, Burdin ainé, Pariset, and Husson, reported that it was expedient to establish a committee on animal magnetism; and, on the question being taken, 35 voted in favor of the report, and 25 against it. The President then appointed the following gentlemen as that committee—viz: Leroux, Bourdois de la Motte, Double, Magendie, Guersent, Laennec, Thillaye, Marc, Itard, Fouquier, and Guéneau de Mussey. Laennec's health very soon became such as to necessitate his resignation, and M Husson was appointed in his place. During upwards of five years this able committee, with the exception of Magendie and Double, who would not serve, were engaged in the discharge of the duties assigned them, proceeding with the circumspection and impartiality
of true philosophers, in the observation and interpretation of facts. In June, 1831, their Report was read to the Academy, and concludes with the following corollaries:

1. The means employed to establish relation, or, in other words, to transmit the magnetic influences of the operator to the magnetized, are the contact of thumbs or hands, frictions, and certain gestures made near the body, called passes.

2. The external and visible means are not always necessary, for on several occasions, the will, or the eyes fixed on the patient, have produced the magnetic effects, even without the knowledge of the magnetized.

3. Magnetism has acted on persons of different sexes and ages.

4. The time required to produce the magnetic effects varies from half an hour to one minute.

5. Magnetism does not usually affect persons in good health.

6. It does not affect all sick persons.

7. During the process of magnetizing, there are sometimes manifested insignificant and transitory effects, which we do not attribute to magnetism alone, such as slight oppression, heat or cold, and other nervous phenomena which may be accounted for without the intervention of any special agent; viz. by hope or apprehension, by prepossession or the expectation of something unknown and novel, by the ennui resulting from monotonous gestures, by the silence and quiet attending such experiments, and by imagination which exerts such powerful influence on certain minds and constitutions.

8. A number of the phenomena observed have appeared to us to depend on magnetism alone, and were not reproduced without it. They are well established physiological and therapeutic phenomena.

9. The true effects of magnetism are various: It agitates some, and composes others; it causes most commonly temporary acceleration of respiration and circulation, slight convulsive actions of the muscular fibres resembling electric shocks, more or less numbness, drowsiness, sleep, and in a few cases what magnetizers term somnambulism.

10. The existence of a uniform feature by which the truth of this somnambulism can be determined, has not been established.

11. Nevertheless the existence of this state may be certainly known, when it occasions the development of the new faculties denominated clairvoyance, intuition, internal prevision, or that it produces striking physiological changes, as insensibility, a sudden and considerable increase of muscular power, and when this state cannot be referred to any other cause.

12. Inasmuch as some of the effects attributed to somnambulism, may be simulated, somnambulism itself may sometimes be simulated, and furnish charlatanism with means of deception.

13. The sleep induced more or less promptly, and more or less profoundly, is a true effect of magnetism, although not an invariable one.
14. It is demonstrated to us that it has been induced under circumstances in which the magnetized could not see and were ignorant of the means employed to produce it.

15. When the magnetic sleep has been once induced, it is not always necessary to resort to contact and to passes to induce it again. The look and will alone of the magnetizer have the same influence. Not only an effect may then be produced on the magnetized, but complete somnambulism may be induced, and removed without his knowledge, beyond his sight, at a certain distance, and beyond closed doors.

16. There are usually effected changes more or less remarkable in the perceptions and faculties of individuals thrown into somnambulism by magnetism.

a. Some of them, in the midst of noisy conversation, hear only the voice of the Mesmerizer; many reply correctly to questions propounded by him or by those with whom they have been put in relation; others will converse with any person present; yet it is rare that they hear what occurs about them. They are generally unconscious of external and unexpected sounds produced about their ears, such as the sound of brass vessels stricken near them, the fall of a piece of furniture, &c.

b. Their eyes are closed, their eye-lids resist efforts made to separate them with the hands; this operation, which is not done without pain, shows the globe of the eye convulsed, carried upwards, and sometimes downwards.

c. The sense of smell is sometimes abolished. Muriatic acid, or ammonia, may be inhaled without discomfort and even without their knowledge. The reverse sometimes obtains, and they are then sensible to odors.

d. Most of the somnambulists we have seen, were completely insensitive. We might tickle their feet, nostrils, and the corners of their eyes with a feather, pinch their skin so as to produce ecchymosis, plunge suddenly and unexpectedly to a considerable depth a pin under the finger nails, without any indication of pain, and without their knowledge. Indeed one has been found insensitive to one of the most painful surgical operations, whose countenance, pulse, and respiration, indicated no emotion whatever.*

17. Magnetism is equally intense and is as readily felt at a distance of six feet as at six inches, and the phenomena are the same in both cases.

18. It appears that those only who have been previously magnetized can be acted on at a distance.

19. We have seen no one in whom somnambulism was induced at the first sitting. In some cases eight or ten sittings were required.

20. We have always observed that natural sleep, which is the re-

*Cloquet's case.
pose of the organs of the senses, of the intellectual faculties, and of voluntary motion, precedes and terminates the state of somnambulism.

21. Whilst in the state of somnambulism, the magnetized whom we have seen, retain the exercise of their waking faculties. Their memory appears even more faithful and more extended, since they remember what occurred during every previous state of somnambulism.

22. When awake, they aver to have forgotten entirely all the occurrences during their somnambulism, and never recollect them afterwards. On this subject our sole reliance must be on their veracity.

23. The muscular power of somnambulists is sometimes benumbed and paralysed. At other times their movements are merely impeded, and in walking they stagger as if intoxicated, avoiding or not obstacles in their way. There are somnambulists who retain complete, their powers of motion, and some of them are even stronger and more active than when awake.

24. We have seen two somnambulists distinguish, with closed eyes, objects placed before them; they designated, without touching them, the color and suit of cards; they read words in hand-writing, or several lines in books opened at random. These phenomena occurred even when their eye-lids were kept perfectly closed with our fingers.

25. We have met with two somnambulists who possessed the faculty of foreseeing (prévoir) acts of the organism more or less remote and more or less complex. One of them announced several days, nay, several months beforehand, the day, hour and minute of the the recurrence of epileptic paroxysm; the other indicated the period at which he would be cured. Their predictions (précisions) were realized with remarkable precision. This faculty seemed to us to be possessed only in relation to acts or lesions of the organism.

26. We have met with but one somnambulist who indicated the symptoms of the disease of three persons with whom she had been put in relation (en rapport). We had however made experiments on a pretty large number of them.

27. In order to establish with accuracy the relation of magnetism to therapeutics, it would be necessary to observe the effects on a great number of individuals, and to make for a long time daily experiments on the same patients. This not having been done, the committee confines itself to the statement of what it has seen, although in too small a number of cases to venture on any positive conclusion.

28. Some of the patients experienced no relief from magnetism; others have been more or less manifestly benefited by it; for example: one was entirely relieved of habitual pains; another recovered his strength; a third had his epileptic attacks deferred several months; and a fourth was completely cured of a serious and long-standing paralysis.

29. Whether considered as an agent of physiological phenomena, or as a therapeutic means, Magnetism ought to be included among medical studies, and consequently its practice and supervision should be restricted to physicians, as is the case in the Northern countries.
30. The committee did not verify, for want of opportunity, other faculties which had been stated by magnetizers to exist in somnambulists. But they have collected and now communicate facts of sufficient importance to authorize them to think that the Academy ought to encourage researches on Magnetism, as a very curious branch of psychology and of natural history.

The Report was listened to by the Academy with much interest—received and ordered to be autographed, (autographié). Consisting as it did, of mere facts observed by the committee, it could give rise to no discussion without impeaching the veracity of those respectable men. Hence, although there were probably many members who still remained skeptics, as the Report was not objected to, it must be considered as in accordance with the views of the Academy, or at least of a majority of that body.

It is truly a matter of astonishment that, notwithstanding the general admission of the truths of Mesmerism in all the nations of continental Europe, and the action of their respective governments and scientific bodies on the subject, it should have attracted but little attention in England until a comparatively recent date. One would certainly suppose that a doctrine advocated in Germany by such men as Klugge, Sprengel, Treviranus, Weinhold, Hermstaedt, Meckel, Klaproth, Hufeland, Shiglitz, &c.; and in France, by La Place, Culvier, Virey, Rostan, Orfila, Marc, Itard, Georget, Guersent, Husson, Fouquier, Andral, &c. was worthy of being at least listened to by the members of the Royal Medico-Chirurgical Society of London, even at as late a day as 1843! It should be remembered, however, that notwithstanding the indignity with which the great majority of this body treated the presentation of facts to them, there are yet some in England, who, rising above the influence of blind prejudices and the fear of popular odium, have candidly investigated the subject, and dared to proclaim their belief in Mesmerism. Among these, we find, Arnott, Oliver, Symes, Townshend, Elliotson, &c.—men whose abilities and standing entitle them certainly to as much consideration as the herd of opponents who "peremptorily dismissed Mesmerism from the society," without ever having taken any steps to verify its claims. That Dr. Elliotson, who had long been regarded as one of the ablest professors in the London University, whose clinical Lectures and Hospital success had won him the applause of the Profession and patronage of the public, who had been for years the respected President of this very Medico-Chirurgical Society, that
such a man should be "ejected from his professorship," dismissed from his Hospital, and compelled to resign his membership of the society, merely because of "his belief in magnetism," are facts that so closely resemble the inquisitorial tyranny of the dark ages, that we can scarcely realize that they have occurred but yesterday, and in the Emporium of the civilized world!

It is said that the Professor of Philosophy at Padua refused to walk into Galileo's house and look through his telescope, to see whether the satellites of Jupiter really existed; and that the Professor at Pisa delivered lectures to show that the facts could not be facts. Verily it would seem that we are not so far in advance of the age of Galileo as we had thought, and that human nature is still the same now that it was centuries ago—I hope, however, that for the honor of the age in which we live, I have sufficiently established that it is an error to suppose, that Mesmerism "has never received any favor or approbation from any scientific or learned society whatever," and that it has on the contrary been recognized by learned medical societies, legalized by governments, and advocated by a large number of the most scientific authorities of Europe. Fortunately for our country, we have no society constituted for the purpose of determining ex auctoritate what we may or may not believe. Hence it is that since the subject of Mesmerism has been agitated amongst us, it has received the attention, not only of scientific men, but of observers of all classes, who, unbiassed by the vain phantom of authority and high sounding titles, have examined for themselves and become convinced that Mesmerism is "a reality."

But my friend urges that the "phenomena ascribed to it (mesmerism) are justly due to the imagination and excited feelings," and that "the non-expression of pain, is no proof of its non-existence." The latter of these propositions is so self-evident that I am surprised that so much labor should have been spent in the collection of cases to substantiate it. I might have furnished a goodly number of the kind which have come under my own observation; but I would add, that Mrs. Clark is the only person I have ever seen, who not only expressed no pain, but honestly averred having felt no sensation whatever during the operation.

With regard to the first of the above propositions, I am happy to find that its phraseology contains no denial of the phenomena ascribed to Mesmerism, and that at page 183, my friend admits "that sleep, convulsive movements, insensibility, &c. may be produced, and have been
produced by one person operating on the feelings of another." True, in his opinion, they are the "legitimate results of the imagination," &c. No one will deny that the phenomena have, and will give rise to differences of opinion in relation to the channel through which they are induced, as well as to the agency by which they are occasioned. Whether it be through the mind that we operate on the body, or through the body that we operate on the mind, in the induction of mesmeric phenomena, are questions of minor importance in determining the great fact of our ability to place the body in such a state that a surgical operation may be borne without pain. Of what moment can it be to my patient, or even to her surgeon, that her insensibility be attributed to "a trance or reverie," or even to Mesmerism? Is it not to her a source of unspeakable thankfulness that a method has been discovered by which she has been spared the pangs of one of the most painful operations, and relieved from the presence of a loathsome disease without her consciousness, and as if by enchantment? And yet is she, and all who may be so unfortunate as to require surgical operations, to be told that this is all a farce, that it is the mere workings of imagination, and that, in the language of Dr. Copland of the Medico-Chirurgical Society of London, "the fact is unworthy of consideration, because pain is a wise provision of nature, and patients ought to suffer pain while their surgeon is operating?" or rather is it not more philosophic, whilst we may differ in opinion on points of theory, that we yield to the strength of facts, and endeavor, by multiplying them, so to perfect our means as to render them available to all sufferers, instead of being limited as at present to a favored few. That we cannot induce insensibility in all cases, is but too true; may we not indulge the hope, however, that by becoming more familiarized with this mysterious agency, and the laws by which it is governed, we may ultimately be enabled so to control it, as to render it of general applicability?
A Case of Lithotomy in the Female—double Calculus. By B. W. Groce, M. D., of Talladega County, Ala.

During the month of April, 1843, I was called to visit Mrs. N. S. (aged 23 years, and of leuco-phlegmatic temperament,) in consultation with Dr. Sumners, for the purpose of removing stone in the bladder, by an operation. I found Mrs. S. in an extremely debilitated condition. She informed me that she had been suffering from the effects of the stone for several years. She had taken various medicines without producing any more than mere temporary relief; and was at this time laboring under the distressing effects of dyspepsia. On further enquiry, she informed me, that in childhood she had been very much troubled with asthma, but which pretty much subsided about the age of puberty. She did not, however, long enjoy the consolation of having gotten rid of this disease, before one of an equally distressing character made its appearance, to wit, amenorrhea; under which she labored until near the age of nineteen. Upon the appearance of her catamenia she began to experience symptoms of gravel; which continued to increase in violence, until she was happily relieved by an operation. On my arrival, Dr. S. represented the stone as being about three-fourths of an inch from the external orifice of the urethra. Upon making a minute examination, I discovered this to be the case, and that the stone was so large as to prevent the passing of the finger up the vagina. Deeming dilatation impracticable, we immediately determined to operate; which was performed by making an incision (with the smallest scalpel in the dissecting case,) through the vagina and urethra, immediately upon the stone. After completing the incision, the dressing forceps (in the pocket case) were introduced and the stone grasped; but discovering that it could not be extracted without considerable effort, the finger was inserted and the calculus raised from its bed, near the internal orifice of the urethra, (for it had been so long in this situation that it had become pretty firmly attached to the mucous membrane,) and then easily removed.

In a few moments after the operation, the patient was attacked with rigors, but which subsided immediately upon the administration
of a little camphor water. She soon fell into a quiet and pleasant sleep, and rested well during the after-part of the day and that night. I visited her the second day after the operation and found her doing well: pulse 85, in no pain, the incision was healing by the first intention, and the urine passing off by the natural channel.

I heard nothing more of our patient (as I lived at some distance,) until about eight days after, when I was unexpectedly summoned to see her again. When I arrived, I found Dr. Sumners already in attendance, who stated that another calculus, fully as large as the first, had come down and occupied pretty much the same position as the one already removed. I was indeed astonished; but it immediately occurred to me that, we had neglected the important and necessary precaution of sounding the bladder after the operation.

We determined to make a second effort to relieve the sufferings of our patient, whose pains had now become almost intolerable. Upon making a vaginal examination, we found the previously made incision partly re-opened; this we enlarged, then introduced the forcepts, and removed the stone without difficulty. The bladder was now thoroughly explored, and no other stone being detected, she was placed quietly in bed, and the strictest orders given as to her regimen, &c.

She recovered from this second operation, without a single unfavorable symptom, except incontinence of urine, which, for some time, threatened to be very obstinate. This however was finally relieved by astringent injections, bathing, &c., and I am now happy to say, that she has since been delivered of a fine, healthy boy, and is at this time enjoying unusually good health.

The calculi are of the mulberry character; each half as large as a pullet’s egg, and weighing something over an ounce. The one first removed is of an oval shape, with the upper surface smooth and polished; produced I suppose from the urine passing over it;* the other part of the stone is exceedingly rough. The second stone is round, and rough over its entire surface.

* Most probably from friction of the second calculus which latter became rough over its entire surface in the eight days after the removal of the first.—Edits.
Case of Procidentia Uteri during Labor, in which artificial means were necessary to effect Delivery, with subsequent replacement of the Uterus, and complete recovery. By John M. B. Harden, M. D., of Liberty County, Ga.

The following case, the narration of which I have received from my friend Dr. Raymond Harris, of Bryan county, is so very curious and interesting, that I have considered it worthy of permanent record and therefore send it, with the request that it be inserted in the next number of the Southern Medical and Surgical Journal. Although not occurring under my own observation, yet, from the known character of the gentleman who has furnished it to me, I have no hesitation in vouching for the general accuracy of the details.

In April, 1829, a negro woman belonging to Capt. George Rentz, of McIntosh county, was taken in labor—She was about 40 years of age, of good constitution, mother of several children, and so far as is known, not subject to any previous prolapsus or other disease of the womb. Something unusual and anomalous having occurred during the progress of the labor, Dr. Harris was sent for. He found her, on his arrival, in the following condition:—She was lying on her back, with the whole gravid uterus between her thighs, retained only by the ligaments, which were much stretched but not ruptured, and discharging from its external surface a serous or sanious fluid. The woman had been in this condition for about 24 hours. She had had no pain since the descent of the uterus, and was complaining of none at this time. The liquor amnii had been discharged. After a careful examination, no motion or other sign of life in the fetus could be perceived. The uterus appeared to be in a perfectly quiescent state, without any disposition to contract. The os tincæ was barely dilated sufficiently to allow the introduction of two fingers. Finding it absolutely necessary to relieve her as soon as possible, the Doctor proceeded to deliver her by artificial means—He opened the head of the child with a suitable instrument, and then, having an assistant to hold and support the uterus, he introduced his hand, and by careful traction succeeded in removing its contents. There was very little pain during his manipulations. He now returned the womb, which
had scarcely contracted at all, and advising the recumbent position, left her. She had a very good "getting up," and two years ago the Doctor learned, was in good health.

Remarks.—Cases of the above character must be of very rare occurrence. I have not been able to lay my hands on more than two bearing any resemblance to it—one is noticed in West's Report, published in the British and Foreign Medical Review for April, 1844,* and occurred in the practice of Dr. Perfetti. In this case, however, the procidentia was not complete, the uterus only reaching "something more than six fingers breadth beyond the external parts. The woman had been subject to prolapsus "ever since she was fifteen years old." The other had been communicated to the Dublin Medical Press, by Dr. Darbey, of Drogheda†—The woman was 42 years of age, and had had prolapsus uteri for some years. This was her seventh pregnancy. "On examination, Dr. D. found the uterus lying between the patient's thighs, presenting a livid appearance, and the os uteri having a dry feel and no symptoms of dilatation. The labor pains were strong, with violent cramps in the lower extremities."

2. The treatment of these cases seems to have been governed by the circumstances attending them. In our first case, the os uteri was "so hard and undilatable," that Dr. Perfetti deemed it necessary to make incisions into it. He then introduced the forceps and extracted the child. The mother recovered. Dr. Darbey "took thirty ounces of blood from the arm, and administered the following draught:—B. Aq. Menth. Pip. 3iiss; Tr. Opii. Acet. gtt. 4; Syrup Cort. Aurant. 3ij. M.—which procured rest, and checked the cramps and other bad symptoms. After a comfortable repose of two hours, labor pains returned, the os uteri gradually and steadily dilated, and a healthy, but small sized child, was born. The placenta followed after a short time, and the uterus being replaced and suitably secured, nothing untoward followed." In our case, the dilatation was effected by the hand after having lessened the dimensions of the head; and certainly this method should always be preferred to incisions, unless it be found impracticable.

3. There is an important physiological fact to be gleaned from these cases: namely, the power of the abdominal muscles in effecting delivery; and the case which we have now related shows plainly that

parturition may be carried through by the action of these muscles alone, without the concurrence of uterine contraction, and naturally suggests the question, which plays the most important part in Labor? Any one who has ever had his hand in the uterus during a labor pain, must know that there is most powerful action of muscles somewhere, and he would no doubt be inclined to refer it to the uterus itself—but may not the most of this force arise from the abdominal muscles acting through the parietes of the uterus? and may not the mechanism of labor, in this regard, be similar to the mechanism of vomiting? For our part, we are very much inclined to adopt the affirmative; while at the same time we admit that the uterus has an independent action and power of its own, and that in every healthy labor, this action and contraction march pari passu with the expulsion of its contents.

**ARTICLE VI.**

**A Case of Uterine Hydatids. By George G. Smith, M. D., of Oxford, Ga.**

At the instance of some medical friends, who supposed that this case, from its novelty, might be deemed worthy of an insertion in your Journal, I place it at your disposal to publish or reject, as you may think proper.

Cases like the following, may have frequently fallen under the notice of other practitioners, but as with me it was a novel one, I noted carefully its developments and progress, and preserved my notes.

On the eleventh of November, 1843, I was consulted by the husband of Mrs. N., a lady about thirty years of age, respecting certain ascitic and anasarcan symptoms, with which she was affected; they had made their appearance but a short time previous, and were increasing from day to day.

She was represented to be pregnant with her second child, and about four months advanced, having had the derangements of health usually attendant on gestation.

Knowing the frequency of a hydropic diathesis, in females in that
situation, I was indisposed to subject her to the operation of active remedies, until I saw her, when the alarming extent of her dropsical symptoms satisfied me that her condition would brook no delay; and that active measures must be instituted immediately for her relief.

The pulse being full and bounding, I bled her copiously, and put her on the use of active hydragogue cathartics—continuing them from day to day, and occasionally repeating the venesection, with evident benefit to her general health.

On the evening of the 22d, I was summoned in great haste to her bedside; profuse uterine hemorrhage, with occasional contraction of the womb, had occurred; and about an hour after I arrived, a discharge of hydatids took place, consisting of innumerable little encysted transparent globules of various sizes, the largest about the size of a pea; they were floating in a reddish liquid, and intermingled with coagula—the discharge continued during the night, until a quart or more were expelled, and finally an organized mass, as large as the palm of the hand, resembling the placenta, came away; the loss of blood was very great, and she was much exhausted by the excessiveness of the hemorrhage. I entertained some fears for her safety, but reaction soon occurred in her system, and on the next day, slight febrile symptoms supervened.

A course of ferruginous tonics soon dissipated the remaining dropsical symptoms, and she recovered her health, which has since continued without interruption.

PART II.—REVIEWS AND EXTRACTS.


1. It is a specific purgative, for when applied externally to a blister, it operates in the same manner as when administered internally (Gerhard); tincture of aloes applied to a carious bone, has excited purging (Monro); an aloetic pill applied to an issue has had the same effect (Pereira); also, an aloetic salve, when rubbed upon the abdomen (Dierbach).
2. The part operated upon, however, is in dispute. Wood and Bache think it has a peculiar affinity for the large intestine; and rather to its muscular coat, than the exhalent vessels, as the evacuations produced are seldom very thin, or watery. Cullen agrees with this, and asserts that it rarely, or ever, produces more than one stool, which seems to be merely an evacuation of what may be supposed to have been present in the great intestine, while hardly any dose under 20 grs. will produce a liquid stool, which effect is always attended with pain and griping. On the other hand, the ordinary bulky and rather hard evacuation may in innumerable instances be constantly obtained from 1 or 2 grs. The slowness of its operation has also been advanced by Lewis, as proof that it acts on the large, rather than on the small bowels, for it hardly ever operates under 10 or 12 hours, often not till 16 or 18, while even 24 hours may elapse; but this may be attributed to its insolubility in the stomach. Finally, to be still more minute, Newmann conjectures that it acts especially on the circular muscular fibres of the colon. Whether given in large or small doses, it hardly ever causes a copious evacuation.

3. On the other hand, aloes has been supposed to act upon the liver from times immemorial: Aloe bilem rubeam expellit (Rhazes); Aloe ad inferius intestinum bilem ducit (Aretaeus). According to Siggmond, its influence upon the liver is marked by the peculiar condition of the evacuations, the color and odor of which, and their peculiar pungent effect on the rectum, prove that an increased quantity of bile has been poured forth. Wedekind assumes that the operation of the aloes depends on an increased secretion of bile, excited by its specific action on the liver, and asserts that, as long as the stools are white or grey, in jaundice, aloes will not purge even in large doses, while the purgative effect supervenes as soon as the faecal matter contains bile;—he even carries this opinion so far as to declare that if given when the quantity of bile is normal, or increased, aloes may induce bilious dysentery and hepatitis. Vogt, too, says it is not to be doubted that it has a special action on the liver, and tends more to restoration of a checked secretion of bile than any other drastic purgative. It never causes watery stools; but the defections are always yellowish, greenish, or blackish, and slimy, and often have a peculiarly putrid smell (Dierbach). Antyllus counts it among the remedies which evacuate yellow bile. According to Noack and Trinks, it causes aching and tension in the right hypochondrium, bilious papescent stools, with heat of the whole body, and uneasiness in the region of the liver, while the evacuations produced are faecal, bilious, not watery or copious, and emit a peculiar putrid smell. Its effects are so distinct and characteristic, that, when added to other purgatives, they do not take place until some hours after the evacuations caused by the other purgatives, and its stools differ both in color and smell.

4. A third set of physicians believe that it acts primarily and specifically upon the vena porta system, and assume that its influence
upon the liver and bowels is secondary to this. Thus, Braithwaite says: "That it acts upon the vena portarum, is fairly to be deduced from the very peculiar state into which the hæmorrhoidal vessels are thrown by the congestions which so rapidly occur after a dose of this drug has been taken, and also by the condition of the uterine vessels, which has led to its employment as an emmenagogue." When frequently repeated, it is apt to irritate the rectum, giving rise in some instances to hæmorroids, and aggravating them when already existing; it also has a decided tendency to the uterine vessels, for its influence in promoting menstruation is by no means confined to cases in which its action on the neighboring rectum is most conspicuous (Wood and Bache). Cullen has seen hæmorroids produced from large and frequent doses; it acts specifically upon the rectum, and, in a full dose, is in some persons apt to excite heat and irritation about the rectum and tenesmus, while, in those troubled with piles, it is said not unfrequently to increase, but even to bring on the sanguineous discharge (Pereira). Fallopius says, that of 100 persons who had used aloes freely as a purgative, 90 became affected with a hæmorroidal flux which ceased when its use was omitted; it causes a determination of blood to the uterus, and fulness of the bloodvessels, especially its veins, and thus uterine irritation and menorrhagia are apt to be induced or increased by it (Pereira). Wedekind says it exerts a specific stimulant action on the venous system of the abdomen and pelvis, and hence causes increased secretion of bile, irritation about the rectum, and vascular excitement of the sexual organs; piles, strangury, immoderate flow of menses, and racking pains in the loins, like labor pains, are frequently induced by it (Fothergill). The congestive power of aloes may go so far as to cause a flow of blood from the kidneys, uterus and rectum (Soternheim). It readily causes stagnation and accumulation of blood in the abdominal vessels, and various affections and consequences of Plethora Abdominalis; sometimes, even when given in small doses, it may cause congestions, anxiety, burning when urinating, urging to stool, increased pain in the loins (Vogt). It is a heating remedy, and in young persons readily excites febrile symptoms, quick pulse, troublesome sensation of warmth in the abdomen, &c. (Dierbach). Finally the excited condition of the vena portarum system may extend to the whole of the venous side of the circulation, and congestion, to the head and chest, but especially to the abdomen, may arise, attended with an unpleasant heat, anxious feelings and throbbing, with increased sensibility and distension of the abdomen, frequent watery stools, mixed with blood, or bloody stools with violent and cutting abdominal pains, piles, violent pains in the kidneys, scanty hot urine, burning when urinating, discharge of blood from urethra, drawing and burning in the sacral region, &c. (Noack and Trinks). Harnisch says, after the use of aloes in very sensitive or plethoric persons, we notice burning when urinating, tenesmus, aching and heaviness in the pelvis, erections and pollutions, an excitement of the hæmorrhoidal and uterine vessels,
and even a similar action of the whole vascular system, so that the pulse becomes fuller and harder, the mouth dry with thirst, scanty discharge of red urine, increased sensation of warmth in the abdomen, throbbing and aching in the right hypochondrium (liver), congestion of blood to the head and chest, with anxiety, bleeding from the lungs, and even apoplexy.

To conclude the enumeration of the peculiarities of the action of aloes, we would state that, an increased quantity does not produce a corresponding cathartic effect; it is alleged by Lewis that its effects are more permanent than any other purgative, although Cullen contradicts this, and states that notwithstanding the use of aloes, costiveness will return at its usual period. Small doses often occasion erections, and increase of sexual appetite (Wedekind). Greenhow ascribes a diuretic effect to aloes, and Moirond injected 4 drachms into a vein of a horse, with no other effect than producing the evacuation of a large quantity of urine. It may cause emaciation, stricture of rectum and enteritis; and if given during pregnancy, in large doses, it may produce abortion (Vogt). If its use be long continued, it causes dryness of the intestines, paralytic-like rigidity of the muscular coat, especially of the colon and rectum, in consequence of which obstinate constipation may result; in too large doses it causes violent cutting abdominal pains, watery and long-continued diarrhoea, tenesmus and inflammation of the lower portion of alimentary canal (Vogt). In Moirond's experiment of injecting 4 drachms into a vein of a horse, the faeces were passed enveloped in a thin pellicle of altered intestinal mucus. It causes discharges of membranous-like pieces of mucus from the rectum, and very large rolled-up pieces of intestinal mucus (Noack and Trinks). It has caused vomiting of blood. From very large doses, we at times get a watery diarrhoea, with violent cutting pains, or a long-continued sanguineous diarrhoea, with tenesmus and even inflammation of the bowels. Cullen says it was once a common opinion that aloes dissolved the blood, or increased its fluidity, and Lewis alleges that this is the condition of the blood drawn from persons who are in the habit of using aloeotics, although, according to Schwenke, it seems rather to coagulate than dissolve the blood when added to some which has been drawn from a vein. It was an old opinion that it proved emmenagogue from its power of dissolving the blood, and hence was hurtful in scurvy, and all hemorrhages proceeding from a lax state of the blood and system. It acts as readily in substance as in solution (Cullen).

**Therapeutical uses and effects.**—1. In disturbances of digestion dependent upon weakness of the muscular fibres of the stomach and bowels; in abnormal secretion of mucus, acid, gas, &c.; in anorexia, dyspepsia, flatulent distension, and painful aching in the region of the stomach, with acid, rancid eructations, sluggish digestion, and constipation, especially of hypochondriacal persons—(Sobernheim). It generally sits well upon the stomach, for its bitterness renders it an
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admirable stomachic, which promotes both appetite and digestion; some think that it regulates the due secretion of the gastric juice, while the ancients termed it anima ventriculi.

2. But its principal use is in habitual costiveness and obstinate constipation from a long dilatation of the muscular fibres of the intestine, with dryness of the mucous membrane, diminished and abnormal secretion of bile; under such circumstances it is often the only remedy which may be used for years without injury. (Doses, 1 or 2 grs.)

3. In diseases of the liver, we have already alluded to Wedekind's experience with it in jaundice; as long as the stools remain light colored, he pushed it in large doses, viz. half a scruple twice a day; as soon as bile began to appear in the faces, he immediately reduces the quantity to one or two grains, and even omits its use for one or several days.

4. In affections of the menstrual hæmorrhoidal secretions. The experience here is very curious; in former times it was regarded as the sacra anchora in the cure of hæmorrhoids of an asthmatic character, although aloes produces active congestive piles. It was also used to restore the hæmorrhoidal flux, when troublesome nervous affections, such as hypochondria, melancholy, mania, cramp of the stomach, &c., were induced by their suppression. Five grains, several times a day, was then the usual dose. By restoring the hæmorrhoidal secretion, it has also relieved the sensations of aching and weight in the pelvis, the eruptions, pollutions, urging to stool, &c., which are often felt as premonitory phenomena of the occurrence of piles. At times these moliminal hæmorrhoidalæ pass over into flowing piles, under the use of aloes, while at others they cease without any discharge having been produced. Under the latter circumstances, Harnisch conjectures that the tonic and stimulating effects of aloes removes the weakness of the vessels upon which the premonition of piles has depended, i.e., the active congestion produced by the aloes overcomes the passive one, which previously existed in his opinion. Loescke also asserts, that if aloes be given before the accustomed flow of piles comes on, the flux will ensue; but, on the other hand, if given while they are flowing, a stoppage will be effected. Irregular hæmorrhoidal congestion to the head, chest, stomach, bowels, liver, spleen, kidneys, uterus, bladder, &c., with their attendant redness and heat of the face, illusions of vision, threatened apoplexy, a constricting and anxiety about the chest, and even hæmoptysis, or throbbing, aching, &c., about the stomach, with hæmatemesis, or aching in the liver or spleen, with threatened dropsy, or hæmorrhage from the stomach or bowels, or aching in the region of the kidneys with scanty discharge of hot urine, or tenesmus of the bladder from venous congestion of it, and hæmaturia, or congestion to the uterus with menorrhagia, &c., have all given way before the use of aloes (Harnisch). Eberle corroborates the above in one particular (see Practice, vol. i., p. 572). He writes: "Would not Dr. Dewey consider aloes a very improper rem-
edy in the menorrhagias of young, sanguineous and robust females? He no doubt would; and why? because experience has shown that this article is among our most efficient means for exciting the uterine vessels and directing the afflux of blood to them. Yet this article, given in small doses, but frequent ones deserves to be accounted the best remedy we possess for those protracted, exhausting, and obstinate hæmorrhages from the uterus which occur in those of relaxed, nervous, and phlegmatic habits, about the critical period of life. When, therefore, we see a particular modification of this discharge arrested by a remedy which we are accustomed to regard as decidedly calculated to stimulate the vessels from whence the bleeding occurs; in other words, when we cure hæmorrhage by stimulating applications, the conclusion is irresistible that it depended upon debility.”

The above is a good example of the very numerous instances in which a very close symptomatic similarity masks a very wide pathological difference. According to Andral, it is a law in pathology that very similar symptoms may arise from very different affections. It is notorious that anæmia is often attended by symptoms which render it liable to be mistaken for hyperæmia; thus the pulse may be frequent, vibrate violently, be deceptively hard and tense, while the heart palpitates and beats forcibly as in active congestion or inflammation; anæmia of the brain and spine is often attended with pain and throbbing in the head, delirium, ringing in the ears, and general convulsions; the apoplexia ex inanitione may be attended with the vertigo, stupæfaction, entire loss of consciousness, stertorious respiration, &c., which attend true apoplexy with effusion; bloodless lungs are dyspnoic; the bloodless heart palpitates violently; the bloodless stomach is dyspeptic, tender to touch, nauseated, &c. Bark and iron cure the above anæmic affections, antipathically, although they produce very similar symptoms. depending, however, upon the very opposite, i. e., a plethoric state of the system.

According to Symonds, the evacuations produced by the purgative which cures a diarrhoea, are very different from those that constituted the latter, and argue a dissimilarity in the state of the membranes that furnished them. The inflammation produced in the eye by the nitrate of silver is different in character from the inflammation which it is so useful in removing, &c. In Fletcher’s “Elements of Pathology,” p. 486, we learn that “In the first stage of inflammation there is constriction of the capillaries; in the second, there are relaxation and enlargement of these, allowing an increased quantity of blood in them, causing redness, swelling, heat and pain in the part. Now, if in the latter state of the vessels, a stimulus be applied, it must produce constriction or contraction of the enlarged vessels, and hence remove one cause of the disease, viz., the enlargement and relaxation of the vessels. Examples of the utility of stimulants in this second stage of inflammation are familiar in the treatment of ophthalmia and gonorrhœa.”

Constipation may be cured antipathically by drugs, the marked
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action of which is to induce constipation. Thus, one of the most common causes of this state of the bowels, is a torpid, relaxed, dilated and enfeebled condition of the colon; now iron, lime, lead, alum, all which cause a constipation depending on a dry and contracted state of the colon, may cure the first-described condition. Nux vomica causes constipation, depending on a spasmodic state of the bowels, and may cure antipathically a constipation arising from a sub-para-
lytic state. Opium induces constipation by benumbing and stupifying the muscular fibres of the colon, and will cure constipation depending upon spasm, &c.

Again, admitting that Peruvian bark causes chills, fever, and sweat, this by no means proves that this remedy cures fever and ague homeopathically. For, in the first place, we have perused Hahmemann's description of the effects of bark on the healthy, repeatedly and carefully, and never have succeeded in finding any proof that it induces intermittent affections of any kind; much less a fever characterized by regularly periodical exacerbations and intermissions. In the second place, the bark-fever is an arterial congestive fever, while the intermittent is a venous congestive one. Professor Mitscherlich, of Berlin (see Mat. Med., 224), says, "From the long continued use of bark, we notice an increase in the quantity of the blood, which also becomes more arterial in quality, hence the pulse becomes fuller and stronger, the skin, especially of the face, becomes redder, congestions ensue, and a continued fever may arise." Dr. James Johnson (see Med. Chir. Rev., Jan., 1837, p. 193), says: "If we watch the operation of Peruvian bark, we find that it excites the action of the heart and capillaries, increases the strength and invigorates the system. If pushed beyond a certain point, the bad effects that follow are just what might be supposed to result from an excess of the same sort of action; too much blood is made, and it is circulated with too much force. Sanguineous congestions or local inflammations ensue, and the whole system becomes overloaded and oppressed with blood." How different, nay, how exactly opposite, are the ultimate effects of fever and ague, viz., a cachectic, almost chlorotic, or leucophlegmatic state, marked by paleness and sallowness of the surface, a deficiency of fibrin in the blood, which becomes more venous and watery, and hence predisposes to dropsical affections, stagnations, and infarctions of the blood in the liver, spleen, &c.

Mercury produces ulcers and eruptions, but they differ widely from the syphilitic. The true Hunterian chancre, or indurated ulcer, against which mercury is most serviceable, is rather small, nearly circular, deep, and excavated, the base and edges as hard as cutlasses, and is attended with little pain or inflammation, &c.; on the other hand, the mercurial ulcer is superficial, has a broad base, bleeds easily, is painful, and most nearly resembles a phagedenic ulcer. While, according to Pereira, it is well known that venereal sores at times assume a sloughing disposition from the improper use of mercury. Hence it is evident that mercury is most homeopathic to the pha-
denic variety of venereal ulcer." But in deciding on the use of mercury in syphilis, another point deserving attention is the condition of the primary sore; if it be of the kind called phagedenic, or at all disposed to slough, mercury must be most carefully avoided, as it increases the disposition to sloughing." (Pereira, Mat. Med., vol. i. p. 597.)

Mercurial eruptions are as rare as the syphilitic are frequent: of these, a vesicular eruption, the eczema mercuriale, is the most frequent and best known. On the other hand it is well known that "an eruption, having the vesicular form, and developed under the influence of a syphilitic cause, is unquestionably not a common occurrence." (Willis.) Rayer, too, speaks of syphilitic eczema as extremely rare, for in all his vast intercourse with skin-diseases, he met with two examples only. An acros, or indurated tuberculous, is the most common syphilitic eruption. We can readily conceive how a drug which tends to produce broad, superficial, spongy, and relaxed ulcers, may change the action of a narrow, deep, firm and hard ulcer; a drug which tends to cause vesicular, i. e., serous eruptions, may change the action of a tuberculous one, which depends upon the pouring out of plastic and firm lymph from the blood-vessels, &c.

It is needless to multiply examples, for it is evident from those already given, that remedies which act very similar to the action of a given disease, in reality exert an alterative action upon that disease. In the earlier stages of his discoveries, Hahmemann recognized the truth of this position, for he states in the 45th paragraph of his "Organon," that "two diseases which differ greatly in their species, but which bear a strong resemblance in their symptoms, always mutually destroy each other;" and volunteers the admission in his "Spirit of the Homeopathic Doctrine," that "without this natural difference between the affection arising from the disease, and that arising from the drug, no cure could possibly take place, but only an exasperation of the evil." At a later period, he became so blinded and infatuated as to overlook the above irresistible conclusion, and in his precepts and practice even virtually to deny it, and set up the law, "similia similibus curantur," as the only true law in therapeutics; but, struggle as he would, all his attempts at explanation resolved themselves into old school theories, as is again evident in his assumption, that every remedy has two sets of actions, viz., primary and secondary, the latter of which is exactly opposite to the former; whence he again assumes that, although the primary action of homoeopathic remedies is similar to that of the disease, yet their secondary one is exactly opposite, and is willing to admit that this secondary opposite action effects the cure.

"We have names, diseases, remedies, notions, theories and explanations different from those of olden times; but the art of healing is still the same, nature is the same, and the same capacities are required for becoming an adept in medicine, as at the time of Hippocrates."—(Hufeland.*)

* See "Enchiridion Medecum"
The preceding excellent article, we have taken entire from the original department of the March No. of the New York Journal of Medicine. The only omission we notice by its author of the action and uses of aloes, is that recommended a few years ago by Professor Trousseau, of Paris, viz., as revulsive to the rectum in cases of apoplexy, &c. A suppository or injection of aloes bringing on in a short period, an attack of piles, or an effort that way.

Essay on Inverted Toe Nail. By Dr. E. Zeis.

The affection usually known as the "inverted Toe Nail," or, to translate the denomination employed by our author, "the growing of the nail into the flesh," is one, when we consider the frequency of its occurrence, and the severe suffering by which it is attended, and the impediment to the use of the foot in walking which it presents, is one of no trifling importance. Every thing, therefore, that is calculated to throw light upon its true nature and causes, and the means by which it may be most certainly and effectually remedied, becomes of interest.

By almost every writer the entire affection, the inflammation of the soft parts, their suppuration, the intensely sensible fungous granulations which shoot up from the lateral edge of the nail, and cover the greater part of the latter—together with all the attendant suffering and lameness—and which, in many cases, continue for months and years—have been ascribed to the edge of the nail pressing upon or penetrating abnormally the soft parts—either in consequence of the too great breadth of the nail, its too arched form, or the unnatural downward direction of its edge; and hence the remedy that is proposed by different surgeons is either the destruction of more or less of the nail, the changing of its form, or the drawing out of its edge from the flesh, and the preventing its again embedding itself into it. They all consider that it is the nail which is in fault, and the whole of their attention is directed to correct its abnormal action upon the soft parts.

Many of the operations proposed even by surgeons of a very late date, are painful and cruel in the extreme, and few of them afford any other than a temporary relief, while some are calculated ultimately to increase the very evil they are intended to remove.

"If," remarks Dr. Zeis, "the cure of the affection, supposed to result from the growing of the nail into the flesh, was formerly too often attempted by the destruction of the nail, it is only since Du.

puyton has counselled its entire outrooting, that the operation has
been generally sanctioned and adopted. Me it has, in every instance, filled with horror, and I am happy to say that I could never be induced to perform it. I have had repeated opportunities of observing those patients who had been operated on, according to Dupuytren's method, by other physicians; and found them far being relieved from their sufferings. Notwithstanding the offending portion of the nail had, in each case, together with its root, most certainly been torn out, as was evident from the separated portion, which they showed me, yet, they had again been supplied by the lateral growth of the remaining part of the nail, but without any connection being formed between the new growth and the matrix, so that a probe could be passed freely from its upper edge to its root. The free lateral edge of this new unattached portion kept up a constant irritation in the soft parts, and re-excited an inflammation in them, unless it was kept constantly cut short, and in such a manner as to prevent the occurrence of a thin sharp edge—by which the original affection would be liable to be reproduced. Now this repeated trimming of the nail the patient was unable properly to perform himself; but it required that he should call in, from time to time, the aid of the surgeon, if he would avoid the very suffering, for the removal of which he had already undergone a most painful operation."

In the 14th volume of Graefe and Walther's Journal, (page 234,) the reader will find an excellent essay on the inversion of the nail, by H. S. Michaelis, in which is contained a very complete notice of the several operations proposed for its cure—and, in the same journal, (vol. xxii. p. 108,) there is a paper, by A. Sachs, on the same subject, in which the different plans of treatment that have been recommended are examined systematically.

In the medical journals, particularly those of France and England, we meet almost constantly with the recommendation of novel modes of treatment, which, however, are, in most cases, merely modifications of those that had already been proposed.

The most cruel of these operations is that described by Neret, (Archives Générales de Méd., June, 1838,) who directs a spatula to be forced down beneath the nail to its root, and then carried towards the offending edge, so as to separate it fully from all its adhesions; the nail being now turned towards the opposite side of the toe, is to be torn out. Dr. Zeis very properly remarks, that the amputation of the toe would be a more gentle and preferable operation to that of Neret.

Larrey (Clinique Chirurgicale, 1836) recommends the nail to be divided, a short distance from the diseased edge, (one-third the breadth of the nail,) by means of a sharp-pointed scissors; the divided portion is then to be separated at its root from the skin by which it is there covered, turned back and torn out. As soon as the hemorrhage ceases, the part from which the nail is removed is to be cauterized by a hot iron; the dressings are then to be applied and kept on fourteen days, when the lunar caustic is to be freely applied.—
This differs from Dupuytren's operation only in the smaller portion of the nail that is removed.

Baudens directs the knife, which is to be held in the same manner as in cutting a pen, to be applied a few lines above the root of the nail, on its diseased side, and then carried down to the bone, when, with one sweep forwards, the whole of the inverted edge, together with the spongy flesh in which it is imbedded, is to be removed.

Others advise the destruction of the whole nail, or a portion of it, by the application of caustics. Thus Payan, (Revue Méd., July, 1840,) after covering so much of the nail as is not to be destroyed with adhesive plaster, applies to the uncovered portion a caustic composed of equal parts of caustic potass and lime. The same procedure is recommended by Barbette and Bordes, (Journ. des Connaissances Med. Chirurg., Nov., 1830—June, 1840.) by Albers, (Correspondenz blatt Rhein. u. Westphäl. Aerzte, B. 1. N. 5,) and by Moreau, (Gaz. Méd. de Paris, 1836, No. 52;) the latter, however, employed the caustic burnt alum, which required eighteen to twenty months to effect a cure. Labat, (Broussais' Annales, 1834, No. 9,) in order more rapidly to relieve the patient of his suffering, destroyed at once the root of the nail by the actual cautery, which is the treatment recommended, also, by the reviewers of Schregen's "Grundriss der Chir. Operationen," in the Salzb. Med. Chir. Zeitung, 1827, No. 55.

Donzel (Essai sur l'ongle incarné, etc., Strasbourg, 1836) directs the skin to be dissected back from the root of the nail, and the wound to be filled with charpie; on the following day it is to be filled with patte caustique—the joint of the finger being first well dried and covered with adhesive plaster. After the separation of the slough, the edge of the nail, which has been laid bare, is to be removed by the scissors.

Others object to the destruction of any portion of the nail, either entirely or temporarily, and propose various procedures by which the nail may be kept from contact with the inflamed portion of the soft parts, until these have been completely healed. Sachs (Graefe and Wallther's Journ., vol. xxii. p. 108) directs the general health of the patient to be restored by appropriate remedies, in conjunction with a proper diet and regimen; the inflammation of the foot to be reduced by the usual antiphlogistic means; and the pus which is formed to be discharged, and at the same time the loosened edge of the nail to be removed by means of a forceps and scissors, either by a simple or V formed incision. If the swelling of the soft parts prevents this from being readily effected, a portion of compressed sponge should be introduced beneath the edge of the nail and kept there until this has been sufficiently freed from the spongy granulations by which it has become imbedded, taking care, however, at the same time, not to employ too great a degree of pressure, as this may increase the suffering of the patient. The healing of the ulceration may be promoted, after the excision of the nail, by the use of tonics.
Martin (Recueil de Mémoires de Méd. de Chir. et de Pharm. Militaires, vol. 39, 1836) recommends a triangular portion to be cut out of the middle of the nail, the base being at the free edge; and then the cut edges of the nail to be drawn together by means of a suture of brass wire, with the view of removing the lateral edges of the nail from contact with the inflamed portion of the toe. This operation, independently of being very painful, can afford only temporary relief, inasmuch as the constant growth of the nail will quickly counteract whatever advantage may result from the artificial reduction of its breadth.

Cooper and Burnett (Lond. Med. and Phys. Journ., Ap. 1827, and Feb., 1829) simply recommend the inverted edge of the nail to be removed from the point to the root.

Other surgeons have proposed to give to the nail a less arched or flatter form, so as to prevent, in this manner, its edges from pressing inward upon the soft parts. Houlton (Lond. Med. Repos., Sept., 1824) directs the nail to be shaved as thin as possible at its centre; a triangular piece of cork is then to be inserted, on each side, between the nail and the toe—whether under or above the nail is not said—and a third piece, about one-third the breadth, and of the same length as the nail, upon the thinned portion of the latter, and over these a piece of adhesive plaster and a bandage, which is to be changed every three days. Biessy (Revue Méd., 1830, t. ii. p. 54) shaves the whole of the nail as thin as possible, and then touches it six or eight times with lunar caustic, until it shrivels up, and its edges are, in consequence, drawn out of the soft parts. This procedure cannot fail to produce the entire destruction of the nail. Rothamel (Zeitschrift für die Ges. Heilk, etc., B. 1, Hft. 1) directs the nail, for the breadth of two lines, extending from the point to the root, to be scraped as thin as possible, by means of a piece of glass. Pressure being now made upon the central portion of the nail, the edges are so far drawn up as no longer to bear upon and irritate the inflamed soft parts. The scraping of the nail is to be repeated every other day.

Pétréquin (Archiv. de Méd. Belge., March, 1841) thins the nail by means of a file, and applies pressure upon it by means of sponge and adhesive plaster; others, as Bonnet (Bulletin de Thérap., Aug., 1834,) propose to flatten the nail, and thus relieve its edges, by bandages and graduated compresses alone. Labarraque (Gazette des Hôp., April, 1837) employs a thin plate of lead, bent in a particular manner, one edge of which is inserted beneath the edge of the nail. A somewhat similar plan is pursued by Lechler (Würtemb. Med. Correspondenz blatt, B. 8, N. 47). According to Vésignié, (Journ. Hebd., N. 34—36, 1836,) the plan of Brachet consists in cutting away the soft parts; and when the nail requires to be entirely destroyed, he prefers Dupuytren's operation, in conjunction with the cauterity. In the generality of cases, he merely removes the superfluous portions of the nail, and then puts on a clasp composed of a number of silver plates, which is elevated by means of a screw, and raises up with it the edges of the nail, by which means all pain is removed.
"It is not," remarks Dr. Zeis, "merely the painful and cruel character of the principal operations that have been proposed for the cure of the inverted toe nail, that renders them so disgusting to me—other operations are attended with much pain and suffering, which excite in me no such feeling. But my opposition to them is derived from the circumstance, of the whole of them being based upon erroneous principles, and their being all unadapted to afford any radical and permanent relief."

In many, though by no means in the majority of cases, the cutting the nail too short is the primary cause of the affection. The soft parts, being no longer kept down by the projecting free edge of the nail, are forced, by the pressure of the shoe or boot in walking, against and even over the truncated end of the nail, and, as this again increases in length, it may be made to even penetrate into them—giving rise thus to inflammation, swelling, ulceration and fungous granulations, with a degree of suffering, which often renders the slightest motion of the foot unbearable. The disease is most liable to occur in the great toe, in consequence of the greater amount of motion and pressure to which it is subjected in walking. The patient seeks to relieve his sufferings by constantly cutting away portions of the nail, but in so irregular and unskilful a manner as rather to increase than diminish the evil.

The disease most commonly occurs at one or other of the lateral edges of the nail of the great toe—and in this case without the nail having been cut at all. No doubt, in numerous instances, it results entirely from the soft parts being pressed by too narrow or misshapen boots or shoes against and over the sharp edge of the nail. But cases frequently occur where it cannot, with propriety, be referred to this cause. Dr. Zeis believes, that under such circumstances, its production is to be attributed to that particular constitution of the blood, which, in certain persons, predisposes to furunculi and other spontaneous local inflammations.

The inflammation once established, it is evident that the hard and sharp edge of the nail must act as a foreign body, and, by its constant irritation, keep up and aggravate the disease—giving rise to suppuration, ulceration and the production of luxuriant fungous granulations, of an intensely painful character, which rise up over the edge of the nail, and often cover it to so great an extent, that we are unable to obtain a sight of it, even by drawing them on one side. It is this that has favored the belief, that the whole of the evil has resulted from the too great breadth of the nail causing its edges to grow into the flesh; but there occur a greater number of broad nails unconnected with the affection under consideration, than there do in connection with it.

Michaelis describes a condition of the nail, which he supposes to particularly favour its growth into the flesh. This is a very rounded form of the nail, so much so, that it resembles the half of a perfect cylinder. This condition of the nail Dr. Zeis has repeatedly observed, but not always in cases of its so called growth into the flesh; on
he contrary, he has, in numerous instances, met with it in individuals who had never suffered from this affection. Even when the disease has been connected with an arched condition of the nail, it has been entirely healed without the destruction or flattening of the latter.

Dr. Zeis considers that it is all-important, in every case, to attend to the condition of the patient's general health, which, in a large number, will be found to be more or less deranged. As the patient's health improves, under an appropriate therapeutic and hygienic treatment, the affected foot being kept at rest, and the toe guarded from all pressure, either in walking or from a too narrow boot or shoe, the local disease will be found, very generally, to diminish, and, in a short time, to disappear entirely.

If, however, the disease has resulted from keeping the nail too short, the doctor considers it indispensable that it should be allowed to attain its proper length, which, with the simplest dressings, and the avoidance of motion and pressure, is sufficient to effect a perfect cure. So soon as the nail acquires the slightest projection, he is in the habit of introducing beneath it, by means of a fine probe, a small portion of charpie, and to prevent the falling out of this, he covers the end of the toe with adhesive plaster, spread upon gold-beater's skin, which adapts itself better to the parts, and produces a less amount of pressure than when it is spread on silk or linen. The toe is then to be bathed frequently, during the day, in warm water.

If the soft parts, at the point of the toe, are in so swollen a condition as to interfere with the dressing just directed, or completely to cover and conceal the edge of the nail, Dr. Zeis is in the habit of removing them by the knife.

"Even in those cases," he remarks, "in which the nail has been cut so close as to be reduced to one half its length, under the above treatment, it will require but two, or, at the furthest, three months to effect a permanent cure, and to restore to the nail its proper length and natural shape.

"Much more obstinate, however, are those cases in which the disease affects, at the same time or is entirely confined to, the side of the nail. These are, especially, the cases in which the destruction of the whole or a part of the nail has been considered indispensable to the cure. I have, however, in such, seldom failed to secure the entire and permanent relief of the patient by rest, the frequent use of the foot bath, and the removal, by the knife, of the fungous granulations or spongy and morbidly sensible flesh, by which the edge of the nail becomes covered. I will not, however, pretend to deny," he adds, "that cases of a very aggravated character may occur, in which the unhealthy condition of the ulceration, seated beneath the nail, will require the loosened edge of the nail to be cut away, that our applications may be applied directly to the ulcerated surface, and also to prevent the constant irritation which is kept up in it by the detached portion of the nail. It is never necessary to destroy the whole or any part of the nail, even under such circumstances."
The leading propositions which Dr. Zeis has attempted to establish in the essay before us, are thus summed up in the author's own words.

"1. The so called growing of the nail into the flesh, is not, excepting, perhaps, in a very few cases, the result of a too great breadth of the nail; but is caused entirely by the inflammation and intumescence of the soft parts.

"2. The arched condition of the nail, which is of frequent occurrence, is perfectly natural, and neither can nor requires to be changed by shaving away the nail and the application of pressure.

"3. It is not, therefore, to the removal of any morbid condition of the nail that the attention of the surgeon must be directed, but to the removal of the inflammation of the soft parts, the healing of an ulceration that may exist, and the destruction of the intumescence caused by the fungous flesh about the edge of the nail, which latter is best effected by cutting it away with the knife.

"4. In the treatment of the local inflammation, in the affection under consideration, the frequent use of warm pediluvia is preferable to, and more effective than most other means.

"5. In a few cases, of infrequent occurrence, the temporary removal of the loosened edge of the nail will be required: in the majority of cases, however, even this will not be necessary.

"6. The removal or destruction of the whole or any part of the nail, is in no case required; and from its severity, and the mutilated state in which it ever after leaves the foot, should be considered as an unwarrantable practice, and one to be entirely banished from among the operations of surgery."

We have given to the essay before us an extended notice, because the frequent occurrence of the affection of which it treats, the intense suffering with which it is invariably attended, as well as the evident ignorance that exists in relation to its true character, as is evidenced by the severe and uncalled for operations which have been proposed for its removal, induce us to believe that a very full exposition should be given of the views of an author who has thrown much light upon its pathology, and presented a plan of cure as simple as it is effectual.

The views advocated by Dr. Zeis in relation to the causes of the inverted toe-nail, we have entertained for many years; and have pursued a plan of treatment very similar to that which he recommends. In no instance have we had occasion to remove any portion of the nail, though we can conceive of cases in which the cutting away of the loosened edge of the nail may be necessary, as Astley Cooper remarks, to allow of the healing of the ulceration of the soft parts, by removing the irritation which the nail constantly keeps up. The success with which this plan of treatment has been attended, in the cases that have fallen under our care, emboldens us to recommend it strongly to the notice of the profession.—The American Journal of the Medical Sciences.
Comparative value of the different Preparations of Mercury and Iodine, and the best modes of administering them. By Edward Octavius Hocken, M. D., &c., Physician to the Blenheim-street Infirmary.

Mercury is employed locally and generally, either to produce a local effect simply, or, by its admission into the system, to bring the whole constitution under its influence. The mercurial influence is induced in the system by the introduction of mercurial preparations into the stomach, or by fumigation, or by inunction. In the first method we employ the chloride, bichloride, iodide, pil. hydrarg., &c., &c.

Chloride.—Calomel is chiefly useful when we wish to produce a speedy and powerful action on the constitution, as in venereal iritis or orchitis, but is less adapted to the ordinary symptoms. On the Continent it is extensively employed in tubercles of the labia, with or without ulceration, in various forms of creeping ulcers, and also in ulcerations of the throat and nasal fossæ. Desruelles says, that he cannot too much recommend this preparation, which, united to opium, and an anti-phlogistic regimen, may produce the most beneficial results. Ricord employs the following pills in the treatment of enlarged testicle, which remains after inflammation of that organ:—


Bichloride.—M. Dupuytren ordered this remedy in small doses, one-sixth of a grain three times a day, in constitutional syphilis, and on the Continent it still continues to be extensively used for this purpose. In some chronic cases of syphilitic skin disease, I have seen it used with advantage; but as a general remedy in secondary syphilis it requires more care. is more dangerous, and altogether is a less eligible medicine than blue pill.

Pilula Hydrargyri.—This medicine is the form most used and relied on in England, and as it is one of the mildest, safest, most certain, and most manageable preparations of mercury, it justly deserves the preference given to it. In doses of five grains two or three times a day, it is applicable to nearly all those conditions which we have shown to be benefitted by mercury.

Proto-ioduret.—MM Cullerier, Biett, Ricord and others employ this remedy in many forms of constitutional syphilis, especially where secondary and tertiary symptoms are combined, and in primary sores in strumous habits. Cullerier says, that it is chiefly in constitutional syphilis that the proto-ioduret of mercury is administered with success. Its effects are principally evident in secondary ulcerations of the mucous membrane, cutaneous tubercles, exostoses, and chronic affections of the joints, where the other preparations of mercury have had little effect. It should always be guarded by opium, and given in half grain doses twice or thrice a day. The deuto-ioduret is more
Mercury and Iodine.

Mercury.

stimulating, and consequently its dose is smaller. Either of these may be employed in friction upon tumours and indolent buboes, after the removal of all acute inflammatory symptoms.

The cyanurate and deuto-phosphate of mercury are occasionally employed. The former is said to be preferable to the bichloride, being less apt to disagree, and less readily decomposed. It is an useful external application in some skin affections, allaying the violent itching and irritation of what M. Alibert terms herpes squamosus.

Inunction.—Inunction by the mercurial ointment was formerly employed to mercurialize the system more frequently than at the present day. In this way the mineral is less apt to disagree with the system, especially the alimentary canal, although, when used alone, it is less speedy in its effects. In buboes, I imagine that Hunter was correct in his opinion concerning the advantages of making mercury pass through the affected absorbents. The Ung. Hydrarg. is used in the quantity of half a drachm to a drachm night and morning, to be well rubbed in, before a fire, on the more delicate portions of the skin. Cullerier prefers using mercury by friction in primary sores; he orders from a quarter of a drachm to a drachm and a half of mercurial ointment at each friction, leaving an interval between them of one, two, or three days, with the view of not irritating either the sore or the constitution, by bringing the latter suddenly under the influence of the remedy. Ricord frequently orders the frictions to the axillae, and they are employed in this manner by Cullerier, in certain forms of ulcerations of the mouth and fauces. He narrates two cases cured by mercurial frictions in this situation, which had resisted its employment on other parts.

Fumigation.—Fumigation of the whole surface of the body is, at present, rarely used as a method of affecting the system, but the apparatus formerly employed is still to be found in some of our hospitals. It is very speedy in its action. The remedy is, however, employed locally, and with great advantage, in some affections of the throat and nasal fossæ, directed to the part by a suitable apparatus, and more generally in some obstinate diseases of the skin. For patients who have not strength to rub in mercury, and whose bowels will not bear the use of internal remedies, it has been esteemed highly advantageous.

Topical Applications.—As mere local applications, calomel, black wash (Hydrarg. Chlorid. x vel xv. grs., Aquæ Calcis ʒi.), yellow wash (Hyd. Bichlorid. i. vel iij. grs., Aq. Cal. ʒi.), solutions of the bichloride in distilled water, the nitric oxide ointment, the nitrate ointment, the simple blue ointment, and the Ung. Hyd. c. Ammoniaco, are all of them occasionally applied. We select from these in proportion to their stimulating properties, adapting to the condition of the symptoms we treat. Whatever preparation of mercury be selected for internal employment, it should always be combined with opium or conium, as a certain degree of constitutional irritability almost always accompanies syphilis, which is most favorably influenced by
such medicines, and, in some cases where there is sthenic inflammation or fever, antimony. M. Biett's practice has constantly furnished numerous instances where these affections have disappeared under the influence of opium alone without mercury, and MM Ricord and Cullerier support similar views. Dr. Wallace says, that it will be always most prudent to combine the mercury with opium and antimony. No harm can result from this practice; and by it much inconvenience may perhaps be avoided. The combination of antimony and mercury has always appeared to him to render the influence of the latter more manageable, as well as more certain, while the addition of opium diminishes the irritating influence of mercury on the bowels, and subdues the disposition to an irritable state of the general system, or of the local disease. During its administration we must also carefully watch the health of the patient and the condition of his disease, and omit its further use for the time, should any unfavorable symptoms arise. The diet should be mild, and the state of the stomach and bowels attended to. Dr. Wallace recommends the patient to eat a few grains of allspice or pepper during the day, and to cover the abdomen with two or three folds of flannel. Mr. Parker says, that a nightly pill or draught of some preparation of opium with capsicum may be employed with advantage even during the period the patient is using mercurial frictions; the former not only prevents those attacks of pain, griping, and diarrhoea, which sometimes come on during a mercurial course, and materially retard the healing process, but they contribute directly to the therapeutic effects of the mercury.

The aspect of the sore is to be watched carefully, as it frequently points out when mercury does or does not agree with the system. Dr. Wallace says that it will be found a most important rule in practice to omit all mercurial treatment whenever there appears an increase of inflammation or sensibility, to arise in the local disease during the employment of mercury; for a perseverance in its use, under such circumstances, will almost invariably tend to some form of destructive action, determined in its character by the constitution of the patient. In such cases we must have recourse to emollients and anodyne applications, purgatives, rest, abstinence, and diaphoretics, with or without narcotics, and, as soon as the morbid actions which have supervened have been removed, mercury, if necessary, may be again resumed, to be suspended afresh in case of a return either of inflammation or irritability. Should an indolent condition of the sore, and absorption of the granulations, come on during mercurial influence, we must determine the cause and act accordingly.

The quantity of mercury is always to be regulated with the design of deranging the system as little as possible, and patients should be abstracted from all causes of excitement: ptialism, &c., being considered accidental occurrences. Dr. Wallace supports the opinion, that the greater the degree of excitement or of derangement in the functions which mercury produces, the greater is the danger of its
action being followed by deleterious effects, or of its ceasing to influence the symptoms of syphilis in a salutary manner. We judge of the requisite quantity from its effects on the disease, and, in general, it is necessary to affect the gums slightly, and to produce a metallic taste in the mouth; but complete salivation is rarely if ever necessary to obtain all the good effects possible in curing chancres, or preventing secondary symptoms. The cicatization of the sore, without leaving a hardened cicatrix, should be the rule for discontinuing the remedy. When sores remain indolent, under the continued use of mercury, it may be intermitted for some time, and then resumed in some other form. It is a mistaken notion to suppose that continuing the medicine after the sore has healed, and all induration of the cicatrix has disappeared, will protect the patient from secondary symptoms; these will appear after the fullest course, and yet occasionally they will not appear when not a single grain of mercury has been used. Another point to be borne in mind is, to examine the condition of the mouth previous to the exhibition of mercury, as a state of inflammation or ulceration, with foul breath, might lead us to attribute to the mercury what really depends on other causes.

Iodine.—M. Cullerier thinks that the effects of the iodide of potassium are less prompt than those of mercury, and that, on this account, more should be given, if the stomach will bear it. He employs grain doses of iodine with from two to four of the iodide of potassium in an ounce of water, given at intervals during the day; but he does not increase the iodine beyond two grains in the day, or the iodide beyond ten. I fully believe that the iodide is much more beneficial without the pure iodine, which disorders the stomach without benefitting the complaint. Mr. Stone, formerly apothecary to St. Thomas's Hospital, told Dr. Williams that he was called to prescribe for ten patients taking the compound of iodine and iodide of potassium for one that was taking the last medicine only.

Dr. Wallace found by experience that the iodide of potassium was the only form of the remedy which agreed, that pure iodine was a very powerful irritant, very frequently occasioning severe symptoms, whilst the iodide of potassium was perfectly harmless. Pure iodine, moreover, is converted into hydriodic acid in the stomach. He has seen many cases in which the tincture of iodine, both simple and ioduretted, failed to produce any favorable influence, because the irritation excited in the stomach prevented its employment in such doses as were sufficient to act on the disease, and in these very cases the action of the iodide of potassium was subsequently most beneficial. In other cases, where pure iodine was employed, although the disease was cured, still it was at the expense of an injured stomach, and great emaciation. On the contrary, he asserts that he has never seen unpleasant effects result from the iodide of potassium, except from mismanagement.

Ricord employs the iodide of potassium in gradually increasing doses, commencing with ten grains dissolved in three ounces of dis-
tilled water, and given at intervals during the day, in any suitable vehicle. According to its effects so must the dose be either increased or diminished;—when the remedy agrees, which it always does, if the stomach be healthy, the dose should be increased ten grains every two or three days, till it is carried to one or one and a half drachms, or even more, in the course of the day. The iodide of potassium, in full doses, when it agrees, occasions a sensation of warmth in the stomach, improves the appetite, accelerates digestion, so that many grow quite fat, and quickens the pulse. A constant effect is an increased diuresis.

When pure iodine is used, or the iodide given in excessive quantities, or from idiosyncracy of constitution, unpleasant symptoms may arise. Sometimes those are slight, and resemble a common catarrh; at others, ringing in the ears and pain in the head, or the skin may suffer from a slight pustular eruption; occasionally it disorders the bowels, or produces pain or uneasiness in the stomach, having some resemblance to pleurodynia, but seated more deeply, and an acidic dryness of the throat. Mr. Mayo says that we may sometimes correct these symptoms by adding a few drops of laudanum to each dose, and by administering aperient medicine. Authors assert that some patients experience ioditic intoxication, characterized by a slight uncertainty in the voluntary movements, some subsultus tendinum, heaviness in the head, a species of intellectual idleness, and sometimes slight delirium. Soreness of the gums and ptyalism are also said to occur occasionally. Mr. Mayo has heard of effects resembling mercurial erythmus. Should any of these symptoms occur in a severe degree, the dose must be diminished, or even abandoned altogether for a few days, and its exhibition re-commenced in smaller doses.

Dr. Wallace found the urine to be the best test of the effects of the iodide of potassium on the system, by testing it with starch, &c. In some of his patients he remarked a great increase of perspiration—sometimes constipation, salivation, roughness of the throat and heartburn; he found that quinine controlled the state of the throat and stomach. Delicate females, he says, sometimes lose the power of sleeping so much as is natural—a state of wakefulness often accompanied by peculiar feelings of the head, which is relieved by a purgative and interruption of the medicine. Emaciation, great gastric irritation, wasting of the mammae and testes, &c., only occur from the use of free iodine. In two patients who had drachm doses of the iodide of potassium administered by mistake for one day, there occurred in both sickness, soreness of the throat, colicky pains, vomiting and purging to a slight degree, frequent pulse, and exhaustion, quickly disappearing. Several patients, while under the full action of the iodide, were attacked with an acute pain in the anterior and lower part of the left side, precisely in the centre of the superfices formed by the false ribs, accompanied by some cough, difficulty of breathing and fever. In all, the affection went off without much
trouble. The medicine was omitted and subsequently resumed without inconvenience. In a private patient it produced severe indigestion, a rapid and quivering pulse, headache, and a peculiar condition of the eyes—the pupils were dilated, and both eyes in a state of incessant motion. He was soon after seized with symptoms of paralysis on one side of his body, preceded by muscular tremblings, which remained for three weeks, but eventually passed off.

Ricord states that the good effects of the iodide of potassium have been constant in his practice, but not produced with equal rapidity, in this respect differing from Mr. Mayo, who says that no medicine, where it does good, produces amendment so rapidly; therefore the propriety of continuing it is never doubtful. As far as I have observed myself, iodide of potassium never gives rise to any serious symptom, provided that it be unmixed with pure iodine, and be administered in moderate doses. Apoplectic and paralytic symptoms sometimes come on during the existence of tertiary symptoms, and these are then attributed to the mercury or the iodine which the patient may be using at the time, but it is hardly fair that the whole blame should fall on the remedy. For an adult it is sufficient to commence with five grains of the iodide of potassium three times a day, and increase it gradually to seven or eight. Dr. Williams, while he admits that some constitutions are affected even by one or two grains, thinks that the average dose should be eight grains three times a day; for, says he, a smaller dose can hardly be recommended, for the patient's sufferings are so intense as to require immediate relief, and consequently ought to begin with as large a dose as his stomach will probably bear. This reasoning is not altogether conclusive, for if the dose be sufficient to excite or endanger unpleasant symptoms, we shall have to stop its use altogether for some time, and then finally resort to smaller doses, which, if used at first, would most probably have removed the complaint without any distress or delay. Dr. Williams remarks, that when mercury has been previously and unsuccessfully used, the quantity of the iodide necessary for the cure of the patient is often much greater than where none has been exhibited.

Review of the comparative value of mercury and iodine in the treatment of syphilis.—If we take a review of what has now been written, we can readily determine the comparative value of mercury and iodine in the treatment of syphilis—that mercury and iodine form the two main remedies on which the best and most unprejudiced treatment of the various symptoms and stages of syphilis mainly hinges, although neither of them should be regarded as a specific, nor can either of them, to be used well and successfully, be exhibited empirically;—that mercury and iodine, when guided by observation, reason, and experience, and combined with such treatment and medicines as the profession would employ were they to lay aside all notions of something specific requiring a blind and specific use of some remedial agent, they stand alone, and infinitely superior to all other medicines which the materia medica can furnish; that a modified use of
mercury is adapted to nearly all the forms, but especially the indurated, of primary syphilis; that in constitutional syphilis a modified use of mercury is almost a *sine qua non* in the great majority of secondary symptoms, but is either hurtful or useful in the tertiary; that iodine is inert in almost all the symptoms of primary syphilis, with the exception of some forms of phagedena, attended with great debility and derangement of the health; that in constitutional syphilis it is a less valuable remedy in the majority of secondary symptoms than mercury, with the exception of some severe cases of pustular eruption, phagedenic throat, rupia, and secondary ulcerations of bad character, all of them marked by a cachetic and debilitated constitution; while in tertiary symptoms iodine is far more valuable than mercury, and its effects more certain and decided than in any other set of symptoms;—that mercury and iodine are most advantageously combined in cases presenting both secondary and tertiary symptoms;—that many forms of mercury, having local or constitutional actions, are applicable to the various symptoms of syphilis, but that the mildest constitutional effect, capable of overcoming the disease, is always to be preferred;—that the only form of iodine safely applicable to the treatment of syphilis, is the iodide of potassium, which should never be carried beyond moderate doses; hence, however valuable the iodide of potassium may be in some forms of syphilis, it cannot be substituted with advantage for mercury in the great majority.—*Edinburgh Med. Surg. Journal*.

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**Bibliographical Notices.**

*The First Lines of the Theory and Practice of Surgery; including the principal Operations.* By SamueL Cooper, senior, Surgeon to the University College Hospital, and Professor of Surgery in the same College, &c. With Notes and Additions, by Willard Parker, M. D., Professor of Surgery in the College of Physicians and Surgeons in the University of the State of New-York, &c., &c. In two volumes, pp. 540, and 531. Fourth American, from the seventh London edition. Published by S. S. & Wm. Wood, New York, 1844.

Of the three Coopers, who have become distinguished during the first half of the present century in the city of London, not the least worthy is the veteran author of the First Lines, and Professor of Surgery in the London University. His great work, the Dictionary of Practical Surgery, containing, together with the
additions by Dr. Reese, in the American edition, nearly 2500 pages of ordinary print, was sufficient to have transmitted his name to posterity.

Cooper's First Lines of the Theory and Practice of Surgery, was originally designed as an elementary treatise on the subject, and as a text book for students attending his lectures. As this is only an improved edition of a work long and favorably known to the profession, no review of it is expected at our hands. From an examination of the notes and additions by Dr. Parker, we are disposed to think, they have considerably enhanced the value of this edition. We commend it to all desirous of keeping pace with the improvements in Surgery, both theoretical and practical.


This work is very favorably noticed by our exchange Journals. It was first issued last year in the city, in which the author is a professor, in 12 mo., pp. 716. It is gotten up in a very creditable manner by Messrs. Lea & Blanchard, to whom the profession is so greatly indebted for valuable publications, both original and re-prints. Prof. Miller's work commences with an historical notice of Surgery, in 38 pages. Chapter i., is devoted to Perverted Action of the Blood vessels. Chapter ii., to Perverted Action of the Nerves. Chapter iii., to Perverted Actions of the Absorbents. Chapter iv., to Suppuration. Chapter v., to Ulceration. Chapter vi., to Mortification. Chapter vii., to Perverted Action in certain Tissues. Chapter viii., to Perverted Action occurring in Bone. Chapter ix., to Diseases of the Joints. Chapter x., to Diseases of the Arteries. Chapter xi., to Affections of the Veins. Chapter xii., to Hemorrhage. Chapter xiii., to Affections of the Lymphatics. Chapter xiv., to Affections of Nerves. Chapter xv., to Tumours. Chapter xvi., to Wounds. Chapter xvii., to Burns and Scalds. Chapter xviii., to the Effects of Cold. Chapter xix., to Fracture. Chapter xx., to Dislocation. Chapter xxI., to Sprain and Rupture of Muscles and Tendon. Chapter xxii., to Bruise.

The reader can now judge of the character of the work, and we fully accord with those who have recommended it, as the best book yet published on the Principles of Surgery.

The medical profession is much indebted to Prof. Meigs, for his excellent translation of this valuable work. Some idea may be formed of the immense labor and research of its author, when it is understood that he has cited more than one thousand authorities, and has given the opinions and practical methods of the most celebrated practitioners of ancient and modern times. The notes of Professor Meigs, included within brackets in the body of the text, and constituting nearly one-seventh part of the volume, impart additional value to the work, which we feel no hesitation in saying, should be in the hand of every student and practitioner.


We are much gratified to see this complete edition, with notes, by Dr. Goddard. With no work are we acquainted, in which the pleasant and the useful are more happily blended: It combines the greatest elegance of style with the most sound and valuable practical information. We feel justified in recommending it, in unqualified terms, to our readers, as a book from which they can scarcely fail to derive both pleasure and improvement. It is truly a model for medical composition. We are pleased to see that Dr. Goddard has not placed his name on the outside of this book. It is humiliating to our national pride to observe so many able and eminent American physicians, whose ambition might well have soared higher, attempting to ride to distinction, upon the backs of transatlantic authors. They should scorn, like satellites, to borrow light from distant luminaries, but in the noble strife for fame, aspire to deck their brows—

"With honors all their own."

J. A. E.


We are pleased to find that this useful work has passed to a third
Malformation of the Heart.

PART III.—MONTHLY PERISCOPE.

Malformation of the Heart.—The Gazette Médicale of 15th February last, contains the description of an interesting case of malformation of the heart, by M. Aug. Valette, of Strasburg. The subject, Julie Rieder, died at the age of six years and twelve days, from an attack of acute Bronchitis. During the first six weeks of her existence her health was good, and nothing indicated any malformation; but she was then suddenly seized with dyspnœa, accompanied by marked cyanosis of the skin. When six months old an attack of convulsions occurred, which left her right side paralysed. From this she gradually recovered, and enjoyed pretty good health subsequently. The cyanosed condition of the skin persisted till her death, was increased by active exercise, but was always more decided on the side affected with paralysis. The dyspnœa also continued. By auscultation of the heart, a double bellows sound was heard. Intellect normal.

Post-mortem inspection revealed the almost total absence of interventricular septum, the orifices of the aorta and pulmonary artery being separated only by a small spur of the remaining portion of the septum. The aorta was about double the size of the pulmonary artery. The auricles communicated freely with each other by means of the unclosed foramen ovale and of another large opening beneath this. There was but one auriculo-ventricular orifice, which was large, protected by a triangular valve, and which consequently communicated equally with both ventricles. This heart, therefore,
although presenting the vestiges of a double organ, was in reality reduced to the condition of that of the Batracians. Notwithstanding the intimate admixture of the venous and arterial blood which must necessarily have taken place in this case, the individual's life was prolonged much beyond what is usually supposed possible under such circumstances. It is suggested by the writer that the increased cyanosis, manifested in the paralysed side, may be attributed to the slower return of venous blood from this side, and that this fact should probably lead us not to attribute cyanosis too exclusively to the mere admixture of the two bloods in the heart.

D.

Vaccine.—M. M. Dumiril, Magendie, Breschet, Roux, and Serres, having been appointed by the Academy of Sciences, of Paris, a Committee to investigate several questions relating to Vaccine, made a partial Report on the 24th February, 1845, from which we glean the following conclusions:

1st. That rather more than one third of those attacked with small-pox in France had been vaccinated; and that the proportion of deaths among these was very small. That the results are about the same in England, Sweden, Denmark, Italy, Malta, Geneva, &c.

2nd. That, in general, vaccination insures exemption from variola in a direct ratio with the recentness of its performance. The statistics derived from the various parts of Europe, show conclusively that until nine years after vaccination, children are rarely attacked with small-pox, and that this disease occurs most in such as have been vaccinated ten, fifteen, twenty, or even thirty-five years before. On the other hand, those who have been vaccinated more than thirty-five years, are rarely affected with variola, a fact that may be attributed to the diminished tendency to eruptive diseases in general at this age.

3rd. That vaccination may be regarded as procuring complete exemption from variola for five or six, and even for ten or eleven years. That after this age, and especially during the prevalence of epidemics, a portion of the vaccinated, become subject to the small-pox. And that the majority of the vaccinated are permanently exempted.

4th. That the intensity and protecting influence of the vaccine virus are greatest when it is most recently taken from the cow. And that exemption is not proportionate to the degree of local disease induced.—Condensed from the Gazette Médicale of 1st March, 1845. D.
Scarification of the Gums during Dentition. By MARSHALL HALL, M. D., F. R. S., &c.—There is no practical fact of the truth and value of which I am more satisfied than that of the effect and efficacy of scarification of the gums in infants, and not in infants only, but in children. But the prevailing, I may say the universal idea on the subject is, that we should lance the gums only when the teeth are ready to pierce through them, and only at the most prominent parts of the gums, as the occasion to which I have referred may require; and no idea of this important measure can be more inadequate to its real value. The process of teething is one of augmented arterial action and of vascular action generally; but it is also one of augmented nervous action; for formation, like nutrition, secretion, &c., generally, is always one of nervi-vascular action, and of this the case in question is, from its peculiar rapidity, one of the most energetic. Like other physiological processes, it is apt to become, from that very character of energy, pathological, or of morbid activity. It is obviously, then, attended with extreme suffering to the little patient; the brain is irritable, and the child is restless and cross; the gums are tumid and heated; there is fever, an affection of the general vascular system, and there are, too frequently, convulsions of various degrees and kinds, manifested in the muscles which move the eye-ball, the thumb and finger, the toes; the larynx, the parietes of the respiratory cavities; and the limbs and frame in general; affections of the excito-motor part of the nervous system, and of the secretions of the liver, kidneys, and intestines; affections of the ganglionic division of that system.

What is the precise cause and source of these formidable effects? Can the mere tension and irritation of the gum situated over the more prominent part of the teeth be the cause of such extensive morbid actions? I think not. The real source of these phenomena is in the entire dental system, in which actions of unusual energy and extent are going on—sub-inflammatory they might be called, were they not in reality of an essentially different nature and origin. This undue action takes place in the fangs and sockets of the teeth in their whole extent, with their connections, vascular, nervous, and membranous. But the focus from which the nervous actions emanate is, I believe, not as is generally imagined, the nerves of the mere gums seated over the prominent parts of the teeth, but the nerves which may emphatically be termed the nerves of the teeth themselves, the nerves which enter into the very fangs and substance of the teeth. It is to the base of the gums, not to their apex merely, that the scarification should be applied. The most marked case in which I have observed the instant good effect of scarification was one in which all the teeth had pierced the gums!

This view of the subject may assist in removing the futile objection of some who have, without due consideration I am convinced, opposed my plan of frequent, often daily, scarification of the gums, to whom I would say, as my sole reply—Better scarify the gums unne-
cessarily one hundred times, than allow the accession of one fit or convulsion from the neglect of this operation, which is equally important in its results, and trifling in its character. And it is not merely the prominent and tense gum over the edges of the teeth which should be divided; the gums, or rather the blood-vessels, immediately over the very nerves of the teeth, should be scarified and divided, as you would divide the vessels of the conjunctiva in inflammation of that membrane.

Now, whilst there is fever or restlessness, or tendency to spasm or convulsion, this local blood-letting should be repeated daily, and in urgent cases even twice a day. I would here repeat my maxim—better do this one hundred times unnecessarily than have one single fit from the neglect of so trifling an operation. A skilful person does it in a minute, and in a minute often prevents a most serious attack—an attack which may cripple the mind or limbs, or even take the life of our little patient, if frequently repeated. There is, in fact, no comparison between the means and the end, the one so trifling, the other so momentous.

I would refer those who wish to prosecute this subject, to my work on the "Diseases and Derangements of the Nervous System," but especially to my "New Memoir," which contains the most lucid and recent view of the whole subject of the physiology and pathology of the true spinal system, and plates which, for skill in the draughtsman (Mr. Simpson, of Stamford) both that of the artist and that of the physician, and for interest in a practical point of view, have not been surpassed. Each plate evolves a principle of physiology or pathology of great interest and value.

I have frequently thought the vascular condition of the gums during dentition might be ascertained by means of a thermometer properly guarded. The results of a series of observations on this point could not fail to possess much value, whilst they would probably suggest a means of diagnosis in some serious disease. I do not pretend, in the above proposition, to have advanced anything new; but in the locality chosen for the operation, and in the promptitude, repetition, perseverance, and in the energy and steadiness of purpose with which I recommend the measure to be adopted—if these be fully apprehended—I believe I do propose something new; and when I repeat that since I adopted the plan of effectually removing all irritation of the gums, stomach, and intestines, in cases of crowing and other convulsions of the same nature, early enough, I have not known or seen a fatal case, I am aware that I propose a plan of treatment at once new and invaluable. But half measures are of no efficacy. These remarks do not apply, of course, to convulsive diseases of centric origin.

London Lancet.

The effect of Sulphate of Quinine in diminishing the size of the Spleen.—About two years ago, it was announced by M. Piorry that the administration of a solution of 50 or 60 grains (1 gramme)
of Sulphate of Quinine (in water and a small quantity of sulphuric acid) was attended with a considerable reduction of the size of the spleen, and that this effect could be detected as soon as 40 seconds after taking the remedy. M. Piorry has since repeatedly demonstrated this singular phenomenon in his clinics. M. Gourand, however, desiring to test the matter more fully, measured carefully by percussion the dimensions of the spleen, and then administered various liquids in the same quantity. He gave, for example, a certain quantity of distilled water with a few drops of sulph. acid, the same quantity of distilled water alone, of lemonade, of wine and water, of herb teas, &c., and in every instance obtained the same results as he did when giving the solution of quinine. M. Gourand therefore concludes that M. Piorry is in error in supposing that the spleen is really diminished, and that the difference observed in percussing the spleen after the ingestion of liquids is to be explained by reference to the fact, that even a small quantity of fluid taken into the stomach is attended with a considerable evolution of gas in this viscus, and consequently with a corresponding extension of the sonorousness of the splenic region, even amounting in some cases to the tympanitic sound. M. Gourand insists that this apparent reduction of the spleen may be induced equally whether the spleen be enlarged or in a healthy state, by the same process, a fact which had been stated by M. Piorry also. M. G. has observed that it is only necessary that the patient shall have abstained from drinks for some hours previously, for if they have taken liquids a short time before, the effect will not be induced.

M. Piorry replies that he has repeated the experiments of M. Gourand without by any means obtaining similar results, and still insists on the correctness of his observations. The subject must therefore be investigated by other and impartial persons, and its importance is such that it is to be hoped that the truth may be accurately established.—Condensed from the Gazette Médicale, for March, 1845.

Treatment of Diabetes—by Dr. Keith IrXAY. I have found tartar-emetic of great value in the treatment of diabetes: it is preferable to James's powder, which, even in the largest doses, is uncertain and produces very little effect; the former remedy given so as to excite occasional nausea diminishes the desire for food, and has also considerable influence in moderating the thirst, and thus, by diminishing the ingesta, is of very essential service. It also has a greater tendency, than any other remedy that I have tried, to promote per-
spirition, when its use is steadily preserved in for some length of time. A much greater quantity of this remedy may be taken without producing sickness at stomach when combined with laudanum.

Success in a few cases does not authorise me to draw a strong conclusion. But I am nevertheless much impressed with the belief that residence in a warm climate, when practicable, conjoined with proper regimen, will hereafter be found to possess greater influence over diabetes than any other remedial means hitherto proposed. The powerful and continued operation of a warm climate, and its simplicity as a remedial agent, give it a decided superiority when contrasted with the many unscientific and uncertain remedies which have been hitherto used to overcome this obstinate and dangerous malady.—Edin. Med. and Surg. Journal.

**Creosote in a Case of Vomiting**—by Dr. John M. Brewster, Jr. On Tuesday morning, February 25, 1845, 6 o’clock, I was called to visit a young man (a student in Amherst College) who had been taken ill about five hours previous with the most violent retchings and vomiting. I found the patient vomiting every ten or fifteen minutes. The matter ejected was mostly bilious. As to the origin of all this gastric irritability, I could not learn any sufficient cause. The young man retired the night before with his usual good health. But there was no time to be lost in vain speculations. The patient was rapidly becoming exhausted. What was to be done? I ordered a strong counter-irritant, as hot as the patient could bear, to be placed over the stomach, and began immediately to administer creosote. A single drop of creosote to an ounce of pure water was the strength of my medicine. Of this I gave a teaspoonful every fifteen minutes till the vomiting was checked. After the fourth dose the intervals between the vomiting began to lengthen, and continued to do so until the stomach became perfectly quiet and natural. The exhaustion and soreness of the parts consequent on such violent action have now nearly disappeared, and the patient is engaged in his usual college duties and calls himself entirely well.—Boston Med. and Surg. Jour.

**Croton Oil in Dropsy**.—Dr. Fife has narrated in the Provincial Medical Journal, several cases of ascites, originating from or complicated with, organic lesions, in treating which he derived great benefit from the sustained exhibition of croton oil, which, he observes, possesses one very decided advantage over elaterium, that even when its extreme action is manifested, it is not followed by the depression inseparable from the effective action of the latter; but that where the greatest vis inertiæ has prevailed, accompanied by absolute incapacity for exertion, a sensible amelioration in these respects has followed its continued exhibition.—N. Y. Journal of Medicine.

**Tic Douloureux treated by Veratrum**.—Dr. Le Calvé cites two severe cases of this painful disorder, which were entirely cured by
frictions with veratria ointment. The first is that of a person employed as inspector of a telegraph, who, having exposed himself for half an hour to a very cold air, was a few minutes after seized with violent pains. They proceeded from the frontal branch of the ophthalmic nerve, and radiated over the temple; the eye was injected, and there was considerable spasm of the eyelid, and dread of light. Dr. Le Calvé immediate prescribed the veratria ointment. After the first friction, at the end of a few seconds, the pains ceased with exceeding rapidity. The patient thought himself cured, and was soon asleep. At two in the afternoon a fresh attack came on, which yielded to a friction continued for four minutes. In the evening a preventive friction was made, and the patient passed an excellent night. The next day, about six in the morning, the pains re-appeared; but this time they proceeded from the superior maxillary nerve, at the point where it issues from the infra-orbital foramen, and thence they spread rapidly to the posterior and superior dental branches. A friction which lasted five minutes caused this attack to disappear. It was followed by a few others which always yielded to the same means. From this period, for more than a year, the neuralgia has not re-appeared. The other case was that of a merchant's clerk, about forty-one years of age, of sanguine temperament, who was seized six days after a journey, during which he had exposed himself all night at the coach window, with a violent pain proceeding from the frontal branch of the ophthalmic, and radiating over the temple of the right side of the back part of the head. Dr. Le Calvé found his patient in violent agitation, and uttering piercing shrieks. The right conjunctiva was much injected, the eye was suffused with burning tears, and the dread of light was extreme. There was also a lancinating pain at the bottom of the orbit. The veratria ointment was immediately applied, and the pain yielded to a friction which lasted sixty-two seconds. At two in the morning a fresh paroxysm occurred, which yielded like the former to a friction of two minutes. Fifteen months have elapsed without any return of the neuralgia. In the preparation of the ointment, Dr. Le Calvé gives the preference to rancid lard, as it favors the formation by its acidity, of acetate of veratria.—Med. Times.

Epidemic Erysipelas.—Dr. Rognetta states, in the number of his Annales de Thérapeutique Médicale et Chirurgicale, for June last, that erysipelas prevails in all the hospitals of Paris. At the Hotel-Dieu, at Beaumarchais, at St. Louis, and at La Charité, erysipelas, he says, is general. The slightest confusion, the least irritation, the puncture of an abscess, promptly give rise to erysipelas, which often runs a fatal course.

At the Hôpital Vénériens, the disease, in many cases, affects the peritoneum, and terminates fatally. At La Charité, it constantly assumes the phlegmonous form, and is very formidable and frequently fatal. Of four patients recently treated in the service of M. Gerdy,
for contusion of the elbow, every one was seized with severe phlegmonous erysipelas, with sphenecus of the subcutaneous cellular tissue. At St. Louis the epidemic has assumed even a still more terrible form, that of hospital gangrene. At the Hotel-Dieu punctures from bleedings, or from leech bites, inflame, suppurate and terminate in fatal plebitis; or they induce erysipelas, which extends to other parts and occasions very dangerous symptoms. Abscesses of little consequence, which at other times would heal in a few days, become a source of phlegmonous erysipelas after being opened, which requires a long treatment and the protracted stay of the patients in the hospital, even, indeed, if they do not fall victims to it.

The treatment has been antiphlogistic in all the hospitals. M. Gerdy has employed deep scarifications; M. Blandin leeches, in great numbers, along the course of the vessels and over any engorged glands which may exist. M. Jobert treats the disease with frictions, with an ointment of nitrate of silver, which he regards as a powerful antiphlogistic, and M. Rognetta says that the disease is constantly limited by it. M. Jobert employs the ointment of three degrees of strength, according to the intensity of the disease; the proportions are four, eight, and twelve parts of the salt, to thirty parts of lard. This ointment is copiously applied over the whole part affected with the disease, even the whole body if necessary, which gives to the patient the appearance of a negro, but no injury has ever resulted. M. Rognetta says that he has seen, in the service of M. Jobert, cases of extremely severe erysipelas arrested and cured, as if by enchantment, solely by the use of this ointment.—Am. Jour. of the Med. Sciences.

Treatment of Lupus, &c. By Robert Liston, Esq.—We have to deal with ulcers of the face, and they are of different kinds. We do not often meet with simple ulceration here except from accident. Ulcers in the upper part of the body heal very rapidly; the blood flows freely away, and this is very essential to the healing process. Wounds in the upper part of the body heal in one-fourth part of the time that they do in the lower.

Many ulcers here assume a specific character, and sometimes commence from very slight injury. A man has cut himself in shaving, and the wound has become poisoned, as the saying is, somehow. Some corrosive or irritating stuff has been applied to it by accident or design, the oxide of some metal, such as panacea as brown soap and sugar; or a small softish wart appears, or a little eruption, and from this ulceration takes place. These ulcers arise about the alæ of the nose, sometimes at the corner of the eyes, and sometimes on the cheek. Occasionally they begin as hard tubercles, and go on extending. Perhaps the sore heals at one place and spreads at another. Although these sores are troublesome to the patient and intractable, they can scarcely be looked upon as thoroughly malignant. They may go on and destroy all the parts with which they come in contact; skin, muscles, cartilages, and bones all perish before them. Cases which
are neglected may proceed from bad to worse for a number of years, until scarcely any vestige of the bones of the face or their coverings is left. I have over and over again seen patients who had lost all their features, lips, nose, and eyes; nothing remained but the brain, pan and tongue, and they required to be fed by a funnel introduced over the base of this organ and into the pharynx.

These ulcers have a sharp edge; the integument around them is sometimes slightly tuberculated, and the edges are now and then, as it were, worm-eaten, but there is no inflammation around, they are glazed on the surface, and there is no appearance of granulation in them; they may continue for a great many years, causing the destruction I have mentioned without the lymphatics being at all affected, without the constitution suffering much, and without the disease appearing in other tissues or organs of the body.

These sores, however, may be made to heal by proper treatment, however extensive they may be. We had a man in the hospital lately, an honest dealer in horses, from Yorkshire, who had lost a great part of the nose, the lips, the side of the face, and one eye. The disease had been going on for a great many years; when he came in there was a sore on the cheek as large as the palm of the hand, extending in all directions, but he left with this sore not one quarter that size, and the ulceration was, to a great extent, healed, though not entirely, and it is doubtful whether it ever will be. There being such an excessive loss of substance the remaining soft parts could not come together, so as to assist in covering the void.

Now, this affection, which has been termed lupus, or noli me tangere, or herpes exedens, &c., may be at once put a stop to by appropriate treatment. It has been supposed that internal medicines do good; arsenic is said to be efficacious, but it is by local treatment that you principally succeed. There may be some slight swelling in the part, and the parts underneath may be healed, but whenever you see the edges assume a sharp appearance they must be destroyed by an active escharotic. You may employ arsenical paste, but the constitution is apt to be dangerously affected by it. The best application is the chloride of zinc mixed up dry, with an equal quantity of flour, and then moistened, by adding a little water to it. It must be mixed up to the consistence of bird lime, and you may spread it on lint; but the better plan is to put it on a spatula, dip your finger in water, and then lay it on with accuracy round the sore, and then over the whole of it. It subjects the patient to some pain, but that ceases after a time, and the paste becomes elevated at the edges. You then find that an extensive slough has formed, and immediately that separates, instead of the old eating ulcer you have substituted a healthy granulating surface, the part furnishes good matter, and there is soon the commencement of cicatrisation all around. This may be done in all stages of the disease; even where the greater part of the features are destroyed you may in this way check the disease; and where the affection is not so far advanced you
may destroy it altogether, and obtain a healthy cicatrix without much deformity.

The chloride of zinc used thus is a most active and effectual remedy, but it causes, as might be expected, severe pain for some hours after its application.—*Lancet*.

**Dangers of Surgical Operations.**—M. Ballard, Surgeon in Chief of the Military Hospital of Besançon, read (to the Academy of Sciences) a paper in which he endeavors to show that the dangers and accidents consequent on important surgical operations, depend much less on the mode of operating than on the treatment before and after its performance. He has observed also that although the regimen may be various, the proportion of deaths does not differ materially; but that in those cases in which a liberal diet and tonics were allowed, the deaths usually occurred from the fifth to the tenth day, whereas it took place between the thirtieth and fortieth day among those subjected to low diet and blood-letting.

The author, in endeavoring to determine the causes of death after surgical operations, enumerates as the most common—the dread of the operation, the pain, the traumatic or suppurative fever, the destruction of tissues by suppuration, and finally, the collection together of large numbers of sick, marsh effluvia, defective ventilation, &c. M. Ballard therefore looks to each of these causes in establishing the indications to be attended to. In the first place, the patient should be kept in ignorance not only of the time of the operation, but also of its necessity, prior to its performance. Secondly, the sensibility should be destroyed or diminished, so as to render the operation tolerable; and this is accomplished by the author by compressing the principal nervous trunks, and the use of narcotics in full doses for several days in succession. Thirdly, the supervention of inflammation should be prevented, by obviating the increase of heat and pain, which may be done by surrounding the limb with bladders filled with water of such a temperature as may be necessary.

By means of these prophylactics, the author says he has diminished the mortality to such a degree that of 28 amputations, (20 being of the lower extremity and 12 of the thigh,) he succeeded in every instance, that is to say, that death did not occur in any case before complete cicatrization, nor during the year following.—*Translated from the "Gazette Médicale," of 15th Feb., 1845.*

**Lithotritry.**—M. Arthault, of Paris, has invented a new instrument by which he can reduce large urinary calculi into extremely minute
fragments in a single sitting. An exhibition of this method was deemed highly satisfactory by the enlightened persons present. The peculiarity of this instrument consists in the substitution of files for the perforating and crushing agents hitherto employed.—Condensed from the Gazette Médicale, of 22d Feb., 1845.

D.

On the Treatment of Syphilis by Tartar-Emetic.—Dr. Willebrand was induced to make trial of tartar-emetic in the treatment of syphilitic complaints, in the military hospitals, from observing the rapid removal of a blennorrhœa in a patient who was using that medicine for an attack of rheumatism. On trying the efficacy of this medicine on a large scale, he found that urethral discharges were, in general, removed in from six to fifteen, or, at the most, twenty days. It was, however, in the cure of true syphilis that this medicine was found of superior efficacy. Cases of primitive chancre were cured by the internal use of tartar-emetic alone, in from ten to twenty days, no application having been made to the sore but simple water dressing. In a few cases, in which there was much induration of the base of the sore, a cure was not effected. In thirty cases of secondary affection, under the form of ulcerations of the throat, &c., all symptoms of the disease disappeared in from eleven to fifteen days. The tartar-emetic was, however, continued, as a precautionary measure, for five or six days longer, after which the medicine was discontinued; and though two, and in some instances, three years have since elapsed, no relapse has occurred among all these cases. Most of the cutaneous affections rapidly and easily yielded; but some of the more inveterate ones, as the pustular and squamous syphilitic eruptions, required from twenty to twenty-eight days for their removal. In some of these, from the antimony disagreeing, it was requisite to intermit its use.

In all the cases, the tartar-emetic was administered internally in the same manner, viz., half a grain six or eight times a-day. The first doses generally produced vomiting; but by the second day tolerance was produced. When this large dose seemed to disagree, an eighth of a grain was given in the same manner, but then it often failed to effect a permanent cure. Cleanliness, repose, an equable temperature, and regulated diet, were the only adjuvant means used; and Dr. Willebrand thinks that these cases show, that, in very many cases, the tartar-emetic may be substituted with advantage for the more dangerous mercurial treatment.—Edin. Med. and Surg. Journ., from Gaz. Méd. de Paris.

Immovable Bandages of Starched Paper for the Treatment of Fractures of the Limbs. By M. Laugier.—Bands of starched paper are arranged as in Scultets’ bandage, and form three superimposed layers. The limb is placed upon these, and after the fracture is reduced, the bands are applied. Other bands of paper, also starched, are applied around the foot, and extending up the leg so as
to form a boot, accurately moulded to the part. After drying, which is obtained in twelve hours in summer, and twenty-four hours in winter, by the aid of heated balls or bricks, this apparatus forms a very solid and light mould, which allows the patient to move in bed. Before drying, this bandage is firmer than the ordinary Scultets': the patient, however, must be perfectly quiet for some hours after its application. It can never be too tight; it is suited to every stage of fracture, even to fractures complicated with wounds. But in the latter case, the limb must be first enveloped in gum-elastic cloth, in a single piece, to preserve the paper from the pus, which softens it. Surgeons who have used this, are pleased with it. It may be employed in all cases to which the immovable apparatus is applicable:—it cannot, however, be used for effecting compression: it is useful principally to secure the immobility of fragments, and painful parts. It commend itself by its lightness and its cheapness; the latter of some importance for poor patients, in the country, and in charitable institutions poorly provided with bandages.—L’Expérience—American Journal Sciences.

Encysted Bronchocele.—According to Dr. Bouchacourt, this disease is not seated in the thyroid gland, but in the lymphatic glands situated near it. Of all the methods recommended, injection is, he says, that which offers the greatest chance of success. A mixture of one part of the tincture of iodine with two, three, four, or five parts of water, is sufficiently irritating. It is not necessary to inject a quantity of the iodine solution equal to that of the liquid withdrawn; one-half or one-third is, in general, sufficient, and it may be left in the cyst without inconvenience. The hypertrophied thyroid generally diminishes from the excitation produced by the injection; should this, however, be insufficient, iodine may be given internally and rubbed in at the same time. An appropriate treatment must be administered, according to the constitution of the patient.—Bulletin de Thérapeutique.

Pills and Boluses of Copaiba.—To form balsam of copaiba into pills and boluses, Dr. J. F. R. Simon recommends wax. He employs the following proportions, which have been very generally adopted: For pills: liquified white wax, one drachm; balsam of copaiba, two drachms; powdered cubeb, three drachms. For boluses: liquified white wax, one drachm; balsam copaiba, three drachms; powdered cubeb, six drachms.—Med. Times.

Preparation and Preservation of Ointments.—M. Deschamps, in "The Journal de Pharmacie," has thrown out a suggestion upon this subject which deserves attention. He made many experiments, he says, first, to ascertain whether the several varieties of fat may, in all cases, be used indiscriminately; and, second, whether any means can be devised to prevent fats from becoming rancid, which
must greatly impair their value. He found that an ointment, prepared by heating the buds of the poplar in melted lard, is subject to very little alteration by keeping; and it therefore occurred to him that, as this may depend upon a portion of resin extracted from the poplar-buds, a small proportion of gum benzoin might answer a similar purpose. On preparing these ointments and keeping them for several years, he found they had undergone no change, no approach to rancidity. Iodide of potassium is a very excellent test of any acidity in fat. And by this test he found that no admixture with fat tends to preserve it from change so well as benzoin or poplar-buds; the latter produces an orange-yellow colour, but its colour is not affected by long keeping, even mixed with acetate of lead.

Fat or lard, thus prepared with poplar-buds, or gum benzoin, then, is the best possible basis for ointments containing metallic substances, red oxide of mercury, acetate of lead, iodide of potassium, &c.; with essential oils it makes lip-salve, and an application to blisters very much preferable to ordinary ointments.—London Lancet.

TO THE READER.

In the original department of this No. of the Journal, will be seen an Article from my respected friend Prof. Dugas, entitled "Remarks on a Lecture on Mesmerism." I here propose to close the whole discussion of this subject; thinking that the pages of the Journal may be more profitably filled with the consideration of matters coming more within the scope of scientific inquiry as conducted on acknowledged and well established principles. Mesmerism is, with me, not worth a controversy, nor can I persuade myself to quarrel with my friend about the mere shadow of so doubtful a substance; more especially as he would have so much the advantage over me; for by "his volition and a few passes," his opponent might be thrown into a mesmeric state and mysterious condition. In the way of belief too, I would stand no chance with him. It is not my desire to enter into extended controversy in the Journal on this or any other subject. Viewing Mesmerism in the light I do, I regret the space occupied by it in the Journal; but it was unavoidable—the Editors having been disappointed by the Gentleman who had promised an Article for the 4th No. I feel myself bound, however, to make in passing a few brief notes where I consider the respected author of the Article to have incorrectly stated my meaning; and I do so the more freely insomuch as I have received from him a private communication stating he does not object to my taking this course.

1st. Jussieu did not, as I have amply shown in my Article, confirm the report of the majority of the commission; but though he did not agree to every thing in that report, he did condemn Mesmer. I do not repeat the proof of this undeniable fact, but refer to my Lecture in the Journal.

2nd. This whole matter is so shadowy and uncertain to our apprehension, that we are never sure that we have a correct view of its outlines. It did seem to me, however, that the ghostly shape of modern Mesmerism, so far as it has a shape, does so resemble that of the Mesmerism of sixty years ago, as to force upon the mind of every common observer the idea of at least a paternal relation, if not an identity. And, in truth, Dr. Dugas seems to have had some such idea himself when he wrote, "admit the facts and I care not a whit for the explanation." If the Mesmerism of 1784, is toto ceto different from the Mesmerism of 1815, how can the admission of the facts alleged in relation to the former be of any avail to him in the endeavor to establish the latter? We do sincerely acknowledge that we have had great difficulty in getting any definite notion of what Mesmerism is, though we have found no difficulty in determining to our own satisfaction what it is not.
3rd. The Royal Academy of Medicine, of Paris, in 1825, received a report, and ordered it to be published, but without discussion and without adoption. Surely Dr. Dugas is not unaware of the distinction between receiving and adopting a report. The Royal Academy did not sanction the things contained in that Report. But further, this very Academy in 1837, by a commission of MM. Roux, Bouillon, H. Cloquet, Emery, Pelletier, Caventou, Cornac, Oudet, and Dubois condemned Mesmerism. The same inconclusiveness is observable in the other facts mentioned by my friend. The Royal edict of the King of Prussia, in 1817, does not prove that he believed Mesmerism true. And so of the Academy of Sciences of Berlin—their offering a prize for "the best work on animal magnetism," is no proof that they believed all its wonders. But even had the Emperor of Russia, the King of Denmark and the King of Prussia, put forth edicts asserting the truth of Mesmerism, what must be thought of the strength of an alleged doctrine of medical philosophy, that has to lean for support upon the authority of the crowned heads of Europe as they existed thirty years ago? If this is all the extent of fact and all the force of argument that can be brought forward to disprove my positions, I thank my learned friend for the incidental support which I regard those propositions as receiving from his "Remarks." In truth, those propositions seem to me stronger than before. Truth is always advanced by fair and amicable discussion.

P. S.—Those who may wish to pursue the subject of Mesmerism, are referred to a full expose in the last No. of the London Lancet.  PAUL F. EVE.

### METEOROLOGICAL OBSERVATIONS, for March, 1845, at Augusta, Ga.  
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Quantity of Rain 2 inches. 14 Fair days.