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"Je prends le bien où je le trouve."

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Intermittent Fever—its various forms—their treatment—the abortive treatment of Remittent Fever. By Lewis D. Ford, M. D., Professor of the Institutes and Practice of Medicine in the Medical College of Georgia.

In continuation of this subject, commenced in No. 9, Vol. I., of this Journal, the writer passes to that form commonly called Remittent fever.

If, as has been shown, it is the duty and interest of the practitioner of this climate to understand the lineaments and the pathology of malignant Intermittent fever; how much greater is the obligation upon him, to know well the nature of Remittent—the former being of comparatively rare occurrence, whilst the latter may be called, emphatically, the disease of the Southern climate, constituting, as it does, the great mass of his cases, in the summer and autumn; and the result of his treatment of this fever determining his professional reputation.

The popular, almost universal name of Bilious fever, it may be remarked, in passing, is highly objectionable—a name suggested by the marked disorders of the biliary secretion usually present, and by the pathology which regards it as dependent essentially, upon disease of the liver. Manifestly inappropriate to those cases not characterized by bilious disorder, it is, at best, an unfortunate name, because of the prejudice it creates in weak minds, that vitiated bile or a diseased state of the liver is its proximate cause. There is a peculiar propriety in the simple name of Remittent; this describing the prominent characteristic feature of its every variety, thus directing the mind to
this *paroxysmal* character as the most essential feature, and giving a bias to enquiry into the nature of paroxysmal fever, which directs to the knowledge of their nature.

Remittent fevers are characterized by an abatement of all their symptoms, at regular periods, generally once in twenty-four hours. This state of remission differs from an intermission, in that there are still present the febrile symptoms, but these diminished in violence. Individual cases, having this one feature of remittency in common, yet vary in their other symptoms, and in the organ or organs prominently affected; so that it is impossible to give a general description of Remittent fever, which shall embrace all its varieties. It is therefore proposed to notice very generally the simplest form and then its most difficult and dangerous varieties. The object of the writer being rather to develop the pathology and treatment, it will not be necessary to give at large, the symptoms of simple Remittent fever, and therefore he merely refers to the description of this to be found in systematic writers. The remark upon reading these descriptions is obvious, that they do but detail the symptoms of a paroxysm of Intermittent. Cullen, for example, embraces both forms under the one head of intermitlents, alluding to the difference in the duration and degree of the intermission, as the only difference in their external characters. And, when described by others as different forms, yet it is but the reproduction of the symptoms of the intermittent form.

So that it may be considered a fact, that cases of *simple* Remittent fever do occur in this climate, and this is generally in the early summer, and run their course, for many days, without any more prominent local affection than in intermitlents, and often terminate in intermitlents.

In referring to the graver forms of this fever even up to the most malignant, it may be remarked, that all these are marked by some predominating affection of one or more vital organs, thus giving individuality of character to each. Thus, a common form is that, which may be called cephalitic Remittent—in which there is violent pain in the head and giddiness and intolerance of low degrees of light and sound; these symptoms alternating with high maniacal delirium, and accompanied with nausea and even vomiting—these latter symptoms, evidently, not dependent on a gastritic state, but having the same relation to the state of the brain as they have in idiopathic phrenitis, uncomplicated with gastritis—sympathetic gastric disturbances, capable of being calmed by antiemetics. If unrelieved, this form
has a rapid course, and terminates with the symptoms of the last stage of fatal Phrenitis.

A still more common form is that marked by head-ache and even delirium; but these are not as prominent and distressing symptoms as persevering nausea and violent, uncontrollable vomiting, with a red, dry tongue, or furred yellow, or brown in the middle, its edges and end only, red and dry, with pain at the epigastrium increased by pressure, the bowels generally loose—constituting gastric Remittent. Another is Enteritic Remittent, characterized by diarrhea which is notably increased, at every succeeding paroxysm, and by even mild laxatives. Each one of these forms is pretty uniformly accompanied with disorders of the biliary secretion. But there are other forms, characterized chiefly by these bilious derangements; as by an excessive secretion of bile of a healthy color, a bright yellow color, poured out in such quantity as to regurgitate into the stomach and produce nausea and vomiting of this bile, and by bilious purging. Another variety in the biliary secretion is the entirely opposite of this, dependent on a more serious and more controlling disorder of the liver—a suspended secretion, accompanied with nausea and vomiting, but no bile discharged. With fulness, heaviness, and oppression of the epigastrium, sighing and general restlessness, a dull, head-ache, dingy color of the skin, torpid bowels, which under the operation of saline and even drastic cathartics, do not discharge bilious stools.

Each one of these forms of Remittent, may terminate in the typhoid state, with its characteristic symptoms of delirium, subussus tendinum, extremely frequent pulse, diarrhea and tymanitis.

The most fatal, or most rapidly fatal, is the algid form—characterized by imperfect reaction, unequal distribution of animal heat, cold extremities, and coldness of the general surface, and disordered sensation—a sense of heat at the surface as well as internal heat, with oppression of the chest and epigastrium, laborious respiration, jaetication, &c. This old form is now better known under the new name of Congestive Fever.

In reviewing the opinions of the profession on the pathology of Remittents, it strikes the writer that too much importance has been given to the local congestions and inflammations, which form universally a part and parcel of the more serious cases of the disease—that too much reliance has been placed upon post-mortem appearances, as indicative of original and substantial disease—that the accidents and consequences of the disease have been mistaken for its original basis.
Allowing for a moment that the evidences of gastro-intestinal inflammation were much more frequent than observation determines them to be—that they were found in every case; the conclusion is by no means warranted, that the disease is substantially a gastro-enteritis; it is as absurd as would be the opinion that variola is a cutaneous phlegmasia, founded upon the uniformity of its characteristic pustulous eruption—as absurd as the conclusion that gastro-intestinal inflammation formed no part of Infantile Remittent fever, merely because autopsic examination found the physical traces of disease in the cavity of the cranium, and the stomach and intestines sound. Whilst the information of pathological anatomy in this disease has a great value, yet the interpretation of the functional symptoms is more to be relied upon, in determining the location, at least, of its primitive irritation.

However the forms of Remittent fever may be varied by the predominance of local symptoms, this character of periodicity marks them all—the disease is equally paroxysmal, when characterized by encephalitic symptoms as by gastric—paroxysmal in the thoracic varieties, and still paroxysmal in the simple form, which is characterized by no more prominent local disease than exists in the paroxysm of the simplest intermittent; and therefore this periodicity cannot be dependent upon any one of these local affections, it must depend upon some affection of some part of the system, as uniformly present as this remittance. These local affections, then, how violent soever they may be—how controlling soever their influence upon the progress and final termination of Remitting fever, may, with great propriety, be called complications or accidents, in reference to the fever itself. As to the relation of these complications to periodical fever, the writer referring to the cases adduced in the previous No. of this Journal, to prove the independence of the fever upon them, would remark further, that these accidents are manifestly not immaterial, but on the contrary, exert the most decided control over the regularity of the paroxysms, and are the immediate causes of their fatality. Thus, simple remittents are most regular in their paroxysms, and preserve this regularity throughout their whole course—the paroxysms more distinctly separated from each other; and, again, as the local affection becomes more fixed and more violent, in the same degree is the regularity of the paroxysms interrupted, the remissions are shorter and more obscure, until finally, with the complete establishment of the phlegmasial state upon the organ, the
remissions cease and the case passes to the continued form. Thus it may be perceived, that so far from phlegmasial disease determining the Remittent fever, the very-opposite is true—it destroys the type.

It is true of malignant remittent as of Intermittent fevers, that they preserve their character of mild Remittents, for some paroxysms, and gradually pass into the malignant; and of these the remark is universally true, that the local phlegmasia or congestion is increased by each succeeding paroxysm—that while the paroxysm is completed within its natural period of twenty-four hours, the local symptoms increase and abate with the increase and abatement of the paroxysm. To adopt the beautiful simile of Torti—"these wait upon the paroxysm, like the shadow upon the substance." So true is this, that in the vast majority of cases, when the paroxysm is broken up, the local affection subsides, without the necessity of addressing remedies to it—just what might reasonably be expected from observing its dependence upon the paroxysm.

That the local congestion or inflammation has no influence in determining the periodicity of Remittent fever, will be manifest from the fact, that cases of mild Remittent fever do sometimes run their whole course of seven or ten days, without any local phlegmasia or congestion greater than is found in simple intermitents; that such cases used to be treated in former years, among us at least, greatly to the comfort of patients, by small repeated doses of tartar emetic—a medicine by the common consent of the profession, proscribed, wherever there is the remotest suspicion of the existence of gastritis; to which latter affection it has been so fashionable of late, to refer as the primitive irritation in Remittent fever.

If the Remittent fever be independent of local congestions or inflammations, the proper cases to select for illustrating its pathology are the simplest cases, those uncomplicated by any adventitious accidents.

The characters of simple Remittent fever show it to be essentially an intermittent. The simultaneous occurrence of intermitents and remittents, in the same locality—nay, in different members of the same household, all under common circumstances of living and of exposure, proves satisfactorily their dependence upon one and the same common cause. The symptoms of the paroxysm of simple Remittent and Intermittent fevers are so similar, that the most penetrating observer cannot with confidence, determine, during the passage of a first paroxysm, whether the case will develop itself as an
intermittent or remittent. Again, what more common than the change of type from intermittent to remittent and *vice versa*. And the appeal is fearlessly made to practitioners—Is it not common to meet with cases of *paroxysmal* fever, beginning as intermittents, continuing as remittents, and ending fatally by the supervision of a *paroxysm* marked by symptoms of the utmost malignancy?

As in intermittents so in remittents, one of the most uniform symptoms is tenderness to pressure in some portion or portions of the spinal chord; and, further, the controlling influence of spinal disease over the symptoms manifested in the head and in the various abdominal viscera and over the muscular disorders, is illustrated by the efficacy of *revulsives* to the spinal column, in relieving all these distressing symptoms of the *paroxysm*.

The essential identity of Intermittent and Remittent fever is shown from another character of the latter form, alluded to by all practical writers, viz: its tendency to increase in the violence of its symptoms, on alternate days—at the tertian period. In fine, an inspection of the character of simple Remittent fever shows no more difference between it and a quotidian intermittent, than between a quotidian and tertian intermittent—a difference merely in the interval—that they are all essentially the same disease.

The conclusion to which the writer arrives as to the pathology of Remittent fever in all its varieties, from the simplest to the most malignant, is, that Remittent fever is an intermittent, rendered irregular by some complicating accident—that these complications, such as congestion and inflammation of one or more of the vital organs, so far from determining the remittency, tend to destroy it—that when existing, whether produced by the *paroxysm* or by some peculiarity in the organs, they are increased by every succeeding *paroxysm*—that such is their dependence upon the *paroxysm*, that when this is checked these accidents disappear, without requiring subsequent local treatment; and that the fundamental lesion upon which depends Remittent fever, is in the nervous centres—the spinal marrow and the brain.

This view of the nature of Remittent fever indicates the same grand object to be accomplished in the treatment of each of its varied forms, viz: to prevent the recurrence of the *paroxysms* and to moderate the violence of their symptoms when present. Thus, as intermittents, the treatment naturally is divided into two parts—the one appropriate to the remission, the other to the exacerbation. Now, if
an enlightened experience will sustain the course of practice, which
this pathology indicates, it will add confirmation to its truth. To
this test at last, must every system of treatment submit itself; for the
writer is ready to acknowledge, in the face of all that has been writ-
ten against the empiric method, that the so-called rational method
ultimately rests upon empiricism—that all we know of the operation
of medicines and of remedial methods is the result only of experience.

1. To prevent the return of the paroxysms.—This distinct indica-
tion to be accomplished in the treatment of Remittent fever is of
recent origin, and contrasts strikingly with the objects set forth in
almost every system of practice, with which the writer is acquainted.
In the light of an experience of twelve years' faithful adherence to
this object, it is lamentable to look back upon his own previous prac-
tice and that of the whole body of medical men, directed according to
the teachings of the many popular "Practices of Physic," these
founded manifestly upon the notion, that Remittent fever once fairly
commenced, cannot be arrested in its course—teaching that symp-
toms are to be palliated as they arise, the fever all the while being
permitted to renew its paroxysms, with all their increasing and fatal
concomitants. The writer, conscious that he will be doing a service
to his brother practitioners, whose attention may not as yet have
been directed to this important point, turns to some of the most popu-
lar and recent of these hand-books, to substantiate his declaration.

Look, e.g., at the objects proposed in the treatment, in Eberle's
Practice—a work which has had so large a share in forming the
opinions of medical men and shaping their practice: "In the treat-
ment of this disease, there are three primary pathological conditions,
according to which the general indications of remediate manage-
ment must be directed, viz: 1. Functional derangement of the liver
and alimentary canal. 2. Redundancy of morbid or vitiated secre-
tions, and consequent irritation in the intestinal tube. 3. An irritated
increased action of the heart and arteries. Hence, the principal
indications in the treatment are: 1, to moderate the febrile reaction
of the arterial system; 2, to remove out of the alimentary canal, the
vitiating and irritating secretions which may be lodged in it; 3, to
restore the healthy functions of the liver and alimentary canal; and
4, to obviate gastro-intestinal irritation." Among the methods of
treatment, not a word is said of an effort to arrest it.

In Dunglison's practice, the whole routine system of bleeding,
Intermittent Fever.

puking, purging, sweating, refrigerating, blistering, &c., is examined, but not a word as to the abortive treatment.

The writer turns to the treatment of Remittent fever in a work published in 1846, by Dr. Clymer, whose aim has been, "to adapt it particularly to the necessities of the American Practitioner," and reads—"The indication of treatment in Remittent fever do not materially differ from those of continued fever. The points more particularly to be attended to, are the reduction of the general fever, the obviating the effects of congestion and inflammatory action in the liver," and other organs. In a note, we are informed, that the simple expectant plan, is the one, which has been generally of late recommended by the experienced! At the end of the note the indication is stated, in the Congestive fever, to prevent the recurrence of the paroxysm.

In Watson's Practice by Condie, Remittent fever forms the subject of a note—in which it is announced that the most important question that presents itself in the treatment is the propriety of direct depletion by the lancet! And in Professor Dickson's Lectures, recommended especially to the Southern student and practitioner, there is the same minute remark upon bloodletting, emetics, cathartics, calomel, cold, &c., &c., but not one word upon what must be regarded as the leading rational object—the checking of the paroxysm. Indeed upon this point, the necessary continuance of the disease when once formed is distinctly, though incidentally asserted. "Could we reasonably hope to prostrate the disease by a single blow, as is often done in the cure of the phlegmasie, in pleurisy, &c., we might more implicitly trust to the lancet; but the case is far otherwise. Here the atmospheric and climatic predispositions are permanent, and the poisonous cause is still diffused around the patient, impressing the tissues with a continuous and unavoidable agency. Success does not depend upon, nor can we hope or expect to attain it, by any single measure, however judicious and energetic."

In Professor Chapman's Syllabus, by Kennedy, published in 1846, quinine, the specific remedy for jugulating Remittent fever, is classed among the adjuvants of the old routine system of practice.

And in Bell & Stokes' Practice, even in the latest edition, although the efficacy of the quinine practice is fully shown—the early unconditional use of quinine plainly set forth and triumphantly vindicated, yet in the treatment of the milder forms of remittent, this cardinal object of checking the recurrence of the paroxysm is not
even hinted at. The writer, however, in passing, would pay the tribute of his high respect to the author of the articles on paroxysmal fevers, in this work; and express his sense of the obligations of the profession and of society to that author, for the general diffusion of modes of treatment, so admirably calculated to check the mortality of that hitherto fatal and always dangerous disease, congestive intermittent and remittent fever.

But where the propriety of confining the use of quinine to Congestive Remittent fever?—where the propriety of allowing simple remittent to run its course unchecked, whilst we hold in our hands a remedy so safe, so gentle, so certain as the sulphate of quinine? If it have the power of arresting the paroxysms of malignant remittent, in which, on the Remittent fever is superadded the disturbing influences of extensive congestions and local inflammations, surely it must be able to control and arrest the simple form; and if so, there can be no propriety in allowing it to run its course unchecked; for who, that has lived where remittents are endemic, does not know, that a malignant paroxysm often supervenes, after many paroxysms of a mild and simple character; and that this paroxysm is dangerous in proportion to the previous duration of the fever: and, further, that simple remittent often lapses off into the typhoid state, to the imminent danger of the patient. Why run the hazard of these dangers by allowing its continuance?

To prevent the recurrence of the paroxysms—to jugulate the disease.—An analysis of the symptoms points to this then, as the prominent object, in every stage and every degree of the disease, as long, at least, as it preserves a paroxysmal character. Whilst it generally happens, that opportunity is afforded for the use of depletion, by bloodletting and other evacuations, during the paroxysm, yet the pathology which teaches that the Remittent fever is the main affection, forbids us to allow the first remission to pass without attempting to accomplish this primary indication, even if evacuations may not have been previously employed. This object may be accomplished by the use of sulphate of quinine—universally acknowledged to be the specific of Intermittent fever, indicated also, as the specific of Remittent, by the fundamental similarity of these two affections, and known to be so, by all who have thus used it. The interval between the paroxysms being shorter than in the intermittent form, the doses must necessarily be larger, in order to administer the
requisite quantity, before the period of the next accession—from five to ten grains, hourly, according to the length of the remission, to the extent of fifteen, twenty, or fifty grains. For in determining the quantity, the rule laid down in the treatment of malignant intermittents, serves for the guide here, viz: the quantity to be directly proportioned to the degree of danger apprehended from the coming paroxysm; thus, in malignant remittents, the largest, and in simple remittents, the smallest quantity.

The writer must be content with stating the result of his own experience, in this mode of treatment: that generally it checks the first paroxysm, almost universally the second, in the milder forms of the disease—that the average time of attendance upon such cases is about three or four days—that, when the quinine fails to arrest a coming paroxysm, it mitigates its violence, shortens its duration; and although in some rare cases, the nervous symptoms produced by the remedy, are distressing to the patient, during the paroxysm, these are soon relieved by the treatment appropriate to this state—that he has almost forgotten the features of the typhoid state of fever, so painfully familiar to him, previous to the last twelve years, when using the treatment then generally taught by authority and sanctioned by the profession.

Of this result the writer would say—those who have not fairly tried this mode of practice, have no right to question the justness of his conclusion—those who have, he confidently believes, will confirm it.

The writer does not undervalue the minute estimation of the circumstances, under which bloodletting, emetics, cathartics, mercurials and others, should and should not be used, which is to be found in all the works on Practice; yet he declares his conviction, that the practitioner, holding steadily to this prominent indication, will find little need of availing himself of such instruction—that in the great majority of cases of simple Intermittent fever, by the use, during the paroxysm, of bloodletting or not, and of that safest and surest emetic, water, (cold or warm, according to circumstances,) ingested into the stomach in such liberal quantities as to produce detergent vomiting, and this followed by a large saline injection to evacuate the bowels, and sinapisms to the vertebral column; the comfort of the patient is better secured, than by the administration of much physic, until the time arrives for the administration of the specific. If after the subduction of the fever, there remains the evidence of disease in the
liver or stomach or bowels, then this may be corrected by appropriate remedies, more readily, more safely and effectually than during the fever. The writer would insist upon this subsequent treatment of any remaining disease, as a necessary part of this abortive treatment.

How totally different the treatment here recommended for incipient Remittent fever, from that in recently published books of Practice, may appear by the following quotation from Professor Dickson's, issued as late as 1845:—"During the Remission which the management above detailed as requisite throughout the course and progress of the exacerbation is intended to hasten, to render more perfect, and to prolong, you must not allow your attention to your patient to slacken. Nay, you are now called upon, perhaps, for a still nicer and more assiduous exertion of diligence and skill, as the improved circumstances often afford a better opportunity of useful interference. Purgatives, if formerly rejected, will now probably remain upon the stomach and act kindly. Diaphoretics, too, are less apt to nauseate, and may be exhibited in fuller doses, and procure a more free and diffused sweating. It is thus that you may hope to diminish the violence of the returning exacerbation, if you cannot altogether prevent it. To subtract as much as possible from its intensity, time the administration of your prescriptions so as to bring your patient most completely under their effect, freely operated on by your purgative, fully sweated by your sudorific, just at the period of its expected invasion. Let his windows then be darkened, his apartment kept fresh and cool by ventilation, and, if necessary, by evaporation, sprinkling his floor with water, vinegar, or ardent spirits, and prevent any excitement by noise or by conversation with him. It is always advisable farther, to meet a coming exacerbation with revulsives so applied as to counteract or diminish the local determinations to important organs." The writer declares his greater confidence in the silent operation of fifteen or twenty grains of quinine, during the remission, in the absence of the physician, than in the strictest surveillance of a whole College-faculty, armed with their Cathartics, Sudorifics and Mustard-plasters.

The value of this treatment, if it be as successful as herein declared, will be the more highly appreciated, if we consider, at one view, the various terminations of Remittent fever of the milder kind—that the most favorable is in convalescence at the end of a week or ten days, after the patient shall have undergone, not only all the anguish of fever, but in addition thereto, the annoyance of emetics, cathartics,
nauseous sudorific draughts, perhaps ptyalism, perhaps slaying with vesicatories, and moreover, agitated, day after day, patient and friends, by the uncertainty of the final result—that another termination is the unexpected development of a malignant paroxysm, almost uniformly fatal, certainly so, with the continuance of the treatment which permitted it—that another is, the gradual loss of the remitting character and the establishment of the typhoid state, not as uniformly fatal, but imminently dangerous. The abortive treatment secures an early convalescence, saving the patient many days of vexation from fever and physic, with his strength but little impaired by depilation—it secures him from the hazard of a malignant paroxysm—from the doubtful issue of the typhoid state—doubtful under any of the many modes of treatment; and it will never impose upon the physician the fearful alternative of allowing the disease to run its course towards a doubtful issue, or to adopt a heroic course of mercury, which may end in salvation—an artificial disease, infinitely more annoying and of longer duration than the one it may have substituted—which may at last end in the loss of the patient's teeth or of his lips or of his life. Fearful indeed is the choice of the latter alternative; and far better, that the profession should lay under the reproach of impotency to save human life, than the more terrible one of sacrificing it.

When it is remembered that Remittent fever is the endemic disease of Southern climates, the necessary exposure of the population in the summer and autumn, and the universality of its attacks, and the high rate of its mortality, under every mode of treatment hitherto adopted, and if the success of the abortive method has been here truly represented; then it may not be deemed extravagant to say—that its universal adoption throughout the Southern country, would confer blessings, within that sphere, proportionate to those conferred upon the world, by the discovery of Vaccination. It is gratifying to know, that it is fast winning its way to this universal adoption; and the claim to the honor of diffusing the knowledge of this treatment, in this region of the Southern country, set forth in behalf of the Medical College of Georgia, by Professor Dugas, in his recent introductory lecture, is unhesitatingly endorsed by the writer. Here, the principle of this method was distinctly and publicly announced, as early as 1836, and ever since, its alumni, fully indoctrinated in the principles of this method, scattered through this and the neighboring States, have freely used the influence, which their unprecedented
success in the treatment of bilious fever, has secured to them, in extending the same principles far and wide among their brethren of the faculty. It wins its way readily to the willing and candid enquirer, and compels the assent of the reluctant.

2. To moderate the violence of the paroxysm.—If the congestions and inflammmations manifested with increased violence during the paroxysms are accidents, they do yet materially affect the issue of the case, and must command attention. But it is not the intention of the writer, at present, to enlarge upon this part of the treatment, the circumstances under which the various means of the antiphlogistic method may or may not be used, having been so judiciously defined in the works on Practice. It was his intention to have added cases, to show how fairly the principles of pathology and practice, here advocated, are deduced from facts; but circumstances forbid the extension of this article.

ARTICLE IX.

Observations on various Diseases. By Robert Edmonds Little, M. D., of Quincy, Florida.

We trust that no apology will be deemed necessary for the publication of the following notes: they were made at the bedside—the only situation in which disease can be read with fidelity: and although they may by many be esteemed tiresome, they are presented with the hope that others may be induced to follow up the plan of observing for themselves, and not rest altogether contented with the delineations of theoretical systematists; and although we recommend the accumulation of facts as the basis of excellence, we would not be understood as desiring to abandon inductive reasoning. Facts and speculations are mutually dependent on each other—for without theory facts would be of little value; while on the other hand, in the absence of facts, speculation would be positively harmless: a just appreciation of both cannot fail to render the intelligent observer an ornament to the profession—a benefit to society

Abscess of the extremities, the result of constitutional irritation.—The influence exerted by constitutional derangement in the production of local diseases is acknowledged by all; and although this is
more particularly witnessed in the progress of febrile diseases, we have in some few instances encountered a severe form of abscess of the extremities, induced, we have every reason to believe, by a peculiar condition of the general system, the contour of body, presenting many of the characteristics of good health; yet on more close examination defects may be perceived by the professional man which would altogether escape the notice of the superficial observer. As to the relationship existing between this condition of the system, which we shall hereafter notice, and the disease in question, we are not perfectly satisfied—yet so far as our observation extends, they are concomitant; and as it is not our design, through force of imagination, to convert fancies into facts, or to substitute one for the other, we shall present our observations through the medium of cases, leaving the reader to put whatever estimate upon them which experience and judgment may dictate.

—— a boy, eight years of age, in the beginning of September, 1844, without any apparent previous indisposition, complained of a severe pain in the region of the external malleolus of the right leg; but as he was subject to what is denominated in the southern country "toe itch," little attention was paid to his complaints, until the foot and ankle had become considerably enlarged. The swelling increased so rapidly that within thirty-six hours the leg, from the knee down, was enlarged to double its natural size, presenting a tense shining appearance. Various domestic remedies were resorted to prior to paying me a visit, but without any mitigation of either pain or swelling. Nine days from the commencement of the disease he was brought in a carriage to my office. Although no fluctuation could be perceived, we determined to puncture the most prominent point on the leg—accordingly a deep incision, an inch in length, was made immediately over the external malleolus, from which escaped six or eight ounces of pure pus, with the effect of procuring instant relief from the extreme pain under which the little patient had labored for more than a week. With the design of arresting the inflammatory action, the tincture of iodine was directed to be applied every twelve hours over the whole limb, from the knee down—at the same time a mild antiphlogistic course was pursued. For several days the tincture of iodine was continued, without any other effect than that of slightly arresting the progress of the disease. The inflammatory action, after a temporary arrest, again commenced its march, attacking and destroying the skin and cellular substance, so as to leave fully
exposed to view, the external malleolus of the fibula, the astragalus, the anterior fasciculus of the external lateral ligament attached to the astragalus, and a portion of the middle and fasciculus attached to the os calcis and astragalus. From the appearance of the pus discharged, it was apprehended that a carious bone was the cause of the continuance of the disease. A minute examination was made, which resulted in the discovery of the carious condition of the astragalus, which was easily removed. We were unable to detect any thing like disease in any of the other tarsal bones, and a speedy recovery was anticipated, from the effect which the treatment adopted seemed to produce—an anticipation which was not destined however to be realized. The external use of the tincture of iodine, various kinds of injections, and the bandage, were all tried, with the effect of causing the cavity to fill up, and an almost entire disappearance of the discharge. Notwithstanding the favorable progress of the case, on a sudden the sore again assumed an unhealthy appearance, with an increase of the matter discharged. Convinced that this diseased condition of the parts depended on some state of the system of which we were not cognizant, a more vigorous course of general treatment was adopted, although, in connection with the local treatment, measures for improving and invigorating the little patient's health had not been neglected.

Having observed the good effects of tonics, and especially those of a ferruginous kind, in the treatment of the diseases incident to children in this latitude, and as our patient exhibited many of the symptoms characteristic of serous polyæmia, he was subjected to a tonic course of treatment—at the same time the local use of iodine was resorted to. He was allowed a generous diet of animal food, and two pills, each composed of three grains of aloes and the sulphate of iron, were administered night and morning. Under this course, pursued for a week, we had the satisfaction of perceiving an improvement, not only in the general appearance of the patient, but also of the ulcer, which had entirely healed. A slight deformity only exists in the ankle joint, and he is now using it with as much facility as he does the opposite limb.

Since the dismissal of the patient, we have had two cases of a precisely similar kind, in one of which the disease attacked the fibula, and in the other the os calcis, both of which bones were exsected. In each case, the usual remedies were used in vain, and the aspect of the disease changed, not until the treatment similar to that resorted
to in the first case was tested. From the circumstance of all three cases occurring in boys, having the same characteristic symptoms of a depraved condition of the general system, and the inefficiency of the usual mode of treatment, and the success of the one finally adopt-ed, the conclusion as to a relationship existing between the forms of abscess and a sero-polyæmic disposition is to our mind clear. To others, the coincidence may appear accidental; yet, so well are we convinced to the contrary, should other cases present themselves to our consideration, our treatment would be almost wholly constitutional, and we should expect success to be in a direct ratio with the perseverance maintained.

A remark as the extent to which the preparations of iron, and especially the sulphate, may be persevered—In large medicinal doses, it is said to produce pain, heat and other uneasiness, at the pit of the stomach, and not infrequently nausea and vomiting. We have used the article very extensively in the treatment of a variety of affections, and can confidently assert that in fifteen and twenty grain doses, (having frequently extended its use to that quantity,) we have never observed any thing of the kind, even when used daily for weeks, save in a few irritable systems. In small doses of from one to five grains, it may prove astringent, but in large doses we always anticipate from its use an aperient action on the bowels. These ob-servations as to its action, are the result of an extensive acquaintance with the remedy.

Case of Ischuria Renalis, in a mulatto; in which the secretion of urine was suspended entirely, for several days—Recovery of the pa-tient.—The following remarkable case of this most dangerous disease occurred in our practice several years ago, and is presented with a view of showing to what extent the malady may progress and yet terminate favorably. The patient, a mulatto girl, about eighteen years of age, was visited for the first time, on the 11th day of Nov. 1843. She complained of pain in the head and back, and constipa-ted bowels; her pulse was full and strong, and the temperature of the skin very much increased. She was bled to the amount of twelve or fourteen ounces, and an active cathartic ordered. For the two subsequent days she was entirely free from any symptoms of disease, but on the third she complained of vertigo and excessive pain in the lumbar region, and for the first time disclosed the scanty secretion of urine, not more than a half-gill being secreted in the twenty-four
hours. Towards evening the sensorium seemed affected; the patient being drowsy evinced an indisposition to exertion of any kind; the eyes yellow and suffused; pulse slow and full; with a slight tendency to stiffness in the limbs. The catheter was introduced into the bladder, but no urine was discharged. The symptoms indicating the abstraction of blood, eighteen ounces were drawn from the arm, a mercurial cathartic administered, and a blister applied to the lumbar region. From this date, the 14th, until the 24th, not a drop of urine passed from the bladder, although the catheter was introduced daily. During the whole of this time, the sensorium was more or less affected; the patient at one period was delirious, and again apparently comatose. On the 16th, she was attacked with stiffness of the limbs, which increased until the fore-arm became flexed, the fingers closed on the palms, and the legs spasmodically extended, when the paroxysm would gradually disappear after a continuance of some two hours. The paroxysms recurred at irregular intervals for about three weeks, several days after the secretion of urine was restored. During a paroxysm, the whole muscular system seemed to be affected—the face flushed—the pulse full and hard—the skin hot and bathed in profuse perspiration; but towards its termination, an opposite state of things would prevail, and the patient awake up, completely prostrated in mind and body. The high state of excitement under which she labored, induced us to resort to venesection, the warm bath, &c., but without effect; in fact, all the remedies used appeared rather to increase than diminish the violence of a paroxysm. At last, an unusually severe paroxysm having occurred on the 24th, recourse was had to an enema of tobacco, made by infusing two drachms of tobacco in a pint of boiling water. In a very few minutes after its administration the patient became intensely sick, and made violent efforts to vomit, while the rigidity of the muscular system speedily disappeared. It became necessary to repeat the injection daily as long as the spasms continued. Immediately after the close of the paroxysm on the morning of the 24th, the patient complained of fullness in the supra-pubic region; the catheter was introduced into the bladder and six ounces of pure pus, without any admixture of urine, were discharged. In the evening, about two ounces more were drawn mixed with urine—the first she had passed since the 14th, a period of eleven days. From this time her improvement was manifest, the spasms becoming less frequent and violent, and the urine increasing in quantity, until about the middle of December, when she was discharged as cured.
The foregoing case is certainly remarkable for its duration; as very few cases of this sure and usually fatal disease are extended beyond the eighth or ninth day, death most commonly terminating the patient's sufferings even before that period. So far as we are aware, the period of time between the cessation and the reappearance of the secretion of urine, is longer than that of any recorded case, in which recovery took place.

The administration of tobacco for the relief of spasm of an hysterical and tetanic nature, although of ancient origin, is not, we believe, general with the profession. Its use in the present instance was of undoubted utility, as was evinced by its power in controlling the paroxysms, after other remedies had failed, and in several instances since we have observed its good effects. The cases in which we have exhibited the tobacco, were such as were possessed of a vigorous constitution, with a full, tense pulse, and in short all the evidences of high arterial excitement. To such, and such alone, is the remedy applicable. Cases of an opposite description we need not say would be injured instead of benefitted by its administration.

**Hæmatemesis, the result of diseased liver; death; inspection.**—Within the last three or four years, we have met with several cases of this form of disease; all of which occurred in individuals whose constitutions were impaired by dissipation. Two of the cases terminated fatally, and of these two, only one was examined. The subject of this case was a man aged about forty years, and of dissipated habits. For three months before his death he was confined to the house, the subject of ascites, from which he had in a measure been relieved, when he was suddenly attacked with vomiting and purging of blood, in small quantities, however, which continued for three days notwithstanding the use of appropriate remedies, when the patient expired, completely exhausted from loss of blood.

**Autopsy, eight hours after death.**—The lungs were found healthy; heart soft and flabby; stomach and small intestines very vascular, and containing a quart of dark coagulated blood; the liver presented an irregular appearance, and was evidently very much diminished in size. When cut into, small globular bodies were seen, divided by partitions of a fibrous character; the former probably the acini in a state of enlargement, and the latter the cellular tissue thickened. Its peritoneal covering was altered in structure, being thickened and of a darker hue than usual. The weight of the organ was diminish-
creosote, while its blood-vessels were much lessened in size, in many points obliterared.

From the above appearances, the pathology is easily understood: an impediment to the vena porta discharging its contents into its proper reservoir, inducing congestion of the branches forming this vessel, and as a consequence, the haemorrhage.

(to be continued.)

ARTICLE X.

Application of Creosote to the treatment of Diarrhoea and Dysentery.

By J. A. Mayes, M. D., of Sumter District, So. Ca.

In the October number of this Journal, for 1846, I reported two cases of protracted diarrhoea, which yielded in a very short time to the internal use of creosote, after resisting all other remedies which had been prescribed. The success which attended its administration in these cases, encouraged me to make a more general application of the article; and, though opportunities sufficient have not occurred for making any extensive trial, yet the result of its employment has been to give me a most favorable opinion of its efficacy. For the purpose of inciting others, more competent than myself, to the task of making a full investigation of its therapeutical action, I offer below the result of my experience with the creosote in the treatment of diarrhoea and dysentery.

The form of diarrhoea to which creosote appears particularly applicable, is that, unaccompanied by much pain and febrile excitement, but which, after the operation of a mild aperient requires the use of absorbents and astringents to check the frequent watery alvine dejections. These cases are common enough, and the physician is seldom called in to prescribe for them; never, indeed, unless the diarrhoea resists for some time, all the various astringents used in domestic practice. In such cases, I can confidently recommend the creosote as being speedy and certain in its effects; restraining the discharges, but not producing constipation. This effect has been produced in all the cases in which it has been prescribed, and is in my opinion its chief recommendation. Every physician knows by experience, that after the use of the ordinary astringents, catechu, kino, briar root, &c., considerable difficulty is
found in restoring the bowels to their natural state; more or less constipation resulting from their use. I have not yet observed constipation to be produced by the creosote, and should its effect in all the cases in which it may be hereafter prescribed, be that of simply diminishing the frequency of the discharges, it will, of course, be ranked as an important adjunct in many cases, and in a great majority of cases, the principal remedy.

As a general rule of practice, I would prescribe the creosote, either alone or in combination, in all cases of diarrhœa, after the operation of a mild aperient. This aperient, I recommend, for the purpose of removing from the bowels all irritating matters; since the disease is caused oftener than otherwise by the presence of imperfectly digested food in the bowels, or by the ingestion of unwholesome substances, as fruit, unripe, or in the incipient stages of decomposition. As a remedy in the bowel affections of children, the creosote is worthy of attention; the smallness of its dose, and the consequent facility of its administration, being of itself a matter of importance, and so far as I have noticed children make very little objection to it, but take it readily notwithstanding its disagreeable odour.

**Case I.** A child, under my care at this time, had been laboring under diarrhœa, about two months; the cause of the disease being evidently the irritation of dentition. The symptoms, in this case, were by no means alarming, and presented no peculiarity worthy of note. After prescribing several of the more common astringents with little or no benefit to the patient, I directed the following prescription: R. Gum Arabic, 5 i.; loaf sugar, 5 i.; creosote, iv. gtts.; water, 5 ii. — mix intimately in a mortar. A teaspoonful three times daily during the continuance of the diarrhœa; and once daily for some time afterwards, as a prophylactic. I prescribed the creosote in this case without much confidence in its efficacy, and I did not believe the remedy had the power of calming the irritation which caused the disease; but, contrary to my expectations, the medicine acted very promptly, arresting the disease in the course of twenty-four hours: and up to the time of writing this, (nearly three weeks after the prescription was given,) there has been no return of the disease.

In dysenteries of high inflammatory action, fever, strong and full pulse, I have not yet ventured to prescribe the creosote until those symptoms were overcome by other means, though I am inclined to think that a cautious use of it, would be productive of advantage. We frequently, however, meet with cases, attended by great pain and
tenderness of the bowels, constant griping and disposition to stool, but with little or no fever: in such cases, I would prescribe, at once, the creosote in combination with opium, without any fear of unpleasant consequences.

Case II. Miss M. G—— was attacked on the 20th of September with dysentery. For the first two or three days she had high fevers, but afterwards the fevers were light, constant nausea and occasional vomitings—incessant griping, frequent but small bloody discharges from the bowels, &c. She had taken several doses of castor oil—herb teas of various sorts, burnt brandy, and a variety of other articles. Her disease did not appear to yield to such remedies, and on the 26th I was called in to prescribe for her.

Found her suffering great pain throughout the abdomen, bowels very tender under pressure, constant disposition to vomit, griping almost incessant, bloody discharges small but very frequent, little or no fever, the pulse being rather too frequent, but soft and compressible, tongue furred, and rather dry—excessive thirst. Prescription.—

R. Opium viii. grs.; creosote v. gtts.; powdered liquorice sufficient to make eight pills—one to be taken every three hours, and after the last pill, a dose (table-spoonful) of castor oil—a strong pepper cataplasm, large enough to cover the whole abdomen, to be kept constantly applied—mucilage of slippery elm to be drunk very freely.

27th. Found my patient to-day much improved; very little pain and tenderness of the bowels, bloody discharges had ceased after the third pill yesterday, little or no thirst, pulse not too frequent, skin warm and moist—castor oil had operated once, discharge very dark and appeared to consist chiefly of coagulated blood. Prescription.—

R. Opium viii. grs.; creosote v. gtts.; liquorice powder sufficient to make twelve pills—one to be taken every four hours; slippery elm as before.

29th. Patient doing well. No further treatment thought necessary, but the diet to be properly regulated.

It may be well to remark here that this patient was attacked a few days afterwards with intermittent fever of the quotidian type. One active purge was administered in the course of the treatment, but there was, in consequence, no disposition of her former disease to return; quinine and ext. cinchonæ, soon restored her to good health.

Case III. W. H. C—— was attacked by bilious remittent fever on the 30th October: the fever was ushered in by severe rigors which lasted three or four hours. The most prominent symptoms during
the course of the fever, were severe headache, pain in the right side, and nausea. These symptoms did not abate much until the first apyrexia, which occurred on the 1st of November. Quinine then arrested its course, and the prospect of a speedy recovery was very flattering. On the 3d of November, however, he was attacked with dysentery. Being recalled to prescribe for him, I found him suffering great pain in the bowels, griping incessant, frequent but small bloody discharges from the bowels, no fever, pulse soft and compressible, skin rather dry—had taken two doses of laudanum, 25 drops each; the last dose about three hours before I arrived, but no abatement of the symptoms had been perceived. Prescription.—R. Opium v. grs.; creosote iii. gtt.; powdered liquorice sufficient to make six pills—one to be taken every three hours, and a table-spoonful of castor oil after the last pill; warm cataplasms to cover the whole abdomen, and the free use of mucilaginous drinks.

Nov. 4th. Found my patient perfectly relieved—castor oil had operated, bringing off a large discharge of dark matters, resembling coagulated blood mixed with mucus. Directed the mucilages to be used as before; diet mild and unirritating. His recovery was very rapid, and he has since enjoyed very good health.

The form of administration, I prefer, is that of emulsion, made according to the formula above; though in many cases the form of pill is preferred by patients. The average dose for adults is about half a drop, repeated pro re nata; for children $\frac{1}{2}$ to $\frac{1}{4}$ of a drop.

In "Dunglison's new remedies," I find the dose recommended to be about one or two drops. This quantity, for ordinary cases, seems to be too large, and my experience, as seen above, is decidedly in favor of smaller doses. Administered in combination with opium in painful dysenteries, the effects of both appear to be increased, as the relief afforded is generally much quicker than could be expected from either alone.

A great deal of the discrepancy of opinion concerning creosote amongst writers on the subject, has probably arisen from the quantities administered at a dose. Thus in vomiting, not proceeding from inflammation or organic disease, some eminent physicians affirm it to excel all known medicines: others derived no advantage from it; and Dr. Dunglison remarks that, "in many cases, indeed, it has developed irritability of the stomach, where it did not previously exist."

My own opinion is, that this difference of opinion is caused by the doses administered being too large in those cases where it failed or
developed irritability. Having had no experience with the article in those cases, of course, I am not prepared to speak positively; but I would recommend to all who prescribe the creosote, the use of fractions of a drop to commence with, as the prospect of obtaining favorable results is much better when administered in small doses than in large. Creosote being, as is well known, a powerfully acrid substance, no surprise need be manifested when it is asserted that it produces irritability of the stomach in doses of two drops.

In the foregoing remarks, I have endeavored to give the result of my own observations, unbiased by any predilection in its favor, or by the favorable reports received from others. Whether the favorable opinion I have formed of the powers of creosote as a remedy for diarrhea and dysentery, will be confirmed by time and experience, remains yet to be seen.

PART II.—REVIEWS AND EXTRACTS.

Some Remarks on Camp Diseases in Southern Climates. By Samuel A. Cartwright, M. D., of Natchez.—(New Orleans Medical and Surgical Journal.)

War and Medicine are more closely allied than is generally supposed. Many of the greatest armies have been ruined in a few days by diseases that might have been avoided. Unfortunately it is too common for commanders of armies to look upon physicians as mere prescribers of pills and powders, and to take for granted that they have nothing to answer on the great questions connected with extensive military operations. Although many of them have not, yet it by no means follows that the science of Medicine is limited by the bounds of their knowledge. The first step in the science, is to learn to cure such diseases as are curable; but a higher to learn the secret of preventing them. Health is indispensable to the efficiency of an army, particularly a large one. Without health, "numbers effect nothing, but multiply distress." The case is worse if the army is far from home, in an enemy's country, and strangers to the climate and its influences. In such a case, the secret of preventing disease, can seldom be found by the commander of the army alone, unless he is aided by the light of medical science. Captain Cook, who sailed round the world so often, and kept his crew healthy, at a time that scurvy was destroying whole fleets, had learned the secret, so important for every commander to know, of preventing disease. He knew nothing about curing diseases, i.e., he was no doctor, in the common
understanding of the term, but he was a great physician in regard to preventing disease. He borrowed light from Medicine, and reflected light on the science he borrowed from. Physicians studied Captain Cook like a medical author. His discipline, his dietetics, hours of rest, and every thing that passed on board his ship, was studied. Aided by his book, physicians soon banished scurvy from the navy. The camp dysentery is as much the plague of large armies on the land, as the scurvy ever was to mariners. King Henry V. invaded France with fifty thousand men, in August. In September, the camp dysentery swept off nearly half of them, and so disabled the balance, that a disgraceful retreat was the consequence of King Henry's not having learned the art of preventing disease. In 1792, the hundred thousand Austrian and Prussian soldiers, who invaded France, were, in one short month, so much disabled by the dysentery, as to be unable to do any thing but retreat. The dysentery has been an attendant on all military operations, on a large scale, in every instance where the commander has not learned the secret of preventing it. That disease alone, the last century, has destroyed more soldiers than all the weapons of war that have ever been invented. That science which is too poor to cure a single case of organic disease, an ulcer in the lungs, for instance, or any disorder of structure in a part essential to life, is rich in materials for preventing diseases among armies, and curing them promptly when they happen. The disease of armies are nearly all functional, not structural, as they often are in private practice. Those who have any organic or structural derangement are not received as soldiers. The young and vigorous fill up armies. Their diseases are nearly all owing to derangement of function, not structure, and are mostly curable when they happen, and, by proper management can generally be prevented from happening. Too low an estimate will be put upon the value of the science of Medicine to armies, to judge of it simply by the curable and incurable cases in private practice. Thus, a physician in private practice must, from necessity, lose every case of confirmed consumption, and every case of dysentery, or other disease connected with any organic derangement of structure essential to life—but the same physician could cure every case of cough, and every case of dysentery, occurring among soldiers, because he has no organic derangement to contend with, their diseases being all functional; that is, some organ has become deranged from some temporary cause; it is whole and entire, but cannot perform its functions from some temporary obstruction. In private practice such cases are readily relieved under almost any kind of treatment, or will generally get well, after so long a time, by the efforts of nature, under good nursing and the comforts of home. Not so in the army. They are deadly without the timely and judicious aid of medicine. At home, under ordinary circumstances, the mea-

sles are not commonly fatal with or without treatment. In the army it is deadly without treatment—and deadly with it unless directed by a physician acquainted with its new laws under the new circum-

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stances. The same may be said of dysentery, and bilious fever. If these, and similar diseases, occurring in the army, are not promptly cured, the fault does not lie in the science of Medicine, but in the physician not having studied the science thoroughly, or in the commanding general not aiding nor abetting him in the treatment. The rapidity with which disease, particularly dysentery, spreads through a camp, in southern latitudes, often strikes terror into the stoutest hearts. Far from home, and deprived of all the comforts of home, as soon as the soldier finds himself helpless by disease, he loses the man and becomes a child; a feeling of despondency comes over him, unless he has some one to look up to as a protector in his weakness. Fear or despondency will baffle the best directed treatment of the physician, unless the commanding officer drives fear from his camp by winning the affections of his soldiers. If the soldier finds that his officer takes a deep interest in his welfare, he neither fears nor desponds. General Jackson walking and a sick soldier riding his horse dispelled fear and despondency, not only from the favored sick man and all others on the sick list, but also acted as a preventive of disease in those who were well. One great secret of preventing disease among soldiers, is "to keep the vital and animal powers in uniform confederacy." Fear, like a bad diet, want of comfortable clothing, or over exertion, lowers the vital energies, and opens wide the door to diseases of all kinds—particularly dysenteries and fevers. When bad diet, want of tents, and clothing, and over exertion, have been encountered, and no sickness followed, physicians have only to read attentively the history of the commanding general, on those occasions, to read Medicine. Napolean had the power of preventing disease, in an eminent degree, by infusing his spirit into his soldiers, and making them feel as he felt, and thus enabling them to resist the natural causes of disease—fatigue, hunger, and exposure,—by supplying them with a mental stimulus to make up for the want of the usual animal stimuli, as food, drink, sleep, and rest. If, under great privations, without tents, clothing, or a regular supply of food, and under forced marches, in inclement weather, disease can be prevented by the commanding general, how much more can it be prevented in the ordinary circumstances of camp life? But it is chiefly in what might be called camp luxury that sickness is most rife. Good tents, a plenty to eat, and nothing to do, is sure to bring on disease unless the commander adopt measures to counteract it, by giving his whole attention to the subject of preserving the health of his soldiers. When an army is on the march to meet the enemy, the amor patriae closes up the avenues to disease, but when encamped the love of country is not so strongly felt, and hence one powerful brace against morbid influence becomes relaxed. Besides, the malaria, or effluvia, arising from a great number of men, stationary, particularly in warm weather, become a cause of pestilence. Those commanders who will not open their eyes to the recorded medical proofs of this source of disease, will see their men suffer much unnecessary evil, which could
easily, in the most of cases, have been avoided, by moving the camp half a mile, or a mile, before the air around it had time to become pestilential. Pestilential hospitals are also the prolific causes of unnecessary sacrifice of human life in an army—and want of sufficient nursing another. If a sick man has a friend, (and most of them have,) that friend had better be permitted to attend to him, if his services can be dispensed with; not so much as a drudge nurse, as to see that the disabled soldier has every comfort his situation will admit of. Measures to find out the particular friend of each individual on the sick list, could be taken without putting the commanding officer to much trouble. Men recover much quicker from sickness in booths or sheds, with only something to keep the sun and rain off, than they do in large hospitals, or where many are crowded together. The success in treating diseases in the large European hospitals, is very indifferent. The most bungling country surgeon in America has better success with operations, than the most skilful European operator. The foul air of the hospitals, and the pure air of our American cabins, makes the difference. There is such a thing as dodging a disease. The history of armies affords many instances of a short removal, only a few hundred yards, being sufficient to cut short the pestilence, whether cholera, fever, or dysentery. The want of sufficient attendants to prevent the sick from making exertion, is a great evil. The sick soldier should be made to husband his strength, and not waste it by getting up, or making unnecessary exertion. It would be all the better if he were not to leave his bed from the time he is taken sick until the disease comes to a crisis. In private practice, in acute diseases, absolute rest is very important, but in hospital practice much more so. Many lives are lost by the soldiers resisting the disease, and not giving up in time. I found when I was in the army against Great Britain, last war, that the majority of the soldiers had a holy horror of a hospital, and would hold their places in the ranks when they ought to have been a-bed. When they did, at length, yield, their chance of recovery was much diminished, the disease being so firmly fixed on them. I think the usual course, of sending every sick man to the hospital or calling a doctor to see him, a very injudicious one. In the army, diseases, for the time being, are all generally alike, requiring the same treatment. I mean when there is much sickness prevailing. The physician could make known what was the first medicine to begin with. When the soldier complains, he should take the first dose on the spot, and lie down in his tent without going to the hospital. If he did not get well, it would be time enough to go to the hospital when it was ascertained the disease was about to prove obstinate. I found, by experience, that soldiers often secretly attempted to cure themselves by taking medicine of their own, and not reporting themselves, so fearful were they of the hospital. If a soldier knew that he would not go to the hospital until a trial to cure him in his tent had failed, he would not be so backward in letting his indisposition be known in time. If also the
formality of being examined by a physician, could be dispensed with there still would be less reluctance to give up in time. The import-
ance of yielding or giving up to disease at its first onset should be
duly impressed on the mind of the troops in order that recovery might
be speedy. The diseases of autumn are marked by more debility
than in any other season and they generally do not bear bleeding or
evacuating remedies well. A serious and hard spell of sickness,
disables a soldier too much to be of any service in the campaign—so
far from being useful, he is in the way. How necessary, therefore,
to prevent long spells of sickness, by attacking the disease before it
has got too firm a hold. It would be well, also, for the commanding
officer to bear in mind, that new troops, or any other kind of troops,
cannot endure as much exertion in a warm as in a cold climate.
Discipline, with new troops, should not exceed the proportion of ex-
ercise necessary to health. All over exertion or excessive fatigue
should be avoided, or reserved for an important object. All drudgery
should be avoided as much as possible, or be performed by negroes, or
the natives of the climate. The wisdom of such a measure, has
been purchased by dear experience in the British campaigns in warm
climates. It is cheaper to give a native two prices to perform drudg-
ery work in a hot climate, than have the same work done for nothing
by the soldiers. Unless sickness be prevented no army will make
any figure that will gratify its officers. Hence the commanding
general will not find his time badly employed in studying the secret
of not exposing his men to the causes of disease. Too little exercise
as well as too much, should be avoided. The time of day for parading
is not unimportant. The dress should be less for show than com-
fort. The soldier is sometimes troublesome and refractory. Yet when
he sees his officer interested in his welfare and believes that he will
not be exposed to unnecessary perils, or have unnecessary burdens
imposed on him, he becomes enthusiastic and will face any danger,
endure any fatigue, and is ready to make superhuman exertions, at
the bidding of his officer. But to come to the main point of prevent-
ing disease. Enthusiasm in military matters, like enthusiasm in
religion, can only be kept up to a certain degree of intensity for
comparatively a short time—when, like the passions, it requires
repose—when too intense, and kept up for too long a time, it is not
easy to wake when it falls into repose. Enthusiasm is a thing which
has its fits and starts. It is a powerful weapon in the hands of a
commander who studies how to use it—one who does not ride it to
death when there is no occasion to use it, but keeps it in reserve for
high occasions, and then knows how to command it to come forth at
his bidding and give him aid. When a soldier has plenty to eat and
drink, he does not require to be fed on glory, if nothing is to be done
—no enemy about—no fortress to storm, his enthusiasm should be
suffered to repose. If permitted to take rest, until the occasion comes
when it may be needed, there are a thousand ways of making it up.
When gaunt famine stalked through Jackson's camp and pestilence
threatened to cut off all his men, that great commander found a substitute for meat and bread in awakening a spirit of enthusiasm among his men, which also banished pestilence from his camp, by giving the body power to resist disease. He awoke the spirit of enthusiasm in one remarkable instance in a very simple way—by merely offering to divide a few acorns with an exhausted soldier. This simple incident soon spread through the camp, and the spirit of chivalry began to swell every bosom; making his troops forget that they were without food or the prospect of food in a distant wilderness; and nerved them to renewed exertion. The men, who a short time before, were ready to sink to the earth exhausted, and to fall a prey to a pestilential fever, forgot they were hungry on finding themselves heroes. Napoleon always fed his men on glory when meat was scarce, or some great fatigue was to be endured, or whenever he wanted to drive disease out of his camp. High enthusiasm, and epidemic diseases are incompatible. The secret of great military commanders in preventing disease seems mainly to consist in awakening a spirit of enthusiasm on perilous occasions. Some degree of enthusiasm is at all times a healthful stimulant against morbid influences and which it is always well to encourage, but the higher or more intense exaltation of mental excitement not being durable, should only be called up on great occasions. If it would always come on being bid, it would be an easy matter to banish a pestilence from an army by that agency alone, but as it is a fire which cannot always be kindled at will, none of the natural causes, giving rise to disease, should be permitted to haunt the camp when they can be driven out. The British owe many of their large possessions in warm climates to Moseley's discovery of treating camp dysentery successfully. Before a successful plan of treating the disease and banishing it from camp was discovered, Great Britain was in a fair way of losing her southern possessions by having no men to defend them; the dysentery killing them as fast as they could be sent out. The same mode of treatment did not succeed in the cold latitudes of Europe. The wars of the British, French, and Spaniards, during the latter part of the last century, in the West Indies, brought it forth. Our northern medical schools and northern writers, having no occasion for it, have neglected to teach it. It is a treatment adapted to the dysentery of camps in hot climates. For more than twenty years I have found it successful in plantation practice in the south. In communicating it I am giving nothing new, and I claim no credit but that of calling attention to a very successful practice that is almost forgotten.

The one dose cure for Camp Dysentery.—From twenty to forty grains of Ipecacuanha, and fifty drops of Laudanum mixed together in little sugar and water, molasses, or toddy, and taken at one dose—immediately the dose is taken, the soldier should lie down and be covered over with his blanket, to keep the air off. He should continue thus covered up with his blanket for 24 hours, drinking hot mint tea, or hot sage tea, or any other agreeable aromatic tea, as
balm, sassafras, or orange-leaf tea. The drink should be taken as hot as table tea is commonly used. The object is to promote perspiration and to turn the fluxion of blood from the bowels and liver to the skin. No drinks should be taken, for an hour or two, unless the patient vomits. After each spell of vomiting he should drink the hot tea. The medicine has the best effect when it neither vomits nor purges. It commonly vomits once or twice, and the next day purges once or twice. It cures the disease in half an hour, if given early in the complaint. That is, it stops the bloody stools on the spot, relieve the pain and termination of the bowels, determines the blood from within, to without—causes perspiration and carries off fever. And if the perspiration be kept gently up for a sufficient length of time, the disease will never return. It is important after taking this medicine, that the patient be kept for some days out of a draft of air, and the first day or two be covered over with a blanket; though not to be kept too hot, or in too close an atmosphere. When the pain in the bowels is severe, the quantity of laudanum should be a little more, say a tea-spoonful. A full dose to allay spasm and pain is better than a small dose. The Sydenham laudanum is better than the common laudanum; if that is used, 30 drops will be sufficient, as it is stronger than the common laudanum. If the ipecac is very good and fresh, and has never been exposed to the air or light, 20 or 30 grains will be sufficient, and may be made into pills with the laudanum and taken all at once. If the patient lies on his back, and holds a table-spoonful of water in his throat, and will open his mouth, seven large pills can be swallowed at one swallow, if they be pitched in Indian file, down to the root of the tongue, the patient at that instant swallowing them with the water previously held in his throat. But the patient must lie flat on his back to swallow so many pills at one swallow. The dose taken in the pill form, is less apt to vomit. Should sweat not occur in an hour, the complaint may require the loss of a little blood from the arm, or another half dose in the pill form; but in nine cases out of ten, nothing more is required than the hot aromatic tea, above mentioned. It is essential for the success of the one dose cure, that it be commenced at an early period of the disease. Different physicians, seeing dysentery under different circumstances, are too apt to conclude that all other plans of treatment are wrong but their own.

Thus, in private practice, in mountainous districts, bleeding is generally necessary. In marshy districts, bloodletting is not well borne. When connected with much bile, the purging or calomel plan succeeds after so long a time. In some epidemics the patient is so suddenly reduced by the first onset of the disease, as to fall into cold sweats, faintings, laborious breathing, etc., requiring instantly the strongest aromatic stimulants to keep him from falling at once into a state of collapse and death. But generally speaking, the one dose cure, for the dysentery in camps, is the best, safest, and quickest. If it fails to cure in an hour, no harm is done: the purging, or
any other plan may be adopted. The misfortune of the purging plan is, the soldier who is cured by it, is seldom worth any thing in the campaign. Half the fluids in his body have to be evacuated by purging, before the plethora of blood in the viscera, causing the dysentery, can be removed. Whereas, by the one dose cure, the fluids are saved—instead of being purged out, they are thrown from the viscera to the surface, kept in the circulation and saved. All, or nearly all the camp dysenteries, have a single cause, a retreat of the blood from the surface, without, to the viscera, within. In private practice, the stomach or liver or some other organ may be at fault and constitute the first links in the morbid action; but among soldiers, it is almost always the skin. The scorbutic dysentery is an exception, where acids, lemon juice, and sour vegetables become the best remedies; and in dysenteries connected with remittent and intermittent fevers, the quinine is an important adjunct. After the patient has taken the one dose cure, the next day, if any remnant of the disease still remains, from a tea-spoonful to a table-spoonful of the following mixture, should be taken without being mixed with any thing whatever. To be taken on an empty stomach, viz: white vitriol 90 grains, common alum 60 grains, cochineal (the coccinella of Mexico) 3 grains, boiling water half a pint. When the solution is cold, strain through paper. From a tea-spoonful to a table-spoonful of this mixture every morning, fasting, or three or four times a day, will of itself cure mild cases and is one of the best remedies for the chronic form of the complaint. It can be made to operate on the bowels by lessening the quantity of alum in the solution, or to bind the bowels when the discharges are too frequent, by increasing the quantity of alum in the solution. In table-spoonful doses it nauseates and has all the advantages of nauseating medicines—and in smaller doses than a table spoonful, it is tonic and astringent and aperient at the same time, partaking of the character of small doses of rhubarb.

The author of the above practice is Benjamin Mosely, who published it in the West Indies in 1789. The practice was so successful, that his treatise on the dysentery went through many English editions, and was re-published in Latin. After a long experience in Southern diseases I am confident that it is more successful in the great majority of dysenteries than any other method of treatment before or since adopted. Dr. Mosely gave the ipecac first and the laudanum afterwards. According to my experience it is best to give them together, making one dose of it. I have tried the medicine in broken or divided doses, but find it not to succeed as well as the full dose. The aromatic teaz to keep up the determination to the skin are important. To follow up the medicine by strong purgatives would defeat the object in view, of determining to the surface. Aromatic waters, or the odour from burning aromatic substances, are better than vinegar or the chloride of lime to correct the atmosphere about dysenteric patients.
On the Influence of Malaria and Malarial Diseases.—By A. G. Lawton, M. D., of Marshall, Saline County, Mississippi. Communicated in a letter to the Editor.—(N. Y. Jour. of Medicine.)

When we survey the past history of this country, from its first discovery up to the present time, we find that this invisible and mysterious agent called Malaria, has been more widely disseminated, more pervading in its influence, and more efficient in the causatives of diseases and death, than all other causes combined.

It was the remark of the celebrated Volney, when travelling in this country, that every valley in America produced malarial fevers; and, although this observation is far from holding true at the present day, yet there has been a time when it would be strictly just, when understood in the broad sense, which it was originally designed to convey. According to Macculloch, one half, at least, of human mortality is owing to this cause. He says:—“At Walcheren, we lost 10,000 men, and the Antwerp fleet to boot. And when the French army attempted Naples in 1528, out of an army of 28,000 men, 24,000 died in a few days by choosing an injudicious encampment at Baix.”

All past history goes to show the deadly influence of this invisible poison; and how it has occasioned the loss of armies—the failure of expeditions—the frustrations of plans and national movements—the depopulation of countries, towns and cities—cities that were once populous and powerful, where now the atmosphere is so pestilential, that it is dangerous even to visit the spot where they stood.

In 1610, the colony of Virginia consisted of nearly 500 persons, but in consequence of want of food and malaria, at the end of six months, only sixty of the whole number remained.

The early settlers of new countries suffer more from malaria than those of older countries. When the Spaniards settled Cuba, and the other W. India islands, great multitudes fell victims to miasmal fevers. Paludal exhalations are often prevalent, and the cause of fevers where they are not suspected. For example, during December and January last, I attended six cases of fever, of a malignant and typhoid character, in one family who lived on a high, dry, and hitherto healthy spot in Saline county, Mississippi. I regarded the fever as one produced by a specific cause; and, after searching in vain in and around the house, I suspected it might be under the house, the floor being of loose boards, between which were wide cracks, as is common in this country. I raised a board, and sure enough there it was. The house, which was of logs, was built on the grass, the floor being about 12 inches from the ground, and this space was filled with old bones, grass, crumbs of bread, dirt and sweepings, that had been accumulating for eight or ten years, forming a mass altogether about one foot deep. And this had been kept constantly wet by wash-water, and heated by fire in the room, on which floor a large family slept and ate. And this mass under the floor, in contact with the decaying house-logs, on the ground, formed a perfect hot bed, just
fit for the extrication of poisonous effluvia, which are more effectual in cold weather, because the house is more constantly shut and a hot fire in the room.

Often have I seen whole families die off in a few days and the population of neighborhoods generally thinned, when a timely knowledge of the true cause might have saved them all. In Holmes county, Mississippi, on the banks of a small stream, on one farm, in 1836, forty negroes and a whole white family, except the father, died in three months, leaving but one living soul on the place. And I am acquainted with many instances of a similar kind in Michigan, Illinois, Missouri (in this county), in Louisa, Texas, and many other places.

According to authors, the circumstances calculated to generate miasmatic exhalations or malaria, are the ploughing of lands for the first time. They are also developed by the action of water on wood in casks at sea, bilge water in holds of ships, marshes, stagnant pools, moist meadow lands, etc. A mixture of salt and fresh water in pools or marshes, the drying up of lands that have been inundated, also give origin to this poisonous agent. Ploughing the western prairies, for the first time, is generally followed by more or less sickness.

The following are the results of my observations made in a small part of Saline county Mississippi: Of one hundred and five families, who have settled here from 1836 to 1843, fifty-five ploughed fields on the south and east of their houses; these had fevers, bilious remitting, or intermitting, or some other disease. During the first, second, and third years, indeed, scarcely one of them escaped some kind of sickness. Sixteen of them ploughed fields on the west of the houses; of these, many had intermitting, some few bilious remitting fevers, but of a tractable character, and generally on the second or third years. Eighteen ploughed fields on the north, and but a few of these had intermitting fevers, and these during the second or third years. Sixteen did not plough around their houses at all, and none had any of these kinds of sickness, more than might be expected in any healthy country.

It takes the sod two and three years to rot, and it generates malaria every year, until it is well rotted. Log houses built on the ground, as soon as the logs begin to decay, especially if they have no cellars under them, produce an immense amount of the poison in question. And where they have loose floors, as the poorer classes generally do in these countries, two-thirds of every thing that falls on the floor is swept through. This accumulates by slow degrees, and is wet three or four times a week, by wash-water on the floor, until it forms a perfect hot bed, just fit for the generation of poisonous exhalations.

And these houses have no windows, nor means of ventilation but the door, which is constantly kept open for light to come in, except in the coldest weather of winter. Then is the time for this putrefying mass under the floor, and the rotting house-logs, always moist and hot by fire in the room, to generate fevers of the most malignant character and grade. The malignancy and awful fatality of these
fevers are well known to practitioners of these countries. I see no reason why these very causes would not produce a genuine typhus.

Maccullock says, that a remittent will become, or perhaps produce, in any given individual, a contagious typhus under confinement.

But I think the most, if not all these cases, may be traced to a combination of the two poisons, animal and vegetable exhalation, and these cases generally occur in, or immediately after, very cold weather.

There is a stream running through our county, called the Salt Fork, the head of which is a salt spring, large enough to turn a mill a half mile below its source, in which I am told a lead has been dropped 300 feet without finding bottom. This stream has many other salt springs running into it in its course. It is a mixture of mineral salt and fresh water, and a beautiful clear and running stream. As far back as I can trace, the people living on the banks of this stream have suffered with fevers every year, and with many other diseases; sometimes the greater part of the population are sick. But for three years past it has been more than common sickly. In my practice on this stream last season (1845), out of a population of 63 persons, there were 56 cases of fever, mostly bilious remitting. Of these none died. Malarial diseases are often masked; it is difficult to discern their true type and character; the fever being low, and sometimes wanting. According to authors, malaria induces, or produces,—fever, neuralgia, dysentery, cholera, tic-douloureux, or headache, &c., &c.—M'Cullock. But I would not stop here, but would include congestion, inflammation of the uterus, assimilating cancer, and cured by iodine, hypertrophy of the liver and spleen, chronic diseases of the mesenteric glands, añasarca, &c.; also includes a tendency to venous congestion, imbecility both of body and mind: especially in those who live on improper or scanty food, in old, decaying houses, without windows or proper means of lighting and ventilating, abortion, flooding, ovarian dropsy, &c., &c.*

* While on a recent visit to a part of New England, remarkable for health, we became acquainted with an instance which illustrates very strongly the influence of malaria, when of not sufficient intensity to cause regular paroxysms of fever. A family of seven persons, old and young, lived in a house, in the cellar of which was a large quantity of decaying vegetables, partially covered with water, which stood upon the bottom of the cellar to the depth of nearly six inches. The family, though not confined to their beds, were, nevertheless, all so indisposed as to be almost wholly unable to attend to their ordinary duties. The most prominent symptoms, and which existed in every individual of the family, were nausea, want of appetite, furred tongue, bad taste in the mouth in the morning, muscular debility and prostration, universal malaise, headache, pain in the spinal cord, shooting pains in different parts of the body, depression of spirits, languid, sluggish circulation, torpor of the surface, and all the secretions, irregularity of bowels, etc. These symptoms existed for several weeks before the cause was discovered, and without resorting to any other measures than removing the cause, draining the cellar and cleaning it out, they all soon recovered their usual health. Such facts certainly ought to convince those who are still sceptical as to the existence of any such agent as malaria.—[Ed. N. Y. Jour. of Medicine.
I was recently called to see a young man in the family J. G., on the 9th day of fever. When I arrived at the house there were three other persons down with the same fever, which was of a typhoid grade. On the next day when I arrived at the house, I was much surprised to find three more boys, still younger, down, which made in all seven cases. They all got well except the one I was first called to see, Oct. 22. He died on the thirteenth day; had black sordes on the teeth, bleeding from the nose and gums, and delirium.

On inquiry, I found the facts to be as follows:—A year or two ago they had built a brick house, under the wing of which was a cellar, in which water had stood for the last eighteen months, open on the south by a door and window. Some weeks ago these boys had dipped out this water and mixed brick with it in hot weather, and it had a very bad smell. The oldest, who died, was the most exposed; he moulded the brick, and stood on the wind side of the bed where the brick was drying.

It appears that these boys took the fever one after the other, as they were exposed, or according to the intensity of exposure to the exhalation in making and drying these brick. All that assisted in making and drying these brick, took the fever. The others were all well and hearty, and had no sickness that year worth mentioning.

This is one of the many instances of the kind I have witnessed. I will now offer a few remarks on symptoms, but they will generally be confined to the sickness on the two streams, the Salt Fork, and a tributary of Blackwater. Both are salt water in part.

These streams often overflow their banks, and spread over grassy bottom land. This generally happens in June or July, after which it is generally sickly.

After exposure to miasmal exhalations, for a longer or shorter time, it may be a week, three weeks or three months depending on other existing causes, or the constitution of the patient, the signs of disease appear. The first thing noticed will be, after a hard day's work, getting wet, going without dinner, or eating too much, exposure to hot sun, &c. On the next day, unexpectedly, and without any ostensible cause at the time, the person feels an unaccountable weakness in the back and legs, slight aching in the head, eyes and stomach, accompanied with a little coldness of the fingers; drowsy, dull, and listless; sometimes he experiences a slight trembling: after a few hours it goes off and he thinks no more about it, until it comes again, which will be on the next day, or odd day, at the same hour, which is generally in the fore part of the day; but it may occur at any stated hour. This may continue for a week or more, getting better and worse. After a while he finds himself unable to attend to business, and concludes to doctor; he takes a heavy dose of Cook's pills, or some other drastic purge, after which he gets a hard ague or chill, or finds out that he has an attack of fever, of which he may get well in a few days. This is the beginning of the mildest cases. They get well, but being constantly exposed to the original cause, they soon get down again.
At a certain time of day they will have great weakness, blindness, or throbbing in the head, palpitation of the heart, feet and hands swell every afternoon. They will take a pain in or over one eye, or over one side of the head (this they call sun pain); the eye inflaming, is red and painful, with the fever on that side of the head; after three or four hours it goes off, to be renewed on the next day or odd day. But sometimes the pain and fever are more severe, rising with the sun and going off as the sun goes down, and they sleep well as usual at night. And in the same way, occur sick-headache, neuralgia, toothache, and vomiting. I have seen vomiting occur at ten o'clock for a week, every day, often mixed with blood. But sometimes weakness is the only symptom, and this increases for weeks with a tolerable appetite all the time.

As the season advances, the attacks are more violent and sudden, the fever gets stronger as the cold weather approaches, when many of the cases become strong bilious fever, or they will take a chill that will prostrate them at once, and the fever rises high, or the fever may fail to come at all; if so, the exterior assumes a bloodless appearance. There is more or less congestion, sometimes complete if the congestion is partial; there may be vomiting, sometimes, of blood. In females, vomiting matter, tinged with blood and flooding at the same time, especially about, or at the turn of life. In girls the disease is ushered in, many times, by uterine irregularities or uterine flux. Vomiting blood is a common occurrence in many grades of those fevers. Congestion may take place in the first chill, but more commonly in the second; it is often brought on by overpurging, after which there is no fever, for that is the end of the race; they either die or get well,—that is, when congestion takes place suddenly and extensively.

Congestion may take place in the lungs, spleen, liver, bowels, and sometimes in the head, but not often. In congestion of the lungs, the veins of the extremity assume a dark color, and sometimes black; respiration short and oppressed, and a feeling of great weight across the chest; the pulse gets weaker as congestion becomes more established, until it is finally lost; the skin on the extremities assumes a leaden hue; cold perspiration oftentimes is extreme; cold feet and hands, and the patient complains of nothing but heat. There is congestion of the bowels, liver and spleen, and this is by far the worst complication; the pulse sinks, the extremities grow cold; as the cold advances the skin assumes a bluish cast, or leaden hue, and dimpled like goose-flesh; the tongue may be dry and clean, or a little furred, or it may be coated thick and dark, if the fever has run a number of days before congestion took place; the respiration is short and oppressed; there is great weight and heat across the stomach and bowels; cold perspiration, and sometimes delirium. In fatal cases the perspiration is excessive, the skin becomes relaxed and cold; the patient is restless and constantly changing from one position to another, often complaining. Ask him what pains him, he will say,
nothing, no pain, but so hot, and yet he is of an icy coldness every-
where but on the stomach and bowels, which are very hot. As death
approaches he becomes more composed and tranquil, and dislikes
going to sleep. Congestion may take place any time in the course
of a fever, especially on the ninth day, but always on the day and
hour according to the manner and type of the fever.

As to the treatment of malarial fevers all agree that quinine is an
antidote, or a specific, some give it in large doses, some in small, and
both are mostly fortunate. I have given it in all ways, and I am
fully convinced that one grain of quinine, combined with other sub-
stances, will effect more than five will by itself. Three years ago I
adopted a plan of combining it in a manner that I never yet have
had cause to change. The combination has two advantages. One
is, it is more effectual, safer, and leaves the system in a better con-
tion; the other is a great saving of the article. In intermittent and
all mild malarial fevers, I give a purge if it is needed, generally a
mild one, as blue mass, ten grains of calomel, with Dover's powders,
or Lee's pills, according to the circumstances of the case. Then I
give the following powders, changing them to meet the indications as
near as possible. I never bleed in these cases in the warm season,
and very seldom in the winter, for bleeding is very apt to induce con-
gestion. The constituent principles of these powders may be in-
creased or lessened according to the circumstances of particular
cases.

R: Quinine Sulphate, gr. i., or Quinine Sulphate, gr. ij.
Camphor Pulv., gr. i., " Camphor Pulv., gr.
Fiat Pulvis. " Fiat Pulvis.

R: Quinine, gr. ij., or Quinine, gr. i., or Quinine, gr. ij.
Myrrh, gr. i., " Capsic. gr. ij., " Morphine, gr. 1-8
G. Opii, gr. 1-4, " Opii gr. 1-4 " Ferri Carbonas, gr. ij.

In intermittent fever, I begin with these powders soon after the
fever begins to go off, and give one every two hours until six or
twelve are taken, according to the type of fever. Then if needed, I
give one or two pills at night, made of aloes, soap, and rhubarb, and
the next day give the powders as before; and I seldom have to leave
medicine but once for these cases. In bilious remitting fever, I gen-
erally lessen these powders, beginning early in the morning, and give
four, five, or six of these powders through the day, with directions to
stop when the fever gets high, give a dose of calomel at night, and
nothing more till morning, when I commence the powders again.

In those cases where the fever runs high, I give calomel, or blue
mass, every other night, or every night until the biliary secretion is
established, when other purgatives are stopped, and I continue the
powders, and sometimes the above named pills at night. In the most
of these cases there is much visceral irritation, and here blisters, and
counter-irritants of mustard must be used. Sometimes there is ex-
cessive vomiting in these cases, when I find nothing better than what has been long in use, that is, a mustard plaster over the stomach, and sometimes around the ankles and wrists. With this treatment I have been so far very fortunate, and seldom lose a patient. In winter fevers I increase the Dover's powder, and lessen the other parts in these powders, and the effect has been perfectly satisfactory.

Pills containing camphor I keep corked up in vials, and make but few at a time. Thus kept I think the camphor is retained sufficiently for all practical purposes.


The operation of which I propose to give a very brief account, was performed nearly thirty-seven years ago, and at that period, so far as I am informed, was unknown in surgery. Since that time it has been repeatedly executed, and the claim of having originated it has been set up by a foreign surgeon. By comparison of dates it will be seen that my operation preceded that of Dupuytren by two years.

On the 6th of February, 1810, Jesse Lay, a lad of about fourteen years of age, was brought to me on account of an exccrescence which gradually arose from his gums, and which, in consequence of long neglect, completely enveloped the lower maxillary bone of the left side. It filled the inside of his mouth to such an extent as greatly to interfere with respiration and deglutition. Externally, the tumor exhibited the appearance of a wen of considerable size, and as it was daily augmenting it was evident that nothing short of its entire removal, with the portion of the bone it occupied, could save the life of the patient. Accordingly an incision was commenced just below the left ear, and continued along the course of the bone to the centre of the chin; a second one was made at right angles to the first. The integuments were then dissected from the tumor, and the bone sawed off at the angle of the jaw, and half an inch from the centre of the chin nearest the angle divided. The integuments were united in the usual manner, and the boy had a speedy and perfect recovery. The youth, at the time of the operation, although fourteen years of age, was not larger than boys usually at ten or eleven; but immediately afterwards he commenced growing, and attained the ordinary stature of manhood. A well trained whisker hides, in a great measure, the scar left by the incision, and at a short distance the effects of the operation would not be observed.

Athens, Nov. 1st, 1846.

Note. Dupuytren is the generally accredited author of the operation above described. This distinguished surgeon removed a portion of the lower jaw for a cancerous affection of the gums in 1812. The
operation of Dr. Deaderick, it will be seen, was performed two years prior to that time. Dupuytren's case was reported to the Faculty of Medicine at Paris, by Lisfranc, in 1813. The report of Lisfranc is republished in the *Dictionnaire des Sciences Médicales*, vol. xxix. p. 480. Dr. Deaderick did not give to the public any account of his operation before 1823, when he described it in the American Medical Recorder.

Dr. Mott, in a letter to Mr. Liston, has preferred a claim to priority in this operation. He says, "I claim for myself and my country originality in the operation of exsection of the lower jaw at the temporo-maxillary articulation, and in different proportions for osteo-sarcoma. I avow and declare solemnly that before my first exsection of the lower jaw for osteo-sarcoma, I never saw, read or heard of anything of the kind ever having being done in any country." He adds, "We repeat and aver, that the exsection of the lower jaw of even a fourth part, much less a half or two-thirds of it, for any form of sarcoma involving the whole texture of the bone, has never in our opinion been performed by any surgeon, past or present, until by myself at the time above stated."

The operation of Dupuytren is admitted not to have been for osteo-sarcoma, but for a cancerous sore situated over the angle of the jaw. Ribes, in the *Dict. des Sci. Méd.*, referring to this operation, has the following words: "These facts lead to the hope that fungus, or osteo-sarcoma of the lower jaw, a disease so formidable that it has in many cases been vainly attacked with the iron and fire, will henceforward, since the operation of M. Dupuytren, be removed by amputation of a portion more or less considerable of the lower jaw, without the danger of any accident, and, if the disease be local, with a certainty of success."

Many years before these predictions were uttered in Paris, the operation had been successfully performed by a young surgeon in the backwoods of Tennessee.

In a lecture delivered by Dr. Houston, of Dublin, in 1844, and published the same year in the London Lancet, the honor of having originated this operation is claimed for Mr. Cusack, who has performed it twelve times. The lecturer says, "The grand exploit of amputating the lower jaw, even from its articulations, the boldness of which has been only equalled by its success, has now become a standard operation in surgery. Persons afflicted with the distressing and loathsome disease for which this operation is undertaken, were formerly allowed to die, without any idea being entertained of the possibility of saving them; but now that a great mind, relying on a sound knowledge of the capabilities of the human frame, has set the example of extirpating the diseased mass in toto, many surgeons have fearlessly followed in the path thus laid open for them, and have derived honor from the success which crowned the enterprise. The success of this operation, both as regards immunity from danger, rapidity of convalescence, and the useful quality of masticatory apparatus which follows, is almost incredible."
Upon this passage Dr. Townsend, in his edition of Velpeau’s Surgery, comments thus: “To whomsoever, therefore, the honor of this great triumph belongs, mutatis mutandis, the eulogium ought to apply equally well in Dr. Huston’s conceptions, who, doubtless, would not desire to diminish one iota of it, because a name of different orthography from that of the justly respected Mr. Cusack, should happen to be found by a species of anaplastic substitution, to dovetail more completely than his with the historic facts in the case. We say cheerfully with all our heart, palmam qui meruit ferat!”

Dr. Deaderick’s is the name which seems “to dovetail” most “completely with the historic facts,” and to him, therefore, must the palm be awarded. True, he operated but once, and his operation was not made known to the world for many years afterwards; but it was undertaken for what appears to have been osteo-sarcoma; it involved the excision of nearly one-half of the lower jaw bone, and was crowned with perfect success. Dr. Deaderick did not call the disease osteo-sarcoma, but, in his account of his operation published in the Medical Recorder, described it as “a cartilaginous tumor.” In the brief notice of it given above he applied no name to the affection, and the title prefixed to his communication is ours. Every medical reader knows how vague is the term “osteosarcoma,” and what a diversity of morbid growths are called by that name. From the description of the tumor in Dr. Deaderick’s case we have no doubt it would be styled osteo-sarcomatous.

It appears, then, that Dr. Deaderick preceded Dupuytren in the operation of excising the lower jaw bone two years, and that he anticipated Dr. Mott by eleven years, although he neglected to publish an account of the operation until after Dr. M. had communicated the results of his to the world; consequently Dr. M. was unapprised of what had been done by his countryman. He may still claim “for his country,” if he cannot for himself, “originality in the operation,” for Cusack’s operations were performed two or three years subsequently to Dr. Mott’s first. The operation has been performed by Dr. M. seventeen times. In a note appended to his letter to Mr. Liston Dr. Deaderick’s operation is referred to, and this brief, obscure notice, is all the allusion to it that we have found in looking through the American edition of Velpeau’s great work on surgery. We have deemed it but an act of justice to a modest and worthy member of the profession to give these dates in connection with the history of his case.

Y.


We extract from Dr. Holmes’ article his appreciation of “northern precepts” in the practice of southern diseases.

From experience in Florida one is almost disposed to believe, that
there is a certain rule which though apparently too mechanical in its operations, to some extent is applicable; it is this,—in proportion to the amount of miasmata in the system as shown by its effects, so must the dose of quinine, for the cure, be increased or diminished.

The largest amount of quinine I have ever given at a single dose has been eighty grains; this is the extreme dose: the average quantity is about twenty grains.

Let us commence with intermittent fever. The first question I always ask a patient who complains of this disease concerns the state of his bowels. I am careful never to give quinine with the intestines in a torpid or gorged condition, for its effects then seem to be comparatively lost. I have given it, however, when the bowels were actively purged and irritated. It seems not to be governed by the general rule that medicines will not affect the system properly when the bowels have not been well attended to. Having then in a common intermittent fever freely opened the bowels, if they have not been already purged, by means of oil, magnesia, calomel, or rhubarb, I give the quinine generally on the evening of the day on which the purgative has been taken, fifteen grains, say, as a general dose, at once (not in divided doses), in water with a few drops of vinegar or of some acid, so that it may be readily dissolved. Suppose this to be given in the afternoon at 3 P. M., the patient having had an attack of intermittent on the same day, commencing a 9 o'clock, A. M., and ceasing at 2 P. M. The fever, being a quotidian, will come on, the succeeding day at the same time, despite the quinine; both the chill and fever will be of a lighter grade, but will be as distinctly marked, and will remain as long; but on the third day the patient will be entirely free from the disease, and will not experience, during any part of the day, the slightest symptom of it. In treating many hundred cases of fever in Florida I do not think I have met with twenty exceptions to this rule in cases of pure intermittent fever.

On my arrival in Florida, knowing nothing of southern diseases from practice, and being stationed alone at a distant and unhealthy post, I learned the rules by experience alone, guided by which I have since successfully administered quinine. I practised on northern precepts, annoying the patient without arresting the disease, by a continued succession of two grain pills; occasionally at long intervals checking the disease, by these means, but much more frequently vexed for weeks by the continued sickness of the soldier. I rose finally to ten grains, and continued to give this quantity at once; I more frequently succeeded by this practice, but not yet to my satisfaction. If the patient had a quotidian, I gave the quinine on the day of the chill; if a tertian, also on the same day; if successful with the ten grains, I was surprised to find the quotidian manifested itself in a modified degree on the succeeding day, and on the next was entirely absent; whilst of the tertian on the third day, not a symptom appeared; hence I drew the rule which I have often verified since, and from which I have never varied, or had any reason to
doubt, that the full effects of quinine are not manifested until about eighteen hours after its administration. Finally, convinced that large doses of quinine are necessary in the south, I increased my minimum dose for intermittent fever to fifteen grains given at once.

Congestive fever is of course a disease of much greater danger than the one we have been contemplating, and appears to be the disease proper in which the powerful and successful effects of this agent have been most apparent. This disease is remittent in its character; the grade of its violence, to the most casual observer, will appear much greater than any stage of intermittent fever; there is complete prostration; the faculties are numbed, the countenance anxious and haggard, and the mind desponding; all these symptoms are often present an hour after the first attack, and when you see the patient for the first time. Here it is evident two plans of treatment must be pursued simultaneously: — to rally the patient for the time being, and to provide for a periodical return. Frictions, mustard poultices, and stimulants, will answer the first design; but I know of no other agent than quinine, in the materia medica, that will do for the second; you cannot wait for its operation, if the prostration of the patient is so complete, that you dread the return of the chill, lest it prove fatal; and in the first few minutes after seeing the patient, I have given him from thirty to sixty grains of quinine in one dose, in water or brandy; the brandy for the present contingency, but the quinine for several hours ahead.

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*Treatment of Pneumonia.* By Anthony Todd Thomson, M. D. (London Lancet, Nov. 1846, from Western Lancet.)

The chief object of Dr. Thomson is to examine the comparative merits of blood-letting on the one hand, and tartar emetic on the other, as remedies for pneumonitis. His observations are based on the results of 62 cases, 38 of which occurred at University College Hospital. The author resorts to blood-letting in the beginning of the disease; but he condemns its repeated and profluse employment in other stages, and is more inclined to rely on tartar emetic. This latter remedy, he is of opinion, produces its beneficial influence by virtue of counter-irritation; and this counter-irritation, which is nothing more than sub-acute inflammation, prevents the absorption of the remedy, and it may then be largely used without producing nausea; in other words, "tolerance" of the tartar emetic is merely its non-absorption. The following extract will convey an accurate view of the author's practice:

My practice, as soon as I have fully satisfied myself of the existence of the disease, and if the attack has not run on to the second stage, is to order one bleeding to the amount of sixteen or twenty ounces; to follow this, immediately, with three or four grains of calo-
Two Cases of Double Vagina.

By Professor MEIGS.—(Medical Examiner.)

On the — October, 1846, I was called to Mrs. ——, aged 20 years, in labor of her first child. She is a remarkably well-formed and comely woman.

The pains were sharp and frequent, evidently of the kind called dolores præparantes, or grinding pains. After some time, as they had become more violent, I examined the state of the os uteri, which was of the size of a half-dollar, the head of the child presenting, and the ovum unruptured. In the course of an hour more, I examined again, and the os uteri was then nearly dilated. While pressing the pulp of my index finger to the left side of the pelvis, it caught in a seeming bridle, which at the instant made me fear the cervix uteri had been broken, so as to detach a semi-circular portion of the os uteri, for the pains had been exceeding sharp, and their returns had been announced by violent cries. It was but a moment that I indulged the idea of a rupture of the cervix, for upon pushing the index farther, and flexing the finger, I found I could draw the point of it outwards, pulling along with it the bridle in question. Still I did not understand the case until, having withdrawn the indicator, I examined with it the structure of the external parts, and then learned that the

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lady was possessed of a double vagina. Supposing that such a revelation would not be agreeable to her, I kept my own counsel, hoping that the child's head would come down through the right or the left channel without injuring the septum. But after the head escaped from the circle of the os uteri, the bridle or partition would not go definitely to the right or to the left, although I thrust it first one way and then the other. The tie was so strong that the fleshy septum extending from the anterior to the posterior columna of the vagina would not admit of the dilatation of the lower or outer third of the tube. And as the lady was very strong, and had powerful uterine pains, I began to perceive some danger of the vagina being ruptured by the vain efforts for expulsion.

I now explained to the monthly nurse, and to a relative of my patient, the cause of the delay, and the necessity that had arisen. I therefore procured the requisite permission to expose the parts to an inspection. Upon this, the two orifices of the vagina were seen to be exactly alike, and the partition stretched across the head from front to rear of the passage, which by it was wholly prevented from dilating.

I now, with a strong scissors divided the wall by a single stroke of the instrument, whereupon the child's head advanced, dilated the os magnum, and was speedily delivered with safety to both the mother and her infant. She never complained afterwards relative to the operation, and within a month I met her on foot in the streets.

A week later I was called to a lady in her 30th year, in labor of her first child. Upon examining the state of the os uteri, I found the circle not much bigger than a quarter of a dollar, with thin margin, and within it the penis of the child; the scrotum being detected within the os uteri after the pain ceased. As it was night, I went to another apartment and slept an hour, when being called, I found the os uteri very much dilated, and a buttock, near which was the right foot, presenting.

While inquiring into the state of the cervix, I hooked my finger into a bridle, just as I had done in the case above mentioned, and I confess that the same thought was obvious to me, viz: that she had broken off a half ring of the circle of the os uteri, but I immediately afterwards discovered that I had another case of double vagina under management. In this case the partition was very firm and thick, extending from the os magnum almost up to the os tincæ. I inspected the external structures, and the two vaginas were each perfect and alike, included within labia pudendi common to both.

I was glad to find that only one foot of the child would come down, being fearful that if both should descend, I might not readily prevent one from entering the right and the other the left vagina.

I now disengaged the right foot and brought it down the right channel, the left leg was flexed upon the belly and thorax of the foetus. With a little assistance the foot was delivered and the buttock of the child coming downwards, thrust the vaginal wall to the
left, and so the trunk was delivered. I had great difficulty to extricate the head of the child, which remained long in the vagina; the infant breathing from time to time the air that I admitted through the hollow of my hand and fingers to its mouth and nostrils. The child, a male, was alive and in good health; the mother is quite well recovered.

Some years ago I was called by the late venerable Dr. Ruan to consultation upon a case of double vagina in a primiparous woman. I delivered the child, with the forceps, through the right canal, without difficulty or any injury, and had some five weeks later an inspection of the parts, which, as I remember, were very similar to those described in my second case above.

**Prodigious Fecal Accumulation in the Rectum.**

To the Editor of the Boston Medical and Surgical Journal:

**Dear Sir,—** On the 17th July, 1845, I was called to see F. C., a young lady aged about 15 years. Was informed that she had several times menstruated imperfectly, that she was somewhat troubled with costiveness, and that she had had no evacuation from the bowels during the three days last past. Tongue coated, white, not dry, skin hot and dry, pulse somewhat too frequent, and complained of pain in her head, with perfect loss of appetite. **Prescription.**—Direct ed her to take six grains of the following pill mass every six hours.

**B.** Soc. aloees, 3iij.; g. scammony, 3iss.; pulv. jalap, 3iij.; hyd. proto-chlo., 5i.; sapo. cast., gr. xv.; nit. pot., 5ss.; tart. ant., 5j.; ol. anise, arab. muc., aa q. s. to make a mass.

July 18.—Being about ten miles distant, I received a very urgent call to visit her; found her in pain, like the last pains of labor, the intermission being very short, yet very perfect; urgent and painful desire to pass urine, yet none had passed since the morning before (now 4 o'clock, P. M.) Cathartic pills have not operated, and was now informed that all the evacuations during the past two weeks had been but an occasional scanty discharge of mucus, and that such discharges were now being produced, the consequence of the excessive tenesmus. Deciding to introduce a catheter I attempted to pass a finger into the vagina, but was prevented by what appeared to be an unyielding mass, filling the whole pelvis, and pressing upward and forward so as to make it very difficult to pass the finger between it and the pubes. I accordingly carefully insinuated the point of a silver catheter, into the urethra and passed it into the bladder, and discharged a quart or more of urine. The tenesmus still continued, and the acuteness of the pain was somewhat relieved, but the involuntary straining effort which characterizes the closing throes of labor still continued. With considerable difficulty I now passed a large-sized gum-elastic catheter into the rectum, and through a mass of
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faecal matter, some ten inches, when adapting a syringe to the external end of the tube, I succeeded by dint of perseverance in forcing warm water through the plugged orifice of the upper end. After sending up about a quart of fluid, the catheter was withdrawn, and in two or three minutes more than a gallon of faecal matter followed, consisting almost entirely of the seeds of raspberries. After another small evacuation, which followed in a few minutes, she became entirely comfortable. The next day I was again called, and finding much the same symptoms, resorted to the same means, and obtained a similar result. After this the urinary bladder and the rectum evacuated themselves without aid, and raspberry seeds continued to appear in the faeces for several days longer, though none had been eaten during the week previous to my first calling upon her. Since that time she has enjoyed her usual health.

I present this case to the notice of the profession, not on account of any peculiarity of the practice; indeed I think it was but what was indicated, and would have readily suggested itself to any reflecting physician; but 1, To show that a vast amount of faecal matter may accumulate in the rectum, and also above the sigmoid flexure of the colon, while the sensibility of the mucous membrane remains low as in cases of constipation, but that when this sensibility is increased, as it was in this case by the cathartic, violent symptoms are the consequence; and 2, That when the pelvis becomes sufficiently full to distend the perineum, the action of those muscles associated in the function of expelling the contents of the pelvic viscera is excited, and if this distension be proportionally increased their action becomes intermittent and involuntary. This phenomena we have all so frequently witnessed in parturition, when the head of the child fully occupies the pelvis and rests on the perineum, that we find it difficult to view it as but a specific accompaniment of that series of phenomena, the aggregate of which constitutes labor. Indeed so strong did this influence operate upon my mind, in this case, that when preparing to introduce the catheter, notwithstanding the youth of my patient, and the character of the family being above suspicion, I could not divest myself of the feeling that, upon the finger entering the vagina, the head of a fetus would present itself. S. A. Cook.

Buskirk's Bridge, N. Y., Jan. 4th, 1847.

Iron in Cachexia.—(Medico-Chir. Review.)

Iron is an agent almost exclusively employed in the treatment of cachexia, and its use has been in part recommended on the ground of the deficiency of its normal proportion in the blood. It is believed that the administration of ferruginous preparations may restore the normal quantity of the metal to this fluid, and on this ground the most soluble preparations are recommended, and, according to M. Mialhe,
those chiefly should be chosen which are susceptible of decomposition by the alcalis of the blood.

M. Beau doubts the correctness of this view of the direct agency of iron, although the benefit of the substance is incontestible. The iron of the blood is contained only in its globules, and there will be more or less of it as these globules prevail. To cure hydremia, therefore, and augment the proportion of globules, it can never suffice to introduce one element of the globule only. The diminished proportion of globules is maintained by the defective condition of the digestive functions, and iron acts only by restoring these to their integrity. In fact we daily witness cases of chlorosis treated by iron in its most soluble forms without any success whatever—the digestive organs in such cases being in a condition not admitting of their benefitting by its agency. The iron is abundantly absorbed into the blood, and yet the globule is not constituted. On the other hand, when the metal acts beneficially, the earliest effect it produces is upon the digestive organs. We see other patients again recover under the use of aloes, change of air, or the removal of moral causes, &c., without even taking iron at all, or after abandoning it as useless—the dyspepsia having yielded to other means after the iron had failed in relieving it. Our primary indication then must be to attack the cause which produces the dyspepsia. M. Trouseau has already protested against this indiscriminate treatment of the cachexia by iron; and, in fact, we can only reconstitute the blood by re-establishing the digestive functions, and removing causes which operate injuriously upon them. It is not by the direct agency of this medicine, but by the greater amount of aliment it enables the digestive organs to master, that iron is useful; and cachexia induced by mere hemorrhage may be at once removed by the rapid administration of aliment alone.

Case of bad Compound Fracture. By Otis Hoyt, M. D. (Communicated for the Boston Medical and Surgical Journal.)

Since reading the excellent address of W. J. Walker, M. D., on compound fractures, whose opinions on this subject are peculiarly entitled to a favorable reception by the profession, I have thought a case which occurred in my practice, while at Framingham, might not be altogether uninteresting to the readers of the Journal, in corroboration of his views relative to saving limbs which are badly fractured. I have no doubt many limbs, which might have been saved, have been sacrificed to the shrine of ambition by the young surgeon, who may wish the fame of being a good operator. I have noticed in the vicinity of some surgeons who have the reputation of being good operators, there are more people who have lost a leg or an arm than in other regions. I will not say that these limbs have been unnecessarily sacrificed; but it proves one of three things, viz., that accidents
Case of bad Compound Fracture.

occur more frequently in these regions, requiring operations of the kind; or that the patients of other surgeons have not recovered; or that limbs have been unnecessarily amputated.

In the month of February, 1843, I was called to see a son of Nathaniel S. Falkner, of Framingham, aged 6 years. A few minutes before I saw him, he was in the street, when a team was passing with a heavy wagon loaded with a cord and a half of green chestnut wood, and, as roguish boys are apt to do, he stepped up behind one of the oxen and struck him. The ox, resenting the blow, kicked the boy immediately before the wheels, both of which passed obliquely across the thighs. The road was composed of hard gravel, and a narrow rut worn down from three to four inches deep. The place of injury of the left thigh was near the middle, and that of the right below the middle, including about one third of the whole length of the thigh. In viewing the limbs sidewise, they apperred about as thick and as flat as the open hand. No pulse could be felt in any part below the place of injury in the right limb. It was cold and livid. In examining the place of injury, I found the bone crushed in pieces, the integuments torn through, and the lower fragments had been driven through the pantaloons into the gravel. Some of the marrow of the bone was found on the pantaloons. The left limb was not so severely injured. Pulsation could be detected in the foot, and the osefemoris was broken in two places, corresponding in distance to the width of the wheels. I had no fears but this limb would do well enough, provided there was no other injury. But what was to be done with the other limb. The boy was cold and pulse feeble, evidently in such a state that the shock of the operation of amputation would not be borne well. I therefore decided to place the left limb in as good a position as possible, and accordingly dressed it with the many-tailed bandage, and suitable splints, and laid it over a double-inclined plane. I then removed all of the pieces of bone appearing to be loose in the right thigh, and all of the sharp points likely to prick the soft parts, and laid it in nearly a straight position, and enveloped it in cotton to keep it warm, leaving the opening through the integuments in such a position as to allow the draining of the wound, determining that if, when the boy revived from the first shock of the accident, circulation and sensation did not return, to amputate. In about six hours the limb became warmer, feeble pulsation could be felt in the ankle, and sensation had partially returned; the leg was less livid.

As the circulation at this time seemed to indicate that the large vessels and nerves were not so injured as to prevent their proper functions being performed, and relying very much on the previous healthy condition of the boy, and the intelligence of his parents to take suitable care of him, I determined to make an effort to save this limb. There was sufficient discharge of blood from the wound for forty-eight hours to prevent much fever or much inflammation of the part injured. He was gently purged every day during the first week with sulph. mag., and his diet for the first four days, one half
pint of water, and one half of a common cracker per day; and during the next four days, he was allowed the whole of a cracker per day, with as much water as he chose to take. After the first eight days he was allowed to take rye mush and milk, and other light food in abundance. On the tenth day the right limb was placed over a double-inclined plane in the same manner as the other, with the provision of an opening in the board to facilitate the draining of the wound. Abundant suppuration took place, the wound filled up rapidly by granulations, and not a single unfavorable symptom occurred during the whole course of treatment, and in twelve weeks from the day of the accident the boy walked to school, a distance of thirty rods, with as good and handsome pair of limbs as any other boy possesses, with the exception of the right limb being about half an inch shorter than the left. I make no comments on the case, merely stating the facts, and shall let others judge as they may as to the correctness of the practice.

A Case of Concussion of the Brain followed by Mental Derangement and Paralysis, successfully treated by Sulphuric Ether. By John Travis, M. D., of Melville, Tennessee.—(Western Journal.)

M. P. at 25 years, was thrown from a horse against a dwelling house with great force; he was apparently dead for half an hour. His head was bruised and the integuments lacerated. When he revived he was found to be deranged in mind, in which state he continued for six weeks, notwithstanding he had two medical attendants with him daily. On examination, it was ascertained that there was no fracture of the cranium. So soon as his reason returned, his arms to the elbow, and his legs to the knees, became paralysed; he could move neither, which proved that the nerves of motion had lost their power. The function of the nerves of sensation remained unimpaired. In this condition his health otherwise was good. His physicians gave him a variety of medicines, and applied various rubefacients, blisters, &c., for several weeks, but the patient remained in statu quo. I was now called upon; I prescribed different articles of the materia medica—all in common use, in fact, except strychnia. This I intended to use as a dernier resort; but learning that ardent spirits would in a slight degree excite the nerves of motion, I sent the patient sulphuric ether, and directed him to take a large tea-spoonful in cold water, three times a day. After using this medicine three days he could bear his weight on his feet; and in two weeks he could walk without any assistance, and is now in a manner well, having the use of his arms and legs.

I have thought it proper to make these facts known, as it is a mode of treatment that I believe has not hitherto been pursued, and one which has proved eminently successful in a case which was deemed hopeless by the patient and his friends.

[Dr. Bird, whose experience of the therapeutic powers of electro-galvanism appears to have been considerable, gives the following classification of the varieties of paralysis in which he has found it decidedly beneficial.]

1. Case of partial paralysis resulting from congestion or other cerebral mischief, admitting of successful treatment. The congestion or effusion is removed, but a more or less palsied state of some part of the body remains.—Cases of this kind are common enough; and although the paralysis in general slowly disappears with the cause of the cerebral disorder, still the axiom of "sublatā causā tollitur effectus," does not always apply. Every now and then, although the blow has ceased, the bruise (if the expression be permitted) remains. Time, friction, change of air, restoration of the general health, strychnia, &c., will all succeed; but when with improved general health the stimulus of the electro-magnetic current be employed, success is much more general and certain. All that is required here, is to apply one of the conductors, covered with wet linen, over the trunk of the largest nerve of the part affected, and to pass the other, similarly covered with linen, over the region of the palsied muscle, so as to keep them actively contracting for some minutes. In recent cases, a single application will often succeed; in more chronic ones, the remedy may be continued for weeks, until the paralysis disappears. One of the first cases in which I used this remedy occurred, about nine years ago, in a gentleman holding a prominent position at the bar. I saw him with Mr. Freeman of Spring Gardens, under whose care he was. This gentleman had palsy of the left side of the face, the relic of an hemiplegic attack following cerebral congestion, the result of intense study and anxiety. His cerebral disease had been cured, his general health restored, but the paralysed nerves of the face alone refused to resume their functions. The electro-magnetic current was applied daily, the patient's footman being the "medical electrician," and in a few weeks he quite recovered.

2. Paralysis of muscles supplied by the portio dura, following exposure to cold.—This form of local paralysis, when independent of cerebral mischief, generally yields readily to treatment. Cases, however, occur, in which the nerve remains inactive, and the patient walks about for a long time with a distorted face. The electro-magnetic current is here of great value. I have seen many cases of this kind; one to which I was recently called resulted from exposure of the left cheek of a lady for some hours to a current of air from a broken window. She recovered readily from the accompanying bronchitis, but was left with her features distorted, being drawn to the right side. I at once suggested the current from the apparatus; her maid-servant was the operator, and cured her mistress in a week.
3. Local Paralysis involving the whole or a part of a limb from exposure to cold.—This variety resembles the last, and is probably of a rheumatic character; although, it must be confessed, it is often a difficult task to define the line separating rheumatic from some paralytic affections. The following is one of many I have seen:—The actuary of one of the large assurance offices consulted me, with nearly complete paralysis of motion of the left arm, sensation being pretty perfect; no pain whatever in moving the limb. During a cold winter he had been in the habit of sitting at his desk, with the right side of his body roasting by a large fire, whilst the left was chilled by blasts of cold air from a frequently-opened door. Gradually, pain and stiffness appeared in the left arm, but no swelling. The pain gradually vanished, and the limb was left palsied. Other remedies proving useless, the electro-magnetic was applied. I ordered a conductor to be placed over the lower cervical spinal region, to influence the origin of the axillary plexus, the other being passed down the arm. After a few weeks he quite recovered. This gentleman was his own operator; he fastened the spinal conductor in its place by his neckcloth, and thus had the right hand at liberty to apply the other.

4. Paralysis affecting one side of the body, or a single limb, the result of exhaustion.—These cases are not unfrequent, and before their nature was understood they used to be fearfully mismanaged, the paralysis being looked to, rather than the cause producing it, and depletion and mercury employed when nutritious food and stimulants were really indicated. It often happens that these cases are directly traceable to an obvious cause, and then the diagnosis becomes easy. The insidious exhaustion and enervation produced by excessive lactation is a not unfrequent cause. I saw a well-marked case of this kind five or six years ago, in a patient under the care of Mr. Pretty, now residing in Mornington road. This lady, a person of weak frame and strumous diathesis, had become exhausted by nursing her third infant, and the left arm became gradually palsied as far as motion was concerned. A generous diet, weaning the child, and the electro-magnetic current, were ordered. I had lost sight of this lady until a few days ago, when I was called to see her sinking from phthisis. I then learnt that, under the treatment suggested, the paralysis had soon disappeared.

Paralysis, from enervation, has occasionally followed sudden loss of blood at flooding labours. I have witnessed complete hemiplegia as the result. A case of this kind I once saw with my friend Mr. Law, of Finsbury, who had most properly treated the lady with generous diet and iron, under which she did well. When under this treatment, in spite of the restoration of the general health, paralysis remains, the electro-magnetic stimulus promises, from what I have seen, to be of much service.

5. Cases of Rheumatic Paraplegia.—To this category I refer cases of rheumatism, affecting chiefly the lower extremities, the pain and acute action disappearing, while more or less complete paraple-
gia remains. In these cases I have seen the greatest benefit result from electro-magnetism, as well as from ordinary electricity. I have witnessed so many of these cases thus treated do well, that I can speak with great confidence of its influence. One case will suffice as an example. A man came last summer into Luke's ward, at Guy's, under my care, with complete paralysis of motion of the lower extremities. He was totally unable to move his feet or knees, and was carried into the ward. This state of things had followed the dashing of ice cold water on his legs and thighs whilst sweating profusely. But little medicine was ordered for this man, and in less than three weeks he, under the use of electro-magnetism, walked about the ward, aided by one crutch and his stick. In these cases one conductor should be firmly pressed against the sacrum, whilst the other is placed in a basin of salt and water, in which the feet are emersed.

6. Paraplegia the result of enervation?—I am not quite sure of the pathological correctness of the title I have thus assumed. By it, however, I understand a series of cases in which paraplegia, both of motion and sensation, results from excessive fatigue, from sitting for weeks and months together, during the greater part of the twenty-four hours, with the spine somewhat bent. I knew of one case in which a distinguished physician actually became thus palsied, after assiduously devoting his time to the study of certain phenomena by the microscope, in doing which he, for hours together, used to lean over the instrument. There is, however, another cause, unhappy too rife, of these cases, the miserable result of the utilitarian dogma which makes human labor a marketable commodity, without any regard to the conservation of health. I may perhaps startle some by announcing the fact, that I have, in several instances, seen more or less complete paraplegia among a class of laborers of the most oppressed and most unprotected character. I refer to the needlewomen of this metropolis—a class of girls and women who, to earn enough of the wretched pittance they receive from the agents who employ them, to procure the commonest necessaries of life, are often compelled to work for fourteen, sixteen, eighteen hours, or even sometimes longer in the twenty-four hours. They toil on indeed, at the needle until their sight fails as they drop asleep, waking, after snatching a short slumber, to resume their work. These poor creatures receive from three-half pence to four-pence halfpenny for making a shirt (for the latter price producing such as is worn by respectable mechanics and others). They are unable to procure proper food, and are often driven to intemperance to forget their miseries, or to prostitution to add to their wretched income. No wonder that they become exhausted, enervated, bloodless; and paraplegia is not unfrequently the result. I had under my care in the hospital this last summer, a young woman who had once moved in a respectable sphere. She was quite paraplegic. She had been exhausted by working in the way I have described, and declared to me, that excepting dozing in her chair, she had often not slept for two nights
together. She first felt vague pains in the toes, then in the knees; rigidity came on, and ultimately she became as I saw her, the lower half of her body being as powerless as if made of marble.

In many of these cases no organic lesion exists; and by due nourishment, rest in the recumbent position, iron or zinc, and the subsequent application of the electro-magnetic stimulus, recovery generally takes place. These cases are little known, and will continue (we must fear) to occur, so long as the labour of the friendless and dependent female is regarded with no more feelings of sympathy or humanity than the amount of duty performed by a steam-engine or any other machine.

In thus advocating the electro-magnetic current as an important and most valuable excitant of paralysed muscles, I must still acknowledge that it is anything but a universally successful remedy. In the great majority of forms of palsy above described, it is indubitably in some the actual curative agent; in all it expedites and aids the cure, in none is it injurious. As a general rule I think it will be found, \textit{cauteris paribus}, to act most effectually in proportion to the acuteness of the case. In chronic paralysis we must recollect that any new tissue deposited during, perhaps, many months, or longer, although organized like the healthy structure, and provided with its due supply of nerves, is still composed of fibres which have never obeyed the influence of the will—have never moved at the volition of the patient. This I believe to be the reason of our not at once rousing a long paralysed muscle into action. We can here only expect to succeed by submitting the paralysed part for a long period to the influence of the remedy. I cannot conclude without urging upon the profession the impropriety and mischief of using electricity in some cases merely because paralysis exists. In true spinal paralysis, depending upon organic lesion, the electro-magnetic current often does mischief, especially where there is subacute inflammation, or a highly irritable state of the spinal marrow—a state of things shown, among other symptoms, by the involuntary and unconscious starting of the legs. In all such cases the remedy does no good, and in some it does great harm, the effect of its local irritation, when applied to the legs, appearing to be reflected to the spine, and greatly increasing the patient's sufferings.

\textbf{Syphilis Infantum.}

To the Editor of the Boston Medical and Surgical Journal:

Dear Sir,—The case about to be recited has several peculiarities, which render it one of more than usual interest.

1st. The disease showed itself a few days after birth; it commonly does not manifest itself till the fourth or fifth month.

2d. The copper-colored ulcers were diffused over the whole surface of the body; the face and feet having the most blotches, and the \textit{anus} and \textit{pudenda} the fewest.
Three previous children had died young of the disorder, that had been treated with mercury, &c.; this, the fourth child, survived under a somewhat modified and different treatment.

Case — Mrs. S. was delivered of her fourth child. On the next day I found both mother and child doing well. On the fourth day I was desired to see the child, the messenger stating that it was taken like all the rest—“and likely would not stand it long.” It will be proper for me here to say that this family was respectable, and both parents apparently healthy. I had no acquaintance with Mrs. S. until her last confinement.

Found the child, which was at first strong and plump, now weak and shrivelled. The infant was hoarse, surface cool, the eyes and nostrils discharging a filthy ichor, and the body covered with ulcers of a copper color. I prescribed—B. Pulv. Doveri, gr. j.; protochlo. hydrarg., gr. iv. M. Div. in chart No. xvj. Give a powder every three hours, until the infant appears to be under the influence of an anodyne, then give a tea-spoonful of castor oil; when the oil moves the bowels, resume the powders under the same directions. Also apply the following ointment to the ulcers. E. Protochlo. hyd., grs. x.; adp., 3ss. M. Ft. ungt.

The above plan was pursued for six days, at the end of which time the ulcers were nearly healed, the voice was natural, the spasms had subsided, the extremities warm, &c. Then prescribed—R. Syr. rhei aromat., f 5j.; to be given every evening. At the end of five days discontinued the syr. rhei, and substituted small doses of calcined magnesia, as the child needed some aperient medicine.

The opium and calomel ointment were in this case strikingly beneficial. The first as a sedative, diaphoretic and antispasmodic, was very useful—as a stimulant, it seemed to arouse the general prostration of the system in a gentle and salutary manner. The latter kept the skin soft; it was applied to the eyes and nose, and, as no other local remedy was employed, its alternative action was obviously serviceable to a high degree.

BIBLIOGRAPHICAL NOTICES.


In our first volume, we noticed the appearance of this new periodical in the British Medical world, and its re-publication in this country. Since then, (probably through some neglect or error,) the two preceding Nos. were not sent us. The present No., for which we are indebted to the kindness of the enterprising publishers in
Philadelphia, fully sustains the high opinion we have already expressed of its character. The sincerity of our estimate of this half-yearly periodical, may be judged of by our numerous extracts from it.


Our kind friends, Messrs. Lea & Blanchard, have placed this volume in our hands, through Mr. Richards, Bookseller, of this city. Although not a medical work, yet in the biographical department, we are pleased to see that in this supplementary volume, the names of Physick, Dupuytren, Hosack, &c., may be found. From a cursory examination, we have formed a high estimation of its worth.


This, as the reader will perceive by the cover of the work, is one of those valuable republications, which Dr. Bell, editor of the Bulletin of Medical Science, has so frequently favored the American world. The character of Dr. Latham requires no commendation of ours. The work before us is made up of thirty-eight lectures on Diseases of the Heart, delivered at St. Bartholomew's Hospital, London. It is designed to present these diseases as they occur in the living man, to the medical student, and faithfully has he accomplished his task. This volume should be studied by every practitioner of medicine.

PART III.—MONTHLY PERISCOPE.

Medicated Milk.—The Editor of Gazette Medicale (for June, 1846.) mentions that there has been lately established at Montrouge, near Paris, an establishment of a novel kind. The physicians who superintend it, thought proper to treat certain diseases by the use of cows' and goats' milk, having first subjected these animals to the medication necessary to give their milk the therapeutic properties which may be required for the cure of these diseases.—Southern Journal of Med. and Pharm.
Strength of the Human Skull.—Practised anatomists are eloquent in their osteological comments upon the carpentry of the skull. Who that has listened weeks in succession to lectures on the bones, does not recollect how much is said on the arrangement of the arches in the interior of the cranium, which give it great power of resistance: in short, were the frame-work of the head constructed upon any other principle than the one nature adopted, such are the shocks and blows to which it is constantly exposed, the wall would be frequently broken, and the functions of the brain destroyed. But no lecture room demonstration, however ingeniously illustrated, hypothetically, can compare with the following fact. "A few days since," says the Amherst Express, "a son of Mr. Dudly, of Shutesbury, Mass., about five years old, accidentally fell from a cart containing about twelve hundred pounds weight, which passed directly over his head. He received no apparent injury except a slight bruise near the ear made by the wheel.—Boston Med. and Surg. Jour.

New remedy for Mercurial Salivation.—Dr. Robertson, of Harrodsburg, Ky., reports several cases successfully treated by a domestic remedy which he has recently discovered. The plant is known by the common names of horseweed, richweed, horsemint, and horsecane. Dr. Griffith, of Philadelphia, to whom the plant was submitted, thinks the plant is the Ambrosia Trifida. It was employed in the form of decoction.—American Jour. Med. Sci., and West. Lancet.

Iodine Liniment in Bowel Complaints.—By J. Duncan Macdiarmid. The iodine, in the proportion of a scruple to the ounce of olive oil, is freely smeared over the entire surface of the abdomen, and the operation is repeated as soon as the liniment is absorbed, and the skin has again become dry and colorless, or almost so. In infants two or three applications may, I think, be safely employed in the twenty-four hours, and in the adults more frequently, if necessary—that is, in acute cases; while in those of a chronic form, probably its free application once a day would be the more advisable plan. But in all, I would only employ the liniment as an adjunct to the ordinary treatment, which, however, by itself, is often very unsuccessful in the bowel complaints of children during the hot months.—Brit. Amer. Jour. Med. and Phys. Sci., and Ibid.

Castor Oil in Diseases of Mucous Membranes.—Dr. Thompson recommends an emulsion of castor oil, in bowel complaints. The following is his mode of employing it for young children: ½ Castor oil, ½j—jss; Yolk of egg, ss.; fennel water, ½j. Mix. Take a small spoonful twice a day. This mixture, it is alleged, will change the character of evacuations more readily than mercury. Laudanum is sometimes added. It is even recommended when inflammation is present. Of course the dose would vary with age and other circumstances.—[Monthly Journ. Med. Science, and Ibid.]
Mode of using Quinine.—An opinion is rapidly gaining credence in the United States, that large doses of quinine given at long intervals, are more efficacious than the same quantity in small and frequently repeated doses. Foreign experience corroborates this view. Dr. Graves is now disposed to give it in large doses, and these only when the paroxysm recurs. He is of opinion that the practice of giving quinine after the fits have ceased, is injurious, because the system becomes accustomed to the medicine, and its anti-periodic influence is measurably lost. M. Bretonneau advocates large doses; and he is of opinion that small, frequently repeated doses impair the digestive function, without so effectually curing the disease.—[Western Lancet.

Efficacy of Creosote on Papular Affections of the Skin.—M. Max. Simon has recently published some observations relative to the treatment of papular diseases of the skin when they have become chronic. The application which he has found most beneficial is an ointment of creosote, made as follows:

Lard, 3/2 ti. Creosote, 1/2 dr. To be made into ointment.

[Ranking's Abstract.

Drastic Potion. (Journal des Connaissances Médico-Chirurg.)—Dr. Tessier has often proved the excellent effects of the following formula in the paraplegic:

Take, Water of the Linden tree, 125 grammes.
Brandy, 30 do.
Wine of Colchicum, 30 do.
Syrup of Buckthorn, 30 do.
Tartar Emetic, 25 centigrammes.

Make a potion for three doses, half an hour apart. M. T. omits one day, and then prescribes again this drastic potion, which he continues every second day until a cure is affected.

Comparison of the efficacy of Tr. Iodine diluted and vinous injections in Hydrocele.—In the January No. of the Journal des Connaissances Médico-Chirurg. just received, is an interesting case on this subject, published by M. Bouisson, Prof. of Clinical Surgery to the Faculty of Medicine at Montpellier. A patient entered the hospital having double hydrocele, and for which he was operated simultaneously, on one side with red wine injected into the tunica vaginalis testis, and on the other with diluted tinct. of iodine. There was much pain and inflammation, with great tumefaction, developed on the side to which the wine was applied, and neither were appreciable in the other. The iodine too, had cured one side long before the other. Altogether, this case proved most decidedly the superiority of the modern (iodine injection), over the old (vinous) mode of treating hydrocele.
Tincture of Iodine in Inflammation of Bones.—In cases of inflammatory swelling of the bones, M. Sichert commences by making incisions; then he applies twice a day frictions with the tincture of iodine until the epidermis assumes a deep brown color. Before each friction, he slightly detaches with the finger nails the epidermic crust which covers the incisions. The author has obtained numerous successes by this mode of treatment.—[Jour. des Connais. Méd. Chir.]

Treatment of incontinence of urine by Benzoic acid. (Gazette Médicale.)—M. de Fraene, accoucheur at Tubize, reports the case of a girl of 15 years, who after several attacks of acute gout, had incontinence of urine, which, owing to a false delicacy on the part of the mother, was neglected for the space of four months. A tonic and aromatic treatment was adopted, but without effect. She was then put upon the use of the benzoic acid, night and morning, for four days, but the complaint persisted. The doses were then doubled, and after the first dose the disease immediately ceased. The medicine was continued for some days in the same doses, and afterwards in quantities gradually diminishing. She had no return of the disease.

Process for finding easily the urethra after amputation of the Penis. (Jour. de Méd. de Bordeaux—Gazette Médicale.)—The difficulty of finding the urethra after amputation of the penis, is one of the most serious obstacles in this operation, and one which has most called into exercise the inventive genius of surgeons. To the well known process of M. Barthélemy, M. Chaumet prefers the following:

Before amputation, a catheter is introduced to evacuate the urine, through which an emollient fluid should be injected into the bladder. The urethra is compressed at the root of the penis by an assistant. The penis is now amputated, and to find the orifice of the canal, all that is necessary is to suspend the compression, and to direct the patient to yield to the desire which he feels, to urinate. The flow of the liquid indicates the urethral orifice.

Prolapsus of the Rectum treated with concentrated Acids. (Allgemeine Medicinische Central Zeitung—Journ. des Con. Méd. Chir.)—Dr. Jaesche of Minsk, having tried the means proposed for the cure of prolapssus ani, by Dupuytren, in four cases without success, was led to employ the sulphuric acid. He applied a pledget of charpie, wet with this acid, to the anus of a young man affected with this disease, and also with hypochondriasis. This tampon was introduced into the bowel to the depth of several lines. It produced great pain, which ceased in some hours, and the excavations produced by the cauterization promptly disappeared. The prolapssus reappeared at the end of a week. It was again successfully treated by this cauterization. This was repeated several times with success, and during four months that the patient remained in the hospital, the complaint did not reappear. Dr. J. employed the acid in several other cases, and the cures were permanent.
The nitric acid produces the same curative effect as the sulphuric, and it possesses the advantage of producing less pain and excoriation. In an old woman laboring under ascites, there existed a prolapsus ani which was treated with applications of nitric acid, and the disease did not reappear for six weeks, notwithstanding the use of drastics given for the relief of the ascites. The disease was soon reproduced by a diarrhœa with tenesmus, but was again cured by the application of the nitric acid, which produced no pain. The fuming nitric acid employed in another case produced violent pain, and excoriations, but the cure was rapid and complete. These and other facts have led the writer to regard the nitric acid as an excellent means of treating prolapsus ani without producing much pain. He does not recommend it as absolutely certain, but at least superior to all others, especially to the extract of nux vomica.

Ung. Hyd. Potassœ in Erysipelas.—Dr. Griscom stated that he had occasion to prescribe Ung. Hydrarg. to be applied to an erysipelas surface, and that the apothecary made a mistake, and gave Ung. Hyd. Potassœ, which had been applied, with the effect of removing the erysipelas almost immediately.—[N. Y. Jour. Medicine and Surgery.

Midwifery Statistics.—A reviewer in the March number of the Archives Générales gives the following general results of Midwifery Statistical Tables, recently published in the Italian and English Journals. In 47,116 labors, twins occurred 446 times, (9.4-10 per thousand,) triplets four times. (1 in 10,000.) There were 40,233 head presentations, (969 per 1000.) of which 40,040 were vertex, and 187 face. There were 1055 breech or footling presentations, (27 per 1000.) and 154 transverse ones, (4 per 1000.) Of these labors, 46,632 terminated naturally, (989 per 1000.) and 484 (11 per 1000,) artificially,—viz: 221 by means of the forceps, 89 by craniotomy, 54 by turning, and 20 by vaginal or uterine hysterotomy.—[Medico-Chirurgical Review.

Incompatibles with Corrosive Sublimate.—It may be useful to know the vegetable infusions, decoctions, and tinctures, which decompose corrosive sublimate. Any pharmaceutical preparation containing one or more of the following substances will produce this effect; but the rapidity with which the decomposition takes place varies in different instances. 1st. Substances that decompose corrosive sublimate slowly, throwing down calomel: marshmallows, bitter sweet, columba, oak bark, sarsaparilla, quassia, gentian, resin of guaiacum. 2d. Substances that decompose corrosive sublimate instantly, forming particular mercurial compounds: opium, cinchona. The result of the decompositions produced by the first group is to diminish extremely the activity of the corrosive sublimate: thus, this medicine mixed in ordinary dose, with decoction of sarsaparilla, and adminis-
1847. ] Cupping. — Asiatic Cholera. — Stereoscope. — Castor Oil. 187

tered for an indefinite period, will rarely salivate. The decomposition produced by cinchona does not, on the contrary, seem to interfere materially with the virtues of the medicine: we know that one of the most favorite modes of administering corrosive sublimate is, dissolved in tincture of cinchona.—[Southern Jour. Med. and Pharm.

Employment of Gun-Cotton in Cupping. — The Provincial Med. and Surg. Journal of Dec. 9th, contains the following announcement: "It may be useful to know the value of gun-cotton in exhausting the air from cupping glasses; having so employed it myself on several occasions, I can recommend it as possessing a decided superiority over spirit; besides, its lightness and portability is an advantage at times. A very small portion is placed within the glass, and before a piece of lighted paper can be well introduced, from its highly inflammable nature it becomes ignited, imparting to the surface enclosed merely an agreeable warmth."—[Medical Examiner.

The Asiatic Cholera in Persia. — According to the Gazette Médicale, six Princes and several Princesses of the Court of Persia have been cut off by the Asiatic cholera. The mother of the Prince Royal, and the only daughter of the Schah, had been attacked, but had recovered under the treatment of Dr. Cloquet. Among the victims is the celebrated Mirza-Aboul-Assan-Khan, minister of Foreign Affairs, who was ambassador to this country in the year 1820. Another minister of the Schah, the Visier of the Prince Royal, and other high functionaries of the Court, have also been cut off by cholera. The disease appears to have been particularly fatal among the upper classes. It was spreading in all directions, and had taken the course of Astrachan and Moscow. It was expected, however, that its progress would be arrested by the cold of winter.—[London Med. Gaz.

The Stereoscope is a new instrument invented by M. Cornay, for applying auscultation to the detection of vesical calculi, and even of foreign bodies in the soft parts of the body. The instrument resembles a common catheter, and presents at its free extremity a sort of broad pavilion, somewhat resembling that of a speaking-trumpet. —[Medical Times.

Method of Disguising the Nauseous Taste of Castor Oil.—In order to obviate the nausea so frequently produced by castor oil, M. Righini proposes to mix it with syrup and gum arabic in the following proportions—

- - - - - 30 parts

Castor oil Sugar Water Powder of gum arabic
- - - - - 30

- - - - - 100

8

This is made into an emulsion, and the juice of an orange is squeezed into it.—[Medical Gazette.
Preservative from the cicatrices of the variolous pustule. (Journal de Pharmacie—Journ. des Connaissances Médico-Chirurgicales.)—Dr. Thiedemann prescribes the following collyrium when small-pox has reached the period of suppuration, when the eyelids were covered with pustules, and much swollen:

R. Bichloride of Mercury, - 5 centigrammes.
Distilled water, - - 180 grammes.
Sydenham’s Laudanum, - 4 grammes. M.

This collyrium may be applied once a day by means of compresses. Dr. T. has seen this application dry up voluminous, confluent and inflamed pustules, without leaving the slightest trace.

Combination of Bichloride of Mercury with Tartar Emetic. (Bulletin de Thérapeutique.)—M. Bertini, of Turier, has obtained very good effects from the following formula, proposed by Stenny:

B. Purified Hog’s lard, - - 48 grammes.
Tartar Emetic, in powder, - 8 grammes.
Bichloride of Mercury, - - 30 centigrammes.

Mix well together. After two, or at most three frictions, this ointment develops numerous pustules, which suppurate more rapidly, than those produced by the tartar emetic alone.

The Marchand Remedy for Hydrophobia.—For more than forty years a family by the name of Marchand, residing in western Pennsylvania, has had great notoriety for making and vending a nostrum for the prevention and cure of hydrophobia. Quite recently I had an opportunity of examining this nostrum, and send you the result.

The potion consists of three boluses, and in each bolus is a pellet of paper closely rolled. On unrolling the pellet carefully I was enabled to read the following words written in a fair hand:—“Margaret, Feragat, Magulat.” Of course the efficacy of the bolus resides in the magical words.

A fatal case of hydrophobia occurred last month in Alleghany; the friends had procured the Marchand nostrum, and I was thus enabled to see the bolus for the first time.—[Medical News.

Short Rules for the Preservation of the Teeth. By A. C. Dayton, Dentist, Shelbyville, Tennessee.—The first, and by far the most important rule is this: Preserve perfect cleanliness of the teeth, and the parts around them. In many mouths this cannot be accomplished without much care and trouble. It is not enough that the brush be passed over the outer surface of the teeth, (or that next the cheek and lips,) but the grinding surfaces, and the surfaces facing inwards towards the tongue, should be brushed with equal care. And even this is far from being sufficient, for particles of food and the secretions of the mouth are liable to lodge and remain between the teeth, where the brush cannot touch them. The best method to remove these is that suggested by that eminent dentist, Dr. Parmly. He
advises to pass a little floss silk through each interspace, at least once every day. If the floss cannot be procured a good substitute may be prepared by taking the twist out of sewing silk. This will cleanse those surfaces which the brush cannot reach. If this be considered too troublesome, let every particle of food be carefully removed with a tooth pick, made of a quill, after each meal.

2nd. Do not use pins, needles, knives, or metallic tooth picks. They are liable to break the enamel, or wear it away. If there are plugs in the mouth, they roughen their surface, or, it may be, start them from their places.

3rd. Do not expose your teeth to sudden and extreme changes of temperature by taking alternately very hot and very cold articles into the mouth. The pulp or nerve of the tooth may take on inflammation from this cause, or the sudden expansion and contraction of the enamel may cause it to crack, and so to admit the fluids of the mouth to act upon the bone of the tooth, which the enamel was designed to protect. It is well to rinse the mouth after eating, but the water should not be very cold, and you should wait until your teeth have had time to cool a little before applying it.

4th. Do not eat exclusively on one side of the mouth. Nature intends the teeth for use. They require exercise as much as any other part of the body. Their proper exercise is in the mastication of the food. Those which are not used, become, after a certain time, slightly sore, or tender to pressure, are often heavily coated with tartar, and feel as though they were slightly loose in their sockets. If possible, treat both sides alike.

5th. Take special pains to cleanse the mouth in sickness. A neglect of this is a frequent and most effective cause of the loss of the teeth. Many persons date the commencement of decay back to some spell of sickness; and they often attribute to the medicine, a result which is the consequence of their own neglect. The secretions of the mouth are then more acid and more liable to act upon the enamel. And yet it often happens, that during the whole period of one's confinement by disease, not the slightest attention is given to this matter. If the strength of the patient will at all permit, the same means should be used to secure perfect cleanliness which I have recommended to those in health, and they should be employed more frequently.

As soon as practicable after recovery from sickness, the teeth should be carefully examined by a dentist in whom you have confidence, and any incipient decay checked at its commencement. Much mischief may in this way be prevented by a little trouble. This is especially necessary when the patient has been salivated.

6th. Avoid the free or frequent use of acids. These act upon the enamel chemically, and decompose it. Very sour fruits, as green grapes, lemons, &c., "set the teeth on edge." The sensation described by this expression is produced by the decomposition of a very small portion of the enamel. Some of the stronger acids act more
rapidly. The common solution of quinine is prepared by the aid of
a small quantity of sulphuric acid. The elixir of vitriol is also com-
posed in part of this acid. Both these medicines are in common use
as tonics. In some cases of diseased teeth, a solution of nitric acid is
given by physicians. All these, and other preparations of the kind,
exert a fatal influence upon the teeth. It is not our province to in-
terfere with the medical treatment of disease, but it cannot be amiss
to suggest a remedy for the ill effects of these medicines, when it is
thought necessary to prescribe them. It is this: Have close at hand
a quantity of water in which a little salÆratus, pearlash, or carbonate
of soda has been dissolved, and the moment you have swallowed the
acid medicine, rinse your mouth thoroughly with this solution. It
will neutralize the acid, and prevent its continued action. It is not
sufficient to imbibe the medicine through a quill or tube, as is gen-
erally practised. Every one who will try it, will be conscious that,
ine every act of swallowing, more or less of the fluid spreads over the
whole mouth. It may slightly diminish the evil, but it will not pre-
vent it.

7th. Abandon the silly resolution which many persons adopt—
"that they will not trouble their teeth, while their teeth do not trou-
ble them." In a majority of cases, when a tooth has become painful,
it is too late to save it. In many instances, they decay away, and
often affect the general health in an alarming degree, without be-
coming painful at all. If you desire to shun the consequences of
diseased teeth, you must not wait until pain forces the disease upon
your attention. The best time, and often the only time, to restore a
decaying tooth to perfect health, is before the caries has reached
the nerve. Consequently, if you have decayed teeth, and intend to
preserve them at all, do not delay. If you can have access to a dent-
ist in whose skill you can confide, go to him at once. Very often a
slight and simple operation, costing little in pence, pain, or patience,
will prevent disease which it might be very difficult to cure.

[Dental Intelligencer.

HOMEOPATHY.

"The homeopathic system, sir, just suits me to a tittle,
It proves of physic, any how, you cannot take too little:
If it be good in all complaints to take a dose so small,
It surely must be better still to take no dose at all."

[Western Lancet.

MEDICAL INTELLIGENCE.

Our Journal.—We cannot but be gratified with the many kind expressions of
encouragement in our work, which have recently reached us from many sources.
We seldom take up a medical journal, of the twenty now published in this
country, without finding in them, some extract or notice of matter derived from
the Southern Medical and Surgical Journal. In the last No. of Ranking's half-
yearly Abstract, is an article credited to this source. While we propose to labour diligently in our enterprise, we respectfully remind our friends that we cannot succeed without their aid and efficient co-operation. Now that accounts have been collected and professional business not very urgent, we solicit the report of cases, observations on diseases, &c., &c.

Discontinuance of the Bulletin of Medical Science.—Edited by John Bell, M. D., &c., &c., of Philadelphia. The December No. of this Journal contains the farewell of Dr. Bell. For twenty-five years he has been actively connected, as editor of a Medical Periodical or select Medical Library, and has his name identified with the medical literature of his country. He will long be gratefully remembered by his numerous friends, for his valuable contributions to our noble calling, and we but utter the prayer of all, that he may live to reap the fruit and reward of his faithful labours.

A fifth School of Medicine in Philadelphia.—For nearly half a century one school of medicine located in Philadelphia, was amply sufficient, not only for that city and the State of Pennsylvania, but for nearly all the other United States combined. About 1835, a second one was incorporated in the same place, and now within as many years, three more have been chartered by this one State and all located in the same city. The fifth and last one is called the Philadelphia College of Medicine, and judging from the number of the Faculty, one might suppose that Professors were getting scarce after so liberal a supply of late. The two eldest institutions have each seven Professors, the third and fourth six a piece, and the last has only four. They are Drs. T. D. Mitchell, James McClintock, W. H. Allen, and J. R. Burden—the two first named, known by their public works to the profession.

National Medical Convention.—We perceive by our exchange Journals, that the profession at the North is fully aroused on this subject. Even the University of Pennsylvania has appointed delegates, among whom is the venerable Dr. Chapman. We sincerely hope the south will not be remiss in its duty on this important subject, but that every State and medical association in this section of our country will be fully represented at the meeting of this body.

It will be recollected by our readers, that a preparatory Convention was held last year at New-York, which, after appointing various Committees, &c., adjourned to meet next May in Philadelphia. These committees, we have reason to know, have been active in endeavoring to obtain information, and to excite an interest on the subject of Medical Reform throughout the United States.

The Medical College of Georgia, claims to have early urged the propriety of an extension of the present course of Lectures; indeed, she commenced by establishing six months, from October to April.

Drs. Dugas and Garvin are the Delegates appointed on the part of the Faculty.

Dr. Lamar, Surgeon in the U. S. Army.—Dr. John T. Lamar, who has been acting as assistant Surgeon to the Georgia Regiment, now in Mexico, has, we are pleased to learn, been appointed by the President, Surgeon, under the Ten Regiment Act just passed by Congress. He is a native of our city, and a graduate of our Medical College.
Obituary of Tommasini. Bérard, Bostock and Thompson.

We notice in the Foreign Journals the death of the celebrated Italian physician, Prof. Tommasini, author of the contra-stimulant doctrine of Medicine.

Also, that of Augustus Bérard, one of the Professors of Clinical Surgery in the School in Paris. He was, we believe, a younger brother of the present Professor of Physiology, in the same institution, Philip Bérard.

Dr. Bostock, known as the author of a work on Physiology, died recently in London, aged seventy-three.

And at Edinburgh, Dr. John Thompson, late Professor of General Pathology in the University of that city, aged eighty-two years. He left a collection of colored pathological drawings, with the histories of the diseases attached, worth $10,000. His two sons are Professors.

A Triplet Rib.—We have received from our esteemed contributor, Dr. Mayes, the drawing of a Triplet Rib, the history of which, with the specimen, has been promised for the Museum of the Medical College of Georgia. As the rib proceeds forward from its angle it separates into three bodies, and they are attached by as many cartilages to the sternum.


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14 Fair days. Quantity of Rain 4 inches and 50-100. Wind East of N. and S. 8 days. West of do. 49 days.