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EDITED BY

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"Je prends le bien où je le trouve."

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1847.
Random Thoughts on Febris Typhoides. By C. T. Quintard, M.D., of Athens, Ga.

Every writer on this disease, seems to have arrived at different conclusions, not only as regards its pathology, but the treatment indicated; each deciding according to his own favorite theory: nor does this difference depend so much on a deficiency of critical judgment as on the different characters the disease assumes under variable circumstances. Reasoning from analogy, as physicians are necessarily obliged to do, we would naturally presume, that the disease would at least be described accurately, and that those persons engaged in the pursuit of pathology, would be enabled to give us clear ideas of the morbid state induced by the action of the poisonous miasm. But inasmuch as we have as yet no clear notions concerning typhoid fever, we see how slippery a foundation our conclusions have, when they are based on analogy only,—and yet there are collateral evidences which ought to guide and direct us not only in determining the action of the exciting cause, but in providing us with a treatment adapted, in its general outlines, to the variable states of the body when suffering under the disease. In the retirement of the study, medical men are too apt to neglect the facts observed at the bed-side and allow the imagination to run wild before reason. This leads them to practice upon theory without giving proper weight to the experience gleaned from close observation. "That every thing is easy when you know it," sounds like a simple truism; when, in fact, it is a wise apothegm. It declares that, be an object never so difficult to be attained in the outset, we may, by the necessary pains
and labour, obtain such a mastery over it as to be surprised that we were ever discouraged in its pursuit. It too often happens that medical writers stop in medias res—arrive at conclusions—sum up arguments—and without hesitation "make books," with which to train medical shoots. There is a fondness in the use of the personal pronoun "I," which leads them to neglect, or pass lightly over the experience of others, and depend solely on their own resources. We very seldom see among medical philosophers, the modesty which characterized the distinguished Dr. Hartley, when offering the result of his labours to the world—desiring his readers "to expect nothing but hints and conjecture in difficult and obscure matters, and a short detail of the principle reasons and evidences in those that are clear," &c.

Persons reviewing a disease in different latitudes, notice the same general characteristics, while there are many of the symptoms which vary exceedingly.

Thus with Typhus:—In cold climates, when it terminates favourably, it generally abates towards the close of the second, or commencement of the third week; but in warm climates it seldom continues above a week or ten days, if so long. It is an unimportant matter in the general description of a disease, as to what local affections predominate, and add intensity to the constitutional symptoms, since the malady affects every portion of the animal economy. The usual name of the disease under consideration, leads us to look for the most prominent symptom, viz., disturbance of the nervous system—(Typhus fever, τυφή, stupor)—and although the names of ship-fever, hospital-fever, typhus-fever, typhoid-fever, jail-fever, putrid-fever, adynamic-fever, camp-fever, and petechial-fever, have all been used in describing the disease, we nevertheless find the same general outlines characterizing it, be it in the north or the south—on ship-board or on land—in the rich man's home or the poor man's hut, the disease is ushered in by nervous derangement; intestinal irritation follows, the secretions become vitiated, in fact "we have the morbus totius substantiae of the earlier physicians. In the course of the disease, we may have local inflammations—we may have the lungs prominently affected—or cerebral disturbance may be the most prominent symptom—or irritation of the intestinal canal may predominate. These local affections often occur in the severer forms of the disease.

No person can walk the wards of a hospital in which there are a
number of cases of this disease, without noting the low muttering, the delirium mite, or the fierce and incoherent ravings, the subsultus tendinum, the redness of the eyes—all indicating the immense shock sustained by the grand seat of nervous power. Now these symptoms all occur with different degrees of intensity, as has been the action of the specific cause that produced the disease, and those consecutive causes, such as mental depression, cold and fatigue, or venereal excesses which assist, aid, and determine the action of the specific cause. With these general remarks, we shall offer a few hints relative to the particular character of Typhoid fever, as observed in the cases under our care at the Bellevue Hospital, New-York. Let us first ask, what is Typhos fever?

"Typhus fever is the action of a specific poison, generated in decaying vegetable or animal substances, producing general mal-aise, imperfect or suffused vascular reaction, with depressed vital power, manifested especially in the nervous, vascular and muscular systems, and giving rise to changes more or less evident in the circulating fluids and soft solids." (Copland's Defin., Fever Typhoid.)

"It will be observed that I treat of typhus and typhoid fever under the same general head. I am satisfied of the identity of all the modifications of continued fever, collected by writers under these names, and am persuaded that the more closely the subject is examined the more this opinion is destined to prevail." (Dickson's Practice, vol. i. p. 401.)

"There is every variety in continued fever; both as to the degree of excitement, and the degree of strength;—from the very highest excitement, and a high degree of strength, down to the most absolute prostration that can be present; and from no putrescence, up to a high degree of it." (Elliottson's Practice, Am. Ed., p. 289.)

"A species of continued fever, characterized by great debility, a tendency in the fluids to putrefaction, and the ordinary symptoms of fever." (Encyclopoedia Americana, vol. v. Art. Fever.)

"There is but one species of continued fever, although there are many varieties." (Watson.)

"Intermittent, remittent, and continued fevers, arise from the same cause, and are the same disease, with certain modifications." (Armstrong.)

The term "fever" is by itself vague and indefinite, for the same disorder is baptized by a dozen different names; hence, for the same disease we have the appellations of typhus, typhoid, continued, and
remittent fever, &c., &c. This would be of no practical importance if diseases were not sometimes prescribed according to the names they bear, without reference to the morbid states of the body. Typhus fever originates in any locality where men are deprived of pure, respirable air, as in crowded vessels—contaminated hospitals—dark narrow lanes, such as are not uncommon in the great metropolis of the Union. The patient first loses his appetite, a slight fur covers his tongue, and he complains of a bad taste in his mouth; great lassitude and debility, disinclination to any exertion either mental or physical, occasional chills, anxiety, sighing, and oppression at the chest, mark the forming stage of the disease; the skin becomes hot; the pulse small, frequent and weak; pain is felt across the brow, accompanied with throbbing at the temples; dizziness and stupidity, with an unnatural brilliancy about the eyes, indicate the action of the miasm upon the nervous system. These are the symptoms which indicate the period of invasion, which authors describe as belonging, not only to the typhus, but the typhoid, and which in the subsequent determination they receive from consecutive causes, especially the condition of the animal economy at the time of the attack, mark the two varieties which some authors insist on so strenuously.

Michael Owen, aged 37, arrived in this country per ship Pontiac, and admitted to the Bellevue Hospital Jan. 14th, 1847, together with eighteen other cases from the same ship. Patient exhibited on examination a severe attack of constitutional disease. Among the most prominent symptoms were excessive debility, pain of head, total anorexia, tongue dry, black, cracked, and mouth lined with sordes; pulse frequent, small and weak, and unconscious stools. On the second day after admission I noticed petechiae, and a somewhat flatulent state of the abdomen. These symptoms rapidly increased in severity, and the patient died on the fourth day after admission. The post-mortem revealed considerable effusion into the ventricles of the brain, and vascular turgescence, but no softening or other morbid condition of the cerebral mass; old adhesions existed between the pleura costalis and pleura pulmonalis of the left side. The liver was slightly congested; the mucous membrane of the stomach was injected, while that of the colon, in its transverse and descending portions were corroded and gangrenous in spots. The glands of Peyer were ulcerated and the mucous follicles enlarged. This was a case of true typhoid fever, exhibiting not only the every day symptoms of the disease, but also the anatomical characters attributed to it by Petit, Louis, Andral, Chomel, and others.
Patrick Flynn, aged 30, admitted the morning after his arrival, from same ship. Had slept in the same berth with Owen, and had, during the passage, been exposed to the same miasm. Presented on examination the following appearances:—Tongue coated with a yellowish fur; pulse small, frequent, and easily compressible; great prostration of the vital powers; pain about the upper divisions of the abdomen, with such complete stupidity, that it was with great difficulty he could be roused to reply to any simple question; countenance very yellow. This patient went through the disease, which terminated favorably about the third week. During its course his bowels were torpid, and were but seldom moved—the tongue was as well marked as in case 1st, and all the symptoms were the same, except the flatulent state of the abdomen and the unconscious state. Petechiae were observed during the attack. This was also a case of pure typhoid, but of a milder nature.

Michael Healy, aged 23, was admitted same day from same ship. Strong constitution and very great muscular development. In this case the poison appeared to act solely on the nervous energies; the patient was nearly in a state of coma somnolentum, not having the power of waking spontaneously, and when aroused, slowly opening his eyes and answering incoherently, and immediately falling into the same state of profound torpor. No petechiae or exanthematous eruption was noticed—the abdomen was tense, and the bowels constipated. Cups were applied ad nuchae, and brisk cathartics administered; but no favorable symptom was evident, and the patient died on the fifth day after admission. So great was the shock sustained by the vital powers, that the patient sunk without any effort of the vis medicatrix to respond to any remedy—slight hemorrhage from the gums occurred on the third day. In examining the brain, six hours after death, I found considerable effusion of serum in the arachnoid, and a general fullness of the bloodvessels. There was also about two drachms effused into the ventricles, and numerous bloody spots in the cerebrum. The lungs were slightly congested, and Peyer’s glands a very little enlarged. These were all the morbid appearances revealed by the autopsy of this pure nervo-typhus case.

John Shannon, aged 36, admitted two days after from same ship, exhibited, on examination, all the symptoms detailed in case 2d, but not of so great intensity; complained of a “smothering about the heart,” and some nausea, but began convalescing at the end of the second week.
Random Thoughts on Febris Typhoides. [November,

Here we have the same cause acting differently in each case; and as it is natural for us to judge of things of this nature by analogy, we will endeavor to trace the similitude which existed between all the cases. We believe they were all originated by the same miasm, its action being modified by circumstances, and that this miasm is subject to the same laws. The same symptoms marked the irritatory stage of each, except case 3d, where the action of the miasm was felt with much intensity, and concentrated upon the nervous energy. In cases 1st, 2d and 4th, the fever was accompanied by chills. In case 1st, the action of the miasm was exhibited very speedily on the intestine canal, as seen in the ulceration of Peyer's glands in the erosions of the mucous membrane of the colon, &c. Here a like cause produced a rapidly fatal effect, which in cases 2d and 4th exhibited nothing peculiar in its action. Must we not attribute these varieties to the different states of the system at the period of attack, as well as the different idiosyncrasies of the individuals? It is at least a problem in this type of fever which has not yet been solved. Why should animal miasm produce under like circumstances—typhus mitior—and typhus gravior? Why does it not act alike in all cases? What effect has temperament in modifying its action? These questions may in time be solved by zealous and unwearied observation, but they demand freedom of thought and a scrutinizing eye. They are the mysteries of nature, crippled and prevented in its workings.

With a few remarks concerning the contagious nature of this disease we will close.

Dr. L. H. Stone, of the Bellevue Hospital, writes me as follows:

"I believe Typhus fever is as truly contagious as small-pox, but it is necessary for a person to be longer subjected to the influence of the miasm—the specific cause." Contagious diseases are produced either by a virus capable of transmitting them, or by miasmata proceeding from a sick individual. In typhus gravior, no person will doubt the fact, that this miasm is produced and will generate the same disease, or that this disease may be produced at any time when a large number of persons are crowded into a confined space and deprived of pure air, proper nourishment, and the means of cleanliness—for in such a case, the specific cause is generated and will act in the ratio of its intensity. Hence the jail fevers formerly so destructive; hence, also, the black assizes of the Old Bailey, Exeter, Oxford, and Cambridge, in which the infection spread with deadly
results to the lawyers and people in the courts. That Dr. Stone has reference to circumstances similar to those which produced the old jail fever, is evident, for he continues—"The poison is about as certain in its effect, as that which emanates small-pox where there is such a mass congregated as we have had at the Hospital for the last few months—I could mention fifty cases in which persons have contracted the disease by exposure to the noxious air of the wards of Bellevue." "About the first of June we had over five hundred cases of Typhus fever in the Hospital—and in all over one thousand patients in the Hospital proper."* We can readily conceive how active the miasm may prove in rooms so crowded with this disease that the patients lay side by side on the floor. "At one time," says Dr. S., "I had 87 patients in one ward," and this, a ward containing usually 30 beds.

"Contagion is by far the most active agent in the propagation of fever; but, when terror, hunger, cold and moisture, in fine anything, as Hufeland remarks, which tends to weaken the vital powers, and to act as a predisposing cause, operate, it becomes truly influential; and it is then, that a single focus of infection may involve thousands and entail the worst results. Let the current crop fail, starvation and beggary result; the complaint soon springs up and is circulated in every direction on the persons of houseless wanderers. Eighty thousand are reported to have perished in 1740, and again in 1817, of fever in Ireland; and if we suppose one died in thirty, it yields each time, an aggregate of nearly two millions and a half, and affords some conceptions of the desolation, misery and suspension of human pursuits, such a scourge inflicts."—Methodus Medendi, London, 1842.

What are we to expect from the present state of Ireland! But not only is it certain that this disease is generated under circumstances favorable to the development of the exciting cause; it is probable that it may be contracted when no local circumstances generate animal or vegetable miasm, but be "circulated on the persons of houseless wanderers."

We find the following in the Albany Argus of 31st June: "We

* The buildings at Bellevue are divided as follows: 1st, the Alms house, containing between 2 and 3000 inmates; 2d, the Uleer wards, with about 150 patients; 3d, the north and south wing, appropriated to Phthisis and chronic diseases; 4th, the main Hospital, in which all acute diseases are kept and in which the typhus fever cases are accommodated.
regret to learn that the family of Mr. Mead, of Duanesburgh, Schenectady county, have been severe sufferers by the accidental introduction of ship fever into their house. We understand that a party of emigrants, proceeding on foot along the Cherry Valley Turnpike, and passing the house of Mr. M., one of the party, an elderly person, was observed to be very unwell. The party was asked by some of the members of Mr. M.'s family to remain over night, and having been served to an evening meal, slept in an out-building adjoining the house. On the following day one of Mr. Mead's family was taken sick, and the sickness pronounced by their medical attendant to be ship fever, under which disease they learned the sick emigrant was laboring. The disease spread to other members of the family, and yesterday morning our informant learned that three were dead and a fourth so seriously unwell that recovery was hopeless."

Dr. Douglass, the health officer, stationed below Quebec, has written to the authorities of Montreal and other places in the Provinces. The following is an extract from his letter, dated Grosse Isle, June 8th:—"Out of the 4000 or 5000 that left this since Sunday, at least two thousand will fall sick somewhere before three weeks are over. They ought to have accommodations for 2000 sick, at least, in Montreal and Quebec, as all the Cork and Liverpool passengers are half dead from starvation and want before embarking; and the least bowel complaint, (which is sure to come with change of food,) finishing them without a struggle. I never saw people so indifferent to life. They would continue in the same berth with a dead person until the seamen or captain dragged out the corpse with boat hooks.

"Good God! what evil will befall the city where they alight!—Hot weather will increase the evil.

"Now give the authorities of Quebec and Montreal fair warning from me. Public safety requires it."

Subsequently the Montreal Herald remarks: "Dr. Douglass's apprehensions are already fulfilled here."

In the alms house at Albany, one physician and four nurses have lately died of this disease, contracted in attending the patients.

Dr. McCormac, of the Belfast Hospital, in his chapter on fever, writes as follows:—

"Some would distinguish typhus from typhoid fever, confining the latter to large towns as Paris, and referring the former to the febris bellica or castreensis, and the Krigspest of the Germans. Lombard
and Gerhard insist largely on this, and affirm not merely that typhus and typhoid fever are distinct, but that the latter is not contagious, and that it presents exclusively the pustular alteration of the follicles or dothinenteritis, already signalized. No such distinction, however, subsists; all known varieties run into each other; every modification may present itself concurrently or successively in the same individual, and similar alterations are met with in all."—Methodus Medendi, p. 11.

Dr. McCormac then, believes in the identity of typhus and typhoid, and in the contagious nature of the malady. If we were to admit a distinction—a typhus and a typhoid fever—the one contagious and the other not so, how greatly would it modify our ideas of the extension of the malady. We see the diseases generated in the same manner, showing no difference except in energy of the exciting causes and the violence of their symptoms. Both ushered in by the same symptoms, and both in the end exhibiting the same anatomical characters—varying only, according to the violence of the disease. "Both are owing to impure air, uncleanness, over-fatigue, depressing passions, &c., &c., and display the same meteorism, abdominal tenderness—dry, red tongue—subsultus tendinum—stupor—delerium—deafness, cough, viscous expectoration, livid surface, foetid excre- tions, and petechia."—Ibid, p. 15.

If we are to consider typhus and typhoid, as one and the same disease, we must certainly admit its contagious character—and that it may be transmitted from person to person, and circulated in every direction by “houseless wanderers.”

To what else are we to attribute the fatality in the family of Mr. Mead, and the many other instances which might be quoted? We think it doubtful, whether sporadic cases will produce epidemics—unless want and misery predispose. Slight fear, therefore, is to be entertained, that our cities or villages will be desolated by this disease—and while here and there individuals who are exposed to the contagion will fall victims to it, the character of our nation is such and the medical police of our towns and villages so well regulated as to ward off general diffusion of the disease.

With reference to the origin, causes, and mode of propagation of the fever of the present season, introduced into all our large sea-port towns by the emigrants from the old world—we hope before long to have full and satisfactory information, from a committee lately appointed by the New York Academy of Medicine. The committee
are directed, also, to enquire into its distinctive characters; its autopic phenomena—its statistics—and the course of treatment which has been attended with the most satisfactory results. The character of the gentlemen composing this committee leads us to look for a report which, will prove a most interesting document and valuable record, with reference to this disease.

When want, wretchedness and famine, combine to prepare poor mortality for the reception of its many ills, disease makes an easy prey of its victim. When we recollect the awful effect of typhus fever in Ireland, during the years 1740 and 1817, when the causes of the disease were not so powerful as they now are in that unhappy country—how terrible must be the amount of human suffering, and how great the desolation, consequent upon the present condition of the country. With these remarks on the character of the disease, we close our subject—hoping that persons who have the opportunity of observing this disease in our own State, will contribute to the stock of information we already possess with regard to it.

ARTICLE XLI.


SAVANNAH, Sept., 1847.

To the Editor of the Southern Med. and Surg. Journal:

Dear Sir—At a meeting of the Georgia Medical Society, held on the 2d Sept., the enclosed Reports of the delegates of said Society to the late National Medical Convention, held in the city of Philadelphia, and the Reports of the several committees appointed by said Society to report upon the matter recommended by their delegates, were acted upon and unanimously adopted. By resolution of the Society, I have been instructed to forward them to you for publication in your Journal. Will you do us the honor to insert the same?

Very respectfully, your ob't serv't,

JOHNSTON B. TUFTS, M. D.,

Secretary G. M. S.

REPORT OF THElegates TO THE NATIONAL MEDICAL CONVENTION.—The undersigned, Delegates from the Georgia Medical Society to the National Medical Convention, held at Philadelphia, in May last, have the honor herewith to submit to the Society a copy of the minutes of that Convention, and the reports of the various committees, and also a revised edition of the minutes of the Convention of the preceding year, held at New York.
The undersigned cannot help congratulating the Society on the zeal and spirit which has caused its representation in these two Conventions, for they believe that those Conventions will have a wide spread influence on the future destinies of the Medical Profession throughout our land.

The action of both Conventions was eminently conservative. All the measures adopted were recommendatory, and will depend upon the moral action of the Profession of the whole country. Acting strictly for the good of the whole, they were entirely impartial as to any particular school.

It is not intended to give in this report a synopsis of the proceedings of the Conventions. A reference to the minutes will shew what these proceedings were.

But there are some subjects upon which, in order to carry out the views of the Conventions, it is necessary that the various Medical Societies of the Union should act.

These are specially the approbation or disapprobation of such Societies, as the American Medical Association which has been created, and the views of the Convention as to the preliminary education of Students of Medicine, and a general code of Medical ethics.

In relation to the recommendations of the Convention as to the requisites for graduation, it gives your delegates great pleasure to state that the Medical department of the University of Pennsylvania, an institution confessedly at the head of the Medical Colleges of the Union, has already responded by announcing, that their next term of lectures will commence on the 18th of October, and be continued until the last Saturday in March. This example of the oldest Medical institution of this country will no doubt prove of signal service to the cause of Medical education.

Nor can your delegates refrain from calling the attention of the Society to an important subject started by the Convention, which they believe will exercise a most beneficial influence—viz., a uniform system of Registration of the births, marriages and deaths, in the several states of the Union. As one of the undersigned (Dr. Arnold) is one of the special committee to whom the subject is referred, he begs to call the attention of the Society to it, as at the proper time he will invoke aid in order to induce the State of Georgia to adopt such a system.

With a view then to the deliberate action of the Society on the important matters which come within its range of power, the undersigned would respectfully recommend the adoption of the following resolutions:—
1. Resolved, That so much of the proceedings of the late National Medical Convention as relates to the organization of an American Medical Association, be referred to a special committee, with instructions to report at the next regular meeting of the Society.

2. Resolved, That so much of said proceedings as relate to the subject of preliminary education, be also referred to a special committee, with instructions to report at the next regular meeting.

3. Resolved, That so much of said proceedings as relate to a code of Medical ethics, be referred to a special committee, with instructions to report at the next regular meeting.

In conclusion, the undersigned beg leave to state, that the absence at the north of one of the delegates, (Dr. Tufts,) until the last three weeks, has prevented a report from having been previously made to the Society.

All of which is most respectfully submitted.

RICHARD D. ARNOLD, M. D. 
JOHNSTON B. TUFTS, M. D. Delegates.

Savannah, August 15th, 1847.

A true extract from the minutes.

JOHNSTON B. TUFTS, M. D.,
Secretary G. M. S.

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Report of the Committee upon the first Resolution recommended by delegates.—Your Committee have with much pleasure and congeniality of feeling interchanged their opinions in relation to the immense and incalculable benefits that may result from the late organization of a National Medical Association, for the improvement and proper regulation of the Profession in the United States; and though little opportunity has been afforded them of reviewing the proceedings of the late Convention, yet as far as they have examined them, they approve very highly of the entire doings of that respectable body, both as regards the subject upon which we have been appointed to report, and other matters touching upon Medical conduct and education. All of which is respectfully submitted.

(Signed.) J. C. HABERSHAM, M. D., Ch'man.
W. G. BULLOCK, M. D.
W. A. KINNILLY, M. D. Committee.

Savannah, Sept. 2, 1847.

A true extract from the minutes.

JOHNSTON B. TUFTS, M. D.,
Secretary G. M. S.
Report of the Committee on the Second Resolution recommended by Delegates.—The Committee appointed at the last meeting of the Society, to take into consideration the report of the Committee of the National Medical Convention on the subject of the Preliminary Education of Students, beg leave to report, that they have performed the duty assigned to them, to the best of their ability. That they have read attentively the report of the Committee of the Convention, which appears to have been drawn up with care, and proves that the subject assigned to them has received that serious and enlightened attention which it deserves.

The Committee of the Society believe with the Committee of the Convention, that there are many difficulties in the way of fixing the standard of preliminary education for Medical students, as high as would be desirable, or profitable to the student in after life; and they agree with the Committee of the Convention, that it is better at this time, to fix it a little too low, than too high—and to leave it to future Conventions gradually to advance it to that point, which will enable the student to enter upon the study of Medicine, a proficient in every branch of preliminary knowledge, which is requisite to render him an enlightened and accomplished physician.

The Committee of the Society therefore believe, that they can recommend with great confidence the report of the Committee of the Convention to the Society, for its adoption.

(Signed,)  
P. M. KOLLOCK, M. D.  
JOHN F. POSEY, M. D.  
THOS. STEWARDSON, M. D.

Savannah, Sept. 2, 1847.

A true extract from the minutes.

JOHNSTON B. TUFTS, M. D.,
Secretary G. M. S.

Report of the Committee on the Third Resolution recommended by Delegates.—The Committee to whom that portion of the report of the National Medical Convention, which relates to a code of Medical Ethics, and recommending that the Medical Profession in the United States should be governed by the same code, beg leave to report, that they have carefully examined the same, as well as the introduction thereto, and recommend its adoption to the Georgia Medical Society.

The system of Medical Ethics, which this Society now recognizes
is entirely too vague and incomprehensible, making the duties it imposes rather inferential than expressed. Constituted as man is, even with the clearest perception of what may be his relative duties, a well digested code for mutual government is essential to his well being; without such, no association can exist harmoniously. The intelligence of the Medical profession have long acknowledged this truth, and we believe on all occasions, have exhibited every anxiety to establish such rules for mutual government as would be most conducive to that end. Not having a common head from which a uniform and acceptable code of ethics could be disseminated, individual associations have adopted such as was deemed expedient for themselves. Much discrepancy, we lament to say, has thus arisen—so much so, that we doubt that the ethics of any two Societies could be found to accord.

The principles that a code of Medical Ethics inculcates, and which the experience of the profession believes necessary, we conceive, ought to be such as would admit of general adoption. These principles ought to be in themselves immutable, founded as they are on that first of christian apothegms—"Whatever ye would that men should do unto you, do ye even so unto them," and as such, are certainly worthy of general concurrence.

The code of Ethics, including the introduction submitted to us for consideration, we believe to comprehend all that is full and adequate, embracing within its specifications the essentials necessary to sustain the interest and dignity of the profession. We therefore cordially recommend the same to this Society for its adoption.

(Signed,) C. P. RICHARDSONE, M. D. 
THOS. STEWARDSON, M. D. 
A. H. BAILEY, M. D. 
JOHN F. POSEY, M. D. 
P. M. KOLLOCK, M. D. 

Committee.

Savannah, Sept. 2, 1847.

A true extract from the minutes.

JOHNSTON B. TUFTS, M. D.,
Secretary G. M. S.
ARTICLE XLII.

A Case of Glanders in the Human Subject. Reported by L. A. Dugas, M. D., Professor in the Medical College of Georgia.

The disease termed Glanders or Farcy, hitherto regarded as peculiar to equine animals, has been of late years ascertained to be communicable to man, and has therefore attracted much attention, especially in England and France. In our country the subject has been comparatively neglected. The following case is reported rather for the purpose of awakening the profession to this new source of human suffering, than from any intrinsic peculiarity in its history.

Peter Walker, the subject of this notice, was an old negro man, (about 75 years of age,) engaged in driving a dray for the last forty years. During this time he always had charge of his own horse, and enjoyed fine health, with the exception of "tremor senilis," or the "Shaking Palsy," as it is commonly called, with which he had been afflicted for a few years. Requested to visit him on the 1st of August last, I found that he had been suffering about a week with pains in his limbs, which he believed to be rheumatic; that three or four days prior to my visit he had a severe ague, followed by a smart fever, which still continued with little or no remission; that he had not had an alvine evacuation for six or seven days; and that for the last three days his pains seemed to be seated principally in the calf of each leg and in the biceps flexor cubiti of each arm, all of which regions presented a swelling of circular form, from three to five inches in diameter, gradually extending, and exquisitely sensitive to the touch. On examining these, I found them glossy, occupying the skin and cellular tissue down to the muscles, which seemed to be about an inch below the skin at these places. The cellular tissue for several inches around the swelling was edematous, forming a pit when pressed upon with the finger. The natural hue of the skin masked any redness that may have existed. Although the patient and his wife regarded these as "large boils," they presented no such appearance and did not at first seem to suppurate, but resembled large carbuncles. Indeed, had it not been for their number, and other circumstances, they might have been mistaken for such.

Never having seen a case of human glanders before, I felt at a loss in making out the diagnosis, and prescribed cold poultices in place of the warm, a cathartic of jalap and cream of tartar immedi-
ately, and quinine to be taken the ensuing morning in order to modify
the fever, if it belonged to the type of our remittents.

On the 2d August I found my patient more comfortable; his bowels
had been well emptied, and his fever was less intense; but the local
tumefactions were about the same as before, perhaps a little larger.
 Sulphate of quinine ordered again for the next morning. Diagnosis
still uncertain.

3d August. Fever still continues—not modified by the quinine.
Tumors in about the same state—not enlarged, yet very painful:
new ones about an inch in diameter making their appearance about
the arms and legs, but not in the course of the lymphatic trunks—
no enlargement of the axillary nor inguinal glands—muscular
strength, very much impaired from the first, is becoming more so.
Unable still to form any certain diagnosis, I now suspected this might
be a case of Glanders, and accordingly requested several of my pupils
to see it, and to watch its progress. It is unnecessary to note the
symptoms from day to day. Suffice it to say that the tumefactions
gradually increased in number from the elbows to the shoulders and
from the dorsum of the feet to the knees, then invaded the back of
the hands, the forearms and the thighs. Neither of these, however, at-
tained the size of the original four, but varied from one to two inches
in diameter; nor did they penetrate so deeply into the tissues: the
one upon the calf of the left leg became the seat of a pustule, which
opened and continued discharging a very considerable quantity of
thin sanious matter; the one upon the left arm assumed the appear-
ance of phlegmonous erysipelas, pus being extensively diffused about
the belly of the flexor muscle. A similar state of things existed on
the anterior surface of one tibia. On the 5th August, one of these
tumors appeared on the forehead, and another near the inner canthus
of the eye, both of which rapidly met, ulcerated and discharged sani-
ous matter—small white pustules occurred also upon the side of the
neck. It is worthy of remark, that nothing of the kind manifested
itself about any part of the trunk—nor was there any abnormal dis-
charge from the nostrils. The patient had a slight catarrhal cough,
but was subject to it, prior to this attack. The fever continued, the
tongue became dry and of a dark brown color, the thirst was inces-
sant, the pains harrassing, and the prostration increased. Diarrhœa
supervened, the mind wandered, urine and alvine discharges passed
off unconsciously, and finally stupor closed the scene on the 9th of
the month.
During the progress of the case various applications were made to the tumefactions, without relief. As the purulent collections occurred after the case had attained a hopeless aspect, they were not opened. The internal medication was restricted to palliatives, after the first few days of my attendance.

Viewing the case as one of Glanders, I naturally felt a desire to ascertain the condition of the horse in Peter's charge, and on calling the day after the old man's death, was told by Mr. H. (on whose lot Peter resided) that the horse had the glanders, and that he (Mr. H.) had advised Peter not to buy him lest he might catch the disease, as he had just been reading an account of its contagiousness in a newspaper. Other neighbors testify that the horse "was glanclered" when Peter bought him, which was about six months before. On examining the horse I found that he had a copious discharge from the nostrils, but no tumors about the jaws or neck, as is frequently, though not always the case.

That the contagiousness of Glanders among horses is by no means so great as has been generally supposed, has been established by observations made at the extensive Veterinary school of Alfort, in France, only a few, out of one hundred who were exposed to it, having contracted the disease. Whilst the disease is not very readily communicated through the atmospheric medium, such is not the case when the matter or purulent discharge is brought in contact with the tissues, and especially if these be denuded. This may account for the fact that so few grooms take the disease, and that Peter nursed his horse six months before he became affected. He probably became inoculated by the contact of the discharge with some abrasided portion of his surface.

The general features and termination of the above case accord with those reported by the French and English writers. This acute form has always terminated fatally. It may be communicated from man to man; hence those who nurse the sick of this dreadful disease cannot be too careful to avoid inoculation when dressing the ulcers.

Those who may desire to investigate the subject will find it treated of in Tweedie's Library of Practical Medicine, Copland's Dictionary, The Dictionaire de Medicine, The Cyclopedia of Practical Medicine, &c.
ARTICLE XLIII.

Penetrating and Lacerated Wound of the Abdomen—cured. By G. M. Tutt, M. D., of Columbia County, Georgia.

On the 27th of last June, I was called in great haste to see a boy belonging to A. P. R., Esq., of this county, who had been gored by a cow. I arrived in three hours after the accident. The patient was eight years old; was suffering excruciating pain; and upon examination I found the horn of the animal had penetrated the abdomen in the right iliac region, quite near the external iliac and epigastric arteries. A considerable portion of the intestines had protruded through the wound. They were so distended with gas that I could not return them by taxis, and with a probe pointed bistoury I made an incision upwards and outwards, thus enlarging the lacerated opening in the abdomen. Observing no wound in the viscera, they were now carefully restored, and the little patient soon fell asleep. Before applying the dressings, I could distinguish the arteries of this region, and the spermatic cord entering the abdomen. The wound was dressed with interrupted sutures, compresses and bandages—Dr. Thomas having arrived and assisted in their application. The patient being put to bed, an injection not moving his bowels, a saline purgative was administered, and he had several alvine evacuations by the next morning.

June 28th.—The patient had slept well. He has considerable tenderness of the abdomen, with some tympanites; pulse 85; skin moist. Prescribed leeches to abdomen, gruel and elm water.

29th.—Has fever, pulse 100; skin is dry and harsh. The patient complains of pain on touching the abdomen; the tongue is red; has thirst. Bled him to fainting; gave laxative; leeches to be applied again—diet, diluent drinks alone.

July 1st.—The fever has abated; pulse is 80; skin is moist; tympanites and tenderness of abdomen relieved. Patient has some appetite. Bowels are in a good state. Diet, the same.

July 4th.—Found patient still improving. Dressed the wound, which had united by the first intention. Ordered a more generous diet.

July 8th.—The patient walking about with a soft leather bandage adapted to the iliac region over the cicatrix.

The weather during the treatment of this case was very warm.
ARTICLE XLIV.

The Strawberry Leaf—a valuable auxiliary in the treatment of Chronic Dysentery. By J. C. C. Blackburn, M. D., of Barnesville, Georgia.

Believing that a discovery, however simple, which has a tendency to alleviate the sufferings of man, should be given without reserve to the medical world, I feel disposed to present to its consideration the claims of the Wild Strawberry. For the last three years I have been endeavoring to analyze this plant, and to try, if possible, to arrive at its medicinal properties. I was led to this investigation from the mere casual fact of seeing a dog that was apparently in severe pain, swallowing its leaves.—And just here let me add, that if physicians would more frequently lend an observing eye to the conduct of the brute creation, when afflicted with diseases peculiar to them, they might find remedies for diseases which though at present obtainable, yet remain undiscovered. I have used the strawberry leaves in every form for the cure of dysentery; but the formula most desirable is as follows: B. B I of the Green Leaves, add to them qt. 1 of good French Brandy, and boil to one pint. Give of the strained liquor one table-spoonful every three hours, until the disease in question be relieved of its distressing symptoms. I will here add one case, the origin of which I am totally ignorant.

Mr. B., a volunteer returned from Mexico, was taken with dysentery at Matamoras last August a year ago. He was placed under the direction of the Surgeon to the Georgia Regiment, who attended him until he pronounced his case incurable. The patient afterwards recovered sufficient strength to accompany the regiment to Monterey, and thence to Vera Cruz, where he was again prostrated by this disease. He reached home last July, with a constitution almost broken down, and placed himself under my care. I resorted to the use of every agent within my knowledge for the cure of his disease, but without success. I at length determined to try the strawberry leaves, as in the formula above-mentioned. He had not taken but ten spoonfuls when he commenced to improve, and speedily recovered. He is now entirely cured, and able to attend to the duties of his calling. I have used the strawberry leaves in many cases since, with the same happy result.
PART II.—REVIEWS AND EXTRACTS.

ARTICLE XLV.


Having been compelled through domestic affliction to leave home, and unexpectedly detained in this place by the non-arrival of a New York packet ship on board of which my family sailed for Europe, I propose to employ the time by briefly noticing the July Nos. of the above-mentioned medical periodical. The London Lancet has long been known as one of the most useful journals published in the world. Under the editorial management of Mr. Wakeley, Surgeon, Member of Parliament and Coroner for a large portion of London for years, (Middlesex,) it has acquired a reputation second to none in Great Britain. The Lancet is now read in every quarter of the globe—an American edition has for some time been issued in our own country. It is published every Saturday, and in addition to its common title, embraces Journal of British and Foreign Medical and Chemical Science, Criticism, Literature and News. Within the few past months, Dr. Henry Bennet, favorably known by his writings on Diseases of the Neck of the Uterus, has been associated as junior Editor in conducting this Journal.

Each No. contains 28 pages of double column of closely printed matter, and two volumes are thus constituted in a year.

The leading article in each of the Nos. before us is the translation, by Dr. Goodfellow, of a course of Lectures on the Physical Phenomena of Living Bodies, delivered in the University of Pisa, Italy, by Prof. Matteucci, F. R. S. These lectures are of such a minute and elaborate character as to prevent an analysis or review of them. They are certainly distinguished by great erudition and research, and the learned author clearly evinces a perfect familiarity with the important subjects which have engaged his attention.

As it is not proposed to notice every article, we proceed to extract or collate those deemed most useful and interesting to our readers. The first we make is from an alphabetical notice of subjects connected with the treatment of Dyspepsia, by Robert Dick, M. D. Under the head of Diet, he remarks—

"It is obvious that this is a matter far too general and generic to form the subject of a single 'notice.' It would itself furnish materials
for a series of alphabetical notices as long as those we are now engaged in. I propose, under the present head, to give (as entertaining, and not devoid of useful information) some details of the diet of the Greeks and Romans, collated from materials collected by me more than ten years ago. I mention this circumstance, because a year or two ago, another medical gentleman of London published a work, in which he touches to some extent, on the same subject.

"The Greeks and Romans, it is hardly necessary to say, used no alcoholic liquor, nor yet tea, coffee, chocolate, or sugar. It is extraordinary, also, that even butter seems to have been most uncommon among them, Galen informing us that he had but once in his life seen it. They were ignorant also of the greater number of our tropical spices—clove, nutmegs, ginger, Jamaica and cayenne pepper, mace, pimento, &c. They knew nothing of spinach, sago, tapioca, arrow-root, or of the potato; nor, among fruits, of the orange. When we add that they were also unacquainted with tobacco, we perceive that several articles, staple among us, were unknown to them.

"Beef was the ordinary principal article of food with the early Greeks and Romans. This, if not eaten raw, was hastily broiled or roasted, and, in later times at least, strongly spiced. The flesh of the sow and the wild boar, as being supposed most nearly to resemble human, was considered peculiarly nourishing; Athletes, when training for the amphitheatre, consequently preferred this species of flesh. The ancients made use of several kinds both of vegetables and animal food which we do not employ. Thus they ate mallows, acorns, and lupins, while radish, lettuce, and sorrel, they used more than we do. As regards kinds of animal food not in use among us, but employed by them, may be enumerated, the flesh of the wild ass, young dogs, dormice, foxes, bears, parrots, lizards. The dormouse was eaten before its winter sleep; when fat, was esteemed a great luxury, and was served up with honey and grains of poppy. Dogs intended to be eaten were previously castrated, with the view at once of causing them to grow fat, and to prevent their having a strong odour.

"The Romans also maintained large aviaries. The peacock was much esteemed as an article of food both by the Greeks and Romans. The ostrich, though forming tough eating, was prized, but its wing and brain were reckoned the select parts. For one dish of ostrich brains, 300 in number, the emperor Heligabalus was at an expense equal to 30,000l. sterling. The crane and the swan made fashionable dishes at Rome till Augustin's time; then the stork succeeded. Young cocks which had been drowned in Falernian wine, (the most esteemed wine of that time,) and afterwards macerated in it, were reckoned a luxury; the liver of the goose, made into a paste with milk and figs, was an invention of the consul Metellus, and obtained repute; the thrush and the blackbird were, by the ancient Romans, as by the modern Italians, particularly prized; in the bills of fare in the Roman eating houses, they still appear, and the writer can bear testimony to the excellency of the dish: the Romans kept them in
large aviaries, and fed them with wheat in ear; figs, and flour. The lark and the becafigo, a small bird, still used in Italy, were anciently much employed. They did not use frogs, though, as we have said, they ate lizards.

In the earlier ages of Greece and Rome, fish were considered an effeminate sort of food; but at a later period, they became a principal part of the diet of fashionable Romans, and immense expense was lavished in procuring and maintaining them. Sometimes single fishes were sold at a greater price than the cost of a slave. The herring, cod, and, I rather think, the salmon, were unknown or unused by the ancient Romans; but the fresh-water lamprey brought immense sums; the sturgeon was thought worthy of the tables of the emperors and noblest Romans, and was always served up with great pomp. The eel called *murena helena*, and the Conger eel, were greatly used; the liver of the whiting was greatly prized, and its flesh thought next in rank after that of the sturgeon; the turbot, flounder, plaice, sole, and what is called the sea-sparrow, were thought excellent dishes. Freedmen only were allowed to eat the flounder, and it and the sole were regarded as the fishes most easy of digestion. The mackerel and tunny were much sought after, and were eaten with rue and assafoetida. But the roach or mullet would appear to have been regarded as the *facile princeps*—the *ne plus ultra* of Roman luxury. As they did not succeed in rearing it in their reservoirs, it sold at an extravagant price. Three cost about 25l. The liver and head were esteemed the most. It was from this fish that Apicius compounded his celebrated sauce. I do not find what was the fish for which the epicure just named made his voyage to Africa, and am not aware if it has been ascertained.* The anchovy was used, as it now is in Italy, pickled in vinegar. It was then considered a delicacy—an opinion which any one who has eaten it in Leghorn or Genoa, along with a flask of good wine, will not be slow to believe.

* Pottages or soups were used but little by the Romans.

Finally, as regards condiments and wines. In general their dishes were greatly spiced. Almost every dish was impregnated with rue, coriander, cumin, myrtle, privet-berries, fennel, smallage, spikenard, leaves of the laurel, cassia and of asarabacca, sumach, elder, mastic, fenugreek, onion, leeks, cresses, rochet, the Egyptian plant called seseli. To common salt they often added nitre and sal ammoniac, and to their sugar confections they added pepper.

The wines of Scio, Lisbon, Tarentum, and Falernia, were most esteemed. They were often drunk by the Greeks and Romans, mixed with warm water, as this was thought to develop better their flavour. They also impregnated their wines with absin thia, roses, pennyroyal, myrrh, rosin. They also added honey to wine, and had wines diluted

* I need not inform the reader that this was the man who committed suicide from a fear of wanting means of gastronomic indulgence. When he did so, he had still a fortune of 80,000l, but it was originally much greater,
with barley and white of egg. To prepared wine they occasionally added raisins or the juice of the fresh grape. They had also an acidified milk as a drink. Iced and hot water for mixing with wine were sold in shops corresponding to our ale-shops.

"What were called voleries were extremely numerous (as we are informed by Varro and Columella) in the vicinity of Rome. In these were reared and fattened, threshes, blackbirds, ortolans, quails, &c. What is singular, oxen and hogs were fed on the excrements of these birds. Each fat thrush cost about two shillings—a large sum. They were fattened on millet and on a paste formed from flour, mixed with bruised figs; and the flavour of their flesh was raised by supplying them with the berries of the ivy, myrtle, and lentiscus. As may be seen in some of the bird enclosures in the Zoological Gardens, Regent's park, they were supplied with water by means of a little stream running through in a stone gutter. Although light was admitted to these voleries, yet a prospect of the fields, &c. was carefully prevented, in order that the feathered prisoners might not be agitated by a view of their familiar and natural haunts, but fatten in lazy content."

Ether Inhalation in Hystasia.—Mr. Wilcolnson, of Lincolnshire, relates, that having been called to a female aged 29, labouring under hystasia for six years, with great irritation of the spinal marrow, attended at times with clonic spasms—the fingers and toes permanently contracted; he had recourse to the inhalation of ether. In one minute she was composed, and in another all spasmodic action was arrested. Sleep ensued and continued for eight hours. She had, however, a recurrence two or three days afterwards, but which was likewise speedily subdued by the ether.

Rupture of the Sclerotica and Iris.—Mr. Wollastan was called to see a boy 13 years old, struck on the eye by a piece of a glass bottle shivered to pieces against a stone. The sclerotica was found to be ruptured to the extent of \( \frac{1}{4} \) of an inch, and the iris completely divided; the pupil was triangular in shape, much contracted, and vision very indistinct; the conjunctiva was not cut, but there was slight effusion of blood in the anterior chamber. Treatment adopted—leeches, calomel, black draught with salts, rest in bed, and the eye covered with a shade during the day. In a month the fissures in the sclerotica and iris healed, the pupil was oblong in shape, and vision nearly restored.

Nature of the Membrana Decidua. Academy of Sciences.—"A note was read by M. Costeon on the nature of the decidua formed around the ovum in the human subject. He first alludes to the hypothesis now generally looked upon as the right one—viz., that the cavity of the uterus becomes, after impregnation, completely lined by a membrane decidua, thrown out from its mucous membrane; that the ovum, on arriving at the opening of the Fallopian tube into the uterine cavity, can only proceed in its course by pushing this first-
formed membrane—the decidua vera—before it, and so inverting a portion of it, by which it will surround itself with another tunic, which, according to this view of its formation, is called decidua reflexa, the two retaining the ovum in its position, and holding between them the hydroperionic liquid. M. Coste then goes on to say, that several facts for a long time led him to doubt the foregoing theory of the deciduas, but that he was disinclined to call it in question openly, until he had made such careful investigations as to convince himself of its error, and such as might lead him to the truth. With these objects he has opened a great number of the bodies of women who have committed suicide, and after several years' experience, he believes he has collected such decisive observations on gestation in the human species, as to remove all doubts from any subject connected with it. He announces this present paper as the first of a series detailing the results of his researches. The present note conveys his views respecting the entry of the impregnated ovum into the uterus, and the formation of the decidual membranes.

"There is never produced normally in the womb of the human female, neither before nor during gestation, any false membrane, or hydroperionic fluid, and, consequently, the deciduous membranes, as represented, are purely ideal.

"The ovum freely traverses the Fallopian tubes, and penetrates at once into the uterine cavity, and is brought into immediate contact with the hypertrophied mucous membrane, depressing it at the point where the placenta is hereafter to be developed; and the mucous membrane itself, influenced by the action the ovum sets up in it, swells and rises as a prominent ring around it, or as a circular fold, which at length covers over and encloses it, constituting what has been named the decidua reflexa. As this coat, according to my observations, is a prolongation of the uterine mucous membrane, it has, at the first, the same structure as it. It is glandular and vascular in all its extent, like the mucous membrane. Later, however, all these traces of organization fade and disappear, but their existence may be very readily recognised in uteri during the first month of gestation. I have several specimens in my collection which leave no doubt on this matter. We may also remark, on the most prominent point of the reflected layer, a sort of cicatrix or umbilical depression, which indicates the spot where the circular fold of the uterine mucous membrane to envelope the ovum, was effected.

"This then, in the human species, has no relation, except with the mucous membrane of the uterus; and when, in cases of abortion, or after parturition, the ovum is expelled, it is the exfoliated mucous membrane which it carries away with it. The results which I have just made known differ so much from the views generally received, that I determined not to expose myself to their responsibility, until the facts had become irresistible. I now offer them confidently, and am persuaded that if no one as yet has been able to explain the problem, it has arisen from the difficulty of procuring wombs in an early stage after impregnation.'
In conclusion, M. Coste observes, that he is not alone in his belief of the error of the present opinion respecting the early history of the ovum, since Dr. Sharpey too partakes in it; and that the latter has proposed two explanations, one of which may readily be reconciled with his own views.

"And the séance following the one on which the preceding paper was read, a communication was received, calling attention to the fact that in M. Valentin's Report on the Progress of Physiology, it was mentioned that M. Poppenheim also was opposed to the received opinion regarding the ovum and its membranes."

Mode of providing a wet nurse on an emergency.—Dr. McWilliam, in his report, says, the inhabitants of Bona Vista (Cape de Verde Islands) employ a decoction of the leaves of the iatrope curcas to the mammae, and suction of the nipple. We saw a copious flow of milk produced by these means, on the fifth day, in a woman who had not nursed, and in whose breasts there had been no milk for twenty months.

[We believe any woman within the age of childbearing, by fomentations and suctions of the nipple, if persevered in, would give milk.—Edt.]

A Physician's duty to his Brethren and Quacks.—"Physicians are aware of the great difficulties and uncertainties in their art; they must be sensible of frequent errors on their own parts; how indulgent, then, should they be towards the mistakes of others. If there is a sight calculated to excite pity mingled with disgust, it is to see medical men judging of each other with harshness and severity; thinking by oppressing others they do so much to elevate themselves. Avoid, especially, such a course as this; respect the opinion of those who have at least as good opportunities of acquiring medical knowledge as yourselves; cultivate their friendship; draw closer the bonds of catholic brotherhood: so will you be spared the miseries and vexations of petty warfare, and enjoy self-respect and the respect of others.

"By these remarks, I do not wish to be understood that you are to deal tenderly with quacks and quackery. As woe was denounced against Scribes and Pharisees—hypocrites, so must woe now be proclaimed against empirics—the basest of hypocrites and imposters. Our duty to the community, a regard to the greatest good of the greatest number, demands the exposure and denunciation of medical imposture and deception, whatever garb they may assume, or livery they may put on."

We give what we think a well established Case of Interstitial Uterine Pregnancy.

"The Revue Médicale contains an original communication of a case of interstitial uterine pregnancy, terminating fatally, by Dr. Payan, surgeon of the Hôtel Dieu d'Aix. There was this point, in addition to the rarity of it, interesting in the case—viz., that from
the sudden death of the woman, without any obvious cause, a judicial inquiry was made, and a post-mortem examination, which revealed the true nature of the case:—

"A woman, unmarried, aged thirty-two; strong and robust; mother of one child; and one used to active exercise in carrying messages, &c.; for different people of the town; had now gone three months in pregnancy. After having been partaking of a feast with a paramour during the day, she felt unwell in the evening, and was seized with violent pains in the hypogastric region, with excessive thirst and great prostration. She retired to bed, hoping to gain ease; but this failing, she sent for a practitioner, who applied leeches over the pubic region. But this was without effect: her state became worse; she grew more and more pale; her pulse became gradually feebler, and her vision obscured. Frequent syncope, moreover, occurred, and two hours after the onset of the attack, she expired.

"Her death being looked upon with some suspicion, three physicians were commissioned to make an examination of the body. Nothing appeared on the surface of the body. The abdomen being opened, a large quantity of blood, mixed with the serum of the cavity, was found in the peritoneal sac; and towards the hypogastric region, the blood occurred in large clots, entirely covering the uterus. These clots being removed, the uterus was ascertained to be increased in size; but what was most remarkable, was a prominence situated at its upper part, representing in the greater part of its extent, a diaphanous wall, through which an embryo could be perceived, and which was consequently out of its normal position. The suspicion excited among those present was, that an attempt at procuring abortion had been made, which had thrust the embryo from its natural situation. With this idea in their mind, the examination was proceeded with, by the removal of the anterior portion of the pelvis, along with the internal and external organs of generation, and the bladder and rectum. An incision was then made through the symphisis pubis, and then traversing the wall of the urethra and bladder; but no traces of injury could be found. The vagina was opened, with no other result. The os and cervix uteri were so far dilated, or extensible, as to admit the little finger. The neck and body of the uterus being opened, some reddish-brown patches, of little extent, were noticed; but no solution of continuity. The uterus was developed to the degree met with in the third month of gestation, but its cavity contained no fœtus. It was lined throughout by a kind of false membrane, incompletely organized, in the form of a concrete matter of considerable thickness, as a sort of soft, mucous, grey coat; not a drop of blood was discovered in the uterus. Connected with the uterine cavity, near its fundus, on the left side, and in the neighborhood of the uterine opening, of the Fallopian tubes, was another sac, formed in the substance of the uterus. Into this accidental cavity the left Fallopian tube seemed to open. There appeared no communication between the true uterine cavity and this false interstitial one. The
wall of the latter, by the inward pressure exerted, was very thin and translucent, looking like a mere fold of peritoneum. Although, its structure being traced, its origin at the expense of the uterine substance was cognizable. In this secondary cavity, the entire foetus, with its placenta, was lodged. It had the usual size of one at the third month—was of the male sex, free from all lesion, and attached by an umbilical cord to a placenta seated above and behind it. The haemorrhage in the peritoneal cavity was accounted for by a rupture of the sac having taken place.

"It was endeavored to set up another view of this case, involving some parties in guilt for attempting to bring about abortion. The interpretation of appearances, by the view just alluded to, was, that a foreign body, as a sound, had been introduced, by the aid of a speculum, between the wall of the uterus and the foetal membranes, and pushed on to the fundus of the uterus, so as to produce there a perforation; that by this perforation, the womb was excited to contraction, and that such contractions drove the foetus from its cavity through the perforation; that what was regarded as a cyst, containing the foetus, and derivable from the uterine wall, was no other than the ovum, with its membranes, attached to the surface of the uterus by the clots of blood, &c. This view, it was pretended, was upheld by some reddish spots about the orifice of the vagina, (but which were evidently of old date,) and towards the neck of the uterus; by the possibility of introducing the little finger through the os uteri; and from the capacity of the womb being deemed greater than it would be if it had contained nothing. But the last is no objection, since the uterus is known to augment in volume in all cases of extra-uterine foetation; and the other objections also are groundless; for the laxity of the os uteri is explicable from the haemorrhage; the spots on the vagina were old; and those on the uterus offered no trace of abrasion. Lastly, the appearances met with were not explicable by this forced hypothesis."

The mode of administering the Ether.—Dr. Morton, in a letter addressed to the editor of the Lancet, says, "I have never been satisfied with any apparatus for the purpose of inhalation. I have abandoned my old inhaler, and substituted a sponge as large as the open hand or a little larger, and concave, to suit over the nose and mouth. Saturated with ether, this sponge is applied to the nose and mouth, and the patient directed to inhale as fully and freely as possible."

Death of Pariset, well known as the Secretary of the Royal Academy of Medicine.

Erysipelas following Vaccination.—Mr. Forgarty condemns the practice of making numerous punctures when vaccination is performed. He is now attending two cases of erysipelas from this cause, in infants, and knows a case which terminated fatally. One genuine vesicle in vaccination is as efficacious as a dozen—there is then no necessity for several punctures.
New method of procuring insensitivity under operations.—M. Ducros has proposed to the Academy of Sciences, the employment of the electro-magnetic current. Individuals who have been subjected to this agent remained insensible to pricking or pinching at all parts of the body; and teeth have been extracted without their knowledge.

Ether in Surgical Operations.—M. Roux has recently performed Lithotomy in two cases, wherein the ether succeeded admirably. He has used ethereal inhalation in one hundred and forty-three cases, and never met with an accident from it.

Successor of Lisfranc at La Pitié Hospital.—M. Laugier, formerly of Hopital Beaujon.

"The Function of Generation.—Nothing is better authenticated than the fact that conception may take place during menstruation. Professor Naegle recommends intercourse even during the menstrual flow in cases of sterility."

"We lay it down as an axiom—that no man having a conscience would ever prescribe, order, or suggest, medicine for a sick person, without a professional education, be he meddling friend, quack, or chemist."

Honors conferred on Medical men.—Besides Baron Flourens, in the Chamber of Peers of France, and M. Bouillaud, in the Chamber of Deputies, M. Malgaigne has recently been elected deputy from one of the wards of Paris.

Inflammation and Ulceration of the Neck of the Uterus in the Virgin Female.—Passing over several other articles, some of much interest, while others appertain alone to the British medical public, we close this notice of the Lancet, by a short review of a paper by Dr. Bennet, the junior editor. It has already been remarked that Dr. B. having enjoyed extraordinary opportunities as Interne for several years in the Hospitals of Paris, has recently been engaged in publishing his observations on Diseases of the Neck of the Uterus. Since his return home to London, he has been made Obstetric Physician to the Western General Dispensary, &c. Two years ago, he published a Treatise on Inflammation of the Cervix Uteri; last March appeared an Essay on Inflammation and Ulceration of the Uterine Neck in women who have ceased to menstruate; and the present article completes his work by a notice of the affections of this same organ in the virgin state.

Dr. Bennet commences his paper by stating that opportunities for investigating the cervix uteri in virgin females, as a matter of course, have not been extensive. It has even been doubted, whether inflammation of this part is frequent in them. The experience of the last few years has, however, convinced him that not only inflammation but ulceration of the cervix is not an uncommon occurrence in the virgin. As physician acoucheur to one of the largest dispensaries in
London, good opportunities have been improved of observing the ailments of young unmarried females, and thus has been ascertained in a positive manner, that both inflammation and ulceration of the uterine neck, in the virgin, are occasionally met with. No physical examination ought ever to be thought of in the unmarried female, without the physician is morally certain that severe disease exists in the vagina or womb. The symptoms declaring this condition to exist, Dr. B. thus describes—

"The current ideas respecting the white vaginal or the leucorrhœal discharges of females, those which are found in our most recent classical writers on female diseases, are, in my opinion, decidedly erroneous. A white vaginal discharge is not, I believe, either the result of general debility or local weakness, or solely produced by inflammation of the mucous follicles of the uterine neck, but the result of congestion of the mucous membrane, lining the vagina and covering the cervix. Thus, this white secretion is frequently, if not generally, observed, in more or less abundance, during the entire duration of pregnancy, when the mucous surfaces alluded to are gorged with blood, and that in the absence of all inflammatory action. With many females, also, it occurs throughout their entire uterine life, a few days before and after menstruation—that is, whilst the physiological mohmen hemorrhagicum is present. I likewise nearly invariably find it co-existing with ulcerative inflammation of the cervix uteri, and it is then apparently secreted by the congested mucous membrane which extends beyond the ulcerated surfaces. The liability to these white, temporary, periodical fluxes,—in a word, to simple leucorrhœa,—is certainly greater in females of lax lymphatic constitution, and of weak health; but we must also recollect that these are precisely the females who suffer the most from disordered functional activity generally, and in whom menstruation is the most apt to be deranged in plus or in minus—thus giving rise to the uterine congestion, which I believe to precede and accompany simple leucorrhœa.

"When a leucorrhœal discharge is merely the result of the physiological congestion which accompanies menstruation, it does not last during the entire monthly period, or if it does, for ten days, a fortnight, or more, it is scarcely perceptible. Its existence does not either appear to me to exercise any very perceptible influence over the health of the individual. Thousands of women, especially in towns, have more or less leucorrhœa, for a few days, before and after their menses, during all their uterine life, without their health suffering, and without their thinking of applying for medical relief. Lastly, when this, the simple transient leucorrhœa alone exists, the only symptoms present are, a sensation of pelvic and vaginal heat and fulness, and sometimes, during the menses, the uterine and dorsal pains which characterize dysmenorrhœa.

"When there is not merely congestion, but inflammation, and especially if there is ulceration, then the white leucorrhœal discharge is not limited to the period before and after menstruation. It is per-
Diseases of the os Uteri in the Virgin. [November, 1861]

manent, because the presence of inflammatory ulceration keeps up a continued state of congestion in the surrounding tissues. In these cases, the 'whites' may be mixed with an abundant muco-purulent secretion from the ulcerated or inflamed surfaces, and then the discharge is yellow. But if the muco-pus is sparingly secreted, it will often be lost in the whites, and the latter only will be perceptible. The nature of the discharge is, therefore, no true criterion. This is the more true, as in limited ulcerative inflammation of the cervix, in virgins as well as in married women, there may be very little fluid secreted by the ulcers, either of one kind or another, and that little may be completely absorbed by the surrounding tissues, so that no discharge is observed. To resume: a yellow purulent discharge indicates inflammation, and, probably, ulceration; a permanent white vaginal discharge is also a very suspicious circumstance, as it proves, not the existence of general or local weakness, but permanent uterine congestion—a condition which, generally speaking, is connected with the inflammation and ulceration of the cervix, and which, even if it did exist alone, would soon be followed by such disease. On the other hand, the absence of either a permanent yellow or a white discharge is no proof that inflammatory ulceration may not exist.

In inflammatory ulceration of the cervix there are, nearly always, local pains, and they constitute a much more valuable symptom than the vaginal discharge. These pains are situated in the ovarian regions, especially the left, and in the sacral and suspublic regions; such is the order of their frequency. They persist throughout the entire interval of menstruation, although they are, generally speaking, much the most severe during its existence. As there may be much pain in all these regions during menstruation, independently of any local inflammation or ulceration, it is only by what occurs during the interval of the menstrual molimen hemorrhagicum, that we can judge of the existence or absence of ulceration.

The uterus is sometimes low; being congested and voluminous, it falls lower in the vagina than is natural, and then there is a feeling of weight and bearing-down. As, however, the vagina is very contractile in the virgin female, and gives considerable support to the uterus, prolapus is generally prevented taking place. This change of position of the uterus would, indeed, seldom be observed, were it not that the vagina sometimes gradually becomes relaxed, and loses its tone, from the combined effects of inflammation and congestion. Owing to this natural tonicity and contractility of the vagina in young females, the presence of the feelings indicating partial uterine prolapus is therefore a very strong presumption that the patient has been suffering from long-continued inflammatory action. In such instances, the pessaries and other local means of support, which are now not unfrequently blindly resorted to, are necessarily attended with the most disastrous results, and generally aggravate the inflammation to an extreme extent. One of the cases which I have to narrate will painfully illustrate this assertion.
In many of the cases that I have seen of ulceration in the virgin female, the most prominent symptom has been dysmenorrhea carried to an extreme degree. Indeed, as I have already stated, I am convinced that many of the cases of extreme and obstinate dysmenorrhea, which are at last considered hopeless, and merely palliated by narcotics, will be found, on careful scrutiny, to be cases of ulcerative inflammation of the uterine neck.

Some females suffer great uterine pain during menstruation, from the very commencement of the functions. It would seem as if, with them, the physiological congestion which is inseparably connected with menstruation, could not take place without great pain being experienced. This may be either from the uterus being naturally morbidly susceptible to the stimulation occasioned by the presence of blood, or it may be that the monthly congestion is morbidly great. Whatever be the explanation of this fact, I have ascertained by long and careful observation, that these females are peculiarly liable to uterine inflammation, and it is principally among them that I have found the cases of inflammation of the cervix that I have observed in the virgin.

When the cervix is inflamed and ulcerated, whether the menses have previously been easy or difficult, they generally become painful, sometimes agonizingly so, all the local pains above enumerated being much exaggerated, and extreme cutaneous tenderness being often experienced over the lower part of the abdomen, and sometimes all over the pelvis and thighs. From what I have stated, however, it will be evident that it is not the existence of pain during menstruation that indicates the presence of ulcerative disease, some women always suffering pain, even in the absence of uterine inflammation, but the presence of pain, when it did not previously exist, and its increase when it did. In a word, to obtain any information that may avail for the purposes of diagnosis from the examination of the menstrual function, the previous uterine history of the patient must be interrogated. The physiological variations which occur in menstruation, both with reference to pain, duration, periodicity, &c., are much too great for it to be possible to establish any precise standard by which we may judge of the state of any given patient. It is with herself, only, when in health, that we can rationally compare her if diseased.

In addition to the symptoms above enumerated, (the local symptoms of ulcerative inflammation of the cervix uteri,) there are the general symptoms to be considered, and they will often throw great light on the real nature of the case. It has not appeared to me hitherto, as I have already stated, that a mere white leucorrheal discharge—that which I have described as often preceding and following the menses, or any occasional uterine congestion—reacts, to any very great extent, on the health, although it is universally considered to do so by all writers on female diseases. Such a discharge often exists in chlorotic, scrofulous, and phthisical females; but in them I believe it to be merely the result of irregular, disordered menstrua-
tion, itself caused by the general cachectic condition of the individual. In other words, I believe that in these cases the leucorrhoea is only one of the symptoms of a general cachectic, anaemic affection, and not the cause of the anaemia. In the absence of some tangible cachexia, I may say, that I scarcely ever meet with extreme general debility and weakness, co-existing with leucorrhoea, without finding on mature examination, that there is inflammation, and, generally speaking, ulceration of the uterine neck. This is a clinical fact which admits of easy explanation.

"When we consider attentively on what basis are founded the opinions that are now prevalent on this subject in the profession, it becomes difficult to reconcile them to pathological laws. Is it altogether consistent with our knowledge of the diseases of mucous surfaces to admit, that a mere secretion from the mucous membrane of the female genital organs can, in the course of a short time, utterly deprave the functions of digestion and assimilation in a healthy, young female, and reduce her to a state of extreme anaemia? Such is certainly not the case with other extensive mucous membranes. Thus, we often see a very abundant mucous secretion from the pulmonary surfaces, continuing for months or years, without the general nutrition being much impaired, especially when this exudation is not the result of inflammation, but of congestion—of increased vital activity only; in a word, a hypersecretion. But we can, on the other hand, easily understand that the presence of ulcerative inflammation in an organ so intimately connected by its sympathetic nervous system with the functions of animal life as the uterus, may, and indeed must react, to a great degree, on the functions of assimilation and nutrition. This, in my opinion, is the true, the real, and the hitherto unknown, explanation of the general vital depression of the weakness which is so frequently seen connected in the female with leucorrhoeal discharge. It is not the discharge that reduces her vital powers to so low an ebb, but it is the sympathetic reaction of ulcerative inflammation of the uterine neck on the functions of life.

"From these considerations I may deduce the following rule: that if, in addition to one or more of the local symptoms described, (in the absence of any decided cachexia,) there is also very marked general debility, it is a powerful reason for narrowly examining the nature of the case, as its very existence is a presumption that the patient is suffering from some deep-seated lesion of the uterus, and more especially from ulcerative inflammation of the uterine neck."

"A satisfactory digital examination of the uterus may be nearly always made in a virgin, without injury to the hymen, especially when the vagina and external genital organs have been relaxed by long-continued congestion and inflammation. The hymen is nearly always sufficiently dilatable to admit the index, introduced slowly and with proper care. Generally speaking, the os and cervix are reached with ease, the cervix not being retroverted, as it is when
inflamed in most married females; and when once the finger has reached the os, nearly all doubts may be solved. If the cervix is free from disease, it is soft, and the os is closed; if it is inflamed and ulcerated, the cervix is enlarged, swollen, and the os is more or less open and fungous. This open and soft state of the os may also exist from mere inflammation of the cavity of the cervix."

Having ascertained the disease by a digital examination, carefully made without injury to the hymen, the inflammatory state may be subdued by ordinary and well known antiphlogistic remedies, but should ulceration unfortunately exist, then a small bivalve speculum must be used. sparing again the hymen if possible, but rupturing or incising it if found necessary, and mild cauterization with lunar caustic had recourse to. In a future No. a detail of the more important cases occurring in the practice of the author is promised.

**Adulteration of Medicines.** (From N. Y. Jour. of Med.)

The attention of the profession is invited to the following statement from the New York College of Pharmacy:

**Caution to Druggists.**—The Committee of Inspection of the College of Pharmacy, are instructed by the Board of Trustees to call the attention of Druggists to another dangerous fraud. A quantity of a base composition, under the name of Blue Pill, is now in market, having been lately imported by, or consigned to and sold by Messrs. Cumming, Dodge & Co., of this city. It contains but little more than one-fifth the proper proportion of mercury, according to the examination of Prof. Reid, of this College, made at our request, that we might have the corroborating testimony of the best analyst in the city. His certificate of its composition, which we append, shows an extent of methodical depravity in the manufacture, against which honest dealers will have to oppose extreme vigilance in the inspection of what they buy.

The article under notice is put up in rather large, white flat-covered jars, containing one pound each; the joint covered with coarse pink-colored muslin; white label with nothing upon it but the British arms and the words "Blue Pill," in rather heavy letters in blue ink. The mass has tin foil laid over it, under the earthen cover.

From what we learn of its history, this spurious compound was made by William Bailey, of Wolverhampton, whose manufacture of similar Blue Pill, two years ago, was so faithfully exposed by the late Mr. Adamson. A transcript of the correspondence on that occasion may be found in the American Journal of Pharmacy, Vol. XI. (New Series), p. 148. Mr. Adamson's letter still remains unanswered.

GEO. D. COGGESHALL, Committee
JNO. H. CURRIE, of
WM. HEGEMAN, Inspection.

New-York, Aug. 9th, 1847.
New-York Hospital, Aug. 6th, 1847.

Dear Sir—According to the request of the inspection committee of the College of Pharmacy, I have made an extended investigation into the composition of the Blue Pill furnished me, and have to report the following concerning this dangerous and heartless fraud.

Its composition by analysis is:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Mercury</td>
<td>7.5</td>
</tr>
<tr>
<td>Earthy Clay</td>
<td>27.0</td>
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<tr>
<td>Prussian Blue, used in coloring,</td>
<td>1.5</td>
</tr>
<tr>
<td>Sand in combination with the clay,</td>
<td>2.0</td>
</tr>
<tr>
<td>Soluble saccharine matters,</td>
<td>34.0</td>
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<tr>
<td>Insoluble organic matters,</td>
<td>12.0</td>
</tr>
<tr>
<td>Water</td>
<td>16.0</td>
</tr>
</tbody>
</table>

100

I could not see any thing differing in the state of combination of the mercury, from that generally found in Blue Pill.

The density of the Pill is about the same as the genuine. This is accounted for by the large quantity of earthy matter, which, in combination with the water, gives the requisite specific gravity, and makes the deception more plausible.

The presence of so much earthy matter furnishes us with an easy means of trying it. Place 100 grains on a clean iron plate or shovel, and place the shovel over the fire until the pill is reduced to an ash. The genuine gives 2 per cent., or near it; this 20 per cent.

The per centage of mercury can be ascertained by a process proposed by me, and described in the American Journal of Pharmacy for 1844. Your's respectfully,

(Signed) Lawrence Reid.

Mr. Geo. D. Coggeshall, Chairman of the Committee of Inspection of the College of Pharmacy.

Remarks.—This is but a sample of the numerous impositions practised upon American physicians in the manufacture and sale of drugs. We have again and again adverted to the frauds constantly carried on in the manufacture of spurious medicines, and have invited druggists and others conversant with these impositions to expose them through the medium of our pages. We have received in reply two or three letters, which have been published in former numbers of our Journal. We solicit still further communications on this subject.

It may not be generally understood, that the importation of drugs and medicines into this country, is chiefly in the hands of commission merchants, mostly foreigners, (German and French,) who are not druggists by profession, and who know nothing of medicines, except to buy cheaply and sell dearly. These men supply our wholesale dealers, who, for the most part, have nothing to do with the importation of the articles in which they deal, and who are not unfrequently imposed upon, as in the case of Blue Pill, as above stated. The
commission dealers have agents, travelling and resident, abroad, who buy up the refuse drugs in all the principal European cities, and send them to this country, where they generally meet with a ready sale. We may mention, for example, Rhubarb, of which we are credibly informed, there have been but two invoices of a good article (Turkey) brought into this market since last December. Immense quantities, however, have been imported, of a worthless, worm-eaten article, called Turkey, invoiced from two pence to eight pence sterling, (from four to sixteen cents per pound,) which, we have reason to know, has been ground and sold to our retail druggists for genuine Turkey Rhubarb, worth four or five shillings a pound. The Compound Extract of Colocynthis, which has been imported into this market for the last year, does not contain a particle of Colocynthis, but is made up of an inferior sort of Aloes, with some other worthless ingredients. A great proportion of the Compound Extracts are adulterated in like manner. More than half of the narcotic and other extracts, as of Belladonna, Conium, Hyoscyamus, Aconite, Rhatany, etc., are entirely destitute of any active properties, as we know from our experience, and Opium is now rarely to be met with in a genuine form. The Otto of Roses is more frequently than otherwise adulterated with the oil of Rhodium, of which there is also an artificial compound prepared for this very purpose. Our Volatile Oils are adulterated more than half with sweet and other cheap oils. The Hydrargyrum Ammoniatum, U. S. P., White Precipitate, of Bailey's manufacture, (Wolverhampton,) is now as much adulterated as the sample of Blue Pill from the same house, analyzed by Prof. Reid. This is an article of a chemical nature, which should, if prepared according to the Pharmacopœia, always be of the same quality; and yet we have its invoice price ranging from three to six shillings sterling per pound, according to quality. We have not ascertained whether it is mixed with clay, like the blue pill, white lead, chalk or gypsum, but we have no doubt that one of these will be found to constitute more than 50 per cent. of it, whenever an analysis may be made. An article is now imported, under the name of Colocynthis Powder, which is probably Colocynthis, mixed with some inert vegetable powder; this varies in our Custom-House invoices, from 5 to 14 shillings sterling per lb., and is often two-thirds adulterated. The Extract of Rhubarb, from 4 to 9 shillings sterling per pound, according to quality. The Extract of Sarsaparilla, as now imported, is a worthless imposition. Quinine is now imported in bulk instead of bottles. These latter are now generally manufactured here, together with the labels, according to the latest French patterns, usually the Pelletier stamp, we believe is preferred. The Quinine now generally in use all over this country, is at least one half Salaeine; this latter being imported very extensively for this purpose, at an expense of less than one-third that of quinine. Some dealers, however, use flour or starch for the same purpose. We believe that it is owing to the adulteration of this article that such large doses are required, and safely borne,
in the malarious diseases of the South and West. We have known practitioners in these regions occasionally get hold of a genuine article, and they very soon found that their patients, so far from requiring a drachm, or even half that quantity, found from five to fifteen grains sufficient. The house of Teschdorf, Fischer & Co., of Hamburg, send us immense quantities of drugs of every description, especially of Extracts, as of "Carduus Benedictus," "Chelidonium," "Fumaria," "Gratiolus," "Lactuca Virosa," "Millefolia," and "Gra^tims"! Where are these articles used? What are the medicinal properties of the Extract of Grass? The only use for the latter, we have very good reason to believe, is to mix with genuine extracts, for the purpose of dilution. The invoice price of these extracts varies from forty cents to $1.75 per pound.

Much of the Nitrate of Silver, so called, now on sale in our wholesale drug establishments, does not contain a particle of the metal; whether the substitution is prepared here or abroad, we do not know. Of the Hydriodate of Potash also a large proportion is utterly worthless, Iodine not entering into its composition; the article is extensively imported in this shape. In order to have an article on which they can depend, we would recommend physicians every where, to prepare their own Hyd. of Potash, which can be readily done as follows:—Heat slightly a mixture of 100 grains of Iodine, 2 drachms of water, 75 grains of carbonate of potash, with 30 grains of iron filings. The mass is dried to redness. The resulting red powder is heated with water, then filter and evaporate to dryness; 100 parts of Iodine will thus furnish 135 parts of very white iodide of potassium, but slightly alkaline.

Thus we could go through with the whole catalogue of medicines in daily use by the physician. It is now well known that there are establishments abroad for the express purpose of manufacturing spurious drugs for the American market, and it is high time that something was done to put a stop to it. As one important step towards reform, we hope that our wholesale dealers will hereafter import their own medicines, and not trust to a set of sharpers, who think more of money than they do of life and health. There is no propriety in leaving this branch of business in the hands of men who are not competent judges of the genuineness of the articles in which they deal. In the next place, we hope Congress will, at their next session, pass a law, forfeiting all spurious and adulterated drugs, and subjecting the owner or consignee to heavy penalties. We have appraisers now connected with the Custom House, who are regularly educated physicians and chemists, and who are fully competent to detect these impositions, whenever they may be practised. At present, although the government is fully aware of these extensive frauds, it has no power whatever to prevent them; its ad valorem estimation may be nothing, or next to nothing, as in the case of the rhubarb, appraised in the invoice at two pence sterling per pound; but it has no right to exclude the article from our markets. We need a string-
ent law, to prevent such practices in future. Again, physicians must purchase their medicines in the crude state, and not in powder; if they do, they will be imposed upon, nine times out of ten. They must make their own extracts, syrups, pills and tinctures. They must resort more frequently to the use of our indigenous medicines, and never employ a foreign article where a domestic one will answer the purpose. When they do purchase, they should buy only of those wholesale dealers who import their own stock; and not take their articles from those who are unacquainted with the characters of genuine drugs. And lastly, they should deal only with those who sustain the reputation of being honest men, and whose consciences would not allow them to go on quietly in the daily practice of imposture and deception, involving the lives and health of their fellow-men.

We hope the "New York College of Pharmacy" will pursue this subject, and expose a few more of the frauds now practised in the manufacture and sale of medicines. And although we are not personally acquainted with the Hon. Secretary of the Treasury, R. J. Walker, Esq., we have reason to believe that he will cheerfully cooperate in bringing about a reform in this matter, and thus put a check to the importation of spurious and adulterated articles, which not only detract largely from the public revenue, but prove destructive to the lives and health of our citizens, and often fatal to the reputation of the regular practitioner of medicine.

[Since the above was written, and in the hands of the printer, we have received the following communication from the New-York College of Pharmacy.—Ed.]

NEW-YORK, August 24th, 1847.

SIR—In behalf of the College of Pharmacy of the city of New-York, I have the honor to submit for your consideration, and insertion in your valuable Journal, the proceedings of the Board of Trustees, in relation to the importation from Europe of large quantities of sophisticated pharmaceutical and chemical preparations, which must often prove highly injurious to those who may be subjected to their use.

The College has, for many years, exerted all its influence to oppose this system of culpable speculation, by cautioning dealers, through the public prints, against the purchase of such articles as were proved by careful analysis to be dangerous. This it has done cheerfully and fearlessly.

These efforts having proved insufficient wholly to suppress this alarming evil, the College has resolved to ask the co-operation of the other Colleges of Pharmacy, and all the medical institutions and practitioners in both branches throughout the Union, in an application to Congress for a law, declaring that all pharmaceutical preparations and chemicals, which shall be found, upon careful examination, to be spurious, shall be confiscated and destroyed.

With the assurance of my perfect esteem,

I remain your obedient servant,

JOHN MILHAU, Pres. Coll. of Phar. of N. Y.

To CHAS. A. LEE, M.D., Editor N.Y. Jour. of Med.
At a special meeting of the Board of Trustees of the College of Pharmacy of the City of New-York, held on August 9th, 1847, convened for the express purpose of taking into consideration the best measures to prevent the introduction, throughout the United States, of sophisticated and misnamed Chemical and Pharmaceutical preparations—it was unanimously

Resolved, That the officers of this institution be requested forthwith to call the attention of the Secretary of the Treasury of the United States to the fact, that large quantities of spurious medical preparations are being introduced daily into this country, not only to the prejudice of the Custom-House revenue and the honest importer, but in the sequel jeopardizing the health and lives of all those who require medical aid, throughout the land. That the Secretary of the Treasury be respectfully requested to apply the most stringent regulations within his power, to check this alarmingly growing evil.

It was further Resolved, That the Philadelphia College of Pharmacy, and other Colleges of Pharmacy and of Medicine, be officially requested to unite with us in presenting a memorial to Congress, to devise means to suppress this most dangerous fraud, by making all such sophisticated articles liable to forfeiture.

JOHN MILHAU, President.
OLIVER HULL, Geo. D. COGGESHALL, Vice-Presidents.
WM. L. RUSHTON,

JOHN SNOWDEN, Sec.
JAMES S. ASPINWALL, Treas.


The existence of hermaphrodites, or those creatures which were at one time supposed to unite in the same individual the distinctive organs of the two sexes, is now, I believe, wholly denied by physiologists. Creatures of our race, however, have frequently been noticed, presenting such equivocal appearances in their sexual apparatus as to render it exceedingly doubtful as to their sexuality. A monster of this singular character is now living in Mecklinburg county, Virginia, and is probably as remarkable a case of the kind as any recorded in the annals of physiology.

In describing the creature I shall use the masculine pronoun man, more for the sake of convenience, than from any conviction of its grammatical propriety.

Ned, a slave and house servant, wearing man’s apparel, is about eighteen years of age, and probably five feet eight or nine inches high; and though not corpulent, is rather robust than otherwise. His head is large, with a coarse masculine face, wide mouth, thick
lips, feminine voice, and a chin entirely destitute of beard. His skin is soft and delicate, with upper and lower extremities well formed and rounded, with the exception of his feet which resemble very much the males of the African race. Thus far, however, his general appearance presents nothing very remarkable, or any thing calculated to excite doubts as to his sexuality. His shining ebony skin and rounded limb, are not uncommon with negro boys, trained up as house servants among the luxurious livers of the South. But on opening his vest and shirt bosom, there are presented two large and well developed protuberant mammea, having all the external characteristics of the breast of a healthy well-formed young woman. His neck, shoulders and chest partake likewise of this feminine character, having the soft and voluptuous outline of the female. On examining the external genital organs, which, by the way, are exhibited with marked reluctance, a strange and anomalous appearance is presented. The pubis is large, prominent, and covered with hair as in the female, and but for the conspicuous projection of a dwarfish-looking penis, about an inch long in the usual situation of that organ, the creature would at once be pronounced a woman. This penis is naturally formed in every respect, and eminently endowed, as he informed me, with virile sensibility. Immediately below it is a cleft or fissure running back as in the female organ, to the perineum, the sides of which are formed of thick folds of skin, resembling somewhat the scrotum, and shaded with long hair, representing tolerably well the external labia of the female. No testicles can be found. On separating the thighs the fissure is found to be from an inch to an inch and a half deep, smooth at the bottom and exactly in the situation of the vagina. The cavernous portions of the penis may be distinctly felt through the walls of the cavity near the bottom. The membrane lining it appears, in fact, to be only a continuation of the outward skin, but is more soft and delicate; without, however, any of the characteristics of the vaginal mucous membrane. Pressing the finger on the bottom it yields so readily, as to induce the belief that there is a cavity within, the outlet to which is merely closed up by the skin or membrane stretched across the bottom of the fissure. But the anomaly does not stop here. This singular creature has been regularly menstruating for three or four years through the penis, attended in its inception and progress, by all the symptoms which commonly characterize the catamenia in young females. So well marked are the returns of this monthly discharge by the usual disturbance of the system, that the elder members of the family are never at a loss to determine when he is under its influence. As in most females in every station in life, there is likewise at such periods a shrinking from observation, and the constant exercise of a sleepless vigilance in preventing exposure. The amount or character of the discharge has never been clearly ascertained, but from his own imperfect account of it, and the evidences furnished by his linen, it differs not very materially either in quantity or quality from that of a young woman.
The question here naturally presents itself, to which of the sexes does this human being belong? In view of all the facts stated, the conclusion, I think, is forced upon us, that the female organs predominate, or, in other words, that while the creature has only one of the organs of the male, and that an imperfect one, he has within the pelvis the interior genital apparatus of the female. That there is a uterus with its appendages I feel no doubt; or whence this regular catamenial discharge, and all those attributes, both moral and physical, which mark the presence of such an organ?—But it has been remarked that the displays in his general deportment, a decided partiality for the society of young females, and it has even been noticed that he exhibits towards them at times strong salacious propensities. This, I think, can be easily accounted for on the supposition, that he has been, from childhood up, taught to look upon himself as a male, and now in imitation of others, deports himself as such to the other sex. Whether his amorous advances to the dusky maidens around him, has ever resulted in any practical display of virility, is unknown. In the absence of all information on the subject, it is fair to conclude, that no seminal discharge has, or ever will take place. Such a phenomenon as a regular menstrual discharge, and the emission of semen masculinum, from the same set of organs, would place the creature in a new order of beings, with sexual endowments and faculties, but a little less remarkable than those ascribed to the fabled hermaphroditis. But whence comes this peculiar fluid? If furnished by a womb, how does it make its way into the urethra?—Or is it thrown off by the bladder acting vicarily for a contiguous organ, the natural outlet of which is occluded in the way before mentioned? These are questions certainly of very little importance in a practical point of view; but relating as they do to the interesting science of physiology, are deemed not wholly unworthy the consideration of the learned.


We have ever found it difficult to impress upon females the importance and absolute necessity of remaining for a sufficient length of time after confinement in a horizontal position, and keeping perfectly quiet. Imprudence in getting up too soon, often entails upon the unfortunate patient, months, and even years, of suffering which might have been avoided had she listened to the advice of her physician, or to the suggestions of common sense. We are satisfied that the practice of getting out of bed too soon after confinement, is very general in our community, and hence it is that such a very large proportion of our female population suffer with prolapsus and proctodicta uteri, as well as from other uterine affections, which subject
them to the necessity of wearing pessaries, or to the use of those fashionable, but in our opinion very objectionable, instruments, uterine-abdominal supporters. Sometimes this imprudence is attributable to the want of proper precaution on the part of medical advisers, but more frequently it is owing to the folly of patients themselves. On the third or fourth day after parturition, a patient who is "very smart," feels able to sit up in bed, or in an easy chair, and in spite of all that the physician can say, she will, in his absence, sit up for the purpose of changing her clothes, or get out of bed altogether, that it may be made up, and not unfrequently walk across the floor, by way of testing her strength. A moment's reflection must convince any one of the impropriety of such conduct. The enlarged and engorged condition of the womb, the great relaxation of the abdominal muscles, of the vagina, and of the broad and round ligaments, all tend, under the circumstances, when the body is brought into an erect posture, to force the uterus down into the vagina, and frequently through the vulva. Again, on the third or fourth day after delivery, it is the practice of most physicians to administer a dose of castor oil, or some other mild cathartic, for the purpose of securing an operation from the bowels, which are usually torpid up to this time. Under these circumstances, patients, especially those who "feel smart," instead of using a bed-pan, and evacuating their bowels in a horizontal position, will get up out of bed, and use the close stool, and thus bring about the evils of which we have just been speaking.

These remarks are called forth by two cases which recently occurred in our own practice, where our patients were guilty of the imprudences here spoken of. In one of the cases, in which we attended in consultation with a medical friend, the labor was prolonged and difficult, and it was necessary to remove the child by means of instruments. It was a first confinement, and the woman had been some fifty hours in labor before we saw her. Her strength was well nigh exhausted, and it was with difficulty that she could be sustained during the operation, which, however, terminated favorably, and the patient was put to bed, with strict injunctions to keep perfectly quiet. On visiting her on the third morning after, we found that her bowels had been very much out of order during the night, that she had been up several times on the close stool, and had suffered very much with straining efforts. During our visit she complained greatly of pain, and uneasiness in the region of the vulva, and on examination we found the uterus highly engorged with blood, and of the size of one's fist, protruding entirely through the labia majora. The second case was that of a young athletic woman, also in labor with her first child, but she got along well. On the third day, the bowels not having been moved, a dose of castor oil was administered, and the patient, contrary to our express directions, got out of bed when it came to operate. The consequences were similar in kind, though not in degree, to the case just mentioned.

In very many instances like imprudences are not followed so im-
mediately by bad consequences, but it is invariably the case that those who are guilty of such folly, are made to suffer for it, sooner or later. Often, too, the bandage, instead of being pinned tightly around the hips, for the purpose of supporting them, and being made to press from below upwards, slips up, gets in a string, and acts as a ligature around the abdomen, pressing downwards, and consequently doing positive harm instead of good. Too much attention cannot be paid to the subject of bandaging. In the first instance it should be applied and properly adjusted by the physician himself, and he should instruct the nurse how to tighten and keep in its proper position, and it should be worn long after the woman gets out of bed, and until the parts have resumed their natural tone and strength. The material, too, out of which the bandage is made, is worthy of consideration. Of all the articles in common use, we prefer the flannel, doubled, and of sufficient width to extend from the middle of the hips to the umbilicus; it possesses the advantages of being soft and somewhat elastic, and can be brought to fit the irregular surface around which it is intended to pass.

A patient, after giving birth to a child, however easy or natural a labor she may have had, should remain perfectly quiet on her back for at least two or three weeks, at the end of which time, provided every thing goes on regularly, she may be allowed to sit up cautiously in bed, and gradually remain for a short time out of bed, in a sitting posture; but as a general rule, they should not be permitted to rise from their beds under three weeks, and frequently not so soon. This rule may seem a little stringent to those who have been in the habit of getting up at farthest on the ninth day, and often walking all over the room long before that period; but time would be saved by observing it, and patients would save themselves an immense amount of subsequent pain and unhappiness.

We are aware that our suggestions contain nothing new or original, but the subject is one of vast importance, and which is too much neglected—it is therefore necessary to add "line upon line, and precept upon precept." The health and comfort of the female sex is so intimately identified with our own happiness, that whatever affects them materially, concerns us; and we are satisfied, that if due attention was paid to their "proper getting up" after confinement, we would not see so many young and lovely wives suffering with uterine affections—pale and anaemic, and unable to take the least exercise, or even to attend to their ordinary household affairs, without the greatest pain.

Wounds and Injuries of the Abdomen.—General Conclusions.
By G. J. Guthrie, F. R. S.—(Ranking's Abstract.)

[Lectures on some of the more important points in Surgery, 1847.]

1. Severe blows on the abdomen give rise to the absorption of the muscular structures, and the formation in many instances of ventral
hernia; this may, in some measure, be prevented during the treat-
ment by quietude, by the local abstraction of blood, and by the early
use of retaining bandages.

2. Abscesses in the muscular wall of the abdomen, from whatever
cause they arise, should be opened early; for although the peritoneum
is essentially strong by its outer surface, it is but a thin membrane,
and should be aided surgically as much as possible.

3. Severe blows, attended by general concussion, frequently give
rise to rupture of the solid viscera, such as the liver and the spleen,
causing death by hemorrhage. When the hollow viscera are ruptured,
such as the intestines or the bladder, death ensues from inflammation.

4. Incised wounds of the wall of the abdomen of any extent rarely
unite so perfectly (except, perhaps, in the linea alba) as not to give
rise to ventral protrusions of a greater or less extent.

5. As the muscular parts rarely unite in the first instance after be-
ing divided, sutures should never be introduced into these structures.

6. Muscular parts are to be brought into apposition, and so retained
principally by position, aided by a continuous suture through the in-
teguments only, together with long strips of adhesive plaster, moder-
ate compression, and sometimes a retaining bandage.

7. Sutures should never be inserted through the whole wall of the
abdomen, and their use in muscular parts, under any circumstances,
is forbidden; unless the wound, from its very great extent, cannot be
otherwise sufficiently approximated to restrain the protrusion of the
contents of the cavity—the occurrence of which case may be doubted.

8. Purgatives should be eschewed in the early part of the treatment
of penetrating wounds of the abdomen. Enemata are to be preferred.

9. The omentum, when protruded, is to be returned, by enlarging
the wound, through its aponeurotic parts if necessary, but not through
the peritoneum, in preference to allowing it to remain protruded, or
to be cut off.

10. A punctured intestine requires no immediate treatment. An
intestine, when incised to an extent exceeding the third part of an
inch, should be sown up by the continuous suture in the manner re-
commended in pages 26 and 27.

11. The position of the patient should be inclined towards the
wounded side, to allow of the omentum, or intestine, being closely
applied to the cut edges of the peritoneum. Absolute rest, without
the slightest motion, should be observed. Food and drink should be
restricted when not entirely forbidden.

12. If the belly swells, and the propriety of allowing extravasated
or effused matters to be evacuated seems to be manifest, the continu-
ous suture or stitches should be cut across to a certain extent, for the
purpose of giving this relief.

13. If the punctured or incised wound is small, and the extravasa-
tion or effusion within the cavity seems to be great, the wound should
be carefully enlarged, and the offending matter evacuated.

14. A wound should not be closed until it has ceased to bleed, or
until the bleeding vessel has been secured, if it be possible to do it. When it is not possible so to do, the wound should be closed and the result awaited.

15. A gunshot wound penetrating the cavity can never unite, and must suppurate. If a wounded intestine can be seen or felt, its torn edges may be cut off, and the clean surfaces united by suture. If the wound can neither be seen nor felt, it will be sufficient for the moment to provide for the free discharge of any extravasated or effused matters which may require removal.

16. A dilatation or enlargement of a wound in the abdomen should never take place, unless in connection with something within the cavity rendering it necessary.

17. When balls lodge in the bones of the pelvis, they should be carefully sought for and removed, if it can be done with propriety and safety.

18. In a wound of the bladder, an elastic gum catheter should be kept in it, until the wound is presumed to be healed; unless its presence should prove injurious from excess of irritation, not removed by allowing the urine to pass through it by drops, as it is brought into the bladder.

19. In all cases in which a catheter cannot be introduced, in consequence of the back part of the urethra or the neck of the bladder being injured, an opening for the discharge of the urine should be made in the perineum.

20. The treatment of all these injuries must be eminently antiphlogistic, principally depending on general and local blood-letting, absolute rest, the greatest possible abstinence from food, and in some cases from drink, the frequent administration of enemata, and the early exhibition of mercury and opium, in the different ways usually recommended, with reference to the part injured.

**On the Effects of Blisters on the Young Subject.** By Dr. J. B. Beck.

(New-York Journal of Medicine.)

The mode of conducting the process of blistering in a young subject is a matter of greater nicety, and should call for the utmost care on the part of the practitioner. As one of the principal causes of gangrene, is the leaving the blister on too long, this is a point which should be specially attended to. To many this may appear a small matter, but it is really one of great moment, and in relation to which I am sorry to say that the directions given in many of our practical works are so discordant, as to be very poor, if any, guides to the young practitioner. By way of illustration, I will quote a few of them. Dr. Armstrong says, "from twelve to fifteen hours is generally sufficient for the application of the blister in adults, and half that period in children." Dr. Williams says, that "to avoid gangrene in children, it is advisable never to allow the blister to remain on more than six hours." Dr. Dewees states that "in children, the blister is
frequently found to have performed its duty in eight hours, and very often in six. It should therefore always be examined at these periods, and dressed, if sufficiently drawn; if not, it should be suffered to remain until this take place. Evanson and Maunsell say, "in no instance is the blister to be left on more than a few hours (from two to four)—not longer, in fact, than until the skin is reddened, when vesication will follow; but this result should not be waited for, as attendants always will do, unless the most express directions to the contrary be given." Neligan directs that "as a general rule, in infants and young children, blisters should only be left on until redness of the surface is produced, when the application of a warm poultice to the part will cause vesication." Ballard and Garrod remark, that in children a blister should not be allowed to remain on longer than to produce redness of the surface;" and they add, "in very young infants, it has appeared to us doubtful whether even redness should be permitted to occur before its removal." The foregoing is a sample of the discrepancy of opinion in relation to a most important point of practice, and one confessedly too, not unfrequently involving the life of the young subject, as advanced by authors of the highest respectability, and who may be supposed to exert a wide influence in guiding the practice of young beginners in our profession. The fact is, and this perhaps may account somewhat for the difference of opinion just noticed, that no positive rule can be laid down in relation to the precise time that a blister should be left on a young child. From the original differences in the sensibility of the skin in children, the period must necessarily vary, and the only safe general rule, is to be governed by the actual effect produced. For this purpose the blistering plaster should be raised at suitable intervals and the state of the skin observed. And the safe plan is, according to the directions of some of the authors quoted above, to remove the blister as soon as the surface appears uniformly red, and then to apply a soft poultice. In most cases this will be followed by suitable vesication, while any injurious consequences will be averted.

On the Varieties of Headache. By Dr. Wright—(Med. Times, from Ranking's Abstract.)

The various circumstances under which headache may arise as a prominent symptom, are thus briefly explained by Dr. Wright in a series of clinical lectures.

To give you a general notion of them, as we are yet dealing in generalities—suppose a patient comes to you complaining of headache. This is a very generic sort of term, and may involve a great variety of specialities, some serious, and others simple. One patient, we will say, is in his teens, or not far out of them, yet he looks older by many years than he ought to do. His face is blanched and parchment-like, cheeks sunken, eyes hollow, lustreless, and watery,
and they never look fairly at you: the man is timid, nervous, shuns society, and has no inclination for active pursuits; he is subject to giddiness and forgetfulness, and has almost constantly a dull, heavy pain at the back of his head, perhaps extending down the spine, with a sense of weight and dragging of his legs. Here you have a nervous system enfeebled and shaken from causes you will easily learn if you pointedly inquire after the personal habits of the sufferer. Another complains of oppressive pain chiefly over his eyes, scarcely ever leaving him, but distressingly aggravated at different periods of the day. It is probable that these periods are subsequent to meal times, and that then the headache is attended also with drowsiness. The man is dyspeptic. He will tell you that his bowels are confined, and that he is troubled with wind. Look at his tongue, and you will see that it is furred with, most likely, a brownish patch in the centre. Percuss the right hypochondrium, and you may find a greater extent of dullness, or more tenderness, than natural. The condition of the great viscus here is wrong. Liver, stomach and bowels, are the sources of that frontal headache. Another patient has pain in the forehead, but it is acute and lancinating, and not persistent. Its periods of accession and departure are pretty regular. Ask the precise spot of the pain, and you will have indicated the exit of the supra-orbital nerve of either side, probably the left. Here you have a case of tic douloureux, which may have no obvious exciting cause, or may result from exposure to cold, from dyspepsia, from pregnancy, from uterine disease or disorder, &c. Another complains of aching all over his head, considerably increased by heat or cold, as the case may be. On further inquiry, you learn that the pain is chiefly superficial, and that to rub the patient’s hair in different directions, sharply, is to agonize it. Here you have rheumatism of the cranial integuments. Look cautiously after this case. You may suddenly have a pain of a different kind, and deeper seated, ushered in by screaming and shouting, followed by restlessness and delirium, with a glaring and dejected eye—the meninges of the brain will be suffering from metastatic rheumatism in its most active form. It was gout, thus transferred, that destroyed the valuable life of Dr. Ingleby, your late Professor of Midwifery. Another has acute pain darting through his temples and ears, especially when he gets warm in bed; at the same time, he has what he well describes as ‘gnawing pains’ in his shin-bones; his nose is tender, and the roof of it painful; he has, or has had, sore throat, and there are copper-colored patches about his body. This headache has its foundation in syphilis; mind your treatment, or the more delicate bones of the head and face may be sacrificed.

A delicate female complains of heavy throbbing pain over the middle, or at the back of the head. She has had it several months, more or less, and is liable to periodical exacerbations. The uterus has likely something to do with this pain. It may be a case of simple amenorrhea; it may denote the climacteric period of female life; it may depend upon pregnancy; or the uterus may be undergoing some
Treatment of Acute Articular Rheumatism. by cold applications to the affected joints, with opium and quinine at night. By W. S. W. Ruschenberger, M. D., Surgeon U. S. Navy. (From Am. Journ. Med. Sciences.)

Extract from a paper, accompanying Surgeon Ruschenberger's quarterly report of diseases and injuries, at the Naval Hospital, New York. Communicated by Thomas Harris, M. D., Chief Bureau of Medicine and Surgery, U. S. Navy.

"In a case of acute rheumatism, complicated with nodes on the shins and syphilis, an ineffectual attempt to obtain the specific effects of mercury had been made in the commencement of the case.—When in health, the patient weighed 220 pounds. He had been confined to bed for four months, and when admitted was unable to bend the knee, wrist, elbow, or finger-joints, without great pain. Cold water dressings were kept constantly applied to the painful joints, half diet was allowed, and he took at bed time, every night, two pills, composed of four grains of opium, and four grains of sul-
phate of quinine. On the tenth day of treatment he left his bed. His weight was 136 pounds. At the expiration of twenty days the pain had disappeared; the quinine and opium were discontinued. There still remained thickening and stiffness about the joints. For this condition phosphoric acid in syrup of prunus virginiana was prescribed, as follows: B.—Sol. acid phosphoric 5ij; syrup pruni virg. q. s.; ft. 5viij. M. cap. 5ss in aq. font. 5iv, q. q. 4ta hora. Under this treatment the functions of the joints were perfectly restored, and the patient gained twenty pounds in weight in thirty days, and the nodes disappeared.

"While taking the quinine and opium the bowels, which had been previously constipated, were regularly moved once in twenty-four hours; but under the use of phosphoric acid, it was found necessary to occasionally prescribe castor oil, and an anodyne at night.

"I have been in the habit of treating acute rheumatism, upwards of two years, by cold applications to the hot and swollen joints, and administering at night from three to six grains of opium, with an equal quantity of sulphate of quinine, regulating the quantity by condition of the pupil alone. With a dilated pupil, I found patients to bear the largest dose without inconvenience, and I have not yet met a single case in which pain was not completely removed in from twenty four to thirty-six hours, provided the attacks were recent, or of not more than a week's duration. Large doses of opium, especially in combination with sulphate of quinine, do not tend to constipate, but rather to relax the bowels. After the pain is removed by the opium, I then resort to the use of the iodide of potassium, in medium doses, say from five increased gradually to ten grains, three or four times a day.

"Passed Assistant Surgeon, S. Holmes, who witnessed the results of this practice in my hands, made trial of it on the coast of Africa, and as he informed me, with entire satisfaction."

Diagnosis of Mercurial Sore. (From Ibid.)

Dr. Porter, in a valuable course of lectures on syphilis, published in the Dublin Medical Press, gives the following as the characteristics of the mercurial in contradistinction to the venereal sore:—

1. Mercurial sores are not necessarily circular or oval in shape, neither are their edges regularly defined; on the contrary, they vary in these particulars, and assume different forms as they spread; their edges are often quite ragged, loose, and undermined, and their borders are often marked with a thin, transparent cuticle, like that of a newly-formed cicatrix, extending quite around them, and giving them a silvery-white appearance.

2. The bases of mercurial sores are not hard, neither are their surfaces covered with the tenacious adherent lymph so characteristic of venereal; on the contrary, the surface of the mercurial ulcer
may present every variety of shape and appearance, sloughy at one
spot, deeply excavated and rapidly ulcerating at another, with ex-
erubrant granulations at a third, and exhibiting a tendency to heal at
a fourth.

3. But the most striking characteristic of the mercurial ulcer is,
its tendency to spread, and the manner in which it enlarges itself.
Venereal sores, when not affected by phagedena, increase slowly,
and having reached a given size, remain so; the mercurial generally
spread quickly, and there seems to be no limit to the size they may
possibly attain. I have seen an ulcer as large as my hand in each
groin of the same individual. Mercurial sores, too, are easily dis-
tinguished from the venereal, when they assume an herpetic charac-
ter, and heal in one part whilst they are spreading in another, which
the latter never do; this latter diagnostic is often extremely valuable
in ulcers of the throat and on the penis, where any extensive loss of
parts may be most sensibly felt during the life of the patient. The
mercurial ulceration, too, often attacks the cicatrix of a recently
healed chancre, and a fresh sore is thus formed—a circumstance that
does not happen to the true venereal sore, except by some accidental
injury, or the application of a new infection.

PART III.—MONTHLY PERISCOPE.

The therapeutic Action of Nitrate of Silver.—Dr. Florian Heller
determined to examine experimentally the different opinions en-
tertained by authors regarding the therapeutic action of nitrate of
silver, whether employed externally or internally. The good effects
of this agent when used locally in the pathological changes of the
mucous membranes of the eye, of the organs of generation, and as
a caustic, are now pretty well known and acknowledged by all.
This salt coagulates the albumen and cellular tissue, decomposes
also the chloride of soda and the phosphates found in all the secre-
tions, and the result is an insoluble chloride and phosphate of silver.
The frequent application of this agent upon the epithelium cells
which cover the mucous membranes, while it occasions a rapid and
abundant separation of these cells, is followed by a rapid and abun-
dant reproduction of them. But the explanation of the internal
action of the nitrate is not so easy. Dr. F. H. carefully examined
the blood, the urine and the faeces of patients who took this salt in
large doses during several months; as well also its direct action upon
the gastric juice. Seven epileptic patients took from 3 to 12 grains
daily of nitrate of silver during three full months, making thus 2½
ounces that each one swallowed; and this without any influence
over the disease or direct action on the system, not even the brown
coloration of the skin. No change was made upon the blood neither
in the urine. The fecal matter contained the whole silver that had
been administered. Mixed with the gastric juice, the nitrate was
decomposed and precipitated by the chlorides of potash, soda and lime, which this secretion normally contains. Not an atom penetrated the blood, and the coloration of the skin noticed by some authors after the use of this salt, Dr. Heller believes to be a mere coincidence.—[Translated from the Archives Générales de Méd.

Cod-Liver Oil in Struma.—Having mentioned the use of cod-liver oil in the strumous diathesis, I avail myself of this opportunity of corroborating the testimony of those (and, among the rest, of Dr. Bennett) who have extolled the use of this medicine in strumous diseases in general. I have seen it do what I never saw any other remedy effect, i.e., reduce to the natural size the enlarged glands that were brought on the period of extreme youth. A most remarkable instance was that of a young lady, aged about 19, whose glands were as large as small walnuts, and which I treated without effect for two years, both by iodine internally, and nitrate of silver locally. A three months' course of cod-liver oil left no trace of the disease behind. Under the influence of this oil, the enlargement of the cervical glands in young persons of a scrofulous habit frequently disappears, and the tendency to the formation of phthisis and the recurrence of strumous haemoptysis is occasionally overcome. In persons of a consumptive tendency I consider this as a valuable addition to our remedies.

Having mentioned the spitting of blood that so frequently forms the first obvious symptom of consumption, a remarkable case is brought to my memory which I saw along with Dr. Stokes and Mr. Corr. It was that of a young man, a partner in an extensive manufacture in this city, who was attacked on his birth-day with a spitting of blood. The disease did not recur until his next birth-day, and thus he was attacked for several successive birth-days. The last haemoptysis ushered in the usual train of symptoms attending on galloping consumption. The recurrence of the symptoms on his birth-day evidently arose, not from any real periodicity in the disease, but from nervous and vascular excitement produced by apprehension.—[Dr. Graves, in Dublin Quarterly Journ. of Med. Science.

Treatment of the acute forms of Insanity, particularly Mania, by the prolonged use of irrigation and baths.—M. Brierre de Boismont, being a candidate for a vacant place in the section of Therapeutics, communicated to the Academy of Medicine of Paris, a work having the above title. He observes that heretofore the greatest number of mania were cases cured from the second to the fourth month, some not until the fifth to the twelfth. By his mode of treatment they are generally cured in a week. Of 72 cases, 35 of which were acute mania, 33 were cured; 10 of furious mania, 6 cured; 11 of delirium tremens, all were cured; 10 of monomania, all cured; and of 6 chronic intermittent mania with acute symptoms, all resisted the treatment. They were under treatment from 1 to 15 days. Each
patient took about six baths. The essential plan of treatment was a bath of ordinary temperature which was allowed gradually to cool while the patient remained in it ten, twelve or even fifteen hours, receiving upon his head at the same time a cold stream of water, falling the height of 3 or 4 feet.—[Trans. from the Arch. Gén. de Méd.

Treatment of Intermittent Fever by Sulphuric Ether.—(Gazette Medicale. Trans.) Dr. Challeton has almost constantly succeeded in curing intermittent fever in the neighborhood of Gannat, by giving a half tea-spoonful of sulphuric ether in sweetened water, either at the moment of the chill or in the intervals of four hours during the day preceding the attack. Several other practitioners have confirmed the results thus obtained by Dr. C.

Efficacy of the topical employment of Croton Oil as a palliative means in pulmonary tuberculization.—(Gaz. des Hopitaux. Trans.) M. Rayer has obtained good effects from copious frictions made with the Croton oil on patients a prey to the formation of pulmonary tubercles. He commonly has applied 24 drops to the anterior surface of the chest, and recommends the patient to rub them freely with the palm of the hand.

Tincture of Iodine in obstinate Intermittent Fever.—Dr. Seguin, of Albany, in a short paper in the Journal des Connaissances Medicale Pratiques, December, 1846, states that he has found the tincture of iodine, a very valuable and effectual remedy in cases of intermittent fever, which have resisted quinine and other antiperiodics. It is is not equally effectual, he says, in recent cases. He gives it in doses of 30 drops in a little sweetened water, in three doses during the paroxysm, and gradually increases the dose to 40, 50 and even 60 drops.—[American Journ. of Pharm.

Pathology of Urticaria.—Dr. Douglas M'Lagan has surmised, from the result of a chemical examination of the urine in one case, that urticaria depends upon the non-elimination of urea from the system. In the case in question the proportion of urea was diminished by one half, the total quantity of urine being at the same time not increased. Under the impression that as in rheumatism, in which an analogous condition exists, colchicum is known to be useful, it was exhibited in the above case, and with the best results, as the next examination proved the urea to have been increased nearly threefold. At the same time the cutaneous irritation entirely subsided.—[Edinburg Monthly Journal.

Variola, Vaccinia, Varioloid and Varicella.—Dr. Koesch, the author of an essay published under the above title, concludes:

1. That cow-pock is nothing more than small pox, transmitted to the cow by contact.
2. That persons who have been effectually vaccinated may, in some rare instances, contract dangerous small-pox.

3. That small-pox after vaccination is, in the great majority of cases, of trifling severity.

4. That the rarity and mildness of small-pox are in proportion to the recency of the vaccination.

5. That small-pox seldom appears after the age of thirty, but is not always less severe when it does so.

6. That the majority of the vaccinated are entirely exempt from small-pox, even though exposed to contagion.

7. The identity of variola and varioloid is demonstrated by their phenomena, development, and by the results of contagion or inoculation.

9. That varicella is in nowise connected with variola, but is a perfectly distinct disease.

9. That vaccination is the only mode of exterminating small-pox.  


The Urine in Ascites.—In ascites, dependent on lesion of the liver, the urine is always more or less deeply colored, whilst in renal ascites, (Bright's disease or otherwise,) the urine is white and colorless—(Rayer.) This characteristic condition of urine in ascites was perfectly known to the Arabian physicians.—[Monthly Journal of Med. Science.

Chlorate of Potass in Salivation.—Mr. Alison states, that having had many opportunities of observing the beneficial effects of the internal use of the chlorate of potassa, (KO, CIO₃,) in the various forms of pure anæmia, in which the intolerance of mercury is notorious, he was led to believe that as these closely resemble in many particulars the state of system produced by the full action of mercury, the medicine might be equally beneficial in the latter, and that the result of numerous trials exceeded his expectations. He warns us, however, that certain precautions are necessary in the use of the chlorate, as if it be given in injudiciously large doses, or for too long a time, it is apt to give rise to inflammatory symptoms. He thinks that it and mercury are antagonistic in their action.—[Med. Gazette.

Psoriasis Inveterata.—Dr. Romberg found the aqua picis liquidæ to effect a cure when all other means failed. The aqua was prepared by pouring a quart of cold water over a pound of pitch, and leaving it to stand for twenty-four hours in a cool place; and a beer-glass of the water, filtered through paper, is to be taken every morning fasting, and the parts affected to be bathed with it twice or three times a day. Its use may be continued for months, the only apparent effects resulting being slight diuresis. Six cases are related in proof of the great efficacy of this remedy.—[Medical News.
Cure of Nævus.—Dieffenbach says, in flat nævi, up to the size of a crown-piece, lint, steeped in pure liquor plumbi, is to be 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, nævi, 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.

[Medical News.]

Treatment of Fissures of the Anus, by M. Diday—M. Diday recommends the patient to apply to the anus, night and morning, with the end of the finger, a portion of ointment, about the size of a cherry-stone, composed as follows:

B. Axungiae, - - 15 grammes,
Tannin, - - 1 gramme;
increasing the proportion of tannin gradually to three grammes or more, according to its effect on the sensibility of the part. To apply it efficiently the patient should push his finger as far as possible without forcing the sphincter, and then leave the ointment. Where fissures are situated higher, a solution of tannin may be injected into the rectum with a small syringe. The quantity of liquid introduced should be as small as possible, in order that it may be retained for some time. In both cases the patient should experience some degree of heat, and smarting continues for some time after the application.

[Annuaire de Thérapeute.—Ranking’s Abstract.]

Albuminous Urine produced by the use of Cantharides.—M. Bouillaud read to the French Academy of Sciences, June 8th, a note on the production of albuminous urine by the use of cantharides. Having had numerous cases under his care where albumen was detected in the urine including true cases of Bright’s disease, he determined to make some new researches concerning the different conditions or circumstances under which albumen may occur in the renal secretion. For a long time he had noticed it in those cases where there was undoubtedly serious disorganization of the kidneys, or Bright’s disease; but besides confirming his previous knowledge in this matter, his recent researches had brought to light one source of albumen in the urine which had escaped others, and that source existed in the action of cantharides. In many individuals, in whom there was no renal disease, he had large blisters placed on the skin, in those places where they had been previously cupped. In a man who had moderate pleuritic effusion, but whose urine contained previously no albumen, after he had been cupped, a blister was placed over the cut part. The urine passed after this, was put by, and on the next morning it was treated with nitric acid, when it became turbid and white, and altogether assumed the aspect and consistence of weak emulsion.
The action of the cantharides on the kidneys, in this case, was evinced by the frequent desire to make water, the pain and agitation attending it; all which, as in other cases observed, passed off in twenty-four or thirty-six hours afterwards. This was the first case in which the experiment was tried; it was repeated in many others, all confirming the results above obtained. The action of the blisters in the way spoken of, was greater when applied to the skin after cupping, than when this was entire—a fact to be anticipated a priori. This curious form of albuminuria disappears at the end of two or three days, and is followed by no dropsy, as is the case where there is organic disease of the kidney.

In England, this action of cantharides in producing albumen in the urine, as well as in causing the exudation of blood, has been previously noticed. The investigations of the French physician, however, are confirmatory.—[Lancet.

Prevention of Abortion.—In the number of the Dublin Quarterly Journal for May last, Dr. Griffin advances, in one of his medical problems, "the question whether, when miscarriage or premature labour takes place, at fixed periods, from the influence of an acquired habit, the periodical movements may not be prevented by such remedies as prevent the return of epileptic fits or agues? In an answer to this query, he relates the case of a lady who had miscarried several times at the third month, and came under his care in her sixth pregnancy. Dr. Griffin could not detect any obvious cause of her former abortions, and as all other means had been tried, it occurred to him to try a course of some metallic tonic, given on the same principle as in epilepsy. She therefore took two grains and a half of oxide of zinc, with extract of hops, three times a day, followed by valerian, aromatic spirits of ammonia, and decoction of snake root. She was advised, instead of lying upon the sofa, to take the air as much as possible. Under this treatment she passed the usual period of miscarriage to her great joy. Happening, however, to meet soon after with causes of mental excitement, she experienced the premonitory symptoms of abortion to which she had been accustomed; but by taking a grain of opium every hour till the pain ceased, the accident was warded off, and she was soon able to resume the zinc. She went her full time. A second and still more striking case is narrated. [Amer. Journ. of Med. Sciences.

Bronzing of Confectionary.—According to the Police Regulations of Paris, confectioners are allowed to use only gold and silver, as metallic ornaments to confectionary. Copper, bronze, and all the alloys of copper and zinc are prohibited. Some confectioners have, however, employed sham gold; an alloy formed of zinc and copper. A large quantity of confectionary thus ornamented, has been recently seized at Bordeaux, and an action has been commenced against the confectioner who supplied the articles. He produced some of the
powder, which he said he procured of a druggist, who sold it to him as a mixture of talc and oxide of gold. The application of nitric acid and ammonia, however, soon proved that the gold was a copper alloy.—*Jour. de Chimie.* Nitric acid is perhaps the best test, as some of these alloys very closely resemble red gold in colour. The copper alloy is immediately dissolved by the acid, forming a green coloured solution; gold remains unaffected. These copper alloys are much used in England for ornamenting gingerbread, and Scheele’s green and chromate of lead are also employed for the purpose of colouring sugar plums. *De minimis non curat lex.* The English law thinks any interference with this mode of selling poisons, an invasion of the liberty of the subject!—[London Med. Gaz., and Idem.

**Pectoral Syrup.**—(Gazette Medicale. Trans.) Dr. Maronecelli recommends the following syrup to facilitate expectation and calm the coughing, without the objection and inconvenience of containing any opiate preparation:

Take of Balsam of Tolu, 60 grammes. Agitate for two hours in boiling water 3000 grammes, pour it then upon the dry leaves of Digitalis, " Belladonna,\{ 16 grammes.
Ipecacuana, bruised. 4 grammes.

Let it macerate for 12 hours, filter and add white sugar, 6000 grammes. Heat moderately to dissolution of the sugar, and then clarify with the white of an egg in 125 grammes of water. Dose: two to four teaspoonsful occasionally during the night.

**To remove the Bitterness of Epsom Salts.**—(Journal des Conn. Med-Chir. Trans.) M. Combe says that 10 centigrammes of tannin in the water necessary to dissolve 30 grammes of Sulphate of Magnesia, will destroy its bitterness. The taste of the tannin may be removed by 10 grammes of roasted and pulverised coffee—the whole taken in a little broth.

**A pleasant Substitute for Epsom Salts as a Purgative.**—M. Garot recommends the following formula for the preparation of tasteless purgative salts (citrate of magnesia):

- Carbonate of Magnesia - - - 15 parts
- Citric acid - - - 21 to 22 "
- Aromatic Syrup - - - 60 "
- Water - - - 300 "

The citric acid is separately dissolved and added to the carbonate of magnesia diffused in water.

As thus prepared it is not effervescing; but it is easily rendered so by adding only half the quantity of acid, and reserving the addition of the other half, until the dose is taken. The above proportions in grains would constitute a dose.

Dr. Pereira long since suggested the use of citrate of magnesia in
nearly similar proportions. He found that one scruple of crystallized citric acid saturated about fourteen grains of light or heavy carbonate of magnesia. — [Lond. Med. Gaz.]

**Syrup of Wild Cherry Bark.**—Take 4 ounces of the powdered bark and macerate in 12 ounces of water for 48 hours—remove the fluid by displacement and add 24 ounces of sugar. Apply no heat, for that would dissipate the hydrocyanic acid, and the syrup would ferment.

**Acid Nitrate of Mercury.**—Dr. Neligan gives the following as the formula for the preparation of this new and useful application:—Take of pure mercury, 100 parts; commercial nitric acid, (density about 1380,) 200 parts: dissolve the mercury in the acid with the aid of heat, and evaporate the solution until it is reduced to 225 parts. [St. Louis Med. and Surg. Journal.]

**Mode of Administering Aperients to Children.**—Phosphate of soda may be used conveniently as a condiment in soup in the place of common salt. Children may be unconsciously beguiled into the taking of the medicine in this way, and it will be found an excellent purgative. — [Med. Times—and Med. News.]

**Carminatives and Tonics.**—Cullen’s opinion was that coriander-seeds correct better than any other carminative the griping effects of senna. Cascarilla, says Dr. Dick, is an excellent aromatic tonic, which agrees with most stomachs. It may be either given by itself, or else conjoined to stronger tonics or purgatives. Thus it corrects the cold and griping tendency of senna and neutral salts. In a course of tonics we may often advantageously commence with cascarilla, and go on to gentian and quinine. — [Ibid. — and Idem.]

**On the removal of Stains on Linen made by the Nitrate of Silver**—by W. B. Herapath, M. D., London.—Medical practitioners in the habit of using the nitrate of silver extensively, as a remedial agent, must have frequently heard loud complaints of their patient’s linen having been indelibly stained and spoilt, by some accident having occurred during its use; and in many cases, patients have refused to employ these preparations, in consequence of the extensive destruction of linen which they occasion. I have therefore very little doubt that the following observations will prove most acceptable to my brother practitioners.

These dark stains consist of very finely divided metallic silver in intimate union with the fibres of the cloth. Had they been oxide of silver, any diluted acid would have dissolved them; but nitric acid alone produces any effect upon them, which of course cannot be employed on account of its powerfully destructive effects upon the linen fabric. Iodine immediately converts them into iodide of silver, which
is instantly dissolved by a solution of hypo-sulphate of soda, and the cloth remains as white as when issued from the bleaching-house, and as firm and durable as ever.

The best mode of employing this substance is to strain the spotted linen over a basin of hot water, and then to let fall upon each spot, previously moistened with water, a few drops of tincture of iodine, and instantly to pour sufficient solution of the hypo-sulphate of soda to dissolve the iodide produced, and then immerse the spot in the water beneath, to wash out and cleanse the tissue, at once, from the stain and chemical re-agents employed. The tincture of iodine of London Pharmacopoeia strength is the one I employ; and one drachm of crystallized hypo-sulphate of soda, dissolved in two ounces of water, will make an excellent bleaching liquid.

A patient may thus be very readily taught the manner of removing an unpleasantness frequently attending the use of a most valuable remedy.—[Lancet.

MEDICAL INTELLIGENCE.

MEDICAL COLLEGE OF GEORGIA.—Prof. Means is to deliver the Introductory to the next Course of Lectures in this Institution. This will take place on Monday, November the 8th, at 12, M.

Amidst the many changes which have occurred during this year among the professors of the Medical Colleges of the United States, our own has remained free from resignation; all the members of its Faculty have been preserved by a kind Providence, and are now ready to enter upon their duties.

Considerable additions have been made to the Chemical apparatus.

OUR EUROPEAN CORRESPONDENT.—During our recent visit to Paris, we were fortunate enough to make the acquaintance, and secure, we trust, the friendship of a gentleman, now resident of that city, who for sixteen years had been con- 

ected with the anatomical chair in one of the most flourishing schools of medicine in Great Britain. Below, we present the reader with his first letter, which will no doubt be read with much interest. Our correspondent preferred to remain unknown, hence the assumed initials to his communication—this we regret, as it is our wish to give full credit to every one from whom we may de-

receiver valuable information.

Diseases about the Os Uteri—Clergyman's sore throat, &c.

PARIS, 13th Sept., 1847.

My Dear Sir,—The morning after you left Paris, I met Dr. Gibson, of Pennsylvania; and between the Professor and Mr. T., of Savannah, I have not had a moment's leisure to write a letter. T. and his son have departed this fore-

noon for Liverpool, and Dr. G. goes on Saturday, to sail by the Steamer of the 4th Oct. Mr. M. is well—I am in possession of the August number of your Journal, which he kindly gave me. Among other places I visited with Dr. G., were the Lourcine* and the Necker Hospitals. In the former we saw many cases

* This institution is destined for the exclusive reception of public prostitutes of Paris, la-

bouring under the syphilis disease.—[Edr.
of catarrh of the uterus, where the solid nitrate of silver was introduced for about half a minute into the os uteri. In superficial ulcerations of the os uteri the acid nitrate of mercury is employed—taking great care that none of the liquid touches the vagina, and for this purpose, a quantity of water is instantly afterwards introduced through the speculum. This practice is repeated every 8 or 10 days, during the progress of the treatment,—with almost daily applications of large quantities of the powder of alum, introduced with a brush through the speculum. With these means of cure, are combined baths of a moderate temperature, for one or two hours at a time, and frequent injections of cold water. In Uteralgia, 3 drachms of the Belladonna to 1 lb. of water in decoction, as an injection 3 times every day, or the decoction of the heads of Poppies, combined with counter irritants to the skin. Trousseau is fond of using a pill of the Ex. of Belladonna and a small quantity of Gallic Acid, which he desires the patient to insert high up the vagina, and moistened with saliva or any other bland fluid. Bleeding is never now, I believe, had recourse to, excepting in very peculiar circumstances, for simple enlargement of the neck or body of the womb, unless in acute cases depending on painful menstruation, with evident inflammation. In several of the patients that had been treated with the Alum, the vagina was actually lined with a membranous looking layer which required to be detached before reapplying the alum. In this connection, permit me to add that I have seen following a menstrual period, more than usually painful—the mucous membrane itself of the uterus entirely discharged. This is a "fixed" fact, admitting of no doubt, and induces me to mention, that last fall I assisted at two dissections here, along with Prof. Coste of the College of France, where it was clearly and unequivocally demonstrated that in normal impregnation the veritable mucous lining of the uterus constitutes the membrana decidua. All this was known before, however. The opinion is here, as in London, becoming almost universal, that leeches should not be applied to the neck of this organ; and among other reasons, for this important one, that the bites often cause ulcerations; and nothing you know is more difficult or troublesome to cure permanently. In uterine catarrh, where the discharge is copious, a pleepet covered with equal parts of lard and alum is introduced into and retained in the canal. Velpaeu introduces the solution of the Acid Nitrate of Mercury into the neck of the uterus, and it seems a very powerful agent for destroying granulations and the thin walls of the follicles, from which last, in many cases, nearly all the discharge proceeds, particularly in flour albus. Ricord throws a strong solution of the Nitrate of Silver into the neck of the organ—taking care that the instrument only half fills the os uteri, and also, that the quantity applied will not more than half occupy the cavity, and this, for fear of any of the liquid passing by the tubes into the abdominal cavity; although he deems this accident next to, if not absolutely impossible in the living subject. Jobert, of St. Louis Hospital, is in the habit of applying the hot iron in simple enlargement of the neck, without ulcerations; sometimes 20 or 30 times, at intervals of a fortnight or three weeks; and in this way, at length, a large portion of one or both of the lips, is destroyed—without, however, as far as I have been able to ascertain, permanently removing this inveterate affection. The truth is, the enlargement is very rarely confined to the neck alone. As the vaginal portion of the organ is always entirely insensitive, and apparently unprovided with nerves, no pain is experienced during the application of the hot iron, which seldom fails to afford temporary relief. Notwithstanding the profuse discharge, that often comes from the uterus, innumerable dissections have satisfied me that ulcerations internally rarely or never exist, unless complicated with malignant disease. Thickening, turgescence, and in particular, a granular condition of the cervical portion, chiefly with enlargement of the lacunae, are the appearances met with after death, which unfrequently, I should say, never happens, from this complaint of itself. We saw several patients with vaginitis who were treated by the pleepet covered with the Nitrate of Silver and lard, in the proportion of 3 grains of the former to an ʒ. of the latter, and suffered to remain for 10 or 20 minutes, or withdrawn only when the pain becomes acute.

We had a long conversation with Trousseau, regarding his experience of the efficacy of the Nitrate of Silver in diseases of the larynx, especially of the parti-
cular kind so frequent among clergymen in the United States. He said that the membrane of the lips of the glottis, was often involved in consequence of a particular species of inflammation of the throat and pharynx, just in the same manner, as the membrane of the uterus is seized through extension along the vagina, &c. He applies the solution of the Nitrate of Silver to the back part of the pharynx with a camel's hair pencil, of about the thickness of the little finger— at the same time depressing the tongue with a long spatula: often, also, he touches the parts affected with a small piece of sponge, soaked with the solution, the sponge being fixed to a long rod of whalebone, very much bent at the end to which the sponge is secured. In less severe states, he prefers the Sulph. of Zinc or Copper. He also, occasionally uses the Nitrate of Silver in the solid form; indeed the same remark is applicable not only to the mucous membrane of the throat, but to all those surfaces that are open or exposed. Many practitioners believe, that they insert the solid nitrate of silver into the cavity of the larynx itself, down to the true vocal cords. But, it is not so, for although a strong tube can be passed into the trachea without creating much uneasiness, especially if the operation of passing be performed suddenly and with force, it is truly a very different thing in relation to liquids. This is abundantly evident, and when inflammation and swelling co-exist the operation is utterly impracticable. Fortunately the ulceration is extremely slight, should it happen to be present; for if not connected with constitutional syphilis or tubercular consumption, chronic laryngitis is most usually unattended with ulcerations or vegetations.

The mail, by England, closing this evening, I shall therefore as far as time permits, give you extracts from the Journals, &c., concluding by assuring you that before long you will again hear from me, it is to be hoped, with something more interesting than this sheet.

*Hospital des Enfants.* M. GUERSANT, the father.—(From L'Union Médicale of Tuesday, 31st August, 1847.)

**Convulsions in Infants.**—This disease has for cause, simple lesion of *innervation cérébrale,* without any organic alteration—idiopathic convulsions; or it depends on an organic lesion of the nervous centres,—symptomatic convulsions; or it is the *consequences* with or effect of diseased organs more or less distant—sympathetic convulsions. The idiopathic convulsions, attack infants in a sudden manner and apparently when enjoying perfect health, acquire speedily their highest degree of violence,—then disappear at once, without leaving any other functional trouble, but a feebleness which lasts but a short time: in other words, in the interval of the fits, the infants have neither fever nor headache, no disturbance of ideas, nor of the exercise of sense, no change in the secretions, or in the heat of the skin, and no derangement of digestion or of nutrition. The convulsions arise under the influence of a lively stimulation of the nervous centres,—return at intervals more or less distant, and yield either spontaneously, or in consequence of appropriate means. Convulsions symptomatic, of a modification more or less profound of the cerebral centres, are announced, in general, by pain of the head, more or less acute, excitation of sensibility, perversion of intelligence, and often even a little fever. At the moment of the attack, we discover agitation, incoherence of speech and distressing cries, heat of head, vomiting and violent cephalalgia, &c. These convulsions, are prolonged during some hours or days, with remissions, during which time the spasms lose their violence, without the patients' recovering the complete exercise of their cerebral functions; and when they have disappeared, they leave behind them a marked prostration of intelligence, and of mobility. Sympathetic convulsions are constantly connected with perturbation, either apparent or concealed, of some function essential to life—or, at least, with a morbid alteration of some organ more or less important. Among these organs, the stomach holds the first rank. Of this fact, M. Guersant gives numerous extraordinary examples; he has seen indigestible food remain in the stomach many days, and excite convulsions which continued until these substances had been expelled. Thus, in a child, the convulsions lasted almost without intermission during nine days: a spoonful of white wine forced into the mouth produced vomiting of a portion of omelet, and a great number of gooseberries, some of
them entire. On which, the convulsive movements almost immediately ceased. The preceding characters commonly suffice to distinguish, in children, the particular kind of convulsions. Yet there are not a few occasional exceptions. The chain of symptoms, is often nearly the same in the various species. And although the idiopathic and sympathetic fits are generally of short duration, and not usually followed by any important derangement in the cerebral functions, these convulsions may, if prolonged with frequent returns, occasion a disorder as serious and persistent, as those caused by organic disease. It is in the careful study of the consecutive accidents, and not in the form of convulsions or even in their extent, that we can draw the elements of our diagnosis. Generally speaking, the danger of convulsions, as in exact relation with the nature of the exciting cause. The least dangerous are the idiopathic. Nevertheless, repeated attacks may terminate, when the patient is very young, in idiotism, or in death; and that too, without our being able to discover on dissection, in the nervous centres, any appreciable lesion. At the moment of a convulsive attack, it is difficult to pursue any rational mode of treatment, because the diagnosis is rarely fixed. We are influenced by the general condition of the patient, &c. If the means at first employed succeed, we continue them, if not, we try new remedies: antiphlogistic, revulsive, purgative, compression of the carotids, antispasmodics, cold irrigations on the head, and unfortunately without success. Bleeding, general and local, according to the gravity of the symptoms, have been much relied on. Leeches are most commonly employed, and they are put behind the ears, and when the patient is irritable to the ankles, when the flow of blood should be encouraged during one or two hours, according to the effect produced. Compression of the carotids, so highly recommended by M. Trousseau, apply principally to convulsions of the congestive form, and confined solely to one side of the body. We practice this compression on the carotids of the side opposite to the one that is convulsed, with the thumb, fore and middle fingers, united; and with these placed parallel to the axis of the artery, and the palm of the hand directed outwards, so as not to compress the larynx or trachea. This compression, in some cases, appears to arrest for a very short time, the access of the fits. As however its action is instantaneous, if it does not alter a few minutes avail, it should be abandoned. Revulsives to the skin, or intestines, are almost always employed. Cataplasm of the flour of mustard, to the lower limbs, are much in vogue. Some use a sponge with boiling water, while they move quickly along the inferior extremities—others apply blisters or ammonia. We also administer calomel with jalap internal, or perhaps rather purgative enemata. Refrigerants applied to the head have almost constantly a good effect. The most incontestable advantages are derived from cold effusions; and also continued irrigations directed in preference on the fontanel in the case of infants. These irrigations create, sometimes, a depression so alarming that it is necessary to suspend them, or the patient may perish under the jet of water. In certain cases the convulsions are accompanied with a general chill, which contra-indicates the use of cold effusions. Among antispasmodics, we place in the first ox. of zinc alone or combined with musk, ether, valerian or assafoetida. It is when the disease has not yielded to the preceding means of cure, and when the convulsions do not depend on congestion, that we are authorized to have recourse to antispasmodics. Of all these last enumerated remedies the ox. of zinc is the most successful. Guersant gives it in progressive doses up to 130 centigrammes during each day, divided into 9 or 10 powders mixed with sugar. Sometimes he unites the musk with the zinc.

I subjoin a communication on Epilepsy, but first take leave to state, that a new and valuable means of diagnosis has been quite recently established, between this disease and puerperal convulsions,—in which last, albumen can always be detected in the urine, so at least M. Cazeau stated in his lecture the other day. (Medical Gazette, 11th Sept., 1847. Academy of Sciences, 6th Sept.) M. Plouviez, of Lille, has presented a treatise on Epilepsy, which he regards as a permanent aberration of the manner of the sensibility (" du mode de sensibilité") of the brain, the existence of which is manifested by a tendency to convulsive attacks. He thinks that by proper treatment, one may often succeed in destroying this condition, especially when it has for a cause, strong moral emotions,
Leeches.—Diseases of the Skin.

fright, for instance. 1st. Agents whose effects modify the cerebral system. His formula is—Watery Extract of Belladonna, 2 grammes; Digitalis in powder, 3 grammes; Indigo, 10 grammes; Mucilage, q. s. ft. 50 pills. Three or four days before an attack, commence with one pill—if it appears to have no effect, give another at noon, and even a third during the evening. The dose is augmented gradually until there is produced slight intoxication and somnolency. The medicine is intermitted for two or three days, after the period of the attack has passed, to recur to it again at the approach of another access. M. P. continues in this way for a year or more. One ought never to be discouraged when a slight amelioration has once ensued. He maintains that by perseverance, we will sooner or later triumph over the disease, and that success depends on the degree of intelligence used in applying this mode of treatment. 2d. Cold baths and the "botte Junod."* The cold baths are to be taken at a temperature of 75 degrees for three or four minutes, then they are lowered insensibly, even to freezing, according to the susceptibility of the patients. To be careful to avoid violent shocks. In going out of the bath, the patient is covered with blankets, to excite perspiration for several hours. Not to excite acute pain, he still employs the "botte Junod," and uses it for 25 or 30 minutes. These three means are not administered simultaneously, sometimes he gives pills with the cold baths, sometimes with the boot of Junod, and always three or four days before an attack. 3d. Auxiliary means—bleeding, leeches and revulsives. These last not always necessary, excepting in certain cases.

Leeches. (From Union Médicale, 31st August, 1847.)—Since 1843, leeches have been submitted to the process of stripping or disgorgement at the Hotel-Dieu, and each year the administration has realized a considerable profit; it amounted, in 1846, to 27,874 francs. In the first year, for example, 28,000 leeches made 52,000 bites. Although no inconvenience or complaint has arisen from the use of disgorged leeches, all those applied to the patients in St. Louis, the Louvre and the Midi, (venereal hospitals,) are, for obvious reasons, excluded. Within a few hours after the leeches have acted, they are placed, a dozen at a time in water containing 16 parts in the 100 sea salt, from which they are soon withdrawn and plunged into water, "which feels very warm to the hand." The leeches are then pressed slightly between the fingers, when they void without effort all the blood they had taken. After which, they are put into earthen pots, containing fresh water, renewed every 24 hours. In about eight or ten days more, they are again fit for being reapplied—and so on for the third or fourth time. If they are fatigued or not in good condition they are conveyed into small ponds constructed at the Hotel-Dieu. These tanks are lined with Roman cement, and filled with water, which is renewed as often as the slightest alkaline trace is perceived. One small basin is sufficient for 50,000 leeches. The bottom is covered with fullers earth, in which are planted several aquatic plants. A gentle, but constant current of water passes through the basin. When they desire to catch the animals the water is agitated; those that are vigorous come to the surface, the others remain in the fullers earth. The whole expense incurred is a mere trifle.

Iodide of Sulphur in Diseases of the Skin, (from the same Journal,) formerly used by M. Biett, as an external application for the cure of Porrigo, and tuberculous affections of skin, has recently been highly recommended by M. Escolar, of the general hospital of Madrid. In children he commences with 2 centigrammes and a half, and in adults with 1 decigramme. The dose may be increased in the former to 15 centigrammes, and in the latter to 3 decigrammes. In support of his opinions, M. Escolar reports nine cases of different diseases of the skin, which were all cured by the Iodide of Sulphur, after having resisted all other remedies. He says, in his work, having never seen bad effects from the employment of this medicine, one ought not to hesitate to give it, particularly in herpetic affections.

* Botte Junod.—By this term is meant a kind of boot so arranged as to exhaust the atmospheric pressure within it—a powerful revulsive means from the head. Junod is the name of the inventor.—Eot.
Gangrene of the Lung without constant solidity of the Breath. By M. Lecret, Physician-chief of Bicêtre.—(From Gazette Médicale, 4th Sept., 1847.) Gangrene of the lung, although a rare disease, is most usually seen in the insane. M. Guistan, in a memoir published in 1836, states that he had then seen thirteen cases. Those that have occurred at Bicêtre, have all proved fatal, having been combined with paralysis, gangrene of the back, &c. The existence of the gangrene would not have been discovered before death, if the patient had not happened to cough at the time of the visit. "I conversed," says M. L. "with this patient; he coughed, when suddenly I perceived an excessively fetid odour. I searched around, and in the bed, to discover its source—the patient coughed again, when I ascertained the fœver proceeded from the effects of the cough. On its ceasing, the gangrenous odour disappeared. M. Marcel and I percussed the chest, which afforded no abnormal sound. No rale could be perceived on auscultation. I do not know that an analogous fact has been noted by authors, for in the observations published on gangrene of the lungs, the fœvor of the breath is given as a constant symptom, whereas, in this patient, it only existed during the period of the coughing." Although M. L. visited him every morning for twenty-eight days previously to death, and M. Marcel returned to visit him once or twice during the day, no gangrenous expectoration could be detected, and the gangrenous breath was only once perceived. The right lung presented in the posterior part of the interior lobe, a cavity capable of containing a large egg. The cavity was irregular, of a greenish black color, and emitted a strong gangrenous odour. (16th Sept., 1847.)

From the Constitutionel of 5th September, 1847.—M. Chassaignac has lately presented a memoir to the Academy of Sciences, on the Nature and the Treatment of Puerulent Ophthalmia, in which he endeavors to prove: 1st. That purulent ophthalmia of new-born infants is in many, if not in all instances, a diphteritic ophthalmia,—falsc membrane. 2d. The diphteritic membrane is constant, and adheres strongly to the conjunctiva, and cannot be detached in a complete manner, neither by washing, nor by rubbing with any soft substance; whereas, by seizing it with a forceps it can be removed entirely in one piece. 3d. The abstraction of this membrane hastens in a striking way the cure of ophthalmia of new-born infants. 4th. The frequent use of injections and washes of the eye, and the internal surface of the eye-lids, leads to a rapid cure of this ophthalmia, i.e., "des douches practisées from a certain height." M. Flourens thinks, from researches he has made on mucous membranes, that those above alluded to, are not accidental false membranes, but the epidermal lining of the eye-lids.

This opinion of M. Flourens is much more plausible than correct, for how can we explain the re-appearance, in a few hours, of these membranes, more or less extensively, often fifteen or twenty times during the second stage of the disease, and this too, after they have been most carefully removed. It now occurs to me, that I omitted to mention that water irrigations are in great repute, at this time, here. Not content with applying them in all cases of acute vaginitis and conjunctivitis, many also have recourse to them in chronic and scrofulous diseases of the eye and eye-lids. A constant stream is directed on the parts, for, from fifteen minutes to half an hour, morning and evening. Sometimes, in vaginitis, oftener and for a longer period. An instrument called an Irrigator is used, which consists of a cylinder, piston and an injecting tube, moved by machinery.

The Treatment of Epilepsy, by Professors Rostan, Velpeau, Williams, &c.

By reference to the Letter of the Editor, in the last No. of this Journal, it will be seen, that he had not at its date received communications from the above named gentlemen, on the subject upon which they had been consulted. He now briefly gives the treatment recommended by them in the case alluded to:—

1st. Take for drink the infusion of the flowers of the peach tree, or the leaves of the laurel.
2d. Take three times a week a bath with the infusion of the linden tree, or of
the leaves of the laurel, and of the temperature of 98°, while cold water is poured upon the head—the patient remaining in it four or five hours.

3d. In the interval between the baths, the patient will occasionally be placed standing in a foot-bath at the temperature of 101°, and water at 78° be poured upon the head.

4th. Take of the powdered root of belladonna, one grain each day for the first week, and increase one gr. each week, watching carefully the effects of this article upon the system—diminishing, augmenting or suspending it, according to its action.

5th. Let the patient be purged at least once a week.

Paris, 14th August.

(Signed,) ROSTAN.

VELPEAU.

M. LEURET, physician in chief to the Bicêtre Hospital, was also consulted.

He agreed with the treatment just related, and laid great stress upon exercise to fatigue, and also recommended to arrest the premonitory symptoms of attack, a large dose of opium and musk.

Prof. WILLIAMS' letter is as follows:

LONDON, Holles St., Aug. 25, 1847.

The chief indication in the treatment of these cases is obviously to endeavor as much as possible to equalize and strengthen the circulation, whilst all causes of occasional embarrassment or excitement are carefully avoided or counteracted. The treatment of each individual case will require a very careful examination into the state of all the functions, and the application of fitting measures to correct any that may be in disorder. The functions which I have found most frequently erring (even when not mentioned by the patient) are those of the heart and kidneys. Palpitation often precedes the attack without being obvious to the patient; and to prevent this I have found hydrocyanic acid or digitalis, in doses gradually increased, very serviceable remedies; and they may be combined with tonics or otherwise, according to the condition of the system. An unhealthy state of urine, manifested by either scantiness or albuminous impregnation, I have discovered in several cases, and have corrected by a large blister to the loins, followed by a free and long continued use of the expressed juice of Taraxacum (or Extract prepared without heat) together with bicarbonate of potash or other diuretic salt. In addition to these means, others calculated to improve the general health and tone of the circulation—much open air—regular moderate exercise, careful diet, &c.—should not be overlooked.

The prognosis is extremely varied and cannot be stated without a very minute knowledge and some experience of the case. I have known many cases recover partially—some entirely: in others no improvement took place, but ultimately gradual lapse into altered structure of the encephalon. A lady, the mother of one case now under my care, was subject to occasional fits from puberty until her second confinement, which happened about 14 years ago, since which she has had none. Her daughter has also had several since puberty, but she has had only one in the last 12 months, during which she has 3 times a day taken gr. iss. Zinci Sulphat. with gr. xij. Ext. Flor. Taraxaci (prepared without heat.)

The above are the best hints which I can offer, without the advantage of seeing the patient; and remain,

Yours, faithfully,

C. J. B. WILLIAMS.

Adulteration of Medicines.—We call the attention of practitioners of the healing art, to the disclosures made known, and to the remarks which follow them, in the article with the above title, selected from the New-York Journal of Medicine. In confirmation of what is therein published, we state that of 4 ⅔ of Assafatida, carefully weighed by one of our students, there was deposited on the filtering paper over ¾ and 5vi. of sand, after the tincture was made from it. While Turkey rhubarb is invoiced at 4 cents per pound, we know the same
Meteorological Observations.—Errata.

Is it not time that some action should be taken on the all-important subject of the genuineness of our remedial agents? Surely life and health are too precious to be thus trifled with; and Medicine as a science is difficult enough for most men, without adding the monstrous evil of using impure medicines in its practice.

We commend the movement of the College of Pharmacy of the city of New-York on this subject, and hope action will be taken upon it by all our Colleges and Medical Societies. Let the profession be united, and we feel persuaded that Government will be induced to check the importation of adulterated chemical and pharmaceutical preparations.


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22 Fair days. Quantity of Rain 3 inches and 16-100. Wind East of N. and S. 11 days. West of do. 14 days.

Errata.—Page 640, line 14, for reviewing, read viewing; page 644, line 7, for irritatory, read initiatory; page 645, line 4, insert from between the words "emanates and small-pox."