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"Je prends le bien où je le trouve."

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ARTICLE I.

Intermittent Fever—its various forms—their treatment—with Cases.

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The writer of the present article comes to redeem the promise made at the conclusion of a former one on the Pathology of Intermittent Fever, in the 1st No. of this Journal, by noticing some of the varied forms of Intermittent fever, with a view more especially, to their treatment.

Under this head he proposes to take up Malignant Intermittent, Remittent, and some forms of Continued Fever.

In the "Practice of Physic" of almost every author in our language, these forms of fever are considered as different species of the same genus or as themselves distinct genera; and the doctrine too generally inculcated is, that they have no common pathology, so that it may be taken as the prevalent opinion, that each requires a distinct and peculiar treatment. In this state of things, the writer is not without his fears, that to arrange these forms under one head—to co-ordinate them by one general principle of pathology and of treatment, may be regarded a presumptuous deviation from the beaten track; but he hopes to show that though different in many of their external features, yet they are fundamentally, of the same nature and require the same general mode of treatment.

It is proposed to give a brief description of these three forms—to
illustrate them by specific cases, and to deduce from these cases, some general considerations as to their pathology and treatment. We shall embrace in one view almost all the varieties of fever known to this region of country, by whatever names they may generally be called; for it is well known to every practitioner of experience, that idiopathic, endemic fevers of this climate of miasmatic origin, prevailing in the summer and autumn, uniformly present at their beginning, at least, a paroxysmal character—that cases of fever continued from their commencement are extremely rare, this latter form being the endemic of the winter season of cold climates and caused by concentrated human effluvia.

**Malignant Intermittent.—** This form receives its name from its great danger. If simple Intermittent fever claims our attention by the interest of its pathology, this complicated form demands it on higher grounds; for, whereas the first is a disease easily diagnosticated, easily cured—cured, in the great majority of instances, as well by the intelligent planter and by the ignorant doctor as by the most skilful of the profession, and never fatal; the latter is insidious, rapid in its progress, and without appropriate treatment, uniformly fatal in its termination; and yet, with all this, in competent hands, as manageable almost as the simpler form.

This disease is known to the profession at large, by the elegant standard works of Torti, Alibert and Bailly, as raging endemically, at Rome and other localities within the influence of the celebrated Pontine Marshes. Subsequent to these, we have histories of the disease by some distinguished French army surgeons, as it occurs in the north of Africa and in other situations exposed to malarious exhalations of peculiar virulence. But it is a sad mistake to think that it exists only in such pestiferous localities. The young practitioner of this climate should know, that although his lot is not cast within the influence of the pontine marshes, he will be called upon to treat sporadic cases of this disease, occurring in situations, where simple intermit-tents and remittents are the prevalent forms. The lineaments, therefore, of this formidable disease should be known to him, its danger appreciated, its pathology and its proper treatment settled, otherwise his sporadic cases will too often prove fatal cases, in his hands.

The forms of Malignant Intermittent are almost infinite; but this general description will apply to them all—viz: intermittents attended with inflammation or congestion of some vital organ, so extreme as to endanger its integrity and the life of the patient, during
the paroxysm; at the conclusion of which, however, there comes on a perfect intermission of all the violent symptoms. This latter trait is apt to deceive the inexperienced physician, leading him to a false prognosis and consequently to an inefficient practice, when the most prompt and energetic treatment is demanded; for one of these violent paroxysms, whether the first of the attack or succeeding to milder ones, is the sure harbinger of others still more violent—so that if unchecked, the disease will prove fatal at the third, fourth or fifth paroxysm.

Torti, the distinguished physician of Modena, in his work, enumerates seven varieties of this fever. Subsequently, Alibert, in his Inaugural Thesis, extended the number to nineteen, naming the varieties, according to the prominent malignant symptom; such as, the hepatic, syncopal, algid, soporose, nephritic, &c. They may all, however, be embraced under three general divisions:—1st, those cases in which the cerebro-spinal organs are chiefly affected; 2nd, those cases in which the thoracic organs; and 3rd, those in which the abdominal organs suffer most.

The first division embraces the comatose, delirious, convulsive, tetanic, &c.—varieties marked respectively by coma with its accompanying symptoms, by delirium, convulsions, &c., these symptoms becoming urgent during the paroxysm, and disappearing as it abates. In the comatose variety, of the tertian type, it is not uncommon for the intermission to pass without a trace of headache remaining; notwithstanding which a more violent paroxysm may confidently be expected.

The second division embraces such as are marked, during the paroxysm, by symptoms of pleuritis, pneumonia, syncope, &c.

The third embraces such forms as the cardialgic, peritonitic, choleric, dysenteric, hepatic, &c.

The cardialgic is marked by excruciating pain at the epigastrium, either continuous or intermittent; in the latter case, grievous complaints are forced from the patient, accompanied with great anxiety of countenance, and vomiting, and often with general spasm of the muscles. Thus too, in the choleric form, the paroxysm is marked by all the symptoms of cholera morbus, the intermission being free from them.

But there is a form of malignant intermittent, of more frequent occurrence, perhaps, than any other, known by the name of algid fever, and marked by the following symptoms:—During the cold
stage, which is unusually protracted, there is a great degree of oppression at the chest and abdomen, prostration of strength and restlessness. There is an attempt at the formation of the hot stage, which proves abortive; for soon the skin becomes cold, pale and shrunken, on the extremities, but cool elsewhere, and covered with a cold, clammy perspiration, while only the central parts of the body are very hot. The pulse is small, frequent and almost imperceptible at the wrist, increased restlessness, jactitation, impatience of bed covering, with complaint of oppressive heat, not only at the chest and abdomen, but even on the cold extremities, so that the patient refuses to have them covered. The intellect is generally undisturbed, and the expression of the countenance quiet, even where the disorder of the temperature and circulation is so extreme, that the tongue even becomes cold and the pulse ceases. This irregularity continues through the whole period of the paroxysm, and it is only at the end of it that the temperature and circulation are partially restored. When we consider that the functions most conspicuously disordered in this algid fever, are those of circulation and of calorification—functions dependent on cerebro-spinal nervous influence, we are disposed to place this form under the first division, and to regard these symptoms as dependent on an aggravation of that peculiar lesion of these central organs, which constitutes the fundamental character of intermittent fever. At any rate, this algid state is not a prolonged chill; for almost universally, in such cases, the chill is separated from this peculiar cold state, by symptoms of imperfect reaction. The two states, moreover, are shown to be different by this striking fact, that in the chill, the temperature is not absolutely diminished—at least, not in proportion to the patient's complaints of coldness; whereas in the algid state, the temperature, as measured by the thermometer, is positively diminished, while the patient complains of burning heat.

In each of these forms, as will be perceived, there is combined a local phlegmasia or congestion with intermittent fever, which latter may be of the quotidian, tertian or any other of its types. What is the relation of the local affection to the intermittent fever?—a most important question, inasmuch as the decision of it must necessarily determine our therapeutic measures; for if it bear the relation of cause to the intermittent fever—if it be the fundamental lesion, upon which the whole disease depends, then the rational treatment is to subdue this local affection; and the antiphlogistic regimen becomes the main part of the practice. If, on the other hand, it be regarded
only as an accident, complicating the intermittent fever, which latter disease might continue, even if this were removed, then the indication is to treat both the intermittent and the accident, each by its appropriate remedy. This latter view, it is believed, is the correct one. The writer contents himself with merely stating this opinion here, leaving the considerations, by which it is sustained, to be adduced, when commenting upon special cases, hereinafter given. Let us regard, then, this disease as consisting of two distinct elements—an intermittent fever and a local phlegmasia or congestion, having no necessary relation with each other; at least the latter not the cause of the former—let us regard the recurrence of successive paroxysms as the true source of danger, inasmuch as they renew the local affection and push it to the degree of fatal disorganization. By this view the intermittent fever becomes the main affection, and our ruling indication must be, to prevent the recurrence of its paroxysms; and the local affection will rank only as an accident, yet not an immaterial accident, but one, the increase of which constitutes the final danger of the case. Of course, another prominent indication, under this view, will be to subdue the local phlegmasia, or congestion. Thus, as in simple intermittent, the treatment will have respect both to the intermission and to the paroxysm, and so will be both antiphlogistic and antiperiodic. But how shall an expected paroxysm be met?—May we venture, in such cases, to use the great antiperiodic quinine? What! administer quinine after a paroxysm, during which the patient has manifested the symptoms of congestive apoplexy or of pleuritis, or above all, of gastritis, and while there yet remains the symptoms of gastritis or phrenitis, only a little moderated in violence,—what! in an hour or two after having depleted the patient to the fullest extent that prudence could justify, urged thereto by extreme violence of the local affection, shall we suddenly turn round and administer the tonic quinine? We answer, yes—for it is the only hope of the patient—the sheet-anchor of the case, and if it hold not, the vessel is a wreck.

It seems proper here to specify two practical precepts of great value—the one in reference to the dose of quinine, the other to the time for its administration. As to the dose, the quantity given during the intermission, is to be directly proportioned to the danger apprehended from the expected paroxysm,—if from the existing state of the patient and the violence of the preceding paroxysm, we apprehend that the coming one will prove fatal, the quantity given should be
thirty-five or forty or fifty grains. As to the time for commencing its use, this is immediately on the cessation of a paroxysm; even if the case have the tertian type, this rule must not be violated, for we have no security that it may not change into the quotidian. If of the quotidian type, we should not wait for the entire cessation of the paroxysm, but commence the use of the specific, with the sweating stage, lest the complete intermission should not allow time enough to bring the patient under its peculiar influence.

It need scarcely be added, that the treatment during the paroxysm is that which would be appropriate to an idiopathic inflammation—general bleeding and local by leeches, and cups and revulsives, sinapisms and blisters.

This way of treating both elements of this compound disease, by the alternate and sometimes even the conjoined use of active depletion and quinine, is directed by an enlightened pathology, and sanctioned by the highest authority.

The following cases from the writer's note-book will sufficiently show the sporadic occurrence of this disease in situations remarkable for the benign character of their fevers, and at the same time exhibit its symptoms more in detail. Other cases from foreign authors are added to illustrate its pathology and its appropriate treatment.

Case 1. T. H., aged about thirty-five, was brought to the City Hospital on 28th Sept., 1840, at 5, P. M., with no account of him, except that he was brought from Bridge-row, and was taken with fever in Hamburg, two days before. At 6, P. M., this was his state: Skin uniformly hot, perspiring on the head and breast; face flushed; abdomen moderately full, faeces (yellow) and urine discharged in his clothes; pulse 105, full and strong; respiration frequent; tongue and lips moist; breath very offensive; eyes closed, the eye-lids resisting attempts to open them, eye-balls turned upwards; slight spasmodic twitching of the muscles of the extremities, when the limbs are moved; no paralysis; perfectly stupid, and not aroused by the loudest call; shrinks and groans from pressure on the middle dorsal vertebrae. (A ligature to the top of each thigh to produce distention of the veins of the lower extremities; V. S. 20 oz. produced diminution in the strength of the pulse, almost obliterating it; gaping, diminished redness of the face and a relenting of the current of blood from the arm. In this state, the finger being upon the pulse, the ligatures on the thighs, were simultaneously and sud-
denly relaxed; the current of blood from the open vein was renewed and the pulse increased in strength. Scarifications to the dorsal spine, with cups, yielded 3 oz. stupor unrelieved; 10 grs. sulphate of quinine, in solution, every two hours, as soon as the patient can swallow.)

29th, 8, A. M. Pulse 90 and soft; skin cool; eyes still closed; resisting attempts to move him; impossible to arouse him; has taken nothing, having remained stupid during the night. (10 grs. sulphate of quinine, in solution, every two hours: one dose was forced down him; saline injection.) 12, M. Has taken the third dose of quinine; injection has procured stools. (Blister plaster 7 by 4 inches to the dorsal spine.) 8, P. M. Still stupid; pulse 90; respiration not hurried; opens his eyes, when loudly called. (Two blister plasters to the legs; water during the night, if called for; two more doses of quinine.)

30th, 8, A. M. No fever; very deaf; asks for water; complains of blisters. (Cold water and thin gruel.) 3, P. M. Met the patient stalking about the entry, begging for water; skin cold; pulse extremely feeble from this effort. (Blisters to be dressed; water and gruel.)

Oct. 1st, 9, A. M. Quietly in bed; no fever; senses entirely restored; hearing good; asks for water. The case was transferred to the Physician for October.

Note.—Intermittent fever at this time prevalent in Augusta and Hamburg.

P. S.—The convalescence of T. H. was steady; he was discharged in a few days.

The facts with regard to this patient that he was taken with fever, in Hamburg, on the 26th, and that on the 28th he was picked up in Bridge-row, in Augusta, seemed to warrant the conclusion, that subsequently to his attack of fever, he was so far recovered as to be able to walk over the bridge, and farther—that he was laboring under paroxysmal fever—that he was, on his admission to the hospital, either in the second or third paroxysm. Notwithstanding the depletion, general and local, the coma continues through the whole period of a paroxysm, no abatement, until the following morning, and this improvement coinciding with the abatement of fever. In the uncertainty as to the type, whether quotidian or tertian, the quinine is ordered as soon as the patient can be made to swallow it, lest by waiting for a perfect
recovery of the senses, the remaining time of the intermission should not be sufficient to place the patient under its influence. It is worthy of remark, that here is a case of the most malignant character, brought to a happy and a speedy termination, simply by general and local depletion and revulsion external, and one saline injection, without a single dose of cathartic medicine. Would this antiphlogistic treatment alone, without the quinine, have arrested the paroxysms? The fact in this one case will not warrant us in answering—No; but the writer feels fully assured that the candid practitioner, who has had a fair opportunity of contrasting the two modes of treatment, will answer no, unhesitatingly. But, who would incur the hazard of another paroxysm in such cases, when he holds in his hand a remedy of undoubted power to prevent it, and this a safe remedy?—for surely we are warranted by the facts of this case, to draw the conclusion, that quinine may be safely used in large doses, even in the comatose form of Intermittent fever. Here, under the action of 45 grains of quinine, the patient comes out from a profound stupor, and recovers his senses, while under the full influence of the quinine, as his deafness proves. This case also, incidentally illustrates the value and mode of operation of the tourniquet as a therapeutic agent.

Case 2. A. B., aged thirty-five, residence middle of Broad-street, cotton-buyer—habits intemperate—full habit, plethoric. Oct. 19th, 1840.—On the 17th, at 11, P. M., had a chill, and on the morning of the 18th represented himself to have had fever and to have passed a restless night—was not confined to bed on the 18th, but at 11, P. M., of the 18th had a chill, (as he subsequently informed the family,) and two hours afterwards was found stupid; on the afternoon of the 18th was free from fever, and sat up for two or three hours. Has taken no medicine. On the 19th, 2, A. M., first visit, find him thus:—Head hot, face flushed, skin universally hot and dry; breath very offensive; respiration hurried; breathing laborious; pulse full and strong and 115; eyes closed, resists attempts to open the lids; impossible to arouse him or to command his attention; the arms are folded on the breast, the fore-arms rigidly flexed upon the arms, and he resists attempts to extend them; lower extremities extended at full length, the legs crossed over each other; he resists every attempt to change his position. (V. S. about 50 oz., reduced the strength and frequency of the pulse; 30 grains Calomel, when able to swal- low; saline injection; hot pediluvium.)
19th, 8, A. M. Got neither the injection nor the pediluvium; took the calomel, with great difficulty, at 4, A. M. Muscles less rigid; unable to speak; only opening his eyes slightly, on the greatest efforts; pulse 100, full and soft. (Saline injection; Infusion of Senna, Salts and Manna.) 1, P. M. Head more clear; muscles relaxed; has been up to stool; three copious stools. (40 grains quinine in solution—quarter every two hours.) 9, P. M. Has taken 40 grains quinine; pulse 105, soft and full; his intellect, under the use of quinine, has become entire; three more stools; roaring of the ears. (Sinapis, the whole length of the spine, at 10, P. M.) 11½, P. M. No chill; very deaf; no head-ache; pulse as before. (Cold water and gruel.)

20th, 8, A. M. No chill, last night; has slept a little; pulse 115 and strong; head-ache; is quite deaf. (V. S. 20 oz.) 3, P. M. Still head-ache violent; deafness somewhat abated. (V. S., Compound Senna Infusion.)

During the night of the 20th, his fever was light; on the morning of the 21st, he was without fever—he was salivated. His convalescence was slow, being retarded by an attack of mild delirium tremens; which was due possibly to too free depletion; it was relieved by morphine. On the 10th November, he suffered a paroxysm of Intermittent fever; which was followed by two others, of the tertian type. This simple fever was arrested by moderate doses of quinine.

This is a case of quotidian Malignant Intermittent, and shows strikingly many of the characteristics of this affection: that paroxysms, marked by the most malignant, dangerous symptoms, may yet be followed by a perfect intermission—this patient being comatose in the second paroxysm, is yet, before its access, sitting up and conversing freely with the family, giving an account of his chill, &c.—that it is a perfect Intermittent. It shows, too, a progressive increase in the violence of the paroxysms; the second so violent as to warrant the opinion, that another would prove fatal. It shows the safety of giving 40 grs. of quinine a few hours after a state of cerebral congestion so great as to require most copious bleeding to relieve it, and therefore commends this medicine to our fullest confidence, under such circumstances. To any one, who could possibly doubt if this were a case of Intermittent fever, we have a corroborating in the fact, that at the third hebdomadal period, it is renewed, in the simple form.

Case 3. Nov. 22d. A. B., aged fifty-five; residence on lower
Broad-street; of active habits: full habit, florid complexion, permanently red nose and cheeks—a free liver and drinker. Three weeks since, he had three paroxysms of quotidian Intermittent fever; for which he took, by his own prescription, one active cathartic and ten grains of quinine. Since then his mind has been harrassed by embarrassed business.

On the 20th, had a slight chill, about the middle of the day. On the morning of the 21st, represented himself as having been crazy during the previous night. On the 21st, a chill about 12, M.; was in his room alone, upon the sofa, during the afternoon, and slept alone. On the morning of the 22d, was at the breakfast table, but was observed to look very unwell, and represented his head as feeling very bad, and that he had slept soundly, without waking, the whole night; ate a hearty meal. At 10½, was suddenly seized with a chill; free vomiting, discharged the whole of his breakfast; went to bed, complaining of a violent head-ache. 22d, 1, P. M., first visit—this is his state: face flushed; skin hot, universally; eyes staring, the eyelids frequently snapping violently; he answers to every question in a hurried manner—Yes sir—and attempting further, to speak, but splutters with his tongue; the muscles of the extremities as well as of the tongue are extremely agitated—fingers and toes being perpetually in motion, and occasionally, one or other of the limbs convulsively agitated; lies on his back, and resists every attempt to move him; the action of the heart excessive, and its impulsion against the ribs fearfully violent; pulse in the left arm very small, but tense; (Note.—Anomalous distribution of radial artery of the left side.) in the right arm, full, strong and utterly incompressible, elevating the finger, when forcibly held upon it—120. (V. S. 50 to 60 oz.; 40 grs. Calomel; strong Saline Injection.) Bleeding was difficult, on account of the restlessness of the patient, uncontrolable;—by this copious bleeding, the pulse was not entirely subdued, being still full and strong. The calomel was greedily swallowed. The introduction of the saline injection increased his agitation extremely; this agitation seemed to depend on the effort to resist its rejection from the bowels and that of attempting to get out of bed; during this time, he was pulling forcibly, at the penis and testicles; was lifted from bed and placed upon the easy-chair stool; still he had not intelligence enough to perceive that he was on the stool; but forcibly closed the spincter of the rectum, and continued to drag at the testicles, &c. This resistance to discharging of the bowels was finally overcome.
only by filling his bowels with repeated injections. During this manipulation with the patient, his linen was observed to be extensively stained with urine, but now dry;—during this struggle, the orifice in the vein bled an indefinite amount, saturating the sleeves of two shirts and running down to the hand, before the accident was discovered; after discharging the bowels, he was removed to bed; the pulse now much reduced in frequency and strength; muscles composed; skin perspiring; still answers but yes sir, to every question; same want of control over the muscles of the tongue, on any attempt to speak; at 4, P. M., a compound cathartic of salts and senna; this produced three or four copious stools, in the beginning of the night. 22d, 12 at night—pulse 100, soft and full; skin soft; muscles not entirely quiet, but much less agitated; still answers, yes sir, to all questions, but with less vehemence and with more deliberation; the attempt at further articulation, ends in a spluttering; I estimate that he does not know me. (36 grains quinine, in solution, one-third every two hours, commencing at 2 o'clock.)

23d, 8, A. M. Has taken 36 grains quinine, the last dose at six this morning; he recognizes me; indisposed to talk—answering no to some questions, but cannot command his tongue perfectly enough to utter more than four or five words; slight head-ache; pulse 95, soft; skin soft; tongue soft and moist, not furred, trembles on thrusting out; has taken some gruel. (Sinapism to the whole of the spine—which is tender on pressure, at the third, fourth and fifth dorsal vertebrae—to be kept on as long as it can be borne.) 12, M. No chill; speech much improved; some remaining difficulty of utterance; complains of difficulty in finding words to express himself; gives some account of the state of his health, previous to yesterday, but remembers nothing of the transactions of yesterday. 10, P. M. Still deaf; no head-ache; improved in every respect; two yellow stools in the afternoon. (3 grains quinine every two hours, from 12 to night to 8 in the morning—equal to 15 grains.)

24th, 9, A. M. Has passed a comfortable night; asks for coffee. (No medicine—gruel and water.) 9, P. M. Very deaf; no fever. (Pilexificum hot.)

25th, 9, A. M. Has passed a good night; is sitting up, taking coffee and toast; hearing perfect; some soreness of the gums, the more annoying from having a set of artificial teeth.

28th. Discharged, having improved steadily; suffering only some slight inconvenience from sore gums.
Here is a patient, about the third hebdomadal period from an attack of simple intermittent, seized with intermittent malignant in its very first paroxysm; yet that first not so violent as subsequent ones; for he retained, during the night of the 20th and the subsequent morning, some recollection of his case, saying he had been crazy. The second paroxysm, more violent than the first, passed without his consciousness, as he represented himself to have slept soundly; and, moreover, the urine-stain on his shirt, and its dry state, warrants the inference, that his coma was so profound as that he, unconsciously, discharged the urine in his bed. A quotidian Intermittent—a true intermittent, for he is able, after such a violent paroxysm, to dress himself, appear at the breakfast table, and even to eat a hearty meal. The third paroxysm still more violent, the local symptoms so urgent, as well as the general arterial action, as to warrant the opinion that without the freest depletion, irrecoverable injury would have been done to the brain—illustrating the necessity of treating vigorously, the local affection, whether of the nature of congestion or of inflammation. The question very naturally presents itself—what would probably have been the course of this case, had it been trusted to the antiphlogistic and revulsive treatment alone, without quinine? In all probability, the paroxysm would have returned on the 23d, and considering the degree of cerebral disease, which existed at 11, A. M. of that day—the period of the expected paroxysm, is it not reasonable to presume, that under the commotions of a paroxysm, the brain would have been disorganized to a fatal degree? When it is remembered that the brain, at 11, A. M., of the 23d, was in a state of far greater disease than at 11, A. M., of the 22d, and the danger of that paroxysm is remembered, we think another one would have proved fatal, notwithstanding the most vigorous antiphlogistic measures had been used. At any rate, where is the wisdom or prudence of subjecting a patient to such imminent danger, when it can be arrested by a safe remedy?—for surely this case confirms the opinion of the safety of quinine in large doses, on the decline of a paroxysm of cerebral malignant fever. This patient was not exposed to any peculiarly virulent miasma; for he was still living under the same circumstances as when he suffered an attack of simple intermittent, three weeks before;—one of the commemorative circumstances, however, suggests to us the determining cause of the malignity of cases occurring in ordinarily healthy localities. One of his organs (the brain) was found predisposed to become congested by the high general arterial
action of a paroxysm—predisposed by fatigue and over-exertion coincident with an anxious state of mind. An analogous case is, at this time passing under the writer's notice—a case of chronic diarrhoea of three months standing, from which the patient, a young man of 20, was gradually recovering—when after a week's residence on the bank of a mill-pond, an attack of a quotidian remittent fever renewed the chronic affection of the bowels—the choleric symptoms increasing and abating with the exacerbations and remissions of the fever, and becoming more and more violent in each succeeding paroxysm, until on the 5th, the patient seemed in imminent danger. The antiphlogistic treatment alone, founded upon the opinion that the prominent local disease is the essential cause of the fever, may be demonstrated by the records of practical medicine, to be not a uniformly unsuccessful, but certainly a hazardous one—as hazardous as unphilosophical, for well authenticated cases conclusively establish the principle, that the Intermittent fever is independent of the local inflammation or congestion. Impressed with the importance of this principle, the writer here adduces a case from Bailly, with the remark that such like cases could be multiplied indefinitely.

Case 4. *"An Irishman, living at Rome, was attacked, in the month of August, 1822, with fever, and extreme pain in the belly. In the morning, when I saw him, he was in a state of agitation, difficult to describe—he was tossing himself upon the bed, with his hands pressed against the belly; screaming from the violence of pain; his tongue was a little white, but neither red nor dry; no thirst; the pulse strong and very full. He was bled 16 ounces from the arm, and twenty leeches applied to the abdomen. In the evening, the paroxysm had abated and a tranquil night ensued. The next day was passed without fever or pain. The third day, in the morning, a paroxysm commenced with a chill, and was marked by the same violent abdominal pains as in the first paroxysm. Bled again to the same amount, and twenty leeches applied to the abdomen; diet and mucilaginous drinks. This paroxysm is terminated as the first, in the evening; the night tranquil. The fourth day a complete intermission. On the fifth day, the paroxysm returns in the morning, but with this striking difference—although agitated as much as in the preceding paroxysms, his complaints as desperate, his restlessness as great, in short, seeming to suffer as much pain, yet he could not designate the

* Bailly—Traité Fièvres Intermittentes, 1825.
seat of his suffering. As his intellect was perfect, I repeated fre-
quently the question—Have you pain in the belly? He uniformly
answered me that he had not, and continued to refer his distress to
the general state of his system. Judging him to be free from danger,
without medication, he passes through the paroxysm, which termin-
ates as before, in a perfect intermission; the calmness of which
contrasts strikingly with the anguish and distress of the previous par-
oxysm. I prescribed 15 grains sulphate of quinine, in three powders,
during the morrow. On the seventh day, he experienced a general
uneasiness, but not to be compared to the suffering of previous par-
oxysms. The sulphate of quinine was continued, for a few days, and
his recovery was perfect."

This case distinctly proves the independence of the fever upon the
local affection; for by the judicious antiphlogistic treatment during
two succeeding paroxysms, this abdominal disease is subdued so com-
pletely, that in the third paroxysm, no further antiphlogistics are
used; yet the tertian fever continues—continues until arrested by the
specific. It shows also the insufficiency of the antiphlogistic treat-
ment, even when it entirely cures the local phlegmasia, to arrest a
paroxysmal fever. A case analogous to this is recorded by Morgagni:
"A patient was first attacked with dysentery without fever—
then fever supervened, of the tertian type, the dysentery still con-
tinuing its course; the intermittent ceased, yet the dysentery still
continued; finally a continued fever comes on, with stupor, deafness
—death." We must infer from such like facts as these, that the
 lesion upon which depends intermittent fever is a specific one of the
cerebro-spinal system; and that whilst the local congestions of ma-
lignant intermittents are controlled by anti-phlogistic measures, this
is controllable with even greater certainty, by the specific quinine.

Case 5. Oct. 11th, 1842.—A mulatto woman resides at the
Academy lot, aged 42, having borne many children, has now an infant
of 8 months. Represents herself to have had a chill, on the after-
noon of the 9th, followed by fever—was up and about her work on
the morning of the 10th; but at noon was taken with a chill, since
which she has suffered, up to the present moment, with head ache,
vomiting, pain, &c. This is now (11th Oct., 9, A. M.) her state: skin
covered universally with urticaaria, itching extremely; skin warm;
intellect perfect, but her communications are interrupted by violent
pain at the epigastrium, increased at intervals; no cough except after vomiting; respiratory murmur perfect, but respiration frequent and irregular, rendered irregular by the violence of epigastric pain, urgent thirst, the tongue of a natural color and moist, perfectly clear at the anterior half, slightly furred behind, where the papillæ are enlarged.

At the bed-side is a tin basin, nearly filled with matter vomited, consisting of watery fluid and mucus in large flakes floating upon it, and of a brownish black colour; pain at the epigastrium increased by pressure; exquisite pain on pressing third, fourth and fifth dorsal vertibræ; one stool yesterday; pulse extremely small, barely perceptible and very frequent. (One pint of Cold Water at a draught; V. S. 16 oz.) Faintness, as was anticipated, followed the bleeding and vomiting of the same dark colored mucus and some perspiration over the upper part of the body. At 10, A. M., she took 16 grains quinine, in solution, which being vomited, with more of the black mucus, another dose was given and retained, and repeated at 11 and at 12 M., and retained. At 12 M., two scarifications to the spine with cups drew 4 ounces blood. Sinapisms over the whole abdomen and spine to be renewed. 11th, 9, P. M. Has retained all the quinine; has great distress at the epigastrium, with a desire to vomit, the pain less violent than formerly; sense of suffocation prompts her to find relief by rising up to the erect position;—is deaf, and has roaring as of waters, in the ears—pulse more developed, 120; no stool. (Cupping the dorsal spine to 3 oz. relieved her head-ache and epigastric distress; sinapisms renewed to the abdomen and spine; saline injection. 10 grs. quinine, in powder, at 5 in the morning and at 7.)

12th, 8, A M. Has passed a comfortable night— injection produced two stools—has taken this morning the 20 grs. quinine, in two doses. No vomiting during the night. Pain still, at the epigastrium, but less violent—pulse 110, and moderately full; nettle-rash has disappeared—thirst still urgent. (10 grs. quinine, at 9. Cold toast-water. Sinapisms to be renewed.) 1, P. M., no more vomiting—no stool—less pain at epigastrium; but has a sense of fulness of the abdomen; pulse 120, soft and full; skin warm and moist; deafness and sense of confusion in the head. (Saline enema, at 2, P. M. Chicken water.) 9, P. M. Has slept; still pain at the epigastrium; pulse 110 and soft; skin warm; has taken no nourishment. (1 oz. castor oil, to-morrow morning.)

13th, 10, A M. Has passed a tolerably comfortable night; has taken and retained the oil; heavy pain still at the epigastrium; pulse
100. 4, P. M. Three stools extremely black, so reported by nurse; pain at epigastrium unrelieved, increased by pressure, which produces also, a sense of suffocation. (Blister plaster 7 by 9 to epigastrium.)

14th, 10, A. M. Drawing of blister has relieved pain at epigastrium; patient relishes cold water and has taken some gruel. Pulse 80, and quick; tongue furred yellow, but moist; several stools, during the night. (Gruel and cold water.)

16th. Convalescent.

Here is a case of quotidian Intermittent, simple in its first paroxysm;—but the second continues nearly up to the time of access of the third, with severe local gastric symptoms. At 9, A. M., the symptoms being very urgent, and another paroxysm being reasonably expected to supervene about 1, P. M., and it being apprehended that great danger would arise if that paroxysm were not prevented, the patient, for the relief of the local epigastric symptoms, is bled to fainting, and at the moment of relaxation, the stomach cleansed by an emetic of cold water,—and in anticipation of the period of access, to this distressed stomach is administered 48 grains of quinine in two hours. The effect of this administration is to moderate the violence—to break the force of the succeeding paroxysm, and that without materially aggravating the local gastric symptoms. With continued revulsive applications to the epigastrium and spine, 30 grains of quinine are administered, in anticipation of the paroxysm of the 12th, with the effect of preventing it and curing the Intermittent paroxysmal fever. But still, the local, phlegmasial affection continues, after the cure of the fever, until it is arrested by a blister drawn upon the epigastrium.

The previous case proves the independence of the Intermittent fever upon the local affection, inasmuch as the first continues under the use of the antiphlogistic treatment, which cures the local affection. This last case shows the Intermittent fever cured, by a treatment, which did not reach the local inflammation, which latter continued until relieved by the blister.

Case 6. *“Muller, a soldier, aged 22, of a good constitution, having been discharged from the Hospital about a month previous, was brought back on the 15th January, 1835, in the afternoon. He was in the most profound coma; the pulse full, large, soft; the skin not hot;

* MALLOT—Traité des Fièvres, Paris, 1836.
respiration deep; the physiognomy that of a man asleep; altogether insensible to pinching of the skin. No information on the course of his disease. (Diet, lemonade; V. S. 15 oz.; 30 leeches to the jugulars; a small starch, opiated injection, with 60 grains sulphate of quinine, 40 grains quinine in potion, blisters to the thighs, sinapisms to the legs.)

At 8, P. M., the coma continues, but the insensibility less absolute, the skin more warm. (Bleeding from the temporal artery from 8 to 10 oz.; 40 grains sulphate quinine, in two doses, at the interval of two hours. Cold fomentations to the head.)

16th. In the morning, the tongue is slightly gastritic, epigastrium painful on pressure; some remaining heaviness of expression of the face, but the intelligence is restored; during the night, a copious sweat. The patient now relates that he has had five paroxysms of fever, each commencing about 3, P. M., daily—during the fifth he was brought to the hospital—that the first paroxysm was accompanied with violent head-ache and efforts to vomit. (Diet, lemonade, 40 grs. quinine immediately, at one dose; cataplasm to the epigastrium; cold fomentations to head continued.) Apyrexia was complete during the day; and in the evening, the state of the patient was very desirable.

17th. Morning—complete apyrexia; no head-ache, no lassitude of the limbs; no stools for many days. (Diet, lemonade, 24 grains quinine, enema emollient.)

18. Convalescent, &c.

This case is worthy of consideration, as shewing the safety of large doses of quinine even in the comatose form of malignant intermittent. Here the administration of quinine commenced at a time, when the patient was in the deepest coma, was continued to the extent of one hundred and eighty grains, in the course of 36 hours. Such an administration of quinine, the writer apprehends, would seldom be found necessary in this climate; but such cases are valuable, as fixing the general principle of practice, that quinine may be used in such extravagant quantities, if necessary, and as dissipating that too common prejudice against this heroic medicine, that it disposes to cerebral congestion—that it produces head-ache, and therefore that the existence of head-ache contra-indicates its use. It is curious to observe how much more correct were the opinions of the master-spirits of the profession, as to the effects and mode of operation of quinine, at the time of its first introduction, than those of the great mass of the profession in after times. The reason of this, however, is sufficiently obvious.
The attention of men, whose grand dependance in the treatment of malignant fever, was Peruvian Bark, must have been strongly arrested by the high claims of the sulphate of quinine, and accordingly they subjected these claims to the most severe and candid examination, under circumstances favorable to the establishment of a true opinion as to its merits and its mode of operation. Bailly, e. g. says of it—"If I do not regard quinine to be an antiphlogistic, I am as far from regarding it a stimulant. At Rome, I have taken a hundred grains of sulphate of quinine, in some days; on an attentive examination I have found no marks of irritation, which such dose must have produced, were it an irritant. It is a specific, sui generis—a sedative of the nervous system, and only of certain of its periodical and intermittent functions, for it exercises no action either upon sensibility or locomotion, it does not relieve pain or convulsions, except these be dependent on an intermittent excitation of the general motions of the economy. It is the specific sedative of the abdominal nervous system." Soon coming into universal use, the general opinion of its mode of operation was naturally determined by the prevailing doctrine as to the pathology of fever—debility being regarded as the essential foundation of fever, and quinine being observed to cure it, by inference, it was called a tonic; its location in the class of tonics seemed further, to be sanctioned, by the fact that cinchona was at the head of the list. Too often is it thus, that the opinions of the mass, founded in prejudice and ignorance, overshadow the exact and carefully-formed opinions of the true philosopher. And such is the influence of names with mankind, that it is to be apprehended, so long as sulphate of quinine continues to be called a tonic, so long will these unfounded prejudices against its use last. To the existence of such prejudice against this valuable article of the materia medica, the following sentence from Professor Dickson's recently published "Practice," testifies—"Even the sulphate of quinine is generally regarded as inadmissible, whenever the apyrexia is incomplete, and where there are any prominent affections of important organs." He specially instructs his pupils: "Thus, you will hardly venture upon the exhibition of cinchona, when the apyrexia is imperfect, and when there are present obvious marks of local disorder of some important organs. The continuance of head-ache, gastric oppression, abdominal pain and tension—these symptoms demand farther general or preliminary treatment."
Case 7. Oct. 3d, 1844, Thursday—The patient, a boy of nine years of age, resides immediately on the river, 9 miles above town. On Saturday last, had the radius of the left forearm broken; is represented to have had fever on Monday night last; better on Tuesday morning; Tuesday night, restless with very hot skin; Wednesday night, high fever with delirium, copious sweat towards morning. This morning, Thursday, was out of bed, but complained of head-ache; had no appetite; at 12, M. to-day, fever commenced; at 2, P. M. had a strong convulsion, followed by stupor, which lasted till moment of first visit, about 5, P. M.; after convulsion, a tea-spoonful of ipecac was forced upon him; since which time he has had several involuntary stools. Now perfectly stupid, not aroused by the loudest calling; occasionally restless, mourning and screaming when moved; pulse 90, soft and full; skin perfectly natural in temperature, except the extremities, which are cool, and the head, which is very hot; pupils dilated; adnata not injected; bowels soft and supple. (V. S. 12 oz.; scarification between the shoulders, with cups, drawing about 4 ounces; hot mustard pediluvium, every two hours; cold affusion to head every two hours; sinapism the whole length of the spine; two blister-plasters to the legs; to-morrow morning at 5, four grains quinine in solution, to be repeated every hour, for five doses, unconditionally.)

Left him at 7, P. M., still stupid, with no other marks of returning sensibility, than groaning under the hard pressure of the cups, and great restlessness under the first application of undiluted mustard to the spinal column. Being unexpectedly again in his neighborhood, at midnight, found his consciousness so far restored, that he asks for, and drinks water.

Friday, 4th, 11, A. M. Perfectly conscious; skin cool; has taken 20 grains of quinine, and is deaf and complains of roaring in the ears; fretful from pain of blisters; no stool. (5 grains blue mass every two hours, for four doses, commencing at 2, P. M.; enema saline, if fever returns; hot pediluvium and cold affusion to the head; 12 grains quinine, commencing to-morrow morning at 5 o’clock, in three doses; oil ½ oz. to-morrow, at 4, P. M., if bowels shall not have been freely moved.)

Was subsequently informed that he passed the night of the 4th, with but little fever; since which his convalescence has been rapid.

The accident of a simple fracture of one of the bones of the fore-
arm is not sufficient to account for the violent character of this case, in a healthy robust boy. The following facts warrant the belief that this character was determined by extreme virulence of the exciting cause, peculiar to this and some other localities in the neighborhood:—One month before the occurrence of this case, there was a similar one in the same family, treated successfully in the same manner, by Dr. Robert, of Columbia county. In July, 1843, a boy of twelve years, from the city, was on a visit at this house; at the end of two weeks, he was taken with light fever, consisting of daily paroxysms; which having returned for two or three days, it was thought prudent to bring him home; on the morning following a night of severe fever, with delirium, he was so well, that he dressed himself, and begged to remain—on the way down, in a carriage, fever supervened; he arrived at home in a state of profound stupor, in which state he died, notwithstanding the diligent use of appropriate remedies. Two days ago, whilst visiting at the same house, the writer incidentally saw a negro child about five years of age, in a paroxysm of algid fever, which terminated fatally in two hours; this child had been slightly unwell for two or three days, and on this morning had been playing in the yard. A negro woman at this time, was convalescent from a similar attack of algid fever. There are other well known localities in our climate, where the malignant form of fever is endemic. The native of the city of Charleston, e. g. sleeping but one night, in the summer season, in the neighboring country, insures to himself an attack of much-dreaded "Country fever." From descriptions of this fever, by friends professional and non-professional, and the occasional notice of supposed cases occurring on steamboats, formerly running between this city and Charleston, the writer has long entertained and expressed the opinion, that this "Country fever," of Charleston, was the Malignant Intermittent or Remittent fever, of Torti, Morton, Bailly, &c.; and that when the profession of that city shall have adopted the uncompromising, unconditional use of cinchona and quinine, as recommended by such high authority, this now formidable disease will be stripped of its terrors, and be found as manageable almost as simple Intermittents. His opinions are confirmed by Professor Dickson's description of Country fever, which though very general, yet sufficiently shows the true nature of the affection. "An attack commencing as intermittent or single tertian will thus become a double tertian, then a triple tertian, then a remittent of greater or less distinctness and regularity."
He says again, "Or the remission shall have become very distinct, nay shall amount to complete intermission, and you flatter yourself with the hope that convalescence is begun, when some single paroxysm shall intervene with such overwhelming violence, that prostration and fatal exhaustion ensue in a few hours." The paroxysmal character is here assigned to it—remittent and even intermittent—and that peculiar insidiousness which it has been the writer’s object to illustrate, is fully set forth in the last quotation. The treatment mentioned by Professor Dickson is not very exactly specified—he, remarking that his custom is "to institute, from the commencement, such a course of treatment as shall offer the best resources under any sudden development of malignity or aggravation of violence." But upon the use of the great specific, he immediately adds, "under these circumstances, too, I watch anxiously for the first opportunity of administering some preparation of cinchona—the infusion in some of its combinations, or the sulphate of quinine in proper and efficient doses. The system sinks so readily under such exacerbations, or such accumulation of them, as I have above alluded to, that I often venture upon the exhibition of this class of remedies, even in remissions somewhat indistinct and obscure, after the first vehemence of febrile action has passed by and the appropriate measures of depletion have been premised." It is not such a use of quinine, to which the writer alludes, but the early use of it, in full doses.

Knowing sulphate of quinine to possess the power of preventing the paroxysms of periodic fever, he would anticipate the first expected remission—estimating the time of its return, either from the previous history of the individual case, or from "the general history of the existing epidemic—by doses of 10 or 20 grains, pressing it "obstinately against contra-indicating contingencies"—that is, acknowledging no such contingencies to exist—seeing in the circumstances generally considered such, only the stronger indications for its use; fearing no danger so much as the danger of a repeated paroxysm.

This is the course of treatment, which the writer feels confident, would offer the best security against those sudden developments of malignity, so characteristic of the country fever of Charleston.

It is with reluctance that the writer, finding this article already so extended, yields to the necessity of postponing his remarks upon Remittent Fever, &c., to some future number of the Journal.
ARTICLE II.


CASE No. 1. Acute Peritonitis.—Mr. J. L. Caverly, a school teacher, aged 27, of tall stature and large frame, gave the following history of his case previous to our visit:

For several days he had experienced a general uneasiness of the whole body, but more particularly of his bowels, locating the pains about the region of the umbilicus, although even here they constituted more an uneasiness than an actual pain. On Friday, seven days previous to our being called to him, he had gone to the country, and very imprudently, eaten heartily of muscadines, shortly after which he was taken with a severe chill. He returned to town the next day. On Sunday, being costive, he took a dose of epsom salts, which operated mildly. The general symptoms not yielding, and still complaining of the uneasiness of his bowels, he continued to attend to the duties of his school, abstaining almost entirely from food, until our visit, on Thursday:

September 19th—when the following symptoms were presented: Skin warm, dry, and of a pale yellow colour; tongue dry, tip and edges very red, centre loaded with a brown fur; forcible pressure upon the bowels caused very little pain, and that was principally about the region of the ilio-caecal valve; the rest of the bowels had a very knotty and doughy feel; pulse hard and wiry, 115 to the minute; stomach irritable; bowels had not been operated on for the last forty-eight hours. 18 ounces of blood were taken from the arm; R. Calomel 30 grs., opium 8 grs., mix, from mass and divide into eight pills, one to be taken every three hours; diluent drinks, &c.

20th. Symptoms in almost every respect the same as yesterday; did not sleep much; complains of very little pain in the abdomen. Castor oil given, and the operation promoted by enemata. Had several very offensive discharges, of rather a serous consistence and of an ashy colour.

Evening visit—Skin hot and dry; tongue, pulse, &c., as heretofore; stomach still irritable. Calomel and opium pills resumed, with soda powders in cold water.
21st. Rested better; skin cool, but dry; tongue the same as yesterday; bowels a little tympanitic; complains of no pain and only slight soreness on pressure of the abdomen. Calomel and opium continued, with 20 drops chloride soda every three hours; soda water, &c., also a large number of leeches to the abdomen.

22d. Had several small serous and offensive discharges from his bowels during the night; did not sleep well; wandering and delirious; tympanitic state of the bowels has increased; pulse 125 to the minute; treatment continued, with cups to the abdomen.

23d. No material change in the symptoms since yesterday, except an increase in the frequency of the pulse, which is now 140; tongue very dry. Ordered castor oil, which operated twice: discharge pale, thin, and very offensive. Evening visit, ordered following:—

R. Blue Mass, Dover's powders aa. 30 grs., divide into 12 pills, one to be taken every three hours; blister over the abdomen, and to be dressed with mercurial ointment; soda water continued.

24th. He is worse this morning: pulse feeble and 150 per minute; skin cooler; hiccough since early last night, with more constant delirium; tympanitis increased; no pain or uneasiness produced by pressing the abdomen. Ordered, oil turpentine, to be given every two hours, and sinapisms to the extremities. Continued to grow worse, and died that night at 12 o'clock.

Autopsy, sixteen hours after death, in the presence of Dr. E. E. Jones. Upon opening the abdomen, a large quantity of foetid gas escaped, which dispersed some of the bystanders; the intestines were knotted together from contraction and adhesion of a very highly inflamed peritonium; every part of the peritonium that covered the intestines was in a high state of inflammation; that which formed the omentum was in a gangrenous state, and the right lower edge of the omentum adhered to the peritoneal covering of the right iliacus muscle: on separating these, we discovered a large ulcer of the peritonium, to the right of the ilio-cæcal valve—it measured an inch wide by two and a half long, extending towards the pelvis, in which we collected about one pint of pure pus. The mucous membrane of the stomach and intestine was inflamed, but not so much as the peritonium. The thoracic organs were not examined.

Here we have a case of Peritonitis progressing on to gangrene and suppuration, and the patient complaining of scarcely any pain indeed he attended to his school until a day or two previous to our
first visit. Could the pain have been controlled by the patient's fortitude, or was it really not felt because of a morbid impairment of sensibility? From the extent of the disease, I think it impossible that any man with ordinary sensibility, could have borne it without complaint.*

CASE No. 2. Paralysis, or Loss of Muscular Motion of the right arm.—On the 12th of March last, we were called to see a negro boy about ten years of age, the property of Miss D*****, and found him laboring under complete paralysis of the right arm. The boy's mother gave us the following history:

Two nights previous to our visit, something like a noise caused her to notice the boy: she found him somewhat stupid, partially blind, and unable to move the right arm. He remained in this condition until our visit, about forty hours after.

The patient then presented the following symptoms:—Stupor, such as to render it difficult to arouse him; pulse firm and slow; bowels costive; complains only of pain in the head. We bled him generally and locally; blistered the nape of the neck; ordered mercurial and aloetic purges—his bowels were all the time very difficult to move. This treatment was pursued ten or twelve days, without any improvement. We then put him under the operation of the electro-galvanic battery, the operation of which was confided to his young master, to be made daily.

April 12. I happened to be in the neighborhood, and called to see the boy. I found him almost entirely relieved: he could throw a stone about as far as he ever could, and the only difficulty was a little weakness of the arm. The use of the battery was shortly after discontinued.

June 17. The arm has been gradually improving, and there is now scarcely any difference between it and the other.

* See Dr. Carr's Article under head of Extracts. Was this not a case of disease originally located at the Cæcum? May there not have been some of the muscadine seeds lodged in the Appendix?—Edts.
ARTICLE III.

A Case of Lumbar Abscess. By E. M. Pendleton, M. D., of Sparta, Ga.

An extract in the March No. of the Southern Medical and Surgical Journal, from Dr. Oke, of Southampton, defining the diagnosis between several diseases, which produce pain in the loins, has directed my attention to a case, occurring in my practice during the last autumn, and which strikingly exemplifies the difficulty, as well as necessity, of a correct diagnosis in all such cases.

I first saw the patient on the 21st November last. He was a farmer, residing near this place, about thirty-five years of age, and was in the following condition:—Countenance depressed, indicating pain and anxiety of the mind; pulse very feeble and thready; voice weak; great emaciation, &c., reminding one of the last stage of phthisis pulmonalis. He lay on his back, could not move himself except when assisted, and then only with great pain; his whole complaint was referred to the lumbar region extending down the left hip to a little below the joint; he had severe diarrhœa, his stools indicating considerable derangement in the biliary secretions. The urine was passed freely, and without difficulty, and the appetite but little impaired. On examination, I found two small tumours occupying each side of the lumbar vertebrae which evidently contained matter. There was slight tenderness and fluctuation also extending down the left hip to the upper and outer part of the thigh. I could not hesitate for a moment as to the nature of the case, and directed my treatment accordingly.

The following is a succinct history of the case, as given by the patient, and his attendants previous to this time:—Sometime during the month of May, 1844, he was attacked with pain and weakness in the lumbar region after considerable exposure to cold, damp weather; he applied for relief to an experienced and skilful physician, which was but partially afforded. A fresh exposure produced a recurrence of the pain, and though subsequently treated for acute nephritis and lumbago, only a mitigation of the symptoms was obtained for a time. He continued to grow worse and waste away until the latter part of August, when he became perfectly bed-ridden, suffering the most intense pain, and giving up all hope of recovery.
As a dernier resort, however, finding that science had failed, he had recourse to empiricism. A notorious steam doctor was sent for, who having exhausted the routine of No. 6, composition, lobelia and steam-bath, gave up the case as utterly hopeless, declaring to the alarmed and awe-stricken patient, that he could have cured him, but one of his kidneys was entirely destroyed, and he could not make a new one.

I will merely give the outlines of the treatment instituted in the case. My attention was first directed to the diarrhœa, which was very exhausting. This I succeeded in checking in the first twenty-four hours with powdered opium. I next corrected the bilary derangement by blue pills and a large blister over the right hypochondriac region, where there was pain and tenderness on pressure, and then directed my attention to strengthening the patient. Fearing lest a too speedy abstraction of matter might be too much for his extremely weakened state, I applied blisters over the tumours, and upon the tender point down the thigh, that external suppuration might go on gradually, while I plied the exhausted powers of the constitution, with wine and a nourishing diet, hoping to restore its recuperative energies, in some degree at least, before operating.

Night sweats supervening in a few days, I added about ten drops of elixir vitriol to the wine, to be taken thrice daily. The blue pill was continued until ptialism was produced, and the blisters applied and re-applied with but little effect, except the one on the hip, which seemed to suppurate considerably. Early in December, the tumour broke at the upper and outer portion of the left thigh, and ran an immense quantity of pus during several succeeding weeks. The tonics were gradually increased, and my patient commenced to improve. By the 30th December, (my last visit,) the tumours had entirely disappeared, and firm and healthy granulations taken their places, and the issue on the thigh nearly healed up. He had also been able to sit up a little. Subsequently he continued to invigorate very fast, and was soon able to go about and attend to his business. He however complained of considerable weakness of the left side, no doubt occasioned by the shrinking, from long inertia, if not partial loss, by suppuration, of some of the cellular tissue, &c., about the hip.

The chief points of interest in this case are, first, its Etiology. The patient had received an injury in the loins a number of years since, from a fall, which had produced weakness and occasional pain ever since. I believe it is generally conceded, that exposure to alterna-
tions of temperature, or any other cause which tends to produce inflammatory action in the system, will always attack the weak part first. I regard, then, in this case, the injury as the remote cause, inducing a preternatural weakness of the parts; and the exposure to cold as the proximate cause superinducing an inflammatory action about the muscles and the cellular texture beneath, which, from the failure of antiphlogistic treatment in the outset, terminated in suppuration and lumbar abscess.

Next, the Diagnosis. No scientific physician had seen the patient for near two months prior to my being called in. Hence, I apprehend the case to have been more difficult of diagnosis in the early stages than when I first saw him. As the pain in each loin was immediately over the kidneys, and psoas abscess is so unfrequent in this country, the attention of the physician should have naturally been directed to nephritis first. But when he ascertained that the secretion of the kidneys had not been disturbed in the least, it would not be strange for him to recur to lumbago or some spinal affection for a solution of the difficulty. Had I formed a hasty diagnosis, founded upon preconceived notions and a casual examination, the true pathology of the disease would have remained undiscovered, and by consequence, the treatment of such a character, as to endanger the life of the patient. I first ascertained that the lungs, stomach, liver, kidneys, and all the important viscera of the system were not materially diseased: when by careful examination and pressure upon the loins, I detected deep seated fluctuation, the problem was at once solved, and the case made out. I was enabled to encourage the patient to hope for life.

The third point of interest, is the treatment. An immediate opening of the abscess, (as a physician subsequently told me should have been his course,) would, I am sure, have effectually prostrated the patient. However difficult may be the rationale of the thing, facts have established the principle in pathology, that a large quantity of fluid, whether water or pus, suddenly abstracted from the system, produces debilitating effects. The draughts made upon the vital powers (already so much weakened by disease) to restore the lost fluid to the system by the secretive process, produces a prostration from which none but the strongest constitutions may hope to recover. Such was the fact in a case which I saw while at Lectures, operated on by Professor F———. He mentioned his apprehension to the class at the time, although the patient was able to walk about, and
seemed to have considerable strength. A large quantity of matter was abstracted, and in two days the patient was dead. This, and another case of a similar character and history, decided me in delaying the operation, (until the very last point of time,) and instituting a course of stimulants and tonics, that I might strengthen, if possible, the recuperative energies of the system, so as to aid nature in throwing off the extraneous matter in a more gradual manner than could have been effected by surgical interference. The blisters aided our efforts considerably by their counter-suppurative effects. In reviewing the history, pathology and treatment of the case, we are constrained to believe that the recovery of the patient turned mainly on the constant administration of stimulants and tonics, and the refraining from a sudden abstraction of the matter, while yet the system was unable to sustain itself, under an exhausting issue, of a deep seated and large abscess.

ARTICLE IV.

Extirpation of a schirrous tumor, the patient being in the Mesmeric state, and evincing no sensibility whatever during the operation.
By L. A. Dugas, M. D., Professor of Physiology, &c., in the Medical College of Georgia.

Mrs. Clarke, the lady whose mamma I removed in January last,* enjoyed for several months afterwards an unusual degree of health. In the month of May, however, she began to suffer almost daily with slow fever, and perceived a small induration in the adipose tissue surrounding the region formerly occupied by the breast. This soon assumed the form of a distinct tumor, which was increasing in size with some rapidity, and was becoming painful, when, in the early part of June, I advised Mrs. C. to have it extirpated. To this proposal she readily consented, remarking very philosophically, that she would rather have such a tumor removed every six months, than permit it to remain and grow on her. There was no evidence of disease in the axilla.

I now requested Mr. Kenrick to ascertain whether he could still

* Case published in the March No. of this Journal.
Extirpation of a Shirrous Tumour.

mesmerise her, and, if she were susceptible, to repeat the operation a few days, so that we might test her sensibility in that state. Mrs. C. was readily put into the mesmeric state, and found to be entirely insensible during its continuance. Deeming it unnecessary to repeat the tests, I determined to operate on the 13th June, several days sooner than was expected by either herself or her friends. The operation was performed in presence of Professors L. D. Ford and Jos. A. Eve, Drs. L. Kennon and J. F. Hammond, the Rev. Mr. Alfred Ford and Mr. F. J. Martin. The patient was mesmerized at 9 o'clock, A. M., and the extirpation effected at about 10 o'clock, by making a semilunar incision along a portion of the circumference of the tumor, turning over a flap, and dissecting away the indurated mass and surrounding tissues, making up the volume of a hen's egg.

During the operation, Mr. Kenrick, being blind-folded to avoid the unpleasant spectacle, sat by the patient, with her hands in his. Mr. K. avers that Mrs. C. evinced no uneasiness by grasping his hands, that her fingers did not twitch, and in short, that her hands remained perfectly passive. Prof. Ford, whom I had requested to note the pulse and respiratory act particularly, informs me that there was no appreciable change in their character and frequency before, during and after the operation. The countenance of the patient and the hue of her cheeks presented no change whatever, nor was there the least indication of sensibility detected during or subsequently to the operation, by those who were present and anxiously watching the result. There was neither twitching of the pectoral muscle when touched with the sponge, nor tremor of the lower jaw. Indeed the patient slept on as quietly as an undisturbed infant, through the entire operation.

The wound was left open about half an hour, a small vessel ligated and the ordinary dressing applied. The patient was permitted to sleep on, and awoke spontaneously at a quarter-past 1 o'clock, P. M., in the presence of Dr. Ford, the Rev. Mr. Ford, Mr. Kenrick and myself. Dr. Kennon arrived a moment afterwards. She appeared entirely unconscious of what had been done, and was much surprised as well as gratified, on being informed that the operation was over. She stated that she had not suspected our design, and had no recollection of having experienced the least uneasiness during her nap.

I will add on this occasion, as I did on reporting the former case, that the above statement has been submitted to all the professional gentlemen present, and that they fully concur in its accuracy. This
is perhaps the only instance on record in which a serious and painful operation has been twice performed on the same individual in the mesmeric state, a circumstance that may lend it additional interest with those who are disposed to collect facts on an interesting subject.

Augusta, 1st July, 1845.

PART II.—REVIEWS AND EXTRACTS.

Cases illustrative of the Diseases of the Cæcum and its Appendix. By Edson Carr, M. D., of Canandaigua, N. Y.

The cæcum has manifestly an individuality both of function and disease—having offices to perform in some respects quite peculiar to itself, while it is subject to frequent derangements and fatal diseases, in which no other portion of the digestive apparatus is implicated.

While the former have received far less consideration than their relative importance would seem to demand, the latter can scarcely be said to have a place in our systematic practical works.

A Monograph by Dr. John Burne, an article in Copland's Dictionary of Practical Medicine, and the cases which are detailed in Dupuytren's Clinical Lectures, embrace nearly all that has fallen under my notice upon this interesting class of affections; with the exception of single cases which occasionally appear scattered through our periodicals.

If we take but a very superficial view of this organ, its situation and capacity, its attachment to the parietes of the abdomen, so confining it that its relative position admits of no change, and the circumstance that its contents are moved forward in opposition to the laws of gravitation, it must be evident that the alimentary substances were designed to remain here longer than in any other portion of the alimentary canal.

These considerations have very naturally suggested the idea that the cæcum constitutes a kind of second stomach.

Again, if we examine a little more carefully into its organization, we find the cæcum liberally furnished with large follicular glands, evidently designed for the abundant secretion of important fluids, while the entire organ, with its appendix, is more richly supplied with arterial blood than any other portion of the intestinal canal. It appears from the experiments of Tiedemann and Gmelin, that these follicular glands "secrete an acid, albuminous and solvent fluid, which mixes with, and promotes the digestion of those portions of aliments which have withstood the action of the stomach and small intestines, or have been insufficiently changed by them." We may
Diseases of the Cæcum

also remark that the contents of the alimentary canal first acquire their peculiar fecal odor in the cæcum. This, according to the researches of the same physiologists, depends upon an oily volatile substance secreted by the mucous follicles. And we think it highly probable that the appendix performs an important part of this work, since, when examined in its natural condition, it is generally found to contain a portion of this material. Indeed, we think it would be difficult to assign a more probable function to this organ; inasmuch as its formation is such as to preclude the idea of the alimentary substances entering it, while the large supply of blood sent to it must plainly bespeak for it a more important office than merely affording a convenient retreat for such unlucky cherry stones and the like, as may chance to escape from their destined course.

It further appears probable from the experiments of Tiedeman and Gmelin, that the cæcum performs the additional function of secreting "chiefly from its numerous follicles, an unctuous fluid for the protection of the surfaces of the large bowels from the irritating effects of the fecal matters passing along them," and that the constituents both of this and of the other secretions poured out from its surface, consist of elements which require to be eliminated from the blood; so that, in addition to its other functions, it is also a depurating organ.

We may reasonably infer from the foregoing considerations that the cæcum is an important organ, whose functions can neither be suspended nor suffer material derangement, without serious detriment to the animal economy.

My own observations lead me to apprehend that such disturbances occur much more frequently than it has generally been supposed. Such suspension or modified function may result from various causes, as defective nervous stimuli, the unnatural stimulus of crude undigested food, unhealthy secretions of the primæ viæ, or sympathetic relation with some other organ, in a pathological condition. The following case will perhaps sufficiently illustrate the most simple form of such derangement:

Case I. Mrs. B., now thirty-seven years of age, experienced slight inconvenience early in the summer of 1828, from dyspeptic symptoms, which readily subsided under a regulated diet. From early childhood to that period, she had never suffered from any serious indisposition. She soon lost her ruddy complexion, her usual elasticity and strength began to decline, her lips and tongue became pale, and a general disinclination to physical and mental exertion soon followed. But the more remarkable circumstances manifested in this case, are a slight uneasiness seldom amounting to pain, frequently felt in the region of the cæcum, and ascending colan, attended with an evolution of gas which escapes entirely without odor, while the fecal matters, which are quite natural in appearance, with the exception of perhaps being slightly softer than common, are generally entirely wanting in fecal odor.
This state of things has continued with but short intervals of interruption for more than sixteen years. During this period she has had a good appetite, with no unnatural thirst, and daily motions of the bowels without the use of medicine. The uterine functions have been uniformly healthy. She has borne four children during the time. Menstruation has never been interrupted except during pregnancy and nursing. It has never varied materially in time, quantity or quality, and has never been attended with pain or any appreciable constitutional disturbance. She has never suffered from leucorrhoea, or indeed from any other indisposition than the above described.

Several intelligent members of the profession have been consulted in this case, and the functions of every organ in the body have been faithfully interrogated and carefully watched, and yet no one has been able to form a satisfactory opinion as to the cause of these peculiar phenomena.

The observations of Dr. Copland upon the functional derangements of the caecum, seem to throw some light upon this and similar cases, and make it appear at least probable that these peculiarities depend on such derangement. If the views which are entertained in regard to the functions of the caecum be correct, there will be no difficulty in coming to such conclusion.

I might here introduce several other cases which would seem to confirm the correctness of the views above presented, but perhaps this may be sufficient to direct the attention of other and more competent inquirers to its investigation.

I will however remark, that I had an opportunity about a year since, of making an examination of a case in which the leading symptoms had for a long time been similar to the one already described. In this instance, death was occasioned by the sudden supervision of acute gastro-enteritis. The lower part of the ilium, the caecum, and a small part of the ascending colon were found very much hypertrophied, the parietes of the caecum measuring over two lines in thickness, while the cavity of the appendix was so nearly obliterated as barely to allow the introduction of a small probe.

Dr. Copland remarks, that "when the vital energies are weakened and the alimentary canal debilitated, the caecum often betrays greater disorder than any other part of the digestive system. Its situation and functions will account for the frequency and importance of its diseases. In some cases, the irritation produced by mordid or accumulated matters in it are slight, and readily productive of sufficient reaction of its muscular coats to propel them along the colon. In other instances, the efforts made to accomplish this end, owing to the obstructions occasioned by the lodgment of flatus about the right flexure of the colon, or by irregular spasmodic contractions of this bowel, are ineffectual, and give rise to colicky pains. If the interruption is removed, disorder soon subsides; but if it continues for any considerable time, the more violent forms of colic or ileus supervene."

The two following cases, while they corroborate the foregoing re-
marks, have some points of peculiar interest as illustrating the fact, that the bowels may be freely evacuated with active cathartic medicine, while substances remain impacted in the caecum undisturbed.

**Case II.** On the 7th Aug., 1835, I visited Saugur Brockelbank, a lad thirteen years old, who had complained for two or three days with colicky pains. He had taken salts, castor oil and cathartic pills, which had operated well, but without relieving the pain.

I learned that four days previous to this time, he had eaten freely of choke cherries (prunus virginiana). On examining the abdomen, he seized my hand as it approached the right iliac region, exclaimed that it was very sore. Careful examination discovered a distinct circumscribed fullness and hardness over the caecum. He complained of thirst and head-ache; pulse eighty-four, and rather hard.

Pres. v. s. $\frac{3}{2}$ s., calomel ten grs. to follow in three hours, with castor oil. Warm fomentations to the bowels.

8th. His bowels have been freely moved several times. Soreness over the caecum still continues; pulse ninety-two, v. s. repeated; calomel four grs., with one-eighth gr. morphine to be repeated every six hours. Blister to the seat of the soreness.

9th. Bowels have not been moved since yesterday; pulse ninety-two; tongue slightly coated with a white creamy covering; pres. calomel five grs., to be followed with castor oil in four hours. Blister to be dressed with warm poultice of slippery elm.

10th. Soreness rather increased; bowels moved, but slightly; pulse ninety-four, small and quick; pres. calomel and Dover's powder, each three grs. every four hours, and fomentations to the bowels.

11th. Has had two slight motions of the bowels—without fecal odor. Calomel and Dover's powders continued; blister renewed and to be dressed with slippery elm poultice.

Evening. His bowels have been moved several times during the day; no fecal odor; complains of thirst, tongue heavily coated but not dark; five grs. of Dover's powder every four hours.

12th. Relieved from pain by Dover's powder, but not otherwise improved; calomel and Dover's powders every four hours, blister renewed.

13th. Tongue more thickly coated; pulse ninety-six, small and quick; pres. cal. five grs., to be followed in three hours with salts and senna, and in three hours the following enema to be administered: R. castor oil $\frac{3}{2}$ ij., spts. terebinth $\frac{3}{2}$ i., warm water one pint.

Evening. The bowels have moved freely several times during the day. The evacuations contained what the mother termed "a handful of cherry stones, which had remained so long that they smelt very bad."

From this time the soreness began to subside, and his recovery was rapid and uninterrupted.

Can there be any doubt that in this case, the cherry stones were
lodged in the cæcum during the nine days which intervened between
the time of eating and discharging them?

CASE III. At 1, A. M., August 17, 1840, I was called to R. B., aged 20. He complained of excruciating pain in the abdomen, with
nausea, retching, anxious countenance, features much contracted,
pulse 110, quick, small and tense; the whole abdomen extremely
painful to the touch. He had been troubled for several days with
diarrhœa, attended with occasional griping pains. For the last
twenty-four hours, he had felt a dull aching pain in the bowels, which
was increased while in the erect posture, and greatly aggravated by
any slight jar, as in walking. But the severe pain came on sud-
denly on rising from his bed just before I was called, at which time
he experienced a smart chill. I took from the arm thirty-six ounces
of blood, gave him fifteen grains of calomel combined with one-half
grain of morphine, and hot fomentations were applied to the bowels.
6 o'clock—pain and nausea slightly relieved, but the soreness of the
bowels continued. Bleeding repeated to twenty ounces, which oc-
casioned fainting: calomel ten grs. and Morphine one-half gr.: fo-
mentations continued, and a mixture of calc. magnesia 3i.; aromat.
syrup of rhubarb, 3i; to be given in three hours.
2 P. M., pulse 127. Soft and compressible, pain much relieved.
By means of a flexible tube passed into the colon, the following
exema was administered:—R. castor oil, 5ij; spts. turpentine, 2i;
warm water, three pints. This passed off in the course of three
hours, with some fecal matter.
9 P. M., pain much diminished and entirely confined to the right
iliac region, where a distinct circumscribed fulness and hardness was
perceptible. Calomel, three grs.; morphine, one-fourth gr.; to be
given every four hours.
15th. Morning. Pain, soreness and swelling over the cæcum,
considerably increased; pulse 130, small and quick. An injection
of warm water and castor oil produced a small fecal evacuation,
without odor. Calomel and morphine continued; about four oz. of
blood was taken from the region of the cæcum by cupping, and fo-
mentations to the seat of pain.
2 P. M. Pain somewhat relieved; blister applied to the seat of
pain.
9. Evening, pain much relieved. Injections repeated, but with
slight effect—calomel 3 grs., Dov. powder 4 grs, to be given every
four hours. Blister to be dressed with slippery elm poultice.
19th. Morning. Rested well: free from pain, pulse 120, soft and
compressible. Tongue slightly covered with moist white fur. A
mixture of castor oil, 3i., and an equal quantity of aromatic syrup of
rhubarb, to be given directly.
2 P. M. Has had rather a scanty evacuation, tinged with bile,
with slight fecal odor; feels much relieved.
8 o'clock. Evening. Pulse 110, soft and compressible; bowels
have been freely evacuated; faecal odor, strongly marked. 5 grs. Dov. powder to be given for the night.

20th. Morning. Has had a tolerable night’s rest; pulse 110; bowels acted freely; complains of soreness, and some deep seated pains in the region of the caecum. Blister dressed with mercurial ointment.

Evening. Pulse 100; swelling and soreness still continues; camphor and opium pill to be given at bed time. Mercurial dressing continued.

21st. Still complains of dull, deep seated pain; pulse 100; camphor and opium pill; mercurial dressings continued.

Evening. Pain continues; pulse more full and hard; tongue more coated, with edges very red; colon distended with \( \frac{3}{4} \text{v.} \) castor oil, in five pts. warm water. This brought away an apple seed, with some flakes of hardened faecal matter which appeared as if broken from a hard mass. Pres. Dov. powder and calomel. 5 grs. to be repeated every four hours.

22d. Morning. Has had a quiet night; pulse 100; tongue looks better; swelling and soreness much relieved; skin has been in a moist state during most of the night. Has had a large evacuation of offensive faecal matter, with several hardened lumps in which were found a number of whole, unripe blackberries. On inquiry, no fruit of the kind had been taken since the Saturday, a week before his illness.

Evening. Has had several evacuations during the day, with fragments of hardened faecal matter, containing numerous seeds of blackberry.

From this time he began gradually to recover, although it was several weeks before the soreness and swelling had so far subsided as to allow of his returning to business.

He has since had several slight attacks of pain and soreness in the region of the caecum from error in diet, which have readily yielded to prompt treatment.

We may remark that in both of these cases, during the time in which foreign substances remained impacted in the caecum, although the bowels had been repeatedly freely acted upon by medicine, there was almost an entire absence of faecal odor in the alvine discharges. I have noticed the same circumstance in several other similar cases, and recognized the reappearance of the odor, as one of the earliest symptoms of anything like permanent relief.

Case IV. On the evening of the 29th of August, 1835, I visited Miss ———, a young lady, 16 years of age. She had suffered from slight headache, for two or three days. Four days previous, while walking in the garden, she had taken several unripe plums, since which time she has had no motion of the bowels. I attributed her headache to this circumstance, and directed castor oil and aromatic syrup of rhubarb, of each one ounce.
Diseases of the Cæcum.

30th. She has had no motion of the bowels: headache continues; pres. &. Calc. magnesia 3i.; spts. ammon. aromat., 3i.; mint water, 3i.; to be taken directly, and repeated in three hours if required.

Evening. Medicine has had no effect, and the following was ordered; calomel 8 grs., com. ext. colocynth 12 grs., and should this have no effect, it may be repeated in six hours.

31st. Her medicine has had no effect; complains of pain in the bowels. On examination, I discovered tenderness and slight fullness in the right iliac fossa. V. S. 5xvi. fomentations to the abdomen, and an enema to be administered directly, and should there be no motion of the bowels in three hours, the following mixture to be given: castor oil, 3i, aromatic syrup of rhubarb, 3ss, with the addition of two drops of croton oil.

From this time to the third of September, being ten days from the time she had taken the plums, although ordinary means have been resorted to, such as bleeding, blistering, warm baths, enemas and active cathartics, no passage of the bowels had been effected.

At the request of Dr. Bristol, who was now called in consultation, the croton oil, warm bath and enema were repeated, but all with no effect.

Sept 4th. The soreness and pain have increased during the night: tongue loaded with a heavy white coat; pulse 88, quick and small; calomel and Dover’s powder each three grs. every three hours. About noon she experienced a smart chill, which was followed by severe pain and exquisite tenderness, which spread rapidly over the whole abdomen.

Drs. Cheney and Bristol were now called in consultation. The stomach had become so irritable as to reject everything taken into it, and the rectum so sensitive, that enemas by an ordinary syringe could not be retained, and it was proposed to distend the colon freely by means of a long flexible tube. In attempting to pass this into the colon, I met with a difficulty which I had frequently encountered in similar attempts.

When the tube reaches the angle which the intestine makes, in passing over the psoas muscle and common iliac artery, it meets the side of the gut, nearly at a right angle, and after forcing the intestine before it as far as its loose folds at this point will allow, the tube is doubled upon itself, some two or three inches from its point, and broken. That this is the nature of the difficulty, which frequently occurs in passing a flexible tube into the colon, I have satisfied myself by laying open the abdomen of the dead subject, and introducing it with the intestine exposed to view. Indeed, I think it requires especial good luck, as well as dexterous manoeuvring, to be able in all cases to pass an elastic gum tube into the colon, although from the representations of Mr. O’Beirn and some others, it seems quite otherwise.

In order to satisfy myself whether there was any unnatural obstruction in this case, I took a common rectum sound, and passed it
into the colon without difficulty. It now occurred to me that a flexible metallic tube, made in shape similar to the sound, might be introduced without trouble. I accordingly prepared one the size of a large catheter, with an egg shaped bulb upon the end, pierced with several holes like the tube of the womb-syringe—passed it into the colon, attached it to the tube of Reed's double valve pump, and gradually distended the colon with a mixture of castor oil $\frac{3}{4}$iv., spts. turpentine $\frac{3}{4}$i. and five pts. warm water. This soon passed off; and with it a large quantity of dark faecal matter, containing several balls of black, hardened faecal matter, about the size and in appearance not unlike the black walnut. The evacuations were attended with alarming fainting, but were soon followed by relief from all pain and threatening symptoms.

The three preceding cases, I apprehend, furnish us with examples of the most common causes of acute inflammation of the caecum, viz. foreign indigestible substances, or hardened faecal matter, impacted in the caput coli.

Mr. John Burne, Physician to the Westminster Hospital, in an article published in the 20th vol. of the Medico-Chirurgical Transactions, has given a history of eight very interesting cases of this disease. He tells us he has seen not less than twenty cases, in all of which he has not seen a single example of the idiopathic inflammation of the caecum from the ordinary general causes—exposure to the vicissitudes of weather, &c. "But every instance has been symptomatic of some mechanical exciting cause, as the lodgment of undigested food, of fruit stones or of concretions which the structure of the caecum and appendix favors; and hence the peculiar features of the disease." It not unfrequently happens, that after an attack of acute inflammation of the caecum, induced by some foreign substance impacted in its cavity, the natural powers of the organ are but slowly regained; hence it is subject to renewed attacks from any trifling error in diet, or slight exposure to cold. Such cases often become exceedingly troublesome and difficult to manage. The following is an instance of the liability to a recurrence of this kind:

**Case V.** On the evening of June 13, 1843, Miss E. J. W., aged 17, was seized with pain in the bowels, which was attributed to her having eaten freely of unripe gooseberries during the preceding afternoon. I saw her early on the morning of the 14th. Her countenance was indicative of severe suffering. She had taken a full dose of Gregory's Mixture (magnesia, rhubarb and ginger), which was rejected. The pain was referred to the umbilical region; pulse 88, full and sharp; pres. V. S. $\frac{5}{3}$xx. calomel gr. 10. Morphee gr. $\frac{1}{4}$. Hot fomentations to the abdomen.

I saw her again in three hours. Her medicine had been retained, although there had been some retching. Pulse 84, pain somewhat abated; pres. calomel 5 grs. Morph. 1-3 gr. Fomentations continued. 3 o'clock, P. M. She complains much less of pain. Skin moist;
tongue slightly coated with moist white fur; pulse 84, soft; pres. half a Seidlitz powder, to be repeated every hour, in hot water. Fomentations to be continued.

9 P. M. Medicine has been retained, but there has been no motion of the bowels. Slight pain still complained of in the umbilical region. Abdomen soft; moderate pressure occasions no pain except over the caecum, where there is an evident fulness, quite tender to the touch. Pres. an enema of castor oil and warm water, to be administered directly. Cal. and Dov. powd. each grs. iii., to be given every four hours. Fomentations to be continued.

15th. She has passed a comfortable night; had a slight motion of the bowels soon after the enema, with some dark faecal matter. The pain has entirely receded to the right iliac fossa, where it remains constant but not severe. Soreness not diminished; tongue more thickly coated, but white and moist. Pres. blister over the caecum. Half a Seidlitz powder every hour and an enema to be repeated every third hour, until free evacuations shall be procured.

Evening. She has had several small evacuations of a greenish fluid with no solid faecal matter. Pres. 5 grs. Dov. Powd., to be given every three hours. Simple dressing to the blister, over which is to be laid a warm bran poultice.

16th. She has had a quiet night, free from pain. Skin moist. Pres. The following enema to be administered directly: Castor oil 3ij., spirits turpentine 3ij., warm water two pints.

2 P. M. In the course of the forenoon, she had several evacuations of dark faecal matter in which there were several hard masses containing portions of several partially digested gooseberries. Pres. Half a Seidlitz powder every two hours.

Evening. She has had several evacuations of greenish faecal matter during the afternoon. Pres. 5 grs. Dov. Powder.

17th. Convalescent.

On the 8th of June, 1844, a similar attack occurred after eating unripe, or but partially ripened cherries. Under a similar course of treatment she got relief on the 4th day after the attack, but the soreness and tumefaction subsided much more slowly than in the first instance.

On the 14th of Sept. following she was seized in the same way—but the case proved much more obstinate than in either of the former attacks, yielding to the treatment on the 15th day after its commencement.

On the 3d of Dec. of the same year, she had a recurrence without any known cause, except a bad cold, under which she had been suffering several days. This lasted until the 21st, or eighteen days from its commencement. From this time until the following spring, she was constantly troubled with constipation of the bowels, attended with flatulence, together with more or less tenderness and pain in the caecum and ascending colon. Her general health suffered materially until the 23d of April, 1845, when she had another attack,
attended with more acute inflammatory symptoms than either of the former, involving the peritoneum to considerable extent. This occurred in three or four hours after eating boiled cabbage. By the use of an emetic most of this was thrown off from the stomach, in an undigested state, together with a quantity of green bile. The inflammation subsided, under active treatment, in the course of six days, and the bowels slowly regained their natural powers so far as to be comfortable under a carefully regulated diet, with the occasional use of tonic laxatives.

We occasionally meet with instances in which the vermiform appendix seems to be the principal seat of the primary disease. This is generally occasioned by the accidental intrusion of some small, hard substance into its cavity, which its free communication with the cæcum readily allows; while there is no way of escape but by a retrograde movement. Whether this organ has the power of expelling offending matter in this way or not, it is well known that they sometimes become impacted in this narrow tube, giving rise to irritation and inflammation, which result in perforative ulceration of its coats with most disastrous consequences.

Mr. Copland mentions having seen four cases of this description, where the appendix was primarily and chiefly affected, owing to hard substances having escaped into it. All of these cases terminated in general peritonitis and gangrene of the appendix.

It appears from his description of this affection, that in the cases which he has seen, the symptoms from the beginning were more acute than in inflammation of the cæcum itself.

Two well marked instances of this affection have fallen under my observation, one of which was occasioned by the presence of two biliary concretions lodged in the appendix. The symptoms in these cases were less urgent than in those related by him; although the sequel was the same.

Case VI. This occurred in a young man about 17 years of age, while attending school at the Canandaigua Academy. I first saw him on Tuesday, June 6, 1837. He complained of sickness at the stomach, and pain in the umbilical region. He attributed his illness to the eating of oranges on the previous evening. I gave him calomel and rhubarb, of each 10 grains in powder, and directed hot fomentations to the abdomen.

I called again in four hours. The sickness had subsided and pain somewhat abated; gave him castor oil and aromatic syrup rhubarb each 1 oz.; fomentations to be continued, and a copious enema to be administered in three hours.

7th. The bowels have been freely moved; still complains of pain about the umbilicus. On carefully examining the abdomen, I discovered tenderness on pressure deep in the lower part of the right iliac fossa; no febrile movement has manifested itself.

I applied a blister to the right ilo-inguinal region, and directed
calomel and Dover’s powders, each 3 grains, to be repeated every four hours.

Evening. Several times during the day he has rejected from the stomach small quantities of greenish watery fluid, which has left a slight stain upon the tongue. The blister has filled well; Dover’s powder and calomel to be continued through the night.

8th. Rested well during the night; pulse 76, soft. Skin moist; thin white coat upon the tongue; not dry; no pain, but little soreness; blister looks well. I gave him ten grains of calomel to be followed in three hours, with a draught of infusion of senna and Epsom salt.

Evening. His medicine has operated several times during the day. The evacuations contain a large quantity of dark faecal matter but without faecal odor. He expresses himself as feeling relieved. Directed Dover’s powder for the night.

9th. Had a quiet night. No pain, but some soreness in the right iliac region. Heavy white coat upon the tongue; pulse 78, and soft, and yielding readily to slight pressure. Has had a small evacuation from the bowels. No faecal odor; blister reapplied. A seidlitz powder to be given every three hours.

Evening. Bowels have been moved several times, evacuations not examined. Entirely free from pain. I spent more than an hour with him, in company with some friends, who had called on him. He left his bed and walked to his chair without assistance. Conversed freely, and desired permission to ride to his friends the next day—a distance of 10 miles—which I advised him to defer for a few days. Everything seemed quite favorable, excepting a very heavy, white, clammy coat spread entirely over his tongue. A Dover’s powder was the only medicine prescribed for the night.

10th. I was called to him very early this morning, and found him in articulo mortis.

On post-mortem examination, assisted by Dr. Bristol, there was found in the pelvis about half a pint of purulent matter. The vermiform appendix presented an opening about one inch from its attachment to the cæcum, in which lay a biliary concretion about the size of a common white bean, and nearly of the same shape. On raising the appendix it separated from the cæcum, and was found in a gangrenous state through its whole extent. About half an inch above the ulcerated opening already mentioned, there was an enlargement of the appendix in which was found another concretion of about the same size and appearance. On carefully cutting open the concretions, they were found to be composed of concentric layers of dense biliary concretion around a common centre of the same material. Marks of recent inflammation were traceable to a great extent, over the peritoneum as well as the small intestines.

The most remarkable feature in this case, is the amount of organic lesion of so destructive a character, with no more urgent symptoms.

In the other instance of this description of disease to which allu-
sion has been made, the symptoms were more nearly allied to those of strangulated hernia. The appendix was found imbedded in a mass of omentum, greatly hypertrophied, and in a state of ulceration. The cavity of the appendix was nearly obliterated by a thickened condition of its mucous membrane which had assumed a kind of firm pulpy consistence. Portions of the mucous membrane of the cæcum also presented a similar appearance.

Affections of the appendix are not generally distinguishable from those of the cæcum itself, during the life-time of the patient. We may sometimes suspect them when the seat of the affection is deep in the pelvis, as this organ is frequently found depending in this situation. This was noticed as detailed in Case VI. The soreness was deep-seated in the pelvis, which led to the suspicion that the appendix was the principal seat of the affection. Indeed the opinion was expressed before the post-mortem examination. But the situation of the appendix varies so much in different individuals, that even this sign can lead to nothing more than a mere suspicion; nevertheless, this fact is often very important in its practical results.

In the dissections which I have made, I have not discovered much uniformity either in the size or shape of the appendix, or of its place of origin, nor of the direction which it takes on leaving the cæcum. Among my dried preparations, I have one colon of common size, in which the appendix measures six and a half inches in length, and nearly half an inch in diameter; passing off nearly in a straight line from the most depending point of the caput cæci, the extremity of the appendix resting on the floor of the pelvis. I have another colon of equal size, in which the appendix is less than two inches in length, and no thicker than a crow's quill. This has its origin just at the margin of the ilio-cæcal valve, is coiled upon itself, and firmly bound to the cæcum by a fold of peritoneum. In another specimen the appendix measures four inches in length; has its origin within half an inch of the termination of the ileon and makes a turn round this intestine, firmly embracing it. I have preserved nine preparations of the cæcum and appendix, all of which vary materially in their form and construction, so that no general description will answer to any two of them.

Dr. Burne observes, that "The confirmation and situation vary much in different individuals—a fact not noticed by anatomists, but which I have found to influence the phenomena and nature of its diseases very considerably. The conformation of the appendix is generally described as flexuous, and its situation as depending into the pelvis; but by some the situation is not noticed, further than that the appendix arises from the cæcum, and is bound down to it on the right by a fold of peritoneum, the meso-appendix; whereas the appendix is more frequently situated on the outer edge of the psoas magnus, on the fascia iliaca, snugly curled up beneath the cæcum, and concealed by it—a fact which I have verified by many dissections, and one of great importance to the pathologist, as will be seen.
In the event of a perforative ulceration of the appendix, and a con-
sequent peritonitis or faecal abscess, the parts involved will differ entirely
according to the situation of the appendix. If it should happen to
depend into the pelvis, then the pelvic viscera will be implicated; if
it should happen to be situated on the iliac fascia, and underneath
the caecum, then the belly of the iliacus internus and the neighboring
adipose cellular tissue will be involved, and the course of the abscess
be determined accordingly: so important is the relative anatomy of
even inconsiderable organs to the physician."

The foregoing cases are selected from eighteen well marked in-
stances of this class of affections which have occurred under my
own observation during the last fourteen years. I met with several
other examples of this disease during the earlier years of my prac-
tice, of which no notes were made at the time. I have also occa-
sionally seen cases in consultation with neighboring physicians, so
that abundant evidence is afforded of their frequent occurrence, at
least in this section of the country.

They are spoken of by some medical writers as being obscure in
their origin, and often difficult of detection. Professor Albers, of
the University of Bonn, makes the following remark, "That the
diagnosis of the disease of the caecum is attended with no inconsider-
able difficulty appears from the well known circumstance, that very
often they have never been suspected to exist during the life of the
patient, and have been discovered only on dissection."

Dr. Burne remarks, that "A practitioner who witnesses one of
these cases for the first time, is satisfied it is not a common inflam-
mation of the bowels, although he does not know its exact nature—
he says the case is a curious one—he cannot make it out."

Dupuytren, in speaking of the importance of a correct diagnosis in
these affections, says, "I have seen this inflammation give rise to
the belief of the existence of internal strangulation, hepatitis, metri-
tis, and even peritonitis." That these affections are sometimes
mistaken for common inflammation of the bowels, or "Bilious Colic,"
I am fully aware, having been consulted in four well marked cases,
the true nature of which had been entirely misapprehended. One
of these terminated in the usual way by resolution—the other three
were allowed to pass on to suppuration, one of which terminated
fatally, the abscess bursting into the peritoneum. The other two
cases opened externally, a little above the crural arch, one of which
formed ill-conditioned sinuses which remained open more than a year
—and finally recovered.

The causes of failure in diagnosis are probably owing in part to the
mildness of the earlier symptoms, which attract but little attention
from the patient or physician; but principally to the fact, that the
pain attending them is generally described by the patient as a colic,
and is frequently referred to the umbilical region, or to the abdomen
generally. Indeed it is very rare that the patient directs attention
to the seat of the disease.
It is only by a careful examination that the nature and seat of the difficulty are detected. By gentle pressure or percussion over the surface of the abdomen, as you approach the right iliac region, the patient shrinks from you, or perhaps instantly seizes your hand, and betrays surprise at the discovery of such exquisite tenderness.

Hence the importance of carefully examining every part of the abdomen, in these, as well as in all other affections of the abdominal viscera.

If we take into consideration the situation of the cæcum, fixed as it is in the parietes of the abdomen, admitting of no considerable variation in its relative position with regard to the other viscera, it must be evident, that with such an examination the disease under consideration would seldom escape early detection.

The progress of the phenomena as developed in these affections, is thus described by M. Dupuytren: "After some error in diet, a constipation or diarrhoea, of longer or shorter duration, more or less habitual colic; sometimes without any of these causes, the patient suffers from violent colic and pain in the bowels, with a tendency to concentration in the right iliac fossa; it may also extend towards the large intestine, or over the whole abdomen. This colic is generally accompanied by constipation, and sometimes vomiting; such are the symptoms by which we may predict the occurrence of the tumor. They are of very various duration; sometimes lasting for a month or more, sometimes for a few days only."

Dr. Hays, Editor of the American Journal of the Medical Sciences (see Medical Essays, vol. 1, page 81, published by Lea and Blanchard, 1841), says: "the disease usually announces itself by certain precursory symptoms, as colic, with alternate constipation and diarrhoea, occurring at longer or shorter intervals, and continuing for a greater or less period. After a while the attacks of colic become more severe, and appear to centre in the right iliac fossa; they may also radiate in the direction of the great intestine, or spread over the whole cavity of the abdomen. These pains are usually attended with obstinate constipation, and sometimes with such violent vomitings as to simulate an internal strangulation. In some cases the disease has its origin, is attended with less violent symptoms, and commences with pain the right iliac fossa. If this region be examined, it will be found more tender to the touch, more resisting, and sometimes to project more than in the natural state. It is frequently possible, by pressing upon the abdominal parietes, to distinguish a circumscribed tumor of variable size, of considerable firmness, more sensible to the touch than any other part of the abdomen, and appearing to rest upon the cæcum; the remainder of the abdomen is soft and indolent. The patient continues at the same time to complain of colic and constipation."

Dr. Burne, in the papers to which we have already alluded, gives the following graphic description of these affections: "In all the examples of inflammation of the cæcum, which I have witnessed, the
development of the symptoms has been in the following order: The first sign is a sense of uneasiness, which soon amounts to an aching pain, deep-seated in the right ilio-inguinal region, arising unexpectedly while the person was in health, and not preceded by rigor or exposure. This pain increases progressively for twelve or twenty-four hours, retains its character, is fixed and constant, never even remitting. Then supervene gradually tenderness, fullness, and tension of the whole ilio-inguinal region; the bowels are constipated and do not reply to medicine, and the patient grows sick and vomits. Some febrile movement now begins to manifest itself; the tongue becomes white and furred; the urine scanty; the appetite is gone; the pulse is frequent, tight, and sharp, with increased volume, but the stroke, though sharp, is not strong, nor is its impression on the finger decided—it is a pulse of irritation and inflammation combined; the patient lies on the back quite still, slightly inclined to the side affected, and the case presents a serious aspect.”

The above is certainly a faithful delineation of most of the symptoms which are usually manifested in these cases, but these phenomena are most invariably preceded by a series of “precursory symptoms,” as noticed by Dr. Hays.

By referring to the cases detailed by Dr. Burne, it appears that no one of them came under his observation earlier than the fifth day after the attack; a circumstance which fully explains the cause of his having failed to notice the symptoms, which usually precede what may be considered as signs, peculiar to these affections.

Instead, therefore, of waiting for the development of local signs, these symptoms should at once awaken our suspicions, and if we are led by them to a careful examination of the abdomen, we may, even before the attention of the patient has been directed to the part, discover a circumscribed fullness, well defined, and quite tender to the touch, situated over the cæcum. It is during the prevalence of these earlier symptoms, that a well directed treatment will often prove most successful.

The course of practice which I have found most successful in these cases, previous to the development of inflammatory action, is a free use of calomel and opium, together with warm fomentations to the abdomen. When the system is fully under the influence of opium—pain and spasmodic action having subsided—an enema of castor oil and spirits of turpentine, in a sufficient quantity of warm water to freely distend the colon, will generally succeed in removing the offending matters. By thus removing the cause of the difficulty, we may often avoid the more serious character of these complaints. If, however, this course proves unsuccessful, and inflammatory action supervene, it must promptly but cautiously be met; and here I cannot do better than to commend as worthy of special attention, the following judicious observations of Dr. James Johnson. “As the inflammation is the result of a mechanical source of irritation, or, perhaps, obstruction, it is obvious that depletion must not be carried to so great
an extent as in idiopathic enteritis. Another consideration which
should moderate the employment of depletory measures, especially
of local or general bloodletting, is the reflection that the patient may
have to go through an iliac abscess, and that his powers should be
husbanded for its support. The depletion, then, should be cautious;
enemata, and such purgatives as the stomach will bear well, should be
administered; light poultices and fomentations are to be applied;
and about the fifth or sixth day the bowels may begin to act, and the
symptoms to subside. Should they not subside, the physician or
surgeon must anxiously watch for the first appearance of an emphy-
sematous tumour, and make an early incision into it; foetid gas
escapes, and the cellular tissue is more or less sloughy, or actually
sloughing. The patient must now, of course, be supported, and even
stimulated, to the necessary pitch."

There seems to be some difference of opinion among practitioners,
as to the propriety of opening these abscesses after suppuration has
taken place. M. M. Dupuytren and Dance recommend leaving them
to the efforts of nature, allowing the matter either to make its own way
to the surface, or to escape through some of the natural passages;
while on the other hand, Drs. Hargrave and Kennedy, of Dublin;
Drs. Johnson and Copland, of London; and Dr. Hays, of Philadelphia,
advice a free opening for the exit of purulent matter, as soon as a
tendency to the surface is evident. There can be no doubt that the
latter course will be sustained, when experience shall have decided
their relative advantages.

We occasionally, in these cases, meet with an exceedingly irritable
condition of the rectum. Under these circumstances, an enema, by
a common syringe, will not be retained in sufficient quantity to be
of much advantage. We may then resort to the use of an elastic
tube, passed high up into the colon, as recommended by Dr. O'Beirn.

I have during the last two years made use of the tube described in
connection with Case IV., which I have found in some respects
preferable to the common elastic tube. Its advantages consist in its
being of sufficient firmness to retain whatever shape or course we
may choose to give it, previous to its introduction, while the bulb at
its extremity is not liable to be obstructed in its passage by the loose
folds of the mucous membrane; we consequently avoid all danger of
breaking the tube, or of injuring the coats of the intestine.

In detailing the foregoing cases, I have appended occasional re-
marks; not, however, for the purpose of offering to the profession
any thing new, but rather with the intention of directing the attention
of the readers of your Journal to a class of affections which are
scarcely noticed in the systematic works which constitute the libra-
ries of most country practitioners; and also of inviting their attention
to the articles from which I have drawn so largely in preparing this
paper.—New-York Journal of Medicine, July, 1845.
Remarks on the Climate, Diseases, &c., of Middle Florida—particularly of Gadsden county. By Robert Edmonds Little, M. D., of Quincy. (From Am. Jour. Med. Sciences, July, 1845.)

Gadsden, one of the most northern counties of Middle Florida, extends from the Georgia line on the north, to the Gulf of Mexico on the south, a distance not far short of one hundred miles,—while its eastern and western boundaries are the Apalachicola and Ockolokee rivers.

The northern portion of the country (the part most densely populated) is watered by numerous streams of considerable magnitude, the principal of which, beside the above named, are Little river, Withlacoochee, Tellogee and Rook Comfort creeks. Their banks are low and often so boggy as to cause it to be necessary for the road over them for the distance of several hundred yards to be elevated, so as to render the stream approachable. These waters are clear and usually not unpleasant to the taste. The face of the country is for the most part rolling—especially the rich portions of it in the neighborhood of the hammocks,* while the pine lands are tolerably level; the former fertile, producing in abundance all the great staples of the climate,—the latter are poor and little adapted to cultivation; unless manured, being principally used as ranges for cattle, of which many of the planters possess an immense number. The hammocks are covered with a growth of cane, oaks, hickories, poplars, sweet gums, red bays, magnolias, &c., and vary in width from fifty yards to a mile—the soil of which they are composed is a black loam, based upon a bed of clay. In passing over the country the traveller frequently meets with barrens, dotted here and there with stunted oaks, pines and prickly pears, which, however, are soon forgotten in beholding beautiful plains, shaded by stately pines; now and then green mounds, the receptacles of the dead—and not unfrequently a glassy pond, whose sparkling waters are so many mirrors reflecting the beautiful verdure of the live oaks which dip their wide-spreading branches far over its banks. In the early settlement of the country when land was easily obtained, no care was taken to prevent a deterioration in fertility—hence many fields are now lying in a waste condition, not worth cultivating, which will, however, in the course of a few years be entirely renovated and capable of producing as well as formerly,—no land in the world being more susceptible of improvement by rest.

* The word hammock is applied indefinitely in many parts of the territory; in one quarter it is used to signify "a thickly wooded place;" in another "a mound raised out of a swampy tract of land," and again it is supposed to be a corruption of Tomaka, the Indian name for a river whose banks are covered with hammocks or swamps. Webster derives it from the Spanish word hamaca, referring to the beds used by sailors, and as the soil of which these hammocks are composed seems to be raised above the surrounding water.
The great staple of Middle Florida is cotton—but since its depre-
ciation in value, many of the planters are turning their attention to
the cultivation of tobacco, a species of which is produced in many
portions of the district, almost equal to that of Cuba. Rice and sugar
cane grow well and are cultivated in quantities sufficient for domestic
use;—the latter might be made an article of considerable revenue,
as the soil and climate seem to be peculiarly adapted to its cultivation.
The fig and orange arrive at perfection, and with care might be ren-
dered a source not only of luxury, but profit. From the slips they
bear fruit in a very few years, and the only attention necessary to
bestow on them, is protection from the frosts of winter until they are
matured. The apple, pear, cherry, grape, gooseberry and currant
are unsuited to the climate, seldom arriving at perfection—while the
peach and melon flourish, affording during the summer an abundance
of agreeable fruit. The long continuance of warm weather prevents
a proper attention being paid to gardening, yet so mild are our win-
ter and spring months, that almost every article usually found in
gardens in more temperate climes is capable of being produced in
profusion. The Irish potatoe, onion, and cabbage, degenerate after
the first year's cultivation—their produce being small and of unnatu-
ral flavour, while the sweet potatoe furnishes a considerable portion
of the population with an agreeable article of food, the soil being very
favourable to its production.

The flora of Middle Florida is peculiarly rich in the variety and
beauty of species, the surface presenting one vast bed of flowers.
And no portion of the American Continent is so plentifully supplied
with insects and reptiles as in this "land of flowers." In rambling
through the woods scarcely a leaf can be turned, or brush disturbed
without breaking in upon the slumbers of some "creeping thing;"
whilst at night, during the summer season, our ears are assailed by
the buzzing of myriads of mosquitoes in their murderous attacks
upon those of us who are so unfortunate as not to have provided
bars as a means of defence. So formidable are their stings, that catt-
tle and deer are often compelled to leave the swamps, and take up
their residence in the pine woods to avoid them.

In all parts of Florida is to be found a species of land tortoise,
called the Gopher (Gouffre,French), (Testudo Polyphemus). Alli-
gators of large size are numerous, and on the banks of the Apalachi-
cola, on a bright day, hundreds of these monsters are to be seen
basking in the rays of the sun, ready to pounce on any prey that may
be so unlucky as to be accidentally thrown in their way or so hardy
as to approach them.

Of the feathered tribe we have a great variety—especially aquatic
—the most prominent of which is the large wood pelican; an awk-
ward bird in its movements on land, but when placed upon its conge-
nial element, graceful. Large droves of the paroquet are seen, a
noisy but beautiful bird, singularly graceful and rapid in flight.

As objects of greater interest to the sportsman, various quadrupeds
are found in a wild state. Luxuriant in vegetation, the Territory affords ample opportunity for the hunter to indulge in the exciting chase after deer, and for the hardy woodman to hunt bears. Wolves and panthers are numerous, frequently proving troublesome to the settlers.

Of the climate of our American Italy much has been said, and situated as Florida is, in the southernmost part of our great confederacy, for years past it has been looked to with the hope of its possessing a climate capable of affording relief to those afflicted with diseased lungs, scores of whom annually leave their northern homes but to languish and die on a foreign shore. Whether this hope is likely to be realized or not, time alone can certainly determine.

Warm weather usually makes its appearance about the middle of April, and continues with but little variation until the last of September; when the mornings and evenings begin to grow pleasantly cool —although the weather remains at mid day warm until November is ushered in. During the last two months of the year, the days are pleasant; but few blasts of cold weather sweeping across the land to remind us of overcoats or cause us to desire to exchange our pine knot for the anthracite fires of our northern friends. Although hot weather is of long continuance, the thermometer seldom indicates a temperature higher than 95°, the mean heat of January being 55°, of July and August 87°; and of November and December 58°. At this point (Quincy inlet, 30° 40') a breeze from the Gulf of Mexico is generally felt about ten in the morning—which continues until late in the evening, thus mitigating considerably the heat of summer and rendering our almost tropical chime not only endurable, but pleasant at a time when the inhabitants of a more northern region are sighing for the zephyr's breath to stir the dormant, sultry atmosphere with which they are surrounded. Our nights in summer are cool, especially towards the latter part,—so cool, indeed, as not unfrequently to make it necessary to add a blanket to the usual articles of clothing.

In summer, droughts of long duration are not uncommon—much to the injury of the planting community. The spring months are those most usually productive of rain, which falls not gently for a few hours, but in torrents, and for whole days with such impetuosity as to have gained the distinctive name of "Florida rains." As the banks of the water courses are low they are easily overflowed; the rush of waters sweeping every thing before them, fences, bridges, &c. nothing being safe from their desolating influence. Such was the case in the spring of last year. For three days the rain fell in such torrents as to darken the atmosphere, rendering it almost impossible for a man to be recognized at the distance of twenty steps. The streams were carried far beyond their banks; lagunes overflowed; roads rendered invisible; in short, the appearance of the whole country was changed. Traveling was suspended for weeks; as well as intercourse between neighbours; all waiting for a subsidence of the waters and rebuilding of bridges, many of which were swept away—all injured. Rains are usually succeeded by pleasant weather, the surface of the
country drying in the course of a few hours, the soil being very absorbent.

The summer winds generally come from the south and west, and when these are accompanied by clouds, rain is pretty sure to follow; while northern winds seldom precede or attend rain. From our proximity to the Gulf of Mexico, tornadoes are not unusual. The one which occurred in the fall of eighteen hundred and forty-three will be long remembered, because of its violence and the destruction of property caused by it. Port Leon, St. Marks, and most of the settlements on the Wakulla were destroyed. The gale commenced in a gentle breeze, causing but a slight agitation of the waters and rustling the leaves; gradually it increased, the waves began to lash the banks, and the trees to bend; and after a time to be prostrated, unable to withstand the fury of the enraged elements. Time only served to add strength to the winds, and they ceased only when every thing had fallen before them. Gales such as that alluded to seldom occur in this region, although almost every spring and fall are attended by storms of considerable violence.

Our coldest months are December and January. The past was the most severe winter experienced in Middle Florida for the last twenty years; in several instances the small pools of standing water caused by the hoofs of horses, were frozen over and remained so until 9 o'clock in the morning. Snow has fallen but twice in the last eighteen years, and then only in quantities sufficient to give the ground here and there a white appearance. Atmospheric changes are frequent, the mercury falling and rising again 15° to 25° within a few hours; but fortunately the cold spells last but a few days at a time and are succeeded by weather most delightful to the invalid; although the changes are sudden, there are but few days in winter so unpleasant as to prevent the valetudinarian from taking necessary exercise in the open air either on foot or horseback. As before remarked, an opportunity is seldom wanting in winter to indulge in the chase after deer, or less fatiguing sport of hunting wild turkeys.

In the villages, the accommodations for the sick are good—the hotel tables being bountifully supplied with all the delicacies of the season, a circumstance heretofore much complained of, to say nothing of the exorbitant charges of the worthy Bonifaces of our land. Separate and apart from the evidence of meteorological registers, we are strongly inclined to the opinion that the climate of Middle Florida presents inducements as a winter residence to those who are predisposed to, or have already contracted tuberculous affections in a northern latitude (provided they are not far advanced), equal to any portion of the eastern division of the territory; taking into consideration the influence of good society—accommodations, &c. Towards the permanent restoration of advanced cases nothing can be done; such we would advise to remain at home and not to seek a grave in a strange land. A common opinion prevails at the north, not only among the un-
informed, but even among physicians, that consumption is a disease that rarely originates in warm climates, an opinion not more common than erroneous. In the southern country tuberculous diseases are often met with, not the result of colds—but of the long continuance of warm weather and the use of food almost entirely vegetable, circumstances tending to produce a debilitated state of the system. This cause is not liable to operate with the same force upon natives of a northern as upon those of a southern region, the former, reared in a climate whose tendency is to invigorate the frame and render it capable of enduring for a number of years the debilitating influence of warmth, resist phthisis for a great length of time, while the latter, subjected from infancy to a high temperature, early fall victims to tuberculous cachexy upon the occurrence of even the slightest agent in its production.

The prevailing diseases of this portion of the southern country are those which are supposed to have a relationship or connection with that peculiar agent termed malaria, and our territory is rich in all the elements favourable to the elimination of this poison, viz.: vegetable matter in a state of decomposition; high temperature and moisture; a union of all these being necessary, or either alone being capable of generating it, while a superabundance of the latter, moisture, although the other constituents are in exact proportion, prevents its formation. No fact is better known in the southern country, than that for the first few years after the settlement of a particular district, its inhabitants are more exposed to disease than in after years, because of the evolution of miasm in large quantities, caused by the felling of the forest and cultivation of the soil; a greater amount of the earth's surface being exposed to the action of the sun's rays, but in subsequent years when it has been deprived of its superabundant vegetable matter and well drained, its inhabitants are exempted in a great measure from malarious diseases. The pine lands which are dry and removed from the water courses, are always considered healthy; one of the malarial elements, moisture being absent; a fact also strikingly illustrated in the epidemics which annually devastate Egypt, caused by the overflowing of the Nile,—the disease never extending into the arid plains of the desert. An excess of moisture tends to the destruction of any poison which may have been in existence prior to its creation, for instance flat places in ordinary seasons unhealthy, become healthy if completely overflowed, while, on the contrary, high lands where sickness was never known to prevail before, emit a miasm which sweeps everything before it. The advice of Lancisi to those travelling near the Pontine marshes, not to do so after dusk or early in the morning, as the dew in their neighbourhood is largely adulterated with miasm in a concentrated state, might well be given to travelers in Florida, where the dews are remarkably heavy, and, from the great susceptibility of the system in warm climates to the impression of morbific agents, capable of doing much injury at that time.
Dirt Eating.—Apart from the sickening influence of malaria, we cannot refrain from noticing the degeneration, mental and physical, of children reared in this extreme southern portion of the Union. During our first months' residence in Florida, in passing through the country, we often stopped boys on the road, not over ten or twelve years of age, who presented the most abject state of degeneration imaginable; with head and body large, limbs shrivelled and deformed, eyes dull and of a bilious tinge, lips colourless, and features distorted. This degeneration, by many, has been attributed to dirt-eating, a propensity very general throughout the whole country.

Having completed a general and consequently incomplete description of the physical phenomena of a portion of the Territory, reference will now be made to its diseases. If the remark made by Dr. Macculloch be true, that the disorders produced by malaria include more than half the number, prevailing at any moment throughout the universe, it may readily be inferred from what has been said above, that a majority of our diseases are malarial.

Intermittent Fever.—There is no disease with which physicians are supposed to be better acquainted than intermittent fever—but on the other hand it must at the same time be confessed, there are few which occur under so many different circumstances—modified by so many causes, both malarial and geological, and so difficult to be recognized in its anomalous forms. But few cases of an inflammatory character are met with—they are usually adynamic and complicated with visceral obstructions, and if suffered to go on, degenerate into remittent or congestive fever, or assume the appearance of slight apoplectic or epileptic attacks; palpitation of the heart, toothache, "sun pain," &c.—diseases Dr. Macculloch would have us believe identical with intermittent fevers, because of their liability to slight remissions—their alternating not unfrequently with it, and their being cured by the same remedies. Enlargement of the spleen and night sweats are the most troublesome sequelae of intermittent fever. When the disease becomes chronic, the intellect is impaired—which, together with the physical degeneration, renders life a burden. Re-lapses are frequent, and each succeeding attack increases the susceptibility of the patient to another.

Remittent Fever.—Intimately related to intermittent fever, and produced by the same cause is bilious remittent fever, the prevailing febrile disease of our summer months. So much do the two diseases resemble each other, as to be considered by many as identical, or at any rate modifications of the same disease, an opinion not destitute of foundation, as their symptoms during life, and morbid appearance after death, differ only in degree.

The disease is usually ushered in by a chill, sometimes severe; frequently nothing more than a cold sensation, (which occurs as a general rule every twenty-four or forty-eight hours) followed by pain in the back and limbs. The tongue in the early stages of remittent fever is moist, and presents a white or yellow appearance, but as the
disease advances, it becomes dry and the colour changes to a dark brown. Pain in the head is a common symptom, frequently continuing through the whole progress of the case. During the stage of excitement, the pulse is increased both in force and frequency, while, during the remission, it is scarcely above the natural standard, frequently below it. The bowels are commonly torpid, requiring the most active cathartics to excite them. After the disease has continued for four or five days, epigastric tenderness is not uncommon, attended by weight or tension, requiring for its relief the abstraction of blood locally, blisters, &c.

The condition of the skin varies during the stage of excitement; its temperature is much increased, while it is not unfrequently lessened during the remission. In grave cases its colour is inclined to be yellow; in slight and even in tolerably severe cases, its appearance is not materially changed.

The intelligence of the patient being influenced by the violence of the headache, it may be readily inferred that in the beginning of both recovered and fatal cases where there is much pain in the head, delirium is not an uncommon symptom during the exacerbation. In fatal cases, towards their termination, there is generally low muttering delirium or coma.

Remittent fever in this climate, as a general rule, terminates in from three to ten days.

Congestive Fever.—Of all the diseases incident to a southern climate, no one, perhaps, is so much dreaded by the profession, as congestive fever, a disease which, unless arrested in the onset, is generally attended by the worst consequences. Its attack is preceded by precursory symptoms, sudden and violent, and, unless the most prompt measures are early used, it runs its course in from twenty-four to seventy-two hours. For several days prior to an attack, the subject of it complains of general malaise with derangement of the chylopoietic viscera; finally a chill supervenes which ushers in the disease in all its violence. The pulse is now exceedingly feeble; breathing quick and laborious; the tongue moist; bowels usually costive; they are, however, sometimes fully acted upon, and not unfrequently there is nausea and vomiting. The patient complains of internal heat and of a heavy load pressing on the epigastrium; his calls for water and efforts to throw off the load pressing him are frequent. As the disease progresses the extremities become very cold and shrivelled; pulse almost imperceptible; intellect clouded; spittle spontaneously flows from the mouth; subsultus supervenes; the skin grows colder, is covered with a cold clammy perspiration, and loses its natural colour, particularly that of the face, and finally it is not uncommon for the case to terminate in convulsions, especially if there be congestion of the spinal cord. Such are the symptoms most usually observed. We have not attempted a full description of them, as they are modified by a variety of circumstances—such as seat of congestion, &c.
During the summer and fall seasons, cholera infantum, diarrhoea and dysentery are very prevalent, as might be inferred from the temperature of the weather and locality of the country, being produced by nearly the same causes that give rise to intermittent and bilious fevers. To a variety of other causes have they been attributed, as, for instance—to eating fruit, to heat, &c. Facts, however, seem not to favour the supposition. That fruits in moderation are prejudicial to health or productive of disease, we cannot believe, as, during seasons of great scarcity these diseases are not uncommon, while it is not ascertained that they occur more frequently during seasons of plenty than at any other time. A rigid proscription of them will not prevent an attack of cholera infantum or diarrhoea, nor will a free use of them bring on disease without the influence of other agents, as is witnessed in families where no restraint is imposed on the children in eating apples, melons, currants, and other fruits, even before they are matured. That heat alone is incapable of giving rise to the above diseases we are assured from the circumstance of this not being most prevalent during the warmest summers. Hence, we must conclude that other causes than warm weather and the use of fruits are necessary to their production. From the prevalence of febrile diseases and of bowel complaints and disappearance at about the same time, it is altogether probable that they are engendered by one common cause.

Diarrhoea and dysentery are not usually found uncomplicated with other disease. They are, for the most part, sequelæ of obstinate or badly treated cases of fever, and require for their removal a long course of treatment.

In the tropical climate of the Southern States the liver is most generally the suffering organ in disease, as the respiratory apparatus is at the north; as a consequence, the affections to which it is prone are numerous—often slow in their attack and progress, and liable to be misunderstood from their obscurity. The organization of the liver, its immense size in comparison with the other abdominal organs, and the important office that it is called on to perform, force the belief upon us that any derangement either in structure or function must be attended with consequences which will sooner or later, if not relieved undermine the health, cause the patient to drag out a miserable existence, and finally end his career, a victim to delay and inefficient or misapplied medical treatment.

As acute hepatitis is uncommon in this climate, except as a result of the chronic form, a consideration of it will not be bad, our object being to speak more particularly of the latter, as it is a disease daily encountered by the southern practitioner. In saying that acute hepatitis seldom occurs except as a sequel of the chronic form, we wish it to be understood that the disease is scarcely ever a primary affection itself, and that it usually supervenes upon or is rather an aggravation of the last named variety. For years patients will labour under a variety of symptoms, without being able to determine or even
suspect their cause, when suddenly they are aggravated, or a new one in the catalogue appears, and its true nature revealed. Such is its insidious Protean character.

Middle Florida has been visited by scarlatina very rarely. Sporadic cases are occasionally seen, mild, however, in character. About the first of January last, it made its appearance in the village of Quincy, extending its ravages to some two or three plantations in its immediate vicinity. It was confined to a few families, several members in each being attacked, varying in age from one to ten years. The two first cases that happened were marked by a peculiar malignancy and terminated, we believe, within thirty-six or forty-eight hours from the commencement of the attack. They were for a time supposed not to be cases of scarlet fever, but subsequent cases, similar in many respects, revealed to the attending physician the true nature of the disease, which, in the course of the epidemic, assumed all appearances, from the mildest to the most malignant. The patients were, as a general rule attacked suddenly, either with pain in the head or vomiting. No two cases presented exactly the same appearance. In all severe cases the heat of skin was great from the commencement, to the termination of the disease. The pulse was frequent in some cases, whilst in others it was slow, respiration difficult, and the thirst tormenting. In a majority of cases, there was no affection of the throat complained of, while in others there was soreness of the fauces and neighbouring parts for a month after the fever had subsided. In two or three instances the glands of the throat swelled and suppurated, giving rise to troublesome sores. The absence of, and the singularity of the eruption when present, gave rise to a doubt among some, whether the disease was scarlatina or not. Its absence was no just ground for doubt, as it often appears without the eruption being present, constituting the scarlatina sine eruptione of some writers, and the scarlatina sine exanthemata of others. The eruption, when it manifested itself, appeared simultaneously with the other symptoms, and presented a variety of appearances—in some, it was papular, and in others miliary. The eruption coalesced in a very short time, became pretty uniform over the whole body, and faded or assumed a livid appearance in the fatal cases prior to death. Vomiting and purging in the commencement of the disease were always grave symptoms, and, if we remember correctly, both of the fatal cases which we witnessed had liquid operations for a few hours before their termination. The determination to the brain in many cases was excessive; when this happened, unless a decisive plan of treatment was resorted to, convulsions would ensue, and the patient die comatose. This was the case with a fine little boy of this place, a son of Judge Allison. In the morning he was restless, and seemed to have contracted a slight cold; no attention was paid to him, save the administration of a mild aperient; towards evening, while resting on his nurse's knee, convulsions came on, and, notwithstanding an active course of treatment, he died comatose on the
third day of his illness. Two or three cases were reduced very low by the supervision of enteric symptoms, which were difficult to relieve.

As before remarked, the disease was confined to a few families, and these were either in the same quarter of the village or related to each other, and in the habit of constant association. Its increase was gradual. When it commenced it usually attacked all the younger members of a family in succession. Several had the disease who held no communication with the sick or convalescent, while many escaped who were often in the sick room. As to its contagiousness or non contagiousness we are not prepared to offer an opinion.

Nearly all the recovered cases were afflicted with some one of the sequelæ of scarlet fever. The lips, mouth and cheeks in several were ulcerated, whilst others had partial or general dropsy, which was relieved by cathartics succeeded by tonics. Slight exposure to cold, or irregularity in diet, would bring on a relapse with its attendant consequences.

Belladonna as a prophylactic, was extensively used, but so far as we know, without any good results, as a number to whom the belladonna was administered had the disease in all its violence. From the trial made, we are inclined to adopt the opinions of Pereira, who says that whilst the facts brought forward in favour of the existence of this prophylactic power are only negative, those which can be adduced against it are positive, for twenty cases of failure are more conclusive against it than one thousand of non occurrence are in favour of it.

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The Principles and Practice of Dental Surgery. By Chapin A. Harris, M. D., D. D. S., Professor of Practical Dentistry, in the Baltimore College of Dental Surgery; Fellow of the American Society of Dental Surgeons; Member of the Medico-Chirurgical Faculty of Maryland, etc., etc. Second edition; revised, modified and greatly enlarged. Illustrated by sixty-nine wood engravings. Philadelphia: Lindsay & Blakiston, 1845. 1 vol. 8vo., 600 pp.

We have been much pleased in looking over (though cursorily) the above work. We feel warranted in saying that it imbibes more practical information and less faults than any other work in the English language, consequently would recommend its perusal in the most unqualified terms to the Medical profession generally and to the scientific surgeon-dentist in particular. It is divided into six parts—viz.

1st. Anatomy and Physiology of the Mouth.
2nd. Physical characteristics of the Teeth, Gums, Salivary Calculus, &c.
3rd. Diseases of the Teeth.
5th. Diseases of the Maxillary Sinus.
6th. Mechanical Dentistry.

PART III.—MONTHLY PERISCOPE.

*Secretion and Properties of Bile.*—"A series of experiments by Schwann has led to the distinct conclusion of the bile being indispensable to life. They consisted in removing a portion of the common bile-duct, and establishing an external fistulous opening into the gall-bladder, so that the bile might be naturally secreted, but be discharged externally, and not permitted to enter the intestine. Their general result was, that of eighteen dogs thus operated on, ten died of the immediate consequences of the operation, (by peritonitis and other affections, aggravated, probably, by the want of bile;) and of the remaining eight, two recovered, and six died. In the six which died, death was the result of nothing but the removal of the bile; after the third day, they daily lost weight, and had all the signs of inanition—e.g., emaciation, muscular debility, uncertain gait, falling of the hair. They lived from seven to sixty-four days after the operation; and the inanition was the greater the longer they survived. Young dogs appeared to die rather sooner than old ones. Licking the bile as it flowed from the fistula, and swallowing it, had no influence on the consequences of the operation. In the two dogs that recovered, the importance of the bile was equally well shewn; for in these it was found, when they were killed, that the passage for the bile into the intestine had been restored, and the period of its restoration was distinctly marked by their weight (which had previously been regularly decreasing) being augmented, and continuing to increase till it amounted to what it was before the operation; and also by the fistulous opening into the gall-bladder healing, and the discharge of bile ceasing."—British and Foreign Review.

*Cyanosis of Infants.*—Gazette Médicale de Paris. Dr. Meigs, Professor of Midwifery in the Jefferson Medical College, read before the Academy of Sciences at its session June 16th, a note upon this subject. Infants die in this case, said Dr. Meigs, from the presence of a black, veinous, non-oxygenated blood in the encephalon; it is in the arteries and capillaries of the brain that this blood becomes des-
Tartar Emetic in Hydarthrosis.

1845.

Tartar Emetic in Hydarthrosis. By M. Gimele.—Gazette Médicale de Paris. The author has already published a memoir upon the same subject, but the present work contains new facts entirely confirmatory of the preceding ones. M. Gimele has found the medication which he proposes to be efficacious in all cases of hydarthrosis, of however old a date, provided that the synovial membrane had experienced no organic alteration, and that the fluid secreted by it retained its normal character. In these twenty new cases the absorption of the fluid was always accomplished in eight or ten days; the dose of tartar emetic was never carried beyond 80 centigrammes, (16 grains,) commencing with 20 and increasing 10 each day, when the toleration was established. The age of the subjects varied from 27 years to 63.

As a model for the application of the method in all its details, we think it proper to give one of these cases.

M. R., a Belgian magistrate, aged 34, had been affected with hydarthrosis of the right knee for three years. The treatment by leeches, blisters, caustics, by every kind of external irritation, by internal remedies, by the use of natural mineral waters, by baths and compression had failed, in Belgium, in Prussia, and in a private
hospital in Paris, where the patient had sojourned for six months. Such was his condition when he came to consult M. Gimelle. The volume of the right knee was 4 centimetre (near 2 inches) greater than that of the opposite side, the patella was strongly pushed forwards, and on each side of that bone existed a protuberance in which fluctuation was perceived—the flexion of the limb was much restricted—the whole extremity was considerably emaciated, and the patient could walk only with the assistance of crutches.

M. Gimelle commenced the 10th May, 1842, by prescribing tartar emetic in the dose of 20 centigrammes (4 grains) in a potion of 100 grammes, (4 ¾) with the addition of 20 grammes (¾) of the syrup of poppies. Ten vomitions and six alvine evacuations followed. The same dose was administered the next day and produced only two vomitions.

On the 12th, the same dose produced only one alvine evacuation, but there supervened a very abundant perspiration which continued during the entire night. On the following day the synovial membrane was less tense.

From the 13th, the dose of tartar emetic was increased each day from 10 centigrammes (2 grains) to 20 (4 grains) until it reached 8 decigrammes, (16 grains.)

At this date the diseased knee presented a volume only 2 centimetre (1 inch) greater than the sound one, and the fluctuation was scarcely perceptible. From this period the emetic potion was continued in the same dose every other day, until the 21st May, when the volume of the right knee was only one centimetre greater than that of the left one; no fluctuation could be perceived; flexion could be carried to the extent of a right angle; the patient made use of only one crutch. All treatment was arrested, and in the latter part of June the patient left Paris.

During the entire treatment M. R. ate and drank to the satisfaction of his appetite, and in a letter written in 1843, he informed M. Gimelle that he had continued to improve—that the diseased limb had regained its usual volume—that he still had some lameness, but that he could endure standing or walking for several hours.

On the treatment of Acute Articular Rheumatism by Sulphate of Quinine in moderate doses. By M. Legroux.—Gazette Médicale, June 21st, 1845.—M. Legroux having followed for some time the clinique of M. Bouillaud has come to the conclusion that if the me-
method of bleeding at short intervals, as practised by the latter physician, often arrests rheumatism at once, it nevertheless has the inconvenience of protracting convalescence, of increasing and of multiplying internal congestions. Having tried the sulphate of quinine according to the formula of M. Briquet, he has met with some serious accidents; but regarding the sulphate of quinine as a powerful sedative, he persisted in the employment of it, greatly reducing the dose, however, according to the following formula: Sulphate of quinine 1 gramme, (20 grains,) or 150 centigrammes (30 grains) for the first day, according to the strength of the patient and the intensity of the rheumatic diathesis. This quantity is divided into six or eight portions, one of which is administered every two hours. Immediately after each dose, half a tumbler of sulphuric lemonade is given to facilitate the solution of the medicine in the stomach. On the next day and the following days, according to the effects produced, the dose is maintained or increased without passing, however, beyond 2 grammes (40 grains) in 24 hours. When the pain and fever disappear the dose is gradually reduced. This treatment has been generally followed to the exclusion of every other mode; in some cases, however, bleeding, purgatives, and blisters have been employed to combat complications which the sulphate of quinine could not reach.

By this treatment, rheumatism was cured generally with as much rapidity as by the employment of sulphate of quinine in large doses, or by the other medications so much vaunted in modern times. In the majority of cases the duration of the disease was from ten to eleven days, when the patients entered the hospital about the second or third day of the affection. As to the influence of the quinine medication upon the blood, it results from the experiments of M. Legroux that the fibrine already superabundant in rheumatic patients is still farther augmented for forty-eight hours after the first dose of the quinine, but that in ninety-six hours it is diminished by one-third, and tends to become normal in quantity. On the other hand, if the analysis be correct, the globules would follow an opposite proportion, that is to say, that their relative proportion would tend to decrease. These results may explain why in larger doses the sulphate of quinine often induces a kind of typhoid state. This point is worthy of attention.

Employment of the Iodide of Potassium in the treatment of the primary symptoms of Syphilis.—Bulletin Général de Thérapeutique. At the present day no one denies seriously the efficacy of the iodide
of potassium in the tertiary symptoms of syphilis. This is one of the few articles whose reputation has been as rapid as it was just. It was but natural that the brilliant success obtained from its use in consecutive syphilis should produce a disposition to make trial of it in the primary symptoms. Such trials have been made, but with different results. While some have obtained only a very doubtful success, others vaunt its efficacy in every period of syphilis, even in its incipiency. We have before us a treatise by Dr. Mistler, in which he adopts the latter opinion, and from considerations which seem to us to be new and worthy of interest.

According to this author, every local and primary chancre, however small and mild it may be, when once developed, manifests itself almost always after the lapse of a certain time, by the development of consecutive symptoms, such as buboes, ulcerations of the throat, &c., although you may have employed all your efforts to prevent the absorption of the virus. The same thing does not take place when the iodide of potassium is employed from the beginning of the affection and conjointly with local treatment. In these cases, says M. Mistler, the consecutive infection is as rare as it is common after the ordinary mode of treatment; and nevertheless, adds he, the iodine treatment produces no very sensible effect, either for good or for evil, upon the local symptoms, but it opposes the development of the consecutive, preserving the economy from virulent infection. The rapidity of its absorption, far from rendering its action uncertain, as has been supposed, constitutes on the contrary the preservative power, which resides particularly in this property, of stimulating actively the lymphatic system, and thus counterbalancing the action of the syphilitic virus.

All this is perhaps rather theoretical, but the author affirms—and this is the important thing for practitioners—that when the iodide of potassium is administered in sufficient quantity in primary syphilis, it prevents infection and opposes the development of consecutive symptoms.

When a patient with chancre applies to M. Mistler, he endeavors to destroy it, to dry up the local affection, or treat it with the means generally used; but at the same time, in order to preserve the patient against the consecutive infection, he administers from 25 centigrams (5 grains) to 1 gramme (20 grains) of the iodide of potassium every twenty-four hours. It is but seldom necessary to go beyond 1 gramme per day. This dose is sufficient in the majority
of cases. He continues the use of this remedy not only until the local symptoms have completely disappeared, but for some time afterwards, until it appears to him that the secondary affection is no longer to be apprehended.

This treatment, he says, has over others incontestible advantages. It does not weaken the constitution like antiphlogistics—does not act upon the mouth and salivary glands like mercury, and finally does not require the patient to protect himself particularly against taking cold, as is necessary after the employment of sudorifics. It imposes no restraint upon the diet or regimen of the patient.

Thirty-eight patients affected with chancre have been treated by M. Mistler according to this plan—thirty-two have been preserved from the secondary affection, and in the other six consecutive symptoms made their appearance, five of these were cured by mercurials combined with iodine preparations, and only one resisted every mode of treatment. He died in consequence of ulcerations of the larynx.

_**Anti-Syphilitic remedies and their therapeutic application.** Prize Essay, by M. Payan.—Gazette Médicale. In this work, which obtained the prize from the Medical Society of Bordeaux, M. Payan, Chief Surgeon of the Hospital of Aix, expresses opinions nearly in conformity with those of M. Ricord. His therapeutical experiments have led him to believe that the old division of syphilitic symptoms into primitive and consecutive is insufficient, and to admit with M. Ricord in the manifestation of these symptoms three successive phases or periods. In the first, he ranges the symptoms called primitive, without, however, considering them, with the Parisian Surgeons, as the simple effects of a local disease: such are blennorrhagia, chancre, bubo, or adenites. The second period comprises symptoms which denote evidently a general infection, and affect principally the skin, the mucous membranes, the eyes, the testicles: such are the different syphilides, fissures, alopecia, chronic furuncles which terminate in ulceration, cutaneous nodosities or tubercles, consecutive ulcers or chancres, and different excrescences in the vicinity of the sexual parts. In the third period he ranges the symptoms which denote an infection of an older date, and which are more deeply situated: such as deep seated tubercles of the skin and mucous membranes, tubercles of the cellular tissue, commonly called gummy tumours, periostitis or nodes, caries, necrosis, &c.

Each of these periods gives rise to peculiar therapeutic indica-
tions, and has a specific remedy which is not equally applicable to the other two periods. Thus he regards mercury as the specific of the first period, the iodide of mercury as the specific of the second, and the iodide of potassium as the specific of the third.

M. Payan remarks that mercurial fumigations and baths are inconvenient, inasmuch as we are unable to appreciate the quantity of mercury absorbed; he employs fumigations only in certain local affections, as venereal testicle and certain excrescences; he reserves mercurial frictions for those cases in which a phlegmasia of the digestive tube opposes the internal use of mercury; with M. Ricord, he esteems the proto-iodide of Mercury as much less irritating than the deuto-iodide, and he recommends the cyanide of mercury as an excellent preparation for delicate and susceptible persons.

He regards the action of the iodide of potassium as heroic in the third period of syphilis, and that its efficacy is proportionately greater in old cases, an opinion generally entertained by modern writers upon this subject.

The Diagnosis of Hepatitis and Hepatalgia.—The following summary, though it has nothing novel to recommend it, may be advantageously borne in mind:

"Although the pains accompanying heptalgia, may be as intense as those of hepatitis, and in many instances, perhaps more urgent, they are not constant, but are at the outset, and frequently, also, during the whole progress of the disorder, paroxysmal, affording in the interval a complete immunity from pain. The pathognomonic signs indicative of inflammatory action of the liver, are pyrexia, tumefaction, great tenderness in the hypochondrium, frequent and strong pulse, thirst, furred tongue, and vomiting, sometimes of a bilious, and at other times of a dark-coloured secretion, as the substance of the liver more or less partakes of the invading disease. The bowels are irregular in their action, the evacuations presenting a great variety of appearances, according as the biliary secretion is more or less affected, and the urine is scanty and high-coloured. In hepatalgia, on the contrary, these signs are invariably wanting; there may exist, indeed, constant pain and tenderness over the region of the liver, increased to a certain degree by pressure, but manifest exacerbations, even in the worst cases, occur, which are sufficiently indicative of its paroxysmal character. The functions of the organ may proceed uninterruptedly as in its healthy condition. The tongue may be quite clean, or sometimes, in the centre, there may be a gentle creamy fur, and the urine is generally increased in quantity, and is of a lighter color than ordinary."  Treatment of Hepatalgia.—

"Gentle purgatives, combined with colchicum, ipecacuanha, and
Emetics in Bronchitis. By John Higginbottom, F. R. C. S., Nottingham.—I have found an emetic dose of ipecacuahna a very valuable remedy at that stage of bronchitis where a sudden, low, or sinking state has come on with oppression at the chest, and the expectoration difficult, endangering suffocation. Vomiting with ipecacuahna has not only soon relieved these symptoms, but has roused the whole system, and has produced such a decided change, as to render the patient convalescent in a few days. I have never seen the same good effects in such circumstances produced by any other remedy. The two following cases are of that description:

"Mr. D——, aged 60, an inn-keeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelas of inflammation of the leg and thigh; this had in some measure subsided, but he had at the same time bronchitis, attended with a troublesome cough, difficult respiration and expectoration. A sudden state of sinking came on, with increased dyspnoea, and a feeble, quick pulse. I gave half a drachm of ipecacuahna in a little water; he vomited at different times for two hours; the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild treatment."

"Mrs. C——, aged 78, had an attack of the prevailing influenza; saline aperients, with diaphoretic and expectorant medicines, had been given for about five days, when a low, sinking state came on, with difficulty of breathing. I was inclined to give an emetic of ipecacuahna as the most probable remedy to afford relief. I named it to her daughter, fearing the old lady would object to it. I was glad to find my patient would take it; and I may here mention the favorable idea patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her half a drachm dose of ipecacuahna, which had the desired effect of completely relieving her. I was only required to visit my patient for five more days, she being then quite convalescent."

The following observations in Dr. Johnson's Review, of April, 1844, are corroborated by the above case, and I have no doubt, will hold good in a variety of diseases, both in the commencement and in the sinking stage of disease:—"The use of emetics (I would say ipecacuahna, from the great safety of its operation) is far too much neglected in the present day, and most practitioners are unnecessarily timid about using them to old patients; a single emetic will often effect more good in the course of a day or two, than other remedies in a week or two."—London Lancet.
True and False Mesmerism.—Dr. Charles Radclyffe Hall, of London, in a series of Articles in the Lancet, on the Rise, Progress and Mysteries of Mesmerism, in all ages and countries, deduces the following conclusions:

"Of the alleged results of mesmeric processes, I believe there are

Proved—Quiétude; composure; sleep.

Probable, but requiring confirmation—Traction; muscular rigidity; convulsions; heightened sensibility; diminished sensibility; double consciousness.

Possible, but not very probable—Insensibility to severe pain, for a given length of time, at pleasure.

Impossible, as far as any thing can be so—Clairvoyance; intuition; prevision; community of thought; involuntary and complete subjection of mind to the mesmeriser.

And, lastly, I believe that we have not a shadow of evidence in support of the existence of any new agency, whether designated mesmeric, magnetic, occult, or by any other name."

Up to the present hour, we know of no Medical Journal, either in Europe or in this Country, that looks upon mesmerism with the least allowance.

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13 Fair days. Quantiy of Rain, 1 inch and 6-10.