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EDITED BY

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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PART I.—ORIGINAL COMMUNICATIONS.

ARTICLE XXIII.

The Locality, Climate, and Diseases of East Tennessee. By Samuel B. Cunningham, M. D., of Jonesboro', Tenn.

[Note.—In the August No. of this Journal for the past year, (1846,) p. 456, will be found an article having the above title, and written by the same author. The following one is a continuation of the same subject, read, we are informed, by the Corresponding Secretary, (Dr. Frank A. Ramsey,) before the Medical Society of East Tennessee, on the 7th of May, 1847, at Jonesboro', and ordered to be forwarded for publication in this Journal. Our acknowledgments are due this body for selecting our Journal to become the medium of its valuable communications to the profession.—Ed.]

At a former meeting of the Society, we endeavored to present a brief view of the climate, locality, and diseases of East Tennessee: proposing at a subsequent time, to speak more at length of their treatment. To effect this object, we have communicated with many gentlemen, for the purpose of ascertaining whether there was any uniform system of practice among us; and whether there was any modification of disease peculiar to the different sections of this State. As the result of our enquiries we find in every county heard from, that fevers compose a large portion of the catalogue of diseases. I will not attempt to discuss the question—what is fever? and whether the division into orders and genera is proper. Classifications have been made, and intelligible terms, marking varieties which we all understand. We shall therefore adopt the old nomenclature.

That form by Cullen called Synochus, or by Smith defined Typhoid, prevails in districts, between water-courses, on the more broken and elevated portions of country; whilst Intermittents and Remittents are generally confined to the streams, with but few cases of primary intermitting typhoid, especially during the prevalence of the former
varieties. Indeed many physicians inform us that they rarely meet with the typhoid form at all; whilst in the periodic varieties, they may have had an extensive practice, and when they do meet with it, it is during the winter season, or at a distance from rivers or other malarial sources. The first variety does not seem to be limited at all by the season, prevailing winter or summer, and is common alike on hills and in valleys. Localities apparently most healthy, often become the seat of this fever.

For upwards of twenty years, we have had frequent opportunities of meeting with it, and observing its phases. Patients generally complain for days, or sometimes for weeks, before the attack, of loss of appetite, headache, listlessness and dullness. Sometimes these symptoms steal on gradually, until the patient goes to bed without any marked chill or fever, or much increase of pulse, or other symptoms which attend the stadium prodromorum of the other fevers. There is merely an increased indisposition, gradually developed, some excitement of pulse, the secretions failing almost unobserved, so that it is difficult to fix any precise period of accession. The appetite and other functions seem to fail pari passu with the gradual increment of fever. When these premonitory symptoms are early attended to, the danger is pretty easily averted. A purge or two of calomel, and oil, with light diet and rest; or a few powders, daily, of ipecac. and calomel restore the functions. But when neglected until fever is fully developed the issue is often serious. During the progress there is accelerated pulse from day to day, with very little diurnal remission; towards morning there is generally an alleviation, but not a marked remission of symptoms. The pulse may diminish its number some 5 or 10 beats per minute. Pains in the head and back (especially the latter, which never fails to be present,) are for some days all that is complained of. The heat is but slightly increased, and the sudorous discharge diminished but little. The tongue, too, alters but slowly: at first clammy, then white, next brown or black, then all secretion for a time suspended, and nothing but a fiery redness in the middle, and as clean as if scalded and scraped—dry, chapped and tremulous. Then follows colliquative stools, incoherence of thought, and without a change, the patient is lost. In others, it advances with a fiercer step, yet rarely without predisposing illness, shorter but more impressive, before being seized with rigors. Pains in the back and head become almost excruciating; pulse sometimes corded; hot skin, sometimes perspiring, but which
soon declines into dryness, hard to be overcome. In this variety, pleuritis is a frequent concomitant, or pneumonia, or some other inflammation, which confuses the symptoms, and urges the adoption of active depletion. Bleeding in these cases at the earliest advice after the chill is over, is the hinge upon which reasonable expectation will turn. We bleed in an erect position, if syncope is difficult to effect, to the extent of 16, or 20, or 30 ounces. Then a full dose of calomel, say 20 or 30 grains, followed by 2 gr. doses in continuation with half a gr. ipecac. every two hours, until the bowels act freely. If in eight or ten hours this should not take place, then some other active purgative may be used, with clysters.

After venesection, we give immediate attention to the spinal pain, adopting the view that the nervous system is first in the circle of morbid action, and the cord, the great trunk which supplies its important parts with sensation and motion, cannot suffer long without bad consequences, not only to the nervous system in general, but to all the dependent organs supplied by its branches. It is accordingly examined, fomented with hot mustard water, or poulticed with mustard, or cupped and scarified. Nor will this in the least interfere with or retard internal administrations, but rather favor their action. In all cases too, it is of early consideration with us, to equalize both circulation and temperature. Hot mustard pediluvia are excellent baths for the feet—in it they may be placed for twenty or thirty minutes, to be repeated pro re nata. The covering will answer the rest of the indication. Cold water is freely admitted, but only a mouthful or two at a time. The nauseating results of the calomel and ipecac. kept up through the whole day and night, are greatly beneficial. This course, if early pursued, will in a few days greatly mitigate the symptoms, which may induce the use of quinine.

If, however, these have been neglected, the prospect of success is greatly lessened. After the lapse of two or three days, we have rarely witnessed any beneficial results from bleeding; or if temporary advantage is gained, yet there is great danger of an earlier collapse. Abdominal tenderness on pressure, rarely present at the beginning, is a pretty constant symptom after it has advanced but a few days; and it is one of the most difficult to meet of all the attending symptoms. Whatever is the cause of this determination, whether a congestion of the vena portarum and branches, or a more idiopathic-like form of inflammation be established, and the lesion of the glands of Peyer and Brunner the centre of that action, or whatever other
Locality, Climate, and Diseases of East Tennessee. [July,

theory may be adopted, of one thing we feel satisfied—that the main hope of cutting off the disease at once, or of arresting its violence, depends upon the vigorous application of active anti-inflammatory treatment during the first day or two. If the period has passed unimproved, cupping and scarring may be tried; yet we acknowledge they have not answered our expectations. Active purging, especially if drastic, seems to aggravate the symptoms: the pulse quickens and abdominal tenderness increases. Opiates, and ipecac., and calomel, and blisters, and demulcents answer a better purpose of defence. The blisters should be stripped as much as possible of the cuticle and converted into supplicative surfaces, and if ordinary applications will not prevent healing, new blisters may be raised, and the surfaces washed with a decoction of phytolacca decandra or poke root.

We never fail also on a remission, however imperfect, to use the quinine, in doses of one and a half or two or more grains every two hours. When the case is alarming, we have given 5, 10, and even 30 grains at once. The opinion that acids, when in an uncombined state, almost always exercise an irritating influence on inflamed mucous membrane, have induced us to adopt the disulphate, or the common article, without the acid, because, in making the addition, it is rarely found without an excess of the latter, and it has, moreover, appeared to rest easier on the stomach in substance, than when it has been given in solution. We have used it freely in both conditions, and in many cases with marked advantage, but in many others we are bound to declare our total disappointment. In intermittents and remittents, generally, we can attest its utility. We however have met with cases of a synochal variety, where there were chills amounting to severe rigors and shakes, like those of intermittents, occurring irregularly for days, in which the quinine was administered very freely, even until deafness was produced, and dimness of vision, but without arresting the recurrence of the symptoms, and the patients sank in a few days into a fatal collapse. Some cases of apparent rigors seem to be unattended with the sensation of cold at all, and are therefore more properly belonging to neurotic phenomena, to which quinine does not appear to be so applicable as opiates or sedatives. Mercurial action, when mildly induced, has rarely failed of being a good omen; yet there is so much apprehension of intestinal irritation in protracted cases from a continued use of calomel, in any combination, sufficient to overcome febrile lesions, that it has been used with caution: even necessary evacuations are sometimes haz-
ardous, superinducing irritation of the bowels, if not fatal diarrhea. Too often, we feel compelled to adopt the defensive rather than offensive plan of treatment, and instead of jugulating the disease, to husband the resources of nature whilst we fulfil obvious indications, until the force of the disease is exhausted. As the result of our own experience we must say, that however strong the hope of quinine has been in this form of fever, it has not proved an antidote in our hands, but like calomel, ipecac., opium, the lancet, and many other useful agents, it is only the auxiliary. In these views, we find others, in whose experience great confidence may be placed, strongly coinciding. From answers to interrogatories on these points, we take the liberty of quoting from a few out of the many agreeing substantially in the same things.

The first is from Wm. N. Vance, M. D., of Kingsport, in the vicinity of Holstein river, and in a locality where intermittents and remittents often prevail. He says: "My experience in typhoid fevers, so called, has been quite limited. I have had some cases of that class of fevers, in the treatment of which I have been induced, by inviting circumstances, to try quinine; but I have never been satisfied with its effects. I have no faith in quinine as a febrifuge, except in fevers that observe well defined periodical paroxysms, and are at the same time unattended with high inflammatory symptoms. These are conditions scarcely ever found in what is called Continued fever. You know that owing to some hidden or mysterious influence, all forms of fever, whether idiopathic or symptomatic, observe more or less periods of exacerbation and remission. I have in some instances imagined the paroxysms well enough defined to use the anti-periodic, but was soon taught by bad results, that Medicine was not an exact science. If bad results were not the direct consequence, I have at any rate observed no good to grow from it. The reason why it has done no good in these cases may be that there was inflammation. If typhus or typhoid is an essential fever, we will, in all cases, I believe, during the progress of disease, meet with secondary lesions which add to the intensity of the symptoms, and aid in preserving the continued form of the disease. Or the reason it has done no good in my hands may be, that I have not given doses sufficiently large. I have had no experience in storming diseases by the heroic doses of quinine used by some of our Southern brethren. The shock produced by these doses might, in some cases be revulsive, but in many, fatal. So far would I be from using large doses of quinine in typhoid fever,
that (if I could put faith in the motto of Hannemann—'Similia similibus curantur,'') I would consider infinitesimal doses the very remedy. Pariera, in his Materia Medica, says, large doses of disulphate of quinine, produces three classes of effects, viz: 1st, 'Gastro-enteritic irritation; 2d, Excitement of the vascular system, and 3d, Disorder of the cerebro spinal functions.' Almost an artificial Typhoid Fever!—an array of morbid phenomena that embraces all the prominent points in that disease. Whilst treating a case of remittent fever last fall, in company with Dr. ——, we had some conversation on the use of quinine in the treatment of fever. His own experience was unfavorable to the use of this article as a therapeutic agent in the treatment of fevers of a continued form. He informed me that those who uniformly gave it were particularly unfortunate in that branch of practice. * * * * With regard to the proportion of typhoid fever to other fevers, I do not know that I can give you any satisfactory information: it certainly must vary very much. A physician practicing in a malarious district must meet with a very small proportion of cases of typhoid fever. In my practice, the proportion of typhoid to intermittent and remittent would not amount to so much as one in twenty. I have no particular plan of treatment for this disease. My object is to avoid danger in whatever direction it may come—looking at the different modes of dying as the great landmarks to guide me in my pathway.'

The next I shall quote is a letter from M. R. May, M. D., residing at Athens, in the lower section of E. Tennessee. Athens is situated in the interior, some twenty miles perhaps from the river, in a dry, rolling country.

He writes—"The fevers incident to our locality are of the typhoid tendency: in fact, the disease called typhoid, has prevailed extensively during every season of the year, though principally in the summer and fall. I dont consider that it differs from the common continued fever, so far as its pathology is concerned; neither do I think that the intermittent and remittent fevers differ pathologically from continued."

He then speaks of the views of different authors on the pathology of fevers, and believes them similar. He says, "I also consider intermittents and remittents and typhoid, to be similar in pathology, from the fact of their often running into each other. I am at this time attending a case which was purely typhoid, 'ab initio,' which terminated in intermittent. If typhoid fever is dependent upon dothinenteri-
tis, why do we have remittent periods more distinct than occurs in any other disease purely inflammatory?"

After discussing the doctrine of their essential sameness, he speaks of the treatment. "I bleed," says he, "when the pulse will justify. In some cases, where the constitution is good, and the patient has not been confined too long, I bleed regardless of the condition of the pulse. I can judge after a few ounces have been abstracted, whether it is proper or improper, and act accordingly. I use quinine freely during the remittent period, for several reasons: 1st, to brace up the vascular system, through the nervous, to prevent venous congestion. 2dly, to enable the patient to convalesce more rapidly, after the disease has been subdued. If the liver is torpid I combine calomel. I am not one of those who consider the medical virtues of quinine to depend upon its sedative properties. It is strange that quinine should be recommended to prevent collapses, or even when the patient is extremely prostrated, by those who contend for its sedation. Who ever heard of an intelligent physician warding off prostration by administering sedatives? I believe nearly every physician of note recommends quinine under such circumstances. There is great dissimilarity of opinion about the proper dose of quinine. I generally give 5 gr. doses every two hours, during the remittal period, until 15 or 20 grains have been administered, and I have no disposition to enlarge the dose, for it seems to have the desired effect. In fact, I have succeeded in anticipating a paroxysm with much smaller doses in some constitutions. At certain stages of the disease, I have observed that the administration of quinine produced considerable constitutional irritation, manifested by delirium, jactitation, &c., conditions that could hardly be produced by sedatives. Under certain circumstances it has a tendency to equalize the circulation—to convert an irritated and quick pulse, into a full and soft one. From this I suppose some are lead to view it a sedative. Every observing physician has seen the same result brought about by the administration of stimulants under certain circumstances."

J. G. M. Ramsey, M. D., a physician of extensive experience and observation, and member of our Society, occupies a river location, and in a region where intermittents and remittents greatly preponderate. He writes—"I have never seen, since I left the Marine Hospital, at Charleston, genuine Typhus. Typhoid disease—or at least a typhoid tendency frequently characterizes our autumnal and vernal affections—especially those of the eruption kind." These, of course,
are not the typhoid, or simple continued fevers, of nosological writers, nor the same kind that prevail in sporadic cases throughout East Tennessee, at any or all seasons of the year. He adds, "The typhus, so called by many practitioners, is only a form of disease induced by the depletory system of treatment carried to excess," &c. He, however, does not describe at all the typhoid of the upper or interior country. With regard to quinine, he barely remarks, "I consider it only an anti-periodic and tonic, and not at all of any value in its febrifuge properties otherwise."

Another very respectable practitioner, Dr. Carriger, of Tazwell, says, in his response, with regard to quinine, "I have used quinine during the fever, and have found but little benefit from it, so long as the skin remained permanently dry and hot, accompanied with a dry, red tongue; but whenever a complete remission takes place, or the skin becomes moist and soft, and the tongue loses its redness and dryness, and thirst is less urgent, I have administered the quinine with the happiest effects. The form I usually give it in, is the following, viz. from 3 to 5 grs. quinine with half a gr. to 1 gr. ipecac., combined, or if the cerebral condition does not forbid, with from 5 to 8 grs. Dover's powder, every two hours, always keeping in view the effects of the first dose, and the condition of the important organs." These are compounds, it may be observed, at war with the opinion of the action of quinine being a sedative, but compatible with the opposite notion of its powers: at all events, they are intended to obviate undue stimulation. He goes on to say—"The principal fevers I have met with, are remittents and intermittents, and few sporadic cases of scarlatina." He then details his treatment, which would extend this article to an undue length. The result of his views is, that quinine could not properly be used until a decided remission should occur.

With these quotations, sustained by the opinions of many others of the profession expressed in private conversation, we feel justified in the following conclusions:—

1st. That whether any essential difference exists in the several classes of fever, or whether they are only modifications of a diseased action, developing a class of symptoms which, when taken collectively, we call fever, is not at this time our object to decide. That known as simple continued or typhoid, is the form usually prevailing in the more elevated and usually healthy localities, where the intermittents and remittents are rarely found; and on rivers and large creeks, intermittents and remittents prevail to the almost entire absence of the former variety.
2dly. That these fevers differ in character, if not in essence, in several material points—for example: they differ in the producing cause, which cannot be the same in all localities and seasons, and in their periods and remissions—in their treatment, especially under the action of the article, quinine, which will scarcely ever effect the jugulation of the typhoid as it will the two other varieties.

3dly. It is the prevailing experience of physicians throughout East Tennessee, that in none of the three varieties is the practice considered proper, of giving quinine until there is some remission—unless, indeed, it be in cases of imminent congestion, and where exhaustion is rapidly advancing.

4thly. The opinion is general, that it possesses tonic and stimulant powers, and is approved of as such, and not on the principles of sedation.

5thly. That in doses of from 5 to 10 grains, repeated every two hours during the period of remission, we gain the most satisfactory results of the medicine.

6thly. That quinine, in typhoid, should be held subject to, and used under the same kind of restriction as we would feel bound to do in its use in other inflammatory diseases.

Before closing this article, embracing the prevailing diseases of East Tennessee, many of which we cannot even touch upon at present; yet there are some which occupy a pretty prominent place in our catalogue, and to which we must give a passing notice.

Rheumatism, both acute and chronic, and Dysentery, are distressing accompaniments—the former occurs in the winter and spring seasons, and the latter in our autumnal months. The Scarlet fever, for the first time, made its appearance in the year 1831–2. It commenced its frightful ravages in the mountains of the upper counties, extending towards the vallies, sometimes sweeping off half a family or more, within a few days. In its attacks it was principally confined to children. Persons apparently in good health, were prostrated within a few hours: many died in from eight to twelve hours after the first symptoms appeared. The powers seemed overwhelmed, as by paralysis, producing all the symptoms of a hopeless congestion. It extended through the winter, and spring ensuing, mitigating in violence and intensity, until it disappeared, having borne off some hundred trophies. We then heard but little of it until the winter of '43, when, as in '31, it commenced its career in precisely the same mountainous region, and in the same neighborhood, but became much more extensive, and involved a wider field. It was computed that
some hundreds fell victims to its fury that year in Washington county; and scarcely had its characteristic features disappeared, until a malignant erysipelas followed it, attacking and carrying off adults with alarming rapidity. Bleeding, in both these epidemics, was considered by many, one of our cardinal remedies; but where it was most fatal, reaction never sufficiently developed itself to justify the use of the lancet, or if development of arterial action did afterwards take place, it was, nevertheless, too imperfect to hope any thing from its use. It was oftentimes met, in mild cases, by some supposed successful remedy, destined, however, to disappoint the next individual, perhaps, who might be prompted to its use. The light of science sheds but a flickering ray on the practitioner's path. The fact was, in mild cases it passed through whole families, sometimes attended with as little danger as the measles, and scarcely requiring any active treatment at all; whilst with their neighbors it was the opprobrium medicorum of every treatment. Since that period we may hear every year of some cases, in particular neighborhoods, though of a much milder type.

I will here give one more extract, whilst on this disease, from Dr. Vance's letter, on the treatment of the epidemic erysipelas which followed scarlatina, as it prevailed in the neighborhood of Kingsport, in 1845.

"In the treatment of Erysipela-tous fever, which visited our neighborhood last winter, I relied on quinine almost entirely, and was richly rewarded by the happy results that followed its use in every case. The attending fever was typhoid, according to the literal sense of the term, accompanied in the earlier part of the disease with well marked adynamic symptoms. Here I used it to support the system, not as a febrifuge. After evacuating the bowels by means of mild cathartics, (generally calomel 8 or 10 grains, followed by oil,) I put my patients on the use of small doses of quinine, regularly administered, together with something of a nourishing diet, (broths mostly); towards the latter stage of protracted cases, I brought in wine to the assistance of the quinine. By this treatment, expression was given to the countenance, force and fullness to the pulse, and a healthy feeling of warmth diffused throughout the extreme parts of the body. After the first two or three days the bowels were opened by enemas. I used spts. nitre, dulc., in company with quinine in some cases; also eupatoriam infusion, where there was a pulmonary indication. All I have to say in praise of the plan is this: My
patients (between 35 and 40) all got well—many of them suffering much from the ravages of the local disease."

This account of Dr. Vance is certainly interesting and flattering. No treatment has hitherto afforded results so flattering, and as to the correctness of his statements I entertain not a particle of doubt; yet we think that, had the same treatment been pursued in this place, (Jonesboro',) in the spring of '44, when the disease first made its appearance in Tennessee, the results would have been less favorable. The quinine was used both by myself and others, and according to my own recollection, in some cases freely, without such marked effects. In the writer's own case it was given, and he distinctly remembers that the impression made upon his feelings at the time, was, that it was too stimulating,—increasing and diffusing heat and excitement, and but a few doses were taken. His attending physicians, however, who ought to have been the better judges of its effects, were pleased with it, believing it had done good. In a number of cases, before being confined ourselves, and in fact in almost all, we bled freely at the early stages, and with relief in some most marked. In our own, under the most violent cephalalgia, blood was drawn in an erect posture ad syncope; and the change from extreme of suffering to perfect relief was instantaneous—the transition was like magic. The pain and fever, however, returned, less violent, the succeeding night, and we repeated the bleeding, but the good effects were not at all so clear as at first, though some relief was gained. In several instances, where the strength of constitution was good, and reaction strong, nothing affords equal relief to cold water freely applied to the head and face. Discrimination of course was important in its application. When the powers were weak, or the disease recedent, or the disease of the adynamic tendency from the first, mischief might have followed its use, and in those kind of cases perhaps nothing would have so well fulfilled the indication as quinine, wine, &c. In most cases, where cold water was resorted to, it was eagerly kept up by the patient himself—it acted the part of a succedaneum to his feelings, soothing him to rest; that he was unwilling afterwards to relinquish it until the urgent symptoms had subsided. With us the inflammatory type prevailed, but frequently congestive. But few cases of well marked congestion ever recovered. Is it a fact, that all epidemics are most violent at their first outbreaking, and afterwards degenerate into a milder form?—Such would would seem to be the case from observation with us. Perhaps it may be owing to constitu-
So far as my limited reading has extended, there appears to be nothing definite, published by any author, on the malignancy of disease. Certainly it is, a very important niche that should be filled up. I know of no subject that has not been specially investigated of more importance to the medical profession, and none by which a monographical writer could more probably distinguish himself, mesmerism not excepted. All men of talents cannot become authors. Many have not the time and others have not the inclination. But surely some of our most eminent physicians should not permit the medical public to be longer ignorant of this important condition of disease. There are so many terms used to mark this feature of disease that it rather adds to the confusion and makes darkness visible. Putrid is a term often used to denote malignancy. Now every professional man of reading and experience knows that putrid diseases are often manageable, and much under the control of medicinal agents particularly if we include the synochus of Cullen, and other authors; if so, is it not an appropriate term. Nervous is used for the same purpose, and with as little propriety. As an illustration on the one hand we may take jail fever, (typhus carcerum) which is extremely mortal or malignant, and on the other hand influenza (catarrhus epidemicus) of some seasons when it is almost universal and at the same time requires no other treatment but rest, pediluvia and diaphoretics. Typhus is frequently used to express the same, but many of the diseases ranged under the head typhus, are putrid or nervous, and under many circumstances are readily managed with
almost any treatment short of poisoning or killing, consequently this is not sufficiently definite. But in the present day, congestion is the term principally laid hold on to distinguish malignancy, but certainly the most exceptionable, inapplicable and indefinite term made use of to point out this condition of disease: We have in fearful array, congestive, intermittent, remittent and continued fever, congestive pneumonitis, &c., &c. The fact is, disease depends on irregular, unequal, and morbid action of the functions or organs of the system; and whenever this disordered, unequal and irregular action exists, it matters not how or by what produced, we find the fluids unduly accumulated in certain organs. If so, the organs receiving more than their due proportion must be congested. Congestion, perhaps, is always an effect on incident, and never a primary affection. This being the view taken, it should be cast out as improper and unsuitable. If congestion were the cause, or the main circumstance that required attention in the treatment of disease, it would be obvious to every one, if we could empty the vessels engorged, it would cure the disease. But all know how little it would avail to unload the vessels of accumulated blood, and nothing more. It would advance the cure about as much as emptying the bladder in diabeticis.

The irregular distribution of the fluids depends upon a pathological condition of the system, and that state or condition must be changed and overcome before we can restore health to the body. If disease depended on entony or atony alone, Brown with his lancet and bottle of brandy, would have stopped the progress of disease of every kind, and death long since would have starved for want of victims. It is common to speak of the danger of congestion in vital organs. It is often the very salvation of the patient. In the common affection of fainting, if the fluids were to remain in the capillaries and superficial vessels, there would be few, and perhaps no cases of recovery; all are well acquainted with the course pursued in such cases. Notwithstanding the superficial vessels are empty, and the surface pale, and the blood thrown upon the internal and vital organs, yet we wish to increase the fulness of the already loaded organs, by laying the patient prostrate, to counteract even the effects of gravitation. It is not a deficiency in the supply of blood, but it is the peculiar condition of the brain and nervous system which is the cause of the syncope. Let a person unaccustomed to witnessing capital operations, be suddenly and unexpectedly brought into the place where such an operation is being performed, he grows pale and faints.
Certainly congestion is not the cause, but the impression made on the brain, through the organ of vision. The brain receives the shock, and requires more blood to restore itself, and the treatment is in perfect accordance. In syncope, it may be doubted whether the brain has a less quantity or supply of blood than before the occurrence. It is true there is a general pallor of the surface, and from the erect position the inference would be there was a deficit in the supply of blood to the brain. As just observed above, perhaps it is not so. If we reflect but a moment, we find the brain is entirely surrounded by a bony paries and perfectly excluded from the influence of atmospheric pressure. This being true, whatever diminishes the strength of heart's action will necessarily increase the quantity of blood in those organs offering the least resistance to that action, and lessen it in the organs offering most resistance to it. The brain offers least resistance to the admission of blood. So that congestion in the above condition, is increased as a restorative measure. If congestion constitutes malignancy, it would be very unphilosophical and dangerous to rely on its increase for safety in any case whatever. Any person being skeptical in regard to atmospheric pressure, illustrated in the history of those who have ascended the highest mountains, where the pressure of the air was so light that the blood was ready to issue from the pores of the skin, or they can have a very familiar example in the application of a cupping glass and exhausting it of air. I think it is Pringle, who mentions the fact, by bleeding an animal, slowly and gradually, to death, and afterwards examining the brain, a person would be led to the conclusion that it died of engorgement, or congestion of the vessels of the brain. Showing how little resistance the blood meets with and with what facility it is sent to the brain. I venture the assertion, that before the examination was made from the gradually weakened action of the heart from the drain of the vital fluid, it was not even dreamed of finding the blood accumulated in any other organs than the heart and the large blood-vessels in its immediate vicinity. Those who believe the heart to be overwhelmed by blood in syncope would find themselves quite as much mistaken; showing that there is no diminution in the quantity of blood, but that the condition of the brain and nervous system is such as to require more blood to resist the shock and to sustain their action, than when every organ is healthy and their action normal.

In putrid and nervous fevers, I allude to the malignant, or what is styled congestion; if the blood was to remain in the capillaries and
superficial vessels, and the condition of the brain and nervous system should not be changed, death would be the result in every instance. This assertion is fully sustained by the most violent and rapidly mortal disease ever known in the United states. I allude to the spotted fever of the North (typhus gravior), in many cases of which there was a perfect suffusion, engorgement or stagnation of blood, in the capillaries of the surface. All cases in which the above condition predominated, died. Further, I believe, in the cases in which the vital organs are congested, that the safety or life of the patient depends upon this dreaded congestion of these organs, and the belief is based upon the fact that the condition of the organs engorged requires more blood for their support and existence, and that Providence in his wisdom has so arranged the system, that when any injury of moment is received, that the blood immediately rushes to the parts injured, or to those organs which are essential to the development of nutrition, motion and intellect, or in other words, are essential to life. The question might be asked, if congestion is a beneficial occurrence in disease, why not increase it? I have just stated that nature has made ample provision on this head, and that the quiet and recumbent position of the patient comes to her aid. I would further in reply, say, sleep is beneficial or necessary to preserve the health and vigor of the system; but no man in his senses would think of sleeping his life-time.

One word while on the subject of sleep—the object of which no doubt is to restore the exhaustion of the system; for which restoration we find the blood accumulated in greater quantity in the brain and other vital organs. If a large amount of blood is necessary to restore the organs to their accustomed strength and vigor, when exhausted or wearied by study, exercise or labor, there is an admirable arrangement of nature to accomplish this end, by darkness and the removal of every stimulus that would be a hindrance to the comfort, and the facility that the recumbent posture affords for its consummation is another fact to be considered. How much more urgent will the demand be when the system is suddenly overwhelmed or exhausted by the poisonous shock of disease or agents creating disease. Nature, the vis medicatrix, or instinct, if you prefer, performs the part assigned her, by supplying an abundance of blood to the organs essential to life, and the part the physician has to act when these momentous cases occur, is to change and modify the condition of the system, and then the necessity for this vast accumulation and con-
centration of the vital fluid will no longer exist. But some doubt, and deny that the blood is thrown in a larger quantity on the vital organs during sleep, and base their position on the fact that sweating is more profuse during sleep than when awake, which they consider to depend on increased action in the circulation. The very want of action to a certain degree is the cause of the perspiration, the insensible becoming sensible, or, in other words, the vapour becoming water, owing to the temperature of the surface of the body becoming lower when sleeping. Diseases that often terminate fatally, are not by any means necessarily malignant. Malignant cases are never protracted, under ordinary treatment; obstinate and severe cases are. Malignant diseases never require reducing and antiphlogistic treatment; in fact, they will not tolerate it; obstinate and severe diseases may. In putrid and nervous disease, under these titles I include intermittent, remittent, and continued fever, when of these types, also, all of the pneumonitides, when of the putrid or nervous type, or what is generally understood by Pneumonitis Typhoides. In any of the above diseases, severe pain in an extremity or some unimportant part of the system, without redness, swelling or tenderness, constitutes great malignancy, not congestion. Sometimes a patient will be attacked in these cases with what is termed the ear-ache; but on inspecting the organ, we find neither swelling, redness or tenderness on pressure; the patient dies certainly, from the first to the third and seventh day. In such cases, it is thought that inflammation has extended to the brain and is the immediate cause of death; but the brain is as free from inflammation as the ear. As we have more apparent symptoms of malignancy in the pneumonitides of the typhoid type, I shall mention them as occurring under this head, with this explanation, that whenever they occur in any other disease, they indicate an equal degree of malignancy.

Mr. C. was attacked with violent pain in his knee, and died within twenty-four hours. Mr. R., was attacked with violent pain in a tooth: the tooth was extracted, which was as efficacious as amputating the glans-penis for stone in the bladder; he died in seventy-two hours. Mrs. B., was attacked with pain in the cheek, which finally extended to the eye; she died in seventy-two hours: there was a peculiarity in this case—after the pain subsided, the palpebræ, upper and lower swelled and became red, but there was no redness of the eye. Mr. W., was attacked with slight delirium; there were no other symptoms sufficiently urgent to confine him to bed; he denied
being sick, and yet died on the seventh day from the first attack, and
the third after confinement to bed: in this case, the delirium appear-
ing in the forming stage and there being no other symptom of urgen-
cy, constituted the whole malignancy.

The above symptoms, perhaps, invariably indicate a mortal issue.
A pulse, the beat of which is peculiarly short and quick, and at the
same time weak, indicates malignancy. It is frequently the only
symptom indicative of danger in nervous fever, the overlooking of
which is frequently attended with fatal consequences, particularly if
the patient should be treated with drastic emetics and cathartics, or
the usual antiphlogistics. It is often mistaken for that peculiar
condition of the pulse, when the system is being brought under the
influence of a mercurial action. A thin, saffron colored fluid expec-
torated in great quantity and with little effort; an expectoration of a
thin, sanious fluid, resembling brine; also a short catch of the
breath, producing about as much effort or agitation as a quarter of a
hiccough, are all symptoms of extreme malignancy, not congestion,
and the issue will be fatal. The catch of the breath alluded to, is
not of that kind produced from pain in the pleura, lungs, or diaph-
ragm, but exists after all pain has ceased. There is a yellow, tough
matter, somewhat resembling melted sulphur, and expectorated with
great difficulty, in which the disease is obstinate and the patient some-
times dies; but it is very different from the yellow watery serum, or
whatever else it may be, of which I speak; the yellow and sanious
fluids appear to be crude and undigested. A negro woman died,
who complained of nothing but a pain in a finger—the proprietor,
with some of his neighbors, thought she was poisoned. Why a pain
in an eye, tooth, finger, knee, or toe, should constitute malignancy, I
know not. Some consider the symptoms of malignancy as a part of
the disease; some of them may be, but many of them are not.

How symptoms that are not necessary to diagnosis, or the nosolo-
gical place and character, should be part of the disease under whose
dynasty they may appear, I am not for the present prepared to ex-
plain; however, be this as it may, if extreme tenderness, redness,
suppuration, ulceration and gangrene, or mortification took place,
from the violence of the symptoms, and in the parts so occupied by
pain, we might have probable grounds for assigning the cause of
death to many of the above peculiarities, in the location of pain.
One fact worthy of particular notice is, that none of the symptoms
mentioned are essential or peculiar to the disease, delirium and the
fluid expectorated perhaps excepted. Severity and obstinacy depend on the urgency of the symptoms peculiar to the disease; malignancy on symptoms not essential nor necessary. Symptoms peculiar to the latter stages of disease, appearing early or in the first stage, constitute malignancy, in proportion to their number and severity. In this case the symptoms peculiar to the disease show it to be malignant, merely by appearing out of their regular order of appearance. A peculiar susceptibility of the system to the impression of remedial agents, irrespective of temperament or the common state of susceptibility; for example, when any mild emetic or cathartic, in small doses, will operate harshly and drastically. When one or two operations produce an unusual degree of exhaustion, and not witnessed under ordinary circumstances, by an indefinite number of discharges from the intestinal canal, and the almost utter impossibility of restraining the disposition to run down by copious colliquative discharges; where astringents produce no sensible effects, and the various preparations of Papaver produce narcosis, in small doses, without restraining the exhausting discharges brought on by a single mild cathartic, clearly point out malignancy surely not congestion.

There is a set of cases of an opposite character of extreme torpor, where emetics, cathartics and venesection are used unsparring. Where there is very little exhaustion, the torpor may be broken up by such treatment, and the patient recover. But if there is much exhaustion accompanying the torpor, the patient dies suddenly, before it is broken up, or immediately after the torpor yields. We frequently hear of persons dying before medicine can be made to operate; or when it begins there is no restraining the emesis or catharsis. So that extreme torpor with exhaustion on the one hand, or extreme susceptibility with exhaustion on the other, at the outset, equally denote malignancy, and not congestion, by any means. It may not be out of place, to notice a set of cases which are frequently termed malignant. They are cases of torpor without exhaustion, and are accompanied with stupor, coma, and insensitivity. These are cases in which nothing short of poisoning will kill, and are the cases we frequently meet with on record; where immense quantities of blood had been taken, without much present detriment to the system and with very little or no impression on the disease. These are the cases which are said to bear bleeding well; truly said; for I am no way certain, if such treatment was pursued, in an entonic, sthenic or phlogistic disease, but that it would be attended with serious conse-
quences, if it did not kill. I suppose they may be styled, Armstrong's cases of venous congestion; if I mistake not the term in which he bled without apparent injury, in contradistinction from the cases in which he found bleeding to be attended with immediate death. In the one set of cases, the disease was principally confined to the sanguineous system, and connected with torpor of the brain and nervous system; and in the other, exhaustion accompanied. Without some such explanation, we could never account for the quantity of the vital fluid that may be wasted in the one set, without any immediate apparent injury to the system, and the mischief and sudden death from bleeding in the opposite set of cases. This will in a measure account for the clashing testimony of physicians of integrity; one set using venesection as the sheet-anchor in congestion, and the other class rejecting it as an unsafe and deadly remedy; it further shows the unfitness of the term, to denote malignancy.

The principle feature in all cases of Malignancy, is exhaustion in the energies of the vital organs. The brain and nervous system suffer most; the circulating system frequently. While on the subject of torpor and exhaustion, I will notice a set of cases called malignant, in which the circulating system is disturbed and there is torpor in the brain and nervous functions, as indicated by coma, lethargy, and insensibility; in periodical diseases, where large quantities of blood are taken, and the system suffers but little present injury, when followed by large and repeated doses of the Di Sulphate of Quinine. Notwithstanding the vast quantity of the vital fluid taken, how is it that the coma, insensibility, &c., is never, or but very partially relieved, until the period for the usual termination of the paroxysm arrives? How is it that such cases recover, where venesection is omitted? One item further in these cases of so-called Malignant Intermittent. The first ounce of Quinine ever imported into the United States, was by a particular friend. A medical student had intermittent fever, gradually growing worse; about the third or fourth paroxysm, he became comatose and insensible; his room-mate grew alarmed at the great severity of the symptoms, and called in medical aid. The whole treatment consisted in pressing open his under jaw and giving twenty grains of Quinine. He had no return of the paroxysms and took but the one single twenty grain dose. I could specify numerous cases of Intermittent Fever, in which coma and insensibility occurred; also cases accompanied with convulsions, the breathing stertorous—cases in which it was impossible to introduce medicine,
without first pressing open the under jaw, and then exciting deglutition, by pressing a spoon-handle on the side of the tongue—all of which cases were treated successfully by large and repeated doses of Quinine, assisted by Morphine, or papaver in some form, and epispastics or sinapisms to the spine. Many or most cases of reputed inflammation of the stomach, are nothing more than cases of extreme irritability, accompanied with nausea, emesis or catharsis, and nervous tenderness of the muscles of the abdomen, or epigastric region. I have attended on Mrs. P., for more than ten years, during which period of time, she has had repeated attacks of Intermittent Fever, accompanied with violent emesis and a rejection of almost every thing swallowed; with a tongue perfectly dry and red, excessive thirst, tenderness of the epigastrium on the slightest pressure, difficulty of breathing, and the most intense restlessness and jactitation, and frequently with a violent pain in the stomach. The only treatment adopted to subdue the above symptoms, is a drachm of Quinine in the twenty-four hours, in the worst attack, and a sufficient dose of Morphine to subdue the morbid irritability, the pain and restlessness. I might have given the symptoms more in detail, but all are conversant with the condition of patients laboring under an attack of Malignant Intermittent. I omit bleeding; because I do not consider it indicated in perhaps a single case of pure and genuine Malignant Intermittent. Who would ever think of bleeding, in cases of great exhaustion of the vital organs? Who would think of abstracting from twenty to sixty ounces of the vital fluid, let what incidental symptom occur that might, where all the energies of the brain and nervous system were laboring under the most intense pain, irritability and exhaustion, with any other prospect than killing his patient. Malignant diseases do not belong to the catalogue of maladies that are even palliated by great losses of blood, much less relieved. Such treatment is invariably fatal. By dispensing with it, a great many of the evils consequent on excessive bleeding, are avoided, (and I must be permitted to say, that from twenty to sixty ounces is excessive.) For example, dropsy, obesity, paralysis, dyspepsia, mania, delirium tremens, &c., &c.

One word on contra-indications in malignant Intermittent, where inflammation, as gastritis, enteritis, splenitis, hepatitis, or phrenitis supervenes and observes its periodicity. I much doubt whether such cases ever occur. That organs of such vital importance as some of them are, should have excessive paroxysms again I cannot
believe. But as this is a point I do not intend to moot, I will just say, if such cases should occur, I believe the indications would be fully met by quinine, morphine, epispaties, and perhaps calomel. I believe it to be unphilosophical and not true in fact, that quinine and venesection are indicated at the same time, in any case of Intermittent whatever, during the stage of reaction or exhaustion; or that any symptoms, or set of symptoms, could arise where the primary affection required quinine, and the incident required bleeding and antiphlogistics. It would be folly to study and make ourselves acquainted with the pulse, type, stage and diathesis, if such were the fact. The general condition of the system can never be altered, while laboring under disease, by the local affection of any organ supervening. According to all medical philosophy, the local affection would partake of the general condition. The general condition of the system being caumatoid, the local inflammation could never be atonoid. The general condition being atonoid, the local could never be caumatoid. Diseases of Atony, are as acute as diseases of EN-tony; the most rapidly fatal disease we are acquainted with belong to the asthenic diathesis; if rapidly fatal, surely acute. Pneumonitis Typhoides frequently terminates in forty-eight hours, and who would consider it less acute or the inflammation less active than Pneumonitis caumatoides, that rarely terminates any way until about the seventh day? There may be cases in which the incidents occur that would bear bleeding, and where any strong impression of a reducing nature would relieve the urgency of the symptoms, where the disease was not truly malignant. But such can never be asserted where pure malignancy exists; the chief feature of which being an exhaustion of the vital energies of the brain and nervous system, would never tolerate reduction and antiphlogistics. I will mention one or two symptoms of Malignancy, belonging to Cholera Infantum: Thrusting the fingers into the mouth and fauces. Certainly putting the fingers into the mouth and fauces cannot be a part of the disease. The above is certainly a fatal symptom. Another is an effort between gaping or gasping and retching, or rather an opening of the mouth, as if going to retch. This also is a sure harbinger of a mortal issue.

In conclusion, I have extended my remarks much beyond what I intended. My intention was not to criticise any man's opinions or practice, but merely to call attention to the circumstance of disease with which their remarks are headed, and the unfitness of any other terms made use of to express it, and to elicit light from some physician of eminence who may be disposed to handle it with a systematic and masterly hand.
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**Note:** This is now known not to be correct. The Kentucky Regiment lost very heavily—more than double the numbers above mentioned. F.P.

**No report** this supposed to be above 60 and 70.

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**Hospital and Convalescent Reports**

- **Hospital:**
  - Kentucky Infantry
  - Death at the hands of the enemy
  - Disease of the hospital

- **Convalescent:**
  - Bladder
  - Bone
  - Burn
  - Cataract
  - Cerebral
  - Colic
  - Constipation
  - Cholera
  - Tonsillitis
  - Catarrhal

- **Illness:**
  - Intermittent fever
  - Remittent fever
  - Continued fever
  - Diarrhoea
  - Dysentery
  - Jaundice
  - Piles
  - Constipation
  - Cholera Morbus
  - Tonsillitis
  - Catarrhal
  - Pneumonia
  - Syphilis
  - Gonorrhoea
  - Rubeola
  - Contusion
  - Shot
  - Wounds
  - Abscess
  - Rheumatism
  - Otitis
  - Ophthalmia
  - Scorbutus

- **Returned to duty:**
  - 1847

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**Returned to duty:** 1847

**Returned to service:**

- 1847
REMARKS ON THE PRECEDING REPORT BY PAUL F. EVE, M. D.

Of the several monthly reports of the army in Mexico under Gen’l Wool, to whose corps or column our friend, Dr. Hitchcock of the U. S. army, was first attached, and which he left with us to use as we thought proper, the one embracing the battle of Buena Vista, it is supposed, would most interest our readers. This, it will be recollected, was commenced on the 22d of February, and terminated by the repulse of the Mexicans the next day late in the afternoon. The number of combatants, on that severely contested field, could not have been less than 25,000. Santa Anna, in his summons to Gen’l Taylor to surrender at discretion, admitted his force to be 20,000. The deserter from the Mexican troops, during the night of the 22d, stated their number to be 15,000 infantry and 6,000 cavalry. Gen’l Wool says they numbered 22,000. It has been estimated as high as 24,000. In Gen’l Taylor’s official despatch to government, he makes his whole force at Buena Vista to have been short of 5,400—deduct the reserve at head-quarters, to protect the camp equipage, ammunition, &c., and we have 4,820—according to Gen’l Wool, only 4,610, the exact number of the actual participants, in this dreadful engagement which resulted in so glorious a triumph to the American arms.

The loss sustained by the Mexicans in this battle, and during their retreat, will probably never be correctly reported. From 1500 to 2,000 were left dead or wounded on the field, 294 prisoners were taken, and before reaching San Louis de Potosi, there is good reason to believe that more than one half of that immense army had disbanded. Gen’l Taylor reports 292 killed, 481 wounded, and 26 missing—making a total loss of 799 Americans.

It will be perceived, by reference to the table on the opposite page, that Dr. Hitchcock puts down only about 300 wounded; but to account for the difference between this number and that contained in the official despatch of the commanding General, it must be borne in mind that from two regiments no return had been made to the Medical Director of the Division; and then again, that wounds of a trivial nature may have been dressed on the field of battle during the engagement, the men resuming their places in the ranks.

We find the following memorandum made by the Doctor on the 24th February, 1847: “Number of wounded brought from the battle field of Buena Vista, 263—slightly wounded, 121—severely ditto, 138—mortally ditto, 4. Many others were injured, but required no
dressing, such as slight contusions, &c., &c.” I presume these were all transported to Saltillo.

It is well known that this battle was fought chiefly by volunteers, and that two or three regiments greatly distinguished themselves. Among the number of which honorable mention has been made, were the two from Illinois, the 1st commanded by the lamented Col. Hardin, who fell at its head; and the 2d by Col. Bissell. I am permitted to present our readers with a full report of the 2d regiment, made by its surgeon, Dr. Ed. B. Price, and dated March 1st, 1847.

### MEAN STRENGTH.

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<tr>
<td>February</td>
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<td>771</td>
<td>810</td>
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Report of Wounded dressed on the field, during the action of the 23d, and sent to General Hospital same night, by order of Maj. Gen. Taylor, without a formal report.

### RANK.

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<th>Companies</th>
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Adjudant of the Regiment, Total. 75

It will thus be seen that 75 were alone wounded in this regiment, besides the killed of which no return is here made. Companies D and F. were, I think, sent to Saltillo, under Maj. Warren, to defend that post, and from the mean strength (810,) we are also to deduct the sick, &c.

Of the renowned Mississippi Regiment, under Col. Davis, it is reported that originally it was composed of over 900 men. In an attack upon one of the forts of Monterey, the order given was countermanded, but being unheard or unheeded by 15 men, they continued the assault, when 13 of their number were killed, one was shot through the thigh and borne off by the 15th man, who alone escaped. By the combats at this city and other casualties, and by the selection of two of its companies to guard the Head-quarters of Gen’l Taylor, this regiment entered the battle of Buena Vista with only 341 men and officers. Of this small number 41 were killed and 58 wounded,
total 99—making nearly a third of the whole, either killed or wounded. Gen'l Wool, in his official report, says this regiment alone, with one howitzer, boldly charged some 4,000 of the enemy, and checked their march upon Saltillo. And yet this same regiment escorted Gen'l Taylor to and from Saltillo, during the nights of the 21st and 22d, which he visited twice during the fight to secure that important post.

In this same battle the Kentucky regiment of infantry, commanded by Col. McKee, lost 45 killed and 57 wounded, total 102; including nearly all its officers.

There were no less than 64 commissioned officers killed and wounded at Buena Vista—viz: 3 Colonels, 1 Lieut. Colonel, 9 Captains, 14 Lieutenants, killed—total 27. 1 Brigadier-General, 1 Colonel, 1 Major, 9 Captains, 29 Lieutenants, wounded—total 37.*

But independent of the Mexicans, our soldiers have had to encounter a far more dreaded and more universal enemy in the diseases of the climate and camp-life. If some have been slain in battle, a greater proportion have died from internal maladies. The first regiment from Tennessee, under Col. Campbell, when they passed a year ago through New Orleans, numbered about 900 men. On their return home a few days ago, only 350 remained in it to be mustered out of the service. They were, however, at the taking of Monterey, but disease had far more to do in thinning their ranks than the cannon or the sword. From the Georgia regiment no report has been received, but I learn the companies from the mountainous regions of the State were the greatest sufferers. Our own company, the Richmond Blues, stood the campaign comparatively well, 52 passed

* It is proper to state that the wounded, and even the few prisoners made, were most barbarously treated by the Mexicans. No doubt many a gallant man might have been saved, or his life prolonged, by proper treatment, after he fell on that bloody field. The American army had unfortunately just been paid off a few days before it occurred, and some of the officers had many hundred dollars about their persons. The bit of the bridle of Col. Yell's horse broke, and he was carried headlong into the enemy's ranks, where, instead of being made prisoner, he was most brutally murdered. Col. McKee and Lieut. Col. Clay both fell at the head of the brave Kentucky infantry, and when last seen were using their pistols and swords against those who were stabbing them to death. Col. Hardin, with his own sword, had cut the lance in twain that had been thrust through his body. A witness says he saw a mutilated American begging on his knees for life, while he was butchered by surrounding Mexicans. The dead were even stripped; and the prisoners taken by the Mexicans were, in the emphatic language of Santa Anna, *all dead but four!
through it and were honorably discharged at New Orleans. Some, however, like those who returned from Florida a few years ago, under similar circumstances, present, besides the bronzed face, marks of great internal derangement of the system.

A detail of the principal wounds and their subsequent treatment would have added value to this report, still we hope the facts will not be devoid of interest to our readers. And while on the subject of military surgery, we may venture the surprise, why it is that Surgeons and Assistant Surgeons hold no rank in the United States Army? In Europe, if we mistake not, the Surgeon ranks as Major, and his title is Surgeon-Major to such a regiment. During a recent conflict in Africa, we learn from a Medical Journal of Paris, that after all the staff-officers of a French regiment were shot down, the Surgeon claimed his place in the line, and led on the men to battle and victory. That wise and patriotic King of France, Louis Philip, rewarded him for his conduct with the cross of honor. During the battle of Buena Vista, the Medical Director of Gen. Taylor's Division, Dr. Hitchcock, not only discharged his duties as Surgeon, but acted as aid-de-camp to the commander-in-chief. We wait his promotion by the President for gallant and efficient services.

ARTICLE XXVI.

Case of Rupture of the Fibro-cartilage and ligaments between the 3d and 4th cervical Vertebrae, with Paralysis of all the depending portions of the Body. By E. M. Pendleton, M. D., of Sparta, Georgia.

Lucy, a negress, belonging to Rev. W. J. Sasnett, about 60 years old, and very corpulent, had a fall from a cart on the 20th March, the occiput striking the ground first, which brought her chin forcibly upon her breast, with the weight of her whole body. She was brought immediately to Sparta, a distance of six miles, and I saw her about two hours after the accident. She was incapable of motion, except with the muscles of the head and neck, and insensible to stimuli throughout nearly the whole system. As an evidence of the complete loss of sensibility, the nurse applied a hot iron to her hand, which she could not feel, and it burned her so severely, as to produce a deep eschar. Her mind was very clear, and she gave a lucid account of the accident from beginning to end. She said the cart was
going at a brisk rate, and ran over a stump, whereupon she lost her balance, and was precipitated on her head. The moment she struck the ground, she felt as if her head was severed from the body, a complete numbness shot through her whole system, like the sensation produced by retarded circulation. She often expressed herself as having no body, nor arms, nor legs. There was however a slight degree of sensibility in the stomach and abdominal viscera, produced no doubt by the pneumogastric nerves given off above the seat of injury, and by the great sympathetic nerve. Her respiration was slow and labored, as though a few muscles had to do the work proper to many. She complained of severe pain at the nape of the neck, about the 8th and 4th cervical vertebrae: all above was natural—all below was dead. The course of the pectoralis major muscle might be traced with a pin: the muscle having sensation—the surrounding integuments none. This was repeatedly tested. 

There was complete paralysis, with, however, retention of urine, and rendered the daily use of the catheter necessary, with the exception of the few last days, when the sphincter relaxed and the urine was passed incontinently. She had an operation on the fourth day after the injury, (the first and last,) as the result of a full dose of oil and copious glysters. Her pulse was very little accelerated during the whole course of the treatment, and, if anything, was feebler and slower than natural, particularly towards the termination of the case. The few last days she appeared to be in a great deal of pain where she could feel pain, and vomited large quantities of bilious matter from the stomach, which was so irritable as to prevent the retention of any thing taken per orem. She succumbed on the morning of the tenth day, retaining her mental faculties almost entire to the last.

About six hours after death I examined her, assisted by Drs. Connell and Powell. We confined our observations to the seat of the injury, as we had been so instructed. Upon making the first incision the blood streamed out, as might have been expected from a living person, and there was considerable warmth throughout the system, as though she had just died. We removed nearly all the cervical vertebrae, together with the medulla spinalis. There was also considerable extravasated blood exterior to the vertebral column. The minings of the cord exhibited strong marks of inflammation, and their veins were greatly distended with blood. The cord itself had undergone the change of suppuration, and pus oozed out in considerable amount by incisions made in it.
The impression was manifest to all, that there was a rupture of the fibro-cartilage between the 3d and 4th cervical vertebrae. When we first removed the muscles and exposed the vertebral column, Dr. Connell took hold of the spinous processes approximating each other and pulled them in opposite directions, passing up and down the exposed vertebrae. When he came to the 3d and 4th, he found that there was a considerable yielding, which all of us tested, as did students Ryan and Green, so much in fact as astonished every one. Some five or six of the vertebrae were removed, and then it was evident that these vertebrae were only united by some of the external muscles that yet adhered to them. The bodies of the bones themselves were as essentially torn asunder, and the cartilage ruptured, as could possibly have been done by the hand. I do not remember that any of the processes were fractured; on the contrary I think we examined every one carefully, and found them sound. There was, however, I think, a rupture of the capsules of the oblique articular processes, and the ligaments of the spinous processes were either ruptured or greatly extended. On cutting loose the muscles which held the 3d and 4th vertebrae together, a space opened of its own accord, and we could perceive over the face of each of them the prominences and indentations occasioned by the ruptured cartilage adhering more to one side than the other. We merely inferred that a partial or perhaps complete luxation existed from the bones having been so violently separated, as it could not be determined from a post mortem examination, owing to the flexible or movable state of the parts after death. In connection with this, it may be proper to state that during life, at one period, in attempting to turn her over to relieve her position, a peculiar sound, like the slipping of one bone over another, was heard to proceed from her neck, both by myself and the attendants.

I deem this case interesting, simply from its being of rare occurrence, as it is not probable that much light can be thrown upon the treatment so as to render even alleviation practicable. The autopsic observations exhibited exactly what I expected to find, and confirmed the diagnosis and the practice pursued in the case. The remedies used were simply palliative, with the exception of the strychnine, which was given several days, as a forlorn hope, simply to be doing something. The patient was kept in one position as much as possible, counter-irritants freely used over the spine, particularly to the injured portion, and warm stimulating frictions over the
extremities. The only wonder is that she lived so long with such a complete paralysis of the nerves both of motion and sensation, and those too which were so essential to the vital functions of digestion and respiration.

ARTICLE XXVII.

Case of Tape-worm over thirty-six feet in length, expelled from a child aged 4 years. By John D. Twiggs, Student of Medicine, of Augusta, Ga.

In drawing comparisons of the length this species of worm (the Tænia solium) sometimes attains, I find by consulting authorities, that in the 17th century it is said to have far exceeded those observed at the present day. The case about to be related is a fair specimen as regards the size of the worm, and is not one of common occurrence, it may, from these circumstances, not be devoid of interest.

The mother of this child, a negro on a neighboring plantation, had noticed his vitiated and irregular appetite, and gradual emaciation for some weeks, when a dose of a domestic remedy for worms, the decoction of the China (Smilax China) root was given, and revealed the cause. This medicine was continued for five weeks, during which time he passed several portions of tape-worm, measuring from six inches to three feet. His appetite at times it would seem impossible to satisfy, and his whole desire was for more food. His medicine was now changed, and a dose of oil and turpentine substituted in its place. In a few hours he passed, at one evacuation, thirty-three feet of tape-worm, besides several smaller pieces. Since then his appetite has not been so great, and his hunger easily appeased. Now, if we consider the length of time the child had been passing pieces of worm, though in smaller quantities than at the last stool, the entire length must have been very great, if the Tænia solium is always solitary as its name indicates, and no more than one worm existed in the intestines of this child. Dr. Tyson, in the Philosophical Transactions, No. 146, remarks that the Tænia is always single, being sometimes as long, and sometimes exceeding the length of all the intestines. But this is contradicted by Dr. Good, who says, the records of medicine prove that the several varieties of worms have been voided simultaneously by the same patient. In the Cyclopaedia of Practical Medicine I find it stated, that the length which the Tænia is capable
of attaining, is very considerable, though quite indefinite: those passed now-a-days rarely much exceed twenty feet. A case is recorded by Olaus Borrichus, (Rees' Cyclopædia, vol 36,) of one eight hundred feet long, voided in a year's time. If the pieces passed by the child mentioned in the case above, belonged to several worms, the part, or say even, the whole worm voided at the last evacuation is a thing now of rare occurrence, since they seldom exceed twenty feet, and this was at least thirty-six or forty feet long.

PART II.—REVIEWS AND EXTRACTS.

Propositions on the “Fallacies of Physical Diagnosis in Diseases of the Chest.”—By Thomas Addison, M. D. Critically Examined by Robert L. MacDonnell, M. D., Lecturer on the Institutes of Medicine, McGill College, Physician to the Montreal General Hospital, Consulting Physician, Montreal Eye Institution.—[British American Jour. of Med. and Physical Sciences.]

In the last number of “Ranking’s Half-Yearly Abstract,” the reader will find a series of propositions from the pen of Dr. Addison, Physician to Guy’s Hospital, London, purporting to point out numerous errors in diagnosis, which those who practice auscultation and percussion are liable to commit, if too exclusive reliance be placed on physical signs.

We do not deny, that the science of auscultation is imperfect, but we do maintain, that without its assistance, we cannot have accuracy in diagnosis, and consequently success in the treatment of thoracic diseases. We have always insisted upon the necessity of comparing the general symptoms, the history of the case, and the mode of succession of the physical phenomena, with the signs actually existing, as indispensable to accuracy of diagnosis, and in this, we have but followed the example of the many distinguished writers who have devoted attention to this subject.

But in reading the aphorisms of Dr. Addison, one would suppose that auscultators invariably made a diagnosis from physical signs alone, and not from a comparison and combination of these signs, with every other particular, capable of elucidating the nature of the malady. Auscultators do not make a diagnosis because they hear certain abnormal sounds, but because they reason on the physical changes which have produced these sounds. If an observer be perfectly ignorant of the necessity of studying the modifications and combinations of physical signs; the importance of comparing the sounds heard in diseased parts, with those produced in a healthy or less diseased portion of the lung; the value to be attached to a par-
ticular sound occurring at a certain stage of the disease; and, above all, if he he as ignorant of pathology as Dr. Addison takes it for granted that auscultators usually are, then, but only then, are the alleged errors he has pointed out likely to be made.

In the observations we are about to offer, we feel it our duty to expose the many fallacies put forward by Dr. A., and in doing so we shall follow him through each proposition, and as briefly as possible, rely to his alleged objections to physical diagnosis. We would, however, observe, in limine, that Dr. A. commences with objections to the stethoscope, as if auscultators never employed percussion; and he then objects to percussion, as if those who practice it, never use the stethoscope. His object is but too apparent. He has proposed to himself the task of underrating the stethoscope, and, where the attempt can be made, he neglects not the opportunity—seemingly not aware, that in his efforts, he displays remarkable ignorance of the actual state of our knowledge as regards physical diagnosis. The truth of what we now state, we hope to be able, satisfactorily to prove, and we at once proceed to our task.

A few of the propositions have been so glaringly absurd, that Dr. Ranking has himself pointed out their refutation. We regret he did not criticise more closely the remaining ones; for doubtless, many an inexperienced physician has already been deceived by Dr. A.'s plausible sophistry.

1. It is well known that many persons while under examination entirely fail to perform the respiratory act efficiently, either from nervousness, or from mistaking the manner of accomplishing it. This may lead to an erroneous belief, that the respiratory murmur is deficient, or even absent, while the lungs are perfectly healthy.

This source of fallacy is avoided, says Dr. Ranking, by desiring the patient to cough, and to inspire deeply, so as to cough a second time. This done on both sides of the chest, the actual state of either lung may be ascertained with tolerable precision.

It could hardly have occurred to any writer, except one whose object was to undervalue the stethoscope to urge such an objection. It is, in fact, tantamount to this, that an objection to the use of the stethoscope consists in the necessity of learning how to employ it; for if this preliminary step be taken, the above objection falls to the ground.

2. Whatever lessens the freedom, mobility, or elasticity of the ribs, renders the sound on percussion more dull. Hence it is that in rickety persons, where deformity of the chest has taken place subsequent to birth, the signs furnished by percussion are often extremely unsatisfactory; and, indeed, under such circumstances, neither percussion, nor in many instances auscultation, can be much relied upon.

Admitting the truth of this proposition, the rarity of the cases to which it applies, weakens its value; and, besides, the same alteration of the chest affects not only the physical signs, but also the general
Diagnosis in Diseases of the Chest.

symptoms of thoracic disease; for in such cases we have difficulty of breathing, cough, palpitations, and congestion of the lips and extremities, owing to the embarrassment to the circulation through the heart and lungs resulting from the malformation.

3. Some persons with actual deformity have naturally such fixedness of the ribs, that they at all times manifest very imperfect resonance, as well as considerable feebleness of the respiratory murmur.

The remarks upon the second proposition apply equally to this one.

4. The rigidity of the cartilages of the ribs in advanced life has a similar effect; and, moreover, often tends to throw obscurity over hypertrophy of the heart, by preventing the usual heaving of the ribs at each systole of the hypertrophied organ.

The answer to this is easily given, by proposing two questions—Is heaving of the ribs truly pathognomonic of hypertrophy of the heart? Have we not more unequivocal signs of this lesion? If so, we can dispense with one of questionable value.

Had Dr. Addison consulted a small work on auscultation, written by one of his colleagues, he would have found the following passage, showing the importance which auscultators attach to mere impulse, as a sign of hypertrophy:

"But does—the student may inquire—a powerful impulse necessarily indicate hypertrophy? No! Is, then, hypertrophy always accompanied with a strong impulse? Assuredly it is not. In explanation of the negative to the former questions, it may be stated that an aneurism of the descending, or even of the left side of the ascending aorta, may push the heart aside, and by dilating and producing partial absorption of the parieties, may communicate a powerful heaving impulse to the part in which the natural impulse is felt.

"In explanation of the negative to the second question, it may be observed, that though the heart be powerful, and the parieties of the ventricles very thick and strong indeed, the action of the heart may be so hampered by the consequence of obstruction in the valves, and its contractions may be so impeded, and so overpowered by fluid accumulation either within or without its cavities, as to be almost entirely mastered, and to be only just enabled to flutter a little, and thus to rid itself of its load. Such, indeed, is very commonly the condition of the organ in long standing diseases, of the valves, and particularly in that of the mitral valve, when the nervous energy of the individual is considerably reduced; even though the muscular power of the heart, abstractedly considered, be much greater than in health.

"Such is commonly the condition of the impulse in the last days of the life of persons affected with disease of the valves, accompanied with hypertrophy. If they do not die suddenly, as persons so affected frequently do, it may indeed be considered to be the natural termination of such cases."
"A very large and powerful heart, therefore, may be accompanied by a very feeble, irregular, and fluttering impulse; and a very small and feeble heart may be, and usually is, accompanied with a very smart and 'smacking' one."—A Clinical Introduction to the Practice of Auscultation; by H. M. Hughes, M. D., p. 193.

5. When exploring the chest in a case of recent disease, we may be misled by the permanent effect of an ancient pleurisy.

No one in the habit of making examinations of the chest, and familiar with the pathological changes resulting from ancient pleurisy, can be easily deceived by the phenomena alluded to.

6. When, as usually happens, rickety deformity of the chest consists in lateral flattening of the ribs, with projection of the sternum, the action of the heart is liable to beat with such violence, and over so diffused a space, as to lead to the unfounded apprehension of organic disease of the organ.

True; but in such cases the diagnosis can generally be made from the presence or absence of more unequivocal signs of organic disease. Dr. A. seems to attach by far too much importance to increased action, as pathognomonic of organic cardiac disease—a mistake exceedingly general.

7. The dullness on percussion, caused by pushing up of the diaphragm by an enlarged liver, or fluid in the peritoneum, is liable to be mistaken for dullness caused by fluid in the pleura.

Such a mistake can only be made by an examiner who has paid but little attention to the progress of our knowledge on this subject. The diagnosis between these afflictions was clearly pointed out by Dr. Stokes many years ago, and has been so lucidly explained by subsequent writers, that it is very unlikely that, with ordinary care, such a mistake can be made. In any case, the objection only applies to the right side of the chest.

8. Bronchitis is a frequent source of fallacy, it may greatly obscure pneumonia, phthisis, and pleurisy, as well as other chronic diseases of the organs.

Every pathologist is aware of this; yet we do not recollect having, in our (by no means limited) experience, found any difficulty in diagnosis from this cause. On the contrary, the existence of bronchitic rales have, in more instances than one, greatly assisted in establishing the diagnosis, as, for instance, in cancer of the lung, emphysema, &c. We have no hesitation in stating that an experienced auscultator will suffer but little annoyance from this alleged source of fallacy.

9. When the bronchitic complication of phthisis is considerable, we often fail to detect some or all of the physical signs of the latter, such as dulless on percussion, tubular respiration, and even bronch-
ophony and pectoriloquy. This is more especially the case in the earlier stages.

Dr. Addison seems to forget that a bronchitic râle, accompanied by dullness, is one of the most valuable signs of the first stage of pulmonary consumption. This was shown many years ago by Dr. Stokes, and it has more recently been insisted upon by Mons. Louis. In another place we have stated that "A bronchitic râle, confined to the upper lobe of one or both lungs, resisting treatment, and accompanied or followed by dullness, at first slight, but gradually increasing, is as valuable a physical sign of phthisis as any we possess." So far, then, from bronchitic râle obscuring the signs of phthisis, it is, on the contrary, one of the most valuable indications of the early stages of that disease, particularly if occurring at the apices of the lungs. Moreover, it is not easy to understand how a bronchitic râle, produced by the passage of air through diseased bronchial tubes, can mask dullness on percussion. But even supposing it capable of doing so, could not percussion be practised whilst the patient is made to keep in his breath. Dr. Addison states that his proposition applies particularly to the earlier stages of phthisis; but surely he does not consider tubular respiration, bronchophony, and pectoriloquy, characteristic signs of the earlier stages. The first two are never heard in the earliest stage, and the latter is never heard but in the last stage; consequently a bronchitic râle cannot be considered as a fallacious sign, but one of extreme value in the earliest stage of phthisis—the only period in which our efforts to arrest the disease, are likely to be attended with success.

10. Dullness of sound on percussion, tubular respiration, bronchophony, pectoriloquy, and gurgling, are not necessarily conclusive of phthisis. All these signs may result from changes induced by a former pleurisy, from pleuro-pneumonia, or whooping cough, or even from recent pneumonia or pleurisy associated with considerable bronchitis.

The diagnosis is not so difficult as seems implied in the above statement. When pectoriloquy and gurgling are heard in pleuritic effusions, they are accompanied with other unequivocal signs of that affection, as for instance, dilatation of the side, protrusion of intercostal spaces, displacement of the heart or liver, loss of vocal vibration, &c., and they indicate the removal of the fluid of an empyema, through a perforation in the lungs, and consequently are attended by signs of this communication, such as "spalshing," metallic tinkling, amphoric cough, and pneumo-thorax. The possibility of confounding cases of phthisis, in which the physical signs alluded to, are presented, with pleuro-pneumonia, we do not deny, if no attention be paid to the history of the case, the rapidity of progress, and the presence or absence of other signs of phthisis.

We have never heard dullness of sound on percussion, tubular respiration, bronchophony, pectoriloquy, and gurgling in whooping
cough; and, until we saw the present proposition, were always under the impression that the last mentioned disease was remarkable for the absence of physical signs. A view in which, we believe, almost all observers coincide.

11. When, in phthisis, the larynx is so involved as to impede the entrance of air, and give rise to permanent sonorous râle in the tube, the reverberation of this râle through the entire chest is apt to lead to the erroneous suspicion of disease in the lungs.

This statement is open to two objections. In the first place, if the disease in the larynx have advanced so far as to impede the entrance of air, the quantity of air thus admitted is not likely to cause much reverberation. Secondly, Dr. Addison must be aware that in phthisis the laryngeal symptoms rarely set in till towards the close of the disease, when, of course, no embarrassment in diagnosis can arise from the occurrence of râle. He must also be aware, that even supposing his statements true, (which we are far from allowing), the occurrence of such a complication must be so rare, that none but a prejudiced writer would urge such an objection to physical diagnosis.

12. Complete loss of voice from the larynx almost completely nullifies the results of auscultation.

When loss of voice occurs as a complication of thoracic disease, the latter has always preceded the former. We know of no case where aphonia has obscured the diagnosis, but we know of many where it is of the greatest service in assisting us to form a correct one.

In any case, loss of voice can only affect the vocal auscultatory signs, and these are so perfectly valueless, taken by themselves, that the ausculator can, without disadvantage, dispense with them. We know of no signs which so constantly mislead the inexperienced, as the different modifications of the voice. A slight resonance, so common in women and young men, with shrill voices, is constantly put down as pectoriloquy and bronchophony. It is now generally admitted that Laennec attached too much importance to these signs. We wonder that Dr. A. did not at once discard them as useless complications.

13. The existence of a cavity may be overlooked if the bronchial tubes leading into it are plugged with mucus.

In every case of suspected phthisis, says Dr. Ranking, the patient should be made to breathe and cough with violence; this will dislodge mucosities and render the existence of a cavity perceptible.

Has Dr. A. ever known a mistake made under the above circumstance? It seems to us that the merest tyro would have desired his patient to cough—a simple and ready method of dislodging the plug of mucus, the cause of so much confusion.

This fallacy seems to have suggested itself to the Doctor at his desk, and not at the bedside.
14. A patient may have all the rational signs of incipient phthisis, while auscultation does not reveal any change in the lungs.

Similar symptoms may arise from relaxed uvula, and in hysteria.

In a note appended to an essay on empyema, published four years ago, we stated—

"I am not ignorant of the fact, that in some rare cases of phthisis, the constitutional symptoms may continue for a long time before the slightest traces of the physical phenomena of the disease become manifest, owing, most probably, to the morbid processes being confined to the central parts of the lung. I have now seen many such cases, and have observed in some of them a peculiarly fetid odour from the breath, after coughing, and from the expectoration. The diagnosis, in these obscure cases, rests upon the want of correspondence between the presence of all the symptoms of phthisis and the total absence of the physical phenomena. We are not, however, in such cases, left long in doubt, for very soon the lesion becomes discoverable by auscultation and percussion."—Dublin Med. Jour.

We do not contend with Dr. A. for the originality of the proposition; but though we have, even more fully than he, stated our experience of these cases, we never fancied that because they form a rare exception, he or any one else should have considered them as invalidating the rule.

15. Dilated bronchial tubes surrounded by indurated pulmonary tissues, cannot be distinguished from phthisical lesion by auscultation alone, especially if situated in the apices of the lungs.

In such cases the diagnosis is chiefly formed by the history of the case.

It is true, that a careless or inexperienced auscultator may not be able to make the diagnosis, for there are many signs common to the two affections. In both, we may have dullness on percussion, pectoriloquy, gurgling, and absence of respiratory murmur; but in dilated bronchial tubes, there is a want of accordance between those signs and the general symptoms. There is no hectic emaciation, or rapid sinking, as in phthisis. Moreover, the history of the case shows us clearly that its slow progress is not reconcilable with our notions of the course of phthisis; and this view is still further strengthened by the fact, that in dilated tubes the physical phenomena remain unchanged for years, whereas, in phthisis, their mutations are rapid and progressive. There are other points of dissimilarity, but enough has been stated to prove that, with ordinary care, the "fallacy" alluded to, may be avoided.

16. Malignant disease of the lungs cannot be distinguished from other lesions by auscultation alone.

True; but does Dr. A. pretend that the diagnosis can be made without auscultation? If so, he is highly culpable for keeping his professional brethren ignorant of this important fact. It is certainly
quite true, that we cannot rely solely upon physical signs for a diagnosis of malignant disease of the thoracic visceræ. But has any writer on the subject maintained that they alone are sufficient for that purpose? Do the observations of Stokes, Walshe, Taylor, or Graves, assert the affirmative of the proposition? Certainly not; they, and all subsequent observers, have insisted on the necessity of connecting the general symptoms with the physical phenomena, and thence deducing a diagnosis. It had been more wise had Dr. A. waited until auscultators had asserted what he has undertaken to disprove.

17. If acute pneumonia have proceeded to complete hepatisation when we first examine the patient, the physical signs are frequently insufficient to distinguish it from tubercular consolidation or ancient pulmonic induration. This is especially the case if the apex of the lung be the seat of the induration.

That it is extremely difficult, indeed we may say impossible, to distinguish complete hepatisation when we first examine the patient, from tubercular consolidation or ancient pulmonic induration, we freely admit. But we would ask, does Dr. A., or any other physician of equal experience, always make a diagnosis on the first examination of his patient, without inquiring into the origin, mode of succession, and modification of the symptoms and physical signs.

If we neglect to inquire into these particulars, and rely on physical signs alone, we shall not be able, from their assistance, to make an accurate diagnosis; but if we recollect that pure pulmonic consolidation is by no means frequent at the apex of the lung, and that "ancient pulmonic induration," or, in other words, "carnification" of the lung is a condition of the organ very rarely observed, and par consequence, still more rarely met with at the apex of the lung, it must be admitted that the value of proposition, No. 17, is very questionable.

18. Pneumonia may occur without cough, and so closely resemble simple continued fever that both the stethoscopist and the non-stethoscopist are apt to be deceived.

Of all cases in which the stethoscope has been employed, its vast utility has not been more indisputably proved, than in the very instances alluded to by Dr. A., namely, latent pneumonia; in such a case we unhesitatingly assert that without the stethoscope a correct diagnosis cannot be made; and if the disease has been overlooked by Dr. A., or any physician, it is because auscultation has not been employed. The reader will observe, that Dr. A. started with showing how the use of physical signs may mislead the practitioner; in the above proposition, he inadvertently points out how we may be deceived by not employing them. He has, unintentionally, proved a little too much.

19. When the anterior and inferior portions of the left lung is consolidated by pneumonia, it may not be detected by percussion on
account of the proximity of a flatulent stomach. Under similar circumstances a marked amphoric respiration is produced, with metallic tinkling, leading to the erroneous conclusion, that pneumo-thorax is present.

We may here observe that solidification of the anterior and inferior portions of the lung is not very common; indeed, we doubt much if Dr. A, has met with many examples of it.

Be that as it may, we would ask Dr. A, has he known the mistake alluded to, to have been frequently made?—or has he not more generally remarked, that even inexperienced auscultators recognize the source whence the amphoric sound proceeds. Under such circumstances we have frequently made the patient swallow a few drops of water, in order to instruct a class in the detection of these sources of fallacy; the water dropping into the flatulent stomach produces a sound closely resembling metallic tinkling; but we do not recollect to have heard metallic tinkling spontaneously produced in these cases, as seems implied in Dr. A.'s remarks.

In any case, a few drachms of any carminative mixture, by expelling, or displacing the flatus, will remove the source of error.

20. It cannot be determined by physical examination whether pneumonia have or have not supervened upon tubercles, although the prognosis in the two cases would be very different.

With due deference, we do not see how the prognosis can be much affected in the manner alluded to by Dr. A. For if we are satisfied that phthisis is unquestionably established, the supervention of pneumonia can only affect the prognosis, as far as the probable duration of life is concerned, it does not render the disease more fatal, though it no doubt shortens the duration of the sufferer's existence.

21. I doubt whether physical examination can in any instance determine with certainty, the existence of simple tubercles in the lungs.

We do not purpose trying to convince Dr. A.; we would, however, advise him to apply himself to this branch of auscultation; and as he appears to be far behind the age, we recommend to him the manual published by Dr. Hughes, his colleague.

22. When serous effusion is very considerable, giving rise to unequivocal bronchophony, tubular respiration, and want of resonance and vocal vibration, physical examination has repeatedly led to a mistaken belief that these signs resulted from pneumonic or other consolidation of the lung.

Setting aside altogether the fact that when serous effusion advances to the extent alluded to by Dr. A., it generally produces a displacement of the heart, to the right side, when the effusion is situated on the left side of the chest, and a displacement downwards of the liver, when the effusion occurs on the right side: it must not be forgotten, that enlargement of the side and bulging out of the intercostal
spaces, signs so characteristic of extensive serous effusion, are never noticed in pneumonia; but as they occur in some cases of cancer of the lung, the diagnosis might be rendered obscure. As I have already drawn the attention of the profession to the points which will enable them to form a correct diagnosis in such cases, I shall content myself by merely alluding to those observation. A consolidation of the lung from pneumonia never yields absolute dullness on percussion, and as this sign attends all cases of pleuritic effusion of any extent, it alone would serve to distinguish the one from the other.

Besides, in extensive pleuritic effusion, there is complete absence of tussive and vocal vibration over the affected part, signs which are never absent in pneumonia.

23. When a patient presents himself with febrile affection of any kind, we may, on examination, detect dullness on percussion, tubular respiration, bronchophony, and a râle not distinguishable from the submucous crepitation commonly observed in pneumatic hepatization; and yet physical examination should not enable us to determine whether the chest affection be recent or of ancient date. When a portion of lung has been compressed by pleuritic effusion, and has been prevented from expanding again by adhesions, the physical signs may remain permanently, and be found to resemble precisely those which result from recent pleuro-pneumonia.

We are sorry to appear so captious, but we really cannot allow another gross blunder to pass unnoticed. Firstly, we maintain that submucous crepitation is not heard in hepatization of the lung, but after the hepatization has commenced to pass into the stage of resolution. Secondly, " when a portion of the lung has been compressed by pleuritic effusion, and has been prevented from expanding again by adhesions— a process of contraction commences in the parietes of the affected side, which quickly and very perceptibly produces a flattening of the chest, corresponding to the seat of the disease, accompanied, moreover, by depression of the shoulders, and tilting outwards of the angle of the scapula.—Has Dr. A. ever seen such consequences follow recent pneumonia? or is he in the habit of making a diagnosis without inquiring into the history of the case? If so, we wonder not at his alluding to sources of fallacy, which we venture to say, no auscultator but himself ever encountered. We are not surprised, that if Dr. A. attach but a little importance to the pathology of thoracic disease, and to the order of succession, combinations and modifications of physical science as it appears he does, that he should have derived but little assistance from the stethoscope.

24. Experience leads me to the conclusion, that pleuritic friction-sound cannot in all cases be distinguished from the rubbing produced between the inflamed peritoneal surfaces of the liver and diaphragm; neither can the croaking sounds produced in the bronchi be always distinguished from the pleuritic rub.

Admitting the probability of the error alluded to, in the first part
of the above sentence, (although it has never occurred to us to meet
with friction-sound, arising from the rubbing of the inflamed perito-
neal surfaces of the liver on the diaphragm, except when the liver
presented tumors on its surface,) yet it can only occur on the right
side. Sometimes there is, no doubt, difficulty in discriminating be-
tween the rubbing sounds and those generated in the bronchial tubes,
yet the accompanying symptoms and the history of the case will
always enable us to distinguish the one from the other.

25. A simple pericarditis is rarely attended with pain, and as the
other symptoms of that disease are equivocal, the physical signs are
chiefly to be relied upon in forming a diagnosis. Nevertheless, when
effusion has taken place to a certain amount, the friction-sound com-
monly disappears, and auscultation fails to recognize the disease.

If friction-sound has been heard in a case of pericarditis, and has
suddenly disappeared, the change indicates, either a return to a per-
fectly healthy condition, adhesion of the opposed surfaces of the
membrane, or effusion of serum into its cavity. If the first or second
of these changes has taken place, the sound on percussion over the
heart will present its usual character; but in the latter case, the loss
of friction-sound is followed by extensive, complete, and absolute dull-
ness all over the cardiac region, and even beyond it. Being aware
of these facts, we are not likely to be misled by the disappearance of
the rubbing sounds.

26. Enormous accumulations of fluid in the pericardium, cannot
always be distinguished from effusion into the cavity of the pleura.

Here is another great error.

Has Dr. Addison ever tried the diagnostic test of Laennec for effu-
sions into the pleura, viz.: the changing of the position of the patient?
If so, how can he suppose that we are to accede to the foregoing pro-
position. Effusion into the pericardium cannot be displaced by the
position of the patient, but that which is produced by the pleuritic
inflammation readily changes its position, if that of the patient be
changed. Moreover, as before stated, extensive effusion into the left
pleura commonly produces dislocation of the heart to the right side.
Has Dr. A. ever known this phenomenon produced by effusion into
the pericardium? We answer no! Again, effusions of great extent
into either pleura are usually attended with dilatation of the side—
protrusion of the intercostal spaces, œdema of the integuments (fre-
quently) and loss of vocal and tussive vibration—signs which are not
noticed in pericarditis with effusion.

27. When the pericardial friction-sound is single, auscultation may
fail to distinguish it from a valvular murmur, especially if it be situa-
ted over the region of the valves.

To the young stethoscopist this difficulty might present itself, but
the history of the case, the long existence of cardiac disease, the ab-
sence of febrile symptoms and of pain over the cardiac region, &c.,
would point out the difference between an old and recent attack of
the heart. Surely Dr. A. does not mean to assert that it is common
to find valvular murmur as rough as friction-sound, and still remain
single! But even so, there are many distinguishing marks between
them. Valvular murmur, when single, is always situated over one
or other set of valves, strictly accompanies the first sound, is not
influenced by position or by pressure of the thoracic walls against
the heart, conveys to the ear the idea of being generated deep in the
substance of the heart, and is not removed or modified quickly by
treatment—in all these particulars a strong contrast exists between
the two sets of sounds; moreover, friction sound is superficial, and
is increased by making the patient lean forward, (i.e., if no effusion
have already taken place into the sac,) so as to bring the opposed
surfaces of serous membrane into close contact, whereas valvular
murmur remains unaffected by these manoeuvres.

23. The double pericardial friction-sound may be confounded with
the see-saw murmur of imperfect aortic valves, and vice versa.

The diagnosis of the disease of the aortic valves does not rest sole-
ly on the see-saw sound—nor has any auscultator asserted that it did.
Besides that sound, we look for the bruit de soufflet in all the arteries
of the upper extremities, that sound proceeding from the aorta to the
smaller branches: the visible pulsation of the vessels of the neck and
arm, and the jerking pulse at the wrist, or as Dr. Hope termed it, the
"pulse of unfulled arteries." We have also combined with these,
evidence of hypertrophy of the heart in many cases. Moreover, the
see-saw sounds are most intense over the aortic valves, whilst those
from pericarditis are most intense corresponding to the junction of
the auricles with the ventricles. It will be noticed, that Dr. A. again
assumes what we have so frequently contended against, that auscul-
tators rely solely on physical signs, for he must be aware, that the
history of the case, will, in many instances, afford assistance in our
diagnosis.

29. A sound closely resembling a murmur appears sometimes to be
produced by the stroke of the heart against a portion of lung inter-
posed between it and the parietes of the chest. Under such circum-
stances, auscultation may lead to the erroneous conclusion, that the
heart is diseased.

As we have never heard this sound, we make no remarks on the
above proposition.

30. Auscultation fails to distinguish an aortic murmur depending
on organic change from one which results from other causes; neither
can it decide whether what has been called a mitral murmur is or-
ganic or functional.

We admit that, occasionally, difficulty does exist in making a differ-
ential diagnosis in the cases alluded to, but auscultators have always
(except, perhaps, Dr. Hope) admitted this difficulty; yet here also,
attention to the accompanying symptoms, the origin of the disease, and above all, the changes produced by exercise, and medical treatment, will enable the practitioner to arrive at a correct conclusion.

31. In certain diseases of the heart it is difficult or impossible to localise the murmurs with accuracy, however pronounced they may be.

We also admit the difficulty, but are the prognosis or treatment affected by it?—provided we are enabled to distinguish between organic and inorganic diseases of the heart, we hold, that the refined diagnosis between an affection of this or that valve, however useful in establishing accuracy of observation, is but of little importance in practice.

32. Auscultation cannot distinguish the murmur of an aneurismal artery from the murmur produced by external pressure upon the vessel.

This has also long since been admitted by stethoscopists; but is the diagnosis imperfect?—by no means.

33. Physical examination does not enable us to distinguish congenital malformation from disease of the heart or large vessels.

Physical examination fails here, and so do general symptoms: congenital malformation may be guessed at, but cannot, with accuracy, be detected.

We have now performed the task we proposed to ourselves, and we dare say, our readers will agree with us, that a more agreeable one, might have been selected; but we felt it our duty to expose the shallowness of argument, the very evident special pleading, and above all, the assumption on the part of Dr. A., that all his readers are as little acquainted with the present state of auscultation, as we trust we have shown him to be. The *ignorantia elenchi*, is the species of reasoning, upon which Dr. A., evidently relies in his argument throughout. That Dr. A. has rendered great service to the cause of science, we gratefully acknowledge; that he may be an excellent practical physician, we readily admit—but that he is a sound or skilful stethoscopic, we very much doubt. The stethoscope has had many enemies to encounter; but we know of none, pretending to familiarity with its employment, who has made such a determined effort to throw discredit upon it, and to discourage others from learning its application.

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In the treatment of no disease, or class of diseases, have I experienced more difficulty than in bronchial affections. And the utter failure of the practice, recommended by authors, proves conclusively
the absolute necessity of more attention being bestowed upon this subject. With this view, I offer to the consideration of the profession, a few remarks, not however preferring any claim to originality, but rather wishing to impress upon the minds of those afflicted; the actual necessity of making due exertions for relief, notwithstanding such disease may, perhaps, be pronounced incurable.

Strychnine was discovered by Messrs. Pellitier and Caventou, in the year 1818, and named by them Vauquelin, in honor of that distinguished chemist. After which they changed the name to Strychnine. It is so intensely bitter that it is said to give a decided taste to 600,000 parts of water by weight, and is but sparingly soluble in alcohol. It is one of the most virulent poisons; and, perhaps, inferior to none, except the highly concentrated prussic acid. Majendie killed a dog, by the administration of one-eighth of a grain. Its effects are to produce tetanus, and consequent immobility of the thorax, asphyxia and death. The curative effects of Strychnine in cases of Paralysis, both general and partial, as in hemiplegia and paraplegia, also in tetanus, obstinate cases of amenorrhoea, in chronic diarrhoea without pain and with thin serous discharges, which produce exhaustion, and in nearly all the various diseases to which the eye is subject, are too well known to require an insertion here.

My method of administering it is principally in powder, suspended in mucilage as a vehicle, or by making it into pills, preferring either to the tincture, owing to the insolubility of it in alcohol. In anhydrous alcohol it is perfectly insoluble, consequently no tincture can be prepared that will give an equal strength.

Having been afflicted severely for quite a number of years with Bronchitis, and finding no medicines which gave me relief, I was induced to try the effect of strychnine, which resulted in a perfect cure. My symptoms, when I commenced using it, were emaciation, night sweats, and continued mucous expectoration, attended with cough, at times very severe, after which the muscles of the larynx were so completely relaxed, that I could not utter a sound above a whisper, but unattended with pain. I commenced the use of the strychnine as advised, by taking one-twentieth of a grain, suspended in mucilage, three times in a day, and increased the dose every third day until I took one-fifth of a grain. I used the remedy about four weeks, and have never experienced any difficulty since. I was much astonished at its results, and more especially at the effects it produced upon the contractility of the muscles of the larynx, as well as upon the muscles of the extremities.

Case II.—A. B. S., an attorney after delivering an address, and exercising unusually hard the organs of speech by talking very loud, in returning home was caught in a shower, and drenched to the skin. Immediately after he was attacked with Acute Bronchitis. I knew nothing in regard to his treatment, but it resulted in Chronic Bronchitis, and he was unable to speak, for over three years, above a whisper. I prevailed upon him to make use of strychnine, and gave
it in pills made with flour, and ext. liquorice, and one-thirteenth of a grain of strychnine, increased until he took one-eighth of a grain; which amount he continued to take for nearly two months. He now experiences no difficulty in speaking, and thinks he has obtained a complete cure.

Case III.—E. W. L., at. 52, an itinerant preacher, was by degrees entirely deprived of speech, and remained thus for twelve or fifteen years. He had some cough and expectoration, slightly tinged with blood. He was, by my recommendation, last spring, induced to make use of the strychnine. Two or three months since I received a note from him stating that he was not perfectly cured, but sufficiently so to be able to speak in public, if he used moderation. After speaking he felt still an oppressive weakness in his chest, and slight tracheal irritation, but not sufficient to produce cough. He was directed to continue the use of strychnine as before. I have not heard from him since.

Case IV.—A lady afflicted with occasional loss of speech, with neither cough or expectoration, but extreme emaciation, and had, as she expressed it, a continued “tickling and hacking.” She was ordered to take strychnine. This I gave in tincture, six grs. to the fluid ounce of diluted alcohol. She commenced with three drops three times a day, and increased as in the other cases. This was attended with the most decided success.

Where there is a local determination of blood to the head it is necessary to deplete until that is removed, before using the strychnine. Morphine, to a certain extent, is an antidote to strychnine. Lembert introduced three grains of strychnine under the skin of a dog on one side of the spine, and six grains of morphine on the other side, without any visible effects following it; either of which alone would have caused death. * * * * * * *

But in regard to strychnine as a remedy in Bronchial affections, and even in the forming stages of Phthisis Pulmonalis, I have the most implicit confidence in it, and think that the time is not far distant when Pulmonary Consumption shall be stripped of its manifold terrors, by the sanitary influence of this powerful remedial agent.


From the ample opportunities afforded at this institution to ascertain the best method of practice to be pursued in the treatment of syphilis, I think some important results have been obtained, from which I have been led to adopt a mode of practice not generally known, or at least, as far as I am aware of, not generally resorted to. My attention was first called to this mode by an article in the Medical and Surgical Reporter, for June 27th, 1846, by Dr. A. L. Cox, of
this city, which, however, that gentleman does not claim as original, but gives the credit of its first suggestion to Dr. S. A. Cartwright, of Natchez, Miss. It consists in the administration of calomel in large doses, followed by purgatives, and repeated daily. Not given with a view to salivation, although that result did happen in two or three cases out of fifty treated by this method. Previous to adopting the calomel treatment, I was in the habit of giving in specific ulcerations of the genital organs, the per-chloride of mercury, in combination with the compound syrup of sarsaparilla; an eighth of a grain of the former to two ounces of the latter, twice a day. Under the use of this, indurations were removed, and sores took on a healthy character in from fourteen to twenty days. Occasionally the gums became sore, but this result did not take place with any thing like the uniformity which it did when the pil. hyd. was used. Local dressings of sol. chlor. calcis with lint was the only application in general resorted to, although it sometimes happened that mercurial washes were found to expedite the cure; and again, in very irritable sores a wash of the solution of opium was frequently required.

The method of giving the calomel was to begin at once with scruple doses, followed in six hours by the compound infusion of senna. This course was repeated every morning until the character of the sore was changed, unless it was found to produce too much cathartic effect, or to affect the gums.

The following cases will illustrate the mode of procedure, and its success.

**Case 1.**—H. C., æt. 20. Admitted September 7th, for pains in his bones of three weeks' duration, and chancre on the prepuce of ten days, being the re-appearance of a sore which had a short time previously been dried up by the application of sulph. cupri, but which left an induration. He had a bubo last winter, when the sore was first contracted. Treat.: cal. 3j., followed by inf. senn. comp. §ij. 9th, Repeat same. 10th, Repeat same. 11th, Repeat same. Discharged cured Sept. 14th. Duration of treatment, seven days.

**Case 2.**—J. S. W., æt. 23. Admitted September 7th, with phymosis and chancres on the edge of the prepuce of five days' duration. Slight enlargement of the glands of left groin. Treat.: cal. 3j. R. Inf. sennæ comp. 9th, Cal. 3j. R. Inf. sennæ comp. 11th, R. Cal. 3j., followed by eccoproct mixt. 12th, Has had chills, followed by fever, pulse 120, tongue furred. R. Inf. sennæ. R. Pulv. Doveri, gr. ij., pulv. ipecac., gr. j. Repeat every three hours. 18th. Had another paroxysm of ague yesterday. R. Emetic, followed by quinine. Discharged cured September 23d. The sore had been healed several days. Duration of treatment, sixteen days.

**Case 3.**—J. W., blk., æt. 24. Admitted Oct. 9th, for chancre on the glans, of one week's duration, and bubo in the right groin. Treat.: cal. 3j., followed by inf. sennæ comp. The sore readily healed under the use of simple dressings. Discharged cured Oct. 16th. Duration of treatment, seven days.
Case 4.—J. M. B., æt. 27. Admitted Oct. 1st, for ulcer upon the pubis, of forty-two days' existence; overhanging, livid edges and fetid discharge. Treat.: cal. 6j., followed by inf. sennœ comp. 3j. 3d, Repeat same. 5th, Complains of soreness of gums; the ulcer has put on a healthy character; red granulations are shooting up; for a local wash the sol. chlor. sodœ has been used. Discharged cured October 17th. Duration of treatment, sixteen days.

Case 5.—J. L., æt. 19. Admitted Sept. 10th, having a large syphilitic sore on the lower side of the penis, of three weeks' duration. Treat.: poultice to sore. 8. Cal. 3j., followed in six hours by mist. eccoprotic. 13th, Repeat cal. and eccop. 15th, Repeat same. 19th. Repeat cal., with inf. sennœ. 21st, Mouth slightly touched; omit medicine. Apply ung. hyd. rub. to sore. Discharged cured, Oct. 26th. Duration of treatment, 46 days.

This sore was of that species of ulceration, which is generally very obstinate, healing in the centre, and spreading on the edges in the crescentic form, and sometimes requiring months to effect the healing process.

Case 6.—T. E., æt. 36. Admitted Nov. 3d, for ulceration of the extremity of glans penis, of three weeks' duration, with partial paraphymosis; the ulcer about the size of a shilling piece. Treat.: poultice. 8. Cal. 3j. 5th, Repeat cal. 3j., followed in six hours by inf. sennœ comp. 6th, Repeat same. Discharged cured, Nov. 11th. Duration of treatment, 8 days.

Case 7.—A. P., æt. 26. Admitted Nov. 5th, for fistulous bubo, of twenty days duration, and chancre on corona glandis, which appeared a few days before the former. Treat.: poultice to bubo. Sol. chlorid. calcis to sores. 8. Cal. 3j., followed by inf. sennœ comp. 7th, Dilated sinus in groin, and dressed with lint. Repeat cal. 3j. and inf. sennœ comp. 9th, Repeat same. 11th, Repeat same. 13th, Repeat same. Discharged cured, Nov. 19th. Duration of treatment, 14 days.

Case 8.—B. F., æt. 35. Admitted Nov. 3d, for chancre on corona glandis, of two weeks duration, and bubo in the right groin, of seven days. Treat.: cal. 3j. The treatment was pursued after the same manner as the above. The bubo did not suppurate, having been dispersed by the application of Ricord's caustic. Discharged cured, Nov. 26th. The chancre having been well for several days, but he was detained for the purpose of healing up the issue. Duration of treatment, 23 days.

Case 9.—C. W. E., æt. 20. Admitted Nov. 7th, for phymosis and ulceration underneath the prepuce, which is indurated and oedematous, and cannot be retracted sufficiently to view the ulceration. A copious dark brown fetid discharge issues from the orifice. He has also a bubo in the right groin, which has suppurated. The whole of three weeks' duration. Treat.: poultice to bubo and penis. The calomel treatment with purging was continued for six days, when the prepuce could easily be retracted, affording a view of the

Typhoid Fever.

Typhoid Fever.


As the subject is attracting considerable attention at present, particularly in our large sea-port towns, where crowds of emigrants are daily landing with this form of fever, the following excellent description, &c., of it is taken from the last No. of the New York Journal of Medicine:

Fever of a remitting type have prevailed quite extensively during the latter part of the last summer, and during nearly all the fall months, but not a single case, as I can ascertain, died of it at that time. In December, the first cases of the low form of fever showed themselves. All the cases which have occurred seem to be confined to a neighborhood of from one to two miles square; and beyond the limits of this, as far as I can learn, no cases have appeared. The symptoms in the forming stage differed but little from an attack of ordinary fever, commencing with loss of appetite, sense of lassitude and disinclination to exercise of any kind, chilliness, pains in bones, etc. After twenty-four or forty-eight hours headache came on invariably in all the cases, and in many it was the first symptom, and continued very obstinate through the whole course of the disease. About the third day the patients were generally obliged to take to their beds, the headache increasing, attended with vertigo, dimness of vision, ringing in the ears, suffusion of the conjunctiva and deafness. The tongue was at first covered with a thick white fur which changed by the fourth or fifth day into a brown, and finally into a black during the latter stages of the disease. In a great majority of the cases diarrhoea was a prominent symptom from the commencement, so much so that even the use of the mildest febrifuge medicines was inadmissible; this was controlled with great difficulty by opiates, and in some cases astringents had to be resorted to. Accompanying this diarrhoea, we found considerable tenderness of the abdomen in nearly all the cases. The discharges from the bowels were generally

ulceration underneath, which extended half way around the corona glandis, with elevated edges and brownish discharge. Discharged cured, Nov. 30th. Duration of treatment 23 days.

Numerous cases of this description could be given, but the above will be sufficient to illustrate the manner in which syphilis, in its primary form, is here treated. Another advantage, which I have not observed under other methods, is that the worst and most forbidding cases of phymosis are reduced without the necessity of an operation, which is sometimes followed by unpleasant consequences, such as the cut surfaces taking on the same character as the original sore; and always more or less oedema and infiltration, which greatly retards the cure.
very watery, of a dark color, very fetid, the urine scanty, sometimes entirely suppressed, and of a very red color. The skin was generally quite dry, although not very hot at any time, and in no case could I discover any of the "calor mordax" spoken of by writers, and which I have frequently felt in similar cases. As the disease progressed, in many cases delirium was a constant attendant through the whole course of the fever, and none were entirely free from it. In many cases the collapse came on very suddenly, and in others a gradual sinking came on, and steadily progressed until the patients died. The collapse seemed to bear no relation whatever to the severity of the first stage, as is generally the case, as sometimes in those who had been attacked but slightly, the collapse was sudden and fatal, while in those whose stage of excitement had been very severe the collapse came on very gradually, and progressed slowly, and vice versa. As to the post-mortem appearances I can give you but little information, as owing to the prejudices existing among the people it was next to impossible to procure an examination. After I had left, however, one examination was made of a boy aged fourteen, who died very suddenly, and I understood from a physician who was present, that his bowels were a complete mass of mortification. As to the treatment it was very various. All the patients, however, had in the commencement mercury, in some of its forms, and in two cases which have since recovered, it was carried to the extent of slight salivation. Some cases were bled generally, and some not, but it seemed to make but little difference in the continuance or violence of the disease. The local treatment consisted in cold applications, leeches, and blisters to the head and nape of the neck; cups and blisters to the chest, when the symptoms seemed to demand; hot fomentations, poultices, leeches, and blisters to the abdomen, etc. In some cases we ordered the patients to be washed over the whole body with a solution of nitro-muriatic acid made as strong as they could bear it; this was done twice in twenty-four hours, and seemed at least to give considerable temporary relief to the patients. The general treatment was at first calomel, hyd. cum cretâ, or pil. hyd., followed by the liquor ammoniæ acetatis, or spiritus ætheris nitrici, with the potasse nitras, or vinum ipecacuanhae or antimonii; but in some cases, and indeed in many, their use was impossible, on account of the tendency to diarrhœa, as every thing taken into the stomach ran off by the bowels in a short time. In all the cases stimulants and tonics had to be resorted to sooner or later, but generally with little benefit, although at first the patients seemed to rally under their influence, yet they seemed to have no permanent effect in many cases. Those used were the infusum sepentariae, or columbae, camphor, ammonia, etc., together with sulphate of quinine, port wine and brandy, with a nourishing diet of beef-tea, chicken-jelly, arrowroot, etc. I forgot to mention that the pulse was in most cases very frequent, from the commencement, ranging from 100 to 130 and 140 during the whole time. In some cases the pulse was quite full and hard in
the commencement, but generally it was quite small and very easily compressed. I may say in conclusion that it seemed to matter little what course of treatment was pursued, the patients in a large majority of cases died, some during the first week, others running on four, six, eight, and ten weeks. In one family, five persons died, all between the ages of fourteen and thirty; indeed nearly all the cases have been young persons.

Cold Water in over doses of Opium.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have been a reader of your valuable Journal for several years, and do not recollect seeing any communication respecting the application of cold water to the cranium in cases of over doses of opium, when taken for the purpose of committing suicide; or when injudiciously administered. As several cases of the kind have come under my observation, I take this opportunity to report them, and you are at liberty to do with them as you please.

Case I. A healthy child, aged 6 months, son of P. W., December 3d, 1845. A few days after confinement, the mother was troubled with abscess of the breast, for which six or eight powders of acet. morph., of one sixth of a grain each, were prescribed by the attending physician, to be taken as circumstances required. About four and a half months afterwards a swelling appeared about the groin of the child, and the mother remembering the good effects of the morph. upon herself, administered a powder to him, at 4 o'clock, P. M. Two hours had elapsed before I had arrived. I found the child as follows: Entirely insensible; countenance pale and Hippocratic; breathing stertorous; extremities cold; pulse scarcely perceptible; and, in fact, every appearance of immediate dissolution. An emetic of sulph. zinc and ipecac. was turned down, but the stomach did not respond to it. Hot flannels, wet and dry, were wrapped about the child, with sinapisms to the extremities and spine. We then commenced pouring cold water from the height of about four feet. This was continued at short intervals for five hours, when sensibility began to return, and the child recovered.

Case II. Mrs. C., of Dickinson, a robust woman, aet. 50 years, August 9, 1846, 11 o'clock, A. M., took full one drachm of best Turkey opium, after shaving to a powder, for the purpose of committing suicide. She told her daughter, (18 years of age) that she felt unwell, and would go and rest herself in an adjoining room for two hours, and did not wish to be disturbed during that time. Half-past 2, the daughter entered her room, and finding her insensible, sent for me. I arrived at 4, P. M., and found her extremities cold and clammy; entirely senseless; great prostration; feeble and irregular pulse; stertorous breathing in the extreme. From particular inquiry I be.
came satisfied that these symptoms were caused by an over-dose of opium—as she afterwards confessed.—Hot sinapisms, stimulating frictions and active flagellation to the extremities; cold water from the well was then poured in a large stream from a hole in the chamber floor. Not having a stomach pump at hand, an emetic of sulph. cupri. and ipecac. was forced, with some warm brandy and water, but it was some time before it would operate, with the assistance of a feather to the fauces. No remains of the drug were evacuated that we could discover. The water was continued almost constantly for nearly six hours, before she began to arouse from the lethargic state.

Case III. Infant of A. S., of Moira, aged 14 days, December 5th, 1846. Being restless, a neighbor gave it two drops of highly concentrated laudanum, at 10 o’clock, A. M. I saw it at 1, P. M., and found its countenance pale and ghastly; eyes open and set in their sockets, with occasional winking of the lids; surface generally cold; breathing stertorous and exceedingly irregular, and having frequent convulsions. Treatment.—Hot sinapisms and hot flannels were applied, as in the former cases, with an occasional warm bath. Cold water was applied by means of wet cloths, and continued twelve hours, when the narcotic effects having subsided, recovery followed.

In regard to the above cases, I would remark, that I consider the success owing to the thorough application of the water to the head, thereby prolonging the powers of life until the suspension of the narcotic effects of the drug. From the experiments of Sir B. C. Brodie, who has clearly demonstrated that opium produces death by paralyzing the nerves of respiration, is it not possible that partial, if not entire congestion of the brain takes place in fatal cases? If so, may we not rationally come to the conclusion that the refrigerating application has a powerful tendency to prevent such congestion, and therefore deserves the attention of the profession.

Moira, N. Y., April 8th, 1847. F. H. Petit, M. D.

On the Accidents which result from the Puncture of a Nerve. Cause of Neuralgia. By M. Aug. Berard, Surgeon to La Pitié.—Condensed from La Nouvelle Encyclopédie. — (New Orleans Medical and Surgical Journal.)

At the moment when a nerve is pricked the individual experiences an extremely sharp pain at the site of the wound, which radiates through the divisions of the nerve to the parts where it terminates. Sometimes the pain proceeds upwards towards the origin of the nerve. Having continued some days, rendering the motions of the part difficult, or preventing motion, it usually subsides, but is sometimes followed by more or less serious accidents, as excruciating pains, convulsions, tetanus, spasmodic contractions; usually confined to the parts to which the wounded nerve is distributed, and occurring in paroxysms accompanied with more or less suffering, occasionally ex-
tending over the whole body; and if the inferior limbs are involved, the patient is unable to walk or to support the motion of a carriage; or obstinate neuralgia may occur a considerable time after the infliction of the injury.

M. Bérard, in his own person, experienced neuralgia from a prick of the frontal nerve. For the purpose of a galvanic experiment a needle was forced into the external branch of the ophthalmic nerve, as it proceeds from the supra-orbital foramen, and an electric current was directed throughout the division of the nerve. At the instant, violent pains were felt over the forehead and crown of the head. The pains ceased when the needle was withdrawn, but some months afterwards a fresh attack of neuralgia was experienced in the division of the wounded nerve. The pain had the quotidian intermittent type, and gave way to the use of sulphate of quinine. Since this period repeated attacks of neuralgia have occurred, with many years' interval, some of which were excessively violent and long-continued, and always seated in the frontal branches, but sometimes extending to the nasal and lachrymal branches of the ophthalmic nerve.

A young person met with a cut with a penknife, in the forearm, above the wrist. A violent pain was felt in the forearm, wrist, and fingers; this was soon followed by spasms, while the voluntary motions of the fingers were either incomplete or impossible. Subsequently the spasms became general, and for two years the individual led a most miserable existence; the case being ultimately cured by repeated applications of the actual cautery. Similar symptoms occurred in a young woman, from a wound above the wrist, inflicted by a piece of glass, probably injuring the median nerve; and the following detail is drawn up from the case of a woman at present in La Pitié, with a similar affection, having been bled at the fold of the arm some time previously.

**Diagnosis.**—The symptoms of a puncture of a nerve cannot be confounded with those of any other disease. A wound corresponding with the site of a nerve, the pain propagated along the nervous filaments, tremblings, and convulsive movements, which resist all ordinary remedies, leave no doubt of the nature of the affection.

**Prognosis.**—The accident is in general exempt from danger, the pain ordinarily ceasing after a few hours, or at most a few days, but the disease becomes very serious when spasm, convulsion, and neuralgic pains continue. The patient may become the subject of continual torment for many years, and of sufferings which produce their influence over the whole economy. Happily these results have been observed in a few cases only.

**Treatment.**—When the wound is recent—rest, antiphlogistics, and opiates, the latter being indicated when the symptoms persist; friction in the course of the nerve, with oil and laudanum, or hyoscyamus, bathing the limb with decoction of poppies or of belladonna, the application of morphine by the endermic method, &c. But the disease, when fully established, most frequently resisting these mea-
sures, there remains no other resource but to destroy the affected nerve; for which purpose cauterization or incision may be employed. The first, although most painful, destroys a greater portion of the nerve; one application rarely succeeds. When incision is resorted to it should be done two or three centimetres from the wound, towards the nervous centre. The purpose may, perhaps, be equally well effected by subcutaneous section. In the few cases in which this operation has been resorted to the symptoms have subsided the moment the nerve was divided.

Pathological Anatomy.—The puncture of a nerve produces a circumscribed tumefaction in its substance, with effusion of blood into the cellular tissue between the nervous filaments and within the neurilemma. When the symptoms of acute inflammation have subsided, and the absorption of the effused fluid has taken place, there remains, according to Wolff, Béclard and Descot, either in the whole thickness of the nervous cord, or, if the puncture has been very limited, at one point of its circumference only, a hard, opaque swelling, of a fibrous consistence, which is invariably formed by a thickening of the cellular-fibrous tissue. This tumefaction may furnish a useful indication where accidents of this kind have resisted ordinary curative means.


For many years I have made use of adhesive straps as the restraining girdle around the chest, and with happy effect. The following is the mode of applying them:—I cut the most adhesive and best made diachylon plaster I can procure into strips four inches broad, and of sufficient length to surround the thorax with a tail, which, after meeting around the cavity, will reach fully a foot beyond the point of meeting. I place the patient in a warm apartment, and close to a good warm fire, so that the plaster may be readily and thoroughly warmed, and kept perfectly soft during the application of it. Having ascertained the seat of the fracture, and having the plaster thoroughly softened, I place the middle (the sailor would call it the bight) of the strap on the fractured points. An assistant and myself each pull the ends of the strap very tightly, whilst another assistant supports the patient by preventing him from yielding in the direction we are drawing the plaster. The patient also empties his chest by expiration, as forcibly as he can, at which juncture the strap is brought in contact with, and made to adhere to the chest, encircling it tightly all round; the ends are crossed over each other. This first strap, or girdle, is followed by a succession of them, laid partly over each other, or imbricated; each strap should cover a third of the width of the one next it; they are applied in the same manner as the first, which, in the end (from the straps reaching up to the
axilla, and down to the lower part of the chest, compressing that cavity powerfully) becomes slack, and another one is required to put round over it. I then, to secure the firm adhesion of this cuirass of plaster at every point, smooth it over with an Italian iron sufficiently, but moderately, heated.

I have now adopted this practice for many years in private, and have taught it to the pupils of the Glasgow Royal Infirmary, some of whom, with myself, can bear testimony to its facility of application, and its perfect efficiency. It is immediate in its relief, and does not generally slacken till its support is no longer needed. I need hardly add, that it enjoys its advantages from the adhesion every where diffusing over the whole surface of the chest a most equable pressure; whereas the sliding bandage usually employed comes to press most on the prominent parts, and is therefore inefficient. Besides, the stiffness of the strap affords a certain and very suitable amount of support, which the bandages hitherto employed to encircle the chest do not afford. Indeed, a piece of plaster is often put on the surface over the broken point below the cinctures in ordinary use in these cases. I have just recalled to mind the circumstance which led to my adoption of this method of treating fractured ribs. I was laboring under the most agonizing neuralgic pain of the thoracic parietes during my convalescence from continued fever. Many kind professional friends who visited me, suggested diverse remedies, but all in vain; the late Dr. Abercrombie at length suggested a broad strap of plaster to be wrapped tightly round the chest. It proved instantaneously and permanently effectual, and pointed out to me the value of the strap in all cases requiring a firm girdle round the chest, to check, or altogether prevent its respiratory movements. I have employed it also in cases similar to my own, since, with like success.

On the Use and Abuse of Mercurial Preparations.—(Medico-Chir. Review, from Revue Médicale.)

Dr. Sichel gives the following cautions as necessary in the exhibition of mercurial preparations:—

1. The diet must be in no-wise stimulant, and as little nourishing as possible. If this is not attended to the plasticity of the blood becomes augmented.

2. All notable change of atmospheric temperature should be avoided. Unless this rule be observed, numerous disappointments will occur, and premature salivation is especially likely to be induced.

3. It is a general law that the special physiological action, or the toxical effects of a medicinal substance, only manifests itself after its action upon the pathological condition has become exhausted.

The operation of this law is well seen in the employment of narcotics in those affections of the nervous system which afford distinct indications for their use, as neuralgia and tetanus. This last, we know, demands large doses of opium, but the point of saturation must
be carefully watched so that the drug may be laid aside when the precursors of narcotism begin to replace the tetanic symptoms; unless we wish to see, as I have often seen in the hospitals, the patient cured of the tetanus to die by opium. The physiological action of mercury is exerted upon the salivary glands, and with the earliest precursory symptoms of salivation, the blood has already lost some of its morbidly plastic character. It is indeed remarkable to what an extent acute inflammation becomes relieved, upon the appearance of the precursors of salivation, and how long these are in making their appearance in intense and essentially exudative inflammations, as iritis, peritonitis, and especially puerperal peritonitis. In this last we are sometimes surprised at finding the abdomen, which the evening before would not endure the weight of the clothes, supporting next day firm pressure of the hand, the precursory symptoms of salivation having manifested themselves in the interval. These are indeed the signs of the system having become sufficiently saturated with the mineral, which must be left off as soon as they appear, our object not being, save in very rare and obstinate cases, to excite actual salivation. Instead of then pushing on the mercury, if the disease does not yield, we must, in the case of inflammation, have recourse to other antiphlogistics; and in the case of syphilis, to iodine, sudorifics, &c., carefully limiting the regimen, and avoiding exposure to cold. When, however, the precursory symptoms are dissipated, and the disease has not yet yielded, we may turn again and again to the mercurial treatment. In syphilis this is almost always necessary.

It is from the non observance of the above rules, that so much mischief has been caused by this remedy, and so much prejudice has been raised against it. The excitement of profuse salivation is especially mischievous. The anti-plastic action of the drug may, after long use, so diminish the coagulability of the blood, as to produce a mercurial scorbutus, very difficult to cure. Marasmus may likewise be produced, especially in children and aged persons, if mercury be employed sufficiently long to induce ptyalism or diarrhoea, or the two conjointly. Calomel, particularly, must be given to such subjects with great care. It is not sufficient to withhold it when salivation or purging already exist; but at every visit the condition of the salivary organs and digestive tube must be carefully enquired into. From neglect of this precaution, infants often suffer severely from the prolonged use of calomel.

On the action of Digitalis, and its uses in Diseases of the Heart.

By W. Munck, M. D., Physician to the Tower Hamlets Dispensary.—(British and Foreign Rev.)

This is one of those performances which we hail with the greatest satisfaction; were they more numerous we should be in a better position to contend with disease, and (what is of far smaller importance, but still of some moment) to answer the frequent taunts of our homœopathic opponents.
Dr. Munk has drawn his conclusions from upwards of 400 experiments with this drug, made with care, and recorded with accuracy; and he has, we think, established some very important points.

It is well known that digitalis exerts its influence specially on two organs—the heart and the kidneys. Now it appears from the researches before us, that these results depend very much upon the preparation employed—the tincture affecting the heart—the infusion acting upon the kidneys. If it be desired to lower the action of the heart decidedly, as in cases of hypertrophy, the tincture should be given alone, in moderately full doses. If we wish to relieve the palpitations, dyspnoea, &c., which form so large a portion of the distress of those who suffer from valvular disease, dilatation, &c., the tincture should be given in combination with camphor, assafetida, musk, or other antispasmodics. In either case the patient should abstain from all exertion of mind or body. A plethoric condition is unfavorable to the action of the drug, and should be removed before its administration.

When the diuretic action is required, the infusion should be given in doses of from half an ounce to an ounce every six or eight hours, and the patient should take moderate exercise, and have the loins warmly clad, avoiding the production of diaphoresis.

Dr. Munk suspends its use if the pulse falls below 60, and does not persevere longer than a week, if the medicinal effects are not readily produced. With these precautions he has rarely seen any injurious effects from its employment.

A Case of Partial Double Monstrosity—Bipenis.

In the April No. of the Medico-Chirurgical Review, is noticed an account of a curious lusus naturae, by Wm. Acton, Esq., Surgeon to the Islington Dispensary. The child has also been exhibited in Paris, and the French surgeons agree with the author that the third leg (not one of the penes) ought to be cut off.

The subject of this curious case was a Portuguese child, six months old, exhibited in London during last Spring, and rendered sufficiently notorious by a placard not remarkable for its decency, in which the infant is characterized as "the Human Tripod, or three-legged child, and first Bipenis ever seen or heard of." The monstrosity is thus described by Mr. Acton.

"Below the umbilicus, and to the right and left of the mesial line, are two distinct penes, each as large as the penis of a child six months old; their direction is normal. I may mention that water passed from both organs at the same moment, during the time that Dr. Cursham and Mr. Perry were examining the infant with me. Each penis is provided with a scrotum, the outer half of each scrotum containing
one testicle, the inner half of the scrotum is far removed from the
outer, and the two inner halves appear like another scrotum between
the two penes. Between and behind the legs of the child, we see
another limb, or rather two lower extremities united together in their
whole length. The upper part of this compound limb is connected to
the rami of the pubis by a short narrow stem half an inch in length,
and as large as the little finger, apparently consisting of separate
bones or cartilage, for, on moving the compound limb, at the same
moment the finger is kept on the stem, crepitation is felt, but I could
not detect any pulsation. Immediately beyond this stem, and con-
cealing it, the compound limb assumes a size as large as the compound
natural thighs of the child, and within the upper part irregular por-
tions of bone may be felt (probably a portion of a pelvis and the heads
of the thigh bones), which may be traced down, united together into
one mass, to a leg of comparative small size, though still larger than
either of the healthy legs, and terminating by a double foot in the
position of talipes, with the sole turned forwards, and furnished with
ten toes, the two great toes being in the centre of the others: the two
outer toes on each side are webbed.

"When the child is placed on its belly, the spine and back present
a perfectly normal appearance; the anus is in its usual situation;
the functions of the bowels are duly performed. Viewed in this
position, the compound limb assumes a roundness and fullness equal
to the buttocks of a young child, and a slight depression is observed,
as if for the anus. Tracing the limb downward, we find only one
patella, which is on the same aspect of the limb as the anus, the joint
bends freely, and the compound extremity terminates as above de-
scribed. This compound limb is quite motionless, the upper portion
alone appears endowed with sensibility, its vitality seems low, as the
toes have a bluish appearance; the upper portion, however, is of the
same temperature as the body of the child."

PART III.—MONTHLY PERISCOPE.

The sense of smell destroyed by closure of the posterior nares.—
M. Hutin presented an ex-officer of the army of Africa, who had lost
the tonsils from an ulcerated sore throat. Since then the soft palate
has contracted adhesions with the pharynx directly backwards—thus
closing completely the posterior nares. Respiration is no longer ef-
ected through the nose; the closure is complete; he is not able to
blow his nose, and when he feels the necessity of expelling the gather-
ed mucosity, he is obliged to incline himself forward, his head down-
ward, and wait till it falls out by its own weight. Not being able
to breathe naturally, he perceives no odour, and is not conscious of
the taste of what he eats, though he knows when food is sweet, salt,
or acid, but he cannot tell when it is prepared, for example, with
onions or orange flower water, &c.—[Trans. Archives Gén. de Méd.
**Remarkable Case of Protracted Lactation.**—Mrs. P., aged 39 years October 28th, 1846, never had a sick day since her marriage, December 9th, 1829, except the usual sickness consequent on parturition. During this period she has given birth to eight children, all of whom are now living and in perfect health. The order of their births is as follows:—Sept. 5th, 1827, female; Sept. 5th, 1829, female; March 28th, 1832, female; April 1st, 1834, female; November 11th, 1837, female; April 3d, 1841, male; April 17th, 1844, male; November 3d, 1846, female. Mrs. P.’s only brother and sister lived to adult age, and both died of *tubercular phthisis.* Both parents also died of the same disease. She was married young, and at the time considered a remarkably slender girl, being subject to cough upon the slightest exposure. She has been constantly nursing for a period of nearly twenty years—never weaning one child till the birth of another compelled her to, for the convenience of the infant. More than once, when *in labor,* I have seen her child of the last birth at the breast.

From a solitary case of this kind I would not draw a single inference; but should some of your numerous correspondents, from the abundance of their experience, contribute for the Journal similar cases with a like favorable result, might we not infer, contrary to the generally received opinions of medical men, that protracted lactation, especially during pregnancy, possesses a prophylactic power, even when there exists a well-marked hereditary predisposition to pulmonary disease.—[I. P. Smith, M. D., in *Boston Med. and Surg. Journ.*]

**Iodide of Starch for Ascites.**—The 21st September, a man affected with dropsy entered the ward of M. Burguet. Having failed to relieve him by the ordinary means, M. B. proposed to try the external application of iodine, inasmuch as it was stated to cure puerperal peritonitis. The abdomen of the patient was covered with a pretty thick layer of iodine and starch, in the proportion of 3ss. of iodine to 3iii. and grs. x. of starch. From the very first day, this article was easily recognized in the urine, sweat, &c., by its exhalation—the infiltration in the limbs gradually diminished, and then the ascites very rapidly disappeared.—[Trans. Jour. des Con., Médico-Chirurg.]

**An easy mode of removing the bitter taste of Quinine, without injuring its therapeutic action.**—M. F. Des Vouves, Student at the St. Louis Hospital, Paris, states that, by accident, he discovered a way by which quinine can be taken, even by infants, not only without repugnance, but with pleasure, so completely is its bitter taste destroyed. Being in Martinique in 1842, and about to take a dose of quinine as a cup of coffee was handed him, he put five grains of the article in a spoonful of this beverage; swallowing it down he was surprised to find it had no bitter taste. The other doses were taken in the same way, and his fever was cured. He has subsequently administered quinine in the same manner, and always with like results.—[Translated. *Idem.*]
[We find by the latest French Journals, this subject is now undergoing investigation by the chemists and pathologists of Paris—some contending that roasted coffee destroys or injures the therapeutical properties of quinine, and others that it does not.]

The Oil of common Fish instead of the Oleum Jecoris Aselli.—M. Bretonneau (one of the most distinguished living physicians of France), was one of the first to experiment with the oil derived from the liver of the Cod-fish: he has now established, after a long series of researches, that this costly article can be replaced without any disadvantage by the oil of common fish. This is important; for the former is almost always uncertain, and extremely high-priced when obtained pure. The oil of common fish, that is of the whale, is cheap; is administered in the same dose and under the same conditions, and is not more disgusting than cod-liver’s oil. Already has the observations of M. B. been verified by some of the physicians of the hospitals in Paris.—[Translated. Bulletin de Thérapeutique.

Coffee as a remedy for Neuralgia.—It is stated that a female under the care of M. Piorry, had, after parturition, being attacked with a neuralgic affection of the frontal branch of the fifth pair of nerves, which after resisting a number of the ordinary remedies, yielded completely to a continued use for many days of a very concentrated decoction of coffee.

Another case also is mentioned in which the success of this remedy was generally marked. A woman affected with the same form of neuralgia, which had been unavailingly treated with the valerianate of zinc and quinine, became cured by combining the use of strong coffee with the above remedies. The therapeutic effects of the drug were well marked in her: a draught of a very strong decoction of it at the commencement of a paroxysm of pain being quite sufficient to prevent its continuance.—[Gaz. des Hopiteaux—Med. Gaz.

Hooping Cough.—Purgation with calomel; if febrile symptoms, calomel and antimony; an occasional emetic, and small and repeated doses of carbonate of potassa, or the following formula: Potassae carb. 3 j.; coccus cacti, gr. x.; aq. fervent, q.s. The dose according to age; for an infant, a teaspoonful thrice daily. (Dr. Allnatt.)

Dr. Wachtl, of Vienna, recommends the ammoniated tincture of cochineal.

In the first stage, mild antiphlogistics, daily emetics, and strict confinement to the house, except in summer months. In the latter stages give the following:—Tincture of cantharides, tinct. of opium, comp. aa. 3 ss.; tinct. cinch. co. 3 vss. A teaspoonful to be taken three times a-day in a little boiling water; the dose to be increased if no strangury is produced. Be careful, however, at all times, not to give opium if it can be avoided. (Drs. Graves and McGregor.)
Case of Poisoning from swallowing Percussion Caps. By T. W. Foster, M. D., of Keene, Jessamin county, Ky.—Not long since I was called in great haste to attend an infant, at 14 months. Upon entering the room, I was informed by the parents that they had observed their child, about two hours previous to my visit, playing with a box of percussion caps, and they supposed she had swallowed some of them, as signs of acute suffering were exhibited soon after.

The little patient appeared to be sinking very fast. The eyes had a hollow, glazed appearance; there was great heat in the epigastric region, and coldness of the extremities; there had been eight or nine discharges from the bowels in an hour, and her general aspect denoted approaching collapse. Before my arrival free emesis had been produced by some domestic remedy, yet I continued the vomiting by administering ipecac. and large draughts of warm water, (of which the patient greedily drank,) with the hope of discharging at least a portion of the offending matters. The discharges became so debilitating, however, that I threw up an injection of eight drops of laudanum, suspended in starch mucilage, and immediately afterwards gave a large dose of calcined magnesia. An alkaline purgative was selected for the purpose of neutralizing any acid which might be found in the stomach or intestines, and thus prevent any chemical change in the copper. In the course of an hour the child became perfectly composed, and fell into a pleasant slumber, though it had previously suffered excruciating pain, attended with spasms. Dr. Spilman, the family physician, now took charge of the case, and applied counter-irritation to the abdomen. On the next day four caps were discovered in the faecal matter, which were found to be devoid of their fulminating powder. The child is now enjoying very good health.

[Medical Examiner.

The effects of one Stramonium seed.—Dr. Ashmead related a curious case of impaired vision, with dilatation of the pupil of one eye. The patient had the day previously taken up a dry head of stramonium and shook it several times, to cause a rattling of the seeds contained in it. On the ensuing morning, an irritation was felt in the affected eye, which caused the patient to rub it, when he perceived a foreign body beneath the lid; this, when extracted, was found to be a seed of the stramonium. Soon after its removal the impairment of vision and dilation of the pupil disappeared.—[Summary of Col. of Physicians of Philadelphia.

Arseniate of Quinia.—This salt, first prepared by M. Bourières, has latterly been much used in France in the treatment of obstinate intermittents, and, it is stated, with much success; the chief obstacle to its more general employment being, according to Dr. Boudin, its extreme bitterness. It is readily prepared as follows:—Dissolve half an ounce of sulphate of quinia in boiling water, and precipitate with ammonia; wash and dry the precipitate, and dissolve it with the
aid of heat in three ounces of distilled water, containing two scruples of arsenious acid in solution; as the solution cools, crystals of arseniate of quinia are deposited, which are to be dissolved in distilled water and recrystallized. It is a light, white salt, crystallized in brilliant satiny needles. It is soluble in water, but more so in boiling than in cold water; it is also soluble in weak alcohol, but is insoluble in absolute alcohol or in ether. The dose of it is from one to two grains in divided doses in the course of twenty-four hours. It is usually given in solution in distilled water, to which a little simple syrup may be added.—[Philadelphia Medical Examiner.

Treatment of Erysipelas by the application of Camphor in Ether. For the ointment of nitrate of silver, which furnishes good results in cases of erysipelas among very young children, but which is not always exempt from inconvenience, M. Trousseau has substituted the following: He covers the parts affected from the first day and during the continuance of the disease, with a strong solution of camphor in ether. This solution is composed of one part of camphor to two of ether. It is applied by means of lint wet five or six times a day, and then touching all the parts. The ether evaporates and leaves the surface covered with a light coat of camphor, which appears to possess great powers over the progress of the erysipelatous inflammation.—[Translated. Bulletin de Thérapeutique.

Treatment of Constitutional Syphilis in Infants.—M. Trousseau has treated for some years, with success, the divers forms of constitutional syphilis in sucking children, as follows:—He administers daily to the mother and child a bath of corrosive sublimate of the following proportions, viz., corrosive sublimate from \( \frac{1}{2} \) to 1 ounce, alcohol 4 ounces, to an ordinary bath. Moreover, if the child is nursed by its mother, he gives her daily a pill of one grain of protoiodide of mercury; but when on the contrary the child is not suckled, he orders the child every day \( \frac{3}{2} \) drachms of syrup of sugar, and 20 drops of the following solution:—Corrosive sublimate, 20 grs.

Water, \( \frac{1}{2} \) lb. 85. Mix.

Each dose will thus contain \( \frac{1}{2} \) th of a grain of corrosive sublimate.

Ever since M. Trousseau has had recourse to this mode of treatment, he affirms never having seen the least accident result from the administration of the baths of corrosive sublimate or from the solution. In a practice where he prescribed each day a great number of these baths for cutaneous or syphilitic affections, he never met with a single case that justified the apprehensions commonly entertained from their use. The baths of corrosive sublimate have no other immediate effect than to compose to sleep. It is rare that children, and even adults, after having taken a bath of this kind, are not compelled to yield to the desire of sleep which overcomes them. There are perhaps some special conditions, wherein they would be improper, but in most instances they are advantageous, and never dangerous.—[Translated. Journ. de Méd., from La Lancette Canadienne.
Hemorrhage from the Nose.—Introduce the little finger into the nostril, and press upon its floor until the bleeding stops; then take a dosill of lint, and roll it upon powdered alum, and press it upon the floor of the nostril with the little finger. Introduce pieces of lint, in this way, until the roof of the nostril supplies the pressure of the finger. (Dr. Oke.)

New mode of reducing Paraphimosis.—A man entered the wards of M. Blandin, then in charge of M. Chassaignac, affected with paraphimosis, of eight days standing, and having an induration semi-cartilaginous of the prepuce. M. C. employed in this case a practice which he had used with success a dozen of times before. The penis was held in the fist of one hand, while the pulp of the thumb alone of the other was applied to the glans. The thumb compressed the glans penis, and the other hand embracing the body of this organ, gently drew the retracted prepuce forwards. These manoeuvres it is necessary sometimes to continue for half an hour, and the surgeon may even require assistance to apply the requisite degree of force. Since the introduction of this mode of reduction, M. Chassaignac has met with no irreducible paraphimosis. Some days after the patient is thus relieved, and when the inflammation has been subdued, the operation of phimosis may be performed to prevent the return of the former affection.—[Translated. Journ. des Connaissances Médi-co-Chirurg.

An ingenious Operation for Phimosis.—M. Vidal (de Cassis) draws the prepuce in front of the glans penis, passes a fine needle armed with a long ligature before the head of this organ and through the fore-skin stretched over it, making five or six points one-quarter of an inch apart—the redundant prepuce is then cut off just anterior to these threads. The part retracts, the loops of the ligature are now cut as they lie over the glans penis, and by tying each one separately, the skin and lining membrane of the remaining fore-skin are brought accurately in contact. Reunion is almost always affected by the first intention. This operation is now regularly performed at the hospital to which M. V. is attached.—[Translated. Bulletin de Thérapeutique.

Cure of Nevi.—In flat nevi up to the size of a crown-piece, lint steeped in pure liquor plumbi is fastened over the part with a bandage, and wetted by fresh applications of the lead, without frequent removal. After days or weeks, the swelling becomes whiter, flatter and firmer; soon afterwards little firm, white spots form on the surface, and the cure is certain. By means of a solution of alum and compression, nevi so large that extirpation would have been impossible, have also been cured. It may be necessary to keep the remedy constantly applied for six months.—[Dieffenbach’s Operative Surgery, from Ranking’s Abstract.]
Bifid Vagina.—Prof. Dickson says that, Mrs. — came to the city, 1839, to consult him. She has been two years married—has always suffered from irregular and scanty menstruation; it is but a few months since she has become aware of the existence of some genital malformation. The vagina is divided—neither longitudinally nor transversely, but obliquely—by a membranous partition. Both tubes are long and narrow. Coition is difficult, particularly if the right (and somewhat anterior) opening be entered. [How is this ascertained?—Can the patient tell?—Edt.] The left, which is obliquely posterior, leads to the uterus, the os tincæ presenting; the right conduct to the side of the uterus in which the membranous partition looses itself; the cul de sac is not to be reached by the finger; a long probe or bougie may pass up six inches or more, but gives pain, and when withdrawn, is coated with bloody mucus. The dividing membrane lies in loose folds; is smooth and well lubricated; it projects slightly between the labia. It possesses very little sensibility.

Prescriptions. For Coryza—by M. Deschamps.—Injections often repeated, of three grains Ext. of Opium to water one ounce.

For nervous, sleepless and hysterical cases—by A. Brigham, M.D., Editor Amer. Journ. of Insanity, &c.—Tinct. of Lupulin and Hyoscyamus, each, 4 ounces; Gum Camphor, 1 drachm; Oil of Valerian, 32 drops. Mix. Dose—one to two drachms.

For violent Mania, with deficient urinary secretion—by Dr. A. B. Tinct. of Digitalis and Squills, each, half an ounce; Wine of Antimony and Nitric Ether, each, 1 ounce. Mix. Dose—30 to 60 drops.

For debility and loss of appetite—by Dr. A. B.—Tinct. of Bark comp., 1 ounce; Gentian, 3 ounces; Capsicum, 2 drachms; Sulph. of Quinine, half a drachm; Sulph. Acid, 15 drops. Mix. Dose—one drachm in water, or better in ginger tea.

MEDICAL INTELLIGENCE.

Dr. Garvin’s withdrawal as co-Editor.—Dr. Garvin having withdrawn from the Journal, it will hereafter be under the direction of Dr. P. F. Eve.

In parting with the Doctor, as co-editor, he has my thanks for what he has done for the Southern Medical and Surgical Journal, and my sincere wishes for a long life of useful application of his eminent talents and great acquirements.

In assuming the control and management of the Southern Medical and Surgical Journal, the Editor will say but little. The work has been revived and sustained thus far by the kind and fostering care of its friends. Having now been established upon what is believed to be a solid foundation, it must stand or fall by its own merits. If the matter it contains is not worth the subscription price, let the enterprise fail—it will no longer solicit patronage alone
for the sake of support, but will strive to demand it, by its own intrinsic worth. It commends itself to the Southern practitioner of medicine, as the oldest Journal in this section of our country; since its revival in 1845, although issued monthly, it has never once been behind time, a circumstance unparalleled any where; no other similar work presents the same variety of professional intelligence; it is one of the cheapest medical periodicals in any country, not only as regards the number of its pages, but especially in reference to the quantity of matter it contains.

The present editor was the first to suggest a Southern Medical and Surgical Journal, for which he issued a prospectus, more than twelve years ago. He is fully sensible of the work before him; knows the many hours of toil he must endure; the task to be monthly performed; the privations to be undergone; and how much he has to accomplish, by industry and perseverance alone. Believing he is in the path of duty, relying upon the co-operation of the friends of Southern literature and medicine, claiming indulgence for his many imperfections, and depending upon Divine Providence for continued health and disposition to labor, he will try to redeem the pledge by conducting the Journal as heretofore. He desires, as long as he lives and belongs to the profession, to be connected with it; for he loves work, whether it be with the lancet or pen, for work's sake.

The Annalist.—Since our last issue, 17 Nos., inclusive from the first, have been kindly sent us. This new Journal purports to be a record of practical medicine in the City of New York. It is edited by Wm. C. Roberts, M. D., and was commenced last October. Each No. contains 24 pages, and one is published the 1st and 15th of each month. Price, $2 per annum in advance. The publisher, Mr. D. Adee, assures the medical profession, that the permanency of the Journal is beyond the contingency of failure.

The June No. came in good time; and having examined the pages of this periodical from its origin, we recommend it as worthy the liberal patronage of the profession.

Medical Miscellany.—Mr. Sibson, of Nottingham, says he has seen several cases of facial neuralgia relieved by the inhalation of ether.——Thirty Surgeons of London have sworn that their annual income by practice amounted to $50,000 each, and three to upwards of $100,000. Sir Astley Cooper's business in his best days was about £23,000, or $115,000 per annum.——The Moniteur, government paper of France, states that during ten years, there were tried in the various criminal courts 41679 male prisoners, above the age of twenty-five years; among them were 33 priests, 33 lawyers, 75 notaries, 65 tipstaffs, but not a single medical practitioner.——During the past twenty-one years, 33 students belonging to the Faculty of Medicine of Paris, died from dissecting wounds. In the same city, the rate of mortality among students of law, is 1 in 89; in the military school, 1 in 75; in the medical school, 1 in 50. The mean annual mortality in Paris is 1 in 51; in the prisons it is 1 in 15, and in the hospitals 1 in 6.——The London Lancet says, that the number of surgical operations have been double in the London hospitals since the introduction of the etherial inhalation.——A lady of Alabama, is said to have presented her husband with 5 children in 10 months—the first three died, but the twins were living.—A negro girl 18 years old, was recently delivered, in one of the upper counties of Georgia, of 4 still-born children.
Death of Lisfranc.—By recent arrivals from Europe, we learn the death of this justly celebrated Surgeon. He was born in 1736, in a small village near Lyons. In 1812, at the age of 26, he held the post of Surgeon of the first class, and served in several campaigns under the great Napoleon. After the peace of 1815, Lisfranc settled in Paris, and soon obtained the place of Surgeon to La Pitié Hospital. Although not a professor in the school of Medicine, he regularly delivered clinical lectures, and had a large private class which he instructed in Operative Surgery. We are indebted to him for many valuable improvements in the profession; in fact, as a medical Surgeon, he has probably left no equal.

He was a man of great athletic powers, and possessed a stentorian voice. Under a rough exterior, and exceedingly blunt manners and harsh expressions, particularly towards his rivals, he had kind feelings and much goodness of heart. He was a friend to the poor and needy, and his services were ever ready at the call of sickness and distress.

He fell a victim to pseudo-membranous croup, at the age of 61; and left the regret that his work on operative medicine was not complete.

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

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11 Fair days. Quantity of Rain 1 inches and 65-100. Wind East of N. and S. 12 days. West of do. 14 days.