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"Je prends le bien où je le trouve."

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The function of reproduction, has justly been considered, by all civilized nations, as the most important, attached to the animal economy. It is, then, not at all wonderful, that a very respectable portion of the talents, engaged in the profession of Medicine, should have been enlisted, from the earliest existence of the healing art, in guarding against the evils attendant upon pregnancy—relieving the suffering, and averting the dangers of parturition. However diversified the character, and changes of constitution, to which the human female is susceptible, the instances are rare, where during pregnancy, the general health is not impaired; and many cases are productive of extreme anguish and suffering, and attended by the most fearful consequences, and even death itself. Fortunately for mankind, the function of parturition is, in a vast majority of cases, naturally and safely performed, and require but little interference on the part of the obstetrician. But cases do occasionally occur, calculated to strike the stoutest hearts with terror, and demand timely and efficient aid. The object of the present communication, is to detail a few of those anomalous cases, which are of such imminent danger to the patient; and render the most prompt and appropriate treatment, indispensably necessary.

Puerperal Convulsions.—There is perhaps no question connected with obstetric art, that has been subject to a greater contrariety of opinions, than the one under consideration; and strange to say,
among the most distinguished accoucheurs of the day, it yet remains a subject for controversy. All are, however, agreed, as to its being a subject of vital importance, both to the medical profession and to the public. The supervention of convulsions, is undoubtedly the most formidable accident that can possibly happen to the parturient female.

To review the opinions of the various obstetrical authors, as regards the pathology of puerperal convulsions, would perhaps be an unnecessary consumption of time, as doubtless most of the readers of the Journal are familiar with them. In regard to the treatment, it is sufficient to say, that however formidable the disease may be, it is commonly successfully treated, when that treatment is based, as we believe upon its most enlightened pathology.

The recent valuable discoveries of Dr. Marshall Hall, in relation to the physiology of the nervous system, has, in this, as well as many other diseases, been as the dawning of a new era, in the history of Medical Science. And to Dr. Robert Lee, the medical profession owes a debt of gratitude, that should be commensurate with its existence, for his indefatigable skill and industry, in the discovery and demonstration of the nervous system of the uterus. The brilliant discoveries of these distinguished physiologists and co-laborers in Medical Science, we would hail as the harbingers of valuable pathological reform, succeeded by more satisfactory practical results generally, but more especially in the treatment of puerperal diseases.

Females of whatever age, peculiarities of constitution, idiosyncrasy or temperament, are universally liable to convulsions, either during first, or subsequent pregnancies.

In our very limited observations and experience, we have found that those most obnoxious to attacks, were individuals of delicate constitutions, and predominant nervous temperament, and in first pregnancies. It is known that there is more irritability of the system, during the first than any subsequent pregnancy. Every case that has come under our immediate notice (of which we have met with four in the past four years) have been of prima para.

Causes.—If in this division of our subject, we adopt the general method of classification, into predisposing and exciting causes, it will be barely necessary to advert to the principles laid down in a foregoing part of this article. It has already been observed, that co-existent with a first pregnancy, there is always a highly excitable state of the nervous system. This excitatibility obtains in subsequent
pregnancies but in a diminished degree. The reasons for this state of excitability, are obvious and easy of comprehension. From the period of conception, important functional changes take place. There is a total suppression of the catamenial function, the most important secretory act, incident to the preservation of female health. In lieu of the abolishment of this absolutely necessary function, a new system is established—a new being is created. Where once there existed but one system, simple and easily sustained, there now exists two distinct systems, of more complication, different, and to some extent antagonistical in character; one of which is undergoing continual change, from growth and development. The manner in which these various changes produce this nervous irritability, in the present extent of our knowledge, we are unable to explain. The remote or predisposing causes of puerperal convulsions, may be comprehended in few words:—That pregnancy exists, or the presence of the foetus in utero.

Exciting Causes.—The principle exciting causes we believe to be, in addition to the peculiar condition of the uterus itself, from the highly excited state of its nerves, and the transmission of this excitement, to the spinal marrow; other sources of irritation, acting through the excitor nerves, on the spinal marrow,—such as the presence of crude and indigestible food; constipation, or a morbid state of the bowels; vesical irritation, produced by over-distention of the bladder, and perhaps depraved quality of the urine; excessive grief, or mental anxiety; sudden shocks; great muscular exertion; hemorrhage, &c.—all acting upon the spinal marrow and its excito-motory system of nerves.

Pathology.—From the premises previously laid down, it will be readily perceived that it is to the spinal division, of the nervous system, that we most anxiously look, for a solution of the mysteries, that have heretofore surrounded the pathology of this intricate subject. It is on the spinal marrow alone, that all the actions in parturition, whether healthy or morbid, essentially depend. We include in the term spinal marrow, all that portion of the spinal cord which does not preside over the functions of volition and sensation, including the spinal marrow proper, together with the corpora quadrigemina and medulla oblongata. Physiological experiments upon inferior animals, have satisfactorily demonstrated the fact, that irritation of the spinal marrow will produce convulsions. It has also, in like manner, been proven, that no amount of irritation of the brain, or cerebellum,
is adequate to the production of those effects. Irritation of the brain, with the finest instruments, and by the most subtle chemical agents, produce no motions, either voluntary or involuntary, though the slightest volition moves the whole body; but on the contrary, irritation of the spinal marrow, by the point of a needle, or a drop of acid, excites the most intense spasmodic actions. In consequence of these established facts, we have been irresistibly forced to abandon the most commonly received opinion, in regard to the pathology of convulsions, in the puerperal state, i.e., that they are the legitimate result, of either primary or secondary cerebral congestion. That this pathological view of the subject is erroneous, requires but thorough investigation to be established beyond the possibility of doubt. First—from direct experiments of Drs. Hall, Magendie, and others, we have seen that cerebral irritation will not produce convulsive action. This fact alone should settle the question. Secondly—if simple vascular pressure upon the brain, causes convulsions, we should have them occurring much more frequently, during the second stage of labour, than at any other time. But we presume this will not be borne out as a fact by general experience. Patients frequently fall into convulsions before labour has actually commenced; and at all events in a greater proportion of cases, before the arrival of its second stage. During the second stage of labour, and especially in the last expulsive efforts, the uterine, together with the general spasmodic muscular contractions, cause to be poured into the system, an additional quantity of blood from the veins and arteries, which is driven upon the cerebral organs; and if simple cerebral vascular pressure caused convulsions, it would be precisely at this period we should most frequently witness their development.

So far from this being true, every experienced practitioner knows that not uncommonly they are first exhibited after the completion of the third stage of labour.

Now we would not have the hardihood to assert, that during the second stage of labour, it is impossible for convulsions to appear, simultaneously, with sanguineous or serous effusion, or during the existence of vascular congestion of the brain. But on the contrary, we aver that some one of these morbid states are almost invariably co-existent with convulsions, but they are the effects and not the cause of the disease.

For the sake of argument alone, we will for a moment suppose, that cerebral congestion or effusion may be the primary cause of con-
vulsions; then, and if that supposition was an established pathological fact, it would be to the spinal marrow, finally, that we should be compelled to direct our attention for a satisfactory explanation of its pathology. We cannot conceive it possible, for there to exist any considerable degree of pressure upon the brain, without producing corresponding counter-pressure upon the medulla oblongata, which we have seen is a sufficient cause for an attack of convulsions. The most rational presumption is, that after the onset, the consequent cerebral oppression by the counter-pressure upon the medulla oblongata, tends, in a considerable degree, to a continuance of the malady. It is also a well verified fact in the paroxysms, that there is spasmodic closure of the glottis, and thus venous congestion of the brain, and medulla oblongata, is produced by the interruption of the free return of blood from the head. As certainly as effect follows cause, do we have the effusions so uniformly observed in post mortem examinations, and described by almost all authors, as the immediate and exciting cause of the disease. Some authors believe the principle cause, of this cerebral oppression, upon which they suppose the disease to depend, is produced by the pressure of the gravid uterus upon the abdominal aorta. It will however be observed, that at the same time it presses with equal, if not superior force, upon the inferior vena cava, thereby removing the pressure of the blood, from the inferior extremities, and thus obviating, rather than assisting, in the production of cerebral congestion. The most obvious and rational causes, in our opinion, are in addition to the increased quantity of blood, both arterial and venous, that is thrown into the system, in consequence of the compression of the arterial and venous trunks, by the irregular spasmodic muscular contractions, and its natural tendency to flow to the brain, the rigidity of the muscles of the neck, and the closure of the glottis, by spasm, in the convulsive paroxysms retarding or preventing the return of blood from the head. In this way, we believe it is not only possible for convulsions to be established—nay, we are certain, that they are frequently continued by the operation of these causes. The brain, by the emotion, the result of congestion, becomes an excitor of the spinal marrow, through the medulla oblongata, and it is only in this way, that the brain exercises any power or control over spinal actions.

Convulsions are most frequently brought on, by the changes necessary to take place in the uterine system, antecedent and preparatory to the commencement of labour; or, prior to this, the mere presence
of the foetus in utero may give rise to them. It has also been stated upon good authority, that the presence of a dead foetus is much more likely to produce convulsions than a living one, as it is a much stronger excitor of the reflex actions. When once they have been established, comparatively slight causes are sufficient to effect a return of the most aggravated symptoms—such as the pressure of the bag of waters upon the os tinae, and os externum, or after their discharge, of the foetal head upon the same parts. The introduction of the hand, as in turning, or even the mere act of making a vaginal examination, is sufficient to bring on a convolution. Intestinal irritation, particularly of the rectum,—as in cases of worms, or a collection of hardened scybææ, or the excessive action of cathartic medicines, particularly alocetic preparations, are prolific sources of convulsions, in the highly excitable state of the nervous system, incident to pregnancy, labour, or the puerperal state. Other less common causes of irritation we omit to mention, as it would extend this article much beyond its designed limits; and in the conclusion of this division of our subject, by way of recapitulation, it will only be necessary to say, in a few brief words, what has already been repeated in substance; that labour is a function of the excitomotory system, and the true puerperal convolution can only occur, when the cerebral organ of this system, the spinal marrow, has been acted on by an important class of its incident nerves, in a very excited condition. The result of this action, or irritation, (as it is more properly termed,) is produced, as we have seen, in one of two given methods: either by direct action upon the spinal marrow, or indirect irritation, communicated to it through its incident excitor nerves. That this is the true pathology of this frightful and dangerous disease, we entertain the most honest convictions. They are the same adopted early after the outset of our professional career, and daily experience in professional toil, only tend to confirm us in the correctness of the position.

Treatment.—In a plethoric subject, with fulness of the vascular system, we employ blood-letting, carried to a sufficient extent to protect the brain from the injury it might otherwise sustain from congestion, and the dangerous results of effusion, during the convulsions; and also to produce a decided sedative effect upon the spinal marrow. For this purpose, the blood should be rapidly drawn, in a bold stream, from a large orifice, so as to make a very decided sedative impression upon the nervous system, at the onset of the attack. By this means the brain will be amply protected from congestion and effusion, and
the medulla oblongata defended from the perilous effects of mechanical counter-pressure—an object of great importance, and one that should demand especial consideration.

This remedy, however valuable in itself, is susceptible of being greatly abused, either by excess, or its employment in cases, where it should have been scrupulously avoided. For we are clearly of opinion, even from our very limited observation, that but comparatively few cases depend upon plethora, or vascular fulness, but on some irritation independent of either of those pathological conditions. In those subjects, characterized by the nervous temperament, and delicacy of constitution, and where the local irritation is situated in the uterus, stomach, or rectum, blood-letting to any considerable extent, cannot otherwise than prove highly detrimental, as, instead of exerting a sedative influence upon the spinal marrow, it actually becomes a stimulant to that organ. Blood-letting, in its action upon the spinal marrow, is greatly modified by the condition of the circulation. When the system is in a state of great vascular fulness, it exerts a decided sedative influence over spinal action. On the contrary, in a state of anaemia, it becomes a positively spinal stimulant. It is only when from the violence of the convulsions, the brain is in imminent danger of permanent injury, that its employment is to be tolerated in weakly nervous females, or an anaemic condition of the system.

After appropriate blood-letting, the next important indication is to procure free alvine evacuations, if the least suspicion exists, that there is contained in the alimentary canal, any foreign matter that may become a source of irritation. For this purpose, a combination of calomel and croton oil, is perhaps the most valuable remedy. The smallness of the dose, when compared with its certainty of effect, and great activity, together with the comparative ease with which it can be administered, renders it particularly applicable. As the patient is frequently in a state of insensibility, ten grains of calomel, and one drop of croton oil, may be placed on the tongue, and with the saliva it finds a ready entrance into the stomach. The dose should be repeated, if necessary, and assisted by stimulating enemata, till full and free evacuations are produced.

Cold applications to the head, in the form of douche, by cold water poured from a height, from the mouth of a pitcher, in a continuous stream, upon a central point of the cranium, and continued a sufficient length of time to make a serious impression upon the ner-
vous system, will be found to be productive of great benefit. First, by promoting a free return of blood from the brain, and thereby assisting in the prevention of congestion, and effusion and its fearful consequences. Secondly, by allaying nervous excitability, upon which the continuance of the paroxysms depend.

The impression of cold should be kept up, by the application of a bladder of pounded ice to the head, or if the season is such that it cannot be procured, then napkins frequently wrung out of the coldest water, may be substituted.

It is also recommended by very high authority, that during the convulsive seizure, cold water be freely dashed in the face, in order to excite inspiration, by producing a dilatation of the glottis. Dr. Denman records an interesting case, in which a convulsion came on at the accession of every labour-pain, in which he was successful in warding off the attacks, till the termination of labour, by simply sprinkling the face with cold water with a bunch of feathers, on the return of each pain. If, however, it should not prevent the return of the convulsions, it is reasonable to believe that it may be of benefit in occasionally relaxing the glottis, and causing inspiration, which has the effect to diminish the quantity of venous blood in the system, thereby removing a considerable amount of vascular pressure from the nervous centres. Not having used the remedy, we cannot speak of it as from experience, advised.

Revulsives to the spine, will be found of the utmost importance, to relieve the nervous excitability produced by an irritable state of the uterus, and transmitted to the spinal marrow by its nerves. Dr. Robert Lee, has shown that the uterus is more abundantly supplied with nerves, than any other abdominal organs. His dissections prove, that the uterine nerves are derived, principally, from the third and fourth sacral nerves, and hypogastric ganglia. They also show a continuity of nervous fibres, to a newly discovered ganglia of the uterus, vagina, and ureters. The branches of the recently discovered ganglia unite, in various directions, with the inferior mesentery plexus, to give off the hemorrhoideal and spermatic nerves, which, descending from the broad ligaments, are distributed upon the uterus. The frequent occurrence of small ganglia, in the course of the newly discovered nerves, and their accompaniment by injected blood-vessels, such as are peculiar to, or at least closely analagous to those that attend the course of ganglionic nerves, leave no doubt of their being to some extent a ganglionic system. Without digressing from
the subject, to engage in the discussion of the physiology of the nervous ganglia, we would but observe, that the frequent occurrence of these various ganglia, in the distribution of the uterine nerves, forming so many distinct centres for the radiation of nervous influence, whether normal or abnormal, and modifying the symptoms of puerperal diseases, explain these phenomena.

But to return more immediately to our subject. Every practitioner is aware of the promptness with which a sinapism to the sacrum arrests labour-pains, and from a natural course of reasoning, we should expect spinal revulsives to produce a like salutary effect in puerperal convulsions. The spinal irritation being in the two cases identical, differing only in degree of severity. Experience, the most unerring of all teachers, has proved the correctness of these deductions. Cases of puerperal convulsions, have been cured by the use of revulsives to the spine alone, after other modes of treatment had been unsuccessfully exhausted.*

In the conclusion of these observations on the treatment, it becomes necessary to mention a remedy of more doubtful effect, and one that has been most unceremoniously condemned on the one hand, and its value as highly estimated on the other. We allude to the administration of opium. Whatever may have been the opinion of others, as to its merits, or demerits, we most unhesitatingly declare it to be the most effectual therapeutic remedy, in the treatment of this disease. The discrepancy of opinion, among the profession, in regard to its value, must have arisen from one of two causes. First, from improper regard to the previous reduction of vascular fulness. Secondly, the small quantity of the article given. Opium is adapted to the exercise of either a stimulant or sedative effect on the nervous system. The effect being modified as to whether it is given in minimum or maximum doses, or in a plethoric or anaemic condition of the system. In fulness of the circulation, it is a stimulant to the spinal marrow, while in anæmical cases, or after sufficient vascular depletion, it acts as a decided sedative to that organ. The same is true of its effects, as given in large or small doses: if even in a state of anæmia it be used in small doses, it becomes a spinal stimulant—whereas, if administered in full and effective doses, the effects are those of a sedative. If opium be administered in moderate doses, or in a full state of the circulation, previous to appropriate blood-letting, an aggravation of all the symptoms may be reasonably expected;

but if prescribed in full and efficient doses, subsequently to active vascular depletion, and other appropriate auxiliary treatment, it is capable of exerting most salutary and happy effects. It is indeed the heroic remedy—the sheet-anchor of our hopes, in many cases of this much dreaded disease.

The beneficial effects of this potent remedy may be greatly enhanced, by a combination with some of the more valuable articles of the class of anti-spasmodics—assafoetida we believe to be the best. Since the discovery of the reflex functions of the nervous system, anti-spasmodics are much less used than formerly. The treatment more generally being directed to the removal of irritation from the various excitor surfaces, so much reliance is not placed on the relief of spasm, by the different classes of nervine medicines. But in cases where the causes are unknown, or involved in mystery and obscurity, they are of important benefit. In puerperal convulsions, where the exciting cause is to be found in the existence and presence of the foetus in utero, and delivery, the only effectual permanent remedy. Assafoetida may be given in combination with opium, with great advantage. To some extent this assists the latter article in diminishing the excitable state of the spinal marrow and its nerves, and thus acting the part of a sedative of the reflex function. We have commonly used them agreeably to the following formula:

Tinct. Opii, . . . . 60 minims.

" Assafoet, . . . 3ii.

to be taken every two hours, till the convulsions cease. It may require, in the most obstinate cases, what might otherwise be considered, a very extravagant quantity of those articles. In one case we gave to the amount of ten grains of opium, and two scruples of assafoetida, before the convulsions were finally arrested. But the judicious accoucheur will not so much regard the quantity as the effect of his remedies, when positively indicated. And when the indications in the treatment of puerperal convulsions are fulfilled in obedience to the foregoing principles, we can most confidently assure the profession, that they will rarely be disappointed in realizing the most happy practical results.

There is an important question, however, to be considered, in relation to the free use of opium pending labour. Does the administration of full doses retard, or otherwise modify, the regular progress of labour? On this question, there exists great discrepancy of opinion. By some writers it is contended that it retards, and by others that it
accelerates labour. The true physiological effects will be ascertained to be, that in puerperal convulsions, it actually and indirectly hastens labour, by arresting the convulsions, (which interfere with the regular parturient efforts of the uterus,) and allowing its uninterrupted progression; independent of this effect, opium exercises no control over parturition.

**Case I.**—Mrs. B——, aged 25, of nervous bilious temperament, in the eighth month of utero-gestation with her first child,—was attacked June 13th, 1843, with spasmodic twitching of the muscles of the whole body, which gradually increased in severity for twenty-four hours, when we were requested to visit her. Found the paroxysms recurring about once every half hour; her general health bad—indeed there existed a decided state of anæmia. She complains of pain in the lumbar and sacral regions, accompanied with severe head-ache. *Prescription.*—A cathartic, and a blister applied to the lower portion of the spinal column—Tinct. Opii. 40 minims; Tinct. Ass. 5i.; to be taken and repeated *pro re nata.* Directed to remain quietly in bed, and free from noise and confusion. The improvement was gradual and perfect, and she was delivered at the regular period of a living and healthy foetus.

**Case II.**—Mrs. O——, in her first pregnancy, 20 years of age, of middle stature, and nervous bilious temperament, was suddenly seized with convulsions on February 19th, 1844. We saw her soon afterwards, and learned from her husband, that she had arrived at or near the full period of gestation. She had previously been in delicate health. Complains of severe pains in the loins and head, and also says that her bowels are constipated. Prescribed venesection to 20 oz., and a cathartic composed of 10 grains of Calomel, and one drop of Croton Oil. The purgative acted freely in two hours, and the convulsions continued. As her face was very much flushed, a vein was again opened, and the blood suffered to flow again to the extent of 20 oz. Labour had not commenced. Notwithstanding the copious blood-letting, and active purgation, the convulsions continued, and evidently increased in violence. We then gave her Tinct. Opii. 60 drops; Tinct. Assafoet. 3i.; which exerted a most happy effect. The convulsions ceased, and she fell into a sound sleep, which was only interrupted, after the expiration of an hour, by occasional moanings, and other evidences of pain, which we suspected to be true parturient pains, as they recurred at regular periods. The truth of the suspicion
was verified by a vaginal examination, and the os tincte found dilated to the size of a dollar. The presentation was natural, and the labour proceeded regularly, and without the slightest interruption, for six hours; but during the last expulsive effort, and just as the fcetal head was emerging, she fell into a most violent convulsion, which continued for near half an hour. She was entirely unconscious of the birth of the child, (a living one, and rather above the ordinary size,) and remained in coma for an hour.

The placenta had not yet been detached, and as there was considerable hæmorrhage, the first opportunity of only a partial rally of the system, was anxiously sought to remove it. The introduction of the hand, for that purpose, brought on another convulsion, equally as severe as the former, but not of so long continuance. Free vesication was produced upon the sacrum, by means of Granville’s counter-irritating lotion, and as soon as deglutition could be performed, she was ordered Tinct. Opii. 60 minims; Tinct. Assafcæt. 5ii.; after which there was no return of the convulsions, and she rapidly recovered without an unfavorable symptom.

Case III.—Mrs. Mc——, aged 14, of nervous sanguine temperament, in the eighth month of her first pregnancy, was attacked with convulsions. She was of small stature, and delicate conformation, and had previously been in wretched health. At the time of her attack, she appeared in a state of great debility, and there was general anasarca of the whole body. On our visit, we found that she had just recovered from the fourth paroxysm. Labour had not commenced. Ordered an enema, and as her face was considerably flushed, and she complained of severe head-ache, a vein was opened, and 10 oz. blood drawn; sinapism to the sacrum, and cold douche to the head. The bowels having been sufficiently evacuated by the enema, a purgative was omitted, and she was given Tinct. Opii. 60 drops; Tinct. Assafcæt. 3ii.; after which, there was no return of the convulsions for three hours, and we left her apparently quite comfortable, with strict injunctions to be immediately sent for, if they returned.

Eight hours after leaving her, we were again summoned in great haste, and were informed that the convulsions had returned with redoubled violence. On our arrival, we ascertained that she had suffered three paroxysms, and was then in the fourth, a most violent convulsion;—indeed she now (at 7 o’clock, P. M.) seemed to be in articulo mortis.
Discovering, however, some abatement in the symptoms, we determined to persevere in our efforts for her relief. The countenance was very much flushed, and there existed great turgidity of the cervical and cerebral vessels. Venesection to 12 oz., and Granville's counter-irritant applied to the sacral region, so as to produce free vesication. Continue cold applications to the head.

Deglutition being impracticable, we administered, per annum, Tinct. Opii. 3 iii.; Tinct. Assafet. 3 ss.; which was almost immediately returned, and repeated, as we considered it the only reasonable hope for success. Notwithstanding the activity of the treatment, the convulsions continued, without intermission, for seven successive hours, until 2 o'clock, A. M., when, to our great gratification, evident signs of improvement were manifested. So soon as deglutition become practicable, we gave her 1 gr. Sulph. Morphia, which effectually controlled all convulsive action, and she fell into a profound sleep, which lasted four hours.

At 6 o'clock, A. M., from the writhing, and other indications of pain, we suspected the commencement of parturient action. The correctness of the supposition was verified, by a manual examination: it was ascertained that the stage of dilatation had commenced. It was also at the same time discovered, that the labia were enormously distended, by serous accumulation, which was immediately relieved, by free puncturation with a lancet.

Although she was wholly unconscious of passing events, and exhibited satisfactory evidence of being fully under the influence of opium, yet the labour progressed regularly, and at 6 o'clock, P. M., (just twelve hours after the commencement,) she was delivered naturally of a very small dead foetus, and from the cuticular disquamation, and insipient putrefaction, we inferred that for several days life had been extinct.

After delivery, she remained in a state of coma for twenty-four hours—and partial mania for the four subsequent days—which gradually subsided under the use of mild laxatives, with low diet, and confinement to a darkened apartment, free from noise and confusion. Her recovery was perfect, and as rapid as could have been anticipated, considering the great exhaustion of strength, and of the vital powers.

Case IV.—Dec. 6th, 1846. Mrs. B——, 20 years of age, of nervous bilious temperament, in the eighth month of her first pregnancy, was attacked with convulsions, of violent character, which
returned at intervals of one or two hours: each renewal of the attack being more severe than the former. We were requested to visit her, but considerable time had elapsed since the attack, as she lived at the distance of eighteen miles. She had previously been in the enjoyment of excellent health, and was of a full habit. When we arrived, she was comatose, and was informed by a midwife in attendance, that she had had frequent convulsions during the afternoon and night. She was immediately bled to 30 oz.; and 10 grains of Calomel, and one drop of Croton Oil, placed on the tongue, which in the space of two hours, by the assistance of stimulating enemata, brought away large quantities of dark bilious evacuations. It was also ascertained, that she had not passed any urine for twelve hours. The introduction of a catheter, was followed by the discharge of about twenty ounces of high-colored urine, of exceedingly strong odour. The convulsions continuing to recur, a vein was again opened, and 20 oz. of blood withdrawn; a blister was immediately drawn, upon the sacral region, by means of Granville's counter-irritant; and as she had vomited several times, it was thought best to omit the use of assafetida, lest it might again produce nausea and vomiting, and to use opium in its most concentrated form. She was therefore given one grain of Sulphate of Morphine, which was effectual; and she fell into a deep sleep, which continued five hours, and from which she was aroused by pains of a parturient character. It was ascertained that labour had commenced, and the first stage slowly advancing. So soon as consciousness was restored, she was questioned as to when she last felt the foetal movements; to which inquiry she replied, she had not been sensible of its motion in two or three days. The labour advanced slowly, but favorably, to the completion of the first stage; and also through the second, to the engagement of the head in the inferior strait, when it suddenly became arrested, and symptoms of an alarming nature presented themselves. The patient's strength appeared entirely exhausted—a death-like pallor of countenance, cold extremities, pulseless at the wrist, were the alarming symptoms now developed: nothing appeared certain but death.

At this critical moment, no time was to be lost—immediate delivery seemed the only hope. The forceps, which were at hand, were applied; and the delivery readily effected. The foetus was of common size, and in an advanced stage of putrefaction.

After the completion of the delivery, the most active exertions were required to produce a reaction, to avert dangers that threatened cer-
tain destruction. The most active diffusible stimulants were freely administered, and assisted in their operation by sinapisms, and artificial heat, by bottles of warm water placed to the feet, and around the body, in bed. The remedies were eventually successful, although for an hour she appeared as one dead.

Her recovery was tedious, and for a considerable time imperfect. She had occasional returns of convulsions, for a fortnight subsequent to delivery, but which were uniformly promptly arrested, by a combination of opium with assafcetida.

In addition to all the other difficulties, she suffered immensely from phlegmasia dolens, which, at different periods, attacked each of the lower extremities, and received the necessary attention. Her recovery, although tedious, has been perfect, and we are happy to say that she is now in the enjoyment of excellent health.

Remarks.—In a very brief manner, we have disposed of this important subject, and are aware of the many imperfections in our remarks upon it; but we would indulge the hope that physicians of more eminence and talents, with enlarged experience, may be induced to take hold of, and thoroughly investigate, the subject of spinal physiology, and its relations to pathology, and to practice generally; but especially in the treatment of puerperal diseases. In every department, diligent inquiries should be instituted, in the investigation of the derangements and diseases of the spinal system, in order that a successful method of treatment may be adopted. We cannot but indulge the hope, and belief, that the time is not far distant, when the treatment of spinal nervous diseases, based upon the knowledge of Dr. Hall's valuable discoveries of their physiology, will lead to most gratifying and successful results in practice.

We cannot but regard these discoveries, as the most valuable acquisitions to the medical profession, in modern times, and worthy to be ranked with the discovery of the Circulation, the Vaccine Virus, and the Stethoscope.

ARTICLE XLVII.

Malignancy. By Wesley C. Norwood, M. D., of Cokesberry, S. C.

In a former communication, I noticed the want of precision, and the inappropriateness in the various terms used to express the above condition of disease. I hope I offered sufficient reasons, to show
that they did not denote, with any clearness, the great variety and forms of disease with which malignancy was associated. Nervous, was one of the terms alluded to, as improper; and cited as an example, the great mildness of catarrhus epidemicus, of certain periods, on the one hand; and typhus carcerum on the other. The former, is often very extensive in its range, and as non-malignant as it is widely prevalent. The latter is always malignant. That typhus putridus did not define or characterize it, as it embraces two species or varieties: Patudus proper, and Synochus, which differ as widely as the poles, in their degree or violence. I stated more fully, my objections to congestion—it being an incident, and perhaps never a primary affection. I further stated, that I considered congestion a remedial process, induced by the vis medicatrix naturæ, or instinct. Also, that if the blood were to remain in the capillaries, and superficial vessels, in syncope, there would, in all probability, be no cases of recovery; that in purely malignant cases, the condition of the brain, and nervous system, not being changed, where there was suffusion, engorgement, or congestion of the superficial vessels, death would invariably result. In support of this assertion, I alluded to the spotted fever of the north—typhus syncopalis. Typhus syncopalis, is not a synonime for typhus putridus. Typhus gravior and spotted fever, are not convertible terms: they have both been called spotted fever. Typhus syncopalis, is a well marked and perfectly defined nervous fever, and associated perhaps with passive inflammation of the brain. There is a mottled appearance that occasionally accompanies typhus gravior, which has given rise to the name spotted fever; but with as little correctness, as black or red tongue, as prefixed to many varieties of fever of the present day. In a previous communication, on page 399, typhus gravior, was put down instead of typhus syncopalis, in parenthesis. The mottled appearance, when in excess, indicates genuine malignancy. I also gave a great number of the apparent symptoms of malignancy, and stated, that death was the invariable result of some of them, when they singly appeared, and it followed from their plurality, in other instances. Again: that symptoms which belonged to, and were characteristic of the nosological place and relation of the disease, were malignant, when they appeared out of their regular order, in any considerable number, or were marked by unusual severity. That frequently a single symptom, of the last stage of disease, indicated extreme malignancy, when it appeared with severity, in the incipient or forming stage. I gave
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an example in the case. His disease was ushered in, with mild or pleasant, but striking delirium. No other symptom of severity appeared, either in the nervous sanguineous, or secrnent and absorbent systems. That malignancy consisted in exhaustion of the energies of the vital functions, and of symptoms not peculiar to the disease. That malignant diseases were never protracted, by ordinary treatment, but were brought by such treatment to a suddenly fatal issue; while obstinate and severe diseases may be, and frequently are, protracted, by injudicious treatment. That malignant cases were not palliated, and would not bear reducing agents or antiphlogistics, but that obstinate and severe cases might. In cases of periodicity, I did not believe that quinine and bleeding were indicated in any case, at the same time, in the stage of reaction or exhaustion. That a great many of the cases in which venesection was practiced, were cases of lethargy, coma, insensibility and convulsions, accompanied with torpor of the brain, and nervous system; and unaccompanied by exhaustion, the peculiar and striking feature, in all cases of malignancy. And something was given in the way of example or illustration, where a large quantity of blood was taken, and the little impression made at the time on the disease, and the freedom of the system from present shock, or immediate injury from such excessive draining and waste of the vital fluid. I also gave a few cases illustrative of the success of an opposite system of treatment—(Medical Student); also, my disbelief of inflammation supervening in important organs, and observing the periodical course of the disease. That many of the reputed cases of inflammation, were believed to be nothing more nor less than extreme irritability, frequently accompanied with neuralgic pains; and that the peculiar tenderness of the muscles of the epigastric, and other regions, on pressure, was purely nervous. In colic, we often find the muscles of the abdomen exquisitely tender on pressure, where the sanguineous function was regular and undisturbed, during the whole course, or paroxysm, and often an entire subsidence of the pain. The fact is, in regard to colic, I believe it to be a purely neuralgic affection; and that there is no such thing as bilious colic. That the disordered state of the biliary secretions, is the effect of the treatment, instead of being the cause of the disease; and the fever, if any should follow, is merely irritative and symptomatic. That in colic, as in other diseases, there is torpor in one set of cases, and irritability in another; but torpor more commonly predominates. Even colica rachialgia, I believe to be neuralgic, in a greater or less
degree: else, whence the nervous tremors paresis or semi-paralysis. The name itself is indicative of such conclusion.

I further stated, that the general condition of the system was not altered by the supravention of any local affection. If it were caumatoid, the local could not be atonoid: if it were atonoid, the local could not be caumatoid. I spoke something in regard to indications. As I expect to treat of indications, in a separate article, I shall omit saying any thing on that head at present. All the assertions and illustrations that have been made, are in reference to the apparent symptoms of genuine malignancy. I have witnessed every one of them in pneumonitis typhoides, which was the disease I selected to give examples from. I have seen them frequently in other diseases. I alluded to two symptoms of malignancy in cholera infantum, that are not embraced in the above declaration.

The following remarks are made in reference to diseases that are insidiously malignant—or where the symptoms of malignancy are not apparent; and for which cases we have no language to express our ideas, or, to use a nautical phrase, in which there is not "breeze enough to steer by." We are frequently called to cases, in which there are no symptoms of urgency, no particular derangement of the functions of the brain and nervous system: the sanguineous but slightly affected; the pulse, being morbidly natural or slow; the biliary and intestinal secretions indicated but few symptoms of morbid action; no unusual appearance of the tongue; no foulness or collection of sordes on the teeth: where emetics and cathartics operate kindly; where stimulants, tonics, and narcotics, produce none of their deliterious effects; and when the medicines administered, are not followed by harsh or drastic effects. But still the symptoms do not yield, but grow worse, so gradually and imperceptibly, that we cannot say the patient is any worse, unless we compare the symptoms, not of one day, with another, but by a space of two or three days—in which the by-standers do not consider the patient in any danger; and if you attempt to enforce it, they treat it with the utmost incredulity, and when he dies, will be astonished, and attribute his death to negligence on the part of the nurse, or to mal-practice and ignorance of the physician. This sort of cases will suddenly and without any assignable cause, grow worse on the seventh, ninth, fourteenth, or twentieth day, and many of the symptoms of apparent malignancy will supervene—or the symptoms common, and properly belonging to the disease, will be unusually increased, or materially
aggravated, and death follows in from twelve to thirty-six hours. Although at the outset, there are no symptoms which clearly mark and indicate such issue, still to the practised and observing, there is something in the general appearance of the patient, that denotes danger, or a "hidden ambush," and is a source of much uneasiness to the physician in attendance. These are the cases in which the ignorant, the careless, and unobserving physicians forever blunder—in which they promise certain, if not a speedy return to health: and their patients are always reputed to die in some unheard of and remarkable manner. I hold, and maintain, that there is something in these cases, which a skilful and closely observing physician will detect—a "tout ensemble" to the other cases of malignancy—where the symptoms are striking and apparent: that if type, pulse, stage, crisis and diathesis, are thoroughly studied, and properly understood, and the peculiarity of the endemic or epidemic, particularly observed, and the general regularity and irregularity which it observes, in its rise, progress and decline, noted, there will be little or no danger of error in diagnosis, or prognosis, however much the physician may be unable successfully to treat the disease. These are the cases and circumstances in which the skilful and observing have the advantage over the ignorant, unskilful, and unobserving practitioner.

The standing and popularity of a physician, depend as much on correctness of prognosis, as of diagnosis. To discover this sort of cases, requires close observation and study; but when properly understood, the prognosis and diagnosis, the indications and treatment will be unincumbered by error and disappointment.

Mr. W. was more or less dyspeptic; he had one or two chills; whether they were followed by much fever, or frequency of the pulse, I do not now recollect. I was called in council. There was not a single symptom of urgency or severity, with the exception of occasional and irregular paroxysms, of epigastric sinking or uneasiness, and a frequent gaping, or rather gasping. With these two exceptions, (and the first of them was not by any means excessive, and took place most frequently during the night,) every symptom was unusually mild. The pulse was perfectly regular, as to frequency, and not exceeding seventy-two beats in the minute, moderately full, but soft; the tongue was moist, and very slightly covered with a light white mucous, or slimy fur or coat; the thirst moderate; a general freedom from pain; the surface perhaps rather cool; the skin soft, and not hot and dry; very little torpor, or irritability of the
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alimentary canal, or saltaticious viscera; the least possible derangement in the excretions from the bladder, bowels, or skin; no derangement in the sensorial functions. Had no more chills; was cheerful, calm, and free from restlessness, unless when laboring under the above sinking spells, at which times the pulse would frequently increase, from ten to fifteen beats, but would soon resume its seventy or seventy-two pulsations. There was no irritability of temper, or peevishness, during the whole course, which sometimes accompany diseases that prove fatal: still there was something undefinable, indicating clearly, that all was not well. His disease continued near three weeks. In this case, I consider that the semi-servæ ganglion, or great sympathetic nerve, was the part on which the burden of the disease was expended. Whether it was a paresis, or semi-paralysis, or an inflammation of this system, I cannot say; but shortly (that is, from twelve to thirty-six hours) before the fatal issue, the pulse became unusually small and frequent, and the tongue dry. In this sort of cases I have always observed this rapidly increased frequency of the pulse, within a short period, or from twelve to thirty-six hours before the fatal issue: also, that these cases are usually protracted; and as certainly as they are protracted, they terminate in death. Now the question for solution is this: Can inflammation exist in this nerve, or its various branches, ganglions, or plexus, without manifesting itself for a considerable time, in the system generally? Can paresis, or semi-paralysis, exist for a length of time in mask, or latent, and its effects undeveloped on the system generally? I think they may, and do exist. For this system, or organ, appears to have an independent function, or office, to perform, and is not influenced by external agents, as other portions of the nervous system, and is perhaps independent of impressions from the external world, at least to a very considerable degree. I believe it to be the principal seat of disease, in all cases that are insidiously malignant. I will make a statement or two, and leave it with the medical profession to judge for themselves, and each individual can take hold of which ever horn of the dilemma suits him best.

When this system (the sympathetic nerve) is affected with paresis or semi-paralysis, does it induce, in its final result, coma, torpor, lethargy, or convulsions?—or, does it excite in the system, all the symptoms peculiar to extreme irritability and susceptibility? If it is affected with inflammation, does it excite torpor, coma, and convulsions; or does it excite in the system, symptoms or events, that
would indicate the presence of inflammation in some organ of importance to the system?

Mr. Mc. was attacked very similarly to Mr. W. He had none of the symptoms of subsidentia, or sinking, but had more or less pain in the head, which was paroxysmal and irregular, and gaped or gasped frequently: the pulse was more full and strong; he was free from dyspeptic symptoms: the pulse was natural, as to frequency; the bowels were rather inclined to torpor; the mind clear, and free from delirium. About twenty-four hours before death, he became comatose, insensible, and severely convulsed, and was not confined constantly to bed, 'till the last mentioned symptoms made their appearance. The duration of the disease was about three weeks.

I have pointed out but few of the symptoms in the last mentioned case; and they were generally such as did not exist in the first mentioned case. Above, the two cases are given: one was accompanied with slight and irregular paroxysms of epigastric sinking, and freedom from pain, accompanied with more or less gapping or gasping, during the whole period. The heat of the skin, and frequency of the pulse, were greatly increased, about thirty-six hours before death. The other was accompanied with pain in the head, paroxysmal, but very irregular, but no epigastric sinking—more gapping, yawning, or gasping; the pulse a little more full and strong; and died comatose, insensible, and convulsed—the latter symptoms not appearing till about twenty-four hours before death.

Which of these cases was affected with inflammation, and which with paresis or semi-paralysis of the great sympathetic nerve?—or did either, or neither of these affections exist? If not, what was the condition? I do not think that pain generally accompanies disordered states of the great sympathetic—for that must be the organ principally affected, and that produces that peculiar feeling and sinking sensation in the epigastric region; and I have no doubt, but that it is the affecion of this nerve that occasions that indescribable anguish and sinking in yellow fever. I think I have discovered, that there was more pain, during the disease, when the patients died lethargic, insensible, and convulsed, than when they died in an opposite condition; and that the epigastric sinking was less. I saw the first case but three times, and that after the chills had ceased. The last case I had in attendance from the outset.

In the treatment of diseases, with apparent symptoms of malignancy, or with the regular symptoms of disease, appearing out of their
regular course, or order of appearance, the remedies most suitable and proper are, stimulants, tonics, acids, and narcotics, epispastics and rubefacients, and the least possible purging, or emesis, that will answer. To be a little more particular:—In the cases of torpor, accompanied with exhaustion, emetics of sulphate of zinc and ipecac, sulphate of copper and ipecac, or sanguinaria instead of the ipecac. Mustard is an excellent emetic in such cases: it operates speedily, excites but little nausen, and arouses the stomach— it is truly and properly an acid emetic.

Stimulants and acids should be given at the same time, in combination with the emetics. If there is much exhaustion, rubefacients and epispastics should be freely used. Very little, if any, of the preparations of papaver, is indicated in these cases. Stimulants, acids and tonics, in regular and uniform doses, at short intervals, accompanied with epispastics and rubefacients, to equalize the heat of the surface, and relieve any local symptoms, and arouse the system. In case of irritability, and exhaustion, stimulants, tonics, and narcotics, are the principal remedies. Stimulants are not required in such quantities as in cases of torpor;—neither acids nor blisters are indicated in these cases of irritability: they may be necessary to meet some local affection but if papaver is not given freely during their application; and deeming the irritation they excite, will far overbalance any good derived from their effects on the local affection. The various preparations of papaver are highly useful, and cannot be dispensed with in these irritable cases. When the patients are severely sick, tonics frequently disagree, and stimulants, and narcotics, and often narcotics alone, are indicated. This is the general treatment for cases of torpor, with exhaustion, and irritability, with exhaustion.

There is a set of cases, not so urgent nor severe, which will require such emetics as I have alluded to, and moderate purging with calomel, before entering on the administration of acids, tonics and stimulants—epispastics and rubefacients. These are cases of torpor, with moderate exhaustion. The irritable cases with moderate exhaustion, will require moderate purging with calomel, in combination with papaver, before entering on the stimulant, and tonic, and narcotic course. I believe the above general plan, will meet all the general principles of treatment. The incidental circumstances must be met according to the nature and urgency of the incident, be it of what nature it may.

In regard to the insidiously malignant cases, I much doubt whether
any course or system of treatment is followed with success; for I am unprepared to say, what effect any article of the materia medica will have on the great sympathetic system. It appears to be an organ neither of sensation nor motion, in the common acceptation; yet it appears to influence the actions of the heart, and the organs of nutrition and digestion—or in other words, it appears to be the great instinctive agent of the system: perhaps the organ, or instrument, through which the vis-medicatrix naturae operates, or in which it is seated, as the brain is the organ or seat of intellect. But whether its actions can be changed—whether it can be increased or diminished, by the usual agents, which excite motion and sensation, and overcome diseased action and pathological states and conditions of the system, by producing a different pathological condition, or exciting a new set of actions, I feel no warrant in saying. I am rather inclined to the belief, that we cannot correct, with any of the agents known, any pathological conditions of that system. Nevertheless, it may be through this very system that all the remedial agents operate, and bring about a state of the system, incompatible with any pathological condition excited by the agents producing disease. As this system is connected throughout with the nervous system, particularly in all the organs essential to the preservation and reproduction of the human species, it may be that we should attribute all the success in the treatment of disease, to remedial agents operating on this system primarily, and changing the actions of the other organs secondarily. As far as I know, at present, I shall leave this subject forever; but not without a hope, that I may have excited some one competent to the task, to take it up, and make all clear and intelligible, that is now dark and not understood.

ARTICLE XLVIII.

Injury of the Medulla Spinalis—Death: Autopsy. By J. A. Mayes, M. D., of Sumter District, South Carolina.

Lafayette, a negro man, aged about 25, of good constitution, and in the enjoyment of excellent health, sustained a severe injury by falling from a tree on the night of the 10th of September. He had been hunting around his master's cornfields for racoons, and had discovered one in the top of a tree some 25 or 30 feet high. The usual mode of taking these animals, practised by the negroes on
Black River, is to climb the tree and shake them out, having full confidence that their trusty dogs below will not allow them to escape. This, Lafayette essayed to do, but when about 15 feet above the ground, he made some false step, which resulted in his being precipitated headlong to the ground. His companions state that he was speechless for nearly half an hour, and as soon as the power of expression returned, he complained of pain in his neck and between his shoulders. He was, however, incapable of voluntary motion, as respects the lower extremities, but could move his head a little—more freely to either side, than either backwards or forwards. He could also raise his elbows, but his hands and fingers were motionless.

I visited Lafayette about an hour and a half after the accident, and found him in the following condition:—His mental faculties in no respect disordered, memory of what had passed perfectly distinct, and gave me the foregoing account himself, differing from that received from his companions only in minuteness of detail; stating that he did not fall directly upon his head, but that the back of his neck and head struck the ground first: complains of pain in the neck, and that only when he was moved; feels no pain when suffered to be still; incapable of any voluntary motion, except the slight movements of his head and elbows before mentioned; surface of the entire body rather cool; pulse full, but slow, 54 to the minute—neither dislocations nor fractures could be detected, but some serious injury of the cervical vertebrae and spinal marrow was considered as absolutely certain, though the nature of the injury could not be correctly ascertained.

Being called upon to direct the treatment of this interesting case, I directed counter-irritants to the spine, believing that the only hope of a successful termination consisted in relieving the spinal marrow of the dangers of high inflammatory action, although it was very questionable whether its integrity was preserved. As this latter condition could not be ascertained, I could do no better than to take it for granted, that the spinal marrow had received no lesion, which would, of itself, cause death, but that loss of life might be the result if high inflammatory action should supervene. Counter-irritation, by means of blisters from the occiput to the sacrum, seemed to be preferable to any other treatment; blisters also were applied to the extremities, and not till then did I discover that he was entirely insensible to pain in the lower limbs—although the blisters drew well,
he never felt them. After reaction was somewhat established,—the pulse being 75 to the minute, full but slow,—I bled him from the arm about 10 ounces, and administered 3 oz. of castor oil. This was on the day after the accident occurred. The oil did not operate, however, until a second dose of like quantity was administered. The muscles concerned in the expulsion of urine seemed to have been completely paralyzed; the catheter was therefore used twice daily. The secretion of urine was very abundant, and had the appearance and smell of healthy urine until the 8th day after the injury; at which time it became tinged with blood and very fecid, the quantity also was considerably increased; this state of the urine continued till the 10th day, when it became rather thick with mucus to be drawn off by the catheter: he died a few hours after I first observed this state of the urine. His bowels were rather torpid the whole time, but could be moved by large doses of castor oil, that being the only purgative medicine administered. His breathing was very full and easy the whole time. The pulse remained at 75 until the 8th day when it rose to 90, soft, but with less volume—the 9th day it was 110, very feeble and for many hours before death it was exceedingly quick, but too indistinct to be accurately counted. He had no appetite, but seldom refused nourishment when brought to him. From the 8th day he belched a great deal of fluid from his stomach, and this belching had increased so much on the 10th day, that it was almost an incessant flow. He had hiccup occasionally on the day of his death. His intellect remained unclouded and frequently spoke of approaching death with calmness. On the night of the 20th Sept., just 10 days after the injury was received, he was relieved of his sufferings, by death; no doubt a welcome relief.

In reference to the treatment of this case, I should have but little to say, but as some may in such cases, prefer cupping to blistering the spine, it is proper that I should give my reason for preferring the latter. Cupping relieves by local abstraction of blood, and does not exert any influence upon the system generally, whereas, a blister relieves by local depletion and at the same time exercises an important stimulating influence over the whole animal economy; a matter of great moment in a case like the present. If my views on this point are incorrect, I hope some one will take the trouble to correct them; as my object in reporting this case, is not to attempt to enlighten the Profession, but simply to announce the fact that I am in want of information,—good practical information,—on the treatment of injuries of the Spinal Marrow.
Adherent Placenta.

Autopsy—7 hours after death. The autopsy in this case did not embrace a particular examination of all the organs, as the lungs, kidneys and brain exhibited no evidences of injury during life. Want of time compelled me to make the examination as short as possible. The cervical vertebrae were exposed and found to be injured in two places—The atlas and dentata were entirely separated; the atlas remaining firmly fixed in its position. The spinal marrow did not appear injured at all at this point. This fracture (as it may well be called a fracture) was complete, the separation being entire. The fifth and sixth vertebrae were also partially separated, and at this point there was manifest injury of the medulla. As soon as the muscular coverings of the bones were cut through, the marrow gushed out, similar to the escape of purulent matter from an abscess, when opened with a lancet. The medulla spinalis, at this point was evidently in a state of decomposition. How more injury had happened to the medulla at this point, where the bones were still adhering in front, than at the other, where the separation was entire, appears to me inexplicable.

The internal organs were very cursorily examined. Evidences of peritoneal inflammation were plainly to be seen, though its existence was not suspected during life. The bladder was nearly black and had formed strong adhesions to the surrounding viscera on all sides; distended with urine—The stomach was also distended with fluid.

The result of this examination was a conviction that in consequence of the injury of the medulla spinalis, no treatment would have done any good; death would have been the ultimate result. The peritoneal inflammation, no doubt, hastened its approach.

ARTICLE XLIX.

Case of Adherent Placenta with Hour-glass Contraction. Reported by Drs. Martin & Smith, of Atlanta, Ga.

Obstetricians are divided in opinion relative to the adherence of the placental mass in hour-glass contractions of the uterus. Very respectable authorities* contend that it is extremely rare, others† of equal standing, that it generally exists. We are not prepared to decide the point, but from our limited experience, are inclined to the latter opinion.

* Ramsbotham, Dewees.  † Douglass.
We were called on the night of the 24th September last, to a Mrs. D., who had given birth to a fine child before we saw her, and in whom the placenta was retained. Some hours had elapsed since the labor before we reached her. External examination found the womb high up in the right hypogastrium, contracted firmly, large, and of irregular globular form. Upon careful examination per vaginam, we found it utterly impracticable to effect the removal of the after-birth without the introduction of the hand; upon introducing it, a difficulty presented itself about midway the uterus, the mouth of the womb was sufficiently dilatable to enable us to reach about half way to the fundus, but at this point the stricture in the organ prevented further progress. The careful insinuation of one finger after another enabled us at length to overcome the contraction and feel the adherent mass.

We proceeded cautiously to detach it with the index finger, until after a tedious effort we were enabled to withdraw it entire from the womb; there was happily no alarming hemorrhage. The structure of the placenta was peculiar, being in some of its adherent portions almost as hard as a schirrous gland, very much resembling a diseased mamma.

We learned from the woman, upon enquiry, that three months previously she had received a severe blow on the abdomen, from a fall, which doubtless caused the morbid adhesion of the after-birth. No formidable symptoms supervened in the case, and, with the exception of phlebitis of the left thigh and leg, she is doing well.

The operation of detaching an after-birth where the adhesion is, as it was in this case, extensive and firm, is not the work of a moment. We were engaged a considerable time in effecting it, causing with our utmost care much suffering to the patient. A ruder hand would no doubt have accomplished it sooner, but we were satisfied with the result.

We submit the case, for no novelty that marks it, but as another instance of the utility of our glorious profession—without its aid in this case, as in numberless others, death would have been the inevitable results.

Not less applicable are the words of Armstrong, relative to a kindred branch, Surgery—

"For want of timely care
Millions have died of medicable wounds."
PART II.—REVIEWS AND EXTRACTS.

ARTICLE XLIX.


Here is another of this so prolific class of books in American Medical Literature, exceeding all its predecessors, in size, at least, numbering 1638 pages. Being of those who have a decided objection to this kind of works—believing that the true science of Medicine can never be taught by these compendiums—that their effect on the great mass of the profession is injurious, by discouraging thorough study, making superficial practitioners; and considering how the American press has recently been flooded by works of this kind, we turned with eagerness to the preface, to see what possible apology could be offered to the profession, for the appearance of another. It there appears "that he has written in obedience to impulses, which he could not well resist"—o'ermasterd by the high behests of facts and opinions, the result of his long experience and investigation. "The present work claims to be something more than a mere compilation." And yet, as if struck with the absurdity of the claim of originality, in a work devoted to an account of each one of the long catalogue of diseases, said claim is most materially modified by the candid declaration, that he has "gathered from every attainable source, the knowledge which he might deem important."—Thus is it an omnium gatherum, like all the rest of the same class.

It is very evident that the author has, with great industry, collected, considered, and "re-arranged his materials"—that he has actually written out the whole of this voluminous book—that he has not gained the honors and emoluments of authorship, by handing another's book to the publisher, to reprint, with here and there a note of his own; nor has he made translations of foreign works, either by his own or others' hands, and published with his own name to the title page.—It must, we say, have cost a great amount of labor; and looking at this vast heterogeneous mass as the result, the reflection is forced upon the mind—how unfortunate that so much time and labor should have been expended, to so little profit!—so little profit and advantage to the science of Medicine, we mean—that the energy of the author should have been frittered away, amidst such a variety of subjects: what a pity, that the patience and perseverance, which lasted
through the fearful drudgery of compiling and re-arranging sixteen or seventeen hundred pages, had not been devoted to original, independent observations and reasonings upon a few subjects; for under such an application of the powers, of this professor in the oldest college in the country, with his access to the public hospitals and his large private practice, the same time would have brought forth more than one monograph, which would have carried his name, with honor, to posterity. It requires but little sagacity to foresee, that this work of labor will, in a few years, be supplanted by some other of the same kind, aided into notice by the very accidental causes, which, no doubt, will give popularity to this, when it will bear the same relation to the reigning favorite, that "Thomas' Practice, or Dewees', or Dungлинson's Practice," now bears to "Wood's Practice of Medicine."

But such works will be published, as long as the profession demands them; and our abhorrence of the class shall not prevent us doing justice to the merits of this one.

The style is simple, free from any attempts at flourish—a good, sensible, didactic style—such a style, as we might anticipate would be forced upon the man, who probably did his equal share of drudging out and compiling that invaluable work the U. S. Dispensatory. The author treating of grave subjects, diseases and their remedies, very judiciously abstains from the bombast and flummery, which disfigure the pages of some of his fellow-laborers in the same field.

The work is divided into two parts—the first treating of general Pathology—the second of special Pathology and Therapeutics,—the first part, under the head of Constituent forms of disease, Etiology, Symptomatology and General Therapeutics, constitutes a very liberal treatise upon General Pathology, occupying upwards of 200 pages—an appendage valuable to many a practitioner, whose library consists of a few treatises on the Practice of Medicine. The second part, comprising the great body of the work, treats of individual diseases, which are arranged in three classes, viz., General diseases, Constitutional diseases and Local diseases. The author uses this classification, merely for convenience, very wisely, claiming for it no other merit.

The class of general diseases embraces, together with others, the Exanthematous fevers. The second class embraces but two diseases, Rheumatism and Gout. Those of the third class are thrown into six sections—Diseases of the Digestive, Absorbent, Respiratory, Circulatory, Secretory and Nervous systems.
On looking over the section of diseases of Digestive organs, we get the impression, that each one has been very carefully considered, and their varieties specified, so as to guide the young physician, as clearly as he can be guided by any book; and that the practice recommended is as free from objections as the practice of any physician would be when subjected to the criticism of the profession.

The diseases of the Respiratory system are preceded by a full development of the various methods of physical exploration of the Chest. It is however, to be regretted that the author had not more fully developed the method of stethoscopic percussion. It is barely mentioned, in the article Auscultation, in the first part of the work, in terms calculated to show forth the diligence of the author, but certainly not to render it intelligible to, or available by the reader.

We notice, with satisfaction, full details, in the section on Urinary diseases, for testing the physical and chemical characters of the urine and the application of the results to the purpose of diagnosis and treatment.

It is impossible to comment upon each of the many diseases treated of, and we shall only offer a few general remarks, which have been suggested on the reading of it. We remark an unusually full and faithful description of the external character or symptoms of disease, and a patient pains-taking to present all their varying combinations. The practice recommended may be characterized as judicious and safe, yet not temporizing; it manifests no undue prejudice against the active agents of the Materia Medica, but a just caution in their use—it is entirely free from the reproach of rashness. The author's pathology of particular diseases, however, is generally vague and unsatisfactory. This general charge, we will not prefer, without specification. Of Hysteria, under the head of Nature of the disease, he says: "The nature of the complaint seems to be a morbidly excessive irritability or excitability of the whole nervous system, which causes it to be thrown into disorder, by causes insufficient materially to disturb its action in health." What a development of the nature of Hysteria! consisting as it does of a repetition of the fact, in a purely hypothetical form, that slight causes produce the characteristic disorders of Hysteria. And in the latter clause under this head, he speaks of "the hysterical condition of the nervous system" as producing uterine and intestinal disorders.

Of the nature of Chorea, after declaring that "we know little of nothing more than that it is a functional disease of the brain," he
suggests this lucid exposition: "It is probably a perversion of that function of the brain, through which the will acts, rendering it partially subservient to other powers than the legitimate one."

Of Epilepsy, it is written, "The disease probably consists in a morbid excitability of the brain and each paroxysm in a morbid excitement or irritation."

Here is a sentence occurring under the head of Nature of Delirium Tremens: "There is little doubt that, could we look into the interior operations of the brain, in delirium tremens, we should see the springs of the organ every where relaxed, its machinery moving languidly and feebly; and the streams of its influence sent forth scantily to their several destinations. The vacuum thus created in all parts of the system gives rise to disturbances, not unlike those arising from repletion of the same influence; just as the wind and the storm, in the exterior world, follow as well the diminution of the sun's influence as its increase."

Now this sort of pompous emptiness may answer very well to deal out to the non-professional, to satisfy pressing importunity for information as to the nature of disease; but in a work for the profession, it is certainly out of place. We will not be so unjust as to reproach Professor Wood with ignorance of the true pathology of these obscure nervous diseases—that reproach belongs to the science of medicine; but in attempting to pass off such unintelligible jargon of words and phrases, in a magisterial manner, as illustrating their pathology, he is obnoxious to the reproach of violating the wholesome rules of a sound medical philosophy and falls short of the severe requisitions, which it makes upon those speaking from high places.

But look at his pathology of some other diseases, of which the profession claims to know something—of Rheumatism, for example: "All that we know of the real nature of the disease is that it is peculiar, and that it owes this peculiarity, not to the character of the cause, but to some unexplained condition of the system, called the rheumatic predisposition or diathesis." Surely this is a dark kind of knowledge! How much more valuable to know, that there exists disease in the spinal chord or its appendages, as a uniform concomitant, which upon fair principles, explains many of the phenomena of the disease, though not all. This knowledge points out a treatment, which mitigates the horrors of the disease and materially shortens its duration; whereas when called into the arena to contend with an unexplained condition of the system, in this uncertain light, our well-
meant blows may as likely hurt the patient as his enemy. We cannot, for a moment, suppose the author to be ignorant of the pathology of Rheumatism, alluded to; he has shown himself too diligent a searcher of the records of medicine, to have overlooked it. He evidently undervalues it; whilst he parades into notice, the supposition of an undefined peccant humour, and Dr. Prout's opinion that this peccant humour is the lactic acid, merely to condemn them, he appears to have neglected this pathology as too low for his criticism—he treats it with silent contempt—not a word of reference, in the treatment, to topical applications to the spinal column. Thus it ever fares with those who indulge themselves in the vain philosophy of words and occult causes; they come, at last, to prefer darkness rather than light.

Of Intermittent fever, he has no pathology, of any kind to offer. As to the nature of Remittent fever, he has no opinion; his strongest bias seems to be to that of the dependence of the disease upon "bile in the blood"—at least, there is a strong interrogational squinting in that direction. The Profession in this Southern climate, where Remittent fever is the great endemic, look with great interest, to the articles on Miasmatic fever, in these Practices; they will be grievously disappointed at finding nothing definite on its pathology, in this one. They will not be satisfied with being told that "Miasmatic fever differs from other forms of fever, in consequence of something peculiar in the operation of its cause," more especially, when it is immediately added, "what this peculiarity is cannot be certainly determined, in the present state of our knowledge!"

We cannot close this article, without a remark or two upon the treatment of Remittent fever. The author takes up seriatim, each one of the measures of the old routine practice—bleeding, emetics, cathartics, diaphoretics, and the affusion of cold water; and we cheerfully acknowledge that his directions for their use, are admirable. It is then added, "In mild cases of remittent fever, few other remedies will be required besides those above detailed. When the remissions are very distinct, and approach the character of intermissions, the cure may often be greatly hastened by the use of quinia, as will be stated more fully in a subsequent page. But violent and threatening cases demand additional treatment."

We would fail in attempting to express our astonishment at finding that the additional treatment demanded by violent and threatening cases, consists in the use of Calomel; for then follows a high encomium
on the curative powers of this medicine, and minute directions for administering it. True, he says "it is not necessary to give mercury in all cases of bilious fever,—the great majority will do well without it." But mark the conditions, upon which it is to be given. "But, when the disease is violent from the outset, and does not soon show a disposition to yield to the remedies employed, or when it assumes a dangerous aspect in its course, there will always be a propriety in administering it in reference to its constitutional effects." Thus we find, coming from one of the chairs of the University of Pennsylvania, the recommendation to treat bilious fever, by mercury pushed to salivation. Fortunately for the present generation of patients with bilious fever, in this region, this practice has been fully tried, in former times, and condemned and abandoned years ago. How much to be regretted it is, that the author did not announce, that the Profession, in the Southern country, at least, did indeed, find it unnecessary to resort to Calomel, in "the great majority" of cases, having discovered, or rather, revived and extended the use of a specific, which in that proportion of cases, strangulate the disease in its very incipiency—a treatment, which has disarmed this hitherto formidable disease of all its terrors. But of the use of this specific let the author himself speak—"Sulphate of Quinine is another all-important remedy, in certain cases of bilious fever. It has before been stated, that in ordinary cases, it will often shorten the duration of the disease, if given in the remission, after this has become very decided, so as almost to amount to an intermission. Should no signs of cerebral or gastric inflammation be present, and the activity of the circulation have subsided or been subdued, this medicine may be ventured upon, whenever the remission has the character above-mentioned."

"But there are circumstances, in bilious remittent fever, which render quinia of the utmost value. When a paroxysm of great virulence has occurred, from which the patient has been saved only by the most strenuous exertions, and there is every reason to fear that a similar one will prove fatal, recourse should be had to the sulphate of quinia, in the remission, however imperfect or short it may be. When the fever has hitherto shown little or no tendency to remit, and the grade of violence is such that fatal results appear imminent, should the slightest remission show itself, and the symptoms not be those of cerebral inflammation or strong determination, the quinia should be poured in without stint. The more nearly a case approach-
On the Semeiology of the Tongue. [December, 1863]

es to the above extremes, the stronger is the indication for the use of the anti-periodic medicine.” What then, we ask, is to become of the vast host of intermediate cases, between these two extremes? Shall we stand by and withhold the anti-periodic remedy, until they approach the extreme of malignity, and then use it in desperation? And what is to be done, for those malignant cases, which the author excepts from the benefit of this remedy, viz: those showing “the symptoms of cerebral inflammation, or strong determination?” Are such to be abandoned to their fate? Has the author yet to learn, that his excepted cases are those, which, under the treatment of Southern physicians, illustrate most strikingly, the triumphs of this heroic medicine?

In conclusion, we repeat the opinion that the history of the external characters of diseases is very full—that with indefatigable industry, the author has generally given the latest knowledge, and that this work will compare very favorably, with the best of the class.

F.

On the Semeiology of the Tongue. By Samuel Wright, M. D., of Birmingham.—(Clinical Lectures in Medical Times.)

Whilst some are disposed, in a prodigality of prejudice, to look upon the tongue as pathognomonic of nearly all the “ills that flesh is heir to,” others make comparatively light of it, and consider its testimony as little trustworthy. To be amongst the best judges on the subject, is to belong to neither of those parties. As a rule, the tongue is a very faithful indication of the condition of the alimentary organs; but its evidences are not unexceptionable. A furred tongue, for instance, is a common indication of dyspepsia, but it is not a constant one. We sometimes meet with irritable nervous subjects, whose tongues are habitually furred, yet without any signs or symptoms whatever of gastric derangement. Others again, will have clean tongues, and of natural redness, whilst they are suffering from severe stomach disorder. Various circumstances exert a remarkable influence upon this organ. Some people, otherwise healthy, get a furred clammy tongue, if their stomachs are empty a little longer than usual. Others have their tongues always furred when their stomachs are full; the coating continues only during digestion, and passes off as this function ceases. Mental and moral emotions affect the condition of the tongue in a singular manner; perhaps it never becomes morbid without the nervous function, in its higher offices, being somewhat implicated. This would explain why a furred tongue is so rarely met with in the inferior animals. It may happen, and I think not unlikely, that in dyspepsia, the disorder the brain suffers, sympathetically with the stomach, has as much share as this organ itself.
on giving the tongue its characteristic coating. Certain it is, as I have said, that the feelings of the mind will, in a very few minutes, render a clean tongue a foul one. This is a subject which I have been induced curiously to inquire into for some years past, and I have seldom met with an exception to what I have just observed. Among the profoundly studious, amongst those terrified by sudden apprehensions, or shocked by the sudden advent of ill news; among the hysterical, gloomy, and desponding, you will find many examples of the mind’s influence, in this particular, upon the body. A patient of mine, living near this town, will well illustrate what I say. He is a man of remarkably good constitution, and moulded like a miniature Hercules. Moreover, he has no incumbrances; an excellent mercantile business, that takes up little of his time, is partial employment for him, leaving him many leisure hours in every day that he has some difficulty in disposing of. These he chiefly occupies in fancying himself the victim of all possible kinds of ailments. There is no disease in the nosology too much for his imagination. Of course, these things are all imaginary, and tiresome enough to listen to, when your judgment and sense of justice tell you that it is not a case for “physic and a physician.” You will anticipate my saying that this gentleman is possessed of a most unfortunate nervous sensibility, which chiefly manifests itself in an ideal pathology, all reflected upon his own person. The peculiarity in point, however, which I chiefly wish to speak of, refers to his tongue. I had never seen him with this organ quite clean (although I have not once attended him for dyspepsia), yet the readiness with which it acquires a fur is very remarkable. Many times have I examined his tongue, and found it comparatively what it ought to be, before hearing a recital of his imaginary maladies; and after this, in some quarter or half an hour’s detail, that same tongue has put on an aspect almost like that of flannel. I am at this time attending with Mr. Carter, a patient, one amongst the pitiable many who have seen better days. I shall take occasion hereafter to give you his case in due detail, but for the present, I may observe that his tongue has the peculiarity characteristic of the one just spoken of. I should premise, however, that there is a fancied trouble in the one instance, and a matter-of-fact one in the other. Four days ago, in calling upon the gentleman I am now alluding to, one of the first things I did was to look at his tongue. I found it as usual, very pale, flabby and moist, but without any coating. After having made other necessary inquiries, I was informed by my patient that his heart, which has long been disturbed by mental emotion, the other night beat with unusual vehemence and irregularity. On my asking if he could account for it, he told me that he had just then received the distressing intelligence that an uncle, from whom he expected a competency, had not left him a shilling! This pitiable tale, told with much earnestness and visible feeling, occupied little more than twenty minutes; at the end of that time I again looked at his tongue, and found it coated with a thick white fur!
I mention these things, thus generally, to you, not only as items in pathology with which you ought to be made familiar, but also as suggestive of a discreet rule of practice, viz., to let the examination of a patient's tongue be one of your first duties at his bedside. My own experience, perhaps not inconsiderable on this point, enables me to say that in nine cases out of ten, and more especially among females, the tongue will be found, on first entering the room, in a very different state to what it is after half an hour's questioning and manipulation.

On the Use of Opium in Inflammation. By W. H. Ranking, M. D., (Half-Yearly Abstract.)

The legitimate sphere of action of opium, in the treatment of inflammatory diseases, is, we conceive, a point upon which our notions have arrived at tolerable precision. Under whatever modifications of individual circumstances attending such diseases the beneficial action of opium is observed, one well-marked morbid condition has, according to my observation, existed in every case, and that is an excitement of the nervous system, altogether disproportionate to the exaggeration of vascular action. This excitement is not shown in the existence of spontaneous pain alone, as we know that that symptom may be insignificant, or altogether absent, in instances of the most extensive and destructive inflammation; neither is it shown mainly by increased sensibility to local impressions. The excitement to which I allude, exhibits itself in disorders of the sensory and motor functions of the nervous system chiefly, and consists in watchfulness, or transient delirium, irregular respiration, and especially in restlessness and jactitation. In this condition of things, whatever be the violence of the local inflammation, or whatever organ be affected, (excepting the brain in some instances,) opium is imperatively called for. In other words, whenever, during the existence of inflammation, symptoms indicative of a loss of balance between the nervous and vascular systems exhibit themselves, sedative medicines are demanded in doses proportionate to the nervous preponderance.

This want of balance declares itself, I believe, chiefly under two conditions—1st, the existence of inflammation in a constitution naturally excitable, or in which the general powers have been reduced by the disease itself, by treatment, or by contingent circumstances relating to food, air, &c.; and, 2d, in inflammation of organs or tissues, the implication of which, induces a state of things more or less approaching to that condition which, for want of a better term, we are in the habit of calling shock. In illustration of the first division, we may mention inflammation occurring in the hysterical constitution. In these cases, the phenomena which depend upon irritation of the nervous centres, take so decided a lead in the symptomatology of the case, that until they are controlled by opium, or some, under certain circumstances, more appropriate sedative, the inflammatory
symptoms proper do not display themselves with their characteristic features. Again, inflammation may attack an ill-fed or previously debilitated individual; or the inflammation may have been too actively combatted by blood-letting, mercury, &c., without reference to the deficient resiliency of constitution, which, in children, more particularly, may lurk behind an appearance ostensibly robust. In these cases there may exist from the first, or there comes on assuredly at no distant period, a condition in which opium becomes necessary to save life, to prevent, in fact, in the latter case, the anomaly of the patient "dying cured."

Under the second class of cases in which opium becomes a necessary part of the treatment, or is even mainly to be relied on, is inflammation of an organ or tissue largely supplied with ganglionic nerves, and in which, for this reason, the nervous system requires a large share of attention in the treatment of the case. Such is peritonitis or enteritis, either idiopathic or secondary; such are, also, one form of delirium tremens, diffuse cellular inflammation, and more particularly, phlebitis, the inner membrane of veins having the closest analogy to serous membrane in many respects, but especially in its large supply of organic nerves. In all these inflammations, the usual battery of antiphlogistics is worse than useless, unless combined with the liberal exhibition of opium.

The symptoms either existing ab initio, or, as is more commonly the case, coming on in the course of the disease, which indicate the necessity for opium, can only become familiar to the practitioner by clinical observation; but as far as written descriptions can be relied upon, it may be stated, that the broad expression of this condition consists in a failure in the power or regularity of the pulse, pallor of the countenance, moist skin, (but not in all cases,) tendency to incoherence, with restlessness, sleeplessness, and, in an aggravated form, jactitation. This is the broad outline, so to speak, of the state referred to, but it declares itself in minor degrees, with which experience alone can render us familiar, and the appreciation of which is in itself sufficient, in many cases, to make the difference between a successful and an unsuccessful practitioner; for to persevere in antiphlogistic treatment, or to withhold opium, when these indications offer themselves, is to destroy the patient.

In the exhibition of opium when these symptoms show themselves in inflammation, I know of no drawback,—no contra-indication which should weigh for one moment against its paramount necessity. Be the skin sweating or dry, the tongue moist or dry, the bowels constipated or not, opium must be given. The constipated bowels, which are regarded by some as inducing the necessity for hesitation in the use of the medicine, I look upon as of the least importance in the generality of inflammations; in some, as in enteritis, a quiescent state of the bowels is even needful; and were it not so, the probability is, that if the case has been properly managed at first, such a clearance will have been effected as will render any risk from accumulation comparatively small.
Treatment of Chronic Cystitis by Injections of a Solution of Nitrate of Silver.—(American Journal of the Med. Sciences.)

Dr. Robert L. MacDonnel, in an interesting paper in the British American Journal of Medical and Physical Science, (Sept. 1847,) extols, in strong terms, the efficacy of injections of nitrate of silver, in chronic inflammation of the bladder,—a disease which has proved very refractory to other remedies, and which entails on those who labour under it, the most exquisite suffering. In proof of the value of the remedy, he relates four cases, one of which is the following:

"A gentleman consulted me last February, under the following circumstances. He had suffered for some months from inflammation of the bladder, marked by frequent desire to pass water, accompanied by heat and scalding, violent straining, pain in the region of the bladder, above the pubis and in the perineum, and a constant feeling of heat and weight in the lower portion of the abdomen. These symptoms gradually increased in severity. The urine became at first bloody, and afterwards purulent, and the desire to void it became so urgent, that it had to be yielded to at least every fifteen minutes; the discharge of the fluid being followed by pain and scalding at the neck of the bladder, and along the course of the urethra. His general health became impaired: and his sleep being so frequently disturbed, a haggard and anxious expression of countenance, and extreme irritability of the system, were soon established.

"When he first consulted me, fully one-half of the fluid passed from the bladder was pure pus; and after repose, a deposit of blood-globules was found to intervene between this and the supernatant urine—the latter being highly alkaline, foetid, and albuminous. Examined microscopically, it exhibited some scales of nucleated epithelium, a large deposit of triple phosphate in prismatic crystals, pus, and blood-globules. There was no pain in the loins or along the ureters. He had a stricture of long standing, about one inch from the orifice of the urethra. In addition to the above characters, the urine was frequently mixed with tenacious masses of lymph, varying in length from half an inch to an inch,* and entangling a quantity of earthly matter; they frequently obstructed the passage of the urine through the stricture, and required to be broken up and squeezed through by the pressure of the patient's fingers.

"Having dilated the stricture, so as to allow a large-sized catheter (No. 11, Weiss) to pass, I determined to treat the disease by injections of nitrate of silver; and accordingly, on the 17th of February I injected into the bladder, a lotion composed of eight grains of lunar caustic, two drachms of tincture of hyoscyamus, and four ounces of distilled water.

* C'est encore dans les cas de suppuration, qu'on trouve des productions pseudo-membraneuses dont parlent les auteurs. C'est l'expulsion de ces fausses membranes par l'urètre qui a fait répéter à tant de médecins que la unique muqueuse de la vessie pouvait être entièrement détachée et expulsée par portions avec les urines.—FERRUS, Dict. de Méd., Art. Cystite.
The injection caused hardly any inconvenience, except that of inducing a strong desire to empty the bladder, which was prevented by compressing the penis, until the fluid had been in the bladder for about one minute, when it was allowed to escape. The next day, the patient stated that he was somewhat better, but the quantity of pus and blood was not, however, much diminished, and the flakes of lymph were more numerous and larger than before. Although he continued improving, yet, as the amendment was not as rapid as I anticipated, injection of the viscus was again resorted to on the 5th of March. On this occasion, the quantity of caustic was increased to sixteen grains in the four ounces of distilled water, and the hyoscyamus was omitted. A decided improvement immediately followed; the frequency of making water was greatly diminished; instead of requiring to be voided every fifteen minutes, the bladder could retain its contents for more than two hours at a time, and the quantity of pus had greatly decreased. An injection, of the same strength, was again employed on the 28th of March, and with happy results. The urine could now be retained for three or four hours; was passed without pain or scalding; was clear and transparent, and, to the naked eye, free from pus; but, when examined microscopically, a deposit of pus-globules and some epithelial scales were perceptible. On the 18th of April, I repeated the injection, and since then he has been completely free from any symptoms of his troublesome disease; he has resumed his former mode of life and pursuits, and has been subject to various changes of temperature whilst travelling, without experiencing the least return of his former symptoms.

The method of injecting the bladder which Dr. MacDonnell has found most efficient is the following:

“The patient being placed either in the erect position or on a sofa, a gum elastic catheter, about the size of No. 9 or 10 (Weiss), is introduced, and water at the temperature of 98° Fahr., is injected through this into the bladder, by means of a caoutchouc bag, or, what I prefer, a syringe, with a "three-way valve," by which the fluid can be drawn back from the cavity if necessary. After the bladder has been completely cleansed of any fluid urine and mucus which may be contained in it, the solution of the caustic, being heated to the same degree, is to be introduced in a similar manner, and allowed to remain there for about one minute, care being taken, by compressing the urethra, to prevent its being forcibly ejected by the violent straining that is certain to be induced. The quantity of water or solution should never exceed four ounces, for though the bladder in its healthy state is capable of containing nearly a pint and a half of urine, without being over-distended, yet as the quantity it is capable of retaining in severe chronic inflammation, seldom exceeds a few tablespoonfuls, the bladder accommodates itself to its diminished contents, and gradually becomes smaller, and consequently, a large injection would act injuriously in two ways—by over-distending the organ, or by passing up into the ureters. In fact, we find it unnecessary to use
a larger quantity of the solution than I have mentioned, for it requires some address to introduce even that amount without resorting to force. The patient is then ordered a warm bath, and should the urine become bloody or mixed with shreddy concretions, he should use frequent fomentations and anodynes. But these symptoms seldom last for more than a few hours, and our patient should always be informed that such consequences are likely to be the immediate effects of the operation.

"My patients have not suffered from retention of urine, which it appears frequently follows the use of the solid nitrate in the practice of Lallemand, nor have they had any inconvenience which was not readily allayed by an opiate.

"The advantages which I consider the solution of nitrate of silver possesses over that substance in a solid form are, first, that we can employ it of various strengths, from one to four grains, or even stronger if necessary. Secondly, we are certain that the application comes in contact with the entire diseased surface. Thirdly, we are also satisfied that it does not act more violently on one part than on another. Fourthly, it is more readily employed by an inexperienced operator; and, above all, it cannot possibly be attended with any risk, from the apprehension of which it is not easy to divest the mind, when using the porte caustique of Lallemand, and together with the above advantages, it has this also to recommend it, that it will be found at least equally successful."

A Case of Vesico-Vaginal Fistula remedied by Caustic. By ELAN W. HARRIS, M. D., of Elm Wood, Cape Girardeau county, Mo. (Western Journ. of Medicine and Surgery.)

Mrs. C., a married lady, aged 30 years, presented herself to me early in February last, laboring under the unfortunate, painful, and disgusting infirmity of vesico-vaginal fistula. Her garments were constantly wet; the vaginal cavity, labia and thighs bathed with urine, in an erysipelasatus condition, and exquisitely tender. The complaint had existed for five years, and occurred seven or eight days after a tedious first labor, and violently severe manipulations of her midwife. In addition to the soreness caused by the irritation of the urine, she suffered violent pain in the bladder, which often prevented sleep whole nights; she sometimes passed urine the natural way for a day or two at a time, but always with great pain, and if, during her monthly periods, the urine is discharged through the urethra it is mixed with the catamenia fluid, just as it is when the urine passes through the fistula and vagina.

The parts being too sore to attempt any exploration, recumbency, aperients, fomentation, and tepid lotions were enjoined. In a few days, her condition being much improved, the finger was introduced into the vagina, the walls of which felt hard and irregular, presenting to the finger the sensation of cicatrices. No os tinæ or neck of
the womb could be felt. The vaginal speculum was now carefully inserted into the vagina, which terminated in a round sac-like cavity without anything like the neck of a wound projecting into it. Instead of an os tinea, a small opening was found large enough to admit a silver probe which entered the uterus; about three quarters of an inch from this aperture, in the anterior wall of the vagina, was found an oblique fistulous opening into the bladder (five lines in extent), through which the urine could be seen flowing. The bladder was then sounded, and I soon convinced myself of the existence of a calculus. The patient was informed that the only relief that could be afforded was by extracting the stone, and that there was barely a hope that the fistula might be healed, and thereby relief obtained from the troublesome and disgusting incontinence. She replied that she would willingly submit to any operation rather than remain in her miserable condition.

On the second day after the examination, a long delicate pair of forceps was introduced through the meatus urinarius, with a bistoury at hand to make the proper incision if found to be necessary for the extraction of the stone. By gently and gradually opening the chaps of the forceps, the urethra was sufficiently dilated in about twelve minutes, (with very little pain), to enable me to take hold of the stone. In endeavoring to get a firm grasp, this was crushed to pieces, which I considered a fortunate occurrence; the fragments were removed with the forceps and syringe, at a sitting of a few minutes each day for five days, when no more could be found. Some of the particles passed through the fistula and were washed out of the vagina with a syringe. I weighed four drachms and six grains of gravel saved, and there was fully as much lost. No unpleasant symptom occurred, and she was permitted to walk about, expressing great gratification on account of freedom from pain.

The incontinence was still annoying, and on the sixth day after the removal of the last of the gravel, the speculum was again introduced, and a piece of solid lunar caustic made fast by a thread in the same forceps used for extracting the stone, was carried up through the speculum, into the vesico-vaginal opening, and rubbed on the edges and angle of the wound, until they were completely cauterized. A tube was firmly fixed in the bladder to conduct the urine into a vessel placed below, and emollient injections daily used. On the third day there was tenderness and pain in the pelvic region, fever and bilious vomiting. The catheter was removed, and by the use of the lancet, an emetic, and fomentations, those symptoms were relieved. The catheter was then replaced and not removed until the eighth day, when to my great satisfaction it was found that she could retain the urine and pass it per vias naturales.

Thus has a cure been obtained of a loathsome malady, which at a time still not very remote was supposed to be beyond the resources of art.

I saw Mrs C., yesterday, and she informed me that she had men-
strated three times since the operation without difficulty or pain, but that the menstrual fluid passes from the bladder mingled with the urine, showing, I think, the existence of utero-vesical fistula. Fears are entertained that particles of the menstrual fluid retained in the bladder may form the nucleus of another stone. The woman, however, is contented and happy.

Purulent Infection.—(Med. Chirurg. Review.)

M. Sedillot believes that authors have too generally regarded this affection as constantly fatal in consequence of their only taking into consideration extreme cases. He establishes a distinction between purulent infection and metastatic abscesses. As long as the disease is confined to the former condition, it may be cured; if there are abscesses only of small size, or few in number, all hope is not extinct; death only being inevitable when these are very numerous or large, or open into the pleura, the articulations, &c. The effects vary much, also, not only according to the quantity of pus mingled with the blood, but also according to its qualities—the pus from a phlegmon producing much less deleterious effect than a sanguinous pus. Wounds of the perineum, in which there is a mixture of pus and urine, produce, even when the suppuration is not very abundant, fatal effects in a very brief space of time. It may be replied to the statement that the less advanced cases of purulent affection recover, that such were not examples of the disease at all; but M. Sedillot believes the pathological changes induced in man and animals from this cause are the same, and numerous experiments upon these last have proved to him—1. That a small quantity of pus injected into the veins only produces slight effects. 2. If the injection be repeated for several successive days, thirst, shivering, &c., are produced; but the animal continues to live if they are then discontinued—so that we must kill it in order to observe the pathological alterations at this period, such as patches in the lungs, emphysema, &c. 3. If a new portion of pus be daily injected, death takes place, always producing the same changes.

The lungs are the organs in which pus is found to be most frequently deposited in this affection; then follow the pleura, the joints, the liver, and the muscles. Although veins are constantly found leading from the source of pus, in a great number of cases no trace of phlebitis is visible. After amputations, in deep-seated phlegmons, in chronic suppuration, caries, &c., it is always by means of the divided or eroded veins that a direct communication between the purulent centre and the circulation is established, and the mixture of pus with blood which this gives rise to is one of the best ascertained phenomena of the disease. The constant obliteration of the veins by coagula, even in the cases in which they are inflamed, is contrary to the statement of most authors, an exceptional occurrence. The coagulum, when it exists, does not adhere to the walls of the vein, but
Cold Water in Burns.


A case of very extensive burning, treated most successfully by the prolonged application of cold water, has been recorded by Dr. Küsten, the particulars of which seem to indicate the great advantage which may probably be derived from this mode of treatment in most cases of severe burns. Dr. Küsten was first led to set a high value on the use of cold water in such cases, by observing the good effects which resulted from it, in the case of his own child, nine months old, which was severely scalded about the neck, chest, and abdomen, by the upsetting of a tea-kettle containing boiling water. The application of cold water was commenced immediately after the child’s dress was removed: very abundant vesicative power had already taken place in the form of numerous large and small blisters. For six hours, without intermission, the application of cold wet cloths was continued: the cloths being replaced by others as quickly as they became warm. At the end of this time, the smaller vesicles had quite disappeared, and the places occupied by the larger ones were indicated by more or less intensely reddened spots. The child meanwhile had fallen asleep, and it slept soundly the whole night,
Cold Water in Burns. [December,

(the accident having occurred about six o'clock in the evening). On the following morning the only trace of the burn consisted of a dry shrivelled appearance of the cuticle on one small spot; and this peeled off in a day or two.

The case, however, in which the beneficial effects of this mode of treatment were especially illustrated, occurred in a brandy distiller, who, in consequence of the bursting of a still, was extensively scalded over the body by the boiling and blazing spirit. The man's head, at the time of the accident, was fortunately covered by a thick cloth cap, and escaped injury; but the upper part of the body, being defended only by a shirt, suffered severely. When seen by Dr. Küsten, about an hour after the accident, the patient was almost unconscious: he lay moaning, and constantly ejaculating "Fire?" After washing off, by means of a watering-pot, the layers of scraped potatoes which had been spread over the burned surface, it was found that over the whole body, down to the lower part of the thighs, there was scarcely a spot which was not more or less injured. The slightest degree of injury was manifested by vesication; but over the neck, chest, arms, and abdomen, the skin in places was quite destroyed. Dr. Küsten immediately covered the entire burnt surface with linen; and for an hour this was kept constantly cold and wet, by pouring cold water over it from a watering-pot. After pausing for five or six minutes, the application of cold water was renewed, and continued for another hour, at the end of which time the man had recovered from his state of partial unconsciousness. He was then left, with directions that the application of the cold water should be continued as before. When seen about six hours afterwards, the patient was in a promising condition: his face was slightly flushed; eyes open; pulse 100. He complains of a sense of general burning, which was relieved by drinking, and by the repeated application of cold water to the burnt surface. This application was continued until the patient complained of being cold. On examining the injured part the following day, the places which were previously occupied by the vesications, were indicated only by intense redness; the other part had much the same appearance as before: portions of the destroyed skin came off on removing the dressing. The injured parts were then dressed with cloths dipped in vinegar, and kept constantly wet by sprinkling cold water on them. The patient had some sleep during the night, and on the following day the reddened portions of skin had resumed almost their natural colour: commencing granulations were observed along the margins, and within the spaces of the surfaces, where the skin had been destroyed. The pulse was 90, the thirst less intense, and the tongue less dry than on the preceding day. For nine more days the same treatment was continued, and with the happiest results, for at the end of this time the wounds were almost healed.

In the treatment of such severe wounds by this mode, the dressing must, of course, be changed at least once in the twenty-four hours.

Dr. Küsten mentions one or two other instances, in which the
healing of burns, of various degrees of severity, was effected most rapidly and satisfactorily by this continued application of cold water.

Case of Inflammation of the Spleen, terminating in Suppuration.

By J. Daniel Holly, M. D., of Lowndesborough, Ala. (New York Journ. of Medicine.)

April 10, 1847. I was requested by Mr. C. to visit his son, aged 15 years, who had, previous to this attack, labored under intermittent fever. I found him laboring under excruciating pain in the left hypochondrium, extending as far as the clavicle or shoulder, increased on pressure, with sensation of cold, and partial Rigor, considerable nausea, dry cough, more than ordinary symptoms of pyrexia, great weight and fulness in the left hypochondrium, involving the upper portion of the lumbar space, with pain on respiration, slight hæmatemesis, with accelerated pulse, tumor extending from the origin of the cartilages of the ribs on the left side to the mesial line in one direction, descending to the ileum, (crest), occupying the upper portion of the lumbar space.

Treatment.—I had recourse to venesection, both local and general, cups applied to the left hypochondrium and lumbar space, with partial abatement of the foregoing symptoms. As the indication, at this juncture, for applying a blister was decided, vesication was resorted to, over the whole space occupied by the tumor, followed by the ordinary purgatives. The blister drew well, and the purgative had the desired effect, the pain and fever being diminished. On the following day I exhibited the following mixture of Twining:* B. Pulv. Jalap, Rhei, Columbæ, Zingerberis, Bitart. potassae. aa òiss., Ferri sulphas, grs. x., Sennæ tincturae, 3 ij., Aquæ menthae sativæ, 3 v.

Alternating with this mixture, after an interval of five days, I prescribed for him pills of Sulphas ferri, x., Aloes soccari, 3iiss., Sulphas quinae.

April 22, the above were discontinued; the patient now complains of a dull heavy pain, with a peculiar burning sensation in the region of the spleen; striking as far as the spine and clavicle; attended with a fulness and throbbing, and an increase of the tumor.† Shivering came on at intervals, terminating in slight perspiration over the most œdematous portion. I applied warm fomentations of hops, contained in a small woollen bag, wrung out in warm water, followed with a poultice of linseed meal, copiously sprinkled over with mustard, without any perceivable change in the character of the enlargement. The patient is much debilitated, the pulse is frequent, unequal, small, and sharp, with flushing of the face; the skin cold and clammy, with

† "In unyielding textures," says Mr. Liston, (Elements of Surgery, American edition), "the increase of swelling by the formation of purulent matter, is often attended by an aggravation of the symptoms, and with an increase of danger to the structure affected."
perspiration towards evening; the ammoniacal plaster was then applied without any apparent benefit, towards the evacuation of the pus externally. Caustic, (the potassa fusa,) was then had recourse to. I used it in the solid form well pointed, not in paste, as is sometimes used. This application had the most happy and desired effect. On the following day the purulent fluid found an outlet externally, (immediately over the splenic region,) and large quantities of a dark puriform discharge came away through the opening; it was then dressed with common meal poultice. The patient at this time is much emaciated, from large quantities of pus being added to the circulation, producing hectic fever, accompanied with diarrhœa. He was put under the use of nourishing food, wine, tonics, etc., which were used sparingly for a short time, and afterwards gradually increased. The diarrhœa was stopped with opium, astringents, and absorbents. For the inordinate perspiration I used the Acidum sulphuricum aromaticum, with the happiest effect. A tent was then introduced through the opening in the abdominal wall, in order to keep up the discharge from the spleen.

April 29. Discharge has stopped; patient takes exercise in open air; appetite good; food exhibited sparingly; the left hypochondrium is much excavated as it were, from the large quantities of pus evacuated from the spleen.

On the Local Treatment of Amenorrhœa. By A. Legrand.


The author commences this short memoir with a deserved compliment to the practitioner, whoever he was, who first thought of the application of nitrate of silver in the treatment of affections of the mucous membranes, characterized by a diminution of their vitality, a relaxation of their texture, an increase and vitiation of their secretion; for, he says this idea has been the happy foundation of many safe uses and unexpected benefits of this remedy. He refers in particular to its unexampled success in virulent ophthalmia, whether sporadic or epidemic, and in urethral discharges, and remarking on the varieties in the strength of the applications employed by different authorities, he condemns the excessive quantities recommended by some, as a practice eminently disturbative. Noticing the easy transition from the use of nitrate of silver in the urethra to the use of it in the vagina, he remarks on the anatomical causes of the less efficacy of the form of solution in the latter case, as having led first to the direct cauterization of the canal, either general or partial, by the aid of the speculum, with the nitrate in the solid state; secondly, to the use of rolls of lint, bougies, and the like, smeared with an ointment of nitrate of silver.

To the use of the nitrate in the solid state he objects, on the ground of its severity and other inconveniences, and rejecting the supposed advantage of the tampon for keeping apart the inflamed opposite
surfaces of the canal, he objects to it, besides, as a foreign body, the presence of which must irritate. Our author's method in opposition to these, is the simple application of an ointment of the nitrate, which may penetrate between the rugæ of the canal. This ointment is composed of one part of nitrate of silver, dissolved in twenty-five parts of water, and then thoroughly mixed with seventy-five parts of cerate. From two to three grammes (from thirty to forty-five grains) of this cerate are put into a muslin-bag, open enough in texture to permit the cerate to pass through under a slight pressure. The fore-finger is inserted into this bag up to the first phalanx, the bag being fastened around it, and the finger so armed is introduced into the vagina, and is carried over its whole extent, so that every sinuosity of the canal and of the vulva may be freely anointed with the contents of the bag. Our author occasionally employs the ointment of somewhat greater strength. He finds it of the greatest service in various affections of the vagina of an inflammatory character, accompanied with discharges, care being first taken to remove as far as possible those determinate causes with which the affection may be connected. Other remedies may be applied to the vagina by the same method—thus, Dr. Legrand has used successfully by this method an ointment containing tannin in relaxation of the vagina.

Influence of Quinine on the Volume of the Spleen in Ague.

(Lancet.)

M. Valleix, physician of the Hôtel Dieu, has directed his attention to the action of the sulphate of quinine on the volume of the spleen in intermittent fever. He has done so to test the accuracy of a statement made by M. Pierry, that the disappearance of the paroxysm coincides with the diminution of the volume of the spleen; that this organ sensibly diminishes in thirty or forty seconds after the administration of a full dose of quinine, in solution, and acidulated; that the diminution goes on very rapidly if the quinine be continued in a sufficiently large dose. M. Gouraud having examined into this matter, however, states that he has not found the spleen thus diminish, but that, in consequence of an accumulation of gas in the stomach, from the ingestion of the quinine, the left hypochondrium is rendered sonorous, and the dulness over the spleen becomes masked. These opposite statements M. Valleix has kept in view in making some fresh observations. He narrates a case, and its course; quite a simple case of ague, occurring in a young and robust man, who had never suffered before. It was a recent case, and there were no evidences of organic disease in any organ; the spleen had undergone very considerable enlargement, being readily perceived through the abdominal wall, and therefore its size could be estimated with the greatest precision. The sulphate of quinine, although given in a very strong dose of thirty grains, and acidulated, so as to render the salt a bisulphate, did not act, as represented by M. Pierry, on the vol-
ume of the spleen, neither at the end of forty seconds, nor of twenty minutes, nor even of twenty-four hours. The medicine also had no such power when given in still greater quantity, but divided, during the day, into several doses, and continued on succeeding days. But after the application of cupping-glasses and leeches over the splenic region, the volume of the spleen, on the contrary, diminished rapidly, although the dose of quinine was abated. Lastly, notwithstanding the persistence of the splenic engorgement, the fever was cut short, and there was no trace of a recurrent paroxysm.

Another equally uncomplicated case occurred to M. Valleix, and the same method being tried, was attended by the same results. It must, however, be mentioned, that three days after the first dose of quinine, a slight diminution of the spleen was noticeable; but this little decrease, which perhaps, too, was partly owing to a bottle of eau de Vichy which the patient took, was lost sight of when compared with the rapid diminution which followed two days afterwards, when cupping-glasses were applied over the spleen, and which continued to go on. In this case, also, as in the preceding, although the enlarged spleen remained, the fever was removed.

The third case differed from the two preceding, in that it was of older date; but there was no essential difference in the effects of the treatment. The spleen remained unaffected in size during the first day, when quinine alone was given; but quickly decreased after local bleeding, although the dose of quinine was lessened. The fever was removed before the engorgement of the spleen had subsided.

Thus these observations contradict the assertions of M. Piorry, both as to the coincidence of the disappearance of the fever and the decrease of the spleen, and as to the immediate and prolonged influence of quinine in diminishing the splenic congestion. M. Valleix also confirms the observation of M. Gouraud as to the formation of gas in the stomach upon the quinine being swallowed, augmenting the resonance over the left hypochondrium, and so hiding the dulness over the solid spleen beneath to a slight extent; not so much so, however, but that palpation and percussion will readily detect the engorged organ.

On the Use of Starch Bandages. By Dr. Rognetta.—(Annales de Thérapeutique Méd et Chirurg., and Amer. Journ.)

The starched apparatus has now been employed for a sufficient length of time, at the clinic of La Charité, in the treatment of fractures, to enable us to form a definite and mature opinion of its value. We are the more willing to weigh its value, because on this point there is much diversity of opinion among the surgeons of Paris, and because we have before us many facts capable of affording us the grounds of a decisive judgment on this subject. First, it is to be remarked, that in the Parisian Hospitals the starched apparatus has been adopted into general use by two surgeons only, namely, Vel-
peau and Blandin. But yet this apparatus has been everywhere tried. At first it was applied indiscriminately to fractures of the extremities, of all kinds. Velpeau himself, in his first memoir, extolled it, without any exception. In the sequel, nevertheless, unsatisfactory results were noticed in oblique fractures of the shaft of the femur, and Blandin was the first to give up this method in fractures of that kind; and Velpeau finally did the same. At the Hotel Dieu we have seen in fact such fractures treated by this apparatus, present, some an enormous riding of the fractured extremities of the bone, others an entire failure of reunion, owing to the starched bandage forming, as it dried, an arch projecting from the limb, while, as soon as the limb itself lost its former swelling, there was no longer a coaptation by the apparatus; the muscles contracted without impediment, and dragged the disunited parts so as to ride more and more on each other. Velpeau has doubtless been led, by cases like those described, to abandon his first opinion; and his doing so is creditable to his love of truth. Indeed, the cases which we have seen so treated at La Charité, though cured, were not remarkable for freedom from deformity. Thus such fractures must be left to the old treatment of Scultetus, with the addition of continued extension, for which purpose a starched bandage suffices. Though objectionable at the commencement, yet we must add that, towards the end of the treatment of oblique fractures of the thigh, when the patient begins to walk about on crutches, the starch apparatus answers admirably. What we have said, applies also to fractures of the body of the humerus. But as regards fractures of the neck, and of the condyles of the humerus, as well as of the condyles of the femur, the starched apparatus, if applied after the swelling has gone down, is of the greatest utility. Velpeau and Blandin apply the starched apparatus to all other fractures, namely, to fractures of the leg, of the forearm, and of the clavicle. For the forearm this apparatus possesses very great and obvious advantages. But we confess we cannot see its superiority over the common apparatus in fractures of the leg. The state of the limb cannot be ascertained till it is too late to remedy the riding of the bones, if that shall have taken place. Thus the starched bandage, though it may be regarded as an important acquisition to surgery, owing to the many applications of which it is susceptible, in various departments of practice, is far from having displaced the treatment handed down to us by Scultetus. It is proper to add, that Velpeau uses but a weak solution of starch, so that his bandages are not very stiff. The starch is first worked up with spirit, and then water is added, to bring it to the consistence of syrup. The bandages, after being dipped in the solution, are squeezed as much as possible, and the whole dries in a few hours if the limb be placed on a pillow covered with a large sheet of paper.
BIBLIOGRAPHICAL NOTICES.


We take pleasure in calling the attention of the Profession to a new edition of the above valuable work. The productions of the able author are now too well known to require any eulogy at our hands. They justly hold the first rank in Physiology, and should be read by all who wish to keep pace with the rapid advances of the study of animal organism, and of the Human in particular. The enterprising publishers deserve much credit for the very handsome manner in which they have gotten up the book.


In the language of the author's preface, "this little volume is intended to accompany two of a similar kind, which have already been published, on the Arteries and Nerves." The work is concise and well adapted to the use of Medical Students in the beginning of their studies.


Under the above modest title, Dr. Latham has presented the Profession a very useful little work upon Semiology, or the Doctrine of Symptoms, embracing all that is important to the general practitioner in relation to Auscultation. Such works cannot be too much multiplied in our country, where diagnosis is so generally neglected, especially in diseases of the chest. Its passage to a second edition evinces its appreciation. It should be in the hands of all Students of Medicine.


We have received from the publishers, this very elegant, volumi-
ous and useful volume. It will be perceived that this is a new edition of a practice of medicine, which has been before the profession since 1843—one too, which has been so well received as to require several editions to supply the numerous demands for it. This work merits the liberal patronage which it receives in our country.

5. Illustrations of Medical Botany: consisting of coloured figures of the Plants affording the important articles to the Materia Medica. And descriptive Letter Press by Joseph Carson, M. D., Prof. of Materia Medica in the Philadelphia College of Pharmacy, &c., &c. Philadelphia: Robert P. Smith, 1847.

We have been furnished a specimen No. of this magnificent work in folio. It contains three splendid engravings of plants, on stone, and the printing of the letter press is of superior style. We take pleasure in calling the attention of the profession to this publication, and soliciting for it a liberal encouragement to the author, well known as he is for his contributions to the Materia Medica.

PART III.—MONTHLY PERISCOPE.

Treatment of Typhoid or entero-mysenteric Fever, by Ethiops mineral or the black sulphuret of mercury. By Prof. Serres.—(Translated from Archives Générales de Méd.)—The Professor commences by remarking that all exanthematic fevers, as the typhoid fever, are composed of two distinct elements: 1st, the exanthema which constitutes the foundation; and 2d, the group of phenomena which the presence of this exanthema develops in the organism called fever, which constitutes the form of these diseases. If the exanthema is discreet or of little intensity, the fever is light; if, on the contrary, it is confluent, the fever is very intense. M. Serres establishing thus the analogy between variola and typhoid fever, has thought that as the former was aborted in the eruption of its pustules by mercurial preparations, (as covering the face with the plaster of Vigo cum mercury,) so the latter might yield to the same potent agency. His treatment consists in the internal and external administration of mercury. His formula is, internally, Black-sulphuret of Mercury (Ethiops mineral), 1 gramme; powdered gum Tragacant, 50 centigrammes; simple Syrup q. s. for four pills—Dose 4 or 6 pills every second day. Also, externally, mercurial ointment, in frictions, over the abdomen, 8 or 10 grammes repeated every morning. This treatment may be continued eight or ten days before salivation is developed, when the frictions must be discontinued and the dose internally diminished one half. M. S. says in two or three days the action of this treatment is quite evident; the fever diminishes, the typhoid symptoms disappear, and the patients soon convalesce. He seldom uses more than 2 to 3 grammes of the Ethiops mineral.
Neuralgia.—The following case, which occurred in the practice of R. H. Alkanett, M. D., &c., is important and interesting, inasmuch as it throws light upon at least one occasional cause of an acutely painful and obstinate affection, so frequently perplexing to the routine practitioner, who relies for its removal on the reckless administration of inordinate doses of the most powerful and highly deleterious narcotics. "A gentleman called on me a fortnight ago, suffering from a severe tic of the trisacial nerve, which branches up on the cheek and forehead, and the paroxysms observed like an irregular periodicity. His appetite was good, and the functions of the stomach were apparently uninjured; the liver secreted a due quantity of bile; the bowels acted with regularity; and nothing could be detected, after the most minute search, to account for the agonizing pain in the peripheral expansions of the sentient nerve. As is my custom, I placed him under a preliminary course of active purgatives, and the pain in the face, and indeed all the symptoms, were aggravated to a considerable extent. Disregarding this temporary manifestation, I urged upon him the necessity of continuing the aperients until the full effect should be produced: and this morning he informed me that, in the middle of the night, he had a most copious evacuation; undetected seybale, in large quantities, had been ejected from the bowels: he immediately experienced an inexpressible feeling of relief, and the facial tic has totally disappeared.—[Lancet.

Pyro-acetic spirit in Gout and Rheumatism. By Dr. John Hastings.—"For upwards of twelve months," says Dr. Hastings, "I have employed Pyro-Aetic Spirit in the treatment of gout, acute and chronic rheumatism, and my treatment has been attended with a success quite extraordinary, far exceeding the results usually obtained by colchicum, &c. I have not yet seen a case of gout, or acute rheumatism, which has not rapidly disappeared under its use, at the same time that it brings about a very improved condition of the general health. Chronic rheumatism requires a more lengthened treatment for its removal; indeed, it has less power over this affection than the two preceding."—[Ibid.

Operation for Cataract under the Influence of Mercury.—M. Travignot addressed a note to the Academy, stating that he looked upon mercurial salivation as a means of preventing many of the evils of inflammation after the operation for cataract. He seems to have imbibed this notion from the general observation of the influence of mercury in acute inflammation of the iris and cornea, and from considering that such a condition of those parts of the eye is what is to be feared after operating. He has put this idea to the test, having operated on three patients, who were just beginning to be affected by mercury, and in whom, too, there were some complications. He effected a perfect cure in from three to five weeks, having had no ills resulting from inflammation. The mercury is continued two or
three days after operating, combined with extract of opium, so that
the salivation induced may be most severe, just at the time when the
ordinary precursors of iritis, or of corneitis, make their appearance—
that is, about the third or sixth day after the operation.—[Ibid.

Caesarian Section.—The statistics of the Cæsarean operation at
present yield the following results: It has been performed in 378
cases, of which trust-worthy accounts have been given. In 145 of
these cases the women recovered; in 233 they died; or the recoveries
were in the proportion of 38 per cent. or as one in 26 cases. The
fates of 318 children is mentioned, of whom 219 were saved, 99 were
lost, or the child survived in 68 per cent., or rather in more than 2
cases out of 3.—[Dr. West's Report on Midwifery, from Retrospect.

Beef-tea.—When one pound of lean beef, free of fat, and separated
from the bones, in the finely chopped state in which it is used for beef
sausages or mince-meat, is uniformly mixed with its own weight of
cold water, slowly heated to boiling, and the liquid, after boiling
 briskly for a minute or two, is strained through a towel from the
coagulated albumen, and the fibrine, now becoming hard and horny,
we obtain an equal weight of the most aromatic soup, of such strength
as cannot be obtained, even by boiling for hours, from a piece of flesh.
When mixed with salt, and the other usual additions by which soup
is usually seasoned, and tinged somewhat darker by means of roasted
onions or burnt sugar, it forms the very best soup which can in any
way be prepared from one pound of flesh.—Liebig, from Boston Med.

The fate of the Physician.—We extract the following from the
columns of our esteemed contemporary, the New York Annalist:
"Another Physician, Dr. D. B. Hall, died yesterday—this is the
fourth."—New Orleans paper.

Such are the brief, cold terms in which the public are told that
Medicine is offering up victim after victim, on the altar of profes-
sional duty.

Where are now the Hydropaths, Homeopaths, Root Doctors, and
the whole legion of quacks? They are silent—they have probably
fled to seek in some place of safety for dupes and victims. And
where are now the flippant sneerers at the uncertainty of medical
science—the "Doctors' quarrels"—"the Doctors' bills"—"the Doc-
tors' rapacity?" Silent all! no voice is heard to breathe a word of
reproach or ridicule. No! no! the talk now is, "Our physicians
are labouring, dying." Such is the fate of Medicine and medical
men. In the hour of suffering, or of danger, they are sought out
with eager zeal and rewarded with garrulous gratitude: but let that
hour pass, and the danger, and he whose skill averted it—the suffer-
ing, and he whose toil made it tolerable—are alike forgotten, and the
public turn from their long-tried physician, and give the reward
which he has so dearly earned, to the ignorance, the impudence of the nostrum-vender, or the new system-man.

And what is our duty when thus treated? Go onward! Look upward! Go onward! the path of duty is before you. Look upward! the reward is on high.

MEDICAL INTELLIGENCE.

The Southern Medical and Surgical Journal.—This No. completes the 3d Volume of the new series of this monthly Periodical; and by the first of January next the 4th Volume will have been commenced. We have so recently expressed our views and intentions (see July No.) respecting the work assigned us, and the character of the Journal is now so well known, that in terminating one and beginning a new volume, little need be said. During the past six months, for the first time since its establishment, all the original matter has been supplied in advance. This we think augurs well for its reputation. From it we take courage and are determined still to labor faithfully in the discharge of our arduous duties. We often feel our insufficiency for conducting this publication and know full well that without the kind and efficient co-operation of its contributors and friends, it could not be sustained. With all our sacrifices, industry, and anxiety to render the Journal useful, there are many faults for which to claim the considerate indulgence of the reader. The imperfections will, we hope, be passed over, and by practice, its character for the future may be improved. While striving all in our power to make the work acceptable and useful to our professional brethren, we trust they will still continue to aid us by their contributions to its pages. Communications on medical subjects, essays, reports of cases, reviews of works, synopses of journals, &c., &c., will be thankfully received.

The editor returns his sincere thanks to all those who have thus far kindly assisted him in carrying on the Journal. His public acknowledgements are due too, to the publishers of Medical works, who have generously supplied him, and also to editors of Medical journals, for a very liberal exchange.

For terms, &c., see the Publisher's Prospectus for Vol. IV. An increased patronage is respectfully solicited in his behalf.

OUR EUROPEAN CORRESPONDENT.—LETTER II.

Late alarming state of Surgeon Liston's Health.—By the steamer Washington we have received another letter from our esteemed friend of Paris. We also give place to an interesting case kindly reported for the Journal, by a young English gentleman pursuing his studies in the French capital, whose acquaintance we made during our late visit there. Further contributions from the same source are generously promised. Our correspondent too, says he will himself do the best he can for us.

The celebrated English Surgeon, Liston, we are informed, suddenly lost his voice about the first September. A few days afterwards he felt something give way in his throat, and in a few minutes ejected from his mouth, without
Aneurismal Tumour of the Left Arm.

1847.]

Hopital de La Charité, Paris, Oct. 18th, 1847.

Aneurismal Tumour of the Left Arm.—Sebastian, aged 22, a shoemaker, living No. 55 Rue Cherche Midi, entered the hospital. Constitution good, temperament sanguino-lymphatic, has generally lived in comfortable quarters and been well fed, has never committed any excess: since 8 years of age, has been accustomed to Epistaxis nearly every week, but has had no other hemorrhage; has never had syphilis, or any other serious affection, and has never been bled. In the month of March, 1843, without any appreciable cause, he felt a slight pain in the anterior part of the left elbow. Fifteen days after the appearance of this pain, just in the place where the tumour now exists, he felt a little swelling about the size of a pea, moveable, hard, not disappearing on pressure; and very slightly painful. This tumour grew gradually, and at the end of the year had acquired the volume of a small walnut: in the mean time it had become softer, but at no period had it been the seat of pulsation—the pain always remaining as at the commencement. The tumour gradually grew to its present size.

Present state.—At the anterior part of the elbow we perceive a tumour of a semispherical form, a little flattened, limited externally by the tendon of the biceps muscle, stopping internally about one-third of an inch outside of the summit of the epitrochlea; it rises about two inches and a half above the humero-cubital articulation; it descends a little below this articulation. Its outward projection is about one inch; its circumference is irregular; its diameters are from three to four inches. In some points its circumference is easily limited—in others it is difficult to limit. It appears subaponeurotic; the skin is normal and non-adherent. The tumour is slightly moveable, but holds fast to the subadjacent parts. It is firm, slightly resistant, of unequal density, and fluctuating in its centre.

In examining the tumour with the fingers, there is no expansion, pulsation, or fremissement appreciable to the touch, and the stethoscope reveals nothing but the distant shock of the artery. The elbow enjoys all its movements without pain; the arm and forearm are completely healthy. The arteries of the affected member appear healthy, and exactly similar to those of the limb on the opposite side. General health good.

Three or four days after the entry of the patient, M. Velpeau made an explorative puncture into the centre of the tumour, and through the canula. Drop by drop came three table-spoonfuls of blood, which was red, and which quickly coagulated. The following days Velpeau thought he perceived an expansion of the tumour,
which seemed to diminish on pressure of the humeral artery, and appeared to increase when the pressure ceased. The tumour was then by firm and constant compression, continued for several days without intermission, reduced to one-fourth of its volume. Afterwards, when the artery was compressed, the tumour rested placid, but on removing this pressure the tumour resumed its original size.

Fifteen days of compression with the bandage produced no satisfactory or permanent result. After this time Velpeau tied the humeral artery, but no change took place in the tumour, and the same evening the pulse appeared in the radial artery. Permanent compression was then made for one month, without effect. On the 16th September, Velpeau traversed the tumour with eight needles, which rested three weeks and determined a good deal of inflammation and suppuration along the track of the needles.

October 12th. Needles withdrawn, and the tumour appears in its original condition.

[Note.—I mentioned this case in my letter from Paris—see page 637—Aneurism. Edt.] You will remember having examined the above case, when you were at La Charité; and I dare say you will also recollect it had been seen by the most experienced and noted Hospital Surgeons of Paris, all of whom, after careful examination, had differed widely in their diagnosis. One supposed it to be a malignant tumour, another to be an enlarged bursa communicating with the articulation of the elbow-joint, &c. It was not till M. Velpeau found that it diminished or rather almost entirely disappeared on pressure, and after seeing that nothing but a quantity of arterial-looking blood flowed through the canula, that this the most learned and sagacious of French Surgeons, concluded that the tumour was formed by an aneurism. Any doubt, that he still retained, was removed, as soon as he ascertained that the canula could be moved freely in all directions within the walls of the sac.

Before proceeding to ligature the humeral artery about the middle of the upper arm, he stated that the tying of the artery in this situation, sometimes failed to cure the disease. He also alluded to the difficulties that might be caused by the chance of encountering a high division of the brachial. From the strong pulsation immediately above the tumour, he thought the distribution was in this patient normal. Notwithstanding these considerations, and after a full and careful review of all the circumstances of this very anomalous case, he stated, that he had decided—indeed deemed it his bounden duty, to prefer this mode of procedure, to the other alternative: that of laying open the sac and ligaturing the vessel both above and below it. This last kind of operation, he mentioned was much more certain, but likewise more difficult for the operator, and infinitely more painful and dangerous for the patient. And lastly, that it could be had recourse to ultimately, in the event of non-success after simple ligature above the tumour. I will keep you informed of its further
progress, and trust that in the mean while, you will be less perplexed relative to its true nature than I confess myself to be.

Monday, 18th Sept. There has not been any thing doing in the hospitals of late, except what you will see reported in the Gaz. des Hopitaux. Jobert has had two successful cases of vesico-vaginal fistula. Generally the operation is tedious and irksome, sometimes lasting for fully an hour. Jobert deserves much credit for his improved methods of treatment, and operating in these difficult cases. We are daily, however, seeing operations done in the various hospitals, in what would be deemed in England and the States, a careless, rude, and improper manner. The treatment of incised wounds has long been, and, with rare exceptions, still is, a theme of constant reproba. Let us take, for example, the last operation, of consequence, an amputation of the leg. To arrest the bleeding—instead of the common dissecting forceps, a tenaculum was employed, by which the divided vessels were secured—and a great deal more. They don't stick at including a nerve here, if it comes in the way. Then, the ligatures were large and thick enough for the aorta of a horse. The flaps were retained by common pins, not over sharp at the points. The whole stump was finally enveloped with an enormous quantity of adhesive plaster, large lumps of agaric, and the usual superabundance of lint. They have no idea of trying to heal stumps by the use of light water dressings, whereby the parts are kept cool and excessive inflammatory action is often prevented.

Guerin, at the Necker, has about thirty times operated with happy results in cases of consecutive strabismus. The manipulations are nearly all sub-conjuntival. He brings forward the cut and retracted extremity of the divided muscle, and "engrafts it" of new, by fixing the tendon with a ligature, to the sclerotic coat—and, exactly in such a place, as afterwards to secure the parallelism of the organ. The ligature is retained in the wound for from five to six days. In fourteen cases Guerin run the thread right through the ball of the eye—of course perforating the retina, vitreous humor, &c., and that too, he asserts, without any ill consequences, excepting in two cases. In one of these last, he told me, "I passed the thread too much forward, too near the iris, and violent iritis was induced." I have carefully examined one case in which he operated five weeks ago. The patient, a powerful young man, had been treated for convergent strabismus of both eyes, by section of the recti interni, about a year ago. In consequence, as almost always happens, his sight, instead of being improved, was made worse—the eyes were turned quite outwards, with diplopia and great aberration of vision; nor could he even direct his finger to an object placed immediately in front of him. He is cured—the parallelism of the axis of vision is perfect, and he can direct his eyes equally well in all directions.

There is at this time (18th September,) in the service of M. Vidal, at the Midi Hospital, a case of complete transposition of the thoracic and abdominal viscera. The patient (Oct. 22)
entered with cirsocele of both sides, for which he has been cured by ligature with "enroulement." His constitution is vigorous; he is powerfully made, and has always enjoyed excellent health. The heart's action is easily perceived on the right side of the chest. M. Mailliot, who is here considered, next to Piorry, the most adroit and skilful in auscultation, and in the use of the stethoscope, has recently "explored him," with almost typographical minuteness, so that the outline of the various internal organs is "limited," or traced in the skin, by dark lines made with the nitrate of silver: that is, the situation of the liver is indicated in the left hypochondriac region, and the stomach and spleen in the right. The strange appearance these black lines present, reminds one forcibly of the coarse ugly maps of North America that were engraved over 150 years ago, presenting a striking contrast to the magnificent map of Georgia recently published.

The Academy has been, since you left, engaged almost exclusively in an unprofitable discussion on the comparative merits of lithotomy and lithotrity. Civiale pretends that he cures 98 in the 100. But he admits, that they must all be cases carefully selected by himself, after he has examined them with particular attention, at different times during a period of one or two months, in many instances. Then, all those who die immediately after his operations are not to be counted, nor any of those who sink in consequence of the means used in exploration, nor any of those who succumb from the consecutive accidents arising therefrom. A pretty liberal deduction, indeed, but not more than is absolutely required.

At the sitting of the Academy of the 28th ult., having been very sore pressed, he was forced to admit the want of correctness of his tables, "that certain facts should not figure in his statistics, and that others were omitted." During the last six weeks he has been doing nothing worth reporting. He has not had one operation of lithotrity at his hospital, although he examined several patients, and, to very little purpose. At this time, he is uncommonly nice and particular in the selection of cases. In one, there is stricture; in a second, enlarged prostrate; in a third, thickened irritable bladder; and, in a fourth, fungous tumour, but unfortunately, with a very wide base of attachment, contra-indicating, therefore, all means of extraction. He said, at his clinic the other day, that the pain, inflammation, and contraction of the bladder, following lithotrity, is never caused by the fragmentation of the calculus, but by the injudicious and prolonged efforts that too generally precede or accompany this process. In short, he attempted to swell out his little speciality, into something of gigantic dimensions, of mighty complexity, and extraordinary practical difficulty, by repeating a string of plausible mystifications, that may, perhaps, have caught some of the most verdant of his young auditors. He was not content, with glorifying and renowning himself; for, after having boasted for nearly an hour, under the influence, no doubt, of a delicate regard to the interests of truth, he told us, that Roux had four times, and Velpeau three times, performed
lithotomy in patients in whom no stone existed. As the excuse for reverting to this last statement, he proceeded to propound, that induration of the neck of the bladder is often mistaken for a calculus—that in doubtful cases sounding is insufficient and rubbing (frottement) deceptive—that the bladder should be explored when full, and when empty, to ascertain the size, and the condition of the parts—that his lithotriteur with two branches is the only proper instrument fitted for perfect exploration—that by opening and shutting it in the bladder a large field is exposed, and that by the "va et vient" (forward and backward movement) of the instrument, he can not only always discover the precise volume and form of the stone, but also of fungous tumours in the different parts of the bladder. Last Saturday he succeeded in removing several small prostatic calculi.

Dr. Smith, of Bartholomew's Hospital, was over here two weeks ago, and succeeded in getting authority to try the use of Ether at the Hospital of the Faculty in four cases of labour. Smith has published on this subject in the Lancet, and informed me that, far from ever having any bad effects, it soothes the pains, and produces singular relaxation of the perineum. He has prolonged the employment of ether for two hours and a half in difficult cases, and in one, particularly, for three hours and a quarter. Of course the ether is given every time the pains come on, and its use intermitted during the interval of remission.

1st Case (at clinique de Faculté). Succeeded pretty well; the labour was long, but the pains were steady, and of ordinary power, though not so frequent. Rather more sanguineous discharge, perhaps, than usual after separation of the placenta. 2d Case. A presentation of the head and right arm. This patient had had five previous accouchements; the infants all died immediately after birth. The same fatality occurred to this infant. 3d Case. Malformation of the upper straight of the pelvis. Long forceps were used; the child lived. After expulsion of the child, considerable hemorrhage. 4th Case. A phthisical patient. Did well during the labour; excessive hemorrhage after separation of the placenta. Cold applications were applied to the vulva, with frictions over the uterine region, and tight compression.

Dubois intends soon, to give the Ether quite a "big trial," as it is only by a large induction, carefully made, that proper deductions can be drawn. Meanwhile, the experiment is being made on a large scale in England, and in one or two places in France, and Belgium. In the Gazette Médicale de Paris of 9th October, is a long and elaborate communication by Dr. Jules Roux, of Toulon. He is of opinion, that in laborious labours the pain should be deadened by etherization; that the abdominal muscles in etheric intoxication continue to contract, while those of the perineum are relaxed; that no ill consequences arise to the mother or child, especially in what relates to hemorrhage, after parturition, or the secretion of the milk; and, finally, he adds, with some reserve, "that it appears to him, after
difficult parturition, as after surgical operations, one observes less inflammatory reaction, and that the utero-genital organs are sooner restored to their normal condition."

In the Medical Gazette of the 2d October, M. Roux publishes some cases wherein he had employed Ether—and as usual with Frenchmen, he does not know what has been done in England; for he says that science does not possess up to this day an observation of a double accouchement effected by art, when the woman was in an etheric state. He then cites at great length the particulars of a successful case of twins, where ether was used by him. The first child was delivered with the forceps; the second was extracted by the feet, as well as a large placenta, and both without pain to the mother. There was absence of strong contraction of the womb immediately after delivery, which was resumed, however, after a few minutes. The second case is one of presentation of the arm and shoulder, wherein he turned with extreme ease, and without the mother being conscious that any thing had been done to her. After delivery, the uterus contracted violently, he adds, "with happy consequences to the mother and child."

O. P. G.

HOPITAL DU MIDI, Paris, Oct. 16th, 1847.

Interesting Case of Tertiary Symptoms of Syphilis.

A man named A,—aged 26 years, a baker, of a sanguine temperament and good constitution, was admitted into the Hopital du Midi, on the 24th of September, 1847, into one of Ricord's wards, No. 3, bed No. 22. This man was affected by blennorrhagia about seven years ago, which disappeared in three weeks without any treatment. It was followed by no constitutional accident. A year subsequently chancres appeared on the prepuce—these ulcerations cicatrized in a few weeks, but the subjacent tissues were indurated four weeks after cicatization was completed. The inguinal glands were slightly engorged, but did not suppurate. The posterior cervical glands were also engorged from the patient's account. At the same time the hair began to fall off, and the hairy scalp became covered with impetigenous incrustations. There was also supraorbital cephalalgia, and palmar psoriasis in both hands. These symptoms excited the attention of the patient, and by the advice of a physician, he submitted himself to a mercurial treatment. Two months after this the above symptoms disappeared. From that time the throat was constantly the seat of irritations and ulcerations, which disappeared and re-appeared at different periods.

Two years ago these symptoms became more intense; numerous and separate ulcerations invaded the isthmus of the throat, and in the tongue were a number of very hard points, some of which ulcerated. The patient was treated with the Iodide of Potassium; at the end of eight months, all had completely disappeared. It is now six months, and no primitive accidents have supervened. The symptoms in the
throat reappeared. M. Ricord treated them by the syrup of Cusinier, and the cure was effected in one and a half months. About five weeks since dull pains, increasing by the heat of the bed, invaded the right arm. Fifteen days after the accession of these pains, the movements of the arm began to become difficult, extension was incomplete. These symptoms increased to the present moment, when extension of the arm could only be effected to the extent of two-thirds. The pains then ceased. At the time the patient presented himself to us, the fore-arm was flexed on the arm at an angle of one hundred and forty degrees (French). No force was sufficient to straighten the arm. Now the patient no longer experiences any pain; the biceps is strongly contracted. On a level with the tendon of the biceps is felt a considerable thickness, which announces a commencement of plastic degeneration. In fact, no other symptoms are present which could be assigned to syphilis. From the history of the case, from the existence of muscular contraction, the first degree of plastic degeneration of the muscles and plastic degeneration of the aponeurosis of the tendon of the biceps, M. Ricord administered the Iodide of Potassium, (his treatment par excellence in tertiary accidents or symptoms).

25th September. Ptisans of hops, syrup of Gentian, three grammes of the Iodide of Potassium, per day. Straps of Sparadrap of Vigo cum mercurio were firmly applied around the arm.

4th October. The angle which before the treatment was only 140 degrees, at this time measures 150 degrees; the movements of the arm become more free, slight bronchitis, mobility of the fingers restored.

6th October. Complete extension of the arm, 195 deg. (French), movements entirely free, contractions have disappeared, and the slight thickening of the biceps tendon hardly perceptible.

M. Ricord, on account of some symptoms which manifested themselves in the thorax, discontinued the Iodide of Potassium.

We have often had occasion to notice the plastic degeneration of muscles. In the first stage of the disease the muscular tissue seems to coagulate and contract. In this instance, it is not a tonic retraction, but an entirely passive shortening which exists. After the retraction begins, there appears a plastic degeneration: so long as the alteration is not more advanced, it yields very readily to treatment, without leaving any deformity. But if this morbid process be permitted to proceed to organization, either atrophy by erosion, fibrous transformation, or rather a cartilagenous and osseous transformation, is the result. This latter consequence is always a permanent shortening of the affected muscle. These degenerations almost always invade the flexor muscles of the limbs. Before us we have an example on the tibialis anticus, which is one of the flexors of the foot on the leg. This affection is not generally painful, and the attention of the patient is only called to it by the inability of movement. Since Mr. Ricord has called the attention of pathologists to this kind of
degeneration, Mr. Bouisson, of Montpelier, has published a work in which he gives several cases of this nature. Mr. Ricord has also observed a curious case of plastic degeneration of the fibres of the heart. In this instance, the person having died, a post-mortem examination revealed the existence of plastic nuclei in the parietes of the heart.

All the tissues of the human body may participate in this alteration—the liver, the heart, the lungs, the brain, and the symptoms occasioned by it most generally are not different from those functional symptoms which exist in affections of these organs. We have at this moment a patient whose syphilitic history would be too tedious to narrate. About a month ago, he was seized with weakness or complete paralysis of the whole of the left side of the body,—at the same time he has on the surface of the skin nuclei or fibrous degenerations on cicatrices produced by Rupia. Since the appearance of these symptoms of hemiplegia, his intelligence and memory have almost completely disappeared, and he fell into a state of coma, refusing to eat, passing the contents of the bowels in bed, &c.—in a word, conducting himself like a paralytic, deprived of all his mental faculties. The left testicle was also the seat of plastic degeneration. We have every reason to believe that the same alteration existed at the base of the right hemisphere of the brain, and therefore resumed the use of the Iodide of Potassium, which had been discontinued some time before. At the present time, for about a month the Iodide of Potass. was carried to four grammes per diem. His intelligence and muscular power were restored; the appetite and the instinct of preservation, which had disappeared, returned.

We hope to be able to account for all these symptoms. The plastic nuclei may become organized in the cerebral substance as in other parts; and during the first period of their formation, the resolution of them may be accomplished. But if they are suffered to become organized, we can do no more than check their further development—then they terminate either in fibrous or cartilagenous or osseous organization, and act as foreign bodies in the cerebral mass. They are of a violet colour, and leave cicatrices in the cerebral substance, resembling traces of small apoplectic cysts.

The study of these tertiary syphilitic alterations have perhaps been too much neglected, and the contractions, fibrous nuclei, and other abnormal productions which we find in the tissues of the body, without often being able to explain their cause, are generally the result of syphilis. (Signed,) ROBERT MELCHIOR, Principal Interne of M. Ricord.

Discontinuance of the British and Foreign Medical Review, or Dr. Forbes' Journal.—By the last No. (Oct.) of this periodical, we learn the confirmation of what had been before intimated, that its publication ceases; its editor retires, and hereafter the work is to be incorporated with the Medico-Chirurgical Review, so long known as Johnson's Journal. It is thus seen that the rivalry between
these two London medical quarterlies is at an end, and shaking hands together the two are henceforth to be blended into one. The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine, is the title of the new periodical, which is to appear the first of January, 1848.

Dr. Forbes has conducted his Journal for twelve years, and considering that it was wholly original, made up of reviews and notices of medical works, his labor was immense. How he discharged his onerous duties, seems wonderful; and yet he has found time to make a decided impression in the medical world by his own voluminous writings. He has done much good as a medical reformer, and conducted with ability an excellent Journal. The editor's purse is too often as empty as the poet's, and we regret in the present instance to say, that the receipts exhibit a deficit of some thousand dollars in the twelve years' publication of this work.

The Prickly Ash as a remedial agent.—Opposed as we are to the introduction of new articles of doubtful character into our already over-abundant Materia Medica, being much more desirous of ascertaining fully and satisfactorily the virtues of those now admitted and acknowledged, we yet give place to the following extract of a letter from an intelligent physician of Washington, in this State:

"You wish to know my views in regard to the Prickly Ash, as a remedial agent. I have scarcely used it enough to predicate an opinion as to its real merits; though I am satisfied from the trials I have made with it in chronic rheumatism and secondary syphilis, that there is no article more deserving the attention of the profession than the one under consideration."

Our friend, Dr. Barry, druggist, of this city, is now preparing a syrup from the extract of this article.

Death of Dr. James A. Washington, of New York.—During the present year, death has been busy in the professional ranks. Many a brother has fallen within the past twelve months; some in the tented field, others on or near the boisterous ocean, others again engaged in civil practice. Of all, and we say they are many, who have been called from their labours on earth, none stood fairer, higher, more honorable than did Dr. James A. Washington. It was our good fortune to make his acquaintance in Philadelphia, twenty years ago, where he had arrived from North Carolina, his native State, to study Medicine. We have subsequently watched his career through the Pennsylvania Hospital, been associated again with him in Paris, followed his return home to New York, and witnessed his rapid promotion to professional usefulness and renown in that great city. Dr. Washington was at one time elected a Professor, we think, of Clinical Medicine, in the New York University, but never entered upon his professorial duties. He re-visited Europe last year, and was a passenger on the Great Western during the dreadful storm she encountered in September. Anticipating a happy meeting on our own return from Europe, the summons at his door, on Broadway, New York, announced the unwelcome intelligence of his sudden death. He died of ulceration of the cæcum, produced by faecal accumulation.

By the suavity of his manner, dignity of character, his modesty, his honesty,
his professional acquirement, his Christian virtues, no man promised more usefulness than did this friend—a worthy descendant of the Washington family.

Candidates for the Professorship vacated by the death of A. Bérard.—We learn from the Gazette Médicale de Paris, that Messrs. Laugier, Jobert, Robert, Michon, Vidal (de Cassis), Malgaigne, Chassaignac, Gosselin, Marchal, Huquier, Ricord and Alquié, have already been inscribed as candidates. We have here a formidable array of talent and acquirement in the Medical Profession—several names well and favorably known even in this distant quarter of the world. The contest for the vacant Chair promises to be one of the most interesting ever held in Paris. It is for external pathology.

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

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<th>Sun Risc. Bar.</th>
<th>2. P. M. Bar.</th>
<th>Wind</th>
<th>Remarks</th>
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<td>50 77-100</td>
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<td>55 77-100</td>
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<td>56 79-100</td>
<td>81-100</td>
<td>N.</td>
<td>Fair—morning, some clouds.</td>
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<tr>
<td>58 89-100</td>
<td>85-100</td>
<td>N. W.</td>
<td>Fair—a few clouds.</td>
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<td>76-100</td>
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<td>58 63-100</td>
<td>59-100</td>
<td>S. W.</td>
<td>Fair—cloudy afternoon.</td>
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<td>62 58-100</td>
<td>53-100</td>
<td>S. W.</td>
<td>Cloudy—rain at night 20-100.</td>
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<td>Fair—breeze.</td>
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<td>54 74-100</td>
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<td>61 43-100</td>
<td>48-100</td>
<td>W.</td>
<td>Cloudy—sprinkle.</td>
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<td>83-100</td>
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<td>25-100</td>
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<td>Fair—breeze.</td>
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<td>Fair—light frost—still dry.</td>
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<td>31 5-100</td>
<td>69</td>
<td>N. E.</td>
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28 Fair days. Quantity of Rain 53-100 of an inch. Wind East of N. and S. 8 days. West of do. 16 days.

Errata.—Page 708, line 21, for cerebral read central; page 711, line 9, insert false before labour-pains.