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PAUL F. EVE, M. D.,
AND
I. P. GARVIN, M. D.

Medical College of Georgia.

"Je prends le bien où je le trouve."

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ARTICLE XVIII.

Cases and Comments. By H. V. Wooten, M. D., of Lowndesboro', Alabama.

Case I. Complicated Inguinal Hernia—Strangulation—Tobacco Injections—Operation, &c.—I was called on the 14th of June, at 3 P. M., to see Alfred, a negro man aged 25, who was suffering with strangulated inguinal hernia. Two years previously, while lifting a heavy weight, the intestine came down, and had occasionally descended since that time, but never had before caused any serious inconvenience. Twenty-four hours before I saw him, he was seized with all the usual symptoms of strangulated hernia, of which a description is unnecessary. At the time of my visit he was suffering intense pain, and vomiting frequently: the tumor was about the size of a hen's egg, and lying directly over the course of the inguinal canal. I made immediate efforts to reduce it by the taxis, but failed; I bled him to approaching syncope—made another diligent effort, and again failed; warm enemata and all the usual appliances were resorted to in vain, and I could discover that the tumor was gradually increasing in size. I then determined to resort to tobacco injections—I prepared a pint of the infusion, made from a drachm of good tobacco, as directed by Liston, Gibson, &c., injected one half of it, and no effect being exhibited in thirty minutes, I threw up the other half: an hour elapsed, and no effect was yet produced. I then prepared another pint, made from two drachms of tobacco, and this pint was used in a similar manner to the other, and no effect was produced. After waiting a proper time, I prepared another pint made from three drachms of the tobacco, which I took from another lot,
(and it was certainly of full strength). I was here compelled to leave the case for a short time, and directed this pint of the infusion to be injected, one half at a time, thirty minutes apart, which was faithfully done; I returned to the case four hours after, which was at seven, A. M., on the 15th. The whole three pints of the infusion had been injected and well retained, and not the slightest effect produced by it. The pulse was hard, and very frequent, (140,) skin dry and warm, great restlessness and frequent stercoraceous vomiting. I again resorted to the taxis, assisted by the warm bath, but all to no purpose, and at 10 o'clock, A. M., I determined to operate. I should doubtless have operated earlier, but I had never performed the operation alone, and was out of reach of assistance, and of course felt reluctant to undertake it so long as there was any prospect of saving the patient otherwise. The lowest part of the tumor was not more than an inch below the external ring; thence it lay upwards and outwards, and was at this time, about twice as large as a hen's egg. There appeared neither testicle or cord on the hernial (left) side, but there was a contraction and adhesion of the scrotum which obstructed the descent of the hernia, and gave it an inclination in the direction above stated. The boy stated, that when he was "about half grown" he received an injury of the testicle on the side, which produced much swelling and pain for a long time, and that when it subsided the testicle and cord disappeared. It is useless to describe the operation, further than the peculiarities of the case require. I found the sac to contain an unusually large quantity of serous fluid, which was rather suspiciously dark colored; this was discharged by freely dividing the sac; I found the fold of intestine very livid, completely strangulated, and half-twisted upon itself. From the manner in which it was driven upward, over Poupart's ligament, and firmly banded by the fascia above, whilst the old adhesion confined its movements below, I began to understand the difficulty of reducing it by the taxis. On further examination, I found that it was strictured at both the external and internal rings, and the blighted cord adherent to the canal, from the external ring, inwards. The strictures were divided, and the intestine returned. The blighted testicle (about the size of a large bean) was found, adherent, just below the external ring, and immediately behind the protruded intestine. The double stricture, adhesion of the cord, and twisted condition of the intestine, rendered it somewhat difficult of reduction without an extraordinary degree of cutting. The wound was closed by suture
and dressed in the usual manner; an enema of warm gruel was ordered, and the patient left under the usual injunctions.

16th. Morning. Pulse, which after the operation yesterday was 140, was found at 135, and rather full, skin moist and rather warm, thirst, no appetite, complains of constant pain "like colic" just below umbilicus, no nausea since operation, and no action yet of the bowels, wound appears to be doing well; ordered mush and mustard poultice to the abdomen, and a free dose of castor oil. The oil operated in three hours, producing a free discharge of faecal matter, but no particular appearance of the injections.

18th. Pulse 120, regular; no thirst, very little appetite, pain in abdomen still exists, but moderated, bowels acting regularly, wound appears to be healing well.

20th. Pulse 110, regular; pain in abdomen only occasional, appetite improved, bowels regular, wound united, but somewhat swollen, sutures coming away.

The patient continued to improve gradually, the pulse falling in frequency about five beats per day until it reached the natural standard, and on the 6th of July he was well, when I applied a truss and he got up.

I deem it unnecessary to give a more minute description of the above case, my object being simply to note such things as are peculiar, and therefore interesting;—amongst these are the peculiar relation of the parts arising from the old injury, and the consequent adhesions; the extraordinary tolerance of the tobacco injections, which were given in such large quantities, and actually absorbed; and the great arterial excitement which followed the operation, whilst the injury appeared to be rapidly recovering, and the patient otherwise doing well. I have heard of several hernial patients who perished from strangulation, under the eyes of physicians, who deeming the operation one of great difficulty and danger, refused to operate; and one object I have in publishing this case, is to encourage others to perform the operation, when they can do nothing else, rather than let their patients die, as they may see that it may be successful, even when all things are unfavorable, both as to case and operation. I had no professional assistance, no time to prepare myself, and no experience in such performances.

Case II. Bleeding with a Poisoned Lancet, and its consequences.—

In August, 1843, I was asked to see a negro boy, aged 9 years, who
was said to be strangely afflicted with abscesses; I found his right arm, from his shoulder to the ends of his fingers, much swollen, with three discharging abscesses arising, one from each metacarpal space, one on the inner surface of the wrist, one on the under surface of the forearm, about midway, and a very large one over the inner condyle of the humerus—just over this, and about three lines from the orifice made by the lancet, was the cicatrix of a small abscess which had healed. This one, I was informed, was the first which appeared, and the general swelling of the arm which preceded the other, did not commence until after this had discharged, and was nearly well. The right side of the neck, from the shoulder to the ear, was much swollen, but no suppuration had taken place. His right leg and thigh were distended from the upper part of the thigh to the foot, and this latter was greatly swollen and had several abscesses already formed on it, one in the metatarsal region, and two between the toes. The right side of the trunk, from the shoulder to the hip, appeared perfectly well, there being in it neither soreness or swelling; the whole of the left side was, and remained entirely sound. I was at great loss to account for the occurrence of so strange a disease. There was considerable febrile heat, thirst, loss of appetite, dry tongue, and arterial excitement, pulse 140, and firm. I bled him 3xii. and gave bi-tartrate of potash to purge. To the swollen parts, I applied poultices, after wetting them over with lead water. Two days after I saw him again, and found him in about the same condition I had left him, except that there was less fever, and the abscesses were discharging more freely. During my absence, in my endeavors to satisfy myself in relation to the nature of the disease, I remembered to have noticed the cicatrix of a recent puncture by a lancet, and it occurred to me, that the boy might have been poisoned in that way. I enquired, at my second visit, when he was bled, and his master informed me that he bled him about four days before the first little abscess, above mentioned, appeared. I then enquired, if he had ever used the lancet with which he bled him for any other purpose; and after a little reflection, he answered, that on the evening before the bleeding, he opened a small bile on the neck of one of his children with the same lancet, which he remembered to have wiped well, as he thought, with a piece of cotton. I was then satisfied that the injury was produced by the poisoned lancet, and on enquiry, I learned, that the first small abscess which formed, was not opened freely, but after discharging a little from a spontaneous opening, it "shrunk away and dried up."
I now directed chloride of soda 30 drops, morning, noon and night, and charcoal poultries to the arm and leg.

In four days more, I discovered that the general cellular inflammation of both the leg and forearm, was rapidly resulting in suppuration. Several new openings formed, through the skin, which discharged great quantities of pus, and many of these openings were found to communicate with each other by the subcutaneous sinuses. Into these openings, I injected twice a day, by means of a glass syringe, tepid water containing an ounce of chloride of soda to the pint. The febrile symptoms had now given place to a cool skin, feeble and frequent pulse and general prostration. I gave decoction of sarsaparilla and sulphate of quinine in full doses three times a day, and continued charcoal poultries. It was now the twelfth day of the disease, counting from the time the general swelling of the arm commenced. This course of treatment was steadily pursued six days more. At the end of this time, the swelling had diminished considerably, and the discharge of matter was lessened, except at the wrist and ankle, and was of a more thin and transparent character, and the openings and sinuses had become slack and indolent. The general strength and appearance of the patient not materially changed. I now commenced injecting into the openings, once a day, a solution of the sulphate of quinine, 10 grains to the ounce, dissolved by nitric acid very slightly in excess, and using bandages moderately tight. The wrist and ankle joints were now evidently affected, and some of the naked bones could be distinctly felt with the probe. For the quinine heretofore given internally, I substituted the iodide of potassium in four grain doses, given in the decoction of sarsaparilla three times a day.

Four days after this, the patient's general appearance was better, and all the parts were in a much more healthy condition, except the wrist and ankle, which were now each discharging by several openings, a thick ichorous fluid, which gave off a very offensive odor. Finding one of the bones of the wrist loosened from its attachments, I extracted it with small forceps. It was the Cunneiforme. Continued same treatment, with charcoal poultries to wrist and ankle. The fourth day from this another bone, the Pisiforme, was extracted. The arm and leg were both much improved; the injections and bandages were continued, with the internal treatment. Three days after this, one of the tarsal bones, the Naviculare, was easily drawn out, and from that time, both ankle and wrist improved regularly, but
slowly. The boy was confined to his cot, in all, about three months, before the discharges all ceased, and the openings healed, during the remainder of which time the same course of treatment was continued, in principle, the remedies only varied to suit circumstances. After recovery, both arm and leg were rather hard and stiff, and the ankle and wrist joints disfigured of course, neither of which he will ever be able to use freely. His general health recovered entirely.

I give this case as a warning to the great number of persons who so indiscriminately and carelessly use their lancets, as well as for the other interesting points it presents. Why was the effect of the poison confined to the side in which it was introduced, and to only the extremities of that side?

The disease appeared to have a sort of regular course to run, and was perhaps very little influenced by remedies. In regard to the use of the quinine, topically, I must remark, that I have long been in the habit of using it as an application to indolent ulcers, and other discharging surfaces of that character, without thinking that there was any thing new in the practice. When I first commenced practice, and long before, the poultice, and decoction of Peruvian bark, were very commonly used in such cases, and the substitution of the more refined and potent alkaloid was very natural, yet it is spoken of recently, as a new mode of using this our great medicine.

Case III. Idiopathic Tetanus, unsuccessfullly treated with Strychnine.—On the 20th of February last, I visited Prince, a negro man, of stout, muscular habit, aged about 30 years. He had been complaining two days with pain in the back of his head and neck, and in the lumbar region of the spine. Pulse 90 and full; some thirst and other febrile symptoms, though light. He had been minding a coal-kiln, in very wet and cold weather, and I viewed it as a case very common to be seen under such circumstances. I bled him two pints, before the pulse softened, gave a cathartic, and directed a large blister to the upper part of the spinal column, if the pain continued after the operation of the medicine. I was informed next day that he was getting worse, and visited him again. While I was examining him, a violent and decided tetanic spasm seized him, and on enquiry, he informed me that he had had them about once in five hours, since he was first taken, though in a much milder form than the one I saw, until the night before this visit, when they increased greatly, both in frequency and violence. The spasms now came on
every hour with considerable violence, and the jaws were nearly closed. The cathartic had acted well, and the blister was fully drawn. I had recently been reading of the treatment of tetanus with strychnine very successfully in New York, and having no remedy on which I could rely with confidence, I determined to try it. I gave one-twelfth of a grain every two hours, to be extended to three or four hours, according to the effect produced.

On the 22nd, I found him decidedly under the influence of the medicine, and ceased giving it, but during the existence of the influence, the tetanic spasms continued with undisturbed violence, as they did after its cessation. I renewed the attack, so to speak, three several times, without the least benefit, but with increased pain and difficulty to the patient. After the third trial, (barely allowing the influence to remit between them,) I determined to abandon it, and used large doses of quinine and opium with some soothing effect. This was commenced on the 25th, and forty-eight hours afterwards the patient died.

Like Prof. P. F. Eve, I think there ought to be a Journal for fatal cases; and also that when new notions and new remedies are introduced, and urged into practice by much boast of success, that it is the duty of every member of the profession who tries them, and meets with disappointment, to make a report of the facts, so that others may have the advantage of his experience, on what may be very inviting, but dangerous ground. I have known successful cases reported, and others of equal importance, in which as great skill was displayed by the practitioner, withheld, for no other apparent reason, than a want of success. When we know these things to be so, we can but look upon the reported success, as only a self-laudatory advertisement, to attract customers. A surgeon may perform a similar operation on each of two patients, an operation requiring both courage and skill of a high degree, but one patient will die, and the other get well, and the successful case will be conspicuously set forth in the Journals, and even in books, to invite the less bold, and perhaps less skilful operator, to venture upon dangerous ground, which he would not do were both cases set before him.

I will close this miscellaneous paper, with a remark or two on Trismus Nascentium.—About a year ago, a letter of mine, on this subject, was published in the New Orleans Journal, and copied in several others. In that letter I stated that I had never seen a white child afflicted with the disease. Since then, however, I have seen
two, both of them finely developed male children. Besides these, I have seen four cases of negro children suffer and die from it, as did also the whites. Having previously found no successful remedy for it, I was very glad to meet with Dr. Sims' view of the disease, but have been in every instance disappointed in deriving any practical benefit from it. One of the white children had decided depression of the occiput, and also turgidity and tenderness of the umbilicus; with this exception, the heads were all quite symmetrical and as firm as is natural, presenting no evidence of unusual displacement, or other injury about the head; nor did there appear to be any visible injury about them whatever. In every instance, I made faithful trial of the "soft pillow of feathers" and keeping "the child on its side on the pillow"; but they all died. So that I still feel as much in the dark in regard to the cause of the disease, as before, and, if possible, more so, in regard to a reliable treatment. I believe that Dr. S's plan of laying them on the side, and changing the position pretty often, is a very good one, in this or any other disease, and in fact where there is no disease at all. One of the cases above referred to, was kept on its side with special care, and the sides changed regularly, from its birth, but the disease appeared on the seventh day, and it died on the ninth.

The reader will, of course, not understand me as attempting to report any of the foregoing cases with that accuracy of detail which is necessary in a full illustration of the disease and treatment. My object has been simply to present certain points of special interest in the several diseases, or cases of disease; taking it for granted, that all readers will have read, and very probably seen, much better expositions of the general character of the diseases, as well as the remedies employed, than any which I could offer them.

ARTICLE XIX.

Treatment of Pneumonia. By John Davis, M. D., of Abbeville C. H., South Carolina.

It is not my intention to endeavor to add any thing new, either as to the history, pathology, or treatment of pneumonia; but merely to shew what has been my practice and experience, in a considerable number of cases which have come under my care during the last five years. During this time this disease has prevailed, and is at this
moment prevailing, more or less extensively throughout this and some of the adjoining districts, and proving fatal (as near as my means of observation go,) in about one-fifth the cases.

The cases which I have seen, have generally been ushered in with a chill, and the ordinary symptoms of what is often called, “taking cold;” coryza, cough, violent oppression of the chest. In some cases rheumatic symptoms predominate, with severe pain in the chest, back and limbs. Again, I have seen the head very much affected, the patient complaining of great debility and oppression throughout the whole course of the disease. The pulse, even, in the milder cases, is very much affected—the heart sympathizing largely with the suffering of the other organs. The skin is almost invariably found hot and dry, with great thirst, red tongue, which in two or three days, if there is no change for the better, becomes dry, furred, and of a dark muddy appearance. The fever in all the cases, which I have seen, has been remittent, and in some few cases, especially during convalescence, intermittent. The bowels in the main, have been either very difficult or unnaturally easy to move.

It is generally conceded that pneumonia is an active, inflammatory disease; but to say that the profession is unanimous as to the surest and safest means of its cure, would not be correct; for while some rely almost entirely for success on the free use of the lancet, others reject it almost entirely, as unsafe, whilst others again resort to it pretty constantly, but so sparingly as to derive little or no benefit from it.

When the breathing is difficult, skin dry and hot, flushed face, quick and tense pulse, I invariably, under all other circumstances, draw blood from the arm till there is a decided impression made upon the system, regardless of the stage of the disease—the seeming prostration of the vital powers, or the influence of epidemic agency; for this is a disease of a rapidly disorganizing inflammation, of a very vital and important organ of the system, and if suffered to thoroughly develope itself, will, in nine cases out of ten, prove fatal. In fact, I have found the lancet, in the more violent cases, when pushed to its fullest extent, not only entirely safe, but the only remedy to be relied on. It relaxes the lungs, produces a favorable and salutary change on the pulmonic inflammation, removes the overwhelming congestion and consequent oppression, facilitates the operation of expectorants, (tart. ant.) and, in short, arouses all the vital powers of the system, to the more effectual action of all the remedies
that may follow in the train. In cases where the subject is of a stout and robust constitution, it may, and indeed should, often be resorted to, even during the fifth or sixth day succeeding the attack. Even at this advanced stage of the disease, if the skin is dry and hot, pulse oppressed, with pain in the chest, I am in the habit of taking as much blood as will relieve the pain and sensation of congestion in the lungs, which may be known by requesting the patient to make a deep inspiration, from time to time, during the operation. Here I have found it difficult to produce fainting, and I continue the bleeding till the pain is removed, regardless of the quantity taken; when the pulse will become more vigorous, the surface moist, followed with an obvious abatement of the violence of all the symptoms. But I have often known injury done here, by not taking a sufficient quantity to afford immediate and prompt relief to the affected lung, which is not to be judged of by the number of ounces abstracted, nor, in all cases, by the pulse, for the pulse will often rise and become, as it were, natural, in some cases under the lancet, before the pain and other violent symptoms subside; and if we stop the blood too soon, it will again, in the course of an hour or two, become oppressed, and no benefit is gained, but often much injury is done. If necessary, I continue the bleeding till the pulse flutter under the finger and syncope supervenes, which I have found will, in a large majority of cases, check the further progress of the disease, followed by free expectoration of the desired character; or it has placed the disease so completely under my control as to be easily managed by counter-irritation and well chosen expectorants, &c. The intense congestion, or capillary paralysis of the lungs, in this affection, always succeeds more or less inflammation, and if it is extensible and suffered to continue three or four days, it will, in a large number of cases, result in fatal disorganization of the structure of the lungs. So our duty is plain, and we should not be deterred from the discharge of it by the bug-bear hobby of debility, upon which hundreds and thousands have ridden into an untimely grave. I know it is sometimes contended that “the fluids are too stagnant to be drained off by venesection.” This I confess often proves to be the case, but it is owing to nothing but the postponing of the lancet till too late, or otherwise, if resorted to in time, too sparingly so. I never have seen the debility and exhaustion, so much harped upon by medical gentlemen, follow active bleeding in this disease; on the contrary, I have almost always found free venesection to throw off, as it were, instead of producing, the over-
whelming oppression and consequent debility, so peculiarly frighten-
ing to some practitioners. The strength is not gone—it is still in
the system, and will show itself if the obstruction and oppression of
the lungs be removed; and till it is removed there are no well grounded
hopes of recovery. Is it not fair to conclude, if bleeding will not
remove the congestion, even in those desperate cases, that all other
remedies usually employed will fail to do so, and the disease progress
rapidly to a fatal termination? What can stimulants do in this state
of the lungs? What can cupping, blistering, mustard, and purga-
tives, all do? Nothing. Shall we stand still, without making an
effort to save? Under the most adverse circumstances in which this
disease can present itself, if the pulse be not very quick and weak,
and the sensibility is considerable, skin hot, with even the fierce, wild
look of the eye, and delirium at times, noisy, and the face hectically
flushed, if there be pain in the chest, it may still be altogether possi-
ble to prevent the disorganization of the lungs from advancing, by
bloodletting. In a proper knowledge here, however, it must be borne
in mind, consists much of the skill, judgment and success, in the
treatment of those desperate cases. The practitioner should know
how much is requisite to subdue the threatening symptoms and to
effect a cure, with the least expense to the constitution of the patient,
and I am thoroughly convinced from my experience in bleeding, in
those even seemingly hopeless cases, that there is not half so much
danger in bleeding the patient to death, as there is in the certainty
of bleeding the disease to death. In short, I have never sheathed
the lancet in this disease, and resorted to stimulants, before the dis-
ease was subdued or rendered manageable by other means, unless
there was great depression, loss of energy in the vascular system, as
well as in the nervous and sensorial, indicated by an extremely fee-
ble, quick, and easily compressed pulse, skin cool and perspiring,
attended with low muttering incoherence. Here I have frequently
derived great benefit from brandy, opium and quinine, where further
bleeding would not be admissible.

From the few remarks I have made in relation to the treatment of
pneumonia, one might concede that the lancet is all I use. I do
look upon it as my chief reliance; but tartar emetic often completes
what the lancet has commenced. If it were not for the tartar emetic,
I would often bleed even more fully, in some cases, than I do. Given
in doses sufficiently large to produce a slightly nauseating effect, this
article is of undoubted utility in pneumonia, as well as all other pul-

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monic inflammations. From my experience with it in those diseases, it seems to have rather a specific tendency than otherwise. It also seems to combine with its antiphlogistic effect a very happy and obvious expectorant influence, in loosening the tenacious secretion from the lungs, which are freely thrown up, very much to the relief of the patient. It should never be given, however, where there is much irritability of the mucous membrane of the bowels. In fact, it should not be continued too long in any case in this climate, for fear it may produce such a state of the bowels, which if it does, we may expect the patient will die in despite of every thing.

The above, with the occasional use of quinine, brandy, gentle purgation, expectorants, with counter-irritation, &c., after the disease has been mainly subdued by venesection, has been my practice for the last five years, during which time, I know, I have treated, in all, at least ninety or a hundred well marked cases, with success.

ARTICLE XX.


Dec. 5, 1846, was called to see Green, a boy about 13 years of age, belonging to the Rev. Mr.——. On or about the 1st of October he had a slight attack of fever, from which he gradually recovered under domestic prescriptions, so as to be able to resume his work on the plantation. He seemed, however, not to recover strength, but appeared weaker every day, until he finally left off work again, although still not confined to the house. He complained of great prostration and want of appetite. This, his master attributed to his having over-strained himself in carrying home his cotton, being extremely active, and picking more cotton than he could well carry; and for which he prescribed an occasional dose of Cook's pills, and tartar emetic ointment to the spinal column. I found him greatly emaciated; pulse extremely feeble, 175, rather irregular; the sounds of the heart were very weak, yet natural; respiration was feeble; no abnormal sounds; there was slight cough, with frothy expectoration in small quantities; appetite much impaired; bowels a little loose; stools dark; slight tenderness of the lower cervical vertebrae. Prescribe blue mass gr. j. at night, cups over the cervical vertebrae, and an easily assimilating diet.
9th. Green says he is better, which continued to be his answer, when asked how he was, until the day of his death. A careful examination showed slight dullness under the left clavicle; bowels natural; no other change in the symptoms. Upon enquiry, I find he descended from syphilitic parentage, his grandfather, on his mother's side, having had that disease; and also that most of the male children from the same descent died in infancy. Prescribe hydriodate of potash grs. ijs. three times a day, which was gradually increased to grs. iv. This was persevered in for about three weeks, when, seeing no improvement, but rather a gradual increase of his cough and his weakness, a resort was had to tonics, quinine, and stimulating expectorants, but with no benefit except relieving his cough a little at night.

Feb. 14. A neighboring physician was called in, who pronounced his disease to depend on torpidity of the nutritive system. Prescribed hydriodate of potash grs. iij. three times a day, under which prescription he remained until his death, which took place the last of February, being confined to his bed but three or four days before he died. He complained of no pain except a neuralgic affection of his knees for about a fortnight, and soreness of his hips from lying in bed. His bowels remained natural to the last.

Post mortem examination fifteen hours after death. Body extremely emaciated. Upon laying open the cavity of the thorax, the left pleura was found adherent throughout its whole extent; the heart and lung upon this side was perfectly studded with tubercles, of a cheese-like consistency, about the size of small buck-shot; the right lung was tuberculous, but not to the same extent as the left; a few tubercles on the upper surface of the liver, otherwise it was tolerably healthy; the spleen and peritoneum were equally affected; the pancreas, stomach and bowels healthy.

This case is given as an example of several occurring in the same family, four of whom have died, one is now at the point of death, and the disease seems to be extending to other families. I have not had an opportunity of seeing those sick in other families yet, but doubt not from the description of the symptoms that they are affected in the same way.

Thus far every one who has been attacked has died in a time varying from five weeks to four months—their symptoms varying in some particulars. One's bowels were badly affected for several weeks before death. In another, a large vomica bursted, and consid-
erable matter was coughed up on the day preceding her death, which was probably the immediate cause of it. They all seemed to be taken sick by surprise, and died thinking they were getting well, except the mother of the family, who lived but five weeks after she first began to complain, and but two after she first felt sick enough to take to her bed, and she supposed she was "tricked."

Dr. Terrel, of Sparta, recommends the use of iodine to the remaining members of the family, as the only means of preventing the extension of the disease. Possibly it might be of service if used in season. But the probability is, that the disease may be advanced to an incurable state before the first symptoms appear,—and besides it is so insidious in its approach, that it is some time before the patient knows the nature of the attack. A disease similar to this prevailed some years ago in Maj.——'s family, of Wilkes county, and between twenty and thirty died. I hear also it is prevailing in Tennessee, to an alarming extent in some neighborhoods.

ARTICLE XXI.

Experiments on Rabbits with Opium and its preparations. By Erwin H. Oakman, M. D., of Columbia county, Ga.

Having observed in the February No. of this Journal, for the present year, an extract (by M. Lafarque) in the Edinburgh Medical and Surgical Journal, showing the harmless effects of acet. morphine upon Rabbits, and feeling rather inclined to doubt the accuracy of his statements—as the explanation hinted at was not altogether satisfactory—I thought I would make a few experiments upon these animals, to satisfy myself more completely, and give the result of my investigations to my professional brethren.

To No. 1, I gave within the space of five hours, four and a half grs. of pulv. opium, and one gr. of sulph. morphine. Five hours after the last dose was given, the appearance of the animal and pulsation of its heart, were the same as when the first dose was given. It died during the night, but not from the narcotic.

To No. 2, gave twenty grs. of pulv. opium, within the space of eight hours. No more effect produced than if it had taken the same quantity of its ordinary food.

To No. 3 and 4, four grains each of sulph. morphine at one dose. No effect produced.
To No. 5, four grs. of acet. morphone at one dose. No effect produced.

No 1 was very feeble and lean, with a fracture of one hind leg. Death in this case I think was produced from the irritation of the wound, together with want of food, it having been kept two or three days without food, before coming into my possession.

These experiments, so far as they go, prove the assertion of M. Lafarque.

I cannot account for the exemption of these animals from the influence of this powerful narcotic, unless opium produces its peculiar effects in proportion to intellectual endowment. Contrast the mental capacity of man with that of a rabbit—also the effects of opium upon each, and the exemption of these animals from the influence of opium ceases to be a wonder.

PART II.—REVIEWS AND EXTRACTS.

ARTICLE XXII.

The Principles and Practice of Ophthalmic Medicine and Surgery.

By T. Wharton Jones, F. R. S., Lecturer on Anatomy, Physiology and Pathology, at the Charing Cross Hospital, &c., &c.,—with one hundred and two illustrations. Edited by Isaac Hays, M. D., Surgeon to Wills Hospital, &c., pp. 509. Philadelphia: Lea and Blanchard. 1847.

By the American Editor, we are informed that this work is one of a series of Manuals designed chiefly for students, and those reviewing, to obtain in a small compass, the principles and practice of the medical profession. It may not be uninteresting to the reader to know that the authors secured to co-operate in this undertaking, are all fellows of the Royal Society; and the volumes issued up to the present date, are—Surgery, by Mr. Ferguson; Physiology, by Dr. Carpenter; Anatomy, by Mr. Erasmus Wilson; Medical Jurisprudence, by Mr. Taylor; Chemistry, by Dr. Fowns; Materia Medica and Therapeutics, by Dr. Royle; Natural Philosophy, by Dr. Golding Bird; and lastly, the one now about to be noticed. The series thus far have proved to be most valuable works on the respective subjects of which they treat, and most of them leave but little more to be desired, so complete are they, and so numerous, that as manuals
they excel all similar enterprises. He who undertakes to write a single volume on Medicine or Surgery must fail, so vast is the science before him; but when a number are engaged, each taking a particular department, but all co-operating and harmonizing to obtain the same object, then manuals may become not only respectable, but be sought after by those desiring to review at a glance, or examine in a small compass, the important facts on a given subject.

Jones's Ophthalmic Medicine and Surgery, is issued by the American publishers in a large Duodecimo volume, and in a style worthy the matter it contains. The author states his aim to have been to produce a text-book for students, and a book of reference for practitioners. To make his subject more clear, definite and precise, he has resorted to illustrations—hence the numerous wood-cuts contained in this manual. And as ophthalmic medicine is included with the operations on the eye, it also abounds with many valuable prescriptions.

The work is divided into XI. Chapters, each one having its separate sections. The introduction embraces the peculiarities, the history and literature of ophthalmic medicine and surgery. We are no great friends to pictures of diseases; an instrument may be exhibited by a plate very correctly, provided it be not complicated, but illustrations of pathological conditions generally fall far below the original thing itself. Our ideas on this subject have not been changed by an examination of the wood engravings in this manual. These, while they have added to its expense, have not enhanced its value in proportion as designed they should. We have no objections to the cuts of instruments and descriptions of operations; we allude alone to the attempted illustrations of ophthalmic diseases by plates.

The style of our author is concise, such as it should be in a manual. All speculation is carefully avoided, and the facts plainly presented to the reader; and to facilitate reference each paragraph is numbered.

We give the commencement of the first chapter, that our readers may judge of the character of this work.

"Ophthalmoscopy, or exploration of the eyes in order to a diagnosis.—This exploration is of two kinds, viz., subjective and objective. The subjective exploration of the eye comprehends an inquiry into the patient's sensations in the affected organ, such as pain, tolerance of light, and state of vision. The objective exploration is directed towards the morbid conditions which admit of being perceived by the surgeon himself."
Subjective examination of the eyes. Pain; its seat and character.—Pain, as if a foreign body were in the eye, with itchiness and smarting of the edges of the eyelids, and sometimes pain across the forehead, indicates conjunctival inflammation. Rheumatic pain, around the orbit, or in the temples, occurring in nocturnal paroxysms, points to inflammatory congestion of the sclerotica, as in iritis, &c. Deep-distending pain in the eyeball, with or without circumorbital or temporal pain, marks deep internal inflammation of the eye.

Intolerance of light, or photophobia.—Intolerance of light, in a greater or less degree, is a very frequent symptom in the ophthalmia; but that in which it occurs in the highest degree is the scrofulous ophthalmia of children. Intolerance of light may also occur in other affections not coming under the head of the ophthalmia.

State of vision.—Is the sight short (myopia), or long (presbyopia)? The pupil being greatly dilated, (mydriasis,) with indistinctness of vision, are objects seen more distinctly by looking through a small aperture in a card, blackened on the surface, held next the eye? Are objects seen distorted? Are they seen of another than their true colour, surrounded by a colored halo (chroopsia)? Is vision dim? if so, is it defective by day (day-blindness)? or is it defective by night (night-blindness)? or is it defective both by day and night? Do the eyes soon become fatigued, and the vision confused, when near objects are examined (asthenopia)? Are objects seen double (diplopia)? And if so, is the vision double when one eye only is used? or is it double only when both eyes are used? Is the half or a part of objects only seen (hemiopia, &c.)? Is there an appearance of motes or flies floating in the field of vision (musce volitantes)? Do objects continue to appear before the eyes, but of an opposite tint or colour, for a few seconds after they are no longer looked at (ocular spectra)? Are flashes and scintillations of light ever seen (photopsia)? Such are the principal questions which may suggest themselves in the course of an inquiry into the state of vision.

Objective exploration of the eyes.—In this exploration, the eyes should be first examined without touching them. This it is of importance to do, especially in inflammations, in order to avoid causing an increased determination of blood, lachrymation, &c., which in such cases are apt to be occasioned by the slightest touch, and which might complicate the appearance natural to the inflammation, and give an erroneous view of the nature of the case. In an hospital, the pupils should not, on any account, be permitted to touch the eyes of a patient, before the surgeon has made his examination.

The surgeon should, in succession, glance at the eyebrows and orbital margins, the eyelids and their movements, the borders of the eyelids and state of the eyelashes, and the corners of the eyes, and note the presence or absence of lachrymation, the form and appearance of the eyeballs generally—their size and degree of prominence—movements and direction—the correspondence of their axes; the
appearance and colour of the white of the eye, the appearance of the cornea, the colour of the iris, and the state of the pupil.

"Besides this direct examination of the eyes themselves, the general bearing of the patient, and the expression of his features should be carefully observed. The information thus obtained will sometimes reveal the nature of the case, or will guide in the further exploration of it. By the general bearing of the patient, and the expression of his features, it will be seen, for example, if he is affected with intolerance of light—if he be blind from amaurosis, or blind from cataract.

"The patient, intolerant of light, keeps his head bent down, and covers his eyes with his hands, in order to protect them from the light. The eyelids are spasmodically closed, and at the same time the eyebrows are knit and depressed, and the cheeks drawn up, so that there is great distortion of the whole features. There is greater or less lachrymation.

"Whilst the confirmedly amaurotic patient moves about with an air of uncertainty, his head erect, and the eyes wide open—not converged and fixed on any object, but staring forward as if on vacancy—perhaps moving about in a vacillating manner or squinting, the cataractous patient is more steady in his gait; and with his head bent forwards, his eyes half-closed, his eyebrows knit and depressed, he moves and directs the eyes naturally and steadily, in an exploratory manner.

"This survey, constituting the first step in the objective exploration of the eye, may be taken during the time the patient is coming into the room, relating the history of his case, and describing his present sensations in the eyes. In the subsequent steps of the objective exploration, attention should be carefully directed to the relations which may exist between the subjective and objective phenomena of the case.

"Most probably the result of the preceding objective survey, in conjunction with the subjective examination, will have been such as at once to direct the practitioner to the part affected, on which he will accordingly fix his attention, and subject it to the necessary exploration in order to an exact diagnosis, not neglecting, however, to take a rapid, but methodical survey of the other parts of the eye, lest anything should be overlooked. The account of the mode of conducting the objective exploration of the different parts of the eye in detail, to which I now proceed, will necessarily include references to the principal morbid conditions of the organ."

The author then proceeds to the exploration of the eyebrows, eyelids, conjunctiva, lachrymal organs, movements of the eyeballs, state of the cornea, state of the iris and pupil, &c., &c.

In regard to the mooted question, whether the conjunctiva covers the cornea, he says:

"The ocular conjunctiva is connected to the sclerotica underneath
by cellular tissue loose enough to allow the former to slide somewhat upon the latter. At the margin of the cornea the cellulo-vascular and nervous basis of the sclerotic conjunctiva stops—what of the conjunctiva extends over the cornea being reduced to the epithelium. This epithelium, however, forms a thicker layer than on the sclerotic conjunctiva. It is, of course, intimately adherent to the proper substance of the cornea."

To distinguish whether the redness, that almost pathognomonic symptom of inflammation, be situated in the conjunctiva or sclerota, he illustrates the question by a diagram, which we confess is very happily done. This cut represents sclerotic vascularity by straight faint lines on one side, and conjunctival vascularity by larger, deeper colored and tortuous irregular lines on the other. The text is,

"Conjunctival vascularity—Sclerotic vascularity.—If the white of the eye is red from inflammatory congestion, it becomes a question whether the congestion be in the conjunctiva or sclerota.—In conjunctival inflammation, the vessels of the sclerotic conjunctiva are large, somewhat torturous, and arranged in a reticular manner; the color is scarlet, or brick red, and it may be deeper towards the orbit, but more or less shaded off towards the cornea. In sclerotic injection, the redness is in the form of a pink or lake-colored zone, encircling the cornea; the injected vessels being very minute, and disposed in straight radiating lines, as if from its margin, where the tint is deeper, whilst it is shaded off, and disappears towards the orbit, the converse of what occurs in the injection attending conjunctival inflammation. The seat of the injected vessels, whether in the sclerotic conjunctiva or in or on the sclerota itself, is easily proved, supposing any doubt exists, by making the conjunctiva slide on the sclerota, when the vessels, if seated in the conjunctiva, will be observed to move along with it, whereas, if seated in the sclerota, or closely applied to its surface, they will remain stationary. When both conjunctiva and sclerota are injected at the same time, the pink hair-like vessels of the sclerota are seen stationary through the larger meshes of the sliding conjunctiva. But when the conjunctiva is very much injected, the state of the sclerota cannot be seen."

Our author sets down the usual diameter of the cornea at \( \frac{9}{20} \) th of an inch transversely, and a little less than this vertically.

For the artificial dilatation of the pupil, he speaks more favorably of the solution (ext. belladonn. grs. xx., aq. destillat. \( \frac{3}{1} \), solve et per linteum cola,) dropped into the eye, than the same extract reduced to the consistence of honey, smeared upon the eyebrow and outside of the eyelids. He also alludes to the active principles (atropine and hyoscynamine,) of belladonna and hyoscyamus, originally recommended, he says, by Dr. Reisinger. With the solution of the com-
mon ext. belladonna, he says the pupil is dilated in a quarter of an hour or so. Having recently been embarrassed by the tardy dilatation of the pupil in more cases than one, and wherein both the solution and paste of this preparation, were freely applied, we have obtained the ext. of belladonna from various sources, and in no instance have we succeeded in effecting a dilatation in the time mentioned by Mr. Jones. We prefer smearing the paste over the eyelids and rubbing it into the eyebrow, two hours before operating, for cataract. To the solution we object, because most of the extracts contain some gritty particles, and the article itself irritates the conjunctiva.

Of the applications of remedial agents to the eyes, he thus speaks:

"Cold lotions.—Cold spring water is the best cold lotion. It is applied by means of compresses of old linen or lint, which should be broad enough to extend over the neighbouring parts as well as over the eye, but not so heavy as to press unpleasantly. When once commenced, the application of the cold lotion requires to be assiduously kept up as long as is necessary, one compress, as soon as it becomes warm, being replaced by another just taken out of the water.

"Cold douche bath.—This consists in a fine stream of cold spring water allowed to play on the closed eye and neighboring parts. The application may be continued for about a quarter of an hour at a time. There are particular douche apparatuses. A simple form of one may be readily constructed with a glass tube of the thickness of a barometer tube, and from three to three and a half feet long, bent like a syphon six inches from one end, whilst at the other it is drawn out small, and also bent, but only for about two inches; the short limb of the syphon being immersed in a vessel of water placed at a convenient height, the air is sucked out at the small end, when a fine stream of water will issue from it."

"Warm cataplasms and fomentations.—As applications to the eye, fomentations are much more convenient and elegant than poultices. Warm water simply may be used for the purpose, or chamomile decoction, poppy decoction, and the like. The application is made by means of compresses, as just described for cold lotions. The application requires only to be made occasionally, and that merely for a period of from five minutes to a quarter of an hour at a time. Warm cataplasms and fomentations should never be allowed to become cold on the eyes. After their removal, the eyes are to be gently dried with a soft linen cloth, and care taken that they be not exposed to a draught of air."

"Eye-waters properly so called, are the weaker solutions, and are used to bathe the eye occasionally in the course of the day. The fluid is to be put into a cup in sufficient quantity and made tepid. The patient, holding his head over the vessel, is to lave his eye with the water by means of a piece of sponge or soft linen rag; and after this has been done for a few minutes, some of the fluid may be drop-
ped fairly into the eye by an assistant squeezing the soaked rag over it, while the patient lies on his back, and endeavours to hold his eyelids apart. After this, the eye may be laved again for a minute or so, and then carefully dried with a soft linen cloth. An eye-glass is not to be recommended.

"A principal object in the process above described is to remove any discharge from the eyes. The biennorrhœal ophthalmia, when the eyelids are enormously swollen and cannot be opened, it may be necessary to inject the eye-water between the eyelids, after they have been cleansed as much as possible by means of the bathing simply. In using the syringe, however, care must be taken not to injure the patient's eye by pressure or the like, and on the other hand, the operator should guard his own eyes from receiving any spirit of matter."

His examples of eye-waters are—

B. Belladonnae extract 5ss., Aquæ puræ 3vij. Solve et per linteum cola. Sig. Sedative eye-water, to be used tepid.


B. Sulphat. zinci gr. xvj., Aquæ ros. 3vij., Acid. sulph. dilut. gr. xvj. F. Solutio pro aqua ophthalmica.

B. Hydrarg. bichlorid. gr. j., Ammoniæ hydrochlorat gr. vj, Aquæ ros. 3vij. Solve, &c.


"N. B. To any of the four last solutions, a drachm of vinum opii may be added. The following may be mentioned as directions for use:—To a wineglassful, add as much hot water as will make the whole lukewarm. With the quantity thus prepared, the eyes are to be bathed as thus directed.

"Drops.—These may be applied by means of a quill or glass tube, but a large camel’s hair pencil will be found the most convenient instrument. It is to be remembered, however, that to avoid accidents, each patient should have a separate pencil, which ought to be well washed every time it is used. The lower eyelid being slightly everted, its inner surface is to be touched with the loaded pencil, when the fluid will be immediately drawn off and diffused over the lower part of the conjunctiva. Pains must also be taken to allow the drop to make its way underneath the upper eyelid by drawing this from contact with the eyeball, and then moving it slightly up and down. It is frequently necessary to evert the upper eyelid, and to pencil its conjunctival surface directly.

"In order to apply drops to the eye of a child with the least possi-

* Take Sulph. of Copper, Nitrate of Potash and Alum, each xvi. parts. Triturate together and liquify in a glass vessel over a sand bath. After they are melted, add pulverised camphor 1 part. Mix. When the mass is cool, it is known under the name of the divine stone. (Trans. Eds. S. M. and S. J.)
ble trouble, the surgeon is to seat himself on a chair, with a towel, folded longways, laid across his knees. On another chair, on the surgeon’s left hand, and a little in front of him, the nurse with the child sits in such a way, that when she lays the child across her lap, its head may be received on the towel, and between the knees of the surgeon, and thus held steadily. The nurse confining the hands and arms of the child, the surgeon easily draws down the lower eyelid and drops in the fluid; he then draws the upper eyelid up a little, and also from contact with the eyeball, in order to allow the drop to get underneath. The eyelids are then alternately to be drawn from each other, and made to approach so as to favor the spreading of the fluid over the whole conjunctival surface."

"Examples of eye drops.

"Vinum opii, pure, or diluted with one or two waters, is often used for dropping in the eye.

R. Nitratis argenti gr. iv.—x., Aqua destillatae 3j. Solve.
R. Hydrarg. bichlorid. gr. ss., Aqua destillatae 3viij. Solve et cola.
Colatura adde vini opii 5j. Minee.
R. Lapidis divini gr. v.—v., Aqua destillatae 3viij. Solve et cola.
Colatura adde vini opii 5j. Minee.
R. Extract. belladonnae gr. xx., Aqua destillatae 3j. Solve et per linteum cola.

Janin’s ointment for the eyes, he says, is composed as follows:

For the local abstraction of blood from the eyes, or rather its neighborhood, he recommends half a dozen leeches as the average number to be applied for an adult. Dr. Hays, the American editor, in a note, says the author alludes to the European leech, but of the domestic variety fifty or sixty may be used. This must be a mistake. One leech applied to the temple, we have known to cause death to an infant, and we confess a dozen ought to produce sufficient effect in almost any case of ophthalmia.

To remove sparks, as they are called, or detached portions of iron from the oculo-palpebral space, he recommends a toothpick or a small silver spatula. We employ, as Dr. Hays does for this purpose, a cataract needle. Indeed, under another section the author also recommends the same instrument. We have never yet seen good result in a single instance from the magnet. A diluted solution of tincture of iodine, may oxydize the metal and facilitate its extraction, as has been suggested; but delay might be very injurious under these circumstances.
Besides sweet oil mentioned in the text to decompose caustic and alkaline substances introduced between the eyelids, diluted acetic acid has also been proposed.

We pass over the author's views regarding inflammation in general, because not one by any means peculiar to the eye itself. We may be permitted, however, to extract the four following postulates, which require no comment:

"1. That the constriction and dilatation of the calibre of the small arteries at least, if not of the capillaries, are owing to contraction and relaxation of their walls by virtue of the vital endowment of contractility or tonicity which they possess; the exercise of which contractility is dependent on nervous influence.

"2. That the constant moderate exercise of this endowment on which the ordinary state of tone of the vessels depends, is determined by the constant moderate discharge of nervous influence.

"3. That whilst a greater state of constriction of the vessels than ordinary is owing to an increased discharge of nervous influence, the relaxation, atony, or paralysis of the walls of the vessels on which their dilatation depends, is owing to the suspension of nervous influence.

"4. That the relaxation, with dilatation of the vessels from suspension of nervous influence, is the precursor of the retarded flow of blood and stagnation."

Of ophthalmic inflammation in general, the author makes the following orders, viz:


"The genera of these orders are distinguished and designated according to the particular structure which is the chief seat of the inflammation—I say the chief seat, for the inflammation is seldom confined altogether to a single structure.

"Ophthalmia externa thus comprehends, according as the conjunctiva, sclerotica, or cornea is the chief seat of the inflammation, the genera Conjunctivitis, Scleratitis, Corneitis.

"Ophthalmia interna anterior, on the same principle, comprehends the genera Aquo-capsulitis, Iritis, Crystallino-capsulitis anterior.

"Ophthalmia interna posterior, again, comprehends the genera Choroiditis, Retinitis, Vitreo-capsulitis, Crystallino-capsulitis posterior.

"Panophthalmitis is both order and genus."

It is not our design, as it would lead us too much into detail, to examine this beautiful classification, but we propose to take a rapid glance over these different varieties of ophthalmiae; and simply note any new or important fact that may arrest our attention.

In certain cases of conjunctivitis, phlyctenulae like pin's heads are
observed on the palpebral conjunctiva, and on the conjunctiva of the
sinuses. These are the result of small collections of exuded matter
under the epithelium. We think this condition is particularly ob-
served about the caruncula lachrymalis.

To the membrane lining the internal surface of the cornea, the
name of Descemet is given, and Mr. Jones states he has known par-
tial opacity of the cornea to be produced by the cataract needle pass-
ing through the iris and touching it posteriorly.

Of iritis, he says:

"In consequence of the coloration of the iris, it does not, like the
conjunctiva, for example, when inflamed, appear red, but of a colour
which is a compound of its own natural colour, and that of the stag-
nant blood. Thus a blue iris becomes green, a brown iris reddish
brown. The brilliancy of the iris is at the same time impaired or
lost. Subsequent changes in the colour of the iris are owing to ex-
uded matter and to changes in the pigment."

Is the lens ever regenerated? To which he replies—

"Pauli, Lowenhardt and Textor have repeated the experiments on
regeneration of the lens in animals with success. Textor communi-
cates some new cases of regeneration of the lens in man after opera-
tions for cataract. The proof that the newly formed substance
possesses the same intimate structure as the lens has at last been sup-
plied by Valentin's microscopical investigation of the subject."

He thus classifies the causes of ophthalmic inflammation.

"The practical advantage of being acquainted with the causes of
ophthalmic inflammation is to know how to avoid them, and thus to
prevent the inflammation, or, if they have already produced inflamma-
tion, to know how to remove them if still in operation and removable.

"The causes of ophthalmic inflammation may be referred to three
heads,—viz: 1st. Those which operate directly on the eyes. 2nd.
Diseases of other parts with which the eyes sympathize, or which
spread to the eyes. 3rd. States of constitution and constitutional
diseases which, though they do not necessarily determine inflamma-
tion of the eyes, at least predispose them to be affected by other
causes.

"To the first head belong:—Direct injuries—direct influence of
cold—the direct action of very strong light, or of this and strong heat
together—the irritation of reflected light—over-exertion of the sight,
especially in bad light, either too weak or too strong, with much
stooping of the head—the direct influence of acrid vapours,—epidem-
ic or endemic influences—the direct application of contagious mat-
ters. These are all exciting causes; but some of them require to
be assisted by other causes, so that they operate partly as predispos-
ing causes also.
"To the second head belong diseases of the skin, especially the exanthematous diseases.

"To the third head belong the scrofulous, rheumatic or gouty diathesis, and constitutional syphilis.

"Under the influence of these causes, different forms of ophthalmic inflammation are produced."

The peculiarities to be observed in the treatment of ophthalmic inflammation, he sums up as follows:

"In consequence of the peculiarity of the structure and functions of the eye, its usefulness is apt to be interfered with by such effects of inflammation as in most other organs would be of little or no moment. Hence, though the treatment of ophthalmic inflammation must be conducted on the same general principles as that of inflammation of any other part of the body, it is necessary, ceteris paribus, to push it with more activity, and at the same time to attend to numerous special details. Thus in iritis, blood-letting and mercurialization require to be pushed to a greater extent than might in another organ be thought advisable for the same kind and degree of inflammation. But supposing blood-letting and mercurialization thus pushed have been successful in subduing the inflammation, the neglect of such details as the application of belladonna to keep the pupil dilated, may have allowed it to become closed, or the lens spotted over with depositions of lymph, in which case vision will be lost or greatly impaired.

"In the treatment of ophthalmic inflammation, the first points to be attended to (besides, as a matter of course, the removal of the exciting cause, if still in operation and removable), are the protection of the eyes from every thing which can cause or keep up irritation—such as using them or exposing them to strong light—and the avoidance of whatever is calculated to operate injuriously on the system in general, such as exposure to the weather, corporeal exertion, errors of diet, &c.

"When ophthalmic inflammation is sympathetically connected with disease of some other organ, as the exanthematous ophthalmiae are with the inflammation of the skin, or symptomatically connected with some general diathesis, as scrofula, or disease, as syphilis, the treatment of the ophthalmic inflammation ought not to be delayed until the removal of the disease with which it is sympathetic, or of which it is symptomatic.

"It is true that the local disease cannot always be cured or alleviated until the removal of the general disease, and that the removal of the general disease will, of itself, often determine the subsidence of the local. This, however, ought not to prevent us from at least attempting to relieve the eyes as quickly as possible.

"For the cure of ophthalmic inflammation, as for that of inflammation generally, different plans of treatment are required according to the structure or structures affected, the degree and stage of the inflammation, &c."
To general and local bleeding; mercurialization, especially in acute iritis, emetics, purgatives, diaphoretics, and nitre are added to subdue and prevent the bad effects of inflammation upon the eye. But belladonna is the remedy and medicine most peculiarly appropriate to the eye. It not only dilates the pupil, but subdues intolerance to light, and thus obviates inflammation.

But we must hasten on to complete our notice of this work. We find about sixty pages of this manual devoted to the interesting subject of cataract. With a few extracts and remarks on this topic, we propose to close this review.

After the usual definition of cataract; its varieties into lenticular, capsular, and capsulo-lenticular; into hard, soft, and fluid; its size and color; we find the following questions thus answered:

"When one eye only is affected with cataract, and the vision of the other good, should an operation be performed?—Under such circumstances, the practitioner will not recommend recourse to an operation, and indeed the patient is not likely to desire it, except, as is sometimes the case with young persons, generally females, when the cataract is white and very evident, for the sake of getting rid of the deformity.

"When in one eye useful vision is lost, and in the other, vision has become misty from cataract, should an operation be performed on the former?—The usual advice is to wait until useful vision is lost in the latter also; but it is better to operate at once on the blind eye, though the determination of the point may be left to the convenience of the patient.

"When in an elderly person double lenticular cataract has become so far developed as to interfere with useful vision, when should an operation be had recourse to?—If extraction is to be performed, operate as soon as possible, for there is more chance of the vitreous body being sound than at a later period; if, on the contrary, displacement is to be performed, the operation may be deferred until the cataracts be more developed.

"When cataract is fully formed in both eyes, may both be operated on at the same time?—As a general rule, the answer is in the negative, if extraction is to be performed; in the affirmative, if displacement or division.

"In cases of congenital cataract, at what age should the operation be performed?—It ought to be performed in infancy, and, if possible, before teething commences; if not, soon after teething is completed."

He relies upon the catoptric examination in the diagnosis of cataract, and we should have been pleased had the full credit of its introduction into practice been given to its discoverer, the late Mr. Sanson, of Paris. And this would have been done, had but the
moiety of the zeal for the honor and merits he evinces for his own countrymen been bestowed upon others.

This examination is thus described:

"Catoptrical examination of the crystaline body.—The pupil being dilated by belladonna, and the patient sitting with his back to the window, if a lighted taper be held before the pupil, three images of it are seen situated one behind the other, if the cornea and crystaline are of their natural transparency. Of these images, the anterior and posterior are erect, the middle one inverted. The anterior is the brightest and most distinct, the posterior the least so. The middle one is the smallest, but it is bright. If the taper be moved, the two erect images follow its motions in the same direction, but the inverted image moves in the opposite direction, though not so quickly, nor through so great a range as the other two. The anterior erect image is produced by the cornea, the posterior by the anterior surface of the lens, and the middle or inverted image is produced by the concave surface of the posterior wall of the capsule.

"The posterior erect and inverted images are not produced, if the anterior part of the crystaline body be opaque, whether the rest be opaque or not, but if it is the centre of the posterior part only which is opaque, the posterior erect image is produced, but not the inverted one. When the opacity is as yet slight, the images may be produced, but will be more or less indistinct. Of course the anterior erect or corneal image is not affected, unless the cornea is diseased."

We observe nothing new concerning the preparation of the patient for the operation, the position of the surgeon and assistants, &c.; but in a note on page 267, the needle for couching or inclination is recommended to be introduced through the sclerotic neither above nor below the transverse diameter of the eye, because the long ciliary artery of the temporal side divides at an acute angle into two branches, about a quarter of an inch from the iris: to avoid wounding it or these branches, therefore, the transverse diameter is the point selected. The curved needle too, is to be first introduced with its convexity up, its concavity down, and to enter the point well, let the handle be lowered and then gradually be brought horizontally and rotated one quarter upon its own axis, to change the convexity forwards and the concavity backwards. This we conceive to be an important improvement over the old method of puncturing with the couching needle. The chief difficulty of this operation has been in the introduction of the instrument. For the first years of our practice, in some 40 or 50 cases of cataract operated upon, generally by couching, the success was not satisfactory; but during the last twelve months, the result has been better. Of the last 9 cases occurring within two
months, we expect to succeed in 7. We attribute the change in the result to the facility of puncturation and introduction of the needle; to using it in the eye as little and as quickly as possible; and then to the immediate and energetic means of subduing the consequent inflammation to the operation.

Of the comparative advantages and disadvantages of extraction, displacement and division, Mr. J. remarks—

"By the operation of extraction, the cataract is removed wholly and at once from the eye, and very good vision restored; but the operation is a nice, if not a very difficult one, and liable to the occurrence of the various untoward circumstances above mentioned, by which its success is readily marred.

"The operation of displacement, which may be performed in the same cases as extraction, is neither so nice nor so difficult an operation, does not expose the eye to the same risk of immediate destruction, and though the cataract is apt to return to its former place, the operation may be repeated; but though displacement may have succeeded as an operation, and vision be restored, the eye is not so safe as after successful extraction, but, as above mentioned, is liable to become affected with internal inflammation, which ends in amaurosis.

"Extraction thus possesses a decided advantage over displacement, and is therefore generally preferred, except when the unfavourable complications above mentioned exist.

"The degree of softening of the vitreous body requisite to admit of safe displacement of the lens is not so great as to forbid extraction, but of course, if, in the cases in which the vitreous body is so much dissolved, that the displaced lens is apt to float up again, displacement be contra-indicated, extraction is much more so.

"All other things being equal, it might perhaps be laid down as a general proposition, that in the very cases in which displacement admits of being most readily and safely performed, extraction is less safe, whilst, on the other hand, in the cases in which, in consequence of the soundness of the vitreous body, extraction is most safely and easily performed, displacement is least so.

"As the cases for which division is best fitted are different from those in which extraction or displacement is indicated, there is no comparison to be made between them. It is, however, to be observed, that a combination of division and extraction is sometimes had recourse to in cases of common lenticular cataract of old people. The object of having recourse to this compound operation is, as above mentioned, that the lens may, by solution and absorption of its soft exterior part, be reduced to its hard nucleus, which, in consequence of its small size, will admit of being extracted through a small section of the cornea."

On the subject of Pterygium we have nothing new, and as the success of the common modes of treatment are not very satisfactory, this is much to be regretted.
At the end of the volume, a glossary of ophthalmic terms occupying nearly six pages will be found.

This imperfect notice, prepared under many interruptions, we here close, and commend this manual as a book of reference containing much new and highly useful matter on the diseases and operations of the eye.

BIBLIOGRAPHICAL.

1. *Handbook of Human Anatomy, general, special and topographical*. Translated from the original German of Dr. Alfred Von Behr, and adapted to the use of the English student, by John Birkett, Fellow of the R. C. of S., and Demonstrator of Anatomy at Guy’s Hospital. pp. 487. Philadelphia: Lindsay and Blackiston. 1847.

As there never has been but one superintendent of this Journal since its revival, and having failed, after many appeals, to secure the co-operation of even those pledged to its support, it cannot be expected that more than one review for each No. can be prepared, or even that much, by one who has had and still has the almost entire labor of this monthly publication on his hands—more especially as he is at times overwhelmed with professional business. But though thus treated, he is still determined to do his utmost to extend the usefulness and value of the Journal. If even ten, yea five faithful contributors be found in this whole region of country, the Southern Medical and Surgical Journal can be sustained.

For the work, the title page of which is given above, we are indebted to its publishers for a copy. It is a very neat volume of large duodecimo size, and its typographical execution is good. From the translator’s preface we learn that this, like the one we have already reviewed for this No. of our Journal, is a manual, forming a series now in the course of publication at Erlangen, by Drs. Von Behr and Minding, entitled the “Pocket Encyclopaedia of the Medical Sciences.” From a hasty examination, we are prepared to recommend this little volume, as a handbook of Anatomy.

2. *The Pathological Anatomy of the Human Body*. By Julius Vogel, M. D., Professor of Clinical Medicine at the University of Giessen. Translated from the German, with additions, by George E. Day, M. A. and L. M., Cantab. Member of the Royal College

This is a large octavo volume, constituting a complete treatise on general morbid anatomy, and issued in Messrs. Lea and Blanchard's best style. Its contents are distributed under ten Chapters, embracing abnormal development of gaseous matters—pneumatoses; abnormal collections of aqueous fluids—dropsies; pathological relations of the blood; general and special relations of pathological epigeneses; pathological changes of the tissues and organs of the body; combination of morbid changes; independent organisms in the human body; malformations; and post-mortem changes. Altogether we consider this work a most valuable acquisition to our library, elucidating as it does morbid anatomy by chemistry and the microscope.


This is a new American edition from the second London. In 1833, Mr. Lawrence first published a volume, consisting of Lectures on the Anatomy, Physiology and Diseases of the Eye, which he had delivered at the London Ophthalmic Infirmary. In 1840, he issued a second edition, in which the first was carefully revised and much valuable matter added. Dr. Hays has contributed to the merits of this large volume, which is without doubt our best treatise on diseases of the eyes.


We have alluded to this work as one of a series of manuals now in the course of publication by Messrs. Lea and Blanchard, whose liberality we have had occasion so often to acknowledge under our head of Bibliographical notices. It has already passed through several editions, both in this country and in Europe, where its author
ranks with the highest on anatomy. This last edition is issued in a beautiful octavo form, filled with illustrations, and making a very handsome volume. Of the merits of Wilson's Anatomy, we need only state the facts, that 5000 copies were sold in London within five years of its publication; that in the same period a third edition of it is called for in this country; and that it has been translated into the German language.

5. Philosophy of Animated Existence; or Sketches of Living Physics: with discussions of Physiology Philosophical—To which is added a brief Medical account of the Middle Regions of Georgia. By John B. Gorman, M. D. pp. 570. Philadelphia: Sown and Ball. 1845.

The author of this volume has had the kindness to present us with a copy. With every disposition to do him full justice, and, as Georgians, feeling a deep interest to proclaim the merits of our own immediate professional brethren, still we shrink from the task of reviewing this book. We can but express the wish that Dr. Gorman's style were different, and that his talent and labor, worthy of all praise, had been employed in preparing a more useful, practical and profitable work.


The usual nosological classification of diseases, is not that which the practitioner is first led to ascertain, when he seeks to discover the nature of an obscure case presented to him for diagnosis. He rather wishes to determine if the malady be nervous, inflammatory or organic, and if so, if it be malignant. If he can advance no further, he yet will have done much, after all, that is necessary, therapeutically, in having advanced so far as to have settled to which of these classes of disease his case belongs.

It is my purpose to offer a few practical remarks, designed to aid in the diagnosis of nervous diseases. The first view of a patient suffering under a nervous disease, is not unfrequently sufficient to lead to a strong presumption as to the nature of his case. He has to narrate his sufferings and his symptoms, and often to use his eloquence to impress upon you that he is indeed a very sick person. His aspect is not that of emaciation, there is not the haggard look that comes of sleepless nights, or the wan countenance of an internal suppuration, or the leaden look of internal disorder. With faith in physic un-
bounded, he yet seems to reproach his former attendants for their want of skill in bringing its resources to bear upon his case. Nervous diseases present the far larger portion of strange, out-of-the-way symptoms, not to be embraced within the nosological definitions of other maladies.

Accustomed as I have been to be extensively consulted in nervous diseases, I early began to ask myself, when a case presented itself, did I ever see such a case in the hospital, or among dispensary patients, or among the poor in any of the walks of life. If not, I soon began to discover that generally it was a case of nervous disease I had to deal with.

An emaciated young man presented himself to me some years since, and in answer to my question, “What is the matter with you?” replied, “I have a stricture of the œsophagus.” “And pray, my good friend, how did you find that out?” “Because I can’t swallow.” “And where did you learn that you had an œsophagus to swallow with?” Rather irritated, he replied, “I did not come all the way from Vermont to learn that here in New York, you may be sure; but our doctors have tried me with the probang, and I want you to do so too.” “Well, tell me first, how this difficulty began?” “Why, sir, it began all at once; I could not swallow any solid food, and I cannot now.” “Will you try for me?” After a very long struggle, I got him to take some roasted mutton from my table, and he went his way rejoicing. It was not a case of feigned disease, for the argument that ultimately prevailed with him, and broke his firm resolve not to endeavor to swallow, was an explanation of the real symptoms of stricture of the œsophagus—not an inability to swallow, but an arrest of the swallowed food in the course of the œsophagus.

An only child, a girl about twelve years of age, met with a fall, and bruised the lower right side of the abdomen. The family physician made the usual applications, and treated the case as rather a serious one. Without being apparently very sick at the end of ten weeks, she yet did not appear to be improving, but maintained her position all day with the feet on the sofa, being carefully carried to bed at night. At this time I was consulted, and being unable to detect any local injury, did nothing. At the end of six weeks the family physician retired, and desired me to take the case exclusively into my hands. Another examination discovered nothing, except that her general aspect was that of good health, the legs and abdomen drop-sical. In the utmost consternation, the family demanded my opinion. I asked to defer expressing it, till I had made a second visit. I cannot pretend to describe the scene, when I then said that the patient only wanted the will to get up and play as well as any of her fellows. But this opinion I had not imparted to her, and the grandmother and myself finally compromised matters, by proposing to her, to have a dance as soon as she was able to write the notes of invitation, ten days from the date of the second visit. The prescription was entirely successful, and she danced at her own ball as merrily as any of her guests.
There is a fashion in nervous diseases. Some years since, spinal irritation was much in vogue. Nervous persons are apt to adopt as their own, the latest forms of fashionable maladies. I have seen an incredible number of such cases, some of them bed-ridden for months and years.

Stricture of the rectum has had its day. I have seen three cases in one family, which had been treated for months, and finally got well by the failure of the head of the family in his business; thus leaving the female members no time to think of their imaginary diseases. Nervous disorders appear to be adopted either in revenge of some misfortune, or in despair from some blighted hope. They require, more than any thing else, moral treatment. The physician should endeavour to penetrate into the innermost recesses of his patient's heart, that he may fulfil the great indication, which is, to present a powerful motive for recovery; and he should never suffer his patient to doubt for one moment that such a recovery will take place.

During the prevalence of spinal irritation, I was asked to see a lady recently from England by way of Jamaica, whither she had been sent for a supposed consumption, with spinal irritation at the same time. She had been confined to the bed, with few exceptions, for more than two years. Perceiving, after a few visits, that lively conversation made her forget her ailments, and that the general assemblage of symptoms did not belong to any nosological disease, I obtained from her married sister some matters of her private history, that led me to be quite sure that her case was purely nervous. "My dear Doctor, do you know any thing that would cure my poor sister?" "Yes, I do, I am sure of it." "What! pray tell us what." That cat-o' nine-tails hanging over your fire-place." I will not detain you by describing the scene that followed. About six weeks afterwards I was stopped in Broadway by two highly dressed ladies, one of whom tapped me on the shoulder, and introduced my patient to me, saying with a smile, in which the patient joined, "that last prescription cured my sister."

Of local nervous or neuralgic affections, these, when not organic, are seated, either, 1st, in the part where the symptoms are perceived; or, 2d, at the origin of the nerves of that part; or, 3d, in the nerves of some part going to the same portion of a nervous centre for their origin. Thus, a malady of the brain will cause a pricking, or numbness in the fingers of one side. And, as an illustration of the third class of cases, nervous pain is felt in the spine from disease of the viscera corresponding to the part, the nerves of each having a proximate origin, through the great sympathetic and the spinal marrow. So too, affections of one eye are felt and sometimes extended to the other. External injuries, and the internal injuries suffered by the organs of digestion by errors in diet, are among the more common exciting causes of local nervous affections. The joints are especially liable to these disorders. They are not unfrequently the sequel of sprains and of slight inflammatory affections of the joints, from
other causes. As a general fact it may, I think, be stated, that they are the result of bad treatment, hyper-medication.

In regard to sprains, I have seen much deformity arising in the ankle-joint from a fracture of the fibula, and in the wrist still oftener from a fracture of the radius, treated as sprains. This is among the poor. But in sprains, strictly so called, it is exceedingly rare to find very long continued injuries from these accidents, except among those who can afford to nurse them.

A lady twisted her ankle severely in coming down stairs. Cold applications and rest were the prescriptions for four weeks. Her health in the meanwhile had suffered from want of exercise. The part was preternaturally cold, painful on pressure, and but very little swollen. A consultation was called, and a blister to the instep followed. When this got well, gentle exercise was recommended. This gave pain, and rest was again resorted to, and friends now came in with a thousand and one applications, a goodly number of which were tried. At the expiration of two years, her health being apparently as bad as ever, her husband, a naval officer, was lost at sea; she retired to the country, devoted herself to the education of her children, had no time to think of her lameness, and got well.

A young lady, engaged to be married, had an affection of the knee-joint, following a bruise of the part. It was kept quiet, rubbed and blistered for many months, and every suggestion was followed with all the solicitude which a strong desire of recovery could inspire. Instead of improving, the joint became rather more tender and painful, after exercise; it was swollen and cold. She now came under the care of a practitioner, who rubbed and fomented it, and directed steady exercise, and saw that such exercise was effectually taken. In three weeks she got well and was married.

I visited, some twelve years since, a lady with an active inflammation of the knee-joint, and treated it successfully by rest, cupping, and blistering. Some slight injury in walking about three years since, occurred, and the same treatment was repeated, although there were very slight inflammatory symptoms. Somehow or other, the period of rest was protracted until the joint became very stiff. In this posture of affairs, I was again consulted. I directed the limb to be left to fix itself by its own weight, and used passive motion and frictions, and this, although the pain was great at times, even when the part was at rest. For I argued, that if there was any inflammatory or organic disease of the joint, going on, she would show it in her countenance, which she did not. She, too, stopped me in the street the other day, saying, "Doctor, you promised me I should dance as well as Fanny Elssler; I can't do that, but I can walk as well as any one." I am quite convinced that joint not only got stiff, but also neuralgic for want of use.

Of the frequency of neuralgic affections of the joints, the highest authority now living in a matter of this kind, (Sir Benjamin Brodie,) declares that no less than four-fifths of all the cases of diseased joints
occurring among the higher classes of society are neuralgic. Of
diseases of the breast, more than half that have fallen under my ob-
servation have been of the same character.

Practical Remarks on Congestive Fever. By E. F. Bouchelle, M.
D., of Columbus, Miss.—(Western Lancet.)

In perusing the last edition of Stokes and Bell's Practice of Physic,
a work embodying many valuable principles of medicine, with great
experience and learning, I am forcibly impressed with the views of
Dr. Bell, as almost coincident with my own, as it regards the efficacy
of opium in the treatment of congestive fever. I have long been
satisfied in my own mind, that the usual mode of treating congestive
fever, the plan pursued by most of the physicians of the South West,
is not only improper but dangerous, as its direct tendency is to
strengthen the disease and hasten the stage of collapse. The views
which I now entertain on the subject of congestive fever have been
promulgated throughout the sphere of my acquaintance, since the
summer of 1837.

It is perhaps unnecessary to advance, in detail, a theory of the dis-
ease in question; suffice, for all practical purposes, to remark, that all
the leading phenomena of the disease are referable to derangement of
the organic system of nerves, more particularly; the excitement of
congestive fever is irritable excitement, and in most cases so exces-
sive, that it soon sinks the system into collapse, unless moderated.

Such being a syllabus of my pathology, it necessarily follows that
in its treatment I invariably call in requisition those remedies whose
known tendency is to allay nervous irritation, tranquilize the system,
and produce sleep. Such remedies are to be found under the class of
narcotics, and in another great remedy belonging to no particular
class, which the hand of a merciful and all-wise Providence has dis-
seminated throughout the universe; a remedy equally accessible to
the rich man and the poor man, as it abounds in all places, and can
be procured "without money and without price." I allude to cold
water. The most powerful combination, however, to prevent the
recurrence of a paroxysm of congestive fever, when the disease
observes a remittent or intermittent character, is morphine and qui-
nine. In the whole course of my observation I have never known
the congestive fever to observe any other than the intermittent or
remittent type; unless the constitution is so frail, or the disease so
violent as to destroy the patient in the first paroxysm, which it often
does; moreover it is a rare circumstance if an individual, with the
most robust constitution, survives a second or third paroxysm. Most
usually, during the paroxysm, I prescribe laudanum and cold water,
which rarely fail to conduct the patient safely through; and during
the interval, morphine and quinine, to prevent a recurrence. The
following is the prescription usually observed:—B. Sulph. quinine, grs. xxiv.; Sulph. morphine, grs. ij.; M. f. 12 pills.—to take one sufficiently often to keep up a slight state of stupor or narcotism; that is, every hour or two, pro re nata.

I, for one, am unfriendly to large doses of quinine, and am certain that two or three grain doses repeated at proper intervals, will insure all the good effects of that potent salt, without incurring the risk of loosing them; not only loosing, but inflicting an injury to the nervous system. Our firm belief is, and that opinion is founded on experience, that, as an antiperiodic, two grain doses of quinine are as efficacious as large doses; and that in the same proportion that we augment the dose, in the same or a greater degree do we diminish the specific action of the article; also, that its combination with a narcotic enhances its antiperiodic powers in an eminent degree.

There is a secret in connection with quinine, which, probably, very few physicians have observed; that is, that its administration during the stage of excitement in fever is often hurtful, and, at best, uncertain; in order to ensure a favorable influence in such cases, we have only to combine it with an anodyne. It is rare that quinine will exert any other than a favorable influence during the hot stage of fever, provided morphine be blended with it. Its most common effect under such circumstances, is to lessen the force and frequency of the pulse, relax the skin, and produce sleep. The above combination is an admirable prescription in summer fevers attended with great gastric irritability,—it must be given in the form of pills. Another valuable combination, where the excitement is inordinate, is quinine, tartar emetic, and morphine—provided there is no great nausea. The above remarks refer only to summer and autumnal fevers, of open excitement.

Before leaving this subject, I will remark that 20, 60, and 100 grain doses of quinine are very common these days. However, such doses are not prescribed, or if so, by very few of the scientific physicians of Mississippi and Alabama. In the meanwhile I will not presume to deny that peculiar modifications of disease, may render such doses applicable in more southern latitudes; generally speaking, these huge doses are given by that numerous class of mountebanks and impostors who infest our country; men who recognise no essential difference between the stomach of a human being than that of an ostrich; between the constitution of a man and that of a horse! Would to God that the prescribing of large doses of quinine was the only species of quackery practised in the West! Calomel, and other remedies, are given in equally as large quantities; the success of which energetic empiricism, our numerous grave-yards bear melancholy though silent testimony, to say nothing of the thousands of constitutions literally destroyed by as many anomalous diseases!

There is a maximum and a minimum dose for any article of the materia medica—a fact which should never be forgotten in clinical practice—and when we transcend either degree, we either produce no effect at all, or we do mischief.
There is no class of remedies, however, whose dose is more variable than that of narcotics. Indeed, we can sometimes give them _ad libitum_, with very little effect; as we all know that under certain states of the nervous system arising from excessive pain, the system can scarcely be composed by opiates. Who has not seen this verified in prescribing for acute gout, the passage of biliary calculi, spasmodic cholic, tetanus, &c., &c. One of these peculiar conditions of the system occurs in congestive fever,—as we are certain that during one of its paroxysms nothing short of mammoth doses will conduct the patient safely through, and prevent collapse; which extraordinary resistance to the usual influence of opiates only argues the propriety and necessity of such remedies. I do hope, for the sake of human life, and the honor of medicine, that the day will ere long arrive when physicians will be convinced, that calomel, and purgatives generally, French brandy and other stimulants, mustard cataplasms, blistering plasters, &c., &c., are not the remedies for congestive fever, the endemic of the Mississippi valley, whose very name in many places, is associated with all the horrors of the grave, in consequence of its great fatality. All purgatives, all stimulants, internal or external; all irritants—are injurious in congestive fever. So long as I pursued the plan of correcting the secretions, and stimulating by brandy, camphor, camphor and quinine, ammonia, pepper, &c., &c., I lost patients. But when, on the other hand, after much reflection, I had changed my pathology of the disease, and adopted the _cold water_ and _anodyne_ practice, my labors were crowned with success, and have been ever since. In truth, the most violent forms of congestive fever will as certainly yield to the anodyne treatment, as will a local inflammation yield under depletion. I do not regard quinine as a stimulant, it has tonic properties, and in combination with an anodyne, is the most powerful sedative in general use. (There are many sedatives very active, which are not used in the common routine of clinical practice.)

We have said nothing definite as yet about cold water in congestive fever, but will do so in very few words. How is the cold water used in congestive fever? Internally and externally; a pleasant remedy, and one which any patient will grasp eagerly, and without much persuasion. I use the cold douche in collapse to arouse the system to reaction, which it will more often do than any other means that I have ever seen essayed. I have seen many patients, as it were, moribund; cold and clammy skin, thready pulse, sunken features, blue finger nails and lips, great epigastric oppression, and breathlessness, rescued, as it were, from the grave, by the _magic influence_ of the cold douche. The cold water is not less useful during the paroxysm, to allay general anxiety, distressing vomiting, thirst, and internal heat. I allow the patient to drink it freely,—it gives great relief; it removes, in connection with laudanum, irritation of the ganglionic nerves, upon which the miserable epigastric oppression and gastric irritability depend, and seldom fails to comfort the patient.
Practical Remarks on Congestive Fever. [June,

safely through the paroxysm. How much more rational such treat-
ment is, and, at the same time, how much more grateful to the 
languishing sick man, that the opposite plan of tormenting him unto 
death with heating stimulants and blistering plasters! How much 
more rational, than the opposite vile system of cramping his stomach 
with horse doses of calomel "to remove congestion" of the darkest 
and foulest of all places, "the venous cavity!" Would to God that 
Mississippi and Alabama could be relieved of the curse of R. A. C. 
quackery! Oh! ye shades of departed worth! ye ghosts of Hippo-
crates, Æsculapius, and Galen, how long will ye endure such hum-
buggery! Oh! "venous cavity!" Oh! calomel, and R. A. C. 
pills! inexorable monsters, who have slain your hundreds, why seek 
to demolish thousands! I am not jesting; no, I am serious.*

But, for the purpose of illustrating the most rational practice in 
congestive fever, I will submit one of the most violent cases I ever 
saw in Mississippi.

Case.—A particular friend, of vigorous constitution, was seized 
about midnight, on the 20th of September, 1845, with a slight chill, 
which was succeeded by vomiting and profuse liquid evacuations from 
the bowels. I saw the patient about 9 o'clock on the 21st; his head 
was hanging over the side of the bed, and he incessantly vomiting or 
heaving; his features were sunken and pale; breathing rapid and 
difficult from congestion of the lungs; pulse feeble and very rapid, 
almost imperceptible at the extremities; lips blue, and tongue pale 
and moist; with a clammy exudation of viscid perspiration all over 
the surface. Indeed, I was surprised to find my friend on the very 
verge of the grave: that he was sinking rapidly into a deadly col-
lapse. He complained of great thirst and universal heat; he would 
cry out, "my God, I must have fresh air, or I'll die, I am burning 
up!" when the pulse was gone at the extremities, and the skin cold.
The friends around implored me to stimulate him, and apply sina-
pisms to the extremities: I refused, and immediately went to work 
in my own way. I gave him 100 drops of laudanum forthwith, and 
in a half hour gave 50 drops more, which he drank; seeing that the 
irritability of the system was so excessive, that the laudanum would 
not take effect unless repeated at short intervals,—in a half hour 
more, I gave him 100 drops by enema. In an hour the vomiting 
stopped. My friend drinking cold water by the pitcher-full. He very 
soon became tranquil, and fell into a deep sleep, with his mouth and 
eyes half closed,—the spectators around thought that he was dying; 
but I knew better, when I took hold of his hand and found that it 
was getting warm, and that the pulse was rising at the wrist. In 
the course of two hours more, my patient was under a full reaction; 
his skin warm and pulse full, beating eighty in the minute. He did 
not wake until sundown,—when he got up, dressed himself, and went 
about his usual business!!

* I don't allude to Prof. Cooke; but to those who endeavor to treat the fevers 
of Mississippi, Alabama, &c., according to his theory. I repect the Professor; 
at the same time I am convinced of his delusion.
The next morning (22d,) I entreated him to take to his bed, and commence with the quinine and morphine, to prevent a recurrence of the paroxysm, which would take place about midnight—he declined, stating that he was well. However, the poor fellow was seized again at 1 o'clock on the 23d.

In two hours he was vomiting forcibly, with frequent liquid defec tions from the bowels; great dyspnoea, and small and rapid pulse, with cold skin. At daylight I saw him, and gave the first dose, which was 100 drops of laudanum. Seeing that he became worse, complaining of indescribable epigastric heat and oppression, I repeated the dose, which had no effect, and he soon became wild and unmanageable. I ordered 100 drops more by enema, in starch; at the same time allowing him to drink freely of cold water acidulated with citric acid, which he drank in his derangement with all the avidity of a famishing animal. He soon became cold from head to foot; no pulse, skin cold and bathed in a viscid sweat, lips blue, eyes sunken, and features shrivelled; breathing slow and oppressed from congestion of the lungs. Indeed, the dyspnoea was so great, that he looked very much like a man suffocating. I ordered 100 drops more in enema, and applied two small sinapisms to the neck, one over each pneumogastric nerve, recollecting to have read of such things being useful in asphyxia, &c. In a short time the patient seemed more quiet—drinking freely of cold water occasionally. At this juncture, a medical friend of experience, formerly of the United States Navy, stepped in and pronounced my patient in articulo mortis; however, before he had been present one hour, the pulse was rising at the wrist, and the skin began to get warm, and the patient to breathe with more ease.

In two hours more, my patient was lying in a profound sleep, with hot skin, and good pulse; with the warm sweat standing in great drops on his forehead. He awoke late in the evening, very much prostrated indeed. In a short time, I put him under the morphia and quinine, keeping up a slight narcotism until the next period had passed in safety; when I gave a little blue pill occasionally, to restore the secretion. It is proper to mention here, that the use of laudanum and quinine, as above recommended, almost always leaves the system in a torpid condition, as manifested by a coated and dry tongue; so that convalescence will be tedious without the occasional use of a little blue pill, &c.

The patient whose case I have given, cannot bear the smallest quantity of laudanum when well. I could, if necessary, adduce other cases, showing conclusively that laudanum, cold water, and quinine, are the remedies for congestive fever. It is probable that the above patient would have died, had it not been for the plaster (size of a dollar) to the neck; or it may be that the laudanum had not taken effect until then.

The treatment which has just been detailed in a detached and hurried manner, with some little modification, is applicable to any
Observations on Spinal Irritation. [June,

form of summer and autumnal fever in Mississippi. There is no prescription better, in common fevers, to prepare the system for quinine, than morphine and tart. emet. in solution. Ordinary febrile excitement can resist its influence but a few hours. In conclusion: There is no class of remedies which exerts so favorable an influence in all of the fevers of this latitude as the class of narcotics.


[The subject of spinal irritation is also ably considered in a clinical lecture by a physician whose early and lamented death has recently been recorded. His observations are to the following effect:]

Spinal irritation is characterized by morbid sensibility of certain nerves proceeding from the spinal cord, and by a preternatural susceptibility of the cord or its coverings to external impressions. You will observe that both these features of the affection were very well marked in the cases which have been already detailed: in one case the morbid sensibility of the nerves was evidenced by painful cramps in the lower extremities, and in the other by constant and severe pain in the side; whilst pressure over the same portion of the spinal column occasioned pain and uneasiness in both.

It is further worthy of remark, that whilst the nervous centre is the seat of the disorder, the pain is situated in some distant part. On what, then, does this abnormal state of things depend? In other words, what is the immediate and efficient cause of spinal irritation? On this subject we find that pathologists entertain very different opinions. Some regard it as consisting in nothing more than mere functional disturbance; whilst others believe it to be the consequence of some organic lesion of the cord or its coverings. For my own part, I believe the affection depends upon a hyperaematous condition of the blood-vessels at the origin of the spinal nerves, and I am chiefly induced to adopt this opinion from two considerations— the influence of pressure, and the effect of treatment.

Now let us notice these two particulars. 1st. Pressure. You are of course aware that when any of the tissues of the body are the seat of acute or chronic inflammation, the pain which results is augmented by pressure. Thus, in cases of peritonitis, the abdomen is intolerant of even very slight pressure; in cases of gastro-enteritis, the effect of the pressure often determines our opinion respecting the nature of the disease; and in pleurisy and pericarditis also, pressure in the intercostal spaces, or even upon the ribs, greatly aggravates the pain; and in like manner, in the cases under consideration, pain and tenderness are experienced by the patients when pressure is exerted upon a portion of the spinal column. But there are two ob-
jections which may be urged against the value of the indication we are at present considering—the influence of pressure in causing an increase of pain. It may be urged first, that the spinal cord, with its membranes, is too securely protected by the bony canal through which it passes to be liable to be influenced by any moderate amount of pressure which may be employed above it; and, secondly, that in many cases of simple hysteria, the apparent suffering occasioned by pressure on the spine is quite as great as in the cases under consideration. Let us briefly notice each of these objections.

1st. The spinal cord and its membranes are removed from the influence of pressure by the bony canal through which it passes. Now to this objection, a threefold reply may be returned. In the first place, it may be remarked, that if the cord be really so completely removed from the influence of pressure as the objection assumes, then, except the vertebrae themselves be diseased, every portion of the spinal column should be alike sensible or insensible when pressure is exerted along the course of it. But this we know is not so. In two cases which have been recorded, the tenderness, or increased sensibility, was circumscribed. It existed over one particular portion of the spinal column, and when the same amount of pressure was exerted over all the rest, it occasioned no tenderness, no pain, no inconvenience. Hence, we may fairly infer the possibility of affecting the cord of its membranes, in certain morbid conditions of one or the other, by pressure being exerted along the vertebral column.

Secondly, the peculiar anatomical arrangement of the blood-vessels of the spinal cord render it extremely probable that the cord should be influenced by external pressure. “The spinal cord and the nerves which emerge from it,” says Dr. Todd, “are surrounded by a venous anastomosis of remarkable complexity. These veins do not possess valves; they communicate freely with the superficial veins, and with the numerous muscular veins in the region of the back.” Now the very circumstance of this free communication existing between the blood-vessels of the cord and the superficial veins of the back, is not only an a priori argument in proof of the possibility of affecting the cord or its membranes by external agency, but it also satisfactorily accounts for the facts for which I am contending. In other words, we see not only why such should be the case, but also the mode in which it operates.

Thirdly, in cases of unequivocal spinal meningitis, pressure or percussion along the course of the vertebrae increases the local pain from which patients suffer. I can vouch for the correctness of this remark from cases which have fallen under my own personal observation.

But I hasten to notice the second objection to which I have adverted. 2d. In many cases of simple hysteria it is contended the apparent suffering occasioned by pressure on the spine, is quite as great as in the particular class of cases at present engaging our attention. Now, to this objection I may return again a threefold reply. In the first
place I remark, that in cases of pure hysteria, the pain of which patients complain when pressure is made upon the spinal column is not circumscribed—it is not confined to some particular locality, but, on the contrary, is equally great over every portion of the vertebrae; and moreover, it is not confined to the spinal column, but is of equal severity when the pressure is directed upon the fleshy parts of the back, on each side of the vertebrae.

Secondly, I observe, that whilst in cases of spinal irritation the suffering of the patient evidently increases with the increase of pressure which is employed, this is not the case in hysteria. In this latter affection, the apparent suffering of the patient bears no proper proportion to the pressure. Hence we not unfrequently find that in hysterical subjects, the slightest touch with the finger over any part of the back will cause them to cringe and give way, to sob, and gasp, and exclaim, whilst a considerable addition to the pressure scarcely, if at all, increases their distress. But we must further bear in mind that this morbid sensibility in cases of hysteria is not confined to the back, but is manifest in other parts of the body; pressure on the sternum or on the sides will occasion precisely similar indications of uneasiness or pain. We often perceive in these cases, that merely placing the hand, or even the finger, on the sternum or abdomen, without exerting the slightest pressure, the patient shrinks in a moment, as if the suffering which was induced was almost intolerable.

Thirdly, I remark that the immediate seat of the morbid sensibility which exists in hysteria, is obviously the common integument; hence, if a portion be taken up between the finger and thumb, as much distress is occasioned to the patient as if any amount of pressure were exerted upon the spinal column.

Having thus disposed of the two objections which are most frequently urged against the indication which is afforded by pressure on the spine, I proceed to notice, in the next place, the effect of treatment, as corroborative of the view I have taken of the nature of the affection which is the subject of our present observation. And here I may observe, in general, that the method of treatment which affords the most speedy and effectual relief, is precisely that which is best adapted to relieve a state of local hyperæmia. I direct your attention to three remedies in particular—rest, the abstraction of blood, and vesication.

1. Rest.—In all cases of local hyperæmia rest is an important means of cure. So long as patients are going about their usual occupations and work, especially so long as they are actively employing the organ which is the immediate seat of disease, the use of remedies is fruitless. The truth of this remark is abundantly confirmed by what we witness every day; and it is also corroborated by what we often see in cases of spinal irritation. In these latter cases the general health is frequently so little disturbed, that persons are unwilling to submit to the degree of confinement which is necessary, and the consequence is, that they do not obtain the relief which they
desire. I need scarcely observe, that in order to secure the greatest amount of rest in all cases where the spinal marrow, its membranes, or the nerves proceeding from it, are the seat of morbid irritability, a patient should be confined as much as possible, to the recumbent posture. But I must further remark that, according to my experience it is not a matter of indifference whether a person lies prone or supine. The former position is decidedly preferable, and hence I generally have my patients placed on a prone couch. The advantages which appear to me to result from this practice are, first, that the common effects of gravitation are obviated; and, secondly, that the necessary remedies are much more conveniently applied.

2. Abstraction of Blood.—The relief which is afforded by topical bleeding in cases of spinal irritation is generally very great and often immediate. It was so in the first of the cases which I have detailed. The cramps ceased, and the tenderness on pressure disappeared immediately after the patient had been cupped. The previously constipated state of the bowels of this man (they had not been moved for a week, and only nine times during the preceding nine weeks), may possibly, by some persons, be regarded as sufficient to account for the symptoms under which he was laboring at the time of his admission. But that this was not the cause of his sufferings is obvious from the immediate relief which followed the abstraction of blood, more than twenty-four hours before the purgative medicine had produced any effect upon the bowels. The simultaneous disappearance of the cramps in the extremities, and the pain and tenderness over a limited portion of the spinal column, is further sufficient to connect the two together in the relation of cause and effect. But although the relief which results from bleeding is often so speedily manifest, yet it is not so in all cases. Sometimes the operation has to be repeated several times before any mitigation of the symptoms takes place, and in other instances relapses occur, which render it necessary to have recourse to the same means again and again. In the case of Bilton, we perceive that although he was so perfectly relieved by the cupping, yet some days afterwards he complained of numbness of his legs, which prevented him walking, and there was at the same time a return of the tenderness over the spine. For the relief of these symptoms, which I believe were occasioned by congestion of the vessels of the spinal cord, leeches were applied to the tender portion of the spine, and it was subsequently necessary to apply two blisters. In a case which fell under my observation a short time since, the cupping had to be repeated more than a dozen times, but on each occasion the relief afforded was very marked and considerable.

3. Vesication.—The application of blisters in cases of spinal irritation is often productive of great relief: but in these cases, as in cases of inflammation of internal organs, they are not equally serviceable at every period of the diseases. If blisters be applied at too early a period, before the congested blood-vessels have been relieved by the abstraction of blood, they do not, in recent cases at least, afford an
adequate amount of relief, but, on the contrary, they produce a considerable degree of irritation, and occasion a very much greater amount of pain than they do if they are employed later. I have more than once seen persons who were very tolerant of pain, and accustomed to the application of blisters, who, nevertheless, when suffering from spinal irritation, complained of the pain arising from a blister applied at too early a period, as being exceedingly severe, and almost intolerable. It is frequently found to be desirable to employ counter-irritation for a while after the more urgent symptoms have been overcome. Hence, you will recollect, that in the case of Sarah Ann Hooper, after she had been greatly relieved by leeches and blisters, as some uneasiness remained about the side, and slight pain was occasioned by pressure over the upper part of the dorsal portion of the spinal column, she was ordered to have the back rubbed with the croton-oil liniment, which had the effect of producing a plentiful eruption, and ultimately removing the disease.

With respect to medicines in this affection, I shall only observe, that beyond regulating the state of the bowels they are of no use.


M. Parise remarks that after serious and prolonged illness every organ suffers more or less from exhaustion, and its function is feebly performed. This condition of the economy results from violent excitement of the antecedent disease and the privation of food. The former, of course, no longer operates, and food may be given to replenish the waste, and recruit the forces, the stomach is therefore the organ with which we have to do.

M. Parise lays it down as a maxim that, after disease, the sensibility of the stomach and intestines is exalted and their tone diminished. The indications, therefore are obviously to diminish the sensibility and to augment the tone of the stomach, and consequently to enable digestion to be properly performed; but our means of accomplishing this are not so efficacious as might be imagined. If the subject be young and vigorous, health is soon restored, and digestion established; but even here, if the tormenting hunger which accompanies convalescence be appeased by injudicious supplies of food, various disturbances of the digestive organs ensue. "But if the convalescent is naturally delicate, nervous, or irritable, if his digestive powers are not strong even in health, if he has reached a certain age, or been worn by anxiety, we must expect a tedious convalescence."

At first sight, the fortifying the stomach by tonics would seem to be a natural means of procedure; but every reflecting practitioner has seen cases in which an irritable and sensitive condition of the stom-
ach renders the establishment of its powers a matter of nicety, as well as difficulty. If we employ a soothing means and a debilitating regimen, the tone of the organ is further diminished; while if we exhibit stimulants, uneasiness and thirst, dryness of the mouth, &c., prove that we are injuriously exciting the organ. Diarrhoea occurring during convalescence often misleads the practitioner, for he has difficulty in determining whether it is caused by some source of irritation still remaining, or whether it is the consequence of simple atony of the intestinal canal. In these cases it may be stated as a general rule, that the diarrhoea of convalescence is connected with defective tonicity, which will be yet further diminished by abstinence and local depletion.

The following indications from the basis of a judicious convalescent regimen:—1. To allow only as much food as the stomach can digest. 2. To advise the patient to eat little and often. 3. To submit the food to effectual mastication. 4. To keep the general surface, and especially the extremities, warm during digestion. 5. To adapt the food to the peculiar sympathies of the stomach. 6. To introduce a judicious variety in the diet. 7. To advise change of air. 8. To avoid vivid moral emotions.

It is certain, notwithstanding, that however properly the above injunctions be carried out, the recovery may be impeded by various accidents. Only two of these are alluded to by M. Parise, and that because of their frequency, viz., diarrhoea and gastro-enteralgia. When the first of these is present we must endeavor to ascertain whether it is produced by errors of diet or by some moral cause. Is there any inflammation, or does it depend on simple atony of fibre? Even when symptoms believed to be inflammatory are present, we must still be very cautious in recommending abstinence and leeching, which may produce a degree of exhaustion and loss of contractility of parts, which may take years for its reparation. Diminution of food will, however, be required, as well as counter-irritation, in the form of dry cupping, or sinapisms to the abdomen. When the irritation has subsided, mild tonics and an improved diet are indicated. In passive diarrhoea, M. Parise speaks of the theriacum (a miscellaneous compound containing opium) combined with calumba.

Gastralgia, or enteralgia, is far more frequent after severe disease, especially when the alimentary canal has been affected, than is generally believed. The irregularity forms one of its most distinguishing features. The acute feeling of hunger suddenly changes into a state of insupportable languor. In this state a superabundant nourishment is injurious, but in a far less degree than a too scanty one. Abstinence cannot be borne, nor do the epigastric pain and sinking cease until a certain quantity of food has been swallowed; while, if its administration be too long delayed, digestion does not take place, and diarrhoea is apt to ensue. First among medicines adapted to this state is bismuth alone, or with opium and calumba. Blisters, sinapisms to the epigastrium are also beneficial, as is also the emetic use of morphia.
Whatever means we have recourse to for the restoration of the energy of the alimentary canal, their prolonged employment is necessary. "Perseverance and variety," says M. Parise, "must never be lost sight of in a troublesome convalescence, during which health and disease are constantly vibrating."

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On the Abuse of Alkaline Remedies. By Professor Trouseau.

(Journal de médecine, from Ibid.)

The object of this paper is to caution practitioners against the abuse of alkalies. These remedies exercise an immense influence on the economy. If by their use the alkaline state of the blood is increased, all the secretions from that fluid are modified. The secretions which are naturally alkaline become more so, those which are neuter will become alkaline, and those which are acid will become either less acid, or more or less alkaline. The presence of acids being one of the conditions for the digestions of food in the stomach, it cannot be a matter of indifference to neutralize the acids which the economy wants—for the transformation of fecula into glucose, for instance. The digestion of amylaceous substances becomes, therefore, incomplete, or extra-natural, if we may use the expression. The presence, also, of alkalies in the blood in due proportion, gives to this liquid the means of burning, to a certain extent, the carbonaceous elements absorbed in the process of digestion. An imperfect combustion gives rise, without doubt, to morbid symptoms; but a too great or too rapid combustion, on the other hand, is not the less attended with inconvenience, as it gives rise to important mutations in the composition of the blood, and consequently in the texture of the organs.

It is, therefore, under no circumstance unimportant to administer alkalies. Taken without any real indication for a few days, they only give rise to momentary disturbance, but, taken in large quantities, they occasion a cachectic condition, followed by a deplorable state of emaciation. The ancients have admirably indicated the influence of alkalies on the composition of the blood: they had remarked that it became more fluid, being paler than in the normal state; and that at last a cachexia became established, characterized by paleness, general puffiness of the tissues, and passive hemorrhage; moreover they had also perceived, that these symptoms were followed by emaciation. Within the last few years, the abuse which has been made of the mineral waters of Vichy and Carlsbad, in the treatment of gout, has proved the above fact. 'The abuse of alkalies has certainly done more harm than that of iodine.

How is it that physicians do not see that a remedy powerful to cure is also powerful to do evil? Alkaline remedies are daily administered with inconceivable indifference. A physician prescribes to a patient one or two months' use of the waters of Vichy, Carlsbad,
or Ems, as he would barley-water to drink. Is it a matter of so little importance to change all the secretions of the economy? Other alterative medicines are wielded with more prudence. Mercury and iodine, for instance, are administered with care and precaution, because the danger which attends their use is known.

In conclusion, Prof. Trousseau unhesitatingly states, that the danger of alkalies is greater than that of mercurials, because the danger is less suspected, and that their administration is often only arrested when the health of the patient has been irreparably destroyed. This is not so often the case with mercurials, because the experience of three centuries has told us that mercury could not be taken long with impunity. It behooves us, therefore, to make generally known both the immense utility and the extreme danger of alkaline remedies.


What is the condition of the system, and what the indications which require the use of quinine?

As much as has of late been written upon the use of quinine, the answer to the above question seems still to be a desideratum in the practice of medicine. The science of medicine can be improved only by a long and careful observation of facts and phenomena as they occur around us.

These facts have to be collected, compared, and their different relations and bearings carefully noted, before any definite law, or rule of action, can be established.

As these facts and phenomena are not confined to the observation of a favored few, but are spread abroad upon the open page of nature, it often happens that a man in the humbler walks of life may discover some important truth, which the far directed ken of a more eminent man may have overlooked. Or, if he is not so fortunate as to make any new discovery, he may at least observe some trifling circumstance, that may go far to establish the truth of some previous discovery.

This being the case, it is the duty of every physician to be vigilant at his post, however limited the sphere of his observation.

It seems to me that some are too indiscriminate in the use of quinine, while others are too cautious. That quinine has a decided and specific action upon the system, under certain circumstances, is a well-established fact.

This being the case it must be adapted to some peculiar state of the system, indicated by a certain train of symptoms. What this state of the system is, and what are its symptoms, have been subjects of study and observation with me for the last seven years, the length of time I have resided in Illinois.
The result of my observations is, that an impoverished and morbid state of the blood, causing a diminution of the contractility of the heart and arteries, and functional action of the capillary vessels, constitute that state of the system which calls for the use of quinine. And that this state is indicated by a more or less well marked tendency to exacerbation and remission, if not intermission: and never characterized by that hard, unyielding, and bounding pulse which attends acute inflammation.

In the height of a paroxysm of fever, the pulse may approximate to the character of an inflammatory pulse, but still I have always found it to lack that hardness which it assumes in inflammation. The coats of the artery do not feel so rigid, and tense, and unyielding. The action of the heart and arteries seems to be more of a tumultuous action, as if it proceeded from irritation, as I believe it does; and that irritation caused by an accumulation of blood in the large vessels; and this accumulation, in its turn, produced by the previous diminished action which proved insufficient to carry on the natural circulation through the capillary system of vessels; which are, at the same time, laboring under, or rather ceasing to labor under, a diminished supply of nervous energy or influence.

The true theory of intermittent fever seems to me to be something like the following:

A vitiated state of the atmosphere, consisting probably in the admixture of some exhaled gaseous matter, together with a changed electrical condition, imparts to the blood an unhealthy, or morbid quality. This morbid blood, together with the electrical change, produces a diminished energy in that portion of the nervous system which presides over the circulating and organic functions of the body.

The consequence is, the blood does not stimulate the heart and arteries sufficiently to keep up their accustomed contractility, and elasticity. The capillaries at the same time are incapacitated for the performance of the functions assigned them.

From all this results a diminished action of the heart, arteries, and capillaries, insufficient to carry on the circuit of the circulation—the blood ceases gradually to find its way into the small vessels, and gradually accumulates in the large vessels.

When the capillaries get sufficiently empty, the consequence is a rigor or chill. When the large vessels get sufficiently full, or full for a sufficient length of time, the consequence is irritation and reaction, which forces the circuit of circulation till an equilibrium is established; then the reaction ceases, leaving the system in comparative health.

Then again, during the intermission, commences and continues the same diminished action, and gradual accumulation of blood in the larger vessels, and emptiness of the capillaries, till the same phenomena, in a longer or shorter period, are again produced; thus accounting for the periodicity of agues.

The action of quinine I conceive to be to neutralize the sedative
poison of malaria, and restore to the blood its appropriate stimulus for calling into action the heart, arteries and capillaries, giving them tone, vigor, and stability of action.

PART III.—MONTHLY PERISCOPE.

On the Results of Drinking. By W. Ormerod, Esq.—Of all diseases of internal organs produced by drinking, the granular liver seems to have attracted most attention; perhaps justly; but there is no doubt, that of all organic diseases, the two most to be feared in intemperate persons with recent surgical injuries, are the granular kidney, and slight, but general emphysema, with a dilated, but not always much diseased heart; and in persons past the middle of life, dying rapidly in hospitals after operations and surgical injuries, combined with much loss of blood, these two affections of the urinary and respiratory organs are very far from uncommon.

The three chief affections destroying patients after operations and injuries,—namely, the general habit produced by drinking; secondly, organic disease of the lungs and kidneys, especially emphysema in the former, and granular disease in the latter; and, thirdly, tubercle,—act very differently, and at different periods. During the early period, and often for weeks after operations, patients laboring under tubercular disease do well; and it is often only at the absolute return to health, rather than during the recovery of the patient from the operation itself, that the effects of tubercle begin to show themselves. Organic disease produced by drunkenness, and habitual drunkenness, act differently; the organic disease presses heavily at every period, and may destroy life early or late; but the mere habits of the drunkard show themselves chiefly at a very early period. The patient who nearly sinks from his unsound organs within the first few days, often lags on for weeks and months in danger; but the man who has simple delirium tremens is taken ill directly, and often dies; but if he recovers from his delirium, he generally gets well from the operation, and sometimes quickly.—[London Lancet.

The proper Diet when Preparations of Iodine are used.—Dr. Moj'sicovics subjects his patients to the following alimentation, when they are under the preparations of Iodine: At breakfast, pure milk or mixed with an infusion of green tea—broth or coffee and milk. He prefers, however, tea, because of its diaphoretic properties. At dinner, broth or soup, beef well cooked and vegetables. If the appetite is considerable, cooked fruits may be permitted. No bread, but if the patient cannot do without it, allow a hard biscuit. Dinner ought then to be taken three hours after a dose of the medicine. For drink, water; but if necessary a little generous wine. If any
supper, let it be milk and tea, or cooked fruit. Children and feeble patients ought to live chiefly upon milk.—[Arch. Générales de Méd.

How few patients are subjected to any alteration of diet when they take iodine? And yet, how easily is it decomposed!—[Edts.

To distinguish apparent from real death.—M. Mandl has declared to the Academy of Sciences in Paris, that apparent death can be distinguished from real by a burn to the second degree. In the first state a blister will be formed, and in the second, or when death has occurred, nothing of the kind will be produced.—[Archives Gén. de Méd.

Vapor of Ether in Asthma and Hooping-cough.—Dr. Willis makes the following observations on the subject in the Medical Gazette:

“Ether, given by the mouth, has long been familiarly employed in the treatment of asthma. I have for many years been aware of the fact that it has been vastly more efficacious administered directly in vapour by the breath. My plan of using it is extremely simple. I have had recourse to no kind of apparatus for this purpose, but have been content to pour two, three, or four drachms of the fluid upon a clean handkerchief, and to direct this to be held closely to the mouth and nostrils; a single short and difficult inspiration is hardly made before the effect is experienced; and I have occasionally seen the paroxysm ended in six or eight minutes, the respiration having in that brief interval become almost natural.

“It is not otherwise with hooping-cough; the paroxysms of coughing are positively cut short by having the ether and the handkerchief in readiness, and using them when the fit is perceived to be coming on. So effectual have I seen their immediate application, that I have even found it necessary to suffer the patient to have an occasional fit of coughing to its natural termination, with a view to clearing the chest from accumulated mucus.”—[Medical News.

Case of Poisoning by Camphor.—By Dr. E. O. Brown, of Ky. The following case of convulsions, brought on by an over dose of camphor, will probably interest the readers of the Journal. It is the second case of the kind that has occurred within a short time in Bradenburg.—[Western Journ. of Med.

Mr. A., a stout, robust man, on the 27th January, 1847, bought an ounce of gum camphor, had it put up in paper as usual, placed it in his pocket, and went to church. While there he would frequently pinch off small pieces and chew and swallow them, not noticing the quantity taken. After church he, with his father and brother, left town for home. When they had proceeded about one mile on their way, the two brothers were riding together, when suddenly the one who had taken the camphor drew up his bridle, as though he was going to stop his horse, threw himself back and fell to the ground. Upon going to his assistance they found that he was powerfully convulsed; in a short time a second and a third convulsion followed. A
gentleman passing at the time who was in the habit of bleeding, bled him, conveyed him to the nearest house, placed him in a warm bath, and gave some medicine. He remained speechless, and perfectly unconscious of all that was going on for several hours. After some hours he gradually recovered his speech, but stated that he could not recollect any of the transactions of the evening on which the accident happened. He remained stupid, languid, and rather wandering all next day, but gradually recovered his former condition, and has enjoyed his health and spirits as usual since.

The foregoing history I derived from the father of the individual affected. The weight of the camphor sold by the druggist was ascertained, and on weighing it again it appeared that it had lost one hundred and ten grains. It may be concluded, therefore, that the young man swallowed something like that amount of the substance.

The endemic application of Belladonna for Neuralgia.—Prof. Lippich, of Padua, employs the following formula when he desires to have recourse to the ext. of Belladonna:

Take Mucilage of Gum Arabic, 300 grains.  
Extract of Belladonna, 8 grains.  
Mix well together. Apply upon the surface previously denuded by a blister.

M. Lippich in this manner has seen rapid and complete success in various cases of rheumatismal lumbago, cephalalgia, &c., &c.

Solution of Hydriodate of Arsenic and Mercury.—Arcenici et hydrargyri hydriodatis, liquor of Mr. Donovan, of Dublin.—Iodoarseniate of mercury of Soubeiran. Arsenic, mercury, and Iodine being in some respects similar to each other in some of their effects, and occasionally prescribed in a solid form, Mr. Donovan was induced to propose the more perfect form of a chemical solution. This is of a yellow colour, with a tinge of green, styptic in taste. Each f 3j of solution (water) contains protoxide of arsenic gr. 1⁄16, protoxide of mercury gr. 1⁄4, iodine (converted into hydriodic acid) gr. 1⁄3, chemically combined together. Mr. Donovan gives the following directions for preparing it:

Triturate 6·08 grs. of finely levigated metallic arsenic, 15·33 grs. of mercury, and 49·62 grs. of iodine, with f 3j of alcohol, until the mass has become dry, and from being deep brown has become pale red. Pour on aq. dist. f 3 viij, and after trituration for a few moments, transfer the whole to a flask; add 3 ss. of hydriodic acid, prepared by the acidification of gr. ij of iodine, and boil for a few moments. When the solution is cold, if there be any deficiency of the original f 3 viij, make it up exactly to that measure with distilled water.

Action. Uses.—Alterative, stimulant, effective in various obstinate skin diseases, as lepra, psoriasis, &c.

D. m, x—f 5 ss, three times a day in distilled water. Externally, f 5 j, to aq. dist. f 3 j, as a lotion. (Royle.)—Ranking.
Follicular Disease of Vulva.—Arg. nit and nitric acid are of no use. Hydrocyanic acid lotion is serviceable, or an ointment made of two drachms of prussic acid and a scruple of diacetate of lead, with two ounces of cocoa-nut oil. The parts are to be first washed with infusion of roses, and the ointment applied two or three times a-day on lint.

Or try a lotion of lime water with opium; or make a poultice of bread, saturated with decoction of conium leaves, to a pint of which add two drachms of the liq. plumbi diacet.

When irritation is excessive, prescribe vapor-baths, either simple or medicated with sulphur. Attend to general health, order a nutritious but unstimulating diet; avoid wine and porter; give milk with lime water; keep the patient at rest; forbid sexual intercourse. There should be change of air. Give the vegetable tonics, as cassarilla, calumba, cinchona, sarsaparilla, &c.; keep the bowels open with small doses of magnes. sulph., in infusion of cascarilla or chamomile. When the symptoms are decidedly abating, give a mild mercurial course with sarsaparilla. (Mr. Oldham.)—Braithwaite.

Remarkable Case of Ascites.—(N. Y. Journ. Med.) Dr. Lee: Agreeably to your request, I send you the short memorandum of the case of Mrs. Hurlburt, which I took from Mrs. H., with the assistance of her son, Rev. W. Hurlburt.

Castleton, July 15, 1841.—Mrs. Hurlburt, a widow lady, in middle walks of life, aged 49 years, had paracentecis abdominis performed on her nine years since, for the first time,—since which she has been tapped no less than forty-three times.

The average quantity of water drawn was fifty-five pounds,—the greatest quantity at any one time was seventy-seven pounds.

For the last three or four years, preceding October, 1840, the operation was performed about once every four weeks. As the average was fifty-five lbs. it follows that the whole amount drawn, was two thousand three hundred and sixty-five pounds! being nearly three hundred gallons. It should be added that the water ceased to collect from October, 1840.

I am, sir, very respectfully, your most obedient and humble servant, &c.

E. Barnes, M. D.


New Mode of Diagnosing Tumors.—Dr. Kuss, Prof. of Physiology to the Faculty of Medicine at Strasburg, proposes a small trocar or needle with a small furrow, by which tumors are penetrated and the small quantity of matter they contain thus extracted, is subjected to a microscopical examination. The editor of the Gazette Médicale says he has known in three cases the diagnosis furnished by this little instrument prevent an operation already decided upon, when the cancerous nature of the tumors were demonstrated by it.—[Gazette Médicale.
Extraction of a Pin from the Urethra.—M. Raynaud relates the case of a child 8 years old, who, two days before, had introduced a pin, the head first, into his urethra. He now experienced acute pain in the perineum and anus, with frequent desires to urinate. Nothing was detected in the urethra by external palpation, but the finger introduced into the anus felt the head of the pin. M. R. succeeded in extracting it, by introducing a large metallic catheter down to it, pressing gradually behind the pin as he slowly withdrew this instrument, he had the satisfaction to see it appear at the orifice of the urethra.—[Ibid.]

Removal of Cataract by Aspiration.—In the Archives Générales de Médecine, we find M. Laugier, a young surgeon of some eminence in Paris, proposing a small hollow needle, with which to penetrate the eye and the crystalline lens, and then to adapt to its external extremity a small sucking pump, and by this means extract fluid cataracts. He speaks of one successful operation by his instrument.

On Extraction of the Placenta before the Child.—At the termination of a paper on the "History, Causes, and Treatment of Placenta Previa," Dr. Edwards thus speaks of Dr. Simpson's proposal:
Experience will decide in what varieties of placenta previa this practice is most admissible; but from what we can glean at present, it seems peculiarly indicated—
1. Where the patient is of so weakly and delicate a constitution that loss of blood to any great extent would be attended with present danger, and subsequent injurious effects.
2. Where the child is well ascertained to be dead.
3. In cases in which the powers of life have been excessively lowered by the hemorrhage, and the os uteri remains firm and unyielding.
4. In cases in which, although the os uteri is dilatable, the powers of life would be unequal to the shock of turning.
5. In primiparae, when the soft parts are so contracted that they would be liable to be bruised or torn in turning.

Exhibition of Assafætida during Pregnancy.—Dr. G. Laferla, of Malta, recommends strongly this substance in doses gradually increasing from two grains to 3 j. daily, for the purpose of preventing the death of the foetus in utero. The cases which Dr. Laferla particularly points out are those in which before labor the foetus ceases to live without any appreciable cause—a circumstance which sometimes shows itself in several successive gestations. Dr. Laferla reports several cases in which the patients had two, three, and four times been delivered of still-born children, and afterwards under the influence of assafætida, gave birth to living infants.—[Revue Médico-Chirurg., and Med. News.
Fatal Effects of Inhalation: Inquest.—An inquest has been held on a young woman, the wife of a hair-dresser, at Spittlegate, in the county of Lincolnshire, from whom a tumor had been removed while under the influence of ether. She never rallied, and died without the slightest reaction having taken place, sixteen hours after the operation. The following verdict was returned:—"That the deceased, Ann Parkinson, died from the effects of the vapor of ether, inhaled by her for the purpose of alleviating pain during the removal of a tumor from her left thigh, and not from the effect of the operation, or from any other cause." The surgeon who performed the operation stated that he fully concurred in the verdict, as he had no doubt whatever that the ether alone was the cause of death, and it was a duty he owed to the public to say so.—[Prov. Medical Journal.

We are not certain that the ether produced death in this case. What was the size of the tumor—what its nature? Did the operation produce no effect upon the patient's system? If she died from the ether alone, ought it not to have been before the lapse of sixteen hours. But it may have been the sole cause of this death.—[Edts.

Bromide of Potassium as a substitute for the Iodide.—The low price of the bromide compared with that of the iodide of potassium, has induced M. Ricord to substitute the former for the latter in the treatment of secondary syphilitic affections. The dose of the bromide is the same as of that of the iodide of potassium. It has produced the same therapeutical effects, but more slowly.—[Journ. de Pharmacie, from Am. Journ. Med. Sciences.

MEDICAL INTELLIGENCE.

NATIONAL MEDICAL CONVENTION.

We trust that no apology to our readers is necessary for the space which is occupied by the proceedings of the National Medical Convention which has recently been held in Philadelphia. The high character of that body, the importance of the subjects upon which it was called to deliberate, and the deep interest which medical men must feel in the great movement to elevate their profession, has induced us to give the whole proceedings as reported by the Philadelphia Press. In the next number we will proceed to publish such reports of the committees as will be of general interest, accompanied by such remarks as in our judgment may be called for.

WEDNESDAY, MARCH 5, 1847.

This morning, at ten o'clock, the Delegates to the Second Annual Convention of the above named body, whose object is to devise measures for the protection of their interests, the maintenance of their honor and respectability, the advancement of their knowledge, and the extension of their usefulness, assembled in the hall of the Academy of Natural Sciences, at the corner of Broad and George streets.

The Convention was called to order by Dr. Isaac Hays, Chairman of the Committee of Arrangements of the Philadelphia delegation, who nominated for tm-
poratory organization, Dr. J. Knight, of Connecticut, as Chairman, and Dr. Rich'd D. Arnold, of Georgia, and Dr. Alfred Stillé, of Philadelphia, as Secretaries.

Dr. Hays moved that a Committee of five be appointed to receive and examine the credentials of the Delegates, and report the same to the Convention; which was agreed to.

The chairman then appointed the following gentlemen—Drs. R. D. Arnold, of Georgia, T. W. Blatchford, of New York, Robert W. Haxall, of Virginia, E. H. Bishop, of Connecticut, Thompson, of Delaware.

On motion of Dr. Smith, of New York, a committee of one from each State represented, was appointed to nominate officers for the permanent organization of the Convention.

Dr. Hall, from Vermont; Dr. Holmes, Massachusetts; Dr. Twitchell, N. H.; Dr. Dunn, R. I.; Dr. E. Ives, Conn.; Dr. Stearns, N. Y.; Dr. Cole, N. J.; Dr. Norris, Pa.; Dr. Baker, Del.; Dr. Gibson, Md.; Dr. Welford, Va.; Dr. Lindley, Dist. Col.; Dr. Mitchell, Ky.; Dr. Garvin, Ga.; Dr. Moultrie, S. C.; Dr. Buchanam, Tenn.; Dr. Pierce, Mich.; Dr. Frye, Ill.; Dr. Carpenter, La.; Dr. Keirn, Miss.; Dr. Bullitt, Mo.; Dr. Shipman, Ia.; Dr. Butterfield, Ohio.

The States of Maine, Alabama, Arkansas, Wisconsin, Texas, Iowa and Florida, were not represented.

The committee appointed to examine the credentials of Delegates to the Convention, reported through their chairman, Dr. Arnold, the following list of delegates present.


Dartmouth Medical College—Dr. Edward E. Phelps.

Vermont Medical College—Dr. Alonzo Clarke.

Vermont Medical Society—D. C. Hall, C. W. Horton, A. G. Dana, D. Story.

Faculty of Castleton Medical College—Dr. T. M. Marceau.


Faculty of Medicine in Harvard University—Dr. O. W. Holmes.

Berkshire Medical Institute—Dr. Alonzo Clark.

Rhode Island Medical Society—Drs. Theop. C. Dunn, Usher Parsons.

Connecticut Medical Institution of Yale College—Drs. J. Knight, Eli Ives.

Connecticut Medical Society—Drs. George Summer, N. B. Ives, B. F. Barker, E. Baldwin

J. C. Hatch, W. B. Carey, A. Skinner, E. Middlebrook.

New Haven Medical Association—Dr. E. H. Bishop.


Rensselaer County Medical Society—Drs. A. Watkyns, S. A. Cook.

Troy Medical Society—Dr. A. Watkyns.

Erie County Medical Society—Dr. B. Burwell.

Courtland County Medical Society—Dr. B. Burwell.


University of New York—Drs. V. Mott, G. S. Patterson, J. W. Draper, G. S. Bedford.

Medical Department of the University of Buffalo—Dr. A. Flint.

Medical Faculty of Geneva College—Dr. C. A. Lee.


Medical Institute of Philadelphia—Dr. John Neill.


Pennsylvania College—H. S. Patterson, John Wilbanks, W. L. Atlee.
The committee on Credentials made a report, which was accepted, and the committee was directed to continue to receive the credentials of such delegates as may hereafter arrive.

Dr. Holmes, chairman of the committee on offices, reported the following named gentlemen as the permanent officers of the Convention:

- Dr. J. Knight, of Connecticut, President.

The Convention unanimously agreed to the report of the committee.

Several propositions were made to admit gentlemen of the Medical profession, not delegates to the Convention, to seats in the body, all of which were voted down.

The Convention then proceeded to the consideration of the report on the subject, (which was referred to a committee at the last meeting of the Convention, in 1846,) of instituting a National Medical Association, for the protection of the Medical Profession, &c. The name of the Association to be the American Medical Association.

On motion of Dr. Watson, of N. Y., the report was laid on the table, and the same ordered to be printed.

The Convention next took up the report, accompanied by an address of the committee of the last Convention appointed to consider the expediency, &c., if deemed expedient, of the mode of recommending and urging upon the several
National Medical Convention.

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State governments, the adoption of measures for a registration of the births, marriages and deaths of their several populations.

The Report was accepted, and the address adopted, and ordered to be printed. On motion, the Convention adjourned till 7 o'clock in the evening.

EVENING SESSION.

7 o'clock. P. M. The Convention met, when reports of several committees appointed at the meeting in 1846, were read, laid upon the table, and ordered to be printed. The Convention then adjourned to 9 o'clock Thursday morning.

THURSDAY MORNING, May 6th.

The Convention re-assembled at 9 o'clock this morning, in the saloon of the Academy of Natural Sciences. The attendance was very full. The committee on credentials submitted the names of the following gentlemen as additional delegates to the Convention:

Castleton Medical College, Vermont—Dr. Green.
Medical and Chirurgical Faculty of Maryland—Dr. John H. Briscoe.
Centre County Medical Society—Dr. Wm. J. Wilson.
Montgomery County Medical Society—Dr. George W. Thomas.
Brooklyn Hospital—Dr. Daniel Ayres.
The minutes of the last meeting were read and approved. After which, Dr. Stewart, one of the secretaries, called the roll of the members.
Dr. Griscom, of New York, offered the following resolution:

That a committee of five be appointed by the chair to consider and report to the Convention measures for defraying its expenses.

The chair appointed the following committee:—Drs. Bell, of Philadelphia; March, of Albany; Smith, of New York; Welford, of Va.

An invitation from the managers of the Institution for the Instruction of the Blind was received, asking the members to visit that place.

Dr. Bell, of Philadelphia, presented a letter from Dr. Lewis W. Chamblayne, of Hampden Sydney College, Va., as the representative of the Medical Faculty of that Institution, explaining why a delegation from their body was not present, and expressing their concurrence in the objects that have brought the Convention together.

Dr. Bell, from the committee on Medical Ethics, reported the introduction to the code, submitted on Wednesday evening, which report was ordered to be printed.

Dr. N. S. Davis, of New York, offered the following resolution:

That a committee of one from each state represented in the Convention be appointed, whose duty it shall be to investigate the indigenous medical botany of our country, paying particular attention to such plants as are now or may hereafter, during the time of their service, be found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country, and report the same in writing, giving not only the botanical and medical description of each, but also the localities where they may be found, to the next annual meeting of the American Medical Association. Laid on the table.

Dr. McNaughton, of Albany, from the committee to whom had been referred the resolution passed by the last Convention, which states "that the union of the business of Teaching and Licensing in the same hands, is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges, and State and County Medical Societies, it should be restricted to one Board in each State, composed in fair proportion of representatives from its Medical Colleges and the profession at large, and the pay for whose services as examiners should in no degree depend on the number licensed by them," made a report in reference to the subject, mainly sustaining the above resolution. The report, however, states that the committee do not desire to say that the union referred to is wrong in principle—the objectionable conduct which may have occurred, is, in their opinion, attributable to some other cause. The committee in all other respects express their accordance with the sentiments contained in the resolution. The report and the accompanying resolutions were ordered to be printed.
Dr. Parrish, of Philadelphia, submitted a majority report on the same subject, and in opposition to a change in the present order of things in relation to licensing, and recommending that some additional checks be put upon the exercise of the right.

The report and accompanying resolutions were ordered to be printed.

Dr. Shipman, of N. Y., moved that Dr. Thos. Spencer, of Geneva, N. Y., now visiting the city, be requested to take part in the proceedings, but not to vote—agreed to. A similar motion prevailed in regard to Professor Hare, of this city.

Dr. Thompson, of Delaware, from the committee to prepare a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths, made a report containing some interesting comparative statistical information in regard to various diseases, and concluded with a deserved tribute of praise to Mr. Emanuel Shattuck, of Boston, who drew up the report. The report was ordered to be printed.

Dr. Cooper, of Del., moved that the report of the committee on Preliminary Education, with the appended resolutions, be taken up for the consideration of the Convention.

A debate arose on the question of a postponement of the subject at present.

On motion, the report was again read. The report states that the object to which the committee has directed its labors, it is believed, can be best effected by the following resolutions:

1st.Resolved, That this Convention earnestly recommends to members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men into their offices as Students, that they are of good moral character, and that they have acquired a good English education, a knowledge of Natural Philosophy and the Elementary Mathematical Sciences, including Geometry and Algebra; and such an acquaintance, at least, with the Latin and Greek languages, as will enable them to appreciate the technical language of medicine, and read and write prescriptions.

2d. Resolved, That this Convention also recommends to the members of the medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to complete his studies.

3d. Resolved, That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented, as certifying to the qualification of preliminary education.

The first resolution was taken up, and gave rise to a very animated debate, in which Drs. Watson, Stevens, Davis, Hearn, Atlee, Haxall, Manley, and others participated.

A number of amendments were made, and were severally acted upon and lost. The original resolution was passed.

The second resolution was then taken up.

Dr. Reese, of New York, moved to strike out the word "complete," and insert the word "pursue."

The resolution, as amended, was passed.

The third resolution was taken up, and amended as follows:

Resolved, That all the medical colleges in the United States be, and they are hereby, recommended and requested to require such a certificate of every student of medicine applying for matriculation, and if it shall appear that any applicant has not previously read with a preceptor, medical colleges are hereby requested to satisfy themselves that the applicant possesses the qualifications specified in the first resolution, &c.

The amendment was passed.
A motion to reconsider was made, and while pending, the amendment was withdrawn by Dr. Cabell, of Va., its mover, and the original resolution was passed.

The report of the committee and the resolutions were passed. Mr. Hopkins, of Maryland, moved that no gentlemen shall be permitted to speak more than twice on the same proposition, and not to occupy more than ten minutes at one time. Several amendments were made and lost. The resolution was agreed to.

On motion of Dr. Hays, two hundred and fifty copies of the report and resolutions on Preliminary Education, as passed by the Convention, were ordered to be printed.

Dr. Haxall, of Va., read to the Convention a communication, received from the Medical and Chirurgical Faculty, of Baltimore, inviting the Convention to hold its meeting in the year 1848, in the city of Baltimore, which was laid on the table for the present.

On motion, the Convention adjourned to meet again at 5 o'clock, P. M.

AFTERNOON SESSION.

The Convention met at 5 o'clock.

Dr. Pierce, of Michigan, offered the following resolution: That the members of this Convention be requested to ascertain, as far as may be practicable, and report to the next annual meeting, the number of practitioners of medicine in their respective States, designating the number who may have received a diploma from a Medical College, the number who may have been licensed by a Medical Society, and the number who practice medicine without any authority whatever. Passed.

Mr. Hays moved to take up the report under the fourth resolution.

Dr. Davis, of New York, moved that the Convention proceed to the consideration of the resolution attached to the report, as follows:

Resolved, 1st. That it be recommended to all the colleges to extend the period employed in lecturing from four to six months.

2d. That no student shall become a candidate for the degree of M.D. unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures.

3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges; that not less than one hundred lectures be delivered by each Professor, and that the number of Professors be increased to seven.

6th. That it be required of candidates that they shall have steadily devoted three months to dissection.

7th. That it is incumbent upon Preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Professors to connect themselves with Hospitals whenever it can be accomplished, for the advancement of the same end.

8th. That it is incumbent upon all schools and colleges granting Diplomas, fully to carry out the above requisitions.

9th. That it be considered the duty of Preceptors, to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

All the resolutions were agreed to except the 7th, which was amended and passed as follows:—That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and that Medical Colleges require candidates for graduation to show that they have attended on Hospital practice for one season, whenever it can be accomplished, for the advancement of the same end.
Dr. Stewart, of New York, offered the following additional resolution, which was unanimously agreed to.

Resolved, That it be suggested to the faculties of the various medical institutions to adopt some efficient measures for ascertaining that their students are actually in attendance upon their lectures.

On the passage of the first resolution reported by the committee a warm debate arose, in which Professors Patterson and Hare and Doctors Kerfoot, Mitchell, Reese, Stevens, Haxall and others took part. Several amendments were also proposed to be made to it, which were severally acted upon and lost.

A letter of invitation was received by the Convention, to visit the Pennsylvania Hospital for the Insane.

The Convention adjourned until to-morrow morning at 9 o'clock.

May 7th.

The Convention met to-day at 9 o'clock, A. M., in the Hall of Natural Sciences. The minutes were read and approved. The calling of the roll was dispensed with.

Dr. J. Redman Cox of this city, and Cheyney How of St. Louis, were invited to take seats on the floor.

On motion of Dr. Haxall of Va., the Convention reconsidered the following resolution, passed on Thursday:

That the several branches of medical education already named in the body of this report, be taught in all the colleges: that not less than one hundred lectures be delivered by each Professor, and that the number of Professors be increased to seven.

On motion of Dr. Haxall, the Convention agreed to an amendment to the resolution, by striking out the words "that not less than one hundred lectures be delivered by each Professor."

The committee on Credentials reported the names of the following additional delegates:

Centre County Medical Society, Drs. W. M. Wilson, John McCoy, Franklin R. Smith.

Medical and Chirurgical Faculty of Maryland, Drs. P. Worth, James, Bordley, Solomon Jenkins.


On motion of Dr. Naudain, the report of the committee on the organization of the National Medical Association as ordered by the National Medical Convention held in the city of New York in May, 1846, was read. The report included the following resolution:

Be it resolved, in behalf of the Medical Profession of the United States, the members of the Medical Convention held in Philadelphia in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a National Medical Association, the name and title of the Institution to be "The American Medical Association."

On motion of Dr. Hays, the resolution was agreed to.

Dr. Hays moved the following:

Resolved, that the report be referred back to the committee, with instructions to report a plan of organization in accordance with the following schedule:

1st. The society to consist of members to be elected by the association directly, or through its council.

2d. Members before admission into the association, to sign a promise to conform to the laws of the association.

3d. Members who violate this pledge, to be liable to expulsion, and to be deprived of the rights of brotherhood.

4th. For the appointment of a council, to consist of the officers of the society, and a number of councillors, to be elected annually; the councillors to have the general superintendence of the concerns and publication of the associations, and to report proceedings to the association at its annual meeting.
Considerable discussion arose on the resolution, which was finally lost.

The Convention then resumed the consideration of the rules and regulations submitted by the committee, and after some amendments made by members which were accepted by the committee, the entire report was adopted.

On motion of Dr. Bush, of Delaware, the Convention proceeded to the consideration of the report of the committee on Medical Ethics, embraced in the following:

Of the duties of physicians to their patients, and of the obligations of patients to their physicians.

Of the duties of physicians to their patients.

Of the obligations of patients to their physicians.

Of the duties of physicians to each other, and to the profession at large.

Of the duties for the support of professional character.

Of the duties of physicians in regard to professional services to each other.

Of vicarious offices.

Of the duties of physicians in consultations.

Of the duties of physicians in cases of interference with one another.

Of the duties of physicians when differences occur between them.

Of the duties of physicians in regard to pecuniary acknowledgments.

Of the duties of the profession to the public, and of the obligations of the public to the profession.

Of the duties of the profession to the public.

Of the obligations of the public to physicians.

The report of the committee was adopted.

On motion, the Convention proceeded to consider the report of the committee appointed by the National Medical Convention, held in May, 1846, to consider the expediency and (if expedient) the mode of recommending and urging upon the several State governments the adoption of measures for a Registration of the Births, Marriages and Deaths of their several populations, respectively.

On motion of Dr. Griscom, of New York, the subject was referred to a Standing committee, to be appointed by the chair, to make a general charge of the subject, and report annually to the Convention.

The committee consists of Dr. S. Griscom, N. Y., Lee, Clark, Emerson, Arnold, Russ, Shattuck.

On motion of Dr. Stephens, of New York, a recess of ten minutes was taken, for the purpose of collecting the individual assessments for defraying the expenses of the Convention.

The Convention proceeded to consider the reports on the subject of the union of Teaching and Licensing.

Dr. Reese, of New York, offered the following:

Resolved, That the report of the majority of the committee, on the subject of separating the Teaching and Licensing power in Medical Colleges, be adopted by this Convention and publish its transactions.

Resolved, That the report of the minority be laid on the table, and printed in like manner.

Dr. Leonard, of Baltimore, offered the following amendment:

Resolved, That the two reports of the committee upon the subject of Teaching and Licensing be referred to the committee on Medical Education, with instructions to report to the next annual meeting of the "American Med. Association."

Dr. Reese accepted the amendment; after much debate the resolution was passed.

The Convention adjourned to meet again at 5 o'clock, P. M.

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EVENING SESSION.

The Convention again met at 5 o'clock, P. M. On motion of Dr. Smith, of Boston, it was resolved that the thanks of the Convention were due to officers and directors of various institutions, who have politely invited the members to visit them at their own convenience; to the committee on Reception and Arrangement, on behalf of the Philadelphia Delegation, for the spacious and elegant accommodations provided, and to the whole Medical profession of the city, for the marked kindness, personal attention, and general hospitality which have
characterized their intercourse with this body, since the commencement of its deliberations, and to the Academy of Natural Sciences, for the use of their room.

The following resolution was offered by Dr. Reese, of New York:

That a committee be appointed to draft a memorial to the Congress of the United States, asking that a portion of the Smithsonian fund may be annually appropriated to the uses of the American Medical Association. Laid on the table.

The following resolution was offered by Dr. Carpenter, of Lancaster:

Whereas, The difficulties which sometimes arise between physicians in their attendance upon the sick, are frequently owing to improper procedure or representations on the part of the patients or friends, from an ignorance of the etiquette which should govern the conduct of the respective parties towards each other; therefore,

Resolved, 1st, That the President of this Convention appoint a committee of three, to select such parts of the code of Ethics adopted by this body, as they may deem expedient, and report the same to the Convention for approval, at its session to-morrow morning. 2d, That the committee of Publication have a sufficient number of copies of the same printed and delivered, or send to each delegate a suitable number. 3d, That delegates request the editors of the public journals in their respective localities, to publish the same, as proper and useful information for the people. Laid on the table.

On motion of Dr. Garvin, the thanks of the Convention were presented to its officers, for the very efficient manner in which they have discharged the onerous duties imposed upon them.

Dr. Stewart, of New York, offered the following:

Resolved, That all unfinished business be referred to the American Medical Association, about to be organized.

Resolved, That this Convention do now resolve itself into the "American Medical Association," and that the officers of the Convention continue to act as officers of the Association, until others are appointed. Agreed to.

On motion, the chairman appointed the following committee, consisting of one person from each State represented, to nominate officers of the Association:

Committee—Drs. Ashew, Delaware; Mitchell, New Hampshire; Hall, Vermont; Adams, Massachusetts; Dunn, Rhode Island; Ives, Connecticut; Manley, New York; Smith, New Jersey; La Roche, Pennsylvania; Dunbar, Maryland; Riley, District of Columbia; Garvin, Georgia; Keirn, Mississippi; Buchanan, Tennessee; Harrison, Louisiana; Linton, Missouri; Frye, Illinois; Shipman, Indiana; Judkins, Ohio; Annan, Kentucky.

On motion of Dr. Stewart, the committee on Registration appointed by the Convention, at its morning session, was confirmed by the Association.

The committee on Nominations reported the names of the following gentlemen, as officers of the "National Medical Convention":

President—Dr. Nathaniel Chapman, of Pennsylvania.
Vice-Presidents—Drs. J. Knight, New Haven; A. H. Stephens, New York; Moultrie, South Carolina; Buchanan, Tennessee.
Secretaries—Drs. Stille and Dunbar, of Philadelphia.
Treasurer—Dr. I. Hays.

On the ballot being taken, the above nominees were elected officers of the Association for the ensuing year.

A committee was appointed to wait on Dr. Chapman, and inform him of his election.

On motion, the invitation from the delegation of Baltimore to the Association, to hold its next meeting in that city in May, 1848, was accepted.

The President was empowered to appoint the Standing committee of the Association.

The President elect was announced, and on taking the chair Dr. Chapman said—It has been my good fortune on many occasions to be complimented in the same manner, though not in the same degree—I confess my incompetence to serve you.

I love my profession, and I should be ungrateful if I did not. Whatever I possess in this life has been bestowed by her favors; when I forget her and her
disciples, may Almighty God forget me. The speaker concluded with an expression of his ardent wishes for the success of the cause, and said it would always be his great pleasure to advance the interests and maintain the dignity of the profession. On motion of Dr. Stewart, 2000 copies of the proceedings were ordered to be printed.

The Association adjourned to meet again in May, 1848, in the city of Baltimore.

STATISTICS OF MEDICAL INSTITUTIONS OF THE UNITED STATES, FOR THE SESSION OF 1846-7,—PREPARED FOR THIS JOURNAL.

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<th>Name of College</th>
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<th>No. Graduates</th>
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* Graduates attending the Lectures.

**Prize Essay of the Louisiana Médico-Chirurgical Society.**—At the anniversary meeting of this society held on the first Wednesday of April, it was ascertained that two essays had been received for the prize of one hundred dollars offered for the best essay on strictures of the urethra, but neither of them had come to hand within the time prescribed. It was therefore resolved to postpone awarding the prize for twelve months, and to continue the offer to the medical profession at large. Communications must be directed to the President of the Society, and be received by the 1st day of February, 1848. Those now on hand will be retained as competitors, unless otherwise ordered.—[New Orleans Medical and Surgical Journal.

**La Lancette Canadienne, Journal Médico-Chirurgical.**—We have just received the 9th No. of this new Journal, published at Montreal, by Dr. J. D. Leprohon. It appears on the 1st and 15th of each month, is issued in newspaper form of six pages, at four dollars per annum, payable invariably in advance. Its motto is, "One cannot be truly a doctor who has not the disposition always to work."—Velpeau. A sentiment well for us lazy Southerners always to remember, especially those who do not write.

We have added the Canadian Lancet to our list of exchanges.
OBITUARY.—During the month of May the hand of death has fallen heavily upon the Medical Professors of our country. From the papers of the day, we learn the demise of no less than three in this period of time, viz:

Dr. George McLellan, of Philadelphia, for several years Professor of Surgery in the Jefferson Medical College, and long recognized as a most distinguished Surgeon.

Dr. Augustus Warner, Professor of Surgery in the Medical College located in Richmond, Virginia.

And Dr. John Revere, Professor of the Theory and Practice of Medicine in the University of New York.

METEOROLOGICAL OBSERVATIONS, for April, 1847, at Augusta, Ga. Latitude 33°27' north—Longitude 4°32' west Wash. Altitude above tide 152 feet.

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18 Fair days. Quantity of Rain 1 inch and 90-100. Wind East of N. and S. 8 days. West of do. 15 days.

The month of May has been noted by the most remarkable hail storms ever known to have occurred in this region. Judging from the news-papers, they seemed to have extended over nearly the whole Southern States. The hail fell here during the evening of the 15th, at half-past 8 o'clock, and continued to fall for 20 minutes. Some of the stones were as large as English walnuts. We have seen them reported having measured in other localities 9 and 10 inches in circumference. The crops have been extensively injured by the hail. The month has been very cool for May.