SOUTHERN MEDICAL AND SURGICAL JOURNAL.

EDITED BY

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Medical College of Georgia.

"Je prends le bien où je le trouve."

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TO THE READER.

In the November number of the Southern Medical and Surgical Journal, the announcement was made, that after the completion of the current volume, Dr. P. F. Eve would retire from the Editorship, and that in future, the editorial department would be under the management of the undersigned. It is much to be regretted that the Journal should lose the benefit of Dr. Eve's supervision, under which it has acquired so high a character; but circumstances, to which he has alluded in his valedictory remarks, have induced him to relinquish his post. Many medical gentlemen in various sections, have expressed an earnest wish that the Journal should be continued, and urged the Faculty of the Medical College of Georgia, under whose auspices the work was established, to make such arrangements as would secure its continuance. With this request they have complied, and have assigned to us its future management. With this number, we enter upon the discharge of our duties, with much diffidence in our own abilities, but with a resolute determination to spare no effort to make the Journal useful to its patrons, and honorable to the South. But to effect these desirable ends, the co-operation of those who feel an interest in the advancement of the medical sciences, and in the character of the medical profession, will be requisite: for no one, though endowed with a capacity far beyond that to which we may lay claim, can carry on a work of the kind, without the aid of able collaborators. We would therefore respectfully yet earnestly, call upon our medical friends to aid us in our undertaking. The medical profession in the South, contains within its ranks as much intellect and scientific attainments as that of any other section, and an effort is all that is necessary to secure that place in the public estimation to which it is justly entitled.—

Already many of the contributors to this Journal have made themselves favorably known to their brethren throughout our country, and we hope that many more, through the same agency, will obtain a like honorable distinction.

If it were necessary, many reasons might be adduced to show why Southern physicians should make public the results of their observations. Causes are in continued operation in our region which develop diseases peculiar in their character, and produce modifications in those which are more general in their prevalence. Moreover we have among us a large population whose physical peculiarities modify the features of many of their diseases. We are aware that attempts have been made in certain quarters, to shew that as the principles of our science are the same every where, it matters but little, whether the physician be instructed by those
most familiar with the diseases of the region in which he is to practice his profession, or not. The absurdity of such a position is manifest. What are the principles of pathology but deductions from well ascertained facts, and to whom shall we go for these facts, but to those who have observed them. No one would venture to assert that the physicians of Paris are as competent to determine the questions connected with the origin, nature, symptoms and treatment of yellow fever, as the physicians of New Orleans. If, then, we have diseases peculiar to our region, and if important modifications are impressed by our climate, the physical peculiarities of a portion of our population, and other agencies, upon such as are common to all sections, it becomes the duty of every medical practitioner among us to report the results of his experience.

Whilst the number of medical Journals in the South is very small, intelligent physicians are exceedingly numerous. If every one of these gentlemen would sustain at least one Southern medical periodical, by his subscription and by the contribution of important facts which may come under his observation, the number of such works might be largely increased. The field is sufficiently ample for many more laborers. The legitimate object of the medical press is not the advancement of pecuniary interests, or the gratification of personal ambition—it has higher ends and nobler aims in view; therefore, among them can be no rivalry, but rather a noble emulation to excel each other in efforts to advance the cause of medical science, and thus to promote the physical welfare of their fellow men.

Communications intended for insertion in the Journal, should be addressed to the undersigned, at Augusta, Georgia.

I. P. GARVIN, M. D.

January 1st, 1850.
Part First.

Original Communications.

Article I.

Remarks on Typhoid Fever. By H. V. Wooten, M. D., of Lowndesboro', Alabama.

I do not propose to write a treatise on this fever, or to attempt a settlement of the controversial points of its character; but simply to give some account of its history as it has occurred under my own observation. This disease is becoming more and more prevalent in this particular region; and from the reports of physicians, I have no doubt that this is the case generally throughout our state; and a remarkable circumstance connected with it, is, that it appears more prevalent upon the more elevated portion of country, than on the lower and more miasmatic regions. My circle of practice comprehends a high ridge, 200 feet above the level of the surrounding prairie plains and river low-grounds. This ridge is about six miles long, by from one to three miles broad, and about one-third of the population of my circle resides upon the ridge, and two-thirds upon the low grounds; yet of Typhoid Fever, I meet with twenty cases upon the ridge, to one elsewhere.

By some practitioners, this fever is considered as identical with the latter stages of obstinate or neglected remittent. But however similar the two fevers may be, in many of their symptoms, it seems to me, that a close examination will mark a very decided difference in the true characteristics of these
fevers. They do not prevail to an equal extent, in the same localities, or at the same season of the year. The Typhoid occurs frequently in spring and early summer, and even the winter months, whilst the remittent, or Bilious, as it is sometimes called, almost invariably prevails in the latter months of summer, and in autumn. Remittent and intermittent fevers will prevail at once in the same neighborhood, and in the same families; but it will be very rare that a case of genuine Typhoid will be found amongst them, while on the other hand, a prevalence of the typhoid, affords to an experienced observer, no grounds to fear the occurrence of remittents or intermittents. Prof. T. D. Mitchell has published the opinion, that all fevers are essentially remittent, or intermittent; that the so-called Typhoid fever is nothing but a remittent, and ought to be cured by Quinine. I was one of the first to adopt, and have continued to be one of the most uniform in, the use of quinine in remittent fever, and I have tried its virtues in every form, stage, and condition of Typhoid, without the least benefit, except in some particular conditions hereafter mentioned, wherein its use was adapted to some of the minor and incidental symptoms. I have seen, as elsewhere mentioned, regular chills and exacerbations of fever occur periodically, upon a true typhoid fever; and have administered the quinine, so as effectually to arrest these paroxysms, and thoroughly impress the system with its peculiar powers, without, in the least degree, checking the course of the fever, but on the contrary, in some instances, it has aggravated some of the worst symptoms. In Typhoid, there are in many cases at least, remissions, as distinct, so far as febrile heat is concerned, as those of remittent fever, but a careful attention to the case, will discover a distinct difference. The remissions in Typhoid, do not recur at regular periods, and when the febrile heat abates, all the other symptoms, as frequency of pulse, oppression of the vital powers, head-ache, &c., do not abate as during the remissions of regular remittent. This difference in the remissions is more decided after the first few days. On the other hand, when the remissions of true Remittent occurs, it is at regular periods, the pulse lessens in force and frequency, the breathing is regular, thirst abates,
patient feels decidedly better, and in fact it is more of a true and complete remission. When I have doubted concerning the true character of the case, I have found the quinine a very good test. If this medicine is freely given during the remission, it will prolong, and very probably perpetuate it in remittent, while in Typhoid, it will generally shorten the remission, and aggravate the exacerbation. I have almost uniformly found the indications afforded by this test, to be borne out by the subsequent course of the disease.

But, without running a parallel with other fevers, a strict examination, of the particular and distinct characteristics of the Typhoid, will sufficiently establish its individuality.

Much has been written, pro and con, upon the restriction of Typhoid fever, as a distinct disease, to a peculiarly diseased condition of the intestinal and mesenteric glands. Able reasoners have appeared on both sides of the question, and it is not yet settled in a satisfactory manner. It is contended by the restrictionists that all cases of Typhoid fever that prove fatal, exhibit this particular intestinal lesion, and they have an impregnable argument by which to sustain the doctrine. For, if you give them ocular demonstration to the contrary, they will meet it by a denial that the case was typhoid fever, and prove it by your own evidence—the absence of the peculiar lesion,—even though they had pronounced it the genuine disease, prior to death, and treated it accordingly. This occurred with M. Louis himself, who pronounced one of his own cases of Typhoid in life, not Typhoid post-mortem, because this essential lesion was not to be found. Then, those who deny that this lesion is essential to Typhoid fever, are forced, under the restriction which they deny, to yield the point. But the justice and propriety of the restriction still remains an unsettled question. We are told by these authorities, that, of a given number of subjects who have died of genuine Typhoid—making the peculiar intestinal disease the test—a certain proportion will exhibit a diseased condition of the brain. Now, suppose we call this disease of the brain, Typhoid fever, and see what proportion of cases will exhibit the peculiar intestinal disease. Perhaps, under this restriction, the bowels would fall as far short, in their quota of distinction, as did the brain under the
but while those who have had such ample means of investigating the disease, and have labored so assiduously in these investigations, ought to have tried it.

But, admitting that this intestinal lesion is never wanting in Typhoid fever, every experienced observer knows, that it is often far from being the most important and dangerous portion of the disease; and it is very rare that we see grave cases, in which diseased action is confined exclusively to the intestinal and mesenteric glands. According to my own observation, this peculiar intestinal lesion, although a common, perhaps invariable, occurrence in the fever, is but one item, though a grave one frequently, in the group of morbid actions, which together, make up the disease called Typhoid fever.

I have not attempted to argue, much less to settle this question of restriction, or even to take sides upon it; but my object has been simply to notice it so far as was necessary to an understanding of my own views in the premises, which are these: That Typhoid fever, as a disease, does not restrict the action of its destructive powers, to any organ or tissue of the system, but that all suffer under their influence, varying in their proportions in different cases; while some organs may be uniformly diseased in a greater or less degree, none may be considered exempt. And, I will remark further, that I view this exclusive view of the disease, as very hurtful to the treatment; and it will, in a great degree, account for the discrepancy amongst physicians on this point, and also, in the results of the same treatment, in different hands, and at different times and places.

I have found that in all cases of Typhoid fever, two great divisions of the system suffer in a greater or less degree, viz., the cerebro-spinal, or nervous, and the mucous surfaces; and as either of these sub-systems exhibit the predominant amount of diseased action, I class the case as Nervous or Mucous. It seems to me, that a classification, or division of this sort, is the most convenient plan for describing the course, symptoms and treatment of the disease; bearing in mind, however, that I do not mean to say, that in any case, either the nervous or mucous system is free from disorder or disease; but merely to classify the case, according to the system that exhibits the greater amount of disease.
First, then, I will notice the nervous class, or those cases in which the nervous system exhibits the leading and most important phenomena of the disease. For several days, perhaps a week or more, the patient feels a dizziness which gradually increases; vision grows daily weaker, and a disposition is noticed to draw the brows together, and to fix the eye upon objects of examination; a dullness of hearing occurs, with a low but constant ringing in the ears; there is a sense of tightness, sometimes, between the ears, as though a cord was drawn from one to the other; with a feeling of oppression in the central portions of the brain. The senses of taste and smell, grow weak or become perverted: a strong desire is felt for such articles as have a very strong taste or odour. There is great and regularly increasing lassitude: the patient is continually disposed to drop the head, or lean it upon something for support. The head feels heavy, and a sort of indescribable numbness is about it. The countenance is expressive of great listlessness, and sometimes a drooping melancholy. There is great languor and a sense of general muscular weakness—the patient is indisposed to any kind of action or exertion, either mental or physical; thought is weak, memory confused, and mental application, even for a short time, impossible. These symptoms gradually increase, until the patient finds that he is not disposed to rise from his recumbent position, and when he does so, he cannot walk, without great dizziness and tremor of the extremities. He is now found to have fever; stupor gradually steals on him; he rarely speaks, except when called with emphasis, and answers questions in as few words as possible, generally saying he feels better. His tongue is usually found clean, perhaps slightly furred, moist and flat, and greatly troubled with tremor, when he attempts to put it out. There is generally no thirst; pulse is usually from eighty to one hundred beats per minute, pretty full, but not very firm or quick; temperature moderately elevated, especially about the head and trunk, and there is often perspiration upon the forehead. He lies upon his back and appears to rest quite easy: raise him up and he will lie down at the earliest possible moment, and seem to prefer to be let alone. The slight spasmodic jerks or tremors of the extremities, set in and continue through the case, though
they are not often troublesome, except when the patient moves the parts, or attempts to take hold of any thing. These symptoms continue with great uniformity through at least the first stage of the disease, which usually last about nine or ten days. It is generally a day or two before the close of this stage, that the lenticular, rose-colored spots, make their appearance upon the surface, usually over the trunk and neck more particularly, and continue through the second stage.

In the second stage, the stupor runs into a sort of low, muttering delirium, with more restlessness; the irritation of the mucous surfaces is apt to become more decided; cough may become troublesome, but will remain dry and harsh; though this does not often occur in this variety. The tongue sometimes becomes more pointed, dry and brown, though this is only in proportion as the case partakes of the mucous variety. Hæorrhage from the nose is most apt to occur in this stage. The perspiration about the face becomes more profuse and constant; the stupor gradually increases; patient gets more and more disposed to lie still; and, if you can get his attention at all, he always says that he feels pretty well, or “right smart,” but not another word. I have noticed that when cases of this class prove fatal, it is most apt to occur towards the close of this stage; if, however, the patient should neither die or convalesce at the end of the second stage, the stupor falls into decided coma, with great prostration of all the powers. Evacuations from the bowels are involuntary; there is either incontinence or suppression of urine, a hissing and hurried breathing and every symptom of exhaustion. This condition will generally last from nine to twelve days, when the patient will be found to have rigid contractions of some of the muscles—or this may exist throughout this stage—and in this condition he will die. Should convalescence occur, it will be so gradual as to be scarcely perceptible for several days, but will be manifested by a relief of all the bad symptoms, and a return to the healthy functions.

The mucous variety commences with the usual symptoms of slight fever; there is great lassitude, the appetite is variable, sometimes voracious, and again perhaps, in the same day, entirely wanting. The action of the bowels is irregular, sometimes
constipated and again free, alternately; the stools are copious and watery. If, during the constipation, a purgative is given, it will induce prostrating hypercatharsis, however mild its usual effects. Most generally there will be three or four watery evacuations a day, without pain. Febrile exacerbations are of short duration, and irregular recurrence. The skin is generally dry; and there is frequently great soreness of the muscles and a sense of stiffness about the joints. There is frequently a pain, more or less severe, in the frontal region, which is continuous. The tongue is generally pointed, with edges and tip red, and very often a brown fur over the centre. The tendency to diarrhœa is generally not very hard to control, if desired, but purgatives of the mildest character are not tolerated. In this stage, the fever often runs very high: the pulse is apt to be quick, and from 100 to 130 per minute, in frequency; but less full and firm than in the nervous variety. The patient is more restless, than in the other variety, and if the mind is affected, it is a delirium instead of a stupor: watchfulness is apt to occur, instead of somnolence. When the mucous coat of the stomach is disordered, there is thirst, and sometimes bilious vomiting; the conjunctiva is apt to exhibit turgescence, and there is often complaint of soreness about the tonsils, epiglottis, &c., so as often to produce some difficulty in swallowing; a dry, frequent cough, often troubles the patient, but as yet there is no expectoration. These symptoms continue from six to ten days, when we find them all more or less alleviated, and convalescence appears to be at hand. But, although the tendency now is evidently towards restoration, still, far the greatest number of cases, after a very short amelioration, fall into the second stage of the fever.

The second stage is one of greater depression of the vital powers, more suffering to the patient, and more serious in every respect. The diarrhœa becomes more constant and persistent, and less under the control of remedies; yet there is generally, no pain in the bowels. This, however, is not uniform; I have sometimes seen patients suffer violent pain in the bowels: this will occur when there is peritonitis—sometimes the large intestine becomes involved, which produces a griping—and again, the patient may suffer neuralgic pains in the abdomen. I look
upon all these affections, or their symptoms, as mere complications, and variations from the regular course of the fever, as it is most uniformly seen. In this stage, the abdomen is usually flat, and presents nothing remarkable, either in appearance or feeling. The stools are large, from five to ten a day, and have been aptly compared, in appearance, to new cider. In this stage, all the symptoms of the disease of the mucous surfaces are much increased. The eyes frequently become sensitive to the approach of light; there is more cough, and not uncommonly a bronchial rattle, with more or less tenacious expectoration. The lenticular eruption appears in this stage. In the commencement of the second stage, the tongue is frequently clean, and sometimes moist, presenting a florid, smooth surface. This "cleaning off" of the tongue, with other favorable changes, have very often deceived both patient and physician, into the belief that the "fever was broke." But soon, the tongue becomes dry, dark brown, cracked and often bleeds, &c., as all the symptoms of this stage advance. The buccal membrane becomes spotted with aphthous eruptions, which often degenerate into ulcers that bleed and are painful. These, with the soreness about the throat, frequently give the patient more annoyance, and receive more of his attention, than all the other symptoms together. This stage, which may be called the eruptive, or inflammatory, usually continues from a week to ten days, when the third stage sets in.

The patient now becomes greatly prostrated; emaciation which in this variety, particularly, has been remarkably great, all along, now becomes extreme. The simple act of breathing seems to produce fatigue; the tongue and extremities exhibit more tremor; the eyes appear more sunken and open; the features sharp and the complexion extremely palid, except in cases in which the stomach and duodenum are much involved, and those in which the bronchial surfaces have suffered much engorgement: in the former, the complexion is icteroid; in the latter, livid or bronzed. The stools change from a cider, to a dark, dirty color, which has been compared to pea-soup, and very offensive; they are often streaked with mucous, sometimes purulent matter and specks of blood, subsultus increases, and attempts at sleep result in a muttering delirium. The ul-
cerations of the mouth and throat become much more troublesome, and the act of deglutition becomes not only difficult, but distressing; the pulse grows weaker, and sometimes intermittent; watchfulness persists. There is now more tenderness upon the ileo-cœcal region than before, and often more fullness of the abdomen, even when tympanitis has not ensued, as it often does in this stage. There is a swelling of the sub-maxillary and sub-auricular glands which often occurs in this, or the preceding stage, and sometimes it results in suppuration; when this occurs, it is always in the latter part of the third stage. This third stage, might be termed the period, or stage of ulceration, as I believe it never passes without that special pathological condition. It generally runs its course in about the same length of time of the other stages, but it oftener transcends the limits than the others, particularly when the patient recovers. The first favorable indication of approaching convalescence, is a lessening of the frequency, and an increase in the consistency of the stools. It often happens, that at the commencement of improvement, the evacuations of the bowels cease altogether for several days, if not improperly interfered with, and when resumed, present very little departure from the healthful character. It may be said that this division of stages is arbitrary, and so it is, to some extent; yet its observance is very useful in describing the disease, particularly the mucous variety, and I think the three stages may well be characterized, as those of turgescence, inflammation, and ulceration. It is at the junction of these stages that a change of treatment is most frequently required, and at these points also, a prognosis is most easily made out, and most decisive. It is true, that many cases do not pass through all these stages, or the number of days assigned them. Some die at the end of each stage, while many convalesce at the termination of the first, and second as well as the third. Again, the length of these stages cannot be any thing like definite. In many cases, the first and second stages are passed through in the time assigned to one, and sometimes they are all, and particularly the third, of twice the ordinary duration. But all these are variations from the general rule: as far the greatest number of unbroken cases observe their course with much regularity.
I have thus attempted a description of the course and symptoms of the two classes of cases, (as I have observed them,) and I would add the remark, that in all cases of both classes, the symptoms of both exist to a greater or less degree, and it is in accordance with this degree that each case is classified, as nervous or mucous. It must be admitted, that there are cases, in which both classes of symptoms are so nearly equal in number and force, that they could not properly be assigned to either variety especially. These are usually very grave cases, and it is amongst them, that the greater proportionate amount of fatality is met with.

A tall athletic negro man, aged 27, complained of great weakness, heaviness of head, inability to walk, or even sit up; tongue covered with a thick whitish slime, and so tremulous as to be protruded with difficulty; no thirst or febrile heat. A dose of blue pills, followed in six hours by castor oil, produced copious and frequent watery evacuations; these were checked by laudanum, and I was called to him. This was on the third day of the attack. I found him lying upon his back, with his legs extended, eyes closed, deep breathing; temperature of the head and trunk a little elevated, that of the extremities natural; pulse 112, rather full and quick, but soft; complains of nothing when not questioned; no pain in the abdomen, pressure over the ileac region produced the gurgling noise; no tenderness; abdomen full, but not tense; tongue pointed, covered with brown fur, and dry, so tremulous that it could not be protruded; said his throat was sore; every attempt to use his hands, induced violent tremors, and sometimes spasmodic jerks; could not sit up at all, even when supported; troubled with a frequent, but not violent, dry cough. He continued in about the same condition, with from three to six of the cider evacuations per day, until the seventh day of his confinement, when he became decidedly comatose; pupils dilated, hissing respiration, and cool extremities; stools became of a dark colour, more copious, involuntary and very offensive. On the thirteenth day tympanitis ensued, with some signs of restlessness, which continued, with a general decline of all his forces, until the 16th, when he died.

Physical appearances, ten hours post-mortem.—Pia-mater
highly vascular, moderate effusion between this, and the arachnoid coat, slight injection of the medullary portion of the brain; several ulcers upon the lining membrane of the throat, some mucus along the trachea, and bronchial tubes, with turgescence of the mucous membrane. The mucous membrane of the stomach appeared thickened, but presented no evidence of inflammation. The liver was pale, rather soft, and appeared to be somewhat enlarged. The mucous membrane of the small intestines was thickened and of a dark red color throughout; the elliptical plates were generally decidedly elevated, and in the lower portion, near the ileo-caecal valve, there were several jagged and uneven ulcers, some of them so deep as nearly to perforate the intestinal coats, others more superficial. The mucous surface of the large intestine was not diseased, but unusually pale. In the contents of the bowels, there were found some small specks of blood, which had not been discovered in the evacuations. This examination was made merely to test the diagnosis, and was not so minute or comprehensive as it ought to have been, or the notes sufficiently full and exact for a report, which was not, at the time, contemplated. But the history of the case, as well as the post-mortem notes, may serve my present purpose, which is, merely to illustrate the double or complex variety of this fever.

The prognosis of this fever is very difficult and uncertain: cases presenting some of the gravest symptoms will occasionally recover; and again, those which exhibit no alarming symptom will sometimes disappoint us, and die. I attended once the case of a young man, who passed through all the stages, with some of the worst symptoms of both the nervous and mucous classes, and finally recovered. And I saw another who had gone through all the stages, with scarcely any symptoms but those of the mucous class, and of a mild character—even through the second stage, he could sit up a little and take light nourishment every day; but late in the third stage, he grew suddenly worse, and I was sent for, for the first time. I found him suffering much pain and distention of the abdomen, laborious breathing, delirium, &c. This was at 3 o'clock, p. m., and at 6 next morning he died. On examination, there were several plainly marked recent cicatrices on the mucous mem-
brane of the small intestines, near the cæcum, and there was one ulcer, which when spread out, was about the size of a twenty-five cent piece. It was deepest in the centre, where it had perforated the peritoneal coat of the intestines, and much of the contents of the bowels had escaped into the cavity of the peritoneum—the peritoneum exhibited marks of very high inflammation throughout.

The amount of febrile excitement proper, affords of itself very little grounds of prognosis. The manner, especially the rapidity with which the disease manifests itself, affords some ground upon which to form an opinion as to its progress and termination. Those cases in which the system is violently assailed and rapidly prostrated, I have usually found to be more grave throughout; and a far greater number of them prove fatal than of those which are more gradual in their first seizure, even though they grow severe eventually. But, in considering the prognosis of this disease, it will be most convenient to continue the use of the classification heretofore adopted. In the nervous variety, I have found the degree of violence which the cerebral or nervous symptoms manifest, a good criterion by which to judge of the gravity and danger of the case. If the somnolence, or stupor, is great in the first stage, I view it as of serious portent, for it will be prone to increase in the second stage, and if it does so, it will probably pass away no more. A drowsiness, from which the patient can be easily aroused, and drawn into connected and thoughtful conversation, is of no serious import. But that kind of stupor which will answer your most urgent and important enquiries with monosyllables, and without any appearance of thought, is a very different and much more grave affair; and more especially when it is found to increase from day to day. Dilatation of the pupil, when permanent, is unfavorable, as well as dryness and fixedness of the eye. Greater prostration of strength than the emaciation of the muscular system will account for, is unfavorable. The subsultus tendinum, or muscular agitation, I have not found to afford much indication as to the danger of the case, but a rigid contraction is very bad, and apt to be associated with other symptoms of evil augury. Profound and persisting coma is one of the very worst symptoms. Delirium of ordinary vio-
lence and remitting, I have usually found to pass off pretty well; but when it is violent, continuous, and associated with unceasing watchfulness, I consider it very unfavorable. There is a kind of delirium to which patients are subject in the last stage of this fever which very much resembles some forms of hysteria: the patients imagine that they are, or have been at some distant place, most generally they either suppose that they are about to die, or that they are entirely well, and have not been sick—I have seen several females take leave of their friends, and make all their arrangements to die, when in fact, they were really recovering and decidedly improved from a very threatening condition. This kind of delirium I do not consider unfavorable as to recovery; but such patients are apt to exert their powers more than they can bear, and on that account, they require very watchful management. In this class of cases, a pulse of over an hundred beats per minute is unfavorable, particularly if it continues to increase in frequency, and 130 is very alarming. An eminent practitioner and writer on this subject, has said, that he never lost a patient by this fever, in which the bowels remained constipated. My experience satisfies me that he certainly never could have had many grave cases of the cerebral variety, or that he treated it under some other name; for although I look upon violent diarrhoea as a very bad symptom, still some of the worst cases that I have seen—those which yielded least to remedies, and gave the most fatal indications from the beginning, and which died in the shortest time—had not more than one evacuation per day, and some others had none except those which were induced by medicine or the syringe. Yet, as exempt as these cases were from symptoms of diseased bowels, those which I have examined after death, (four in all) exhibited the same lesions of the intestinal glands—only in a less advanced state—as those which had suffered from profuse diarrhoea, though the disease generally covered a less extent of surface.

The favorable indications in this class of cases are, an improving clearness of the mind and an increasing power and inclination to think. A lighting up of the countenance, so to speak; the reappearance of intelligent expression, &c., are very favorable. A lessening of the frequency of the pulse; a more
regularly distributed temperature; a return of tastes or senses, which have been suspended or perverted; the ability to sleep soundly and awake clearly; a returning muscular strength and steadiness; a desire for food, with a natural taste for it;—are each very favorable, but when they occur together, I consider convalescence as begun.

In cases of the mucous variety, early, copious and persisting diarrhœa is unfavorable. A diarrhœa of increasing violence with rapid decline of strength, at any stage, portends badly. A frequent pulse, over 120 in men, or 130 in women, without abatement, is very threatening, particularly in the second and third stages, and feebleness or intermittence adds to the gravity of the case. A hurried, or laborious breathing, is bad; lividity of the lips and cheeks is indicative of engorgement of the pulmonary mucous membrane, and is more or less unfavorable; and the permanently bronzed cheek is very threatening; deafness and blindness are unfavorable in proportion to their degree, but are only serious according to their association with other phenomena. I have seen only three cases of actual hæmorrhage from the bowels—two of them recovered and one died; this one was associated with most of the very bad symptoms. Softness and bleeding of the gums, indicate, at best, a tedious case. The tongue is not a very good index in this disease—I have noticed in several fatal cases, a very peculiar tongue which I have seen in no other disease: it is small, contracted in every aspect, dry, and of a pale dark brown, resembling in colour an old weather-dried oak leaf. I have observed this tongue only in fatal cases, and it occurs in the latter part of the second stage. Much ulceration of the throat, with difficulty of deglutition, is rather bad. Epistaxis, unaccompanied with other hæmorrhage, is not serious. Vomiting in the second or third stage, if not easily controlled, is unfavorable. A jaundiced conjunctiva, and surface generally, is rather a serious sign. Tympanitis is bad; and accompanied with jactitation and delirium, it is amongst the worst of symptoms. Involuntary discharges from the bowels or bladder denote an alarming state of things, and suppression of urine may be placed in the same class of symptoms.

I view the prospect of recovery as good, when the pulse is
under 110 in men and 120 in women, and regular; temperature well distributed; diarrhœa controllable, cough moderate, strength equal to muscular fullness, and the mind clear when awake. The taste and appetite returning; the stools lessening in frequency and increasing in consistency, and sleep refreshing, are indications of convalescence.

It is unnecessary to remark, that cases of either class are the more grave and dangerous, in proportion as they exhibit the more serious symptoms of the other class; or manifest the greater number of those of their own; and further, the constitution of the patient must be taken into consideration, as a matter of no minor importance, in all such cases as are not determinate in their own characters, above all natural or medicinal influences.

In my own practice, counting those cases which were well marked and decided, and which were fairly under treatment, there have died, of the nervous class, one in eighteen; of the mucous class, one in twenty-four; and of those which were strongly marked by the symptoms of both classes, so that they could not well be classified, one in four. A good number of these cases were negroes at “the quarter,” and their general management was not under my control, as it ought to have been.

The treatment of this fever is as difficult to systematise or specify, as the prognosis; and my experience confirms the opinion expressed by Prof. Bartlett, that there can be no strictly systematic rule of treatment, that is of universal, or even general application. So far from it, that I think any routine or specific course, universally applied, will injure more cases than it will benefit. When we approach the treatment of this fever, we must remember, that when once fairly established upon the system, it has a course to run, the various stages and incidents of which must be taken into account. The effect of a given treatment, upon a particular stage or state of things, is to be considered, not only in relation to that special state of the case, but its influence upon subsequent events which may be anticipated, must also be looked to. I have found that in all varieties and stages of this fever; the age, habits, constitution, and particular circumstances of the patient, are to be noted with as much circumspection as possible, because these things must
have always a modifying, and often a controlling influence in the treatment.

In speaking of the treatment, it will be most convenient to continue the classification already used, and first to notice the nervous class. If, in the first stage, the pulse is full and pretty firm, with much fullness of the head, without diarrhoea, I bleed from the arm until I have made some impression upon the vascular force; if, afterwards, relief is not decided or permanent, I resort to scarified cups to the back of the neck, and along the interscapular spine. In these cases, the hair should be closely trimmed, and the heat of the head kept down by cold applications. Under this state of things, I have known ice and cold water kept constantly to the whole scalp for three weeks; for it was found to be effectual in controlling the distressing cerebral disturbance, and indispensible to that end, and was doubtless the chief agent in saving the patient. After the repletion of the vascular system has been sufficiently reduced, if stupor, or other evidence of cerebral engorgement exists, blisters to the cervical spine have been found very serviceable, and to continue their beneficial influence, it will often be necessary to repeat their application, in some cases several times. It is in this class of cases, that the repetition of purgatives is in many cases allowable, and in a smaller number, beneficial. The irritation of the mucous membrane and glands of the small intestines, is not so great, particularly in the first stage, as to require extreme caution in their disturbance, and when it is a mere turgescence, which involves the portal circle generally, I have found that twenty grains of blue-mass, administered in four doses, at intervals of three hours, and followed by seidlitz water, if necessary, or olive oil, according to indications, is of decidedly good service, both as a revulsive to the head, and in lessening the intestinal engorgement, thereby reducing its mischievous power in making lesions upon the surface. Further than this, I have learned to administer purgatives, even in the most appropriate cases, with great caution. Several years ago, I saw the case of a young man who was suffering under a rather serious case of this variety, to whom purgative doses of calomel had been pretty freely administered, until late in the second stage; when it was suspended on account of symptoms
of exhaustion. After several days had passed, without improvement, a distinguished practitioner was called in consultation: he gave the case a slight examination, and told the attending physician that his favorite course of purgation, would "break the fever," with great certainty and promptness. He was the oldest and most distinguished physician, and his prescription was agreed to, and put immediately into practice. Fifteen grains of calomel with half-grain of tartarized antimony, were given, and repeated at the end of two hours. Three hours after this, a dose of infusion of senna with epsom salts was given. This "course" was advised to be repeated at the expiration of twenty-four hours; but before that time had half elapsed, the patient was in a most alarming collapse; and so continuously were mustard, capsicum, brandy and morphine, in use, that the "second course," which was to give the finishing touch, was never even mentioned, although its confident advocate was in attendance.

After once clearing the alimentary canal of irritating matters, I prefer, for the purpose of simple purgation, the use of the syringe, and avoiding, even in that way, the introduction of all irritating matters. During the first stage, or while febrile excitement runs pretty high, I have found good results from the use of the super-citrate of potash. Sometimes, it appears in the course of the first and second stages that the secretory functions are suspended, not for want of general vital power, but of organic secretory action. Under these circumstances, I have found alteratives of good service: two grains of calomel alone, or with the same of opium or ipecacuana, as the intestinal irritation may require, made into six doses, one to be administered every three hours. This prescription I sometimes find it expedient to repeat, after an interval of twenty-four hours or more.

In the latter stage of this variety of cases, the vital action sometimes becomes very weak, extremities cool, and all the functions which are not suspended, are sluggish and imperfectly performed. For this condition, I have used with benefit the nitric, or nitro-muriatic acid, three drops at intervals of four hours, in gum mucilage, and if there is restlessness or watchfulness, it is advantageous to give it in hop-tea. In this state
of prostration, the subsultus frequently becomes very troublesome, and as it is associated with symptoms of general nervous debility, I have resorted to the use of the ferro-cyanate of quinia with great benefit. I employ it in doses of four grains, once in four hours. I would suspend the use of the acids for this, only when the indications for such change were decided. As a more decided sedative to the nervous system, when no other effect is required, the valerianate of quinia is preferable, in doses of two grains once in three hours, simply dissolved in distilled water. I have repeatedly witnessed the most decidedly beneficial results from the use of these preparations of quinia, under proper indications.

In this fever, there are occasionally many minor symptoms or compilations that have to be looked after, and amongst these, one of the most troublesome is neuralgic pain. This may occur in almost any part of the body, but I have most often found it in the extremities, about the joints; frequently in the hip-joint; sometimes in the ears. For this distressing complication, I find the best effects from the use of the extract of belladonna, applied externally in the form of plaster, and continued until the pain ceases. I have never seen any bad result from its use in this way. Sometimes, when the stupor is rapidly degenerating into coma, and the vital energies generally in a state of prostration, I have shaved the head and applied a blister over the scalp, and in two or three instances, the patient has recovered, and I have been disposed to attribute the good result to the blister; but most frequently I have seen no apparent benefit from it: no doubt, I have generally applied it when the case was beyond the reach of remedies.

In the treatment of the mucous class of cases, it is not often necessary to resort to general depletion, unless it is in cases which are complicated with some special organic inflammation. When we are first called to these cases, the diarrhoea is pointed out as the chief disorder requiring our attention; and it is very often an important question, to what extent we may properly interfere to arrest it. The disturbing power is holding the physiological functions in check, and this leading symptom is often the result of nature's efforts to relieve herself of the accumulated burthen, through unusual channels. If we can suc-
ceed in arresting the discharge, while we make no provision for the relief of the engorged and oppressed organs, we have, at best, but smothered the flame, while the consuming fire is ready to break out again, and very rarely fails to do so, after a very short period. When first called to patients, I generally find that the diarrhœa has been checked, perhaps several times, by laudanum. A simple suppression of the discharge increases the cephalalgia and all the febrile symptoms, and no doubt increases and confirms the visceral engorgements. What we want to do, is to so far relieve the mucous coat of the small intestines, as to prevent or lessen as much as possible, the mischief there, while at the same time, we re-establish the natural secretory action and relieve the necessity for their morbid substitutes. Can we do this? While we are bound to admit that we are liable to failure, we have well established therapeutic principles to sustain the attempt, and we will very frequently succeed. For this purpose, I frequently employ with success, blue mass, 16 grs., opium, 2 grs., made into four pills, one to be given every third or fourth hour, as the urgency of the diarrhœa may indicate. Sometimes it is found necessary to increase the amount of opium, but most generally four of these pills will put a check to the discharges for several hours, after which the re-establishment of the secretory functions will be manifest, to a greater or less degree. The urine becomes more copious and clear; the skin, if not moist, is more pliant and soft, and all the symptoms of general disturbance quieted. The stools become less frequent, are more consistent, and exhibit evidences of biliary secretion, and the tongue grows more moist and pliant. When the mucous irritations are decided or extensive, this amelioration will be but temporary, and it is frequently found necessary to repeat the pills several times during the first stage. Although this course may not often cure a case, it undoubtedly lessens visceral engorgements, by which means it often prevents some of the worst complications of the fever, and I have witnessed its action in several cases in which I thought that it was the chief agent in preventing structural lesions, and bringing on convalescence at the end of the first stage. While alterative medicines are being used, if the fever is high, soda water or the neutral mixture
may be given, as well as at other times when they are indicated. I believe it is decidedly beneficial to use a solution of gum arabic, as a constant drink. There are cases in which there is a sense of fullness in the bowels, stools frequent and scanty, evincing turgescence of the intestinal mucous membrane, of a primary character. When this occurs early in the first stage, saline purgatives may be administered with benefit, and repeated, if necessary. It is sometimes found expedient to follow the alterative pills with a purgative of this class, when the evacuations are not resumed with sufficient freedom. The various states of the particular functions, &c., with their accompanying visceral disorders, have given rise to the various contradictory modes of treatment which different authors insist upon with so much earnestness. One gives emetics, another cathartics, another bleeds, a fourth does about nothing at all, and each urges his own particular plan as the very best mode of curing the fever. These men have formed their opinions upon a number of cases which they have observed; the cases of each being influenced by circumstances, and controlled by forces which had no influence whatever on the cases of the others; remedies curing, or being tolerated at least, in one set of cases, which would have been pernicious in another. But the true and only rational plan is, to watch each case individually, note well its extent, violence, and complications, and all the modifying agencies attending it; and then apply the best remedies that medical science and watchful experience can furnish.

Experience has taught me to employ purgatives with great caution in this class of cases—I now, never resort to them after the first stage, and during that stage I rarely venture any thing more than the mildest aperients—I have observed this caution for ten years, and success has confirmed my opinion of its importance. Some of our best authorities advise that the bowels should be opened every day, by purgatives. There are many cases that will stand such a course of treatment, but even these would do much better under different management. In 1840, I knew the case of a young man who had passed through the second, and nearly the third stage, and was considered better in every symptom, although he was greatly emaciated and very
feeble; a physician (there were several attending) called, and found that he had not had an evacuation of the bowels for forty hours, and there was fur on his tongue; he was almost shocked at the idea of a patient remaining so long without an action, and insisted that he should have fifteen grains of calomel, which was administered: active purging ensued, and the patient died in forty-eight hours. From many similar cases that I have seen and treated, I am convinced that this one was lost by injudicious purging. In 1843, I had a very grave case, which exhibited most of the bad symptoms of both varieties, amongst them an offensive and persisting diarrhoea. He had almost reached the lowest point of exhaustion, when the stools lessened to three per day, and in three days ceased altogether. The patient (a young negro man) lay in a semi-comatose state, completely prostrated; and had no motion of the bowels for nine days. During this time, a light liquid and stimulating nourishment was cautiously administered, and his strength very slightly and slowly improved; his taste and senses generally returned, his pulse increased in fullness and lessened in frequency, and all his symptoms were improved. Commencing two days before the lessening of the diarrhoea, I administered,

\[\text{N. Copaiba—ol. Terebinth, a a } 3\text{ii.}\\\text{Acid nitric, } 5\text{i.}\\\text{Tinc. opi. acet, } 3\text{ii.}\\\text{Aqua menth. pip., q. s. to fill a } 3\text{iv. vial, well shaken, }\\\text{—a teaspoonful every fourth hour.} \]

After the fourth day of the suspended intestinal action, the opiate was left out of the prescription. A blister over the abdomen was kept running all the time. In 1844, I had another case—that of a girl aged nineteen, very similar in every respect, and in which the evacuations from the bowels were suspended seven days; and a third in 1846, in a girl fifteen years old, in which the suspension followed immediately upon checking an alarming hæmorrhage from the bowels in the third stage, and continued six days. In all these cases, these long suspensions of stools immediately preceded convalescence, and all were finally moved by mild enemata, but no purgative medicine was administered. It was difficult to persuade those interested, that it was best not to disturb the stomach and intestines with irritating agents, and continual appeals were made to “open the bowels.”
In the latter stages of this fever, we know that the mucous coat of the intestines is inflamed, perhaps ulcerated, and the philosophy of curing this disease by continual action and irritation, is totally invisible to my conception. I have found it important to withhold every thing of a solid nature, although, as nourishment, it may be as feeble and mild as possible. By this, we keep undigested and irritating remains from disturbing the inflamed mucous surface, and thereby keep this irritation much more under our control. As to the morbid secretions, whose effects upon the mucous disease of the bowels are so much dreaded by many, I have not found it necessary to assist its discharge by medicine, but I have often found it difficult to hold it sufficiently under restraint.

When the symptoms of mucous inflammation are well established, as indicated by a pointed tongue, with edges red and dry brown centre, and in fact when the second stage has fairly set in, I use, with much confidence and success, the copaiba, with laudanum or black drop, as the state of the case may indicate:

\[
\begin{align*}
&\text{B. Copaib,} & \frac{3}{2} \text{ss.}
\\ &\text{Acac. Gum.} & 3\text{ii.}
\\ &\text{Tinc opi. acet.} & 3\text{i.}
\\ &\text{Aqua menth. pip., q. s. to fill a} & \frac{3}{8} \text{viii. vial.}
\end{align*}
\]

Mix well, and give a tablespoonful every fourth hour, varying the quantity of each ingredient, according to the particular indications of each case. If the diarrhoea persists, the opiate may be increased; if the surface is cool, pulse feeble, &c., the spts. of turpentine may be substituted for the copaiba, or combined with it in suitable proportions. I use this prescription, modified according to indications, through both the second and third stages, with a success that gives me confidence in its virtues, as the most generally applicable of any that I have resorted to. I have sometimes resorted to mild alteratives, such as minute doses of calomel, blue mass, or hydr. cum creta, in addition to the balsamic mixture, but only when especially indicated, and never to the extent of purging. Sometimes the prostration is so extreme, that almost every thing else has to give place to stimulants, and such agents as are intended to sustain the failing powers of life; under these circumstances, the spts. of turpentine is preferable to the copaiba; or if neither is toler-
ated well, and an alterative is indicated, the nitric acid may be resorted to with safety and benefit.

- Blisters, though condemned and discarded by high authority, (Louis,) in the treatment of this fever, I have found of the greatest value. There is no single agent of which I think more highly than blisters, in a large portion of cases. I have sometimes had cases presented to me, which I considered in the forming stage of this variety of the fever, and I gave a small dose of blue-mass, followed, when necessary, by seidlitz water; strict confinement and quiet, abstemious diet, allowing only the mildest liquids; and by this course, I have several times, as I thought, succeeded in preventing an attack of fever. I mention this circumstance here, to say that in this abortive treatment, as it may be called, I have derived great benefit from blisters—these I apply over the small intestines, in such cases as exhibit a tendency to much irritation there. I believe that if physicians could have an opportunity sufficiently early, more good might be done by medical treatment, in the forming stage, than any other; for if the disease cannot be prevented, there is no doubt that it can, in almost every case, be greatly moderated. When the second stage has fairly set in, and the general febrile excitement is not very high, I view the indication for the application of blisters as decided, and if there is tenderness of the bowels, imperative. Yet we must bear in mind, that the inflammatory action in this fever does not produce pain and tenderness, so long as it is confined to the mucous coat of the small intestines, and we must look to other symptoms for the evidences of its existence. To have the full advantage of blisters, they should not be suffered to cure up entirely before the disease is removed. Here arises the error, as I esteem it, of those who condemn blisters as useless. In the first place, they may be applied too soon, in those cases in which there is high febrile excitement, and only add to the disturbance; sometimes they are employed, while the internal disease is so violent that their revulsive effect is scarcely appreciable, and they are neglected or discarded, just at the time that their beneficial powers are most needed. Again, they are sometimes applied, and afford relief while they are discharging, which relief ceases as they heal, and without noticing this rela-
tion of facts, they are dropped as a failure, or at best but a temporary remedy, and something else resorted to in the usual eagerness to "break the fever." I have made it a point of interest to watch the effects of blisters in this form of disease, and I have almost invariably found, that as the blister healed or ceased to discharge, the evidences of internal disease increased, until the latter had itself abated to the healing point. My course is to apply, at the proper time, a large blister over the bowels, let it draw well, and whenever it heals, re-apply it, or sooner, if the symptoms demand the renewal.

Hæmorrhage from the bowels, I have usually been successful in arresting by the sugar of lead and opium: sometimes, when it did not succeed well by the mouth, I have given it by injections, with decided success, though my experience in this is very limited.

I have several times found hiccup very troublesome, and have used musk, assafætida, and the usual list of antispasmodics, with variable success. In the last case of this troublesome symptom which I have treated, I found the valerianate of quinine in doses of two grains, repeated every hour, for six hours, to arrest it entirely, and it returned no more. In several cases that had reached an advanced point in the third stage, and the symptoms of intestinal ulceration were obstinate, I have found great benefit from the nitrate of silver, in \( \frac{1}{2} \) grain doses, every six hours; and I may add, that from this course, I have never seen the least bad effect.

Erysipelas, is a complication of this fever, that is sometimes very troublesome. I am at this time treating a case of the kind. It occurs upon any part of the body, but most generally upon the lower extremities. This occurrence makes, usually, no difference in the general treatment of the fever, and the erysipelas should be treated locally, as if it were independent of the fever; for this purpose, I find hop poultices very soothing; and when the cuticle has broken, and the surface presents abrasions, I find nothing so soothing and efficient as a liniment made of equal parts of liquor plumbi subacetatis, and olive oil, applied about once in eight hours.

Stimulants and tonics, are sometimes required, though I believe they are often used to a hurtful extent. I have not found
much satisfaction in the effects of any of the wines, for this purpose. If alcoholic stimulants are necessary, I prefer the French brandy, though I very rarely resort to it. When all the actions are very feeble, and a nourishing stimulus is indicated, I have found the brandy in the form of egg-nog, a good preparation, given in such quantities as the case may require, having regard to the powers and susceptibility of the stomach. I first learned the use of this preparation in my own case: it was given to me by a non-professional friend under the circumstances here referred to, at first in very small quantities, and gradually increased—it had a very happy effect. But purely as a stimulant, there is nothing which I have found to answer so good a purpose as the carbonate of ammonia, given with more or less freedom, according to its effects and the necessities of the case. Some authors recommend cinchona, and sulphate of quinine, in the latter stages of Typhoid fever, as tonics. I have given these articles a full trial, with all my prejudices in their favor, and I would not give a cent for all their benefits as tonics, for I have seen none result from their use.

There are, I am aware, many points in the treatment of this fever, which I have not noticed; first, because it is my intention only to speak of such points as my own experience presents prominently to view; second, on all other matters, it is presumed that the reader is as competent to form opinions as myself; and thirdly, I have, without going further into the matter, written as much as the limits of a journal article will admit. In fact, the treatment of this fever, depends so much upon the character of each individual case, that it is difficult to offer any thing on the subject of much real value, and my object has been simply, to suggest some of the chief remedial measures which I have found advantageous, and the principles and circumstances which guide me in their employment.

A point of not the least importance in the treatment of this fever, is the dietetic management. The patient is much emaciated, very feeble; his complexion pale, and every exterior indication of a want of nourishment; yet it is very doubtful whether or not nourishment, if he could properly appreciate it, would be of more benefit than injury, while the inflammatory disease exists. But the ability to digest, and appropriate nour-
ishment, and the effect of taking it into the stomach and bowels, while they are in a condition which forbids digestion, are questions of more importance.

I do not believe that the patient ought to be nourished, while the inflammation and fever are going on with unsubdued power. It would but add to the force of morbid actions, and at least, counterpoise the relief which nature and well-directed medical art are striving to afford. Under the circumstances mentioned, I have not seen a patient that could digest any article of nourishment, except in some few cases, and then only of the mildest kind, and given in the most sparing quantities; and I know, from sorrowful observation, that nothing is more pernicious than to throw upon the disordered and diseased organs, tasks which they cannot perform, and which leave upon their sensitive surfaces, agents that irritate and inflame. When I believe a patient is in need of nourishment, and able to digest and appropriate it at all, I allow it to him in very small quantities at a time, and of the lightest and most digestible liquids. I prefer liquids, because, under the same circumstances, they do not remain so long on the stomach; and again, if they are not digested, their presence in the alimentary canal is not so hurtful as solid substances. I have seen the very worst consequences from taking even mild solid food, when it could not be digested. Rice, is thought by many to be a very light diet, and easily digested, but observation has convinced me that it is not such. I have seen several patients who, after convalescence had fairly set in, had eaten rice in small quantities and well prepared, for several days, and thought that it was well disposed of, but an uneasiness of the bowels had gradually increased, until a cholera returned all the rice they had eaten, in much the same condition that they had last seen it. I prefer beginning with a weak animal soup, well seasoned with cayenne pepper. If there is still a disposition to diarrhœa, and no fever, boiled milk is a very good diet. When convalescence is established, a milk custard, or soft boiled egg, will be admissible; and if these are well digested, the appetite and other improving symptoms increasing, a small piece of boiled bird, or something of that class may be taken. If, however, any of these things produce a fullness of the stomach, dry mouth, or other indication
of harm, they should be abandoned. But very little of any thing should be taken, without waiting to see the effect, before a repetition is allowed. These cautions may be carried to an erroneous extent, but it is best to err on the safe side of the question, if at all.

At the end of the first stage of this fever, there is frequently a great tendency towards recovery: the fever abates, the patient feels better in every respect, and the appetite returns. It is difficult to convince the patient, under these circumstances, of the importance of abstemiousness, when that alone is the remedy that will secure a cure. But he indulges very moderately, as he considers it, and the inflammatory stage sets in, laying his body under siege for, perhaps, several weeks more. Of all the vexations and disappointments with which I have ever met in the treatment of Typhoid fever, far the larger portion have grown out of a disregard for my prescriptions in regard to diet. Influenced by the confidence they have in the physician, patients will swallow physic, by the quantity, or by the hour, as he may direct; while his prescription on the subject of diet, which is often much the most important, is not heeded half so much, as that of any sage femme who may happen to come along, and volunteer advice.

ARTICLE II.

A Hydrocele containing forty ounces. By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

On the 23d of this month (November), I operated before the present Class of our College on a case of Hydrocele, which, from its size, may be deserving notice.

Aaron, the patient, is a negro man aged 70, who some fifteen years ago, first noticed an increase of the left scrotum, and which has continued to enlarge to the present time. He has also some accumulation of fluid in the right tunica vaginalis, with a reducible inguinal hernia on the same side, which however does not descend into the scrotum. Through the kindness of a pro-
fessional friend in a neighboring county, he was directed to my Surgical Infirmary.

The scrotum was tapped by the trocar, and Dr. Means measured forty ounces drawn off through the canula. Diluted tincture of iodine was then injected, and the patient since has been doing well, with a good prospect of cure.

On a former occasion, I drew off thirty-seven ounces of fluid in a case of hydrocele, and permanently relieved the patient, by the same therapeutic agent.

December 1st, 1849.

PART II.

Reviews and Extracts.

Summary of the Transactions of the College of Physicians of Philadelphia, from May 1st, to October 2d, 1849, inclusive. 8vo pp. 46.

Associations of intelligent physicians, for a free interchange of opinion upon the various subjects connected with Medicine, are always profitable to those who are thus associated, and when they give to the public full histories of their transactions, the profession at large is benefitted, and becomes interested in their success. The College of Physicians of Philadelphia, composed of a number of able and accomplished medical men, are doing much in this way for the profession. The pamphlet before us completes a volume of 467 pages, in which much valuable information may be found.

At the meeting in June, some discussion took place in relation to the effect produced upon the healthfulness of the atmosphere, by the practice of keeping the principal streets wet, during the summer, by frequent watering. Dr. Emerson expressed opinions unfavorable to the practice,—

"He believed that frequent wetting the streets copiously, daily, during the hot season of the year, was calculated to excite a more active decomposition of the filth which is always present, to a greater or less extent, and in this manner, would tend to a greater vitiation of the atmosphere; consequently,
that it should be suspended, particularly at a season when the city is threatened with the visitation of a fearful epidemic."

Dr. Jackson gave a similar opinion,—

"Washing the streets, by allowing a plentiful stream of water to flow down them, at proper periods, would, in his opinion, be beneficial, by carrying away from their surface whatever decomposable materials they contained; but to keep this filth in a constantly moist condition, under the influence of an intense noon-day sun, could not fail, he was convinced, to be productive of more or less deterioration of the atmosphere."

Other gentlemen fully coincided in these views; and we are informed that a majority of quite a number of physicians, to whom a circular had been addressed by a committee of the City Councils, soliciting their views in relation to the practice, had expressed opinions equally unfavorable. Dr. Wood, however, seemed to have a greater dread of dust, than malaria:

"Dr. Wood confessed that he was in favor of sprinkling the streets with water during the summer season. Every one, whether he walks or rides, must have experienced the inconvenience of dusty roads in windy weather. The annoyance resulting from this source to housewives and store-keepers, along our principal thoroughfares, is far greater than can possibly be produced by a judicious sprinkling of the streets. Independently of the inconvenience which the dust produces by entering our dwellings, and by the destruction of goods in stores, we are constantly forced to inhale a large portion of it, and thus a much greater quantity of decomposed vegetable matter is admitted into our bodies, than can be from the evaporation of the water thrown upon the streets. It is doubtful whether any morbific emanations are produced by the practice of sprinkling our principal streets during the summer months. It is certainly not true that the inhabitants of these streets are more liable to disease than those who reside in the streets which are not sprinkled. A reference to the facts would shew, he believed, that less sickness actually occurred during the warm weather in the former, than in the latter. He would not wish, however, to be understood as attributing this difference entirely to wetting or non-wetting the streets; whatever, however, has a tendency to allay the intense heat of the atmosphere during the summer, will certainly remove one of the most fruitful sources of the bowel affections which usually prevail in our city during this season."

A considerable portion of the summary is taken up with dis-
cussions upon the subject of Cholera. We have read them carefully, and do not find that they throw much light upon this vexed question. We shall therefore not attempt any analysis.

At the October meeting, Dr. Hays made some interesting references to a case of intense irritability of the retinic coat of the eye, resulting from irritation of the dental branch of the fifth pair of nerves. This condition of the eye, in many instances, is produced by decayed teeth. Dr. Hays detailed the following case of this kind:

"A gentleman, formerly a resident in this city, and devoted to chemical inquiries, became a sufferer from extreme photophobia, which he ascribed to having carried on very closely, for a long time, a series of chemical analyses over a bright charcoal fire. The affection of his eyes became so severe as to prevent him from following his usual pursuits. The glare of the fire in his furnace became intolerable, and it was even impossible for him to read or write without intense suffering. He was, at the same time, affected with neuralgic pains of the face and orbit. Upon examining his mouth, it was found that a number of his teeth were decayed; the aconita ointment was tried, and afforded some relief to the neuralgic pains. After having, by Dr. H.'s advice, several of the most decayed teeth removed, he found his photophobia diminished considerably in intensity. He visited Baltimore on some business, and on his return his eyes were again affected, as they had been previously. Dr. H. supposed that he had been too closely engaged whilst at Baltimore, in pursuits which had over-exercised his eyes, but this the patient declared was not the case; he mentioned, however, the fact that some of the remaining teeth had begun to decay; these the doctor advised him to have extracted, which was done, and his photophobia was again relieved. The gentleman's teeth decayed very rapidly, and others still became diseased; but upon their removal, the affection was relieved as before. Many teeth were thus removed, and an artificial set substituted. Dr. H. has been informed that he still continues well."

Dr. F. G. Smith, also mentioned a similar case which had fallen under his observation. His patient, a young lady, suffered from intense intolerance of light, with neuralgic pains over the brow and through the ball, and he supposed that a tendency to amaurosis existed:

"After reading the cases related by Dr. Hays, as given in
the Summary of our Transactions, the suspicion arose that the affection of the eyes, in the young lady alluded to, might be caused by decayed teeth. A respectable dentist was requested to examine her teeth, but he declared, after a close inspection, that he could discover no defect in any of them. Dr. S. urged a second examination, and, on going carefully over the teeth, some degree of tenderness was detected in one of the bicuspids on the side corresponding with the eye most affected. This tooth was drawn, and an abscess was discovered to exist at its root. With the extraction of the tooth, the photophobia and pain ceased, and have not since returned, though several months have elapsed, during which the lady has been subjected to great mental distress from family afflictions. She can now read by artificial light without experiencing the least inconvenience, and has been enabled to resume her studies, which had been previously suspended in consequence of her great suffering."

Dr. Condie presented an outline of a case of Hydrophobia, which is interesting, from the fact, that it was undoubtedly of spontaneous origin.

On the use of Cod-Liver Oil in Phthisis Pulmonalis. By Dr. C. J. B. Williams, F. R. S., Prof. of Medicine in University College.—(Journ. of Medicine. Braithwaite.)

The unvarying fatality of pulmonary consumption, under the usual modes of treatment, and its frequent occurrence, render the following remarks of Dr. Williams, highly interesting; the more so, as his eminent professional standing entitles his observations to a most careful consideration. Dr. W. does not speak from a partial experience. His conclusions are based on the observation of 400 cases, of which 234 are recorded in his note book. Of these last, there were nine cases in which the oil disagreed; 19 in which it did no good; and 206 in which its use was followed by unequivocal improvement, varying in degree, from a mitigation of the distressing symptoms, up to an apparently complete restoration to health.

The effect of the cod-liver oil in most of these cases was very remarkable. Even in a few days, the cough was mitigated, the expectoration diminished in quantity and opacity; the night-sweats ceased; the pulse became slower and of better volume; and the appetite, flesh, and strength were gradually
improved. The first change manifest in the physical signs was generally a diminution and gradual cessation of the crepitus; the breath-sound becoming drier and clearer; but the dulness, and tubular character of the breath and voice-sounds were much more persistent, and rarely exhibited a marked decrease, until after several weeks' use of this remedy, in conjunction with regular counter-irritation. The tubular sounds, in fact, frequently became louder at the first removal of the crepitus, which in phthisis as well as in pneumonia, tends to mask the signs of consolidation. In several instances, however, in which I have had the opportunity of examining the patients under treatment, at several successive intervals of a month or six weeks, the gradual removal of the consolidations has been unequivocally proved, by the restoration of clearer vesicular breath and stroke-sounds to the affected spots. In several cases, in which the disease has existed long, the restoration has never been perfect; even where the health has been completely re-established, and all common symptoms of disease have entirely disappeared, there have remained perceptible inequalities in the breath and stroke-sounds; generally, with prolonged expiratory sound, which has more or less of a tubular note towards the root of the lung of the same side. These signs, if unaccompanied by decided dulness on percussion, I have learnt by the experience of many years, not to consider as exceptional against recovery, for they appear to be dependent on the puckering of the texture, often with pleural adhesions and old deposits in the bronchial glands, so frequently found after death at the summits and near the roots of the lungs of persons who have not for many years exhibited symptoms of any pectoral disease.

As might be anticipated, a large number of the phthisical patients for whom I have been consulted, have been in the first stage of the disease, in which the tubercles or deposits are in the solid state. In these cases also, I have largely used the cod-liver oil, and, so far as I have ascertained them, with not less satisfactory results.

The physical signs of improvement are precisely the same as those which take place tardily in the second stage after the removal of the humid rhonchi: and in truth, the treatment by the oil combined with counter-irritation, where successful, seems to bring back the lungs from the second stage, that of incipient softening, to the first stage, that of simple deposit, which is tardier in its changes of increase or diminution, and may remain long stationary without any obvious alteration. The same remark is applicable to the chronic products of inflammation of the lung, which, as is known to the profession, I consider to approximate in nature to the higher class of tuberculous deposits.
The most striking instance of the beneficial operation of cod-liver oil in phthisis, is to be found in cases in the third stage,—even those far advanced, where consumption has not only excavated the lungs, but is rapidly wasting the whole body, with copious purulent expectoration, hectic, night-sweats, colliquative diarrhoea, and other elements of that destructive process by which, in a few weeks, the finest and fairest of the human family may be sunk to the grave. The power of staying the demon of destruction, sometimes displayed by the cod-liver oil is marvellous.

[After relating several cases of tuberculous lung-disease in an advanced stage, in which the use of the oil combined with counter-irritation gave rise to the most decided improvement, Dr. Williams says:]

The results above stated give to cod-liver oil, even as a tardative or palliative in phthisis, a rank far above any agent hitherto recommended, whether medicinal or regiminal. I have made extensive trials of several other medicines of reputed utility in this disease, and on a future occasion may lay before the profession the results of my experience, which prove some of these agents to be by no means inoperative or useless; and I still consider them to be often salutary aids in the treatment of this formidable malady, but their utility and harmlessness fall so far short of those of the cod-liver oil, that I regard them now chiefly as subsidiary means, and the more likely to be useful, in proportion as they facilitate the exhibition or continuance of this superior agent.

If the experience of the profession at large should accord with my own, and with that of those who have proceeded me in recommending the cod-liver oil, our prognosis with regard to phthisis must undergo some modification. To what extent this modification may reach, cannot be determined, until such cases as those which I have recorded have been tested by years of time; but even now, when we repeatedly find forms and degrees of disease, that former experience had taught us to be utterly hopeless and speedily fatal, retarded, arrested, nay sometimes even removed and almost obliterated by various processes of restored health, we must pause ere we, in future, pass the terrible sentence of "no hope" on the consumptive invalid.

Mode of operation of cod-liver oil.—It seems scarcely necessary to discuss the question, whether the oil owes its efficacy to the iodine which it contains. The amount of this element is so minute as hardly to admit of quantitative measurement; and to ascribe virtue to such infinitesimal fractions, when ordinary doses have no corresponding activity, is to adopt the
fanciful and mischevous speculations of the homœopathist, which
cannot be too strongly deprecated by the scientific and con-
scientious practitioner. Several of the patients whose cases
are cited, and many more of whom I have records, had taken
iodine in various combinations before taking the oil, but without
any effects approaching to those which ensued on the change of
treatment. I am by no means incredulous of the salutary opera-
tion of iodine in some forms of tuberculous and scrofulous dis-
ease; indeed until I used the pure oil, I considered it to be the
most useful remedy; but in the last two years, the oil has so far
surpassed it and every other medicine in beneficial operation,
that I am convinced that it acts by a virtue peculiar to itself.

A perusal of the foregoing cases, and of others on record, at
once suggests that the cod-liver oil is a highly nutrient
material; and it is commonly admitted by all practitioners who
have used it, that it possesses, in a pre-eminent degree, the
property of fattening those who take it for any length of time.
But its nourishing influence extends beyond the mere deposition
of fat in the adipose tissue. The muscular strength and activity
are sensibly and sometimes rapidly increased under its use;
whilst the improved colour of the cheeks and lips implies a filling
of the vessels with more and better blood. Researches are
wanted, to elucidate this subject more clearly; but the analysis
of the blood in one case of phthisis which had been under
treatment by the oil, showed a most remarkable increase of
the animal principles of the blood, especially the albumen,
which amounted to thirteen per cent., being nearly double its
usual amount, whilst the fat was not materially augmented;
and the fibrin, which is generally high in phthisis, was reduced
below the normal proportion. If these results should be con-
irmed by further observation, there will be no difficulty in
understanding that the cod-liver oil should prove a nutrient to
all the textures; although it may yet be a question, whether
it does so by direct conversion into albumen or fibrin, or by pre-
venting the waste of the albuminous principles by protecting
it from the action of the oxygen absorbed in respiration.

But there is much reason to believe that the oil itself proves
serviceable in supplying the fat molecules which appear to be
essential to healthy nutrition, as forming the nucleoli of the
primary cells or rudiments of tissues. The important part
which fat thus performs in the process of nutrition, was first
pointed out by Ascherson of Berlin; and that fat forms the
central molecules of the elements of granules and cytoplasmic
of textures, is generally admitted though few agree with
Ascherson in his opinion that the fat forms the cells by its
power of coagulating albumen around it. It seems to have
been the opinion of Dr. Ascherson and of Dr. Hughes Bennett, who cites it, that in scrofulous diseases there is a want of this fat, and that the albumen derived from the food in digestion is liable to be precipitated in an unorganized condition, (as tubercle, etc.) for the lack of it. But it is now well ascertained that scrofulous and tuberculous deposits, so far from being deficient in fatty particles, contain them in greater quantity than exists in the blood, or in its plasma in a healthy state. The explanation which I have given of the chief salutary action of the cod-liver oil, is not that it supplies fat where it is wanting, but that it supplies fat of a better kind, more fluid, more divisible, less prone to change, and more capable of being absorbed into, and of pervading, the structures of the body; thus affording a fine "molecular base" in the chyle, and there-in, a material for a better plasma; and being conveyed into the blood distributed through capillaries and around deposits (in such quantity as to soften and dissolve the crystalline and irregularly concreted fat scattered through them), it renders them more amenable to the processes of reparation and absorption. Hence its beneficial operation is more marked in those stages of tuberculous disease in which the deposits abound in fat; that is, at the period of maturation and softening; although from the extent of mischief already done, both to the part and to the system, the benefit may not be so lasting as in the early stages of the disease.

One of the most remarkable effects of the cod-liver oil, in some cases of the second and third case of phthisis, and in other forms of scrofulous disease with extensive suppuration, is the speedy removal of the sweats and other symptoms of hectic fever. This can hardly be ascribed to its direct nutrient powers; but I think that it is due to its influence in diminishing the unhealthy suppuration which is excited around the softening and excavated tubercles. If my views of the chemical nature of suppuration,—that it consists of a further oxydation, of the exudation corpuscle,—be correct, then it is quite intelligible that the presence of so highly combustible a material as oil, must check this process of oxydation, and thus prevent the degeneration of the corpuscles into the aplastic pus globules.

In fact, if it should prove to be correct, according to the analysis above quoted from Simon, that cod-liver oil removes the excess of fibrine in the blood of phthisical patients—this also equally accords with my notion, founded on the inferences of Mulder and others, that the formation of fibrine is due to a process of oxydation of the albumen (forming a deutoxide of protein, according to Mulder;) and that, by preventing this, the oil removes that tendency to cacoplastic inflammatory de-
posit which largely contribute to increase the consolidation of the lungs and other organs in phthisical subjects.

In making these surmises, I would not be supposed to adopt the idea of Liebig, that pulmonary consumption is the result of an excess of oxygen in the blood at large, consuming its materials and those of the textures. Many of the symptoms, as well as the organic lesions of the disease, show that there is a great deficiency in the process of respiration by which oxygen is supplied to the blood; and some of the most rapidly fatal cases, exhibiting speedy emaciation, are, throughout their course, in a condition bordering on asphyxia. Here is obviously a great want of oxygen in the blood—nay I believe, the excess of fat in the liver, and in the tuberculous deposits, in these instances, to be caused by this very scanty supply of oxygen to the system. But although it is deficient in the system, enough oxygen comes into contact with the exudations from cavities in the lungs, and from the diseased bronchi in their vicinity, to effect the formation of much unhealthy pus; and it is the formation and reabsorption of this that seems to excite the hectic of phthisis, as well as to keep up much harassing local irritation. Now, I believe it to be by diminishing these exudations, and checking their further oxydation into pus, that cod-liver oil acts so promptly in reducing the hectic sweats and purulent expectoration of phthisis, which accelerate and aggravate its destructive progress.

The limits of this paper will allow me to notice but briefly one more point in regard to the action of cod-liver oil. Unlike other oils or fats, it rarely disorders the stomach or bowels, or disturbs the functions of the liver. If taken in any quantity, vegetable oils commonly purge, and animal oils turn rancid in the stomach, causing heartburn, bilious attacks, and even jaundice. On the contrary, cod-liver oil generally improves all the chylopoietic functions, and distinctly promotes the action of the liver; so that, as in several of the cases above related, the appetite and power of digestion are restored, and patients are enabled to take an amount and variety of food beyond what they were accustomed to, even in health. I cannot help thinking, that this peptic influence of the oil is due to its containing some biliary principle, which both favors its divisibility in the process of digestion, and promotes the natural secretions of the liver. The flow of bile, as indicated by the colour of the faeces, is generally free and uniform during its exhibition; and I must not omit to notice another fact, which I believe to be connected with increased activity of the liver. I have in numerous instances remarked that the bulk of the liver (as determined by percussion) becomes augmented during its
Cod-liver Oil in Phthisis Pulmonalis.

use; yet without tenderness or any other sign of disorder. In fact, this seems to be a kind of useful hypertrophy, induced by the oil augmenting the bulk and quantity of the hepatic cells, and supplying at once a material the more fitted for this secretion, because it has already within it some elements of biliary matter which served a similar purpose in the liver of the fish, and this at a lower temperature, and less favourable to the activity of the process. The observation of this influence of cod-liver oil has led me to use it in several cases of functional and structural disease of the liver, marked by defective or depraved secretion, and in some instances with most satisfactory results, especially in one of habitual formation of gall-stones, which had resisted all kinds of treatment, and was rapidly destroying the health; the use of the oil has entirely stopped the attacks, and has restored the patient to good health.

It appears probable, therefore, that although other oils might be equally influential in promoting nutrition, and in preventing and removing the cacoplastic and aplastic exudations of serofulose subjects, the oil from the cod's liver, and perhaps those from the livers of other fish, have the advantage in point of digestibility, and in promoting the action of the digestive and biliary organs.

In all instances I have prescribed oil as free from taste and smell as could be procured: and so little difficulty has been experienced in its administration, that the proportion of cases in which it has decidedly disagreed has not amounted to four per cent.

The inoffensiveness of the oil implies the use of no process by which it can be deprived of its proper qualities. All that is required is, to obtain it pure and fresh, as it existed in the hepatic cells of the healthy fish when alive, without contamination by any process of putrefaction, roasting, boiling, or the like.

My usual mode of administering cod-liver oil, is in doses of a teaspoonful, gradually increased (if the stomach bear it) to a tablespoonful, floating on some pleasant-flavored liquid, such as diluted orange-wine, or the infus. auranti comp., with a little tinct. and syr. auranti. The vehicle should be suited to the taste and stomach of the patient; and much of our success in exhibiting the medicine will depend on our being able to keep the palate and stomach at peace with the oil. In numerous instances I have found that the addition of a little diluted nitric acid to the vehicle will make it more grateful to the palate, as well as serviceable to the stomach; and we may often combine with it other medicines which are not disagreeable, and thus fulfil the indications of palliating symptoms by their means. The fittest time for taking the oil is from one to two hours after the three first meals of the day. At this time
the chyme is beginning to pass from the stomach into the duodenum; and it would appear that the oil passes quickly with it, for given at this time it causes none of those unpleasant eructations which are apt to occur when it is taken either before or with food. There is nothing in the oil for the stomach to digest; and the less it is brought into contact with it, and the sooner it passes out of it, the better. When it mixes with bile and pancreatic juice in the duodenum, its division and absorption begin and proceed, as in the case of all fatty matters. Herein, too, we see a reason why the oil does not agree so well either with the palate or stomach, when mixed in an emulsion, or combined with liquor potassæ, as recommended by some practitioners.

In conclusion, I repeat, that further observations, and longer time, are requisite to determine with accuracy the extent to which this agent can control or remove tuberculous disease of the lung; but I would state it as the result of extensive experience, confirmed by a rational consideration of its mode of action, that the pure fresh oil from the liver of the cod, is more beneficial in the treatment of pulmonary consumption than any agent, medical, dietetic, or regimenl, that has yet been employed.

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Simple nebula of the cornea can be removed without much trouble by the daily application of a solution of nitrate of silver in distilled water—(distilled water, seven drachms; nitrate of silver, one to three grains; wine of opium, without the aromatic, one drachm.) Or what is better still, in more severe cases, by the following drops, which I have now been in the habit of prescribing very frequently during the last ten years, and with much advantage:—Take of the bichloride of mercury, two grains; distilled water, an ounce: mix for a lotion, to be used once or twice a day. I would repeat, that whatever lotion be employed, it is far better not to drop it into the eye as we commonly see, even in hospitals; a camel-hair pencil should be dipped into the solution, and the opaque spot touched with it, by which means the remedy is at once brought into direct contact with the part to which you wish its operation to be confined, and that, too, without decomposition or dilution from the tears, which must always be the case in the ordinary method.

Whoever has had much experience in diseases of the eye, will have observed that when any of these drops are employed for the purpose of removing opacities of the cornea, after a few
weeks they appear to lose their useful effect, the disease becoming, as it were, invincible to them; I would, therefore, suggest that the nitrate of silver ointment, or drops, should be used for a week or ten days; then a weak solution of the bichloride of mercury; then the opium wine, and then the nitrate of silver a second time. This plan keeps up a continued state of improvement, and the disease is removed in a much shorter space of time than if one of them only had been persisted in.

When a patient comes before us with the worst possible form of opacity, leucoma arising, as is too often the case, from the extensive ulceration, which has altogether changed the nature of the corneal surface, or with an extensive opacity, resulting from the application of a powerful escharotic, (which although it may not have destroyed the vitality of the part, appears to have produced some chemical change in its structure,) it is quite labour in vain to attempt the cure of such an affection, and truly dishonest, time after time, to pick the pocket of the unfortunate patient of fees, by exciting hopes which can never be realized—hopes, the blighting of which, in the end, much increase his misery. Still, although this opacity cannot be destroyed by any means at our command, nor removed by the surgeon, this admission often only applies to the central portion of leucoma. In many cases, we have the happiness to find the edges becoming gradually less and less opaque; a halo of hope surrounds this dimness of vision, and although it may not be within the compass of our art to improve the more dense central portion, something may yet be effected with the surrounding edges; and I have been consulted in cases where a steady continuance in the application of remedies has most certainly produced very great benefit, and the results recorded in the archives of the profession are doubtless such as to justify their employment in many of these unfortunate cases.

According to my experience, the most useful remedy is the nitrate-of-silver ointment, of a strength proportioned to the condition of the affected eye. Counter irritation should also be kept up behind the ears or at the nape of the neck by blisters. Many advise certain ointments or liniments for producing irritation on the skin. I have little practical experience of their effects, but a very short trial of them most fully convinced me that they were very inferior to blisters. In the first place, several days must elapse before any useful influence can be exerted, and, in addition to this loss of time, which is often highly important, I am much mistaken if this St.-John-Long practice of applying plasters of tartarized antimony, &c., above the eyebrows, does not often produce permanently mischievous
results; and too much care cannot be exercised in daily watching their effects, more particularly when applied to the head and face of young persons, in whom, in some cases, their application has been followed by a state of inflammation and sloughing which has even threatened the loss of life.

During certain stages of many inflammatory actions existing in the eye, setons and issues can be most advantageously employed. They are easily made by the surgeon, cause little pain or trouble, can be enlarged or diminished at pleasure, and being perfectly manageable, combine, within any limits we may be inclined to mark out, the advantage of a moderate degree of counter-irritation with a most salutary discharge. The advantages connected with the use of blisters are many—the convenience of their application—the rapidity of their operation—the quick subsidence of their effects when no longer required.* There may, however, be cases in which, from peculiar irritability of the skin, from the liability of the patient to attacks of erysipelas, or from their having, on some former occasion, produced a violent effect on the urinary organs, some other form of counter-irritation must be used rather than blisters.

The following is the form in which I have usually employed the nitrate-of-silver ointment:—To take nitrate of silver, from three to ten grains; solution of diacetate of lead, twenty drops; lard, one drachm. This ointment must be used every night or every second night. A very small portion (not larger than a large shot-corn) being put into the eye, it always creates more or less ophthalmia, and its application must be regulated accordingly.

During the employment of this ointment, I would in many cases most strongly advise the internal exhibition of the bichloride of mercury. When there is nothing to counter-indicate its use, I have given it for six or eight weeks in the following form, without any severe affection of the gums, irritation of the bowels, or any other symptom requiring that the dose should either be intermitted or reduced. Ordered solution of the bichloride of mercury, one drachm; tincture of bark, one drachm; distilled water, seven drachms and a half. To be taken twice a day.

As an alterative, the bichloride or oxymuriate of mercury, though doubtless more frequently prescribed than formerly in these cases, is not, I venture to think, so extensively used as it ought to be. It can be given in solution, which is of con-

* With regard to the application of blisters in certain diseases of the eye, the situation most desirable for applying them is the nape of the neck, or behind the ears.
siderable advantage, rendering its action much more certain, more equal, and by readier absorption probably more effectual in producing an alterative influence upon the whole system. Dr. Holland remarks that he has “seen its influence in augmenting the secretions, procuring the absorption of morbid growths, altering the state of the skin in many cutaneous disorders, and changing the character of morbid actions generally throughout the system, in cases where he believes no other medicine or combination of medicines would have had equal effect. Its combinations with bark, steel, sarsaparilla, &c., afford resources of the greatest value in the treatment of disease; and though otherwise held by common opinion he thinks it, on the whole, as safe a medicine as calomel in the hands of the practitioner, inasmuch as its distribution can be made as equal and determinate, and its effects, from being given in a state of solution, are much less likely to be interrupted by mechanical hindrances in the stomach and bowels.”*

I would add also, and it is worthy of note, that this medicine (bichloride of mercury) may be continued in uninterrupted use for a very considerable period, without obvious injury or inconvenience, and in certain cerebral and spinal affections, a long unbroken course of this preparation is of singular avail; but to reap its fullest benefits, we must be watchful, patient, and decided in its use, for in cases in which, in the end, the happiest results follow the administration of the remedy, the changes are often the slowest, and not testified by those instant and obvious results which are sometimes desirable to fortify even the mind of the physician in the perservance proper to the practice, still more to convince the patient, his family and friends, that time is necessary for the development of the full and complete advantages of the means employed. Thus it frequently happens that the patient, alarmed, it may be, at the name of the medicine, and by the precautions taken as to its dose and effects, or tired by the little progress he appears to make, refuses after a time to go on with the remedy, very often at the moment when becoming most effective, and when there was every reason for thinking a dangerous or distressing malady would eventually yield by a further employment of it. I have many times seen the beneficial results arising from a long-continued use of small doses of the bichloride of mercury, in solution, in chronic iritis, and also in several cases of paraplegia, the slow progress of the disease giving full scope for its effects, and the great danger in prospect, justifying a long trial of the remedy. Of course in strumous children, mercury in any form can seldom be employed with advan-

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tage, and in treating opacities of the cornea in them, in addition to appropriate remedies to the eye, it will be necessary to strengthen the system by attention to diet, shower-baths, sponging the body with cold water, the administration of the disulphate of quinine, and a residence of some months during the summer, when the circumstances of the parents will permit, at the sea-side.

BIBLIOGRAPHICAL NOTICES.


We have been very favorably impressed by the previous volumes of the series of manuals to which Dr. Hastings book belongs, and regret that we are constrained to express a somewhat unfavorable opinion of the work before us. There is a manifest want of judgment exhibited in the arrangement of the subjects in this treatise, and a remarkable unscrupulousness in its numerous unacknowledged appropriations from other Surgical works. Though the author mentions in his preface, that he has "consulted and used freely" certain authors, as Sir A. Cooper, Sir B. Brodie, Messrs. Miller, Druitt, Ferguson, and other, giving them the merit of the principles and practice advanced in his pages, still we deem it but just that he should repeat the acknowledgement, by inverted commas, or otherwise, when he uses also as freely their own language to express these principles: For instance, we would mention the similarity, in his definition of Gonorrhœa, to that of Mr. Druitt, also, in the language in which the treatment of the same is expressed. Again, in the account of Syphilis, the plagiarism is verbatim, save the occasional substitution of one or two terms in a sentence. We take, as an example, the first sentence of each, on Syphilis: Mr. Druitt, says—

"Primary syphilitic ulcers or chancres may be caused by the application of the syphilitic virus to any surface, mucous or cutaneous, entire, wounded, or ulcerated. Their most frequent seat is the genitals;—and in men they are more frequently than otherwise found on the inner surface of the prepuce, or the furrow between the prepuce and corona glandis, or the angle by the frenum;—obviously because those spots are most convenient for the lodgment of filth. It is notorious that persons with a long prepuce, whose glans is habitually
protected by it, and covered with a delicate semi-mucous membrane, are more liable to suffer than those whose glans is uncovered and clothed with a denser cuticle."

Dr. Hastings, says—

"Primary syphilitic ulcers may be caused by the application of the syphilitic virus to any surface, mucous or cutaneous, whether they are entire, broken, or ulcerated. The most frequent site of a chancre is the genital organs. There is great difference of susceptibility in different individuals: persons who have the glans habitually covered by the prepuce and a delicate semi-mucous membrane, are much more liable to contract the disease than those with the glans uncovered and protected by a firmer cuticle."

Time nor space has not allowed us to compare more than the leading sentences, and only to Mr. Druitt's work has our attention been directed; further investigation would discover, perhaps, further depredations upon other authors as well as Mr. Druitt.

Although Druitt's contributions to this production are thus unacknowledged, we see that M. Ricord is not treated with the same slight; here the marks of quotation are affixed, and due credit thus given for language, as well as principles.

Notwithstanding the above faults in the work, we will not withhold the credit due it, as a concise compilation of much that is valuable on many surgical subjects. Good taste has been exercised in the illustrations, and the publishers have displayed their usual ability in the manner of its execution. While we cannot recommend it as being altogether what it professes to be, an Introduction to the Study of Surgery, we still hope that the present edition may not be a very large one, and that its defects and objectionable traits may be thoroughly amended in the next. This we have little doubt will be done, for the spirit of enterprise which has prompted its production, will, we feel confident, secure great improvement in its future editions.

H. F. C.


From the cursory examination of this work which our time has permitted us to make, we are led to place a high estimate upon it. Any one who will carefully peruse the first lecture of the series, cannot fail to be favorably impressed by the evidences there exhibited of sound judgment and great tact. We would especially recommend
this lecture to our young medical friends. Dr. West has heretofore been but little, if at all known, in this country, and "has been fairly born, in a bibliographical sense, without the assistance of a professed accoucheur in the shape of a note manufacturer, now a distinct trade." His opportunities for the observation of the diseases of early life, appear to have been ample, as he has occupied his present position as physician to the Royal Infirmary for Children, for more than seven years. He says in his preface, "very nearly 14,000 children have been brought under my notice during the past nine years, and I have kept accurate notes of the diseases of 600, as well as of the results of 180 dissections of cases in which those diseases terminated fatally." We cordially recommend Dr. West's book to our readers.

3. *Anaesthesia, or the Employment of Chloroform and Ether in Surgery, Midwifery, &c.* By J. Y. Simpson, M. D., F. R. S. E., Professor of Midwifery in the University of Edinburg, etc., etc. Philadelphia: Lindsay & Blakiston. 1849. 1 vol. 8vo., pp. 248.

The great event of the present day in Medicine, is the discovery of the anaesthetic power of certain fluids. Next to vaccination, it is probably the greatest boon ever bestowed upon mankind by medical science. The announcement of the discovery produced an intense excitement throughout the medical world—all hastened to experiment with this new power, and in a short time the Journals began to teem with the reports of operations performed and deliveries effected, without pain or consciousness. An immense mass of facts has thus been speedily collected, which authorises the adaptation of this new power as one of the most precious resources of the healing art.

Among those who have materially aided in giving character to these agents, and in pointing out the circumstances which permit or demand their application, is Prof. Simpson. To him also are we indebted for the introduction of a new anaesthetic agent, the chloroform, which is free from the objections to sulphuric ether on account of its disagreeable smell, its occasional tendency to irritate the bronchi during its first inspiration, and the large quantity sometimes required, particularly in protracted labors. His book is the substance of several of his essays which have appeared in the Journals, and not only contains the results of his own observation, but those derived from its application in the practice of the different public hospitals in Great Britain, Ireland, and in Paris.

Notwithstanding the obvious advantages to be derived from the judicious employment of anaesthetic agents, it is very evident that they
are not to be indiscriminately used. The fatal results which have
followed in many cases, announce in language not to be mistaken,
that their great power is not to be invoked on trifling occasions. With
our present knowledge upon this subject, we feel no hesitation in giv-
ing the opinion, that their employment to the extent of producing in-
sensibility, should be restricted to the more important surgical and
obstetrical operations.

4. The three kinds of Cod-Liver Oil, comparatively considered with
reference to their Chemical and Therapeutic properties. By L. J.
De Jongh, M. D., of the Hague. Translated from the German,
with an Appendix and Cases, by Edward Carey, M. D., to which
is added an Article on the subject from "Dunglinson on New Rem-

Although the cod-liver oil was used so far back as the year 1771, as
a remedy for certain diseases, it has not been employed to much ex-
tent until within a few years past, its utility in scrofulous affections
was announced by some of the German physicians. Since that peri-
od, much attention has been directed to the article by notices which
have appeared from time to time in the Journals. At this time, this
oil has acquired considerable reputation in the treatment of pulmonary
consumption and other grave diseases. Dr. Jongh's work, as its title
imports, is directed to an examination of the chemical and therapeutic
properties of the oil: he has furnished a very full account of its source,
the mode in which it is obtained, and its physical properties. As the
article is now undergoing a pretty general experiment in cases of con-
sumption and other diseases, there is a great demand for it, which has
led to extensive frauds, and it behooves those who may desire to give
the oil a fair trial, to be certain that the article they procure is genu-
ine. To such as may be induced, by the favorable notices of the oil
which have appeared, to administer it to their patients, we would re-
commend Dr. Jongh's little work, in which they will find much im-
portant information.

PART III.

Monthly Periscope.

On the Pneumonia of Children. By M. Valleix. (Bulletin de Thé-
rap. Med. Chir. Rev.)—Contrary to formerly entertained opinions, pne-
monia is a frequent disease in children; but it is to speak too
vaguely to treat of children in the mass, as great differences exist,
according to their ages. We may take three periods into account:
1st, from birth to the second year; 2d, from two to six; and 3d, from six to fifteen. And as a general statement making allowance for even numerous exceptions, it may be said that the disease decreases in severity from the first to the third of these periods. Careful researches have proved that during the first two years pneumonia is more frequent, more dangerous, more rapid, and oftener double, than at any other period of life except extreme old age; and the similarity of the disease, at these two extreme periods of life, is in many respects very remarkable. During even the first period, the danger of pneumonia much depends upon the part of such period it occurs at. Whatever the state of the child’s health may be, if attacked during the first month it may be regarded as doomed to certain death; and from the first to the sixth month there is little hope of saving it, if the attack be at all severe. From the sixth to the twenty-fourth month the cures become more frequent, but the prognosis is still very bad, and should be most guarded, until convalescence is quite complete. The general symptoms may seem to amend, and the local ones to make little progress, but in from twenty-four to thirty-six hours a recrudescence occurs, which proves rapidly fatal. If the patient continue uninterruptedly to improve during thirty-eight hours, the convalescence is almost always definitive. The local symptoms should be especially watched; for it is not here as in adults, in whom we often see local symptoms continue for a considerable time after the general ones have diminished, without any cause for alarm. If in the infant there is not in twelve hours a notable improvement in the local symptoms, a fatal relapse must be feared. Another peculiarity is the lobular form of the disease, usually a consequence of an already severe attack of capillary bronchitis. At this period, too, as in advanced age, double pneumonia and pneumonia of the apex are common. M. Valleix believes that there is some confusion in the statement of MM. Bailly and Legendre, that the anatomical condition of the lungs in these cases is due to a persistence of the fetal state; for although a condensed state of the pulmonary tissue, disappearing on insufflation, may very often be found in very young infants, yet it is an error to suppose that all the cases usually described as infantile pneumonia are of this nature. He has, in such cases, met with even a denser hepatisation than in the adult, the lung rapidly sinking in water, and being quite impervious to insufflation. The cases described by these writers would not, from their symptoms during life be considered by good observers as pneumonia.

In proportion as we approach the second period, the pneumonia loses its lobular character, and approaches nearer to that of the adult, while its fatality diminishes also. Indeed, especially during the last two or three years of this period, the benignity of the disease is remarkable; and little alarm need be excited, except if the child is already an invalid, when the supervention of pneumonia is exceedingly dangerous. By benignity it is not meant that the symptoms are slight, but that the cure is so sure; for, in fact, the symptoms have a very alarming appearance, and yet, in spite of them, amendment takes place in from two to four days, after which time the cure goes on rapidly.
In the third period, the disease still more resembles that of the adult, and is still benign. A distinguishing circumstance at some part of this period is the appearance of expectoration.

As a general rule, the younger the child, the greater is the difficulty of the diagnosis. For auscultation, very young children should be held, by an assistant placing his hands under the thorax and belly, when examination can be made, especially as in this position the child usually ceases crying for awhile. Older children should be held on the mother's arm. In a case, in which auscultation was very difficult, M. Valleix availed himself with success of the observation of the increased thoracic vibration, indicated by Monneret.

_Treatment._ During the third period, the child is treated as the adult. In the second, we must be more chary of our means, remembering that there is a natural tendency to cure. One bleeding usually suffices, and antimony should be reserved for only severe cases, and used with great caution. With still greater caution should it be given in the first period. Still, if there is great or increasing hepatisation, it is to be used in divided and infrequent doses. Small cuppings are very preferable to leeching, and mild opiates are too much dreaded by practitioners. Blisters should be wholly discountenanced, especially in the very young.

_On the Use of Bandaging in relieving the Cramps in Cholera._ By Evory Kennedy, M.D.—The habit of applying a knotted handkerchief as a tourniquet over the spasmodically contracted muscles in cases of cramps, and always with instantaneous relief, led me to test the efficacy of bandaging, many years since, in a case of universal cramps occurring as the result of a violent sustained effort to maintain his position on horseback in a person who had been run away with. Every expedient had failed, the tourniquet only giving partial relief, as the muscles of the trunk were engaged equally with those of the extremities. Bandaging each limb separately, and eventually the trunk, was attended with immediate relief. The recollection of this case induced me to try its efficacy in the cramps of cholera, and with such results as justify me in calling attention to it, as it not only accomplished the object had in view, but also succeeded in keeping up the temperature of the limbs more satisfactorily than by means of friction. Those who have practically dealt with the worst cases of cholera know but too well the difficulties attending the attempts to keep up the heat of the extremities by any, or all of the plans at present in operation;—the copious clammy perspiration constantly exuding from the surface, the evaporation of which tends to lower the temperature; the exposure unavoidable in keeping up the friction adding to the chill; the impossibility of keeping up artificial heat so universally over the limbs and trunk as to maintain an equable temperature. The further objections against depending upon these means, from neglect on the part of attendants, and restlessness, jactitation, and exhaustion on the part of the patient, render it of importance to effect our object by some means unattended with such grave objections, or at least to have

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at our disposal an additional method which may be used as auxiliary to these. Now, I imagine bandaging affords us this desideratum. The bandages should be made of new flannel, cut into strips of two inches broad; should be applied from the toes and fingers up to the groins and axillae, as tight as can be borne without inconvenience. The copious perspirations, instead of evaporating, become absorbed into the flannel, and act like a continued warm fomentation, the superincumbent bed-clothes assisting our object by preventing evaporation and the abstraction of the animal heat of the body; whilst our efforts to sustain the temperature are still further aided by placing hot bottles, heated bricks, salt, &c., in contact with the extremities and surface. The disturbance of the patient precludes the application of a bandage over the trunk, similiar to that of the extremities. A very simple expedient, however, is supplied in a piece of flannel, or an under-blanket, about a yard and quarter long, by half a yard broad. This should be torn down the centre for about a third of its length, and across the remaining portion ten or twelve stripes of flannel, a yard and quarter long by two inches broad, should be sewn. This should be slipped under the patient's back, drawing the two torn ends over the shoulders and down on the chest, and then the many-tailed bandages applied across the chest and abdomen, alternately over-lapping each other, as tightly as the patient can bear without inconvenience. This form of bandage has the advantage of being easily removed and re-applied when it becomes an object to make stimulating applications to the abdomen. The bandages may however, be rendered available in making our applications, whether stimulating or anodyne, without removal, by pouring any fluid upon them, as they absorb it and keep it in close contact with the surface. This, however, requires to be done with care, else too great a degree of irritation might be induced by allowing the bandages charged with stimulating applications to remain too long in contact with the surface.

Quinine in Croup. (Bulletin Gén. de Thérap.)—Not long since, it was announced that favorable results had been obtained with sulphate of quinine in croup, by M. Puls. The Annales de la Societe de Grand contain several cases related by Dr. Willems, still further illustrating its efficacy in this affection. In one case, that of a girl of six or seven years, inflammation of the tonsils with some white specks upon them, had existed for several days, at which time fever, pain in the neck, cough and difficulty of breathing, appeared. Violent attacks of suffocation soon came on, with the other usual concomitants of croup. Calomel, sinapisms, leeching, emetics, &c., were employed with but slight and transient benefit. One of the emetics brought away a false membrane, pierced in its centre, and about the size of a franc piece. But the child still grew worse, and the paroxysms of suffocation seemed to threaten immediate death. At this stage, Dr. W.
began the use of the Quinine, 2 grains in an enema every two hours. The child passed a calm night and had some sleep. On the next day the symptoms were all much mitigated, and in three days disappeared, with the exception of some hoarsness and cough. In another case, that of a child of two and a half years, catarrhal symptoms existed for five or six days, when the patient was suddenly attacked with croup of so violent a character as to induce a fear of immediate suffocation. Leeching, calomel, &c., were employed without success. Four grains of Quinine, divided into four portions, was administered every hour for four hours, when the cough was diminished. Five hours after, five grains of Quinine were given in enema in four portions, one every two hours. The child fell into a tranquil sleep, and the respiration was much relieved. Two days afterwards, the child was convalescent. A third case was that of a child about five years old, to whom, after leeching, &c., Dr. W. prescribed the Quinine on the first day of the attack. The dyspnoea, hoarse cough, and anxiety rapidly diminished, and a cure was soon effected.

Glycerine a Remedy in Deafness. By J. Brown, M. D., &c., Lincolnshire. (London Lancet.)—On reading the report of Mr. Thomas H. Wakley, Surgeon of the Royal Free Hospital, on the subject of glycerine, I procured from Mr. Bullock, a sample of that drug, and have put it to the test in half-a-dozen cases, and the result, as far as it goes, confirms the value of the remedy. In four cases out of the six, the improvement was instantly apparent. One, a widow, from Thorpe, aged fifty-five, came to me on account of an eruptive disease, and was so deaf I could scarcely make myself heard by her. Having just received my supply, I explained to her its pretensions, and proposed its application. On examining the ear, I found the external ear scaly and desquamating, and the inner dry and free from wax; the right ear, having had an abscess in it, was unsuitable for the experiment, so the glycerine was applied to the other. I continued, after the application, talking to her; gradually lowering my voice, until I spoke in a whisper. She continued to reply to me, and I then observed to her, "I am now speaking to you in a whisper, and you hear me." She said, "I hear you perfectly;" and after a little while, she said, "I hear as well as I could wish to hear." Three of the other cases were equally encouraging, and the patients equally pleased and sanguine, but expecting disappointment to follow their favourable impressions, I explained to them that the probable effect of this remedy was that of lubricating the membrane of the drum, and that, as the membrane became dry again, a repetition would be necessary; but that, from its nature, not being disposed to dry or readily evaporate, the effect might last several hours; how long was not at present determined, but that the renewal might be required morning and evening.
In one of the other two cases of doubtful use, a person, aged fifty-seven, who had been deaf many years, and now too ill from incipient hydro-thorax to care much about this remedy, I applied it to one ear, and she could not say she heard better; but a sister from the neighbourhood of Horncastle, visiting her that day, as soon as she saw her, exclaimed, "I am sure, my dear, you hear better;" and as this was said without any knowledge of the application having been used, in a first salutation, before any explanation had been made, it must, I think, be taken as a favourable attribute to the new remedy.

Glycerine, it is probable, can only be useful where the membrane is perfectly entire, neither indurated nor corroded, nor the subject of purulent discharge; but when, as in advancing years, there is the absence of the natural secretion, the glycerine seems to supply a singularly analogous substitute, and to give a temporary tone to the membrane, and, in an instant, a lively perception to the organ.

Permanent cure of the states in which glycerine is useful, does not seem to be claimed by Mr. Wakley as the probable result, but should repetitions of the remedy be followed each time by a re-animation of the sense of hearing, who that has suffered from the deprivation of that sense, and has in his possession a means of revival so easy of attainment, will deem it a trouble to repeat the application, even to the end of life.

Iodide of Potassium in Ascites.—The "Bulletin de l'Académie de Médecine Belgique" reports several cases of ascites successfully treated with iodide of Potassium, by M. Trion. He administered the remedy about every two hours, in such doses as to make an aggregate, of from 10 to 20 grs. per day, and continued the treatment for months if necessary.

Prompt cure of Typhoid Fever. (Rev. Med. Chir.)—M. Warner read on the 1st October last, before the French Academy of Sciences, a communication upon the radical cure of Typhoid fever at its outset in 24 hours, or a few days at most. The only remedy being the internal administration of ice every minute without interruption.

Sugar in Hiccup. (Presse Médicale.)—Dr. Schuermans, of Brussels, has found in sugar a prompt remedy for the most intense and persistent hiccup; not merely for that form which occurs in a state of health, but for those symptomatic cases of this affection which manifest themselves in certain grave nervous affections. Dr. Schuermans declares that he has uniformly succeeded in removing, by the administration of one or two bits of sugar, the hiccup which is often so distressing to patients laboring under cholera.
Amaurosis a symptom of Albuminaria. (Rev. Med. Chir.)—M. Landouzy presented to the Academy of Sciences a memoir from which he deduces the following corollaries: 1st, amaurosis is almost an invariable symptom of albuminous nephritis; 2d, it precedes the other symptoms; 3d, it disappears and returns with the albuminous deposits in the urine; 4th, it would seem to indicate the nervous system as the primary seat of disease in albuminous nephritis.

On the Treatment of Chilblains. By M. Ossieur. (Bul. de Thérap. Med. Chir. Rev.)—In the earliest stage, friction, either employed dry or with brandy or sp. camphor, is the simplest and best means; but when the parts have become red, swollen, shining, and even covered with phlyctenæ, but prior to ulceration, the formula recommended by M. Goffin may be used with the greatest advantage:

Camphor, 4 parts;
Ess. Oil Turpentine, 30 parts.

When the practitioner is only consulted after ulceration has for some time taken place, M. Devergie's ointment is then the best application:

Lard, 1 oz.;
Liq. Plumb. Subac., 12 drops;
Thebaic Extract, 3 grains;
Creosote, 10 drops.

Treatment of Ophthalmia neonatorum. By Dr. Desmarres. (Med. Chir. Rev.)—The most efficacious treatment, especially at the commencement of this disease, and while there is yet no trace of ramollissement of the cornea, consists in suddenly arresting the inflammation by means of the nitrate of silver. If the disease is just beginning, a collyrium of this salt, of the strength of a grain and a half to two drachms and a half (un décigramme pour dix grammes) of water, dropped from hour to hour, between the eyelids, will suffice; but if it has already reached the second or third period, it will be necessary to have immediate recourse to cauterization with the same salt, in solution or solid. If we choose the former, about three parts of nitrate of silver are dissolved in one part of water,* and we touch with a pencil charged with this fluid all the surface of the conjunctiva, from the free edge of the eyelids to the cornea exclusively; this cauterization is to be repeated at the end of seven or eight hours during the first two days. After the first, sometimes only after the fourth cauterization, the swelling begins to abate: it is no longer necessary then to repeat it but at intervals of twenty-four hours during some days, till the secretion and swelling have almost disappeared. In the interval of the first cauterizations, we apply over the eyes compresses wet with cold water; at the same time we wash the surface of the conjunctiva frequently with a slightly astringent collyrium.

* Nitrate of silver being soluble in 1 part of cold or ½ part of hot water, it is impossible to dissolve 3 parts of the salt in 1 part of water. If the salt be powdered and mixed with water in this proportion, a kind of paste is formed.—Rev.
If we prefer cauterization with the pencil, as the application of it is more easy, and the effect more active, we begin by separating the eyelids with two elevators, then touch the ocular conjunctiva round the cornea, taking the greatest care not to cauterize this last part; that being done, and the elevators being removed, we pass the pencil rapidly over the whole conjunctiva of the upper and lower eyelids.

To prevent the caustic, which always remains in excess on the cauterized parts, from extending to the cornea, and from becoming a secondary cause of ramollissement of this part, each time that the pencil touches the conjunctiva, I cause to be injected upon it a considerable quantity of water, acidulated with hydrochloric acid (deux cuillerées à café d’acide pour deux verres d’eau), and instantaneously transform all the excess of nitrate of silver into an insoluble chloride, which separates from the conjunctiva in small whitish flocks; this plan, tried a considerable number of times, has always been followed by the best results.

I have found great advantage from numerous scarifications of the palpebral conjunctiva, half an hour after each cauterization: it is an excellent means for preventing temporary swelling which commonly follows the use of the caustic.

It is useful, at the same time, especially when the inflammation seems very acute, to apply near the eye, a leech, to be followed, if need be, by another next day; in the mean time some slight purgatives should be given to the little patient.

I have no sort of confidence in the treatment of this ophthalmia with antiphlogistics, emollient lotions, and the mercurial preparations vaunted by many practitioners, in the first period of the disease. Revulsives seem to me to have no sort of efficacy. Mild collyria, praised by the greater number of authors, succeed only in those cases where a simple catarrhal ophthalmia has been mistaken for purulent conjunctivitis.

If the cornea begins to ulcerate, or undergo ramollissement to a large extent, cauterization with nitrate of silver is far from being always efficacious; it always causes the swelling and the secretion to subside, but it by no means arrests the progress of the ulceration, at least, in many cases. It is then that we must distrust the concentrated collyrium of nitrate of silver, because it hastens still more the progress of the evil, and we must have recourse to purgatives, frictions on the brow with belladonna, mixed with an equal portion of blue ointment, and weak astringent collyria. Still, it must not be concealed, that these means, like all others, often fail.

Wine of Colchicum in Gonorrhœa. (Bulletin Gén. de Thérap.)—Two years ago, Dr. Eisemann recommended the employment of the wine of colchicum seeds in combination with tincture of opium, in gonorrhœa. Dr. Troinus, in a recent memoir, has published ten cases successfully treated with this article, given at different periods of the disease, and he adds that he has obtained favorable results in
fifty other cases. The mean duration of the cure is about seven days. The disease in females seems to yield to the medicine as readily as in males. The author has employed this remedy in every stage of the malady, but deems it prudent to delay it, until the inflammatory stage has passed. As the preparations of colchicum have a tendency to produce hypercatharsis, their effects should be watched.

_Treatment of Abscess._ By J. P. Batchelder, M. D. (New York Journal of Medicine.)—When an abscess has formed, the rule of practice is, in general, to imitate nature, and let the matter out. She does this by ulceration—the surgeon does it by incision or puncture. If the abscess is large, and somewhat chronic, its cavity, when emptied of the matter, should be filled to a moderate degree of distention with a solution of corrosive sublimate, ten or twelve grains to the pint, thrown in with a syringe, and allowed to remain a longer or shorter time, according to the uneasiness or pain it occasions, when it should be gently squeezed out, and the sides of the cavity be brought as nicely in contact as possible, and kept so by well fitted and applied compresses and bandages, and the whole kept wet with water, cold or tepid, as is most congenial to the feelings of the patient. In this way the writer has cured many abscesses in a few days, and occasionally those of an acute character in a single day—the whole interior surfaces laid and kept in contact, have adhered and healed by the first intention, without another drop of matter being discharged.* No case has come to his knowledge in which unpleasant consequences have resulted from this method of treatment. Often, indeed, many abscesses may be speedily healed when thus treated, which if managed in the common way would have taken months to cure, or perhaps have cost the patient his life.

It was formerly supposed that the admission of air into the cavity of an abscess was the cause of the inflammation which so often came on about the third day after the evacuation of its contents; this opinion is now pretty much abandoned; but no very satisfactory explanation of the fact has been given. The writer ventures to give the following: By the withdrawal of the matter the vessels of the cyst, and those about it, relieved of the pressure which it caused, are soon filled and over-distended with blood, to a degree which stops the secretion. This process requires about three days, for the effusion of lymph and the secretion of pus, after which the abscess continues to discharge good or ill-conditioned matter for a longer or shorter time. Now, by using the injection as proposed, we anticipate nature’s process, and produce a new inflammation and effusion of coagulable lymph, by which the surfaces are glued together, and in which new or primitive vessels, shooting from side to side, insinuate and cause the abscess to

* The tincture of iodine is an excellent substitute for the bi-chloride of mercury. I have seen it used in the N. Y. Hospital, by Dr. Buck, for the cure of suppurated buboes, with very happy results.
heal like a wound, by the first intention; thus the secondary inflammation,* to which we have alluded, and which so often comes on a few days after the evacuation of collections of matter, is prevented, and the patient saved from all the hazard and suffering incident to such an occurrence.

In chronic abscesses, in which the secretion is vitiated and the constitution cachectic, the injection of the solution of the corrosive sublimate is the most important remedy, especially when associated with the internal use of cantharides, either in tincture or substance—gradually increased so as to produce strangury—the only sign by which we know that the system has been brought under its influence, just as mercury is known to have affected the constitution, when its specific effects are manifested in the gums. The strangury thus induced is immediately removed by the single introduction of a catheter; or less promptly by the spirits of camphor in sweetened milk, frequently repeated. The use of the medicine should be suspended—and resumed when the strangury has left, taking care to begin with a diminished dose, i. e. somewhat less than that by which the specific effect was produced.

**Antisyphilitic Inoculation.** (Gazette Médicale.)—M. Diday, of Lyons, France, under the belief that secondary syphilis can occur but once, proposes, seriously, to inoculate all young men with the blood of one affected with constitutional syphilis, for the purpose of protecting them against subsequent attacks of the disease. He subjected sixteen persons to the test, of whom, at the end of six months, only one had taken the infection. We should not omit to state that he inoculated himself, in testimony of his faith.

**New Anaesthetic.** (Gazette Médicale.)—M. Velpeau, and other Parisian physicians, are engaged in experimenting upon the value of cold (by means of salt and ice,) in producing insensibility. It has thus far been found to be entirely effectual for superficial operations, but not for those reaching deep seated parts.

**Treatment of External Hæmorrhoids by Potassa Fusa.** By F. C. Jones, M. D. (London Lancet.)—In laying before the public the following treatment of external haemorrhoids, I am induced, both by the difficulty of radical curative treatment hitherto practised, and also the grave character and prolonged suffering of this state of varicose veins upon the verge of the anus, to believe that any mode of treatment (the success of which is borne out by numerous cases) would be welcome to the generality of the profession. Within the last twelve

*When the abscess is large the inflammation is dangerous from the extent of inflamed surface, and the secretion which follows is almost always of a highly vitiated character, especially if the constitution is bad or much weakened.*
months, I have, I presume, treated by potassa fusa, between sixty and seventy patients suffering from external piles of various standing, and I believe I may add, with a uniformity of success scarcely if ever equalled in the treatment of any disease, and certainly never in this.

Observing that in all cases of spontaneous cure of external hæmorrhoids, they primarily slough, I was led to think that if nature obliterates the vessels by sloughing, it is feasible that artificial means might induce the same remedial action.

In turning over in my mind the action of various remedies likely to produce this condition, it struck me forcibly that potassa fusa was precisely the agent required. I forthwith determined to apply it to the first case that came under my care, and the results were that upon the first application the patient complained of a burning sensation, which passed off in the course of half an hour; at the end of four days, the parts were considerably diminished in size, and by brushing a piece of lint quickly over the part, I removed the superficial slough, and again applied the potassa fusa: the same treatment was followed at the interval of four days, at the end of which time they had entirely disappeared, leaving only a slight sore, which healed within a week.

This plan of treatment has been followed out by me with undeviating success. Its superiority over all other modes of treatment, consists in its not requiring the patient to lay up, not producing any hæmorrhage, no moral depressing effects arising from the use of the knife, neither having recourse to ligature, but simply the production of a bounded sloughing inflammation, not extending beyond the part required. These considerations alone, should, I think, be sufficient to recommend it to the earnest attention of my professional brethren, since I can hardly conceive any one who has not been repeatedly disappointed in the issue of these cases. It is almost needless for me to add, that the hæmorhoids must be considered simply as varicose veins existing in parts which, to a great extent, precludes the possibility of having recourse to mechanical support, and consequently can only be cured by obliteration and subsequent attention to the state of the bowels, so that impacted faeces may not have an opportunity of again occurring.

Spermatozoa in encysted Hydrocele.—Prof. Curling, of London, states that he has within a few years observed at least twenty cases in which spermatozoa were found in the fluid of encysted Hydrocele. Prof. Liston made this discovery in 1843. Prof. Curling attributes the presence of these animalcules under such circumstance, to a rupture of the epididymis which would allow the spermatic fluid to pass into the cyst—and thinks it probable that such cases of hydrocele originate from such rupture in consequence of blows or other external violence.

Application of forced flexion to wounds of the palmar arch. (Union Méd. Bulletin de Thérap.)—M. Durwell, of Gnebwiller, was called
to a case in which the palmar arch had been wounded by a portion of glass. The arteries of the fore-arm were compressed, but without arresting the haemorrhage. This was a case in which ligation of the arteries of the fore-arm, and perhaps even of the arm, was indicated, but M. Durwell was in the country where he could not receive the necessary aid for the operation. Remembering that flexion alone would obliterate, momentarily, the arteries at the elbow and knee, he immediately flexed the fore-arm upon the arm at a very acute angle, when the hemorrhage suddenly ceased. It occurred to him that this temporary means of arresting the haemorrhage might be made a permanent one, by keeping the limb in this flexed position. This he did by means of bandages, first flexing the limb until pulsation at the wrist could not be felt. The dressings to the hand were those of an ordinary wound; two graduated compresses, moderately tight, along the course of the ulnar and radial arteries. On the third day, M. Durwell, through curiosity, took off the compresses without any haemorrhage following. He then caused the fore-arm to be extended, but perceiving a jet of blood follow this movement, he again applied the bandages and kept them on until cicatrization was nearly complete, when haemorrhage no longer followed the movements of the arm. Would it not be prudent in future, at least when practicable, to try so simple and inoffensive a treatment, before resorting to the operation of ligating both arteries of the fore-arm?

**Lithotriptic Drops of Palmieri.**—This medicine, much celebrated in Italy as a remedy in calculous affections of the kidneys, has, in fact, appeared efficacious in some cases, either by disintegrating the stone, or by dilating the ureters and urethra so as to allow the calculus to pass out when it is yet of moderate size.

The medicine is prepared by boiling one ounce of flowers of sulphur in one pound of tar-water, until the liquor has acquired a ruby-red color, it is then decanted and put aside for use. The dose of this as a remedy is from 15 to 20 drops; as a preventive 10 drops.

**Compression of the Aorta in Uterine Hemorrhage.** By Rob't Crane, M. D. (Boston Medical and Surgical Journal.)—The application of arterial pressure to arrest formidable uterine hemorrhage, is not presented here as a novelty. The merit of its introduction is probably due to the veteran Baudelocque; after him, it was adopted and recommended by Chailly; while the practice has been further confirmed by cases presented to the notice of the profession by Mr. Pretty, J. D. Brown, and many others. Still its adoption has not
been in proportion to its merits; and in circumstances where it might have afforded timely succor, doubtful and hazardous experiments have often been resorted to, attended with confusion to the accoucheur and peril to the patient. It has been my reliance in numerous instances during the past six years, and with so happy results, that I have come to regard any degree of post-partum hemorrhage so easily controlled, as to constitute an accident of no very grave moment. It is a resort at once safe, practicable and efficient. Even when the stomach will readily tolerate ergot, and every other ordinary means can be made subservient, there is often an interval before their efficient operation can be obtained, when the patient's life is momentarily endangered by delay. At this critical juncture, compression of the aorta can be brought to bear with signal advantage, while it will not embarrass, but rather assist the ordinary efforts of both nature and art towards a favorable issue. We should by no means neglect the usual appliances at hand; but are at liberty, especially if the services of a reliable assistant are at command, to resort to the application of cold, associated with manual compression of the uterine tumor. By this means the patient's life is placed beyond jeopardy for the instant, and an extension of time is gained, in which to induce that fixed contraction, short of which no attendant could abandon his charge with any degree of intelligent satisfaction and composure.

Neither in such cases should our aim be barely to save life from the extremity of peril. There is a degree of hemorrhage, graduated by individual circumstances, beyond which it should be considered a calamity for our patients to succumb. The shock to the system produced by extreme depletion, frequently saps the foundations of health and vigor, and opens avenues for the approach of some insidious and deadly mischief.

In relation to the modus operandi, the aorta should be compressed in the umbilical region just before its iliac bifurcation. At this point, after the partial descent of the uterus, there is seldom any intervening obstacle; the parietes of the abdomen lie near the spine, and readily yield on account of their flaccidity; and should any portion of intestine happen to be floating in the way, it readily eludes the touch, and the hand is at once upon the aorta strongly pulsating, and feeling under the finger like a large whip cord. The pulsations can be readily controlled by firm, steady, and not very forcible pressure: and this can be brought to bear with the greatest facility by a thumb and one finger, or any two fingers, so placed in juxta-position as to bring the triangular space formed at their extremities to fit over the artery like a saddle, and by this means prevent it rolling from the grasp, as it is liable to do without some such precaution.

The demand for this arterial compression will of course be proportioned to the intensity of the hemorrhage and the condition of the patient; but in the event of flooding, however sudden or appalling, I believe the physician has here at ready command the key that may infallibly and safely check the flow of the vital current.
Medical Miscellany.

Adulteration of Drugs.—Our readers are aware that in 1848 Congress enacted a law prohibiting the importation of adulterated and spurious drugs and medicines. In the report of Dr. Bailey, the special examiner of drugs, &c., for the port of New York, we find ample evidence of the extent to which this vile traffic in human life has been carried on. In the first ten months after the law took effect, there were rejected, at the single port of New York, under its provisions, the following articles. The Report says:

“The law took effect at this port on the 12th of July, 1848; and the following is a list of the more prominent articles of drugs and medicines, with the quantities and place whence imported annexed, which I have, during the months named, rejected under its provisions: to wit—

<table>
<thead>
<tr>
<th>Month</th>
<th>Quantity</th>
<th>Description</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>July, 1848</td>
<td>7,581 lbs.</td>
<td>Rhubarb root</td>
<td>from Canton.</td>
</tr>
<tr>
<td>August</td>
<td>750 lbs.</td>
<td>Opium</td>
<td>do. Marseilles.</td>
</tr>
<tr>
<td>September</td>
<td>646 lbs.</td>
<td></td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>1,414 lbs.</td>
<td>Gamboge</td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>545 lbs.</td>
<td>Rhubarb</td>
<td>do. Hamburg.</td>
</tr>
<tr>
<td></td>
<td>1,400 lbs.</td>
<td>Senna</td>
<td>do. Leghorn.</td>
</tr>
<tr>
<td></td>
<td>2,900 lbs.</td>
<td>Spurious Yellow Bark</td>
<td>do. Bordeaux.</td>
</tr>
<tr>
<td></td>
<td>875 lbs.</td>
<td>Rhubarb</td>
<td>do. Canton.</td>
</tr>
<tr>
<td></td>
<td>758 lbs.</td>
<td>Opium</td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>1,783 lbs.</td>
<td>Iodine</td>
<td>do. Marseilles.</td>
</tr>
<tr>
<td></td>
<td>1,075 lbs.</td>
<td>Jalap</td>
<td>do. Vera Cruz.</td>
</tr>
<tr>
<td>October</td>
<td>788 lbs.</td>
<td>Rhubarb</td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>227 lbs.</td>
<td>Myrrh</td>
<td>do. do.</td>
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<td></td>
<td>13,120 lbs.</td>
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<td>do. Maracaibo.</td>
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<tr>
<td></td>
<td>1,875 lbs.</td>
<td></td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>1,280 oz.</td>
<td>Iodine</td>
<td>do. Glasgow.</td>
</tr>
<tr>
<td></td>
<td>860 lbs.</td>
<td>Opium</td>
<td>do. Smyrna.</td>
</tr>
<tr>
<td>December</td>
<td>156 lbs.</td>
<td>Opium</td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>1,065 lbs.</td>
<td>Myrrh</td>
<td>do. do.</td>
</tr>
<tr>
<td></td>
<td>12,800 lbs.</td>
<td>Spurious Yellow Bark</td>
<td>do. Santa Martha.</td>
</tr>
<tr>
<td></td>
<td>392 lbs.</td>
<td>Jalap</td>
<td>do. Vera Cruz.</td>
</tr>
<tr>
<td>Jan., 1849</td>
<td>1,300 lbs.</td>
<td>Pectoral Paste</td>
<td>do. San Juan.</td>
</tr>
<tr>
<td></td>
<td>1,930 lbs.</td>
<td>Spurious Bark</td>
<td>do. Antwerp.</td>
</tr>
<tr>
<td></td>
<td>1,992 oz.</td>
<td>Iodine</td>
<td>do. do.</td>
</tr>
<tr>
<td>Month</td>
<td>Quantity</td>
<td></td>
<td></td>
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<tr>
<td>-------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>1,104 oz. Croton Oil, from London.</td>
<td></td>
<td></td>
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<tr>
<td>do</td>
<td>4,894 lbs. Senna, do. do.</td>
<td></td>
<td></td>
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<tr>
<td>do</td>
<td>1,345 lbs. Spurious Bark, do. do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do</td>
<td>404 lbs. Opium, do. do.</td>
<td></td>
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<tr>
<td>April</td>
<td>425 lbs. Opium, do. London.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do</td>
<td>1,273 lbs. Myrrh, do. do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do</td>
<td>816 lbs. do. do. Tampico.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do</td>
<td>1,450 lbs. Sarsaparilla, do. do. Barranquilla.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>do</td>
<td>600 lbs. Spurious Bark, do. do.</td>
<td></td>
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</tr>
</tbody>
</table>

Together with smaller quantities of various articles which have been rejected from time to time, but which it is not necessary to enumerate here—making the entire amount, some 90,000 lbs. of various drugs, &c., which have, up to the present time, been refused."

Every practitioner of medicine, nay, every individual within our widely extended limits, is deeply interested in preventing frauds in those articles upon the purity of which, professional reputation, health and even life so often depend. It therefore becomes them at once to take such measures as will prevent domestic adulteration of medicines, to which the dishonest of our own countrymen will be led, by the prohibition of the foreign. We hope our State Medical Association will take this matter into consideration, at its next meeting, and devise some plan to be submitted to our Legislature, to prevent the introduction and sale of adulterated articles within our State.

**Death by Chloroform.**—The recent French Medical journals contain six new cases of death under the influence of chloroform—one reported by M. Robert, of Paris, one by M. Gorré, of Lyons, one by M. Barrier, of Boulogne, and one by M. Confevron, of Langres, besides one at Madrid and one at Edinburgh. Experienced physicians administered in each case.

**Danger of Smoking.**—An apothecary at Marseilles was recently very severely burnt by the ignition of sulphuric ether, whilst pouring it from a bottle, with a lighted cigar in his mouth.

**Postage on Exchange Journals.**—It is a remarkable fact, and one by no means creditable to our national legislators, that full postage is charged on the exchanges of medical and other scientific periodicals. It is the more remarkable, because such works are exclusively devoted to the improvement of those branches of knowledge in which the whole human family is interested, and are seldom, if ever published
with a view to private interest. Among the number which exist in our country, there are few, if any, which yield an adequate compensation to those who conduct them, and quite a large proportion are published at a positive loss. Under such circumstances, we repeat that it is surprising that Congress should be indifferent to the benefits conferred upon the world by the medical and other sciences, and impose upon these periodicals an onerous tax, which in the aggregate can yield but a paltry revenue to the government. The newspaper press is subject to no such burthen, but is free from all postal charges. We claim that scientific periodicals are entitled to equal favor and protection, and we believe that if the subject was properly brought to the notice of Congress, the grievance would be redressed. We would therefore respectfully suggest that the Editor of every such work should address a memorial to Congress on this subject, and forward it to the Chairman of the Post-office Committee.

Statistics of the Medical Establishments in France.—There are in France three Faculties of Medicine, and three Schools of Pharmacy,—those of Paris, Montpellier, and Strasburgh. Besides these, there are twenty-one preparatory Schools of Medicine scattered among the principal provincial towns. In Paris there are eight Medical Societies, besides one society in each arrondissement intended for the protection, and advancement of professional interests. In the provinces there are twenty-four Medical Societies.

There are seventeen hospitals in Paris, besides various hospices for the infirm poor, the blind, &c. The budget of the hospitals for the year 1849 was but little less than 18,000,000 francs. In France there are 1338 hospitals and hospices whose ordinary revenue amounts to 53,632,992 francs: the revenue of the Parisian hospitals is between 14 and 15,000,000 francs, whilst some of those in the provinces have not more than two or three hundred. More than two-thirds of the whole amount of hospital revenues, are in the possession of about one-thirteenth of these institutions.

The number of indigent insane in France, who are supported at the public expense, is 12,286, 5935 men, and 6351 women. More than one-fifth of these are from the department of the Seine, in which is the city of Paris. There are 73 establishments for the reception of the insane.

In Paris there are twenty-four Medical Journals—3 are published quarterly, 17 monthly, 2 weekly, and 2 three times a week. Bordeaux, Lyons, Marseilles, Montpellier, and Strasburgh, have each a Medical Journal.
The total number of pupils now in course of education in Paris, amounts to 950, at Strasburgh 109, and at Montpellier 174. The aggregate of pupils at the Ecoles préparatories is 792. At some of these the number is exceedingly small—at Rheims there are 15 pupils and 8 professors. These numbers of course do not embrace those foreigners who visit France for the purpose of instruction in Medicine, but only those who are regularly registered.

The foregoing statistics are given by L'Union Médicale.

Medical School in Egypt. (Gaz. Méd.)—M. Clot-Bey has given us some interesting intelligence in reference to the medical school which he contributed to found in Egypt, under the administration of Mehemed-Ali. During a period of twenty-two years, 522 students finished their studies in this school, and besides, there are 317 employed in the army and navy, in the schools and arsenals.

It has just been decided that the names of the physicians and students who died in France during their attendance upon Cholera patients, shall be inscribed upon a marble tablet, and put in the Dupuytren museum.

(Letter from Dr. Long, to the Editor.)

JEFFERSON, GA., Dec. 17th, 1849.

Dear Sir,—The number of the Journal containing my account of the first use of Ether as an anaesthetic in surgical practice, has been received, and I see from the note, “our friend Dr. Long can lay no claim to the introduction of ether as an exhilarating agent, when its vapor is inhaled,” that a portion of the article conveys an impression different from what was intended. I did not design presenting any claim to the discovery of the exhilarating powers of ether. The portion of the account which conveys the incorrect impression, was in part, written from reading an article in which the following sentences occur:—“The question now arises, how far is Dr. Jackson entitled to the credit of having discovered the precise character of the unconsciousness induced by inhaling the vapor of sul. ether, and especially the important fact of the safety of the inhalation? Before his observations, a state of complete insensibility from this cause was considered by the best authorities as one of greater or less danger,” &c., &c. (Littell’s Living Age, No. 213, 10 June, 1848, page 501.) Believing I had witnessed the use of ether as an exhilarating agent in a sufficient number of cases, to establish the safety of its inhalation, prior to the “observations” made by Dr. Jackson, I did not consider it inappropriate to refer to the fact and procure certificates bearing on that point.

Another reason for alluding to the frequent inhalation of ether for its exhilarating effects, was to show the steps by which I was gradually led to believe etherization applicable in surgical operations. In re-
ferring to the inhalation of ether as an exhilarating agent, in Jefferson and Athens, I inadvertently used the word, "introduced," which expressed more than was designed. I considered the exhilarating property of ether so well known, that I did not for a moment think of there being the least probability of my language conveying the impression that I laid claim to its discovery.

On the second page of the account, it is mentioned that one of the company present the night of the first inhalation of ether in Jefferson, for its exhilarating effects, related that he had previously inhaled it while at school; and after making this statement, it would have been absurd in me to have claimed the discovery of this property, even if medical authors had been silent on the subject.

The account was written while closely engaged in professional business, and did not receive the emendation which was necessary. I regret that the account needs this explanation, but justice to myself requires that it be made.

Yours, very respectfully,

C. W. LONG.


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<td>30</td>
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<td>12-100</td>
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<td>Fair.</td>
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<td>74</td>
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<td>5-100</td>
<td>W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>3</td>
<td>45</td>
<td>30</td>
<td>7-100</td>
<td>78</td>
<td>30</td>
<td>3-100</td>
<td>S. W.</td>
<td>Fair.</td>
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<td>78</td>
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<td>Fair.</td>
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<td>S. W.</td>
<td>Fair.</td>
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<td>6</td>
<td>54</td>
<td>&quot;</td>
<td>90-100</td>
<td>79</td>
<td>&quot;</td>
<td>85-100</td>
<td>S. E.</td>
<td>Fair—some cl'ds in afternoon.</td>
</tr>
<tr>
<td>7</td>
<td>55</td>
<td>&quot;</td>
<td>81-100</td>
<td>78</td>
<td>&quot;</td>
<td>68-100</td>
<td>S.</td>
<td>Fair—do. do. storm at 7 P.M.,</td>
</tr>
<tr>
<td>8</td>
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<td>60-100</td>
<td>62</td>
<td>&quot;</td>
<td>59-100</td>
<td>N. W.</td>
<td>Fair—blow. [rain 20-100.</td>
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<td>9</td>
<td>40</td>
<td>&quot;</td>
<td>69-100</td>
<td>66</td>
<td>&quot;</td>
<td>74-100</td>
<td>N. W.</td>
<td>Fair.</td>
</tr>
<tr>
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<td>70</td>
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<td>62</td>
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<td>&quot;</td>
<td>83-100</td>
<td>64</td>
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<td>80-100</td>
<td>E.</td>
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<td>N.</td>
<td>Fair.</td>
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<td>77-100</td>
<td>74</td>
<td>&quot;</td>
<td>76-100</td>
<td>N. E.</td>
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<td>70</td>
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<td>67</td>
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<td>Fair—breeze.</td>
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<td>58</td>
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<td>68</td>
<td>&quot;</td>
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<td>N. W.</td>
<td>Drizzle at 7 A.M.—fair afternoon.</td>
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<tr>
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<td>80-100</td>
<td>72</td>
<td>&quot;</td>
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<td>N. W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>22</td>
<td>39</td>
<td>&quot;</td>
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<td>71</td>
<td>&quot;</td>
<td>80-100</td>
<td>S. W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>23</td>
<td>45</td>
<td>&quot;</td>
<td>88-100</td>
<td>77</td>
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<td>90-100</td>
<td>S. W.</td>
<td>Fair.</td>
</tr>
<tr>
<td>24</td>
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<td>76</td>
<td>&quot;</td>
<td>78-100</td>
<td>S.</td>
<td>Cloudy. [90-100.</td>
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<td>62</td>
<td>&quot;</td>
<td>73-100</td>
<td>61</td>
<td>&quot;</td>
<td>76-100</td>
<td>W.</td>
<td>Cloudy—rain from 12 to 11 A.M.</td>
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<td>Fair.</td>
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<td>28</td>
<td>36</td>
<td>30</td>
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<td>30</td>
<td>3-100</td>
<td>61</td>
<td>W.</td>
<td>Fair—ice, first this season.</td>
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<td>29</td>
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<td>66</td>
<td>&quot;</td>
<td>72-100</td>
<td>S. W.</td>
<td>Cloudy.</td>
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19 Fair days. Quantity of Rain 1 inch 10-100. Wind East of N. and S. 5 days. - West of do. do. 17 days.

We are indebted to Dr. P. F. Eve, for our Meteorological tables.